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SENATOR DORGAN: The next panel

1 that we will hear from today includes a panel on  
2 Healing from Trauma and Programs for Children  
3 Exposed to Violence in Indian Country and Urban  
4 Communities. And that includes Cecilia  
5 Firethunder, Terri Yellowhammer, and Deborah  
6 Painte. I understand that Terri is not here. So  
7 if we could have the panelists come up and take  
8 your place.

9 Cecilia Firethunder is the President  
10 of the Oglala Lakota Nation Education Coalition  
11 and Board of Directors of the Little Wound  
12 School. And has done a lot. I have a background  
13 here, Cecilia, that I'm almost thinking I should  
14 just read all of it, but I won't quite read all  
15 of it. She was given the Lakota name of Good  
16 Hearted Woman. She is a retired licensed nurse,  
17 widely known as an advocate for wellness and  
18 women's issues, and for her unique way of  
19 reaching the hearts of communities and people.  
20 She represents the Oglala Lakota Nation Education  
21 Coalition, Little Wound School. Her skills  
22 include superior translation of English into  
23 Lakota. She is recognized internationally for  
24 her traditional doll making. Cecilia's humor,  
25 tears, hugs, hope, and encouragement and care

1 have helped others begin their journey to  
2 wellness and balance. Cecilia, you may begin.  
3 Thank you for being with us.

4 CECILIA FIRETHUNDER: (Speaking  
5 in Native language.) I'd like to greet you with  
6 a warm handshake with good feelings from the  
7 heart. And like all the other presenters, we ask  
8 the Creator and the Spirits to guide us in our  
9 words because today, the very important day, that  
10 our voice will be heard and that our children  
11 need all the help we can give them.

12 Honorable Byron Dorgan, Joanne  
13 Shenandoah, co-chairs and members of the advisory  
14 committee, and tribal leaders, and guests, thank  
15 you for the invitation and the opportunity to  
16 testify today.

17 My name is Cecelia Firethunder, I am  
18 a citizen of the Oglala Tribe of South Dakota. I  
19 represent tribal schools as well as an  
20 organization that provides traditional healing to  
21 our children. The schools in our coalition were  
22 the first 93-638 program beginning in 1973, of  
23 which there are seven with one school from  
24 Rosebud and one BIA school.

25 The recommendations that I am making

1 today here on behalf of Indian Children who  
2 reside on Indian reservations and attend one of  
3 126 schools of which there are 28 in the Great  
4 Plains region. There are 57 BIA schools of which  
5 there are 8 in our region. There are an  
6 estimated 50,000 Indian students in all these  
7 schools.

8 In preparation for this testimony, I  
9 asked my tribe, the Oglala Sioux Tribe Department  
10 of Public Safety to send me the most recent  
11 numbers of crimes against Indian people on my  
12 reservation. That's attached. For FY 2013 shows  
13 an alarming increase over the past four years on  
14 child abuse with 1,979 incidents reported by law  
15 enforcement along with 1,310 domestic violence  
16 incidents.

17 Along with the monthly report that I  
18 received while President of my tribe, each month  
19 Social Services told me anywhere between 400 and  
20 450 Lakota children in the Oglala Sioux Tribe  
21 were in a foster care system.

22 One of the things that we know today  
23 in foster care, is children placed in a home away  
24 from their home, for whatever reason, is a form  
25 of trauma and many people, even today, are still

1 struggling with issues of abandonment and  
2 rejection.

3 At a recent meeting in Rapid City,  
4 South Dakota, as we were meeting with behavioral  
5 health providers, we were advised that there were  
6 over 400 adolescents from the Pine Ridge  
7 Reservation that were admitted to Regional West,  
8 which is a mental health unit. Of these 400  
9 adolescents that were admitted, which required a  
10 72 hour hold, there was no -- nothing indicating  
11 what the follow up for these young people were.

12 Children on the Pine Ridge Indian  
13 Reservation experienced 9 out of 9 childhood  
14 traumas cited in the Adverse Childhood  
15 Experiences study based on the stats from the  
16 Public Safety.

17 The past year's report translates  
18 into thousands of children being traumatized in  
19 their homes by someone that is supposed to love  
20 them and care for them, and at this time, I want  
21 to be very clear, that Indian children that are  
22 traumatized in Indian homes on Indian  
23 reservations, are traumatized by Indian mothers,  
24 Indian fathers, Indian uncles, Indian aunts, and  
25 Indian grandparents. Strangers are not coming on

1 to Pine Ridge and hurting our children; our own  
2 people are hurting our children.

3 In the Harvard -- the Harvard School  
4 of Public Health -- University of Harvard School  
5 of Public Health has a quotation and I thought it  
6 was wonderful, "The expression "children are  
7 resilient" should be reinterpreted as "children  
8 are re-silent" (phonetic) because it might be more  
9 appropriate in some cases." When children have  
10 been repeatedly mistreated, there needs of  
11 adapting and surviving have everything to do with  
12 how they suppress their pain and cope with the  
13 reality.

14 I also want to remind us that not  
15 only are there bad people hurting the children  
16 on Pine Ridge and all reservations, there is a  
17 bunch of us good people who are trying to stop  
18 the bad things from happening.

19 On a reservation like Pine Ridge,  
20 those statistics can be easily applied across the  
21 board to all tribal communities. I'm not  
22 concerned about the past, only on the healing  
23 needs of our children today, right now and  
24 tomorrow. We cannot change the past; however,  
25 now we understand the urbane childhood trauma

1 effects on our ancestors that have been going on  
2 for 150 years. Each traumatic experience is  
3 carried over into the classroom and for way too  
4 long have challenged our educators, teachers,  
5 counselors, and school leadership.

6 I also want to read to you from a  
7 November 13th article in the New York Times; the  
8 author is David Bornstein, and he's been writing  
9 about early childhood trauma. He says, "That  
10 over the past 15 years, researchers have learned  
11 that highly stressful and traumatic childhood  
12 experiences are more prevalent than previously  
13 understood. Now, scientists are shedding light  
14 on the mechanisms by which they change the brain  
15 and body. These insights have far reaching  
16 implications for schools where it is still  
17 standard practice of children to express this behavior  
18 that they do not know how to control. This is  
19 comparable to a child having a seizure."

20 I also want to remind this committee  
21 and the listening audience that the first  
22 education programs funded on Indian reservations  
23 were under the Indian Civilization Act of 1819.  
24 In 1819, the Congress, at that time, encouraged  
25 benevolent societies, which were usually

1 Christian missions, to provide education for  
2 Native Americans and authorized  
3 the civilization process.

4 Now, many of us know the Civilization  
5 Act that began in the late 1800s is still  
6 going on. I just want to be real clear that the  
7 Civilization Act that is still going does two  
8 things: Teaches how to speak English and be good  
9 Christians.

10 There have been many statistics and  
11 data cited already and I want to make  
12 recommendations right now: Conduct a project --  
13 a research project similar to the Adverse  
14 Childhood Experiences Study, because no matter  
15 what we do in our community when we look for  
16 further funding, we need good data. A study can be  
17 done in one community and one school as the impact  
18 of trauma is the same across all schools on  
19 Indian reservations. This study can finally tie childhood trauma  
20 into the effects on learning and coping.

21 Number two, Department of Health and  
22 Human Services agencies create a work group to  
23 address trauma care for Indian children; create a  
24 system of care beginning with diagnosis, and age  
25 specific trauma care for Indian children. There

1 are many models out there. By the way I have a  
2 PhD, you know, I got mine from Google University;  
3 everything I need to know, I find out on Google.  
4 And so, through my Googling, I found many, many  
5 resources and that this discussion is ongoing  
6 across the whole United States, there are many  
7 models available; however, we, as Indian Tribes,  
8 and Indian Communities need to create a model  
9 that is specific to our needs. All you have to  
10 do is give us the money to do it. Okay?

11           Immediately meet with SAMHSA, the  
12 Tribal Advisory Council, to begin creating a  
13 funding opportunity for tribal schools to plan,  
14 develop, and implement trauma care within the  
15 schools.

16           Review Access to Recovery; Access to  
17 Recovery is a SAMHSA brand and for the first  
18 time, has allowed tribal healing practices to be  
19 included in the treatment of people with  
20 substance abuse to take Access to Recovery --  
21 take a hard look at it, we find it increases  
22 services for children with trauma and one of the  
23 things is as we pull children into a system,  
24 families will come along willing to start from  
25 the bottom and work our way up.

1                   Work with other federal agencies to  
2   find training of early childhood trauma care  
3   specialist at the tribal colleges. Our tribal  
4   colleges could use the startup money to create  
5   such a training program. Tribal colleges have  
6   been in the communities for many, many years.  
7   They, at this time, I believe, are ready to  
8   create or study to train our own tribal people to  
9   provide trauma care to our children. This could  
10  also include distance learning with universities  
11  from our Indian reservations -- the big  
12  universities like the University of Iowa,  
13  University of Minnesota, wherever.

14                  And the reason I put this forward, I  
15  personally know many people who cannot leave the  
16  reservations to get their master's degrees or PhD  
17  degrees or because it is financially hard, and we  
18  do distance learning to connect with the bigger  
19  universities; our people don't have to leave the  
20  res or quit working to pursue higher education.

21                  CMS, be involved in reviewing  
22  Medicaid reimbursements for therapeutic services  
23  along with changing policy if necessary to  
24  support school based programs to bill for  
25  reimbursement. Create a new system if needed.

1 South Dakota is part of the Social Services  
2 meetings with the tribes every three months.  
3 North Dakota is a partner with Social Services  
4 meetings every three months. We could use these  
5 opportunities to start taking a look at how we  
6 can provide strong therapeutic services that are  
7 available in our tribal schools.

8 Fund and create a community education  
9 programs for families and parents to understand  
10 Early Childhood Trauma. It's been my experience  
11 working in tribal communities for 43 years where  
12 the family and the community understand what  
13 we're doing and what we're talking about, they  
14 usually buy into it.

15 A screening process can be developed  
16 with providers from within the community for all  
17 children to be screened, not just school-aged  
18 children. If we start screening children at age  
19 three and start working your way up.

20 With assistance from HRSA, Health  
21 Resources and Services Administration, create  
22 community/school based clinics for children which  
23 include early childhood trauma healing. You can  
24 either build into the school or add onto it.

25 Strengthen and increase funding for

1 Traditional Healing components for early childhood  
2 trauma care, there are best practices using  
3 traditional healing practices from tribal  
4 communities. I could go on and on.

5 My final recommendation is to provide  
6 to our tribal schools the funding to  
7 staff positions to do the research. Earlier I  
8 heard you all ask the question: And how do we  
9 fund the resources? My recommendation is to  
10 provide resources to two entities that are the  
11 most stable in the tribal community; our tribal  
12 colleges and our tribal schools. Tribal leaders  
13 come and go. Schools stay and tribal colleges  
14 stay. This will allow tribal colleges to also  
15 begin, of course, a study and research.

16 Many of our tribal colleges need to  
17 be better at doing research and this will allow  
18 them an opportunity to get their hands and to  
19 research on early childhood trauma. Our tribal  
20 colleges and our tribal schools have been in our  
21 communities since the 1970s and have been stable  
22 financially and programmatically.

23 I also highly recommend that, as we  
24 move forward, that we call upon more people like  
25 myself, because I'm an expert because I'm old

1 now. Over the last 15 years, the research has  
2 shown that childhood trauma injures the child's  
3 brain and impairs the brain's development and  
4 function. We can see the effects of trauma on  
5 brain scans. Deep adverse childhood experiences  
6 had caused children to have a hard time learning,  
7 making friends, and trusting adults. They cannot  
8 keep up in school so they shut down and or get  
9 into fights. There's a problem with kids at  
10 school; schools suspend them. There is a lot of  
11 ways that kids cope with their trauma: Alcohol,  
12 drugs, kids becoming daredevils, have unprotected  
13 sex, having a high rates of STDs in our  
14 communities. They grow up too fast.

15 Finally, early childhood experiences  
16 -- less than ten different types of childhood  
17 trauma -- these are the five usual suspects:  
18 Physical, sexual, emotional abuse; physical and  
19 emotional neglect; and about five types of family  
20 dysfunction: A parent who's an alcoholic, or  
21 diagnosed mentally ill, a battered mother, a  
22 family member in prison, and a parent who  
23 disappeared and abandonment or divorce.

24 Only 33 percent of mainstream America  
25 have no adverse childhood effects; however, on

1 the reservation, that means maybe 10 percent of  
2 us have no adverse childhood experiences. It  
3 rarely appears alone.

4 If there's one type of childhood  
5 trauma, there's about 87 percent likelihood that  
6 there are others. They're very common and  
7 even predominately white-middle and  
8 upper-middle class-college-educated Americans, have traumatic  
9 childhood experiences.

10 So, I look forward to the solution.  
11 I look forward to creating healing models for  
12 trauma for our children 'cause it's time. We've  
13 talked about it way too long. So now it's time  
14 to move forward in creating -- the research is  
15 there, the models are there; however, we need the  
16 resources at our tribal communities. And one  
17 final thing: We can do it. We can do it, and  
18 we're ready. Thank you.

19 SENATOR DORGAN: Cecilia, thank  
20 you very much for your testimony and your work  
21 for all these years. Next, we'll hear from  
22 Deborah Painte. She's a member of the Mandan,  
23 Hidatsa, and Arikara Nation, the Three Affiliated  
24 Tribes here in North Dakota at the Fort Berthold  
25 Indian Reservation. She is the director of the

1 Native American Training Institute in Bismarck,  
2 which is an intertribal child welfare training  
3 organization created by the four North Dakota  
4 Tribal Authorities. She has more than 30 years  
5 of experience working in or with tribal  
6 communities strategic and program planning,  
7 community development, financing strategies,  
8 program evaluation, and research in tribal  
9 communities. Thank you for your work and thanks  
10 for being here today.

11 DEBORAH PAINTE: Thank you.  
12 (Speaking in Native language.) Hello and welcome  
13 to my homelands of the Mandan, Hidatsa, and  
14 Arikara people, people of the earth lodges. My  
15 name is Deborah Painte, Prairie Rose woman. I  
16 want to thank the two co-chairmans for being  
17 here, the Honorable Senator Dorgan and Dr.  
18 Shenandoah, as well as all of the esteemed  
19 members of the advisory committee, especially at  
20 this time of year. Thank you for coming to North  
21 Dakota.

22 I'd also like to thank my colleague  
23 here, I don't know if she knows it or not, she  
24 has always been one of my heroes, so thank you,  
25 Cecilia, and also to the people who are here in

1 the room, thank you for being here. Thank you  
2 for showing your compassion and commitment to  
3 children because when we talk about children,  
4 we're talking about spiritual beings.

5 Before I go on, I just  
6 want to talk a little bit about some of the  
7 experience I've had in my work career, and a  
8 little bit about putting the curing in context of  
9 trauma informed care.

10 So, as you mentioned, I'm the  
11 Director of the Native American Training  
12 Institute. As the Director of the Training  
13 Institute, we really developed out of the need to try to  
14 find something to do to help our children here in  
15 North Dakota. This is not the first time I have  
16 testified related to children in violence or  
17 trauma, and it's sad that we have to continue to  
18 come together to do this. But, I'm glad that  
19 we're still here today because it means that  
20 people are still wanting to find a solution.

21 We -- the training institute has --  
22 originally started out providing training and  
23 technical assistance just to the tribal Child  
24 Welfare Agency of North Dakota, and we did it in  
25 partnership with the State of North Dakota

1 Children and Family Services Division.

2           When I first began those  
3 partnerships, I was working as the Director of  
4 the North Dakota Indian Affairs Commission, which  
5 I did for seven years under both Democratic and  
6 Republican government because what we're talking  
7 about here crosses political lines; it crosses  
8 racial lines.

9           After I left the Indian Affairs  
10 Commission, I left the job to take a position as  
11 the head of a children's mental health project  
12 called the Sacred Child Project, which was an  
13 intertribal project here in North Dakota based  
14 out of the United Tribes Technical College. I  
15 did that for six years and then I moved on to  
16 another initiative called Medicine Wound  
17 Initiative to improve tribal child welfare  
18 outcomes through System of Care, which was funded  
19 from the Children's Bureau -- the Sacred Child  
20 funded through SAMHSA.

21           After I left -- or those grant  
22 funds ended, I started working with the Native  
23 American Training Institute and became the  
24 Director. As part of that work with the Native  
25 American Training Institute, I've had the

1 opportunities to continue collaborating on a much  
2 larger scale through the National Resource Center  
3 for Tribes, which is part of the Children's  
4 Bureau Training and Technical Assistance Network,  
5 and we're doing that with the Tribal Law and  
6 Policy Institute who serves as the lead  
7 organization for the NRC4Tribes, the Indian  
8 Child and Family Resources Center through Helena,  
9 Montana as well as through the University of  
10 Denver, Butler Institute for Families.

11 I've also had the opportunity to  
12 collaborate on two other initiatives that just  
13 ended in September, which is the Mountain and  
14 Plains Child Welfare Implementation Center, which  
15 was a long-term initiative by the Children's  
16 Bureau to go beyond short-term technical  
17 assistance and to give multi-year assistance to  
18 state and tribal child welfare agents on  
19 implementing systems change or new practice  
20 innovations.

21 I've also been part of the Western  
22 Workforce to increase the number of child welfare  
23 workers in rural areas and this, we did through  
24 the University of Denver. As part of that, we  
25 were able to successfully increase the number of

1 child welfare workers at two sites in North  
2 Dakota who participated with the three affiliated  
3 tribes, the Mandan, Hidatsa, and Arikara Children  
4 and Family Services and the Turtle Mountain  
5 Child Welfare and Family Services.

6 I know that many of you come with a  
7 large knowledge base about working in Indian  
8 Country and some of you specifically have  
9 knowledge in the field of trauma and child trauma  
10 specifically. You may have notice that I'm not  
11 reading directly from my notes because after I  
12 timed it, it was 30 minutes plus and I thought,  
13 okay I'm just going to hit the high points. But,  
14 one of the things that we've been talking about  
15 is trauma informed care, and I'm not sure if  
16 we've given that definition to some of the people  
17 who are unfamiliar with that term. But, trauma  
18 informed care, according to SAMHSA's National  
19 Center for Trauma Informed Care, is: An  
20 approach to engaging people with histories of  
21 trauma that recognizes the presence of trauma  
22 symptoms and acknowledges the role trauma has  
23 played in their lives.

24 Taking a trauma informed care  
25 approach to working with American Indian and

1 Alaska Native Children who have witnessed  
2 violence or have been victims of violence is  
3 paramount. So, anything that we do, needs to  
4 take that approach.

5           There are different forms of trauma  
6 under the Umbrella of Trauma Informed Care, which  
7 is acute trauma, which is maybe a horrific  
8 traumatizing event. Chronic trauma, those  
9 traumas have happened over time; historical  
10 trauma, which many people have mentioned  
11 throughout the day; neglect as trauma; and child  
12 traumatic grief, that is witnessing or losing  
13 someone through a traumatic event, whether it  
14 be suicide or homicide or other kinds of  
15 traumatic circumstances.

16           Part of the training that I did in  
17 the United States and Canada has been doing  
18 system of care training as well as the wraparound  
19 training. At all of these trainings, one of the  
20 things that I always ask at the very beginning  
21 is: What challenges are faced by your community?  
22 And 100 percent of the time it has always been  
23 those things that we've talked about already,  
24 which has been alcoholism, drug abuse,  
25 depression, suicide, high risk sexual behaviors,

1 chronic disease, and eventually early death.

2           There's a lot of contributing factors  
3 to these negative life trajectories, and one of  
4 the things that we continue to hear when we come  
5 into Indian Country is about historical trauma or  
6 another term that they've been using is "cultural  
7 trauma." And this cultural trauma, to give you a  
8 definition is -- has been defined as a direct  
9 attack on the cultural fabric of the people and  
10 it's lasting impact on an individual's psyche,  
11 spiritual, emotional, core, and wellbeing as well  
12 as the assault on the essence of the community.

13           Well, we do not want to continue to  
14 get mired into this historical past, I think we  
15 need to understand that so we can know how we've  
16 gotten to this point and what has led to some of  
17 the gaps that we're seeing now in Indian Country.

18           Historical trauma was first mentioned  
19 by a tribal member from Standing Rock, which is  
20 Dr. Maria Yellow Horse Brave Heart. And she did  
21 it to conceptualize a framework of what happened  
22 in Native America. And originally it comes from  
23 the Jewish Holocaust studies. And one of the  
24 definitions of which there are many that are very  
25 similar is the cumulative, emotional, and

1 psychological mooning over the lifespans and  
2 across generations emanating from massive trauma.

3           With the Native American Training  
4 Institutes -- because I've went all over Indian  
5 Country in North America, we've also added the  
6 term "spiritual wounding." This is spiritual war  
7 that we're fighting, and we need to think beyond  
8 the terms of just physical and emotional. They  
9 have coined it -- this term from those Native  
10 researchers who are looking at historical trauma  
11 and legacy of trauma as a soul wound.

12           One of the things that as I begin  
13 exploring historical trauma is this phenomena  
14 that has been called a "conspiracy silence."  
15 Because of the horrific nature of what happened  
16 in communities all over the world and now that we  
17 are looking at Indian countries, there have been  
18 massive traumas that occur to all of our  
19 villages, tribal nations, and communities and  
20 those affects continue to plague us today.

21           There is another term called  
22 "intergenerational or multigenerational transmission  
23 of trauma and grief," and that is passing  
24 those traumas down whether it's contentiously or  
25 unconsciously from generation to the next

1 generation as well as culture stress and that is  
2 learning to adopt or to adapt to a new culture.  
3 This culture stress is still present when we have  
4 Natives who leave the reservation and come out  
5 into our urban or mainstream areas.

6           While much research has been done on  
7 historical trauma and this intergenerational or  
8 multigenerational trauma, there has not been a  
9 significant long-term study of what has happened  
10 in the United States and throughout North  
11 America, the effects of long-term historical  
12 trauma, but we're seeing the effects of that  
13 long-term historical trauma. And I don't want to  
14 get stuck in that because that's -- I want to  
15 look at what are solutions, but it may shed light  
16 on certain patterns of behaviors, symptoms,  
17 roles, values, and conditions that have been  
18 passed on.

19           In January 2009, according to the  
20 American Indian/Alaska Native Communities, Trauma  
21 Informed Care Work Group convened by SAMHSA,  
22 historical trauma left unaddressed by population  
23 can lead to child abuse or neglect, racism,  
24 bloodism, often referred to as discrimination  
25 based upon blood quantum, bullying, lateral

1 violence, crime of antisocial behavior leading to  
2 incarceration, mental health impacts, addiction,  
3 substance abuse, physical illness, sexual abuse,  
4 chronic depression, and/or suicide, disconnection  
5 from educational systems, negative associations  
6 regarding education, and family violence, which  
7 is why we're here today.

8 I want to be able to talk about what  
9 strategies we can follow to prevent or at the  
10 very least, to minimize risk factors as well as  
11 the aftereffects of violence experience or  
12 witnessed by our Native children and Alaska  
13 Native children.

14 It is because of this legacy of  
15 historical trauma that we have also seen a  
16 decrease in the use of natural resiliency and  
17 cultural protective factors that were once the  
18 primary defense in mitigating the effects of  
19 trauma and violence.

20 I have observed many gaps in services  
21 as well as become acutely aware of natural  
22 community strengths and resources that have  
23 either been overlooked or underused. One of the  
24 most comments I hear in Indian Country is we  
25 don't have enough program, funding, or formal

1 programs in our communities, which may be true,  
2 but I think we need to get beyond thinking that  
3 formal services and programs are the only  
4 solutions for Native communities. That will help  
5 us to achieve healing and well-being.

6 We need to expand our notions of  
7 healing and therapeutic interventions to go  
8 beyond those from the Western world, and once  
9 again, we'll get our traditional ceremonies, our  
10 practices, beliefs, and rituals that served us  
11 through time immemorial.

12 There are a number of youth  
13 development programs, formal programs that are  
14 seeing an emergence and return to traditional  
15 practices and life ways by the Millennial  
16 generation, that is those people born between  
17 1977 and '98, and they are being supported by  
18 some of our traditional healers and elders.

19 But more must be done to ensure  
20 tribal communities are encouraged to use these  
21 time tested healing strategies when appropriate.  
22 And I say this because there has been a push and  
23 this is not to belittle them, but I think  
24 that to expand and enhance services, we need to  
25 go beyond evidence-based practices and

1 evidence-based treatment.

2           We need to be able to also bring our  
3 cultural healing into our formal service array.  
4 We must also be cautious and mindful of the  
5 cultural hegemony that is implicit in the mental  
6 health field so that we will not inadvertently  
7 continue cultural traumatization that has been  
8 inflicted against our Native populations, which  
9 has led to the erosion of natural protective  
10 factors which are language, our spiritual  
11 beliefs, ceremonies, practices, roles, and  
12 values.

13           There are very good evidence-based  
14 practices that have been culturally tailored, and  
15 I want to thank one of our colleagues, Dr.  
16 Delores Subia Bigfoot, who has taken a lead role,  
17 and I want to mention those briefly -- but if you  
18 want any of the details, talk to Delores.

19           But first, getting back to one of  
20 areas that I train on, which is System of Care.  
21 System of Care is an organizing framework for  
22 services whether they are formal services or  
23 natural sorts. So, it's looking at a reservation  
24 or a community and tying those fragmented  
25 systems together into a unifying way of being

1 able to come together and address these issues; so it's  
2 more on the natural level.

3 SAMHSA has funded those in the past,  
4 but they have now been shortened to three years  
5 and it's primarily to -- enhancement of those  
6 systems, and they're not really available to  
7 Native communities. They had Circle of Care  
8 planning grants, those are no longer in existence  
9 and that would have allowed tribes to come up  
10 with their own collective vision of what a mental  
11 health system should look like for children based  
12 on their own view and cultural values.

13 The way that you make a system of  
14 care come to life similar to multidisciplinary  
15 teams is the wraparound process, which means all  
16 the systems work together to plan support for  
17 children, youth, and families. It was originally  
18 developed for children with serious emotional  
19 needs and their families. It can be used for all  
20 kinds of populations with multiple conflicts and  
21 more specifically, for children that have been  
22 exposed or victims of violence.

23 Cultural based wraparounds brings the  
24 best of both worlds. Those evidence based  
25 treatments, the promising practices of the

1 mainstream as well as our traditional ceremonies  
2 and all our practices that have been with us.

3 I believe it holds great promise for  
4 Indian Country. I have devoted most of my  
5 professional life to training and teaching  
6 communities to help them expand and go back to  
7 thinking about all the natural supports that we  
8 have in our community and not just thinking about  
9 formal services.

10 There are -- the evidence-based  
11 practices -- and I'm going to quit because Dr.  
12 Subia can talk about them -- but there are four  
13 evidence-based trauma treatment models that have  
14 come out of the Indian Country Child Trauma  
15 Center of the University of Oklahoma: Honoring the  
16 Children, Making Families; Honoring the Children,  
17 Respectful Ways; Honoring Children, Honoring the  
18 Future; and Honoring the Children, Mending the Circle.

19 I think these EBTs will have great  
20 benefits for Indian Country.

21 One of the last things -- and I'll  
22 end my remarks, was that: If we're really going  
23 to solve this in Indian Country, we need to go  
24 beyond just working with children who have been

1 exposed or witness to violence. As my colleague,  
2 Cecilia has mentioned and many others, it goes to  
3 the family; it goes to the community, and it goes  
4 to our tribal leaders.

5 We have to get back to a way that we  
6 had in previous times, which was that our warriors  
7 must be warriors again; they must protect our  
8 families. So, thank you for your attention and  
9 invitation to participate as a panel. I pray the  
10 Creator, (Native language) the Chief who sits  
11 above, favors and blesses your work because our  
12 children are sacred.

13 SENATOR DORGAN: We want to  
14 thank both of you for your testimony. You have  
15 devoted probably seven or eight decades of your  
16 combined lives to these issues. We do very much  
17 appreciate your being here and your contribution.  
18 You will be the final scheduled witnesses today  
19 and I'll ask in a moment if the task force wishes  
20 to inquire of you.

21 Following that, we will have an open  
22 mic for those who have come and have not been  
23 scheduled witnesses. We would entertain  
24 statements from those who wish to make them, no  
25 more than five minutes, and we will have to stick

1 to that rigorously, but we are interested in  
2 hearing you.

3 I am going to have to be on an  
4 airplane so I will, at some point, quietly  
5 depart, hopefully a scheduled airline, but Joanne  
6 will ably handle the rest of the session.

7 Are there questions of these two  
8 panelists from the task force?

9 DELORES SUBIA BIGFOOT: I have  
10 to thank my sisters. They are not only my  
11 sisters, but they are my heroes too, and I've  
12 learned so much from them. And one of the things  
13 I have learned from them is about trauma informed  
14 care. It is not so much a question but a  
15 comment.

16 When you really think about our -- in  
17 the communities and what the practice-based  
18 evidence -- what the cultural practices are, and  
19 you think about trauma informed care, one of the  
20 things that we can really draw upon very easily,  
21 in terms of trauma informed care, is funding.  
22 That is one of the most common practices that is  
23 part of recognizing that something bad has  
24 happened or something that needs to be taken care  
25 of. And with the prayers, with the focus, with

1 the centering, the acknowledgement, with the  
2 understanding of bringing together, that  
3 collective family, or network of friends or  
4 whoever, that's what we're talking about in terms  
5 of trauma informed care. And it has been a  
6 practice we've had for generations. So, when we  
7 talk about going back to some of these practices,  
8 it's really recognizing that we have those  
9 solutions within us and in our mending the  
10 circle. Those are some of the things that we  
11 bring to the attention of our commission that we  
12 have these ways that have always been very  
13 viable. And so that knowledge and understanding  
14 is very important.

15           So I want to commend you for still  
16 being the advocate, for still being the warrior  
17 women that really fight for our children and to  
18 recognize, yes, we can solve the problems when we  
19 recognize it. And I think that's the thing that  
20 we have to help our families do, is recognize  
21 what they're doing that's harmful and helpful --  
22 make choices so they can better understand what's  
23 helpful. Thank you.

24           SENATOR DORGAN: Thank you very  
25 much.

1                   CECILIA FIRETHUNDER: I'd like  
2     to respond. You know, we don't really talk a lot  
3     about our traditional healing practices, but  
4     because we do it. You know, all our community,  
5     we know where to go. And what I really want us  
6     to do is to validate that work as well and to be  
7     able to provide community -- children and their  
8     families choices; that there's one way. A  
9     variety of choices including our traditional  
10    practices. I'm sure everybody in this room could  
11    say, if I have people -- if you did not go to our  
12    traditional healing practices, we wouldn't be  
13    sitting at this table because part of our healing  
14    was to go back into our ceremony, our lodges, and  
15    practice our ways and that's why we're able to be  
16    here today. Thanks.

17                   DEBORAH PAINTE: I just wanted  
18    to add: With the wraparound process, that's one  
19    of the things that we do in that culture based  
20    wraparound. It blends the best of both worlds,  
21    the western worlds, the EBTs, as well as our  
22    cultural ceremony practices and I've shared a lot  
23    of anecdotes in Indian Country about how we need  
24    them.

25                   RON WHITENER: Thank you. So

1 one of the things that you said that we've heard  
2 from other places today, is the need for more  
3 research on these issues. As you know the  
4 history of research amongst American Indian and  
5 Alaska Native communities is checkered at best. It  
6 probably needs to be, as people have said,  
7 tribally directed and as you urged for more  
8 research to the TCUs. But, my question is: Are  
9 there any resources out there for development of  
10 tribal research systems at TCUs or in tribal  
11 governments right now?

12 DEBORAH PAINTE: Not that I'm  
13 aware of. I do know one resource that was just  
14 completed, although I'm not sure if it's been  
15 unveiled yet, and that was through the -- I think  
16 it was the Children's Bureau Research and  
17 Evaluations Work Group where it might actually be  
18 under the large umbrella. But what it does, is  
19 it lays out a set of research parameters when you  
20 go in to tribal communities just because of the  
21 wariness and the research, I guess, drawbacks  
22 that have occurred and made Indian Country very  
23 skeptical -- skeptics of people coming into their  
24 communities. I'm not sure if it has been  
25 released. I know the conference where it was

1 going to be unveiled was cancelled -- oh, yeah,  
2 and Dr. Bigfoot is on that as well.

3 CECILIA FIRETHUNDER: A lot of  
4 our communities do have their research component  
5 and it's been working very effectively, and I do  
6 know that back to the Adverse Child Experiences  
7 Study, that CDC funded that. And one of the  
8 things that Dr. Anda of Alaska,  
9 and I have been having discussions about  
10 doing one study in Alaska and one in the lower 48  
11 as a way the CDC can be encouraged to fund  
12 research and get the data that we can use, because  
13 as we look for additional funding, especially  
14 with those government entities, we need some  
15 really good data. The data that we have may not  
16 be sufficient -k no matter which way you cut it, we need data.

17 JOANNE SHENANDOAH: I have a  
18 question for both of these ladies. I have  
19 attended a number of different healings, of  
20 sorts, in different communities, and one program  
21 included art along with the three studies, so I'm  
22 just curious if that is also included in your  
23 programs and, you know, that hasn't been  
24 mentioned at all today, the arts, other than, you  
25 know, our songs and our dances, you know, which

1 is definitely part of our culture.

2 But, could you tell me what role art,  
3 music plays in your communities?

4 DEBORAH PAINTE: I want to refer  
5 to the Turtle Mountain Sacred Child Project. It  
6 just celebrated its 50th anniversary. One of the  
7 things that they do up in Turtle Mountain,  
8 because wraparound -- there are 12 (inaudible)  
9 financial, legal, social, emotional, creative,  
10 legal, family, residence, I can't think of the  
11 full 12, but they do allow the child and their  
12 families to pick what they want to work on and if  
13 they pick the creative, it allows them to take  
14 any art form and be mentored or have teachers  
15 come in to show them how to do the traditional  
16 arts as well as any other forms of art.

17 CECILIA FIRETHUNDER: You know,  
18 part of wellness and balance is that creative  
19 side of your brain. Art therapy and play therapy  
20 are very important at home and at work. At  
21 tribal colleges you can train teachers, you can  
22 train counselors, to do art therapy. Art is a  
23 very important component of our balance and our  
24 tribal communities. If you go to any museum in  
25 the United States, you will see expressions of

1 life, expressions of everything in art form and  
2 it is part of who we are today as people.

3           Unfortunately many of our tribal  
4 schools do not have art programs and  
5 opportunities for children to express themselves  
6 through paintings and pictures and that is a very  
7 important component as well for balance.

8           JOANNE SHENANDOAH: One more  
9 question because I admire your work so much, both  
10 of you, and I am curious: Do you have any kind  
11 of facility or way that you reach out to urban  
12 young people, those who have left the reservation  
13 in any way? Is there anything like that in place  
14 or is that something that might be an interest?

15           DEBORAH PAINTE: I don't  
16 actually work directly with families, but what I  
17 do is train staff in urban Native communities as  
18 well as Indian Country. And, to that, we're  
19 hoping that one of the things that -- with the  
20 System of Care is that -- one of the principles  
21 is being youth guided. So, we really want to  
22 afford a voice to the youth at the table because  
23 usually everything is planned for and designed by  
24 adults and what we want is the youth to have a  
25 voice at the table.

1                   I did want to mention one thing.  
2           Which is: Whether it's another listening session  
3           or at your future sessions, to invite some  
4           traditional healers because you're going to hear  
5           some very profound thoughts about what will help  
6           children.

7                   CECILIA FIRETHUNDER: Working  
8           with K-12, and I'm also teaching language at the  
9           college and this is my second semester working  
10          with freshman coming into college, and it was  
11          really interesting for me that as I'm going  
12          through my curriculum, I'm also including culture  
13          asking questions. One of things that my school,  
14          K-12, we did a survey. We asked our student  
15          council to conduct a survey, ask the questions.  
16          They created the questions. The students went  
17          out and interviewed almost 400 students to ask  
18          the questions. To find out where bullying takes  
19          place, who does it. The kids compiled all the  
20          data and using the data that was collected, we  
21          were able to create a really strong bullying  
22          policy now.

23                   One of the other things is that it is  
24          important to ask that population. Ask them:  
25          What do you need, what do you want, what has to

1 change? And too often we don't have the  
2 resources just to go and ask the questions  
3 because if we're going to change the community  
4 and our tribe for the future, we need to ask  
5 those who are going to be impacted by the  
6 decisions that we make. These are the younger  
7 population. And as a teacher of language and  
8 culture, it's amazing to me how they absorb  
9 information giving the proper, correct  
10 information. And the most important thing that I  
11 find so exciting is that I get to speak my  
12 language in my class.

13           And final thing, language and culture  
14 -- and I'm always afraid that when I talk and say  
15 things that I might insult people, but I'm gonna  
16 tell the truth. A reflection and measurement of  
17 how good a tribal community is, is how well we  
18 treat our children. And at this point, Indian  
19 Country gets an "F" because we have not treated  
20 our children very well.

21           SENATOR DORGAN: Thanks to both  
22 of you for being here today and your testimony.

23           Next, is the public testimony and as  
24 indicated previously, anyone here wishing to  
25 submit the written testimony may do so. We'll be

1 happy to include that as part of the permanent  
2 record. And for today, the opportunity to  
3 present public testimony in a five-minute  
4 segment. We want to hear as many voices as  
5 is possible, it is something that we look forward to  
6 and Bonnie Clairmont has agreed to be helpful to  
7 us in looking at the time and helping you make  
8 sure that you are able to tell us what you want  
9 to tell us but within the required amount of  
10 time.

11 My understanding is that we are going  
12 to take a 15-minute break before we begin that  
13 process, after which we will have the public  
14 testimony. Thank you very much.

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