SENATOR DORGAN: The next panel
that we will hear from today includes a panel on Healing from Trauma and Programs for Children Exposed to Violence in Indian Country and Urban Communities. And that includes Cecilia Firethunder, Terri Yellowhammer, and Deborah Painte. I understand that Terri is not here. So if we could have the panelists come up and take your place.

Cecilia Firethunder is the President of the Oglala Lakota Nation Education Coalition and Board of Directors of the Little Wound School. And has done a lot. I have a background here, Cecilia, that I'm almost thinking I should just read all of it, but I won't quite read all of it. She was given the Lakota name of Good Hearted Woman. She is a retired licensed nurse, widely known as an advocate for wellness and women's issues, and for her unique way of reaching the hearts of communities and people. She represents the Oglala Lakota Nation Education Coalition, Little Wound School. Her skills include superior translation of English into Lakota. She is recognized internationally for her traditional doll making. Cecilia's humor, tears, hugs, hope, and encouragement and care
have helped others begin their journey to
wellness and balance. Cecilia, you may begin.
Thank you for being with us.

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

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

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

The recommendations that I am making
today here on behalf of Indian Children who reside on Indian reservations and attend one of 126 schools of which there are 28 in the Great Plains region. There are 57 BIA schools of which there are 8 in our region. There are an estimated 50,000 Indian students in all these schools.

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

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

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

struggling with issues of abandonment and
rejection.

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

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

The past year's report translates
into thousands of children being traumatized in
their homes by someone that is supposed to love
them and care for them, and at this time, I want
to be very clear, that Indian children that are
traumatized in Indian homes on Indian
reservations, are traumatized by Indian mothers,
Indian fathers, Indian uncles, Indian aunts, and
Indian grandparents. Strangers are not coming on
to Pine Ridge and hurting our children; our own
people are hurting our children.

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

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

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

"Transcript from the First Hearing of the Advisory Committee of the
Attorney General’s Task Force on American Indian/Alaska Native Children Exposed to Violence.
Bismarck, ND. December 9, 2013."
effects on our ancestors that have been going on for 150 years. Each traumatic experience is carried over into the classroom and for way too long have challenged our educators, teachers, counselors, and school leadership.

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

I also want to remind this committee and the listening audience that the first education programs funded on Indian reservations were under the Indian Civilization Act of 1819. In 1819, the Congress, at that time, encouraged benevolent societies, which were usually
Christian missions, to provide education for Native Americans and authorized the civilization process.

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

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

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

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

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

Review Access to Recovery; Access to Recovery is a SAMHSA brand and for the first time, has allowed tribal healing practices to be included in the treatment of people with substance abuse to take Access to Recovery -- take a hard look at it, we find it increases services for children with trauma and one of the things is as we pull children into a system, families will come along willing to start from the bottom and work our way up.
Work with other federal agencies to find training of early childhood trauma care specialist at the tribal colleges. Our tribal colleges could use the startup money to create such a training program. Tribal colleges have been in the communities for many, many years. They, at this time, I believe, are ready to create or study to train our own tribal people to provide trauma care to our children. This could also include distance learning with universities from our Indian reservations -- the big universities like the University of Iowa, University of Minnesota, wherever.

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

CMS, be involved in reviewing Medicaid reimbursements for therapeutic services along with changing policy if necessary to support school based programs to bill for reimbursement. Create a new system if needed.
South Dakota is part of the Social Services meetings with the tribes every three months.

North Dakota is a partner with Social Services meetings every three months. We could use these opportunities to start taking a look at how we can provide strong therapeutic services that are available in our tribal schools.

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

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

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

Strengthen and increase funding for
Traditional Healing components for early childhood trauma care, there are best practices using traditional healing practices from tribal communities. I could go on and on.

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

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

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

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

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

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

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

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

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

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

"Transcript from the First Hearing of the Advisory Committee of the
Attorney General's Task Force on American Indian/Alaska Native Children Exposed to Violence.
Bismarck, ND. December 9, 2013."
Native American Training Institute in Bismarck, which is an intertribal child welfare training organization created by the four North Dakota Tribal Authorities. She has more than 30 years of experience working in or with tribal communities strategic and program planning, community development, financing strategies, program evaluation, and research in tribal communities. Thank you for your work and thanks for being here today.

DEBORAH PAINTE: Thank you.

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

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

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

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

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

We -- the training institute has -- originally started out providing training and technical assistance just to the tribal Child Welfare Agency of North Dakota, and we did it in partnership with the State of North Dakota.
Children and Family Services Division.

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

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

After I left -- or those grant funds ended, I started working with the Native American Training Institute and became the Director. As part of that work with the Native American Training Institute, I've had the
opportunities to continue collaborating on a much larger scale through the National Resource Center for Tribes, which is part of the Children's Bureau Training and Technical Assistance Network, and we're doing that with the Tribal Law and Policy Institute who serves as the lead organization for the NRC4Tribes, the Indian Child and Family Resources Center through Helena, Montana as well as through the University of Denver, Butler Institute for Families.

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

I've also been part of the Western Workforce to increase the number of child welfare workers in rural areas and this, we did through the University of Denver. As part of that, we were able to successfully increase the number of
child welfare workers at two sites in North Dakota who participated with the three affiliated tribes, the Mandan, Hidatsa, and Arikara Children and Family Services and the Turtle Mountain Child Welfare and Family Services.

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

Taking a trauma informed care approach to working with American Indian and
Alaska Native Children who have witnessed violence or have been victims of violence is paramount. So, anything that we do, needs to take that approach.

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

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

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

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

Historical trauma was first mentioned
by a tribal member from Standing Rock, which is
Dr. Maria Yellow Horse Brave Heart. And she did
it to conceptualize a framework of what happened
in Native America. And originally it comes from
the Jewish Holocaust studies. And one of the
definitions of which there are many that are very
similar is the cumulative, emotional, and
psychological mooning over the lifespans and across generations emanating from massive trauma. With the Native American Training Institutes -- because I've went all over Indian Country in North America, we've also added the term "spiritual wounding." This is spiritual war that we're fighting, and we need to think beyond the terms of just physical and emotional. They have coined it -- this term from those Native researchers who are looking at historical trauma and legacy of trauma as a soul wound.

One of the things that as I begin exploring historical trauma is this phenomena that has been called a "conspiracy silence."

Because of the horrific nature of what happened in communities all over the world and now that we are looking at Indian countries, there have been massive traumas that occur to all of our villages, tribal nations, and communities and those affects continue to plague us today.

There is another term called "intergenerational or multigenerational transmission of trauma and grief," and that is passing those traumas down whether it's contentiously or unconsciously from generation to the next.
This culture stress is still present when we have Natives who leave the reservation and come out into our urban or mainstream areas.

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

In January 2009, according to the American Indian/Alaska Native Communities, Trauma Informed Care Work Group convened by SAMHSA, historical trauma left unaddressed by population can lead to child abuse or neglect, racism, bloodism, often referred to as discrimination based upon blood quantum, bullying, lateral
violence, crime of antisocial behavior leading to incarceration, mental health impacts, addiction, substance abuse, physical illness, sexual abuse, chronic depression, and/or suicide, disconnection from educational systems, negative associations regarding education, and family violence, which is why we're here today.

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

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

I have observed many gaps in services as well as become acutely aware of natural community strengths and resources that have either been overlooked or underused. One of the most comments I hear in Indian Country is we don't have enough program, funding, or formal
programs in our communities, which may be true, but I think we need to get beyond thinking that formal services and programs are the only solutions for Native communities. That will help us to achieve healing and well-being.

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

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

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

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

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

But first, getting back to one of
areas that I train on, which is System of Care.
System of Care is an organizing framework for
services whether they are formal services or
natural sorts. So, it's looking at a reservation
or a community and tying those fragmented
systems together into a unifying way of being
able to come together and address these issues; so it's
more on the natural level.

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

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

Cultural based wraparounds brings the
best of both worlds. Those evidence based
treatments, the promising practices of the
mainstream as well as our traditional ceremonies
and all our practices that have been with us.

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

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

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

One of the last things -- and I'll
end my remarks, was that: If we're really going
to solve this in Indian Country, we need to go
beyond just working with children who have been
exposed or witness to violence. As my colleague, Cecilia has mentioned and many others, it goes to the family; it goes to the community, and it goes to our tribal leaders.

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

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

Following that, we will have an open mic for those who have come and have not been scheduled witnesses. We would entertain statements from those who wish to make them, no more then five minutes, and we will have to stick
to that rigorously, but we are interested in hearing you.

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

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

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

When you really think about our -- in the communities and what the practice-based evidence -- what the cultural practices are, and you think about trauma informed care, one of the things that we can really draw upon very easily, in terms of trauma informed care, is funding. That is one of the most common practices that is part of recognizing that something bad has happened or something that needs to be taken care of. And with the prayers, with the focus, with
the centering, the acknowledgement, with the understanding of bringing together, that collective family, or network of friends or whoever, that's what we're talking about in terms of trauma informed care. And it has been a practice we've had for generations. So, when we talk about going back to some of these practices, it's really recognizing that we have those solutions within us and in our mending the circle. Those are some of the things that we bring to the attention of our commission that we have these ways that have always been very viable. And so that knowledge and understanding is very important.

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

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

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

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

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

and Dr. Bigfoot is on that as well.

CECILIA FIRETHUNDER: A lot of

our communities do have their research component

and it's been working very effectively, and I do

know that back to the Adverse Child Experiences

Study, that CDC funded that. And one of the

things that Dr. Anda of Alaska,

and I have been having discussions about

doing one study in Alaska and one in the lower 48

as a way the CDC can be encouraged to fund

research and get the data that we can use, because

as we look for additional funding, especially

with those government entities, we need some

really good data. The data that we have may not

be sufficient -k no matter which way you cut it, we need data.

JOANNE SHENANDOAH: I have a

question for both of these ladies. I have

attended a number of different healings, of

sorts, in different communities, and one program

included art along with the three studies, so I'm

just curious if that is also included in your

programs and, you know, that hasn't been

mentioned at all today, the arts, other then, you

know, our songs and our dances, you know, which
is definitely part of our culture.

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

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

CECILIA FIRETHUNDER: You know, part of wellness and balance is that creative side of your brain. Art therapy and play therapy are very important at home and at work. At tribal colleges you can train teachers, you can train counselors, to do art therapy. Art is a very important component of our balance and our tribal communities. If you go to any museum in the United States, you will see expressions of
life, expressions of everything in art form and it is part of who we are today as people. Unfortunately many of our tribal schools do not have art programs and opportunities for children to express themselves through paintings and pictures and that is a very important component as well for balance.

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

DEBORAH PAINTE: I don't actually work directly with families, but what I do is train staff in urban Native communities as well as Indian Country. And, to that, we're hoping that one of the things that -- with the System of Care is that -- one of the principles is being youth guided. So, we really want to afford a voice to the youth at the table because usually everything is planned for and designed by adults and what we want is the youth to have a voice at the table.
I did want to mention one thing.
Which is: Whether it's another listening session
or at your future sessions, to invite some
traditional healers because you're going to hear
some very profound thoughts about what will help
children.

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

One of the other things is that it is
important to ask that population. Ask them:
What do you need, what do you want, what has to
change? And too often we don't have the resources just to go and ask the questions because if we're going to change the community and our tribe for the future, we need to ask those who are going to be impacted by the decisions that we make. These are the younger population. And as a teacher of language and culture, it's amazing to me how they absorb information giving the proper, correct information. And the most important thing that I find so exciting is that I get to speak my language in my class.

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

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

Next, is the public testimony and as indicated previously, anyone here wishing to submit the written testimony may do so. We'll be
happy to include that as part of the permanent record. And for today, the opportunity to present public testimony in a five-minute segment. We want to hear as many voices as is possible, it is something that we look forward to and Bonnie Clairmont has agreed to be helpful to us in looking at the time and helping you make sure that you are able to tell us what you want to tell us but within the required amount of time.

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