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PROBLEMS FACING NATIVE AMERICAN YOUTHS

HEARING

BEFORE THE

COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE

ONE HUNDRED SEVENTH CONGRESS

SECOND SESSION

ON

OVERSIGHT HEARING ON PROBLEMS FACING NATIVE AMERICAN YOUTHS

AUGUST 1, 2002
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PROBLEMS FACING NATIVE AMERICAN YOUTH

THURSDAY, AUGUST 1, 2002

U.S. SENATE,
COMMITTEE ON INDIAN AFFAIRS,
Washington, DC.

The committee met, pursuant to notice, at 2 p.m. in room 485, Senate Russell Building, Hon. Ben Nighthorse Campbell (vice chairman of the committee) presiding.

Present: Senator Campbell.

STATEMENT OF HON. BEN NIGHTHORSE CAMPBELL, U.S. SENATOR FROM COLORADO, VICE CHAIRMAN, COMMITTEE ON INDIAN AFFAIRS

Senator CAMPBELL. Welcome to the committee hearing on the problems faced by Native American youngsters today. I thank our Chairman Senator Inouye for allowing me to schedule and chair this hearing because I believe it is extremely important.

A number of weeks ago this committee convened a hearing on the condition and circumstance of Native American elders and I remarked at the time that we often get caught up in the furor of the day with very high profile issues like trust fund reform, housing, education, and gaming. As a committee and as a Nation, we have to step back once in a while and take stock of things that are really important and worth talking about and fighting for. Elder health care is one of those issues and making sure that our Indian kids get the chance to improve themselves, their tribe and their country is also one of those issues.

Many of us who come from Indian backgrounds suffer the same problems such as dysfunctional homes and troubled lifestyles as youngsters. In my day, like many young kids of mixed blood ancestry, I was a bona fide, honest-to-God juvenile delinquent. Some people say I haven't grown out of that being here in the Senate but I'm still working on it.

Indian youngsters today face many of the same problems I and many in my age group did, family alcohol and substance abuse, joblessness and all too often a feeling of hopelessness.

There are also new problems facing Indian youngsters today. Gangs are growing where tribes and family once ruled and like all American kids they are not getting enough exercise, often have poor diets, become overweight too soon, and for a population that suffers from diabetes the way we do, obesity is an alarm bell which should certainly prompt us to act.

There always seem to be Federal responses to the problems we face in America but in my mind, they are not always effective. I believe much of the responsibility for effectively answering these problems lies with the parents and families of American Indians themselves, with the private and nonprofit world and with the individuals themselves. The decisions we make as young people can determine how we live the rest of our lives and those decisions also determine whether we will even have a life to live.

I want to thank the witnesses for appearing today. Our first panel will be John P. Walters, Director, Office of National Drug Control Policy and Neal McCaleb, Assistant Secretary, Indian Affairs. We will go ahead and start with Mr. Walters who I have worked with a number of times through the Treasury Subcommittee of Appropriations, on while I serve.

STATEMENT OF JOHN P. WALTERS, DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY

Mr. WALTERS. Thank you for your leadership here and on the issue of drugs. I've been in office less than 8 months and I don't think there is another member of Congress I've had a chance to talk with more. I appreciate your energy, your effort and your attention because I know it is a busy schedule you have.

I would ask my prepared statement be entered in the record at this point.

Senator CAMPBELL. Without objection.

Mr. WALTERS. I'll just offer a summary and be guided by the issues you want to followup.

I'm going to discuss the Youth Antidrug Media Campaign and the Native American ads we have developed. The Campaign, as you know, is a comprehensive public health communications campaign designed to help prevent and reduce youth use of illicit drugs. The Campaign uses multimedia advertising and public communications strategies to promote anti-drug attitudes and behavior. It is one of the most powerful tools we believe we have to support the President's national drug control strategy, and makes a significant contribution to our goal of stopping drug use before it starts.

The Campaign is particularly relevant to today's discussions of American Indian youth because of its considerable multi-cultural outreach effort. For each year of the past 3 years, the Campaign has delivered more than $30 million worth of drug prevention messages that are tailored to reach the country's African-American, Asian, Pacific Islander, American Indian, and Hispanic communities. The media campaign has invested more than $5 million in designing, developing and placing the Federal Government's first ever antidrug television, radio and print advertising specifically tailored to reach American Indian elders, parents, and youth.

These ads are a culmination of 2 years of research to gain a detailed understanding of the pro and antidrug attitudes among American Indian youth and adults and to gain cultural insights that would aid in the development of antidrug messages and community outreach efforts.

Beginning in the spring of 2000, the Campaign conducted 46 focus groups in urban and rural venues. Some of the comments from the focus groups were many parents were aware that their

children are being raised in a world different from the one they inhabited as young people. They acknowledge that their kids face problems specific to growing up American Indian, including increased exposure to drug and alcohol abuse, racism and violence and they are unsure how to parent effectively without the guidance of traditional ways.

American Indians spoke of the negative portrayal of the people in the general media, some of which is unintended. They felt these misrepresentations in popular culture stigmatize them as a community and strongly suggest that any anti-drug advertising depict communities and families in a positive way. Such insight became the foundation for the Campaign's first and ever ads for American Indians.

American Indian youth emphasize the importance of the role that elders play in their lives, grandparents were especially important as they are often responsible for passing on culture, language, stories and ceremonies. For some, they provide safety, security, and continuity if parents are dealing with their own substance abuse problems.

Our current advertising consists of print, radio and two television executions entitled, "The Promise" and "Adventure" which are currently running in television markets with a large American Indian viewership and are also in American Indian publications and American Indian radio stations. The new messages, even more than before, pay homage to traditional cultures and values modeling healthy, antidrug attitudes and behaviors. You have two examples of the print ads in the packet I provided with my testimony. I'd like to show you the TV ads and one ad that is designed to help enlist community coalitions that has added dimensions of various different cultural ethnic content.

[Viewing of ads.]

Mr. WALTERS. I view this, having come to the office when this process was under production and some of it was already executed, as an effort by us to look at the nature of the drug problem in this country and to see how specific populations at higher than average risk that may need tailored messages as well as programs specifically designed to provide resources that we provide broadly to the needs in those circumstances and to see if we can we do that effectively. I certainly would not claim to be an expert on these issues and I have begun the process of meeting with Native American leaders as well as others around the country as we review the drug control policies and programs of the Government, with people in this room, we have worked with the Bureau of Indian Affairs and others for suggestions, comments, even criticisms of what we are doing now are more than welcome from where I sit because we want to get this right. I think this can be a valuable and important tool in getting messages that maybe for the general population will not work in specific populations that we need to reach and have an obligation to reach.

We're at the beginning and while this is new and goes further than the Federal Government has gone in this area in anti-drug advertising before, I by no means think we are entirely where we want to be.

I would also be remiss if I didn't admit candidly that the efforts to currently appropriate this money, especially in the bill that came from the House, would involve earmarks that would simply not allow us to do this kind of advertising because it would force us to drive the bulk of the program money into running the more broad audience advertising. Some of the things like the segmented parts of the program would not be possible under the earmarks in the House appropriation at the current time.

I would ask to the extent you and your colleagues feel it is appropriate, if we could remove those earmarks, it would allow us to continue this important work at whatever level of appropriation is finally decided.

[Prepared statement of Mr. Walters appears in appendix.]

Senator CAMPBELL. Did I understand you to say there were earmarks in the House bill that do not allow you to specialize your ads like this one?

Mr. WALTERS. Yes; the money that this program has used to develop these specialized ads is in addition to the, we're using it as a portion of the money used to run the general public ads as well as the evaluation and administration of the program. Our estimate of the current earmark in the House appropriations bill would require us to maintain the administration of the buy for the large general advertising ads, plus the evaluation mandate and then sets a $150 million ceiling for what must be used by advertising would not give us the ability to do segmented buys in this way.

I'm not trying to hold the Washington Monument hostage here, but I'm telling you that the effort there is potentially to say we ought to run more general purpose ads with more of the money. We think we're getting a good mix and this is a balanced and appropriate investment, although I recognize regional people can differ about how to balance it.

I have provided in the back of my testimony graphic evidence of what we see as the disproportionate impact of drug use in different parts of the American population. We want to reach those people that are at risk that may not be reached when we look at it with general purpose advertising as effectively as we could. We think this investment of a small amount of the dollars to reach special populations is not only appropriate but necessary to do what we want to do. I want to preserve it so I regret the House made its decision. I hope that when Congress finally acts, we'll be able to preserve this and move on.

Thank you, Mr. Chairman.

[Prepared statement of Mr. Walters appears in appendix.]

Senator CAMPBELL. Assistant Secretary McCaleb, please go ahead.

I might tell the panels they tell us we have two votes scheduled at 2:50 p.m., which doesn't give a lot of time. Otherwise, we're going to have to recess and come back after about one-half hour or 40 minutes. I don't think anyone wants to do that. So it might serve us all well if we can abbreviate our testimony.

STATEMENT OF HON. NEAL A. McCALEB, ASSISTANT SECRETARY FOR INDIAN AFFAIRS, DEPARTMENT OF THE INTERIOR

Mr. McCALEB. Message received and understood, Mr. Chairman. I will paraphrase my testimony and ask that the testimony as submitted be incorporated in the record.

Senator CAMPBELL. Without objection.

Mr. McCALEB. I am delighted to be here today to speak on a subject that is important to all of us and our future and that is Native American youth, their activities and their future.

The problems encountered by Native American youth as they grow up on reservations clearly have to do with the prevalence of alcoholism and substance abuse, and the consequent social dysfunctions that derive or are created by substance abuse. These problems, in my opinion, are a result of sustained economic deprivation and the hopelessness of having little expectation of having a career or meaningful employment on the reservation.

These are long haul solutions, the creation of economic opportunity has been something I've heard about for the 35 years that I have been involved in Indian affairs, so there is no revelation here. We are doing some things we hope will make a meaningful difference in a fairly short period of time such an economic summit we are sponsoring this fall to focus attention on the opportunities and mechanisms for business development on the reservations.

We need to be doing some things in the immediate short term that will have long term effects. One of the things that I think the Bureau of Indian Affairs has earned bragging privileges about, not because of me but because this program has been underway since the early 1990's, is our Family and Child Education Program. It is a unique program that provides family literacy services to American Indian parents and their children from birth through the third grade. It is an early childhood development program that strives to involve the parents with their child in both classroom situations and in home situations because the first teachers the child knows in their most formative years are their parents. By the time they are 4 years old, 80 percent of their cognitive or brain capability is formed before they ever walk through the doors of a school building.

In this program, they come through the doors of the school building in their mother's or father's arms and they spend time together. The program has proven very effective. It started out with a pilot program in 1991 with only 6 funded schools; we now have 32 programs and beginning the school year 2003–04, we will have 39 programs which is still not adequate for all 180 Bureau operated schools. We think we're getting good results from the program, not only for the children but for the parents because the parents are having their own self-image enhanced. In many cases, it is changing lives in terms of the way they perceive themselves and their behavior, especially as it relates to substance abuse. They are developing a real sense of parent responsibility to these youngsters that transcends their perception of their problems and desires.

I recently visited a FACE program in Arizona. It was a very compelling scene, moms, dads, grandparents, and youngsters of all ages from birth to the first grade were there together at the school. You

could tell the kids were buying into it and that the parents were proud of themselves. I talked to one young man who had his first full-time continuous job in his life and attributed that change to the literacy skills he learned in the FACE Program. He was excited about it and obviously an advocate for it.

As a direct result of participation in the program, we have 1,500 parents who have gained job skills that resulted in employment; 600 have completed their GED or gained their high school diploma; 60 percent of the program adults improve their reading and math skills; 91 percent of the parents report reading to their child every day.

I have with me today Bill Mehojah, who is the director of our Office of Indian Education Programs; he is something of an expert on this and during the question and answer period, Bill may be a more useful respondent to your questions than I. I am a convert on the FACE Program and I think it truly is a program that is changing lives in Indian country. I am so pleased the Bureau of Indian Affairs has taken the lead on this.

That is not to say that we don't need to do things in the full span of youthful development. One of the things we prize that is not done by the Bureau but is done by private parties who we try to leverage or partner with is the work done by J.R. Cook and the Unity Program. I've known J.R. for these 30 years and watched him work with great determination and tenacity in this area with ever increasing success. Dan Lewis will talk to you about the Boys and Girls Clubs. We are great advocates of that. We are doing five pilot projects with the Boys and Girls Clubs on Indian reservations for Indian youngsters in school.

I hope that through these efforts, there will be an opportunity for self-realization of an individual's self potential as it develops within the cultural influence of the Indian community, that the social dysfunction and dependency will diminish, and that our Indian youth will experience a new and brighter future.

Thank you.

[Prepared statement of Mr. McCaleb appears in appendix.]

Senator CAMPBELL. Thank you.

The youngsters have the help of a lot of good people and good programs which have come a long way but certainly you still have a long way to go. I know they face some cultural differences. Mr. Walters is involved with trying to reduce drug use among teenagers. As an example of how Indian kids can sometimes get caught in a cultural crossfire, most of them recognize what drugs are, some are involved in things like paint, glue and hardware supplies, oven cleaner, that kind of stuff which may not come under the heading of drugs but still blows their minds.

The other problem culturally is I think many of them have parents or relatives, grandfathers or someone who belong to the Native American church which uses peyote as you know, not called a drug in the Indian community, but "medicine". If you talk about it in the outside community, you call it a hallucinogen. I think things like that, the cultural crossfire, creates some problems too.

Maybe the proximity to urban areas too. I know there has been an increase of gang activity with those on reservations close to big urban areas. Phoenix is an example where the ones further out

away from big metropolitan areas, the gang movement doesn't seem to seep out quite as fast, although I'm sure it is there too.

Mr. Walters, I've always been a big believer in doing things with tribal consultation. When you have been dealing with tribal communities, were there any ideas presented that helped you in developing this program or addressing drug problems with youngsters on the reservations?

Mr. WALTERS. The ads that I showed you were in fairly advanced stages when I took office, so the conversations that I have had with Native American leaders which will continue this year, I'm going to meet with the people associated with White Bison in the coming weeks which works on recovery as you no doubt know, as well as treatment. What I've asked them to do is to educate me about the contours of the problem as I do in other areas when I travel around the country looking at how these work, but particularly because I don't have as much personal experience and in addition, how the programs we provide work. I think the keys are that for a number of these communities and others, they are not connected to some of the usual distribution sources for Government resources or even some of the partnerships the Government makes with non-government agencies because they don't have the same presence in Indian country. It varies if they are closer to metropolitan areas, there is overlap and so what we have tried to do is begin a conversation. In some places, these are working. I don't mean to make it all sound negative, but other places we want to drive these resources where they can be used.

As you know, across the board, largely the Federal Government in these areas provides resources. Other people do the work. I try to say thank you when I'm out there and encourage others to. What we accomplish is entirely dependent on the effectiveness of the people who do the work and whether our contribution is effective depends on whether it gets there and whether it's in a form that is usable to them.

I think some cases, particularly in the area of drug treatment and support for recovery, in addition to the large support for prevention, we're looking at how we can deliver these resources more effectively. Nationally, on the drug treatment front, the President is committed to spend an additional $1.6 billion on Federal treatment spending. We want to try to provide that where the need is and we have a large block grant program. In some places, that is working very well. We are also trying to use a targeted capacity expansion program that allows us to look at places where there is a particular need and driver resources there where there is a plan.

Senator CAMPBELL. Have you given block grants to Indian tribes?

Mr. WALTERS. I believe most of the money in this regard goes to through the Bureau of Indian Affairs and not separately although I presume some State agencies do provide assistance that comes from the block grant but I don't have the information.

Senator CAMPBELL. If you could find that out and share it with the committee, I'd appreciate it.

How has this media campaign been received on the reservations? Have you been able to track it or evaluate it?

Mr. WALTERS. These ads were just released, at a center in Los Angeles with Native Americans. The individual response was very

positive. People were very happy to see this problem was being addressed and the content seemed to be something they found useful and acceptable. We want to evaluate that because one of the problems is how do we cost effectively create both content and deliver it in areas where we know one size doesn't fit all even though we're trying to deal with segments of the population. I'm very concerned as we do these in sub populations that they are done in a way that has a positive effect.

We will not have the same kind of evaluation of these segmented parts of the campaign that we do for the overall campaign you are familiar with because it is simply not cost effective to run the expensive evaluation mechanism in these. We are depending on feedback from the viewers on a more general basis, we'll also try to bring in some of the leaders in addition to the ones I see and get some sense of what they think is happening and how we can go from here to capitalize on what is good.

Senator CAMPBELL. I understand it will be difficult to measure something that doesn't happen. If a youngster does not do drugs because he was influenced by this kind of media, it might be difficult to measure he didn't do it because he saw it in this media but hopefully it will do some good.

Mr. McCaleb, you mentioned the FACE program which I am very supportive of. Has there been any indication that program has had a positive impact on the issues of FACE?

Mr. MCCALEB. Yes; there has been. It's anecdotal at this point because the programs started in 1991 with only six schools and next year we will have 39 schools. The anecdote I participated in was in New Mexico at a Navajo school, which was very impressive. The comments I got from the parents was the level of commitment and excitement they had and it was making them better parents, changing their behavior. That has to accrue, those kinds of contacts, that kind of relationship, reading every day to a child, I doubt there are many of us in this room that can say they read every day to one of their youngsters. That is so important.

Bill, do you have any quantitative information you would like to add to that?

STATEMENT OF BILL MEHOJAH, DIRECTOR, OFFICE OF INDIAN EDUCATION PROGRAMS, BUREAU OF INDIAN AFFAIRS

Mr. MEHOJAH. We've evaluated the program since its inception 11 years ago and we have a lot of data that demonstrates the program does work and it is effective. Children who enter school are ready for school, they do better in math and reading in their standardized achievement tests, and they remain in school. One of the things we are really focusing on is reading and making sure our kids are proficient in reading and literacy by the end of the third grade. That supports the goal we are trying to attain.

The other thing we know is that parents who come out of the Family and Child Education Program are much more involved in meaningful ways in the school. They are involved with parent/teacher conferences, they show up for them, they are asking questions about what their children are learning, if they are learning, they are asking about homework assignments, so they are actively involved with the school and the education of their children.

We have a lot of data. In fact the Goodling Institute at Penn State has approached us about doing a research study on our program because it is one of the most comprehensive family literacy programs in America.

Senator CAMPBELL. Certainly it's beneficial.

I think I will submit the rest of my questions in writing to you. I have two or three more but in the interest of time, we'll go on to the second panel. Thank you for appearing.

The second panel will be Dr. Vincent Biggs of the American Academy of Pediatrics; Dan Lewis, one of our former staffers here with the committee years ago, of the Boys and Girls club of Scottsdale; J.R. Cook, executive director, United National Indian Tribal Youth, Inc.; and Nick Lowry, Native Visions, Inc.

If you would give us your written testimony and abbreviate your comments, I would appreciate it.

We will start with Mr. Biggs.

STATEMENT OF VINCENT M. BIGGS, M.D., AMERICAN ACADEMY OF PEDIATRICS

Mr. BIGGS. My name is Vinny Biggs. I am a pediatrician from Amherst, MA. I've been working with American Indian and Alaska Native issues for nearly the last 10 years. I worked on the Navajo Reservation at the Northern Navajo Medical Center clinically as a general pediatrician and I currently serve on the American Academy of Pediatrics Committee on Native American Child Health.

On behalf of the Academy I am honored to be here to discuss the serious health challenges facing Native children and youth.

For the last 3 decades, the Academy has worked on behalf of children and youth which has included efforts to improve the health and development of Indian children. Over the course of this time, the challenges that face this population have significantly changed. Today I am going to focus on three of the most serious challenges, health disparities and unmet health care needs, unintentional injuries and death and Type II diabetes.

Today more than one-third of the American Indian and Alaska Native population is under the age of 15. In some tribes, this is nearly one-half of the population. There are twice as many 5- to 14-year-olds in this population than in the white population. The birth rate is 63 percent higher than the birth rate for all United States races. Clearly this is a population of vulnerable children that continues to grow.

While the general health status of these children is far better than their parents and grandparents, significant health disparities continue to affect these children and their families. The current infant mortality rate for Indian children is 22 percent higher than the general population and 60 percent higher than whites. More than twice as many of these children die from SIDS than other United States races despite a growing understanding of SIDS and how to prevent it. Overall, Indian children and youth are more than twice as likely to die in their first 4 years than their non-Indian peers. This statistic remains true through the age of 24.

The poor health status of American Indian children is related to some degree to the extreme poverty in its population. As I am sure this committee knows, more than 40 percent of these children live

in households with incomes below the poverty level as compared to 20 percent of children other races.

The serious health problems associated with poverty and rural isolation are compounded in the Native community by limited access to pediatric health care. Over the last decade the average number of well child visits which are the visits where children are assessed for their physical, developmental and mental health has dropped by 35 percent. Outdated facilities and persistent vacancies for health care providers within the Indian Health Service also limit an Indian child's access to pediatric care. Recent data from the Indian Health Service shows that vacancy rates for dentists are 25 percent, for nurses, 15 percent and for physicians, 10 percent. The average Indian Health Service facility is three times older than other facilities serving other populations. It is obviously difficult to meet the need given such disparities.

These children living in urban areas face similar challenges accessing pediatric care. These children often receive their care through urban Indian health programs. These programs are funded in part by the Indian Health Service and are dependent upon Medicaid reimbursement to function. While most States currently receive 100 percent of FMAP for these services that are provided at Indian Health Service and tribal facilities, at the Urban Indian Health programs they receive their regular FMAP rates, which is less. As a result, the programs that serve these children receive lower reimbursements which limits their opportunity to provide services.

The Academy calls on Congress to follow this committee's lead in ensuring that all Indian children and youth have timely access to needed pediatric health care services. We join with the Friends of Indian Health in requesting at least $3.09 billion for Indian Health Service for the fiscal year 2003 and urge swift passage of legislation to eliminate the FMAP disparity that threatens the effectiveness of urban Indian health programs.

Another significant challenge that I'd like to talk about is unintentional injury and death. The data tells us that Indian children experience the highest rates of injury, mortality and morbidity of all United States ethnic groups. The overall injury death rate is nearly twice that of children of the general population. Indian children are three times more likely to die as a result of motor vehicle occupant injuries than white or black children and fire and burn injuries cause death of nearly three times more of these children and youth than among the white population.

Many factors contribute to these alarming statistics which may include poverty, substandard housing, limited access to emergency care, alcohol abuse and rural residences. While it is clear that Native children have not benefited to the same degree from injury prevention techniques as other children, we know that carefully crafted injury prevention programs work. Examples of this are the Alaska program to promote winter coats with flotation devices to prevent drowning or the Navajo Occupant Safety Program to increase seatbelt use.

In order to combat the high rate of injury, morbidity and mortality among Native children and youth the Academy urges continued support for the implementation and expansion of broad-based, in-

jury prevention programs for this population. The Academy also supports the development of programs to provide incentives to Native communities to provide the use of well established safety mechanisms such as seatbelts and child restraints. Congress' continued support for the Indian Health Service Health Promotion/Disease Prevention Program as another essential tool.

The last topic I'd like to touch on is Type II diabetes, which I think the committee is very familiar and has recently emerged as a significant health threat to Indian children and youth.

Today, the prevalence of Type II diabetes among Native children is higher than any other ethnic group. Indian Health Service data indicate the prevalence of diagnosed diabetes among 15- to 19-year-olds has increased 54 percent since 1996, which is a dramatic and overwhelming increase.

For pediatric patients, Type II diabetes means that they will have likely earlier onset of heart disease, vision impairment, renal disease, limb amputation. Children and adolescence with chronic conditions such as Type II diabetes are also at higher risk for depression and behavioral disorders which will make it more difficult to take care of these patients.

Given the serious and lifelong health consequences of Type II diabetes, timely medical intervention and research are critical to the future of health of Indian children and youth. As part of a coordinated, comprehensive effort to reduce Type II diabetes among Indian children and youth, the Academy recommends continued Federal support for community-based, multidisciplinary Native diabetes prevention and treatment programs. These efforts should include proven strategies to help overcome the barriers unique to these communities, including the use of trained professional interpreters, cultural competency training, and community member participation in the design of these clinical services. Continued support is also needed for the Indian Health Services' diabetes programs.

Despite the notable achievements in many areas, significant disparities still exist for Native children and youth and tremendous gaps in health care, access, delivery and research clearly will need to be bridged before disparities can be eliminated.

On behalf of the Academy, I encourage Congress to remember the health needs of these children in your deliberations both in securing adequate support for the Indian Health Service and in developing public health campaigns for the U.S. population. Your dedication to the Indian children and their families is commendable and we look forward to working with you in the future.

Prepared statement of Dr. Biggs appears in appendix.]

Senator CAMPBELL. Those are terrible numbers. I thought I knew most of them but you spoke to a number of them I did not know were that bad in some of those areas. One you didn't mention was fetal alcohol syndrome which is terrible on reservations also, as you know.

We'll go on to Mr. Cook.

STATEMENT OF J.R. COOK, EXECUTIVE DIRECTOR, UNITED NATIONAL INDIAN TRIBAL YOUTH, INC.

Mr. COOK. I'm privileged to be invited to represent United National Indian Tribal Youth Inc., also known as UNITY. The heart

of UNITY is its affiliated youth councils. The UNITY network currently consists of 234 affiliated youth councils in 34 States. Today, more than 60 tribes are sponsoring youth councils.

UNITY does not attempt to speak for the youth but instead to listen to the youth. We think youth have many of the answers that need to be heard. One of UNITY's primary goals is for youth to have a voice at every level, locally, State and nationally and even internationally.

Through a process involving members of the UNITY affiliated youth councils recently, a survey was conducted where youth identified and prioritized their concerns and issues. I will list them: No. 1, alcohol, drug and substance abuse; No. 2, teen pregnancy, sexuality, STDs, HIV/AIDS; No. 3, education dropout rate; No. 4, peer pressure; No. 5, cultural preservation; No. 6, diabetes and other health issues; No. 7, gangs and crime; No. 8, spirituality; No. 9, strengthening Native families; No. 10, a tie between suicide and the lack of physical activity and poor nutrition.

At the recent National UNITY Conference in Palm Springs where more than 1,400 participated, action planning sessions were held to see what the youth would recommend to resolve the problems. These recommendations will be posted on our website. Their recommendations pertain to how youth can affect change in their communities.

I would like to recognize some Federal agencies for their support to help youth in resolving the problems. The Administration for Native Americans [ANA] has been providing grants to UNITY through competitive competition for 14 years. Our current project is "Linking Native Youth" utilizes modern technology to connect youth from the most remote areas to share and exchange ideas, help resolve problems and mainly to get in touch. I know ANA is short of staff, they serve more than 400 grantees and have a staff of 7.

Indian Health Service has been very supportive for a number of years. It makes sense because so many of the youth concerns are health related that IHS should be a partner. We appreciate their support.

The Office of Alcohol and Substance Abuse Prevention within the Department of the Interior is partnering with UNITY to conduct a Substance Abuse Prevention Among Indian Youth Summit. That will be done in conjunction with the Healing Our Spirit Worldwide Conference in Albuquerque in September.

The Robert Wood Johnson Foundation has provided UNITY with funding for an exciting project called "Celebrate Fitness, Tribal Youth Lead Promotion of Active Living." This is unique because we're asking the youth to be the leaders in their respective communities to promote physical activity and improve nutritional practices.

Nine youth councils from seven States are working to improve health and we are asking youth to be the catalyst to generate, stimulate, maintain interest and to be the conduit to reach out to all age groups from Head Start to senior citizens. This is a new approach.

We have several recommendations to offer to the committee for consideration. Anything that can be done to keep schools, tribal fa-

cilities, and community centers open after school and on weekends will allow youths to participate in constructive activities. Youths have a lot of energy and enthusiasm and they are going to be doing something with their time. If we don't provide them with some constructive activities, then how can we criticize them for getting involved in negative, destructive activities?

More funding is needed for Native youth opportunities. Collaboration is a must. I recommend reconsideration of the executive order that was proposed by Indian Health Service and the Department of Health and Human Services during the previous Administration which proposed making it simpler for tribes and others to apply for funding and not have to go to every agency and sometimes different applications within one department to look for funding; simplify through some type of collaborative process.

Without reducing funds available to tribes and making additional funds available to support Native youth, we would ask that you consider adjusting wording in some of the legislation. Very few agencies at the moment make it possible for regional, national nonprofit organizations to apply for funding. I think it is very important that we have such organizations to help.

We think there should be a hearing established for youth to be the witnesses and would invite the committee to consider at our mid-year UNITY meeting, in this area in February, to work with the committee and invite a cross section of youth so different agencies and the committee could hear them.

I would like to introduce Teresa Dorsett who accompanied me with a nod. She might just make a couple of remarks. I think we need to hear from young women and she is submitting some written testimony. Could she?

[Prepared statement of Mr. Cook appears in appendix.]

Senator CAMPBELL. Sure, that would be fine. Could you identify yourself for the record.

STATEMENT OF TERESA DORSETT, MEMBER, CHEYENNE-ARAPAHO TRIBES OF OKLAHOMA

Ms. DORSETT. My name is Teresa Dorsett. I'm a member of a Oklahoma tribe. I am working part-time with UNITY while pursuing a second Masters' Degree from the University of Oklahoma.

I want to thank J.R. Cook and the committee for this opportunity to share with you briefly some of my concerns.

Without reading this and trying to make it brief, I feel the biggest problem that Native youth face and Indian people in general is the mental health issues. I don't feel like we are addressing those to the extent that needs to be done. I feel all the other problems, the education, the health issues, the substance abuse, the economic issues, tribal government issues stem from a very unhealthy mental state of Native people.

In doing some research prior to coming here, I did find some research that has been done by the American Indian, Alaska Native Mental Health Research Program. In reading that, I found a term I felt kind of summed it up. They use historical, unresolved grief as a term of kind of why we're where we are today.

Spiritually, mentally, emotionally, our youth are struggling; our Native people are struggling; our tribal communities are strug-

gling; and I see a serious need, especially in tribal communities and even among the Cheyenne Arapaho people for mental health facilities.

I know Indian Health Service provides mental health services but I don't think it begins to address the need. I know we have the substance abuse campaigns but why do we have a problem with substance abuse? Again, I feel it is because of the state of the mental health that I don't feel is being addressed.

Another area of concern is education. I am in education and served as the tribe's education director of the last 6 years and there are issues involving Native youth and public school systems. I know we can address this again and again but the teachers and communities, and school administrations lack cultural sensitivity. I don't want to throw out the terms we have been throwing out for years, but that's basically what it is.

You used the term earlier a cultural crisis type deal and again, it's directly involved with the mental health issues of Native people. They have lost their identity. I don't think I have to tell everyone the history of what has happened to our Native people but we're still dealing with that. That on top of putting our Native youth in public school systems that are insensitive to their needs, and in my opinion, that are not looking out for Native youth or minority children in general, but that is going to cause problems with our Native youth, and lead to the high drop out rate and all the other problems we are discussing with Native youth.

As J.R. mentioned, we do need more programs for Native youth to participate in positive activities. In Cheyenne-Arapaho country, we lack opportunities, facilities, and as we all know sports and athletics is sometimes what keeps Indian students going through school. We lack opportunities for them to participate in summer programs. After school programs are often race related in my opinion and aren't afforded as many opportunities as non-Indian students.

Last, the lack of cultural identity among Native youth and the lack of positive relationships of tribal youth or tribal organizations and governments are significant problems. Our youth must begin to identify, learn about and engage in activities related to their culture. Our youth are not provided these opportunities and learning experiences.

I feel public school systems should have the responsibility of teaching our Native youth about their culture, history, tribal governments, et cetera because as it is, the moment they either drop out of school or high school, they come to the tribe for a job. That is when they begin to learn who they are and their tribal governments. In my opinion, that is too late.

I address each of these issues in more detail in the written testimony that I will be submitting through the electronic mail. I would hope that sometime through this process, I would love to discuss each of these in detail with anyone that is interested.

Senator CAMPBELL. Thank you. You are a teacher by profession?

Ms. DORSETT. No; I am the tribe's education director. I oversee the Federal programs which I could talk about tribal education department issues right now but I won't go there.

Senator CAMPBELL. You might be interested in looking at a bill that this committee just reported out, a bill I introduced, S. 210 which authorizes tribes to integrate alcohol, drug abuse, and mental health services so they can streamline the process and not duplicate efforts and letting a lot of people fall through the cracks.

It hasn't passed the Senate and we may run out of time since we only have a few more weeks before we're out. We'll be back in a few weeks and then we adjourn for the year but it is something that is very important to me. You might take a look at that. If we don't get it through this year, I'm going to reintroduce it next year and try and go on with it.

You mentioned the importance of schools having some cultural sensitivity programs. As many Indian kids and families as there are in Oklahoma, don't the public schools provided those kinds of programs?

Ms. DORSETT. No.

Senator CAMPBELL. Even the ones that are near large Indian population bases?

Ms. DORSETT. No; another issue which is addressed in the testimony is the teacher preparation programs in Oklahoma. To me it is common sense that if you're going to work with a large Native population, you should be prepared for that and our teachers aren't prepared for that. They are going into communities, specifically northwest Oklahoma because that is where I've worked the last 6 years, cultural sensitivity is not there.

Senator CAMPBELL. Don't the universities that train teachers offer programs in Indian cultural sensitivity?

Ms. DORSETT. No; this October, I will be assuming duties as the president of the Oklahoma Council on Indian Education and that is one area that will be addressed. They are a State Indian education organization.

Senator CAMPBELL. Thank you. Perhaps I'll have some questions for you too if you will stay there a while.

Why don't we go on to Nick Lowry, please?

STATEMENT OF NICK LOWERY, NATIVE VISION

Mr. LOWERY. It is my impression that we are in a bit of a rush so I'll dispense with showing a video that we had. I don't believe we have time to show that. It is a video about Native Vision which is a program we started 7 years ago. The first year of that program, Mr. Chairman, you actually spoke on behalf of the concept behind Native Vision which was that sports and the mentor relationship of professional athletes is one way to access youth and help inspire them to think about their capacity for greatness.

I wanted to thank you for helping us inaugurate that program 7 years ago. It has grown by leaps and bounds every year. Unfortunately, I don't believe we have time to show the video right now. In the interest of time I'll move on to my written testimony.

Nine teenagers committed suicide on the White Mountain Apache Reservation last year out of a youth population of 6,000. We've already heard some of the remarkable statistics. We are so aware of all these different subjects that are two to five times worse than urban conditions. One other statistic I might add is

that alcohol related deaths of ages 15–24 is 17 times higher than other United States races in general.

I'd like to summarize my key points. Programs like Native Vision, like UNITY which I have a tremendous amount of respect for and which needs to continue to grow, and a new program called The Life Skills Center for Leadership are crucial to accelerating the initiation process of Native youth into adult roles serving their communities.

TYouth empowerment must be raised to a wholly new level of importance. Tribal councils must incorporate youth programs into the very heart of tribal governance and culture. For example, the Gila River Youth Council, which is very much involved with UNITY, Harvard's 2002 Honoring Nation's High Honors awardee gives youth a permanent voice, a permanent office and 100 percent support from their tribal council. Nation Building for Native Youth, a program I've worked on for the past year in developing a curriculum for Native youth, and similar training programs are essential to closing the gap between the aspiration to lead and serve and the opportunity to do so.

Last, one possible avenue for creating some funding will be this McCain Bayh Americorps bill which might provide the crucial investment in these new Native youth leadership and self governance programs. The 1 percent set aside for American Indians in Americorps could help inspire this timely new vision for Native youth.

Seven years ago, I helped found Native Vision with Johns Hopkins for American Indian health and my friend, Clark Gaines, from the NFL Players Association. Johns Hopkins has spent 25 years attacking the symptoms of ill health that we have heard about today on reservations from diabetes, meningitis, to teenage suicide which is becoming an epidemic in some places.

Native Vision added a more positive focus of youth and sports and healthy family lifestyles, but while it has had success, focusing on symptoms and healthy youth and families is only part of the answer.

Speaking of mental health, just as Freud helped us understand what the components were of mental ill health, Abraham Maslow, the father of modern psychology, helped us ask one more equally important question: What are the qualities of the high achieving individual? Mr. Chairman, we must ask this question now of our young people. What is your highest capacity for greatness? We must even shout it and then we must listen. We must finally give youth the training and the power to call attention to their own issues in their communities.

Senator CAMPBELL. I have to interrupt you because I'm fascinated with your comments. Some day we will also have to have a discussion about the use of Indian names for pro football since you used to play for the Chiefs but that is not in the purview of this hearing.

That is the second call to vote which means I have 5 minutes to get over there and then they close and we have two votes which means I'll be gone maybe 20 minutes or one-half hour. I don't want to hold up this hearing because I think it is extremely important

to get all your comments on the record and I do have some questions.

For the next few minutes until I can get back, I'll authorize our lead counsel, Paul Moorehead, to go ahead with the hearing if that is acceptable. Otherwise, you will have to wait here. Paul, if you'll take over, I'll be back as quickly as I can.

Mr. MOOREHEAD. Please continue, sir.

Mr. LOWERY. Native culture has much that we can learn from, such as the notion of the wholeness and the balance of health symbolized by the medicine wheel. We must now consider the symptoms of ill health and weigh them against a new paradigm: What is your capacity for a legacy of meaning and contribution. Then we must follow through with meaningful participation in revitalizing communities through programs such as Americorps and UNITY that place youth at the center of the community's decisionmaking life.

At Gila River near Phoenix, AZ, the youth council has a permanent voice in the life of the council reporting twice a month with issues of their concern at all seven district meetings. Regular training, which actually is going on right now for their program at Gila River, allowing the youth to take real ownership in running programs is the essence of Gila River's true empowerment. In fact, the concept of youth empowerment, which I'm sure Mr. Lewis knows a lot about, is great rhetoric but rarely is followed through. Most adults do not equip their students with the skills to run their own program let alone have the opportunity.

My friend J.R. Cook will tell you it is no coincidence that a few weeks ago when we were in Palm Springs for the UNITY conference, a number of the top national leaders for UNITY are from Gila River because they possess the confidence, the experience, the vision, the organizational skills and in short, the leadership.

I'd like to leave you with a couple statistics. We took some surveys of the 500 youth that came to Native Vision this year. It would have been 800 but we had the worst forest fire in Arizona history 6 miles away so that hamstrung us a little bit.

One of the interesting statistics is that only 2.3 percent of the 200 that filled out these surveys said they go to the community center after school. It seems to me some of the things Mr. Walters and Mr. McCaleb talked about the theme of the full community participating, whether it is the tribal council or the principals and the teachers, and indeed the Boys and Girls Clubs which have shown significant leadership on Indian reservations, we need to have much more coordination because obviously for many youth, highly motivated you, many do not recognize the community center as indeed the community center.

Native American youth are taught too often that their problems are hopeless. They are so frequently approached by those outside and inside the reservation, well meaning as they might be who seek to help them with their so-called issues, that they begin to see themselves as problems. They see the reservation only as a source of despair and not of greatness and vibrant living traditions and culture.

Profound new steps must be taken so that youth own their own future. Boys and Girls Clubs on the Gila River Reservation in Ari-

zona, on Boys and Girls Clubs on the Wind River Reservation in Wyoming, YMCA's in Sioux country and other community centers throughout Indian country truly must become the centers of life on the reservation for our young people. This will only happen by raising the social value of youth and their initiation into an adult role in the community. It does make an immense difference, Mr. Chairman that a Senate committee takes the time to underscore this is a new, important priority.

Professor Joe Kalt and Andrew Lee at the Harvard Project, whom I know you know quite well, have distilled five fundamental concepts that would be part of this program which I think underscore this empowerment. They have to do with: No. 1, sovereignty; No. 2, capable institutions of self governance; No. 3, cultural match, something Teresa talked about, having sensitivity that the match exists between the formal governing institutions and the informal traditions of our power is appropriately organized and exercised by a particular tribe: No. 4, strategic orientation, having a long term plan and vision; and No. 5, leadership, a set of persons able to articulate that vision, win support for that vision from the community, demonstrate public spirited behavior and inspire such behavior in others.

Nation Building for Native Youth is the first attempt to transform the Harvard Project's mature nation building principles into lessons transparent for adolescents. Developed as a pilot curriculum at Harvard this past year and administered by my foundation with assistance from the Kellogg Foundation and the Pequot Tribe, it teaches self governance and leadership through a combination of trust building exercises, nation building principles such as those just mentioned, and mock tribal councils.

In conclusion, Native youth are inundated by often well meaning but misdirected messages from community programs that aim to help them out with their problems. Youth grow up believing they are the problem and not the answer. The answer is staring at each one of us and the outstanding people like J.R. Cook, Mr. Lewis, Mr. Biggs, and Teresa who are here today that have spent any time working with youth. We have to give youth a taste of power and the insight into how to use it effectively. We must repair the immense tear in the social fabric in Indian country that represents the yawning gap between the ages 11 and 21 are the years that comprise coming into adulthood and by definition, into meaningful participation and leadership in the community.

The single most effective way to develop a cycle that generates greater social capital is by engaging youth at the earliest age in the problem solving of its community by teaching involvement and service as the highest value. In so doing, an education system unleashes the imagination and energy of its true clients, its students.

In those communities in Indian country where teenage suicide, substance abuse, illiteracy and apathy dance together in morbid fascination, there is only one answer. I challenge every tribal council in America to create within their own culture and community a meaningful, fully integrated role for its youth council.

Thank you again, Mr. Chairman, for the opportunity to share these thoughts with you.

[Prepared statement of Mr. Lowery appears in appendix.]

Mr. MOOREHEAD. Thank you, Mr. Lowery.

Mr. Lewis, if you would like to proceed.

STATEMENT OF DAN LEWIS, BOYS AND GIRLS CLUBS

Mr. LEWIS. It's a privilege to be back again and to focus on youth issues.

I have the privilege of serving as chair of the Native Advisory Committee to Boys and Girls Clubs of America. Before I begin my testimony, I also want to acknowledge a fellow member of that committee, Gary Edwards, also employed full time with the U.S. Secret Service. He has been a great asset to that committee.

Also in the room is Robert Calloway our senior vice president for Boys and Girls Clubs and Steve Salem, also of the same office.

Let me begin by giving a brief overview of my testimony. I certainly agree with a number of the comments made here about the issues facing Native youth but certainly I think one of the issues or problems would be lack of a comprehensive, sustainable program that has local control. That has been highlighted in a number of different testimonies this morning.

I never expected to see in the 8 years I've been involved with Boys and Girls Clubs the actual explosion of these clubs in Indian country which is testament to the fact that there was nothing there before for the kids to engage in; 8 years ago, there were only 12 clubs, today there are 120 with 26 in progress.

The nice thing about the Boys and Girls Club is it provides those three critical factors of being comprehensive in terms of the programs it offers, focusing on sustainability both from a financial standpoint to make sure that these are not just around as long as a Federal grant is available but can be sustained through a combination of resources be they Federal, tribal, State, non-profit or private sector is really the only way to make those effective, and local control which was a critical factor as we started the program eight years ago that self determination be the way in which we deliver these programs to Indian country.

The map I've prepared for the committee illustrates the 120 clubs we have today and those are all based on each of those tribes electing to pursue a Boys and Girls Club, one or more, on their reservation. There are notable gaps. California, obviously, but as the word begins to spread of its effectiveness, I have no doubt that our new goal of 200 clubs by 2005 will be achieved.

Second, comprehensive, a lot of times although they start out being well intentioned, the programs are not comprehensive and only focus perhaps on one aspect, athletics. That is fine if you enjoy athletics but if that is not your focus, and perhaps arts and crafts and computers, you're left out and you feel left out and that adds to some of the frustration our Native youth feel. That is why Boys and Girls Clubs want to focus on making it comprehensive so everyone is engaged and everyone feels empowered as Mr. Lowery said.

I was meeting with the Bureau of Indian Affairs this morning and there on the table was a 2001 Youth Risk Behavior Survey published by the Bureau on their high school students. It lists a number of areas in which there is concern, violence on school prop-

erty, sexual behavior, drug use, alcohol use, physical activity and so forth.

Interestingly as I just looked at those contents, in every one of those areas, Boys and Girls Clubs offer a curriculum to address those situations but more important, I think we allow each of those clubs and each of the different tribal cultures to adapt our programs so they are more focused and get more involved in the community, the elders and the parents as well.

I learned this morning of the FACE Program which sounds very interesting and am pleased that is being pushed by the Administration. As well intentioned as it is, the obvious concern is they are only reaching 30 schools. Yet the Bureau has well over 185 schools as you know, boarding, dormitory schools and so forth.

Second, it goes up to age 8. If you're 9, 10, 11, and 12, you are left out again and what happens if you were not involved in that particular program? Boys and Girls Clubs again, we want to empower the students by ensuring that we provide those literacy type programs, computer skills and so forth. There are opportunities here that I see where we can be an extension of the FACE Program once those kids graduate from that particular curriculum.

In addition, my friend J.R. Cook serving our teenage years is a very important program, it testifies to the depth of the councils around the country but also I think we can be a feeder to UNITY as well and have been in many cases, Gila River, Salt River are examples.

There has to be, as I mentioned, in terms of sustainability, involvement by the tribe, involvement by the Federal Government, involvement by the private sector and local organizations and we are seeing that. I think that is critical to making sure we have a sustainable program.

I know the committee, in other issues, has talked about consolidation. I would certainly agree there. Where we can consolidate programs so that tribes and other youth programs or Boys and Girls Clubs don't have to spend excessive amounts of time on paperwork and those types of issues, that would be critically important.

Where consolidation is not possible, certainly strong language by the committee or the Senators on this committee to make sure our tribal communities are included in programs that go forward. Unfortunately and all too often the Congress waits until there has been some horrific incident within the Nation before they develop a comprehensive program. We don't really have that time to wait.

I think of all the other tribes that don't have a youth program, don't have a Boys and Girls Club, are not part of UNITY, what are their kids doing. As I present this issue to tribes, the issue here as tribes are concerned, as this committee is concerned, is equally important in terms of sovereignty. As tribes face external threats to sovereignty, be it legislation or issues before the court, there are equally and perhaps even more dangerous issues of internal threats to sovereignty, the erosion of sovereignty which come through, tobacco use, alcohol use, and all these other matters we have talked about this morning.

The difference is when external threats to sovereignty arise, tribes band together and have effectively fought off those issues

they feel strongly about. The internal threats to sovereignty are different because it depends solely on that tribal community to face up to the issue and then to address it. If they don't, erosion as it occurs naturally, if something gives away, you can't repair what has been damaged, it is gone.

So to our smaller tribal communities, our Alaska Native villages, and the Native Hawaiian homelands that we're reaching out to, those are absolutely critical aspects. I hope as we go forward the committee will keep those in mind, consolidation as well as a strong proponent of tribes being included in other national programs.

Our Bureau of Indian Affairs program with the number of schools out there making these programs effective requires a facility where kids can really feel it's their own. The issue of not feeling a community center is their own as borne out by Mr. Lowery is exactly that. When an issue arises within a community, who gets kicked out first? It's the youth. So I think that is where the Boys and Girls Club has been so effective by ensuring we're meeting the needs of the age range between 5 and 18.

Let me also mention that the issues J.R. pointed out, the recommendations of after school consolidation, direct funding and nonprofit issues, are all ones I thoroughly agree with.

Again, I appreciate the committee's time on this issue and look forward to working with you to address these.

[Prepared statement of Mr. Lewis appears in appendix.]

Mr. MOOREHEAD. Thank you, Mr. Lewis.

As we wait for the vice chairman to return, maybe we could proceed with some of the questions he had for the panel.

To Dr. Biggs, in his opening remarks, Senator Campbell expressed a concern with the increasing prevalence of diabetes in Native youth circles. That combined with increased obesity and related health issues causes him and the committee and the Congress generally to look for answers.

One of the slow evolutions here is in the focus on prevention, not treatment. He, I think, would be interested in finding out what your estimation is of the largest contributing factors to the rise in diabetes and what suggestions the Academy may have to address those.

Mr. BIGGS. As you know, there is not a huge amount of data as relates to effective strategies to treat diabetes in children. There is a substantial amount of data that exists in adults. A lot of that data has been carried over in terms of treatment for children.

Clearly it's been established that obesity and sedentary activities contribute to the onset of diabetes and programs that address those issues seem to be most effective. As noted the written testimony I supplied, the programs that seem to have been effective in the past or that have been used are multi-disciplinary and incorporate the community. They involve nutrition, the behavioral health providers as well as the clinical providers. I think the data from the pediatric age group is in evolution. We talked a bit about the funding for diabetes programs for Indian Health Service. Research has to be a piece of that funding and obviously that research needs to be culturally sensitive and appropriate. The tribes have to have some say

in the process of that evolution so that data can be generated for Indian children so we can use the data as we go forward.

Mr. MOOREHEAD. In a related question, one of the phenomena that the tribes have related to this committee is that the programs and services are often disparate and uncoordinated which makes their ability to bring some discipline to them very difficult. Is that your experience across the Federal Government that the programs are often untied, nonintegrated and often don't know what each other are doing, for instance?

Mr. BIGGS. It's a difficult question to answer. I think when these programs are developed in different tribes, and there being over 500 tribes, they have to be very tribally specific. Because of that, the programs may be different and there may be a little less coordination that way.

I believe making it tribally specific with tribal ownership is going to ultimately be more effective as I think most of the people at this table have alluded to.

Mr. MOOREHEAD. Mr. Cook, UNITY has worked to promote leadership skills among Indian youth. Do you have an indication for those young people who have gone through and participated in UNITY programs have gone on to leadership posts on tribal councils, in State government or the Federal Government?

Mr. COOK. One of the alumni is chairman of the Aroostook Bank of Micmacs in Maine; another is vice chair of the Yavapai-Apache Tribe in Camp Verde, AZ and several others are serving on councils. In addition to those types of roles, many have gone on to become professional men and women. Of our 10 member council of trustees, 5 are former UNITY members, a medical doctor, a communications expert, a youth program coordinator, two attorneys, and two of the current UNITY copresidents of the National UNITY Council serve as trustees. So 7 of the 10 are past or current UNITY members. I can't give you any specific percentages but we're seeing many who are going on to become leaders in their chosen professions.

Mr. MOOREHEAD. Is there any demand under the label of leadership skills in terms entrepreneurship in young Indians wanting to learn business skills, start businesses and what have you?

Mr. COOK. Some are. One of our goals is to promote self sufficiency, to promote entrepreneurship. We're trying to include that. We don't have any partnership really with such a group other than the National Endowment for Financial Education which collaborated with us in producing a booklet on "Weaving Your Future with Wisdom and Money." We think that is an important first step.

Also, at conferences and on the Internet, we want to start exposing the youth to more business opportunities and entrepreneurship.

Mr. MOOREHEAD. Ms. Dorsett, would you have any comments on those issues?

Ms. DORSETT. I just wanted to share one experience. While we were at the Palm Springs UNITY conference this year in California, we had a 2-day meeting for Celebrate Fitness projects. We were sitting there in discussion and the question came especially with regard to diabetes and all the other health issues that Native Americans have, why aren't we making a change? There is a reason things don't seem to be getting better. Why is that?

Again, through discussion we went back to the mental health aspect of it. If you don't feel good enough about yourself to care about your health physically or mentally, I feel that needs to be addressed. They have to work together. Health issues in my opinion could and oftentimes are the result of a person's mental health. If those things are working together, I don't know but I just wanted to add that to your question on diabetes.

Thinking back to the people in my community, they know they have diabetes but they continue to eat the wrong foods, don't exercise and they don't get off the couch. Why? They know but they are not doing it. I think looking at that question, maybe some solutions can come from that.

Mr. MOOREHEAD. Based on the meetings and discussions you have had, are there any preliminary patterns or preliminary reasons that you can determine?

Ms. DORSETT. As to why they are not addressing it? That's what we came up with. We felt possibly the mental issue is the big problem. We don't feel good enough about ourselves to make our health a priority and it's almost an acceptable thing—not acceptable, but it's not important—I don't even know how to say that but we're used to it as a comfortable type mentality, even though we know the consequences. Something has to be brought to their attention or through the media campaigns or whatever. Again, I go back to the mental health issues. That has to be dealt with or at least work in collaboration with the health aspect.

Mr. MOOREHEAD. Mr. Lowery, your testimony talked about the need to develop leadership skills and activities among Native youth and professional athletics is a very glamorous job, most of what we see is winning or on TV. Does the disciplined side of athletics come through in your experience in working with young people and do you find that to be a helpful and unintended consequence as a result of training and physical regimens?

Mr. LOWERY. Absolutely. There is a relationship. The 19 Nation Building for Native Youth participants for this year who were not selected for their athletic ability went through 4 days of training and then literally as we drove toward the forest fire on the White Mountain Apache Reservation, they made it clear they wanted to do several more things than what we had asked of them. We had asked them to talk to the White Mountain Apache Tribal Council. What we got was a meeting in the midst of this forest fire with the chairman. They asked, can we also participate in the sports. What we did not realize was that almost every one of these young people who represented nine different tribes from around the country were excellent athletes as well. I think it's common knowledge that some of the data that have been released on early childhood development show that those young people that engage in athletics at an early age learn socialization skills, self confidence, self esteem, have the ability to relate to others and have a perspective that is more mature and more advanced. You see this self confidence.

The difference we're talking about today is to take these raw materials and create training programs like Greg Mendoza has done on Gila River where he literally lets the youths speak for themselves. When I was there with Danny Glover 3 weeks ago in Palm Springs, to hear the caliber of these young people, these are not

people with voices of 17-, 18-, and 19-year-olds. These are people that sound like they're in their late 20's, have multiple degrees and have an articulation and an ability to help organize group consensus that is far more mature than anything I've witnessed in my life working with youth.

Mr. MOOREHEAD. That discipline and those lifestyles are mutually reinforcing in other areas I take it in terms of diet, exercise, and frame of mind and what can be imported into other areas of one's life?

Mr. LOWERY. I think that's absolutely true and I think it's also this notion of what is a role model. If Native Vision began by using pro athletes as the catalyst for role models, the idea was not that the pro athlete was the quintessential role model. The idea was the best role model is the Native American like Mary Kim Titla, who J.R. was indirectly mentioning, who was Ms. UNITY a long time ago and who now is the chairman of UNITY and one of the foremost, full-blooded indigenous reporters in this country. It's remarkable what kind of effect this has.

It becomes a catalyst to help these young people look at themselves as role models and the effect they have immediately within their own family and also the sort of elder relationship that actually Mr. Walters talked about, focusing on the elders. When you do these programs, you have to have a vital involvement by the elders of the community which is part of Native culture anyway. That's when you have a wonderful synergy of role models where kids develop a sense of who they really are.

Mr. MOOREHEAD. In a related question I think we could ask all the panelists, you mentioned families, Mr. Lowery. Is this a generational issue? Americans across the country in the last generation have become more aware of exercise, good diet, and what have you. Is there a generational issue here at work too with Native youngsters that smoking is a bad thing no matter what the circumstances, alcohol generally is a bad thing no matter what the circumstances, and is this a unique phenomenon?

Mr. LOWERY. We all know and I think all of us have different perspectives on this, but actually, I worked with Mr. Walters in the Drug Abuse Policy Office in 1988 for Donald Dan Macdonald and the patterns of learning, what your behavior is and how it affects your life, is very complex. We know there are immense problems that continue to exist today but those young people who look at themselves for what they are capable of, as the glass being half full, that initiates a pattern that changes their framework and inspires many others around them.

Mr. BIGGS. I would only say that working clinically, the adolescents that you see who have that positive self esteem about them, you can pick them out as they come through the door. They are very different than some of their peers. They are often involved in activities such as people have presented around the table. I think that self esteem really makes a big difference in terms of the choices they make whether it be exercise, to smoke or not to smoke or to drink or not to drink. I believe that is a very powerful piece.

Mr. MOOREHEAD. Mr. McCaleb testified that the first teachers any young child has are his or her parents. Do these programs and

initiatives involve parents as well or is it more narrowly tailored to youngsters? Mr. Cook?

Mr. COOK. I think I'd prefer to yield to the education expert but if I'm understanding your question, we certainly need to strengthen Native families. There are so many dysfunctional families that there has to be outside help. We can't rely totally upon just the natural parents. That's where Boys and Girls Clubs, just committed men and women, coaches, others who can help support the child come into play. Teresa?

Ms. DORSETT. I think the last two questions you asked maybe I can address in one answer. You asked was this a generational deal with smoking, I don't think it's oh, my mom smokes, so I'm going to smoke or my mom drinks, so I'm going to drink. To some extent it is that, but our kids just don't have anything else to do, plus they're looking for something. When the positive is not there, what else do they have but the negative and that's the smoking, the drinking, the getting into trouble, and the violence.

I was thinking in regard to the Boys and Girls Club, the Cheyenne-Arapaho Tribes have one Boys and Girls Club program in the whole northwest part of Oklahoma and I was thinking about programs in our area specifically for Native Americans and I believe that is the only one. That is one elementary school that provides that program. It is like a godsend to that community. It's a place for their kids to go after school, they provide different programs, the arts and crafts and the sporting stuff.

The family issues need to be addressed, the breakdown of family in any community and I think I pointed out that funding needs to be available for tribes to specifically have mental health facilities right there for our Native people to walk into. I feel like awareness campaigns on the effects of the mental health status of our communities and the many different areas in which—I just think people don't know. I think that's an area that is overlooked.

I don't think that's only with Native American people but it is a significantly bigger issue with Native people. Because of this historical, unresolved grief, I love that term because I feel we haven't resolved the grief from way back when and we have a lot of sadness and anger and we don't know. Our kids are lost and our parents are lost, and I feel the elders want to help but most of the time, they are not asked, we don't go to our elders and ask. I could talk forever on that. I'll let it go.

Mr. MOOREHEAD. Mr. Lewis, your testimony includes some discussion of the GREAT Program with relation to gangs. Can you describe for the committee some of the successes that the Boys and Girls Clubs have had with GREAT up to now?

Mr. LEWIS. One location comes to mind and that is Gila River. When we started that particular club about 7 years ago, there was significant gang activity there at Gila River largely because there was no positive activities to participate in. So that vacuum was quickly filled by gang activity and other negative activities.

We introduced the Boys and Girls Club and we actively welcomed those who participated in gangs. These are either "wannabe" gangs or gangs taking it to the next step and involved in some petty crime and so forth. There are other areas where we were get-

ting more serious and you have the Crips and Bloods and use of firearms and so forth.

In this situation, applying that GREAT Program along with the comprehensive nature of the Boys and Girls Club, not just a GREAT Program but also the other positive activities within the club and the extracurricular activities outside the club that allows these youth to have an alternative to say no the peer pressure or to realize there is some positive alternatives they can be exposed to.

So the gang activity has been reduced, not eliminated, but substantially reduced. Graffiti has been reduced around the club. It's not inside the club. When they come inside the club, they know they are entering something that belongs to them in a sense and to the youth of that community and has really had a positive influence on the Salt River Indian community as well.

There is a focus on ensuring when we go into a community that we assess what is critically needed and if there are significant gang issues, then we have people who are trained within our national organization to come and provide hands-on training of how to detect youth gang activity as well as how to arrest it and make sure we orient them to positive alternatives.

Mr. MOOREHEAD. In Gila River, for instance, are there border security issues with the tribes of the southwest that GREAT has begun to deal with as well or the Boys and Girls Clubs have been forced to deal with or is that another issue entirely?

Mr. LEWIS. Border in terms of?

Mr. MOOREHEAD. Border security, illegal immigration, narcotics?

Mr. LEWIS. Not with Gila River that I'm aware of. The only one that perhaps might come into that circumstance and they don't have a Boys and Girls Club at this time, would be Banahabton down in southern Arizona.

Mr. MOOREHEAD. In your testimony, you also mentioned local decisionmaking and local control. In your experience, are we now in a mid-phase between a Washington-oriented dictation of programs to one more where the tribal councils and tribal governments themselves tailor these programs and is that what you attribute the success to?

Mr. LEWIS. I contribute the success to the fact that you've—when I say local control, I don't necessarily mean tribal control. There certainly is a desire to partner with the tribe but clearly we don't want this to be seen as another Federal program or another tribal program. We've had enough of those that are there one day and because of lack of funding or lack of support, fade away.

Local control in terms of involvement of community members who are volunteers that serve on the board, you have staff in the community that serve there full-time to organize the activities, they run the operation and then getting others involved on an as needed basis for other extracurricular activities as coaches, as chaperons to other activities. So local control is centrally important, particularly in Indian country where all too often someone arrives with a program in hand that they don't allow any flexibility and they are seen as the ones controlling that type of activity.

It definitely needs that because each of the tribes are different, have a different issue, and certainly when it comes to the cultural issues, it has to be locally controlled and influenced.

Mr. MOOREHEAD. You also mentioned the explosion in the number of Boys and Girls Clubs across the country. I think the number you mentioned was the target of 200?

Mr. LEWIS. 200 by 2005.

Mr. MOOREHEAD. Of those 200, would those use existing facilities of the Bureau or new facilities? Can you describe that a bit?

Mr. LEWIS. It's a variety of all the above. You have some that use Bureau school facilities, some that have used abandoned HUD homes, some that have converted abandoned facilities. I keep going back to Gila River but they had an abandoned school facility that was converted to a Boys and Girls Club. Salt River had an abandoned HUD house that was not being used, about half the size of this committee room but within that club is a computer, a library, a game room and the staff offices. We have the brand new Sioux and Big Crow facility at Pine Ridge which is an effort by a consortium of Federal agencies that includes a state of the art gymnasium and an olympic size swimming pool all indoors.

You have others that are fine facilities that no one knows who has used it or they have been reluctant to turn over but when they see the success with the kids—everyone obviously would like a new facility like Sioux and Big Crow but they are just as happy when they are able to convert something that has been used that they could call their own.

For some that don't have facilities, that's why we're pushing the use of Bureau facilities as well.

Mr. MOOREHEAD. With regard to the idea in your statement regarding consolidation of Native youth programs, can you describe the kinds of programs that you have in mind? Would they be facility construction programs, services or what kind of programs are we talking about?

Mr. LEWIS. I'm not an expert on all the youth type programs that are available but certainly I talked in my testimony about the Indian Alcohol and Substance Abuse Act where there are some activities if formula driven and suddenly a tribe only ends up with $10,000 or $15,000, hardly enough to afford a full-time person to engage in a prevention activity, that same amount would make a huge difference if you apply it to a Boys and Girls Club that could run it on a consistent basis to a wide audience of boys and girls and a wide age range as well.

Other programs that they might be eligible for but either can't apply for it directly or have to apply for it through the tribe, again that introduces a whole set of issues that frustrates funding sources.

Certainly other national programs that we ought to be able to tie into, in our case, Americorps has been excellent because they send out staff on a short term basis but when they are there for that period of time, they put in a lot of work to help us redo facilities or help out with club work. More of that is certainly necessary.

If we're to get serious about this issue, we need to address it aggressively and consolidation is one answer but targeting Native youth exclusively and giving them appropriations over a period of

years in the neighborhood of $100 million is something that ought to be done. It can be used in a variety of ways as long as you have a youth organization with a proven track record and we're not going out again and just doing pilot projects for the sake of doing more studies or test this or that.

Indian country of all has been studied to death. We're past that stage. We have outlined here in five separate testimonies the issues. They are well known and documented. Now it is just aggressively pursuing it. When you get the FACE Program that only has less than $7 million reaching out to 33 schools and have over 200 schools, they have a problem there and there's going to be a negative consequence because of that.

If we can get more involved in UNITY, that's great but again, without the resources that help us provide the facility where they could come as well as the program, as well as the staff and make sure they are not worried did I miss the deadline for this particular grant, am I out of compliance or I've got another report to fill out, the same report I had to fill out for this agency, that's going to help tremendously.

Mr. MOOREHEAD. What has been your experience in the demand, the appetite, the interest of the private sector in these programs? Mr. Lowery, has the professional sporting goods firms been interested in youth initiatives and if they haven't, why not?

Mr. LOWERY. I think companies act in their self interests as well as hopefully in the interest of the community. Professional athletes at Native Vision can help bring the spotlight where a company can see clearly we are making a difference.

I think the theme of consolidation and coordination applies here as well: Bringing the salient role models not just those from professional sports who are not American Indian but those that are actually American Indian, bringing those people for the success stories. We certainly would like to make ourselves available with the NFL Players Association and people from the NBA that participate in Native Vision to make messages available to say this is going on.

Speaking of messages, Mr. Lewis talked about the comprehensive nature of the Boys and Girls Club programs. One example that gets the attention of these businesses, to my mind one of Native Vision's most successful programs, is on the Wind River Reservation. It is a simple concept, a media program where the youth work with a radio station. Companies like radio stations and television stations to talk about what they do in the community.

The simple relationship is the radio station helps provide time where the youth write, produce and perform their own public service announcements where they say, here I am on Wind River, here are my problems in my life and here is how I choose to try to solve them. We started that several years ago. There have been 350 youth that have participated. It changes permanently the way they look at themselves, to hear their voice going all over the State of Wyoming, it changes the way others look at them. It is a great model for empowering youth, if you define empowering youth as increasing their capacity to tell their own stories, ask their own questions and make their own choices.

Those are the criteria that businesses need to focus on. How can we give voice to youth. There is a win-win for a company. Cause

branding does work where the company allows Native youth to say here is my life, here is how I try to solve my problems, and they indirectly get some benefit from that.

Mr. COOK. I think one of our challenges is that we have such a small staff and it takes professionals to write the type of grants, costs a lot of money to contact the foundations to follow up and somehow we need a stronger partnership with the private sector that our only funding from the private sector at this time is the Robert Wood Johnson Foundation. It took several years of effort to develop that partnership.

Somehow I know there is a need and I suppose other organizations could use help in locating where grants are available or where corporations are interested in helping and to follow through. That's kind of our situation.

Mr. LEWIS. Again, for corporations and now I put my hat on as an employee of Bank of America, we look at is the program sustainable? If it's a program where they know that essentially their dollars are going to be used in a way where it is going to be a repeat proposal, they don't get as excited about if they can really see it is going to make a tangible difference. Bricks and mortar are not as interesting an issue to respond to as a specific program that is going to make an impact on the kids, whether it be financial literacy, reading, computers and so forth.

Second, as I said in my remarks, if we go forward and focus on Native American youth programs, it has to be with organizations with a proven track record. In the case of Boys and Girls Clubs, with a 150-year track record, we come through and they know what our symbol is, they know the comprehensive nature of our program, you have a lot of corporations with CEOs who went through a Boys and Girls Club. They have an idea of what they are contributing to and know it can make a difference as opposed to someone saying we contribute to my youth program. I have no idea what that means, what that is, how many youth is serves. Is it really being run in a professional manner and is it accountable in terms of being financially accountable, are the dollars being spent or has it excessive administrative costs?

All those factors go into how a corporation will look at it, how I will look at it on behalf of Bank of America and in terms of our foundations as well.

Mr. BIGGS. What everybody here is really talking about is prevention activities, whether through the Boys and Girls Club, Vision, UNITY. The Indian Health Service, as you know, has a health promotion, disease prevention arm that works with them and that funding comes through the Federal Government. That program which is variably available in Indian country depending on where you are, is designed to incorporate the local people in coming up with ideas and ways to improve their health.

As we talked about how to engage families, these kinds of programs came to mind—there's one in particular that exists on the Navajo Reservation called the Just Move It Program, a reservation-wide family exercise program, with an evening run every week across the reservation. It has just blossomed and is a huge event now. It engages families and engages youth. I believe those are the kinds of programs in the community that make a difference and

that are available through health promotion dollars through the Indian Health Service.

Mr. MOOREHEAD. Thank you.

I have exhausted the list of Senator Campbell's questions. I am unable to adjourn this hearing, so for lack of a better word, we are excused.

I want to thank the panel, Ms. Dorsett, Mr. Cook, Mr. Lowery, Mr. Biggs and our friend, Dan Lewis.

With that, on behalf of Senator Campbell, I want to thank you all for coming and testifying. He undoubtedly will have and the committee may have questions they would like to submit to you in writing and if we could get those out to you in the next couple of days, the hearing record will stay open probably for a good month or so.

Mr. MOOREHEAD. With that, have a nice day. Thank you.

[Whereupon, at 3:55 p.m., the committee was adjourned, to reconvene at the call of the Chair.]

APPENDIX

ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

PREPARED STATEMENT OF NEAL MCCALEB, ASSISTANT SECRETARY FOR INDIAN AFFAIRS, BUREAU OF INDIAN AFFAIRS, DEPARTMENT OF THE INTERIOR

Mr. Chairman and members of the committee, I am pleased to be here today to discuss Native American Youth activities and initiatives within the Office of the Assistant Secretary—Indian Affairs and the Bureau of Indian Affairs [BIA].

The problems encountered by Indian youth as they grow up on the reservation are the prevalence of alcohol and substance abuse and the consequent social dysfunction created by substance abuse. These problems are, in my opinion, a result of sustained economic deprivation and the hopelessness of having little expectation of having a career or meaningful employment on the reservation. These problems are chronic and seemingly intractable and will require a concerted and sustained effort by the Federal Government in it's role as Trustee to cause a measurable improvement.

Opportunities for economic development should be promoted and nurtured by all agencies of the Federal Government through contracting and economic incentives for businesses in Indian country in a well coordinated fashion. We are sponsoring an Indian economic summit this fall to focus attention on the opportunities and mechanisms for business development on reservations. The objective must be the full participation of Indian communities in the economic prosperity of this country. It is our challenge to help Indian families overcome obstacles related to poverty and isolation.

We have one such successful BIA initiative carried forward by the Office of Indian Education Programs [OIEP] called the Family and Child Education Program, otherwise referred to as the FACE program. This unique program provides family literacy services to American Indian parents and their children from birth through third grade. The goal is to provide support to parents in their role as their child's first and most influential teacher. Through the FACE program, families receive services in their homes and at school. The FACE program is unique in that it is one of the few Federal program designed to include the collaborative efforts of Federal, tribal and private organizations to achieve these objectives.

The FACE program began as a pilot initiative in 1991 was implemented in six BIA funded schools and communities. Over the years the program has expanded to the current 32 programs. Beginning in school year 2003–04, the program will grow to 39.

The Parents As Teachers organization based in St. Louis, MO, and the National Center for Family Literacy based in Louisville, KY, provide on-going training and technical assistance to the staff to implement this program. The training and technical assistance provided to the local based FACE program staff is held at national meetings and onsite in the community at a BIA funded school to ensure a high level of quality implementation. The impact of the FACE program is measured annually with formal evaluations conducted by the Resource and Training Associates [RTA] of Overland Park, KS. The executive summaries are available at the BLA/OIEP web site.

Recently, during a recent trip to New Mexico, I saw the FACE program in action. It was evident that there is a family atmosphere. I saw moms, dads, grandparents, and youngsters participating as partners in their child's education as well as their own. The school and community look with pride at their FACE program which, although it is a model, is adapted to reflect the culture and community of the local setting. It is impressive to see the program staff who are community members speaking both English and their native language, during the program.

Over the past 11 years, over 5,000 families have participated, representing 15,000 adults and children. It should be noted that the FACE program requires adult participation. For every child in the program, a parent or significant caring adult must also participate. Children are not served without an adult. Seventy-five percent of the FACE program families are learning English as a second language. Sixty-nine percent of the FACE program adults served are mothers, 21 percent are fathers and 10 percent are grandmothers and/or other relatives. Five or six individuals reside in the homes of most of the FACE program families. The number residing in homes range from 2 to 16. Participating families usually are comprised of two or three individuals but the BIA OIEP records show there have been as many 8.

As a direct result of their participation in the program, 1,500 parents have gained job skills resulting in their employment, and 600 have completed their GED or gained their high school diploma. Sixty percent of the FACE program adults improve their reading and math skills. Ninety-one percent of the FACE program parents report reading to their child everyday.

Parents who participate in the FACE program remain involved in their child's education and demonstrate continued participation in the school such as serving on school committees, attending parent teacher conferences and volunteering in the classroom. BIA schools with the FACE program report higher levels of parent involvement than BIA schools without the FACE program. Ninety-one percent of the FACE program parents report that the FACE program schools are welcoming places for parents. This is particularly significant in that so many of the FACE program parents did not have successful experiences in schools and also for many they are returning to the same school in order to participate in the FACE program. As a direct result in their participation in the FACE program they increase their self esteem and become empowered. They gain a voice to express their concerns and to support or impact their child's education. Over the past 5 years the FACE program has conducted a parent essay contest to encourage parents to write about the impact the FACE program has made for them and their families. There are three winning essays selected and these are posted on the BLA/OIEP web site as personal stories or testimonies about how their lives and families have changed through the support they received through the FACE program. Overall, parents report that the most important thing they have learned from participating in the FACE program is improved parenting.

Children who participate in both the home based services and school based early childhood program demonstrate higher proficiency in language, literacy, personal, social, mathematical thinking and social studies domains. The age of home based children is from birth through age three. These children and their parents receive the Born to Learn Curriculum, developed by the Parents As Teachers organization, which is based on the latest brain based research from birth to age 3. At age 3 the brain is 80 percent developed which indicates how important it is to reach children in those earliest years and support parents with knowledge about child development and encourage their participation in age appropriate activities which will enhance learning and future academic achievement.

Children age 4 and 5 are served at a BIA-funded school with their parents. The National Center for Family Literacy provides the training and support for early childhood and adult education teachers. The early childhood program is designed to implement a child centered active learning approach and the adult education program is based on the national standards for adult education. Each parent receives a program designed to address their unmet academic needs and improve job related or employment skills. Part of each day these FACE program adults participate in their child's classroom and engage in an activity with them. Part of each day is also set aside to discuss parenting and child development.

A definition of early childhood includes birth through age 8, the FACE program schools provide children in grades K–3 with a child centered active learning approach. The K–3 teachers are trained by certified trainers at national meetings and onsite to ensure the quality of the FACE program implementation.

Sharon Darling, Founder and Executive Director of the National Center for Family Literacy has stated that the finest examples of family literacy programs are found implemented in the FACE program.

The FACE program is a quality program that has proven to support parents in one of their most important roles; as teachers of their children. This is an important program that impacts the critical early years of children by improving academic performance which leads our students to complete high school and improve their overall family literacy. I encourage all of you to visit one of our FACE program schools.

It's this type of program that provides opportunities to the whole community by providing each individual with a role in shaping their own destiny. As the opportunity for self-realization of an individual's full potential develops within the cultural influence of the Indian community the social dysfunction of dependency will diminish and Indian youth will experience a new and brighter future.

3 I will be happy to answer any questions you may have.

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STATEMENT

OF THE

AMERICAN PSYCHIATRIC ASSOCIATION

TO THE

SENATE INDIAN AFFAIRS COMMITTEE

ON

PROBLEMS FACING INDIAN YOUTH

August 1, 2002

The American Psychiatric Association (APA), a national medical specialty society represents more than 38,000 psychiatric physicians who specialize in the diagnosis and treatment of mental and emotional illness and substance use disorders, and appreciates the opportunity to submit for your consideration a statement on the problems facing Indian Youth.

The APA will focus our comments on a crucial and historically overlooked aspect of youth health services: effective treatment for mental illness and substance abuse disorders. The brain, the physical home of the mind, is the most important organ, the most important asset of the human body. When it contains the right mix of chemical messengers, molecules with names like adrenaline, dopamine and serotonin, it allows us to do the work we do, form partnerships and guide the next generation. Without the right mix problems develop: hearing voices that others don't hear, such as in schizophrenia or substance abuse. Seeing things that others don't see, as in severe post-traumatic stress disorder, the tragic aftermath not only of combat veterans, but also of women and children who are the victims of physical and sexual abuse. Trouble breathing and a pounding heart as in panic disorder that can look like heart disease. But just like real heart attacks, severe mental illnesses and substance abuse kill. Among AI/ANs, these problems are extremely acute.

Suicide

For the past 17 years, suicide has been the second leading cause of death for 15 to 24 year old AI/ANs. The suicide rate for this age group is 33.9 per 100,000, as compared to a rate of 13.4 per 100,000 for persons in this age group for all races in the U.S. population, some 43 percent higher. [1] However, the suicide rates are not uniform across all American Indian communities, and suicides are more predominant in males than females.

More than one-half of all persons who commit suicide in Indian communities have never been seen by mental health providers. Sadly, suicide is often the result of missed opportunities to treat such problems as depression, alcoholism, child abuse, and domestic violence; all of which are pervasive in the AI/AN population.

Redirection of expenditures to support suicide prevention efforts have proven successful and cost-effective. Adequate resources are crucial to develop and maintain a community "surveillance" network of community members, including mental health providers, who understand the danger signals that should trigger rapid, if not immediate intervention. A model suicide prevention program now in place in a Native American tribe has reduced its formerly extremely high rate of suicide to nearly zero. Nevertheless, more must also be done to treat the underlying causes of suicide.

Alcoholism and Substance Abuse

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[1] *Trends in Indian Health 1998-99,* U.S. Department of Health and Human Services, Chart 4.21, p. 92

IHS has identified alcohol and substance abuse as the most significant health problems affecting AI/ANs. The Committee is well aware that not every Native American is an alcoholic and alcohol use varies widely between tribes and communities. However, the overall alcoholism mortality rates of AI/ANs have been reported to be 950% greater than the national average. Ninety five percent of AI/AN have been reported to be affected either directly or indirectly (via family or friend's) by alcohol abuse. [2] This has been supported by data obtained from the National Center for Health Statistics, which showed that four of the top ten causes of death among Indian people may be directly related to alcohol abuse. These include accidents, domestic violence and child abuse, and the physical deterioration resulting from prolonged substance abuse.

Substance abuse, especially alcohol, among youth is a serious problem in many Indian communities. The problem is already manifesting itself through alcoholism death rates for Indians 15 to 24 years old. The Indian rate is 5.5 deaths in 100,000, compared to 0.3 for the U.S. population. Women who drink while pregnant can increase the risk of having a child with fetal alcohol syndrome (FAS) to 35%, i.e.: microcephaly, craniofacial malformations, and limb and hearing defects. [3]

IHS is funding over 200 AI/AN substance abuse prevention programs serving Indian reservations and urban communities. IHS continues to work to develop a permanent and effective alcoholism and substance abuse prevention program, which needs Congressional support.

Mental Health

The APA is pleased to see the growing coordination of mental health services between IHS and other government agencies. IHS and the Substance Abuse and Mental Health Services Administration (SAMHSA) have been working together to improve the quality of prevention and treatment services in Indian country.

Despite their efforts and successes, significant problems hamper the efficacy of the IHS Mental Health and Social Services program. Improvements in the mental health and social services area have not kept pace with the improvements made over the years in the areas of physical health such as decreasing mortality rates due to tuberculosis, gastrointestinal disease, maternal deaths, and infant deaths. This may be due to staffing that approaches only 43% of that needed to provide minimal mental health services and only 21% of that needed to provide adequate social services. There is even less access to child psychiatrists in providing psychiatric services in Indian country. Most Service Units and Tribal programs are operated with one or two providers, who provide primarily crisis-related services with little backup due to the isolated, rural nature of their practice. Not surprisingly, professional burnout leads to rapid turnover, adversely affecting the availability of a single backup psychiatrist, let

[2] *Trends in Indian Health* 98'-99', Table 4.29, p. 109
[3] *Trends in Indian Health* 98'-99', Table 4.30, p. 111

alone the essentials of an adequate, cost-effective mental health and social services program. A review of the I.H.S. job opening database this week showed vacancies for 6 psychiatrists.

A comprehensive mental health, alcohol, substance abuse and social services program should include treatment and prevention of suicide, substance abuse, domestic violence sexual and child abuse. Integrate when appropriate traditional Native interventions. Often kids respond very well to these types of interventions. It should incorporate the skills of not only psychiatrists, but of others working in the mental health field. So often there is not funding or staffing to have an on-site sex offender treatment program. The program in Shiprock on the Navajo reservation is on site at the Indian hospital and incorporates traditional teachings.

Psychiatrists, as physicians, bring medical expertise. This includes four years of college level chemical and biological sciences, followed by four years of medical school with more advanced sciences and clinical rotations. This rigorous medical education is then followed with a year long internship of 80-100 hour work weeks handling emergencies from stabilizing seizures in a patient suffering from alcohol withdrawal to treatment for gunshot and stab wounds. Only a physician has the training to perform a medical diagnostic examination, differentiate "physical" from "mental" illness, and appropriately determine whether or not to prescribe psychotropic medications, which, despite their name, can affect every organ in the body. The medical expertise psychiatrists' make available to patients is especially important to our American Indian population who suffer with regrettably high comorbidity of mental illness with diabetes, high blood pressure and renal failure.

Psychologists are not doctors of medicine but doctors of philosophy or psychology. College and graduate level curriculums offered to psychologists focus on behavioral theory rather than biology. Consequently, these curriculums--even those including specially designed courses as those used in the recently terminated Department of Defense Psychopharmacology Demonstration Program--cannot train psychologists to prescribe dangerous psychotropic medications. While treatment is desperately needed in Indian country, it must only be provided by those with proper expertise. We urge you to reject efforts to initiate a similar program to train psychologists to prescribe medication in the IHS.

Psychology and psychiatry work well together but are not the same. AI/ANs must never be used in an experimental fashion. We strongly oppose any plan to permit psychologists to "practice medicine" at the risk of unknowing vulnerable American Indian and Alaska Natives.

The American Indian and Alaska Native people need your leadership to appropriate the necessary funds and to take other essential actions to ensure adequate delivery of health care, particularly for Indian youth who suffer from mental illness and substance abuse.

Again, we thank the Committee for the opportunity to deliver this statement on the problems facing Indian youth. Please do not hesitate to call on the APA as a resource, should there be any way in which we might be able to assist in working with you to provide the best health care possible to the American Indian and Alaska Native Communities.

TESTIMONY

BEFORE THE

UNITED STATES SENATE

COMMITTEE ON INDIAN AFFAIRS

ON

"PROBLEMS FACING INDIAN YOUTH"

PRESENTED BY

VINCENT BIGGS, MD, FAAP

ON BEHALF OF

THE AMERICAN ACADEMY OF PEDIATRICS

August 1, 2002
2:00pm

The American Academy of Pediatrics is an organization of 57,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well being of infants, children, adolescents and young adults.

Chairman Inouye, Vice-Chairman Campbell, members of the Committee, my name is Vincent Biggs and I am a practicing pediatrician from Amherst, Massachusetts. I have been working on issues affecting American Indian/Alaska Native (AI/AN) children and adolescents for the last 8 years. I worked clinically on the Navajo Reservation at the Northern Navajo Medical Center in Shiprock, New Mexico and currently serve on the American Academy of Pediatrics, Committee on Native American Child Health. On behalf of the American Academy of Pediatrics, I am honored to be here today to discuss the serious health challenges facing AI/AN children and youth nationwide.

The American Academy of Pediatrics is an organization of more than 57,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety and well being of infants, children, adolescents and young adults. For more than three decades, the Academy's advocacy work has included efforts to improve the health and development of AI/AN children nationwide. Examples of this advocacy include efforts to increase funding for the Indian Health Service (IHS); promote comprehensive, coordinated material and child health programs among all IHS regions; and facilitate the recruitment and retention of well trained and educated pediatric providers at all levels.

In addition, the Academy has a long-standing arrangement with IHS to conduct site visits at one of the 12 IHS areas each year. These visits not only identify programs that have been successful in advancing AI/AN children's health, they have helped to disseminate ideas that may benefit youth in other areas. The Academy has established a locum tenens program to help advertise temporary pediatric opportunities in IHS and tribal health facilities around the country. The Academy has also facilitated the formation of a Special Interest Group on Indian Health that is involved in national educational activities around AI/AN pediatric health issues.

Over the course of the Academy's commitment to AI/AN children and youth, the health challenges confronting this population have changed radically. In 1973, the greatest health challenges faced by American Indians/Alaska Natives included pneumonia, gastroenteritis, meningitis, and tuberculosis. Since that time, great strides have been made in controlling these deadly diseases. However, challenges remains in sustaining these improvements while at the same time effectively responding to new threats. In my testimony today, I will focus on three of the most serious challenges facing AI/AN children and youth today: health disparities and unmet health care needs; unintentional injuries and death: and type 2 diabetes mellitus.

Health Disparities and Unmet Health Care Needs

Today, more than one-third of the nation's AI/AN population is under the age of 15. There are nearly twice as many 5-14 years olds among the AI/AN population than the white population. And, the AI/AN birth rate is 63% higher than birth rate for all US races.

Although the general health status of these children is far better than that of their parents or grandparents, we know that significant health disparities continue to plague AI/AN communities nationwide. Perhaps the best way to quantify these disparities is by comparing the health status of

AI/AN children with the health status of children in the general US population. The differences revealed by such a comparison are dramatic. For example:

- AI/AN infant mortality rates are 22% higher than the general population, and 60% higher than whites;
- The rate of Sudden Infant Death Syndrome (SIDS) among AI/AN children is more than twice that of all US races, despite a growing understanding of SIDS and how to prevent it;
- The AI/AN youth suicide rate is twice as great among 14-24 year olds and three times as great among 5-14 year olds;
- The AI/AN youth death rate from alcoholism among 15-24 year olds is more than ten times as great as the rate for the same-aged population of the US as a whole; and
- Overall, AI/AN children and youth are more than twice as likely to die in first four years of life than the general population, and remain twice as likely to die through the age of 24.

These sad health statistics are related to some degree to the extreme poverty of the AI/AN population. According to the recent census data, more than 30% of the AI/AN population lived below the poverty line, versus roughly 13% for all races. Of AI/AN children under age five, 43% lived in households with incomes below the poverty level, compared to 20% of young children of all races. While the links between poverty and poor health are evident in many populations, AI/AN children and youth face barriers to care above and beyond those faced by many other poor children. For example, these children often live in rural and frontier areas, where health services are difficult to reach and where safe and adequate water supply and waste disposal facilities are less common than in the U.S. general population.

The serious pediatric health problems associated with poverty and rural isolation are compounded in many AI/AN communities by limited accessibility to pediatric health care. Over the last decade, for example, the average number of well-child visits – i.e., a child's periodic visits to a pediatrician or other health professional to receive immunizations and a "check-up" to make sure that the child is growing and developing as expected, and for the pediatrician to provide guidance to parents on nutrition, injury and poison prevention, and other child health, development and safety issues – has dropped more than 35%. Outdated IHS facilities also create challenges for AI/AN children seeking pediatric care. On average, IHS facilities are than 30 years old, more than three times the age of facilities available to the general population. Persistent vacancies for health care providers within IHS also limit AI/AN children's access to pediatric care. According to recent data, IHS vacancy rates for dentists, nurses and physicians are at 25%, 15% and 10% respectively. I recently saw the impact of these vacancies first hand when, in a visit to Parker Indian Hospital in Parker, AZ, the dental clinic was locked because there were no dental providers available to offer care.

AI/AN children living in urban areas face similar challenges accessing pediatric health care. Although not generally served by IHS or tribal facilities, AI/AN children living in metropolitan areas have access to care through Urban Indian Health programs. Funded in part by the IHS, these programs rely heavily on state Medicaid reimbursement for the services they provide to Medicaid eligible individuals, including infants, children, adolescents and young adults. While

states currently receive a 100% FMAP for services provided at IHS and tribal facilities, they are reimbursed only at their regular FMAP rate for Medicaid services provided in urban locations. As a result, the Urban Indian Health programs on which many AI/AN children depend receive significantly lower reimbursement rates, limiting opportunities for needed pediatric care.

Clearly, we have much work to do to reduce persistent health disparities among AI/AN children and youth, and to ensure that all AI/AN infants, children, adolescents and young adults have access to quality pediatric care. The American Academy of Pediatrics commends the leadership of this Committee in working to improve the health status of AI/AN communities nationwide. We call on Congress to take the necessary steps to ensure that all AI/AN children and youth have timely access to the needed health care services. Specifically, the Academy joins the Friends of Indian Health – a coalition of more than 30 health organizations and individuals dedicated to improving the health care of American Indian/Alaska Native (AI/AN) people - in requesting at least $3.09 billion for the IHS in FY 2003. The Academy also calls for the swift passage of legislation to eliminate the FMAP disparity that threatens the effectiveness of Urban Indian Health Programs.

Unintentional Injuries and Death

Another significant health challenge facing American Indian/Alaska Native (AI/AN) children and youth is the risk of unintentional injury and death. Today, AI/AN children experience the highest rates of injury mortality and morbidity of all US ethnic groups. Their overall injury death rate is nearly twice that of children in the general population. Additionally:

- Death rates for AI/AN children as a result of pedestrian-motor vehicle collisions are nearly four times greater than the rate for all US races combined;
- AI/AN children are three times more likely to die as a result of a motor vehicle occupant injuries than white or black children;
- Fire and burn injuries cause the death of nearly three times more AI/AN children and youth than among the white population; and
- Nearly twice as many AI/AN children drown than children of other races.

Many factors contribute to these startling statistics. Among them are poverty, alcohol abuse, substandard housing, limited access to emergency care, and rural residences.

While it is clear that AI/AN children have not benefited to the same degree from injury prevention techniques such as seat belt use, child restraint use, and fire safety as other US children, we know that carefully crafted injury prevention programs can yield significant results in AI/AN communities. Some examples of such efforts include a program promoting winter coats with floatation devices to prevent drowning; a livestock control program to reduce motor vehicle collisions with large animals; an occupant safety program to boost seat belt use; and a public education campaign to raise awareness about fire safety.

In order to combat the high rate of injury morbidity and mortality among AI/AN children and

youth, the American Academy of Pediatrics urges continued support for the implementation and expansion of broad-based injury prevention programs for the AI/AN population. The Academy also supports the development of programs to provide incentives to AI/AN communities to promote the use of well-established safety mechanisms, such as seat beats and child restraints. Additionally, Congress' continued support for the IHS Health Promotion/Disease Prevention (HPDP) departments is an essential part of continuing efforts to improve AI/AN unintentional injury morbidity and mortality rates.

Type 2 Diabetes Mellitus

Long considered a disease of late adulthood, type 2 diabetes mellitus has recently emerged as a significant health threat to American Indian/Alaska Native (AI/AN) children and youth. Today, the prevalence of type 2 diabetes mellitus among AI/AN children is higher than any other ethnic group. Of particular concern:

- In some communities, such as the Pima Indians, prevalence rates have reached as high as 5% among teens aged 15-19 years; and
- IHS data indicate that the prevalence of diagnosed diabetes (all types) among youth 15-19 has increased 54% since 1996.

For pediatric patients, type 2 diabetes mellitus heralds earlier onset of heart disease, vision impairments, and renal disease. As you know, these complications can lead to significant morbidity and mortality in people with diabetes. End-stage renal disease, for example, requires dialysis and can result in limb amputations. Children and adolescents with chronic conditions, such as type 2 diabetes mellitus, also are at higher risk of depression and other behavioral disorders. This compounds the impact of this illness and may magnify the difficulty in treating and caring for these patients.

Given the serious and life-long health effects of type 2 diabetes mellitus, prevention and timely medical intervention are critical to the future health of AI/AN children and youth. However, as with injury prevention efforts, type 2 diabetes mellitus prevention efforts among AI/AN communities face unique obstacles. For example, many AI/AN children and youth have limited options for healthy foods, limited opportunities for sustained physical activity, and limited access to routine health care. Moreover, when type 2 diabetes mellitus is the established diagnosis, many AI/AN children and youth do not have access to the important secondary prevention efforts and clinical care needed to prevent complications.

As part of a coordinated, comprehensive effort to reduce type 2 diabetes mellitus among AI/AN children and youth, the American Academy of Pediatrics recommends continued federal support for AI/AN diabetes prevention and treatment programs. These efforts should be community-based, involving a range of child-related services such as schools, health clinics and community recreation centers; and multidisciplinary, involving medical staff, nutritionists, public health officials and health educators. These efforts also should include proven strategies to help overcome the barriers unique to AI/AN communities, including the use of trained professional

interpreters, cultural competence training for clinicians and staff, and community member participation in the design of clinical services.

Conclusion

Despite significant achievements in many areas, significant and persistent disparities continue to threaten the health of American Indian/Alaska Native (AI/AN) children and youth. Tremendous gaps in health care access, delivery and research clearly will need to be bridged before these disparities can be eliminated.

Throughout my training, clinical work and advocacy with the Academy, I have visited many AI/AN health care sites and spoken to many healthcare providers. They are excellent, dedicated, and hard working pediatricians and pediatric providers who are doing their best to provide outstanding care. Their comments are always similar: they report being under-funded and under-staffed; they talk about often being overwhelmed by the need; and they talk about the health disparities, the diabetes and the injury morbidity and mortality rates.

It is because of these voices and the Academy's dedication to AI/AN children that I am here today to encourage Congress to remember the health needs of AI/AN infants, children, adolescents and young adults in your deliberations - both in securing adequate support for IHS and in developing public health campaigns for the U.S. population. Your dedication to AI/AN children and their families is commendable. We look forward to working with you on the many important issues raised today in the months and years ahead.

Thank you again for the opportunity to testify on such an important issue. I look forward to answering any questions you may have.

ATTACHMENT FOR THE RECORD

American Academy of Pediatrics
Committee on Native American Child Health

For more than 30 years, pediatricians from the American Academy of Pediatrics (AAP) have been meeting to advocate for the health needs of American Indian and Alaska Native children. This committee, now called the AAP Committee on Native American Child Health (CONACH), offers its expertise to individuals and groups concerned about the issues facing Native American children.

Members of the CONACH are selected for their willingness to work hard and without compensation on behalf of Native American children and for their previous experience in working directly with young Native Americans. Committee members maintain contact with tribal, urban, and Indian Health Service programs, and keep up with important changes, legislation, and regulations that affect Native American health in general (eg, the Indian Self Determination and Education Assistance Act) and Native American child health in particular.

The committee meets twice a year — once for a meeting in Washington, DC, and once for a consultation site visit to an Indian Health Service Area. Each meeting addresses the major problems that affect Native American children and youth and how committee members and pediatricians can deal with these problems.

Purpose of Consultation Visits

1. To promote the development of programs that support healthy lifestyles and optimal physical, mental, and social health in Native American children.
2. To find successful programs aiding Native American children and disseminate them.
3. To identify challenges in providing Native American child health care and suggest innovative ways to solve them.

The issues facing Native American children have changed over the past 30 years, due to major strides made in the care of Native American children, especially the treatment and prevention of infectious diseases.

Changing Problems in Native American Child Health

1973	2001
pneumonia	intentional and unintentional injuries
gastroenteritis	suicide and homicide
meningitis	child abuse
tuberculosis	learning disabilities
malnutrition	obesity and type II diabetes
otitis media	emotional and behavioral disorders

These problems have been present all along but were not attended to when meningitis, gastroenteritis, and tuberculosis were the major concerns. In 1973, reservation children were often malnourished, underweight, and consumed inadequate protein and calories. Now, due to the availability of large amounts of food and inadequate opportunities for physical activity, obesity and diabetes mellitus are the common problems among Native American people.

The following chart represents examples of problems found in Native American child health and successful approaches that have been taken to address these problems.

Examples of Problems and Approaches

Problems Found	Approaches Taken
Specific needs regarding immunizations for Native American children	Consulting with IHS, CDC, and AAP experts to develop a policy statement on providing immunizations to Native Americans
High rate of injuries among Native American children	Verbal and lobbying support for IHS and tribal injury prevention programs; consulting with IHS and AAP experts to develop a policy statement on approaches that work
Lack of coverage for children when their usual physicians are unavailable	Developing a locum tenens program for AAP Fellows to fill in for absent IHS/tribal physicians
Increasing concern about obesity and consequent diabetes	Developing guidelines for the prevention, identification, and treatment of type II diabetes
Inefficiencies in the pediatric clinic of a major HIS hospital	AAP team visits and surveys of patients, administration, and care providers; developing an extensive set of recommendations leading to major improvements in patient and provider satisfaction
IHS providers encounter problems obtaining continuing medical education in child health	Including several hours of CME at each consultation site visit

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The seven CONACH committee members are supported by AAP resources, including staff in Washington, DC, and AAP headquarters in Elk Grove Village, IL, who are assigned to work on Native American issues. The CONACH also collaborates with several organizations interested in issues affecting Native American child health. These organizations have a liaison to the CONACH, and CONACH members participate in their meetings to highlight the issues affecting Native American children.

Organizations with a Liaison to the Committee

American Academy of Child and Adolescent Psychiatry

American College of Obstetricians and Gynecologists

Association of American Indian Physicians

Canadian Paediatric Society

Indian Health Service

If you find the information and examples discussed in this fact sheet beneficial in serving Native American children or would like further information on committee members and their activities, please contact Ana Garcia, MPA, AAP Department of Community Pediatrics, at 800/433-9016, ext 4739; Molly Hicks, MPA, AAP Department of Federal Affairs, Washington, DC, at 800/336-5475; or David Grossman, MD, MPH, committee chair, at 206/521-1537.

Testimony Presented
before the
United States Senate Committee on Indian Affairs

Oversight Hearing
on
Problems Facing Native Youth

Statement of
J. R. Cook
Executive Director
United National Indian Tribal Youth, Inc.

August 1, 2002

Mr. Chairman, Members of the Committee, and Distinguished Guests:

Good Afternoon. I am J. R. Cook, a member of the Cherokee Nation of Oklahoma, and am pleased to be invited to share my testimony regarding Problems Facing Native Youth. I have served as executive director of United National Indian Tribal Youth, Inc. (UNITY) since its inception in 1976.

UNITY is a national network organization promoting personal development, citizenship, and leadership among Native American youth. UNITY's mission is to foster the spiritual, mental, physical, and social development of American Indian and Alaska Native youth and to help build a strong, unified, and self-reliant Native America through greater youth involvement.

With headquarters in Oklahoma City, UNITY has a staff of seven and is governed by a ten member all Native Council of Trustees.

The heart of UNITY is its affiliated youth councils. Youth councils are groups of Native youth organized for constructive purposes and guided by adult advisors. Youth councils are sponsored by tribes, Alaska Native villages, high schools, colleges, and urban organizations. At this time there are 234 UNITY-affiliated youth councils in 33 states and Canada. Members of youth councils are involved in a number of constructive activities such as cultural preservation, environmental awareness, community service, and the promotion of healthy lifestyles.

The National UNITY Council offers the opportunity for Native American youth to have a collective voice. Each affiliated youth council has two representatives (one young woman and one young man) serving on the National UNITY Council. The National UNITY Council representatives meet at the Mid-Year UNITY Meeting and the National UNITY Conference to conduct business. Its ten member executive committee communicates via teleconference calls and the Internet to make decisions between the meetings.

UNITY staff do not speak for the youth. We strive to create opportunities for the youth to have their own voice at the tribal, state, and national levels. Individual youth and UNITY- affiliated youth councils are being encouraged to submit written testimony for this very important hearing.

Each year, UNITY staff mail surveys to affiliated youth councils, asking that members of the respective councils identify and prioritize their concerns and issues and return the completed forms to the UNITY office. At the Mid-Year UNITY Meeting typically held in the Washington, DC Metro area, the items on the survey forms are tabulated to arrive at the top concerns and issues of Native youth who are members of the UNITY youth councils. These issues shape the agenda for UNITY trustees, staff, and the National UNITY Council. At the February, 2002 meeting, the items on the survey forms were

tabulated.

The prioritized list of concerns and issues follows:

1. Alcohol, Drug, and Substance Abuse
2. Teen Pregnancy/Sexuality/STDs/HIV/AIDS
3. Education Dropout Rate
4. Peer Pressure
5. Cultural Preservation
6. Diabetes and Other Health Issues
7. Gangs and Crime
8. Spirituality
9. Strengthening Native Families

(tie)10. Suicide
Fitness (Lack of Physical Activity and Poor Nutrition)

The 2002 National UNITY Conference was held June 28 – July 2 in Palm Springs, California with more than 1,400 Native youth, youth council advisors, tribal leaders, and presenters participating. Two records were set: attendance and the largest contribution in UNITY's history -- $100,000 from the Agua Caliente Band of Cahuilla Indians to help support the conference. During the conference, Action Planning Sessions were conducted with the goal being that youth make recommendations to help resolve the issues when they returned to their respective communities. The overall thinking by the youth has been "Let's stop just talking about the problems and do something about it."

UNITY's approach is to emphasize the positives rather than dwell on the problems. In reflecting for a few moments, consider the National Agenda for American Indian and Alaska Native Youth entitled "The Healing Generation's Journey to the Year 2000." Funded by the Administration for Native Americans and coordinated by UNITY, the most significant outcome of the American Indian/Alaska Native Youth 2000 campaign was the development of the agenda and its implementation in a number of tribal communities. The agenda focuses on twelve positive areas: SPIRITUALITY, UNITY, ENVIRONMENT, HERITAGE, SOVEREIGNTY, FAMILY, INDIVIDUAL, EDUCATION, HEALTH, ECONOMY, SOBRIETY, and SERVICE. This agenda is still as relevant and valuable today as it was when developed in 1988.

The primary reason for the genesis of UNITY was to combat the tremendous waste of talent among Native American youth and the existing negative peer pressure. Although these conditions still exist to a great extent, there is definite progress. Everything is not bleak in Native America. Over the past 26 years I've been involved with UNITY, I have seen much progress among youth. I've had the privilege of witnessing youth develop into successful, professional men and women who are contributing citizens. Of UNITY's ten trustees, five are former UNITY members (Mary Kim Titla, Darrell Mease, M.D., Loretta Tuell, Greg Mendoza, and Wilson Pipestem). In addition, the two youth co-presidents of the National UNITY Council (Kristy Dayson and Dan Terrio) serve as trustees. Considerable progress has been made toward Native Americans moving closer to parity

in various professions – medicine, law, engineering, education, health, and business fields, but there is still work to be done.

Youth are such a valuable resource. Many tribes realize the need to involve youth. More than sixty of the UNITY-affiliated youth councils are tribally sponsored. Some tribal councils set aside time on a regular basis to listen to the youth.

UNITY is actively engaged in a number of efforts to improve the overall quality of life for Native youth. A number of partnerships, collaborative programs, and cooperative projects are as follows:

I. Administration for Native Americans/DHHS

Since 1988, UNITY has received major funding through competitive grants from the Administration for Native Americans (ANA). We have just begun the second year of a two-year project – ***LINKING NATIVE YOUTH***.

Recognizing that the impact of Internet technology on our day-to-day lives will continue to grow in importance and that Native Americans are less likely to have access to this technology than any other group, UNITY designed its *LINKING NATIVE YOUTH* project to better prepare its members to lead productive lives in the information age. Through this project, Native American youth receive training in the use of the most popular Internet-based communications tools. To make such training possible, UNITY recently purchased a mobile computer lab consisting of 24 computers that can be connected to the Internet via a wireless network. This lab will be used in the field to provide training to Native youth, particularly for those who live in remote areas where there is limited or no Internet access.

One of UNITY's primary objectives is to provide quick and easy access to information that is both beneficial and relevant to the needs of Native American youth. Therefore, as part of the *LINKING NATIVE YOUTH* project, UNITY is developing and collecting information on such topics as scholarships, internships, training programs, and educational and employment opportunities that will be readily accessible to all UNITY Web site (www.unityinc.org) visitors. UNITY's goal for its Web site is for it to be Native youths' first stop in their search for information on educational topics.

The *LINKING NATIVE YOUTH* project is an essential first step in creating a virtual TeleCommUNITY that links all members of the National UNITY Network. The enhanced ability to communicate will facilitate the members' ability to help each other plan, coordinate and carry out local community service projects and to more effectively participate in national efforts such as UNITY's Celebrate Fitness and Healthy Lifestyles initiatives. This is consistent with UNITY's mission to help build a strong, self-reliant Native America through greater youth involvement. *LINKING NATIVE YOUTH* will make it possible for Native youth from remote areas to communicate with other youth from throughout the United States as well as with other indigenous youth. They can share concerns as well as their success stories. Members of National UNITY Council

committees can communicate on a regular basis in addressing youth issues.

II. Indian Health Service/DHHS

Because many of the youth concerns are health-related, it is only natural that UNITY have a partnership with the Indian Health Service (I H S). I H S has been very supportive and an active advocate for Indian youth and their issues. Their highest ranking officials have made presentations and interacted with youth at UNITY's national and mid-year conferences. On several occasions, I H S has invited UNITY's youth representatives to its Rockville headquarters to meet and visit with various I H S decision-makers. I H S has supported UNITY's Healthy Lifestyles campaign and provided resources to enhance UNITY conferences and make it possible for more youth to participate.

I H S is currently providing guidance and technical assistance for the *CELEBRATE FITNESS: TRIBAL YOUTH LEAD PROMOTION OF ACTIVE LIVING* project which is funded by the Robert Wood Johnson Foundation. Senior staff from the Office of the Director continue to make themselves available to serve in a consultation capacity.

During the previous Administration, Indian Health Service proposed an Executive Order pertaining to American Indian and Alaska Native children and youth. The focus was to consolidate available government programs for youth and make it possible for tribes to submit single applications for funding rather than have to submit applications to almost every agency within the federal government. I recommend that this Committee, Congress, and this Administration revisit that approach to simplifying the funding process.

III. Robert Wood Johnson Foundation

Obesity, diabetes, and sedentary lifestyles have created a health crisis in Native America. An initiative which has the potential to make a major impact in this area is **CELEBRATE FITNESS**. Its goal is to improve the general health of Native American people and communities by increasing their physical activity, improving their nutritional habits, and raising their awareness of healthy lifestyles and behaviors. An exciting new project is ***TRIBAL YOUTH LEAD PROMOTION OF ACTIVE LIVING***. Funded by the Robert Wood Johnson Foundation, the project is providing grants to nine UNITY youth councils in seven states: Akimel O'odham/Pee-Posh Youth Council of the Gila River Indian Community, Page High School Youth Club, and the Yavapai-Apache Youth Council in Arizona; Tule River Youth Council in California; Rising Sun Youth Group of the Choctaw-Apache Community of Ebarb in Louisiana; Waaninigaanzijig Tribal Youth Council of the Sault Ste. Marie Tribe in Michigan; Creating A Personal Vision Youth Council of the Lincoln Indian Center in Nebraska; To'hajiilee Warrior Spearstaff Youth Council in New Mexico; and the Chickasaw Nation District Youth Council in Oklahoma. Members of these nine youth councils are committed to improving the health conditions in their respective communities. Youth will serve as the **catalyst** for generating, stimulating, and maintaining interest in the promotion of active living. They will also serve as the **conduit** to reach out to all age groups in their communities – from Head Start

to senior citizens.

IV. Office of Alcohol and Substance Abuse Prevention/DOI

UNITY is currently partnering with the Office of Alcohol and Substance Abuse Prevention (OASAP) within the Department of the Interior, Office of the Assistant Secretary – Indian Affairs to conduct an interagency-sponsored Substance Abuse Prevention Among Indian Youth Summit. The Youth Summit will be held in conjunction with the Healing Our Spirit Worldwide (HOSW) Conference in Albuquerque, New Mexico September 2-6, 2002.

V. National Indian Education Association

UNITY and NIEA are in the final steps of formalizing a Memorandum of Agreement between the two organizations. UNITY will facilitate and organize the Youth Track at the annual National Indian Education Association Convention which will be held November 2 – 6, 2002 in Albuquerque, New Mexico.

VI. National Endowment for Financial Education

The National Endowment for Financial Education collaborated in designing and printing "Weaving Your Future With Money and Wisdom." The contents of the guide were chosen based on comments by Native American youth who participated in the February 2001 UNITY Mid-Year Meeting. The financial guide for youth was initially distributed at the 2002 National UNITY Conference. Additional copies will be made available at major Native conventions such as National Congress of American Indians (NCAI), National Indian Education Association (NIEA), Alaska Federation of Natives (AFN), and American Indian Science and Engineering Society (AISES).

VII. Other UNITY Partnerships and Collaborative Efforts

Other partnerships and collaborative efforts include, but are not limited to, the following:

Atlanta Hawks and the "Excellence On and Off the Court" seminars;
START SOMETHING, sponsored by the Tiger Woods Foundation and Target;
Association of American Indian Physicians (AAIP);
Office of Juvenile Justice and Delinquency Prevention (OJJDP);
Awakening the Spirit, a diabetes prevention program;
Leadership to Keep Children Alcohol Free;
Environmental Protection Agency (EPA);
Community Anti-Drug Coalitions of America;
Learning for Life which pertains to values and lifeskills;
American Legacy Foundation for a tobacco abuse prevention project;
First Nations Development Institute in youth project promoting culture; and
Harvard's Nation Building for Native Youth program.

I want to emphasize that those of us associated with UNITY prefer not to dwell on problems but rather to consider them as challenges. We believe that youth must have a key role in helping resolve the challenges facing tribes, villages, and communities. Too many people talk to, talk at, or talk for youth. Youth must be heard. Youth should be invited to use their creativity, talent, and energy to help build healthier, happier, and more self-reliant Native communities. The power of youth must be harnessed.

Youth are going to do something with their time. If we do not provide positive activities for them, then we should not be surprised at those who engage in destructive and abusive actions. Sports, music, and art provide positive outlets for youth. More activities must be made available to Native youth. Existing facilities such as schools, community centers, and tribal facilities must be kept open after school, evenings, and weekends for positive activities such as sports and fitness activities, cultural classes, art, music, dance, and use of computers, etc. Increased appropriations are needed to support such activities.

Again, I suggest simplifying the process in which tribes, villages, communities, and organizations can apply for funds which affect Native youth. I urge the Committee to re-examine the proposed Executive Order which was orchestrated by Indian Health Service (as referred to in Section II). Also, I ask that the Committee consider changing legislative language to include national and regional non-profit organizations serving Native youth as being eligible to apply for funding from all federal agencies.

I recommend another Committee hearing in which the witnesses are Native youth. They have so much to share. On behalf of UNITY, I invite you to conduct a hearing during the Mid-Year UNITY Meeting which will be held in the Washington, DC area in February, 2003.

On behalf of the trustees, staff, alumni, and friends of United National Indian Tribal Youth, Inc. and the thousands of Native youth who are active participants in the UNITY Network, I thank the Committee for conducting this hearing.

United National Indian Tribal Youth, Inc. (UNITY)
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United States Senate Committee on Indian Affairs
Testimony of "Problems Facing Native Youth"
Submitted by Teresa Dorsett, M.Ed.
UNITY Staff
August 1, 2002

Chairman Inouye, Vice Chairman Campbell, and distinguished members of the Senate Committee on Indian Affairs:

My name is Teresa Dorsett and I am a member of the Cheyenne-Arapaho Tribes of Oklahoma and reside in El Reno, Oklahoma. I grew up in Geary, Oklahoma, in the heart of Cheyenne-Arapaho country. I attended Geary High School, Connors State College, East Central University, and the University of Oklahoma where I am currently working toward a second Master's Degree in Education Administration.

As we know and as the statistics clearly indicate, Native youth struggle to maintain a healthy and positive existence within their families and communities. Without elaborating extensively on statistics and research, I will identify what I feel are problem areas and the implications as to why they exist. In addition, my opinions are based largely on first-hand experience, being reared in what we now call a "dysfunctional family" and living and working among the Cheyenne-Arapaho people for most of my child and adult life.

As Education Director for the Cheyenne-Arapaho Tribes, I work with the public school system as an advocate for tribal youth. In addition, I work with youth on a continuous basis providing proactive activities and programs for youth in efforts to reduce some of the negative social issues facing them. I have also worked in a treatment center, Native American counseling program, and an Indian Child Welfare program, where I experienced first hand the impact of dysfunction, alcoholism, child abuse, neglect, domestic violence, and other social problems. I realize this testimony is to discuss problems facing Native youth, however, it seems impossible to identify these problems without addressing the social issues that Native people face in general.

<u>Problem #1 Mental Health</u>

I will first address the issue in which I feel is the most significant problem area facing Native youth and again, I find it difficult to separate this from the Native population in general. Through personal experience and working with Native people throughout my life, it is obvious that mental health issues among Native American people have long been over-

looked and under-funded. For humans in general, a positive state of mental health, spirituality, and/or psychological well-being have been the foundation for producing productive, healthy, and successful individuals. It is common knowledge that not too very long ago, Native American people were subject to what some call the American Indian Holocaust or acts of genocide. For the record and hopefully for better understanding, I am providing the following. Legters (1988) describes genocide as meaning:

> Any of the following acts with intent to destroy, in whole or in part, a national, ethnical, racial, or religious group, and includes five types of criminal actions: killing members of the group, causing serious bodily or mental harm to members of the group; causing serious bodily or mental harm to members of the group; deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; imposing measures intended to prevent births within the group; and forcibly transferring children of the group to another group.(p.769)

In defining this term in a less murderous form, Legters defines what he calls "cultural genocide" and states that settler colonies and the concomitant displacement, domination, and exploration increase the likelihood of genocide and outlines the consequences including:

> Coerced abandonment of religious and cultural underpinnings of the subject society, preemption or destruction of resources necessary to native survival...transmittal of disease and addiction against which native populations have inadequate immunity, disruption of kinship and familial relations basic to the native social structure, treatment based on modes of definition that obliterate a group's identity and finally, outright extermination of native populations (pp.771-772)

My intention for providing this information is that I feel the atrocities that were inflicted upon our Native people, and the injustices, racism, and oppression that are still alive and well today, have and will continue to affect all aspects of our lives until we make the appropriate attempts to deal with what Maria Yellow Horse Brave Heart, Ph.D. and Lemyra M. DeBruyn, Ph.D.,(1998), call "historical unresolved grief." This grief is evident amongst our Native people in every aspect of their lives.

In addition, Fisher, Bacon, and Storck (1998) cite a recent study of rates of severe emotional dysfunction (SED) among youth in the state where a reservation is located and found the rate of SED among American Indian Youth to be more than double than the rate for Caucasian youth (16.7% vs. 6.9%) (NIMH, 1990).

Native youth are members of families and communities that live with this historical unresolved grief and it is in my opinion that the high suicide rates, teenage pregnancy rates, lack of cultural identity, lack of sense of belonging, high drop-out rates, health problems, depression, alcohol and drug abuse, and other social problems facing Native youth, are direct results of Native families and communities that are still feeling the pain, sadness, and mere loss of our once vital existence. The mental health of our Native people must be addressed before we can begin to see any positive or significant changes in other areas of concern.

Mental health in general seems to be a "taboo" issue, not only in Indian country but in general, and is often not looked to as possible causes or solutions of the social pathology of Indian communities. This historical unresolved grief is being past down from generation to generation and we must break the cycle through addressing the mental, spiritual, and emotional needs of our people.

Recommendations:

The Federal Government allocates millions of dollars per year for Native American causes and programs. Although it is known that millions more dollars are needed, it is my opinion that more money must be spent on the mental health issues of Native people. We must make this a priority. I do believe that until we deal effectively with the mental health issues and the unresolved grief issues, which is a reality, we will resume very slow progress in the other areas, including health, education, governmental and sovereignty issues. Neglecting the foundation from which all else arises, the spiritual and mental health of our Native people, has proven to be an ineffective means of addressing centuries' old social and economical problems of Native people.

Local mental health facilities are needed on site and on tribal land. We need specialized counselors, therapists, traditional and cultural means of healing. Our tribal youth and adults need a place to heal. As noted by the statistics of child abuse and depression among Native people, it is obvious that we need psychological, spiritual, and emotional renewal. We need more resources within our communities to deal with this emotional overload. Fitness and wellness centers are scarce and this is an integral part of mental health. Our youth need a safe place to address everyday life issues and a support system that promotes positive personal development and encourages a healthy mental and spiritual state of being. They need to understand that emotions and spirituality are integral aspects of personal development.

Native people are entitled to health care and education benefits as a result of treaty rights. In addition, we are afforded rights as sovereign nations

and promised these things until the end of time. However, the Federal Government must realize that the loss of lives, land, and culture, as a result of European contact, that has caused this historical unresolved grief as well as a long legacy of chronic trauma, must be dealt with in a more humane manner. While federal dollars are needed to address the many needs of the Native American, and while many Tribes have proven their resiliency throughout time, efforts must be made to deal with the root of the problems, the mere loss of a culture, a being, or an existence,

Problem #2

Another area of concern is the education, or lack of, of our Indian students. The dropout rate of Native American students continues to maintain a steady rate that is unacceptable. Although the percentage of dropout rates varies from Tribe to Tribe, they remain significantly higher than other populations. According to Chris L. Fore, Ph.D. and John M. Chaney, Ph.D., in their research on "Factors Influencing the Pursuit of Educational Opportunities in American Indian Students", (1998) the American Indian population is the youngest and fastest growing racial minority group in the U.S., with a birth rate twice that of the general population (Yates, 1987). American Indians also represent the most socioeconomically disadvantaged population in this country. Over one-quarter of the American Indian Population live below the poverty line, compared to only about 12% for all other races (Axelson, 1993; Yates, 1987; Young, 1994). Furthermore, research has suggested (e.g. Sinha, 1990) that poverty affects not only monetary aspects of life, but encompasses physical, social, and psychological domains as well.

Fore and Chaney, (1998) point out that one reason for these impoverished conditions is that American Indians are under-represented at all levels of education and evidence disproportionately higher school attrition rates and receive lower grades, compared to Anglo students and other culturally diverse student populations (Sanders, 1987; U.S. Senate Select Committee on Indian Affairs, 1985; Young, 1994). American Indian students tend not to be as academically prepared upon entering college as other students and are more likely to drop out, if they have an established poor academic history, poor study habits, and come from uneducated families (Astin, 1975; LaCounte, 1987).

Fisher, Bacon, and Stork, (1998), also cite Yates (1987) as saying that the rise in problems for American Indian youth as they become adolescents may be related to their growing sense of alienation and awkwardness in fitting into social systems and schools that are not good matches for their life styles of conceptual and language processing. Yates also observed that traditional American Indian values, such as sharing, allegiance, respect for elders, noninterference, and present-orientation, are

not accorded the same importance in European American society and that this contributes to American Indian youth's sense of conflict, pessimism, and alienation. These concerns have been echoed by Sanders (1987), who described a "cultural value conflict" that American Indian youth face in Anglo-American classrooms.

It has been my experience that public schools are failing our Native students in that they are insensitive to the unique cultural needs and lack the cultural wisdom and sometimes human ingenuity involved in teaching Indian students. Although I cannot speak for other parts of the country or other Tribes, it is in my opinion that racism and oppression is still a factor in our public school systems in Western Oklahoma. I am often reminded of the students that have done well within our schools, however, this group is the minority. Indian students are, in subtle ways, discouraged from participating in sports and are often not seen as having the potential to do well in school. Caucasian students, through a system of administration that I feel encourages this behavior, are provided more positive opportunities than that of the Indian student. I realize that it is not the public school systems responsibility to discipline and deal with the social, cultural, spiritual, and emotional needs of the Indian student, however, it is their responsibility to recognize where this student is at in his or her capacity to learn and provide appropriate support and instruction.

In Western Oklahoma schools, the Cheyenne-Arapaho language and history is being taught in some schools. Native students should have ample opportunity within their school to take courses or involve themselves with their tribal governments as learning experiences during their secondary education. Tribal students are often not involved with or learn about tribal issues, politics, or government until after they have either graduated or dropped out and want a job. We need to breed our Native students to become actively involved in tribal government from the junior high years on up. They need to learn about Tribal governments and affairs, Indian issues, treaty rights, culture, history, language, etc., just as they are learning about the U.S. government and history. I often feel like Indian students in our area think that persons that work for the Tribe cannot get a job in the real world or cannot compete in the real world. We must change this mentality and encourage and reinforce the notion that we need our tribal youth to look to a future in tribal government and further their education in professional areas that can help revive the traditional culture and government.

Recommendations:

Teacher preparation programs, especially in states where there is a large native population, should be provided courses on native culture, history, and customs. They should be required to know about the tribe in which

area they work and become familiar with customs and the culture. In addition, teachers should be familiar with different learning styles and teaching methods that teach to all students not just a particular group. In my current education program, the idea of democratic schools is taught and we have learned that schools should be representative of the community, in that they use inquiry and discourse, are equitable in the teaching and learning process, teach authentically rather than traditionally, and promote leadership and service among the community and school. Parents, community members, and school personnel work together to determine how to meet the needs of ALL students. This type of school is not common, however, would be an advantage to native youth.

States with large Indian populations should require schools to provide native history, language, tribal government, etc. for not only Indian students but others that may be interested so that they may come to appreciate the contributions made by the first Americans. Funding should be made available for the acquisition of curriculum and research for such an activity.

Tribes can have an effect on the problems facing native youth in the classroom, however, often times do not have the funds to hire staff and provide other programs and activities that promote these needs within the school system. Often times, Tribal Education Departments funding consists only of the federal dollars used for adult education, higher education, and JOM. Depending upon the Tribe, the Adult Vocational Training funds are available as well as a few other education programs. We do not however, have funds to hire counselors, additional staff, and role models to work directly with youth within the public schools systems or to work collaboratively with public school systems in attempts to sensitize the schools to the unique needs of the Indian students. If Tribes aren't afforded this opportunity due to lack of funds, who will advocate and speak for our Indian students? Statistics also show that Native teachers and school administrators are severely underrepresented in the public school system. More funds must be made available for scholarships and the promotion of Indian teachers and school administrators within the United States.

Problem #3

Another problem that native youth are faced with is the lack of positive role models and opportunities. Again, we know the statistics on unemployment and poverty among Indian communities. Native youth are simply not afforded the many positive life experiences and opportunities that other children are. Poverty not only affects the emotional and psychological well being of a child but it also decreases the possible positive impacts of social activities and experiences. Although I do not

believe that positive experiences, outside of ones home life and school experiences, can totally turn a child's life around, I do believe that it can have a major impact on it.

Native youth deserve positive opportunities and experiences that will suggest to them that they can achieve their goals and aspirations in life. These experiences lead to better social skills as well as a higher self-esteem and respect.

Recommendations

The federal government should make available more funds for Tribes to operate youth recreation and personal development programs. In efforts to reduce the drug and alcohol use and abuse, teenage pregnancy, high drop out rates, violent or truant behavior, we must provide more positive programs and activities to our youth.

Many times Native students that excel in academics or sports cannot afford to participate in the positive opportunities that come their way. Many of our students are afforded opportunities to participate in other countries for sports but cannot afford it. I have seen students who are exceptional artists, give up on their dream of becoming an artist because they cannot afford the supplies to draw and paint with. Other students, who are exceptional athletes, quit their school teams because they are not getting to play because of internal school politics, etc. Native students, females, often do not try out for cheerleader or other extracurricular activities because they cannot afford the fees associated with it. Again, often times Tribes do not have the resources to assist youth with going to basketball camp, fees for extracurricular activities or other school related opportunities.

Current programs such as UNITY, United National Indian Tribal Youth, that promote personal development, leadership, and citizenship, among Native youth should be afforded more opportunities to apply for federal funding.

Problem #4

Cultural Identity

"Centuries' old language bases, child rearing practices, life roles, and family structures have been disrupted to such an extent that many tribes struggle to maintain awareness of the traditions and practices which defend their ancestors (Berlin, 1987).

This statement summarizes the problem that our Native people in general have with a loss of cultural identity. Depending on the Tribe or area in which the youth are from, the youth are often not exposed to traditional ways or their native language. In many Tribes today, language preservation efforts are non-existent, and some are on the verge of losing the language. Elders are passing on without the opportunity for them to share their stories and languages with anyone, including youth who could benefit immensely from the teachings.

Tribal youth, without knowledge of their history, culture, ancestory, and language and who are quite often reminded that they do not fit in with the dominant society, are struggling in their efforts to fit in some where. They are struggling in their attempts to identify with their native people, in part because of the lack of opportunity, and also in establishing and maintaining a healthy existence of living in two worlds.

Recommendations:

Native families must first make an effort to heal. Efforts must be made to bring back the cohesiveness of the family and teach our youth the cultural ways of living that worked for so long prior to European contact. To teach our tribal youth the traditional ways, we must be positive role models and provide hope for them. They must see Native people throughout the United States and other countries working together to combat the many negative problems. They must see hope, tribal leaders and communities working together for a common cause. This is their hope. A nation of people that are willing to go the extra mile to advocate for the many needs of Indian people. We need to speak out on behalf of our Native youth and show them that it is o.k. to speak up and be heard.

The Federal Government should take every measure to assure that the Native people of this land are heard. Many of the ways of America were adopted from the ways of the Indian, and much can be learned from working together.

In addressing the cultural need of Native people, I make a plea to this committee to take a stand on the urgency of the possible extinction of some native languages. This must be addressed and tribes need immediate assistance in preserving and revitalizing native languages.

In closing, I am very thankful for the opportunity to speak on the above issues. It is my hope that these and other issues important to Indian country will continue not only to be heard, but be discussed in great detail in order to find permanent solutions that can be a result of individuals, tribes, local communities, states, and the federal government. Thank you.

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Testimony Presented Before the
United States Senate
Committee on Indian Affairs

Oversight Hearing on
Problems Facing Native Youth

Statement of
Daniel N. Lewis
Chairman
Boys & Girls Clubs of America (B&GCA)
Native American National Advisory Committee (NANAC)
August 1, 2002

Good afternoon and thank-you for the opportunity to appear here today. My name is Dan Lewis and I am here today to brief you on Boys & Girls Clubs of America's (B&GCA) special initiative to serve Native American Youth.

I voluntarily serve on B&GCA's Native American National Advisory Committee (NANAC). The purpose of NANAC is to provide strategic direction and assistance for the development of Boys & Girls Clubs on Native Lands.

B&GCA's success in Indian Country can be attributed to the following factors:

1. B&GCA's proven experience and programs in serving youth for more than 140 years.
2. The successful collaboration of Native American communities, tribal governments, the Federal government and corporate organizations.
3. The continued focus B&GCA has delivered to provide culturally appropriate programs, training and resources to Indian Country, Hawaiian Homelands and Alaska Native villages.

For more than 140 years, the Boys & Girls Club experience has positively affected America's young people, with an emphasis on providing valuable programs and services to youth from the most challenging economic and social backgrounds. In fact, Boys & Girls Clubs of America's mission is to inspire and enable all young people, *especially those from disadvantaged circumstances*, to realize their full potential as productive, responsible and caring citizens.

Given the specific challenges facing Indian youth, reaching out to Native American young people is a natural fit with B&GCA's mission. For the past decade, B&GCA has been establishing Clubs on reservations and Native American communities. Today, over 120 Native American Boys & Girls Clubs in 23 states serve some 80,000 Indian youth.

This rapid growth speaks to the need of children in Indian Country -- the need for involvement in healthy and constructive educational, social and recreational activities. Under the roof of a Club, a child can laugh, play with peers and feel safe from some of the negative aspects of the world outside like poverty, crime, gangs and drug and alcohol abuse.

Most important, in a Club, a child is offered the tools to deal with daily challenges by trained youth-development professionals and caring adults who are positive role models. Children are provided with programs that address today's most pressing youth issues, teaching young people the skills they need to succeed in life.

B&GCA makes available more than 25 national programs in the areas of education, the environment, health, the arts, careers, alcohol/drug and pregnancy prevention, gang prevention, leadership development and athletics.

Partnerships have been developed with tribal governments and local communities to establish Clubs and provide funding. Clubs are making use of formerly abandoned buildings and BIA schools for summer program activities. Federal partners include the U.S. Department of Housing & Urban Development, Office of Native American Programs (HUD/ONAP), U.S Department of Interior, Bureau of Indian Affairs (DOI/BIA), U.S Department of Justice, Office of Justice Programs (DOJ/OJP), U.S. Department of Agriculture (USDA), Rural Development and Corporation for National and Community Service.

National collaborations with the corporate sector and non-profits focused on Native American issues have also benefited the Clubs. One of these is a pilot program currently being tested at six Clubs by the National Native American Law Enforcement Agency (NNALEA). The G.R.E.A.T. Program teams trained law enforcement agents with school-aged children to create an interactive learning environment intended to deter youth from the negative aspects of their community. Since 1992, the program has proved to have a positive impact on the more than 2 million youth it has served.

B&GCA has been committed to addressing the problems and issues unique to Native American lands with flexible program implementation, specialized training and ongoing product development. Clubs often incorporate aspects of their rich tribal heritage to offer children cultural activities and programs based on community needs.

An example of the commitment to cultural sensitivity is the SMART Moves pilot program. SMART Moves provides solutions for youth to the problems of alcohol, tobacco, drug use and teen pregnancy in one comprehensive curriculum. This program is being tested at ten Clubs, which will serve as the basis for the development of a guidebook on how to run this program in Indian Country.

B&GCA continues to co-host and coordinate training events for Native American Club Executive Directors and professional staff and Board members. Trainings are based on best practices and include topics such as starting a Boys & Girls Club in Indian

Country, management training and program development. We also host a bi-annual Native American summit for participation by all Clubs.

B&GCA has produced several products specifically targeting Native American community expansion. Manuals, newsletters, fact sheets, videos, and brochures were developed with Native American cultural themes in mind and distributed as informational and promotional tools. A website (www.naclubs.org) has also been developed for informational purposes.

Conclusion

The strategy for Native American Boys & Girls Clubs is long-term with a keen eye on how to ensure the financial and programmatic sustainability of all Clubs. A goal of establishing 200 Clubs by 2005 has been established and efforts to secure additional funding for this initiative have been deemed a high priority.

Due to the elimination of recent programs such as the Indian Housing Drug Elimination program, youth programs throughout Indian Country are struggling to find funding sources to keep their doors open.

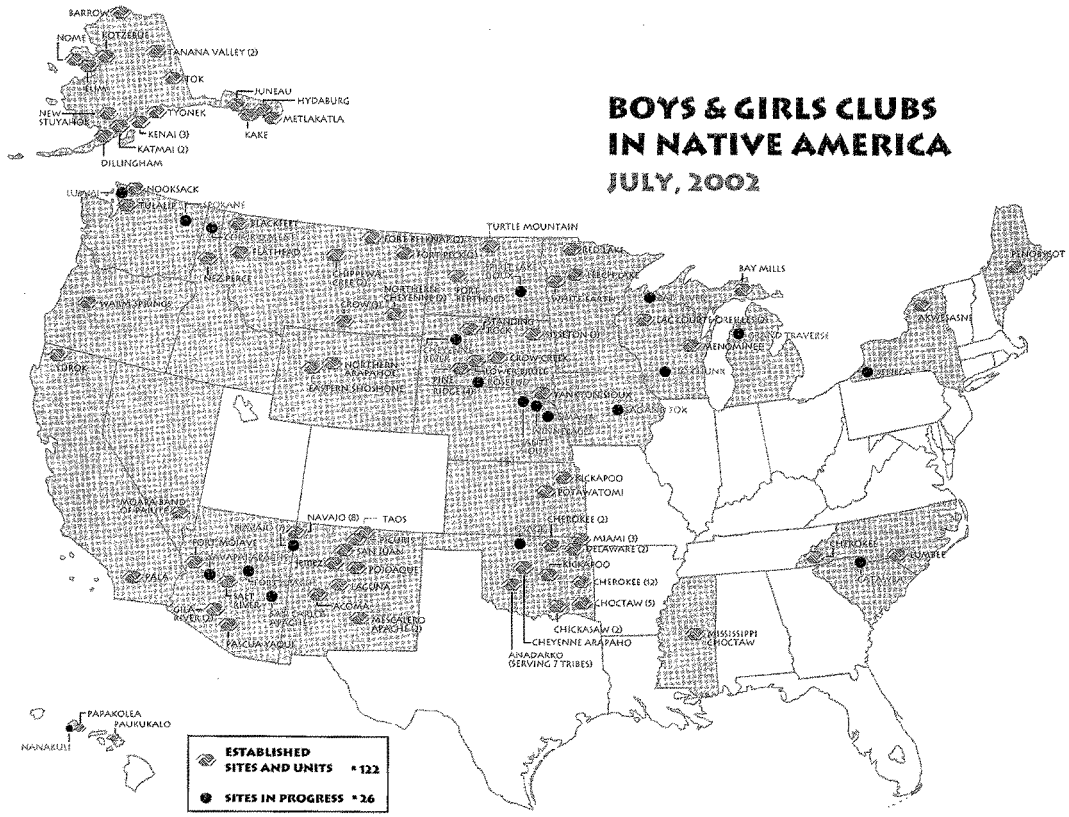
The Committee on Indian Affairs can play an essential role by ensuring that authorization of direct funding for Native youth programs, like the Boys & Girls Clubs of America, is given high priority. Youth organizations with a proven track record should also be an eligible applicant for programs directed at reducing high-risk behavior, like the Indian Alcohol and Substance Abuse Act. Too often federal and tribal governments overlook viable youth programs as federal dollars are directed toward pilot projects seeking to develop another program to address the same problem.

Also, I would encourage the committee to consider consolidating the various funding sources available for Native youth programs whenever possible. Multiple reporting requirements that become burdensome to smaller organizations would be significantly reduced without compromising financial accountability.

Attachment:
Boys & Girls Clubs in Native America map

BOYS & GIRLS CLUBS IN NATIVE AMERICA

JULY, 2002



TESTIMONY OF NICK LOWERY[1]

THE SENATE COMMITTEE ON INDIAN AFFAIRS

AUGUST 1ST, 2002

OVERSIGHT HEARING ON *PROBLEMS FACING NATIVE YOUTH*

MR CHAIRMAN, I AM TRULY HONORED TO HAVE BEEN ASKED TO SPEAK BEFORE YOU TODAY. I WANT TO COMMEND YOUR VISION AND LEADERSHIP IN ORGANIZING THESE HEARINGS, AND IN CHALLENGING YOUR COLLEAGUES TO HELP CALL ON THE LIMITLESS POTENTIAL OF INDIAN YOUTH.

WE'VE ALL HEARD THE NUMBERS CONCERNING NATIVE YOUTH – WE ALREADY KNOW THEY CONFRONT THE POOREST SOCIOECONOMIC, EDUCATIONAL AND HEALTH REALITIES OF ANY POPULATION IN THE UNITED STATES. THE DEATH RATES FOR AMERICAN INDIAN YOUTH AGES 0-25 ARE 3 TIMES THAT OF ALL U.S. ETHNIC GROUPS, WHILE ALMOST HALF OF ALL INDIANS ARE UNDER TWENTY YEARS OF AGE. NINE TEENAGERS COMMITTED SUICIDE ON THE WHITE MOUNTAIN APACHE RESERVATION LAST YEAR – OUT OF A YOUTH POPULATION OF 6,000. WHAT CAN WE DO AS A PRESCRIPTION AGAINST SUCH HOPELESSNESS?

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[1] 2001-2002 *NATION BUILDING FOR NATIVE YOUTH FELLOW* FOR THE HARVARD PROJECT ON AMERICAN INDIAN ECONOMIC DEVELOPMENT, AND CO-FOUNDER, *NATIVE VISION. NATIVE VISION (WWW.NATIVEVISION.ORG)*, NOW IN ITS SEVENTH YEAR, IS A SPORTS AND LIFE-SKILLS PARTNERSHIP FOR NATIVE YOUTH WITH THE NFL PLAYERS ASSOCIATION AND JOHNS HOPKINS CENTER FOR AMERICAN INDIAN HEALTH, RECOGNIZED BY GENERAL COLIN POWELL AS *AMERICA'S PROMISE* FOREMOST NEW PROGRAM FOR NATIVE YOUNG PEOPLE. MR LOWERY HAS WORKED ON THE WHITE HOUSE STAFFS OF PRESIDENTS REAGAN IN THE DRUG ABUSE POLICY OFFICE, AND IS THE ONLY AMERICAN TO WORK FOR PRESIDENT GEORGE BUSH AND PRESIDENT BILL CLINTON IN THE OFFICE OF NATIONAL SERVICE, PROMOTING *THE POINTS OF LIGHT FOUNDATION* AND *AMERICORPS*. HE IS A 2001 NOMINEE TO THE NFL HALL OF FAME.

LET ME SUMMARIZE MY KEY POINTS:

***(1)* PROGRAMS LIKE *NATIVE VISION, UNITY* AND THE NEW *LIFESKILLS CENTER FOR LEADERSHIP*[2]ARE CRUCIAL TO ACCELERATING THE INITIATION PROCESS OF NATIVE YOUTH INTO ADULT ROLES SERVING THEIR COMMUNITIES.**

(2) YOUTH EMPOWERMENT, HOWEVER, MUST BE RAISED TO A WHOLLY NEW LEVEL OF IMPORTANCE: TRIBAL COUNCILS MUST INCORPORATE YOUTH PROGRAMS INTO THE HEART OF TRIBAL GOVERNANCE AND CULTURE. FOR EXAMPLE, THE GILA RIVER YOUTH COUNCIL, HARVARD'S 2002 *HONORING NATIONS* HIGH HONORS AWARDEE, GIVES YOUTH A PERMANENT VOICE, OFFICE AND 100% SUPPORT FROM THE TRIBAL COUNCIL. *NATION BUILDING FOR NATIVE YOUTH* AND SIMILAR TRAINING PROGRAMS ARE ESSENTIAL TO CLOSING THE GAP BETWEEN THE ASPIRATION TO LEAD AND SERVE AND THE OPPORTUNITY TO DO SO.

(3) A *MCCAIN-BAYH AMERICORPS BILL* CAN PROVIDE THE CRUCIAL INVESTMENT IN THESE NEW NATIVE YOUTH LEADERSHIP AND SELF-GOVERNANCE PROGRAMS. THE ONE PERCENT SET-ASIDE FOR AMERICAN INDIANS IN *AMERICORPS* CAN HELP INSPIRE THIS TIMELY NEW VISION FOR NATIVE YOUTH.

AS A FORMER PROFESSIONAL ATHLETE IN THE NFL FOR ALMOST TWENTY YEARS, ONE OF MY FAVORITE MEMORIES WAS A MONDAY

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[2] *THE LIFESKILLS CENTER FOR LEADERSHIP* WAS RECENTLY RECOGNIZED WITH ITS FOUNDER, "FAMOUS DAVE" ANDERSON, WITH AN ANGEL AWARD ON *THE OPRAH WINDREY SHOW.*

NIGHT FOOTBALL GAME AGAINST THE DENVER BRONCOS IN 1993 WHEN JOE MONTANA, MARCUS ALLEN AND MY OTHER KANSAS CITY TEAMMATES HELPED ME KICK 5 FIELDGOALS AND ALL 15 POINTS AS WE BEAT THE BRONCOS 15-7 THE DAY BEFORE PRESIDENT CLINTON SIGNED INTO LAW THE BILL THAT LAUNCHED *AMERICORPS*.

I APOLOGIZE TO THE ABLE SENATOR FROM THE GREAT STATE OF COLORADO, BUT THAT WAS ONE NIGHT I WILL NEVER FORGET! THE CREATION OF *AMERICORPS* THE NEXT DAY, HOWEVER, WAS EVEN MORE SIGNIFICANT IN ANOTHER WAY, BECAUSE IT MARKED A RENEWED CALL TO OUR YOUTH AS LEADERS IN COMMUNITIES. WHAT DRIVES ME TODAY, AND WHAT DRIVES THE OUTSTANDING INDIVIDUALS IN THIS ROOM LIKE J.R. COOK, IS THEIR LIFE-LONG COMMITMENT TO SEE THE DREAMS OF NATIVE YOUTH FULFILLED. THE SEVENTH GENERATION THAT MANY HAVE SPOKEN OF HAS INDEED ARRIVED: ARE WE READY FOR THEM?

SEVEN YEARS AGO, I HELPED FOUND *NATIVE VISION* WITH THE JOHNS HOPKINS CENTER FOR AMERICAN INDIAN HEALTH AND MY FRIEND CLARK GAINES OF THE NFL PLAYERS ASSOCIATION. JOHNS HOPKINS HAS SPENT 25 YEARS ATTACKING THE SYMPTOMS OF ILL-HEALTH ON RESERVATIONS – FROM DIABETES TO MENINGITIS, DEVELOPING THE WORLD RENOWNED ORAL REHYDRATION THERAPY THAT HAS LITERALLY SAVED THE LIVES OF MILLIONS. *NATIVE VISION* ADDED A MORE POSITIVE FOCUS ON YOUTH AND SPORTS, AND HEALTHY FAMILY LIFESTYLES. BUT WHILE IT HAS HAD SUCCESS, FOCUSSING ON SYMPTOMS AND HEALTHY YOUTH AND FAMILIES IS ONLY PART OF THE ANSWER.

JUST AS FREUD HELPED US UNDERSTAND WHAT WERE THE COMPONENTS OF MENTAL ILL-HEALTH, ABRAHAM MASLOW, THE

FATHER OF MODERN PSYCHOLOGY, HELPED US ASK ANOTHER EQUALLY IMPORTANT QUESTION: WHAT ARE THE QUALITIES OF THE HIGH ACHIEVING INDIVIDUAL? MR CHAIRMAN, WE MUST ASK THIS QUESTION NOW OF OUR YOUNG PEOPLE ~ *WHAT IS YOUR HIGHEST CAPACITY FOR GREATNESS*? WE MUST EVEN SHOUT IT, AND THEN WE MUST ***LISTEN***. WE MUST FINALLY GIVE YOUTH THE TRAINING AND THE POWER TO CALL ATTENTION TO ISSUES IN THEIR COMMUNITIES.

NATIVE CULTURE HAS MUCH THAT WE CAN LEARN FROM, SUCH AS THE NOTION OF THE WHOLENESS AND BALANCE OF HEALTH, SYMBOLIZED BY THE MEDICINE WHEEL. WE MUST NOW CONSIDER THE SYMPTOMS OF ILL-HEALTH AND WEIGH THEM AGAINST A NEW PARADIGM: *WHAT IS YOUR CAPACITY FOR A LEGACY OF MEANING AND CONTRIBUTION*? THEN WE MUST FOLLOW THROUGH WITH MEANINGFUL PARTICIPATION IN REVITALIZING COMMUNITIES, THROUGH PROGRAMS SUCH AS *AMERICORPS* THAT PLACE YOUTH AT THE CENTER OF THE COMMUNITY'S DECISION-MAKING LIFE.

AT GILA RIVER, NEAR PHOENIX, ARIZONA, THE YOUTH COUNCIL HAS A PERMANENT VOICE IN THE LIFE OF THE COUNCIL, REPORTING TWICE A MONTH WITH ISSUES OF CONCERN AT ALL 7 DISTRICT MEETINGS. REGULAR TRAINING, ALLOWING THE YOUTH TO TAKE REAL OWNERSHIP IN RUNNING PROGRAMS, IS THE ESSENCE OF GILA RIVER'S TRUE EMPOWERMENT. MOST ADULTS DO NOT EQUIP THEIR STUDENTS WITH THE SKILLS TO RUN THEIR OWN PROGRAM, LET ALONE THE OPPORTUNITY. MY FRIEND, JR COOK WILL TELL YOU IT IS NO COINCIDENCE THAT A NUMBER OF THE TOP NATIONAL LEADERS FOR *UNITY* ARE FROM GILA RIVER. BECAUSE THEY POSSESS THE CONFIDENCE, THE VISION, THE ORGANIZATIONAL SKILLS, AND IN SHORT, THE LEADERSHIP.

REALITIES:

DURING THIS YEAR'S *NATIVE VISION* PROGRAM, CLOSE TO 200 YOUTH FROM 25 TRIBES FROM 9 DIFFERENT STATES FILLED OUT QUESTIONNAIRES. THE GROUP WAS ROUGHLY 50% MALE AND FEMALE. GENERALLY SPEAKING, THEY WERE MORE MOTIVATED THAN THE AVERAGE YOUNG PERSON. EVEN SO, 50 % SAID THEY MISS SCHOOL 3 OR MORE TIMES PER MONTH. 50% SAID THEY ARE LATE FOR SCHOOL AT LEAST ONCE A WEEK. ONLY 23% SAID SICKNESS WAS THE REASON, WHILE CLOSE TO 80% SAID OVERSLEEPING, NOT WANTING TO GO, AND FAMILY ISSUES WERE AMONG THE REASONS. ONLY 2.3% SAID THAT THEY GO TO THE COMMUNITY CENTER AFTER SCHOOL. APPARENTLY, NOT ENOUGH VIEW THEIR COMMUNITY CENTER AS A SOURCE OF HOPE.

NATIVE AMERICAN YOUTH ARE TAUGHT TOO OFTEN THAT THEIR PROBLEMS ARE HOPELESS. THEY ARE SO FREQUENTLY APPROACHED BY THOSE OUTSIDE AND INSIDE THE RES WHO SEEK TO HELP THEM WITH THEIR SO-CALLED ISSUES, THAT THEY BEGIN TO SEE THEMSELVES AS PROBLEMS. THEY SEE THE RESERVATION ONLY AS A SOURCE OF DESPAIR AND NOT OF GREATNESS AND VIBRANT, LIVING TRADITIONS AND CULTURE. PROFOUND NEW STEPS MUST BE TAKEN SO THAT YOUTH OWN THEIR OWN FUTURE: BOYS' AND GIRLS' CLUBS ON THE GILA RIVER RESERVATION IN ARIZONA AND THE WIND RIVER RESERVATION IN WYOMING, YMCA'S IN SIOUX COUNTRY, AND OTHER COMMUNITY CENTERS THROUGHOUT INDIAN COUNTRY TRULY MUST BECOME THE CENTERS OF LIFE ON THE RESERVATION FOR OUR YOUNG PEOPLE. THIS WILL ONLY HAPPEN BY RAISING THE SOCIAL VALUE OF YOUTH AND THEIR INITIATION INTO AN ADULT ROLE IN THE COMMUNITY. IT DOES MAKE A DIFFERENCE, MR CHAIRMAN, THAT A SENATE COMMITTEE TAKES THE TIME TO UNDERSCORE THAT THIS IS AN IMPORTANT NEW PRIORITY.

WHAT WOULD YOUTH STUDY? BRIEFLY, THE HARVARD PROJECT'S SYSTEMATIC, COMPARATIVE RESEARCH SHOWS THAT ECONOMIC, SOCIAL AND POLITICAL DEVELOPMENT IN INDIAN COUNTRY DEPEND ON CERTAIN KEY ELEMENTS:

* **SOVEREIGNTY** - the right of Indian Nations to determine what happens on their lands and in their communities
* **CAPABLE INSTITUTIONS OF SELF-GOVERNANCE** - the ability to manage power effectively and accountably
* **CULTURAL MATCH** - a match between formal governing institutions and the informal traditions of how power is appropriately organized and exercised by the tribe
* **STRATEGIC ORIENTATION** - a long-term plan and vision
* **LEADERSHIP** - a set of persons able to articulate and inspire a realistic vision of the future, win support for that vision from the community, demonstrate public-spirited behavior, and inspire such behavior in others[3]

NATION BUILDING FOR NATIVE YOUTH IS THE FIRST ATTEMPT TO TRANSFORM THE HARVARD PROJECT'S MATURE NATION BUILDING PRINCIPLES INTO LESSONS TRANSPARENT FOR ADOLESCENTS. DEVELOPED AS A PILOT CURRICULUM AT HARVARD THIS PAST YEAR AND ADMINISTERED BY THE NICK LOWERY FOUNDATION WITH ASSISTANCE FROM THE KELLOGG FOUNDATION AND THE MASHANTUCKETT PEQUOT TRIBE, IT TEACHES SELF-GOVERNANCE AND LEADERSHIP THROUGH A COMBINATION OF TRUST BUILDING EXERCISES, NATION BUILDING PRINCIPLES SUCH AS THOSE JUST MENTIONED, AND MOCK TRIBAL COUNCILS.

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[3] Cornell and Kalt, "Where's the Glue?"The Journal of Socio-Economics, December, 2000.

IN CONCLUSION, NATIVE YOUTH ARE INUNDATED BY OFTEN WELL-MEANING BUT MISDIRECTED MESSAGES FROM COMMUNITY PROGRAMS THAT AIM TO HELP THEM OUT WITH "THEIR PROBLEMS." **YOUTH GROW UP BELIEVING THAT THEY ARE THE PROBLEM**, NOT THE ANSWER. THE ANSWER, MR CHAIRMAN, IS STARING AT EACH ONE OF US WHO SPENDS MORE THAN A MOMENT WORKING WITH YOUTH. WE MUST GIVE YOUTH A TASTE OF POWER, AND THE INSIGHT INTO HOW TO USE IT EFFECTIVELY. WE MUST REPAIR THE TEAR IN THE SOCIAL FABRIC THAT REPRESENTS THE YAWNING GAP BETWEEN THE AGES OF 11 AND 21, OR THE YEARS THAT COMPRISE COMING INTO ADULTHOOD, AND, BY DEFINITION, INTO MEANINGFUL PARTICIPATION AND LEADERSHIP IN THE COMMUNITY.
THE SINGLE MOST EFFECTIVE WAY TO DEVELOP A CYCLE THAT GENERATES GREATER SOCIAL CAPITAL IS BY ENGAGING YOUTH AT THE EARLIEST AGE IN THE PROBLEM SOLVING OF ITS COMMUNITY, **BY TEACHING INVOLVEMENT AND SERVICE AS THE HIGHEST VALUE**. IN SO DOING, AN EDUCATION SYSTEM UNLEASHES THE IMAGINATION AND ENERGY OF ITS TRUE CLIENTS, ITS STUDENTS.

IN THOSE COMMUNITIES IN INDIAN COUNTRY WHERE TEENAGE SUICIDE, SUBSTANCE ABUSE, ILLITERACY AND APATHY DANCE TOGETHER IN MORBID FASCINATION, THIS IS THE ONLY ANSWER. I CHALLENGE EVERY TRIBAL COUNCIL IN AMERICA TO CREATE WITHIN THEIR OWN COMMUNITY A MEANINGFUL, FULLY INTEGRATED ROLE FOR ITS YOUTH COUNCIL.

THANK YOU AGAIN, MR CHAIRMAN, FOR THE OPPORTUNITY TO SHARE THESE THOUGHTS WITH YOU.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

Statement by John P. Walters
Director of National Drug Control Policy
Before the Senate Committee on Indian Affairs
"The Problems Facing Native Youth"
August 1, 2002

Chairman Inouye, Ranking member Campbell and distinguished members of the Committee, I am pleased to be here today to discuss the Native American ad portion of our National Youth Anti-Drug Media Campaign ("Campaign"). I appreciate the interest the Committee has shown in this effort and welcome the opportunity to discuss the Campaign's important work in this area.

I will focus my oral remarks on the Native American ads and respectfully request that my entire written statement be submitted for the record.

I. Assessing the Extent of the Drug Problem Facing American Indian Youth

It was only recently that our nation began to closely examine the immense substance abuse problem that has been plaguing Indian Country for generations. The Substance Abuse and Mental Health Services Administration's (SAMHSA) ground breaking 1998 report: *Prevalence of Substance Abuse Among Racial and Ethnic Subgroups in the United States, 1991-1993,* significantly changed what we knew about drug use among American Indians. It was the first report that actually gave national estimates of illicit drug use, alcohol abuse and dependence and treatment gap information for previously under researched racial and ethnic communities.

The findings of the SAMHSA report were dismal--American Indians had an overall rate of past-year illicit drug use that was 60% higher than the general population. Almost ten years later, this disparity remains. According to the 2000 National Household Survey on Drug Abuse (NHSDA), 19.8 percent of American Indians reported using illicit drugs in the past year, compared to 11.0 percent of the total U.S. population. The rate of past thirty-day use of any illicit drug is twice that of the total U.S. population-12.6 per cent compared to 6.3 per cent, respectively.

The pattern of drug use is even more alarming with American Indian youth. According to the 1999 NHSDA (no data were available for 2000[1]), 46.5 percent of American Indian youth (ages 12-17) reported ever using an illicit drug, with 30.5 percent of youth professing to use in the past year, and 20.0 percent in the past month. This is substantially higher than the prevalence for the general population whose prevalence rates are respectively 27.6 percent, 19.8 percent and 9.8 percent for the same time period. These findings are congruent with the scientific literature that has long observed that American Indian youth begin using an array of substances (oftentimes inhalants and alcohol) at an earlier age and are more likely to try marijuana than their

[1] While data were collected in 2000 for American Indian Youth, these specific estimates were not reported due to low precision, i.e., the sample size was too small.

white counterparts. Consequently drug and alcohol dependency rates are typically higher among American Indians than in the general population. The attached four charts illustrate the findings.

While drug use is a problem that touches every racial and ethnic community in our nation, drug use in the American Indian community has remained at unacceptably high levels for too long. For a number of socio-psychological reasons, drugs and alcohol have become a fixture in many American Indian communities, negatively impacting the crime rate, health outcomes and the family cohesiveness. This threatens to destroy the very thing that American Indians have fought so hard to keep intact, their culture.

Recognizing this threat, ONDCP has made a concerted effort to combat it. In February, I traveled to Phoenix and met with twenty-one tribal leaders from across the Southwest. At this meeting we exchanged ideas and I left with a sense of urgency for the need to address the problem. In May, I traveled to Los Angeles where we unveiled the Native American portion of the National Youth Anti-Drug Media Campaign at the city's Native American Community Health Center. This coming September, I will be traveling to Billings, Montana, where I will meet with tribal leaders from across the country as we participate in the White Bison Circles of Recovery Conference. The purpose of the conference is to focus attention on the problem of substance abuse and mobilize Native American communities to combat it from within. I believe targeted outreach such as this will help us to push back against this scourge.

II. The National Youth Anti-Drug Media Campaign: Empowering American Indian Youth to Reject Illicit Drugs.

The National Youth Anti-Drug Media Campaign is a comprehensive public health communications campaign designed to prevent and reduce youth illicit drug use. The Campaign uses multi-media advertising and public communications strategies to promote anti-drug attitudes and behavior. This national effort integrates paid advertising at national and local levels with public information outreach through a network of private and public partnerships. Unlike most consumer marketing campaigns that are directed toward Americans with specific economic characteristics, the National Youth Anti-Drug Media Campaign attempts to reach ALL youth and their parents, particularly those who are at risk for drug abuse. It is one of the cornerstones of the President's *National Drug Control Strategy* as it makes a significant contribution toward our goal of stopping drug use before it starts.

The Campaign is particularly relevant to today's discussion on American Indian youth because of its considerable multicultural outreach efforts. For each of the past three years, the Campaign has delivered more than $30 million worth of drug prevention messages that are tailor-made to reach the country's African American, Asian/Pacific Islander, American Indian and Hispanic communities. These figures are in addition to the messages these audiences receive through the general market media. The Campaign is one of the federal government's largest multicultural communications efforts, rivaling that of the most extensive corporate efforts. The Media Campaign's multicultural efforts are unique for several reasons:

- Creative messages are based on scientific research and are reviewed by a Behavioral Change Expert Panel composed of scientists from ethnically diverse backgrounds with experience developing social marketing communications for ethnic audiences.
- Multicultural advertising is developed on a largely pro bono basis by minority-owned agencies that specialize in creating ethnic advertising.
- Multicultural anti-drug messages are delivered in eight languages: English, Spanish, Cantonese, Mandarin, Tagalog, Korean, Vietnamese, and Cambodian.
- Creative ideas and advertising are tested with age and culturally specific audiences prior to airing to ensure that messages are culturally competent and resonate with viewers.
- Strategic anti-drug partnerships and drug prevention programs are developed with community and educational organizations serving multicultural youth, parents, and other influential adults to extend the national advertising themes to the local level.

The Media Campaign has invested more than $5 million in designing, developing, and placing the federal government's first-ever anti-drug television, radio and print advertising, specifically tailored to reach American Indian elders, parents and youth. These ads reflect the culmination of two years of research to gain a detailed understanding of the pro- and anti-drug attitudes among American Indian youth and adults, and to gain cultural insights that would aid in the development of anti-drug messages and community outreach efforts. Beginning in the spring of 2000, the Campaign conducted 46 focus groups in urban and rural venues in: Phoenix, Arizona; Fairbanks, Alaska; Billings, Montana; Minneapolis, Minnesota; Seattle, Washington; Pierre, South Dakota; and Albuquerque, New Mexico. Over 400 teens, parents and elders from more than 32 tribes participated in the discussions, providing pivotal insights for the Campaign. Some of the comments from the focus groups were:

- *American Indian youth and parents define themselves as living dual existences. While they feel they can identify and participate in mainstream culture, they also take pride in their native culture. They view their heritage as distinct, something that is honored and respected.*

- *Many parents are aware their children are being raised in a world different from the one they inhabited when they were young. They acknowledge that their kids face problems specific to growing up American Indian, including increased exposure to drug and alcohol abuse, racism and violence, and are unsure of how to parent effectively without the guidance of traditional ways.*

- *American Indians spoke of the negative portrayals of their people in the general media, some of which is unintended. They felt these misrepresentations in popular culture stigmatize them as a community and strongly suggested that any anti-drug advertising depict communities and families in a positive light.* (Such insight became the foundation for the Campaign's first ever television ads for American Indians).

- *Even with all these challenges, most kids feel optimistic. They believe they have more opportunities than their parents and are thinking about their futures. Many believe that urban life offers more opportunity, but most see time spent on the reservation as a source of strength, connection and community.*

- *American Indian youth emphasize the importance of the role that elders play in their lives. Grandparents are especially important, as they often are responsible for passing on culture (language, stories, cooking, hunting, fishing, ceremonies) and for some, provide safety, security and continuity if parents are dealing with their own substance abuse issues.*

Based on this research, the Media Campaign developed a communications strategy that would guide the creation of American Indian parent and youth advertising. The first round of work reflecting this new strategy was developed and launched in July of 2000. It consisted of two youth-targeted radio advertisements titled, "Once We Had" and "Respect," and two parent/adult-targeted print ads titled, "The Warrior," and "Girls." This spring, the Media Campaign completed production of its second round of American Indian advertising for American Indian/Alaskan Native youth, parents, and elders. Also grounded in the Campaign's on-going research, the new advertising consists of print, radio and two television executions titled "The Promise" and "Adventure" which are currently running in television markets with a large American Indian viewership, and also in American Indian publications and American Indian radio stations. The new messages even more than before, pay homage to traditional cultures and values, while modeling healthy anti-drug attitudes and behaviors.

The television advertising has been so well received that the Media Campaign is considering airing the new television advertising nationally. To gauge its value with the general population, the Campaign conducted several focus groups with general market youth and parents to solicit their responses. Both audiences responded positively to the advertising, in part because of its "cultural" casting and its universal anti-drug messaging.

Additionally, the Campaign has developed partnerships with a number of government agencies and organizations that have on-going contact with American Indians and Alaskan Natives. ONDCP has collaborated with members of the Bureau of Indian Affairs, the Congress of American Indians, the Indian Health Service, the United National Indian Tribal Youth, the National Indian Education Association and the Indian School Board Association. The Campaign continues to develop innovative ideas to amplify our anti-drug messages throughout the American Indian population. The Campaign is currently producing anti-drug posters and other resources specifically for American Indian youth and teens, and is looking to work closely with BIA funded public schools and boarding schools to develop culturally relevant anti-drug curricula. The Campaign also continues to have a presence at national conferences for American Indian youth, tribal elders and prevention programs.

III. The Importance of Multicultural Outreach.

ONDCP is very pleased with the body of work that the Media Campaign's American Indian outreach initiative has produced. The work is a reflection of the countless hours my staff and our contractors put into this effort, and the excellent creative vision of Gray and Gray Advertising and film director and producer, Joe Pytka. But it must be noted that this project

would have never been undertaken if the Media Campaign was not fully committed to providing culturally sensitive, tailored anti-drug messaging.

Recently, the Campaign has been questioned for the level of detail, specificity and labor required to execute it's multicultural component of our Campaign. We have been admonished for catering to what some may deem 'minor' or unimportant segments of population. I contend however, that a federally funded program of the Media Campaign's magnitude must not simply blanket the population with general anti-drug messaging, believing that a "one size fits all" approach will be effective to reach everyone. That strategy goes against social marketing research and advertising industry best practices. Instead, we must make a concerted effort to understand the needs of these small but high-risk communities and develop strategic messages that will resonate with them and educate them. Today's multicultural population is a robust and growing segment of America. It is imperative that we realize this great nation is culturally diverse and recognize the importance of understanding how the values, customs and history that is inherent in one's culture impacts how we send, receive and process information.

The Media Campaign's approach to creating multicultural anti-drug advertising is more than ensuring that the targeted audience sees someone who looks like them in our ads. As we have demonstrated with our American Indian advertising, it is a complex process of identifying the factors that put specific youth at risk for using drugs, the factors that protect them, and the relevant cultural values and then weaving them into a message designed to promote behavioral change. Whenever possible, the Campaign attempts to develop general market advertising that will resonate well with multicultural audiences. This is particularly true when communicating with youth who tend to share a common 'youth culture.' However, communicating with multicultural adults presents a greater challenge because they may have different belief systems and anti-drug parenting needs. Throughout the Campaign, we have conducted research to increase our understanding of our multicultural parents and have learned that they are indeed very different and require different anti-drug communication strategies. Through our research we have also found:

- Unlike general market parents, African American parents are already highly attuned to the fact that their children are at risk for drug use, and that drugs are often readily available in the community. In response, they regularly exercise parenting skills like monitoring, and make an effort to set good examples for their kids. However, because drug use and strong pop cultural influences are a part of their communities, many feel incapable of protecting their children from drug use. We also found that the way in which African American parents raise their children is steeped in their culture and the skills they employ may be different from that of some other ethnic groups.

- Hispanic parents, particularly new immigrants, are very concerned about drugs, but feel they lack specific information about drug use and often times experience difficulty communicating with their more acculturated children. While these parents are aware that there is drug use in their communities, they are not always sensitive to the fact that their own child may be at risk as early as middle school. Through our research, we found that Hispanic parents actually want to obtain more information about drugs and learn more about how to communicate with their children on the subject, since they don't necessarily know how to

approach the topic. They expressed a need for receiving all types of additional information such as the names and descriptions of drugs and how to tell if their child is using, as well as on the dangers of using drugs.

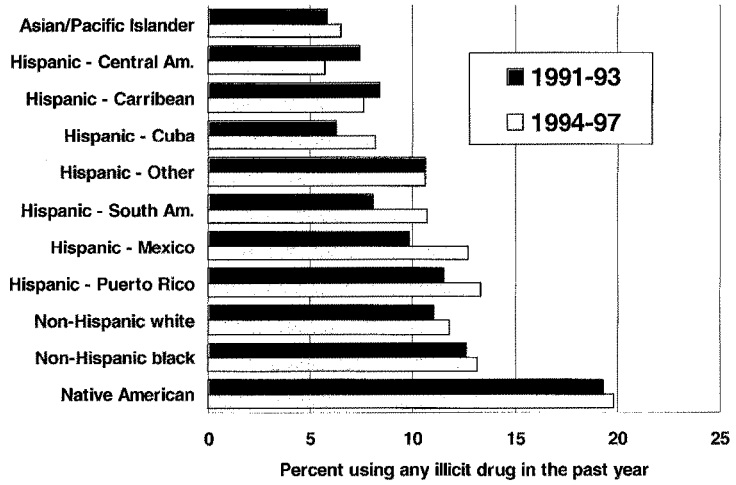
- Asian American/Pacific Islander parents (particularly new immigrants) are largely unaware of the prevalence of drugs in their communities and underestimate the extent to which their kids are exposed. They do not perceive their own kids as being at risk. And as a result of having limited knowledge of drugs in general, not only do they believe their children cannot be affected by drugs, they are not aware of the risks involved in drug use. Out of all of the ethnic groups that the Campaign address, these parents are least likely to perceive the dangers in using illegal drugs. The parents that are least assimilated into American culture are the most in need of anti-drug messages which communicate that their children are at risk for illicit drug use and which educate them on how to take preventive action. Because many of these parents are fairly recent immigrants, anti-drug messages with complex themes should be in their native language.

All of our multicultural communications are important to the Media Campaign and they would be in jeopardy if we are unable to achieve full funding in FY03. Faced with indications that the Media Campaign may receive less than the President's request of $180 million, we have had to make hard choices in our planning for Campaign continuity in the new fiscal year. Given the central priority to reach the broadest segment of our national youth and parent audiences, reduced funding would very likely force us to sacrifice the Campaign's special communications to the multicultural audiences we have described here, despite the clear need for these efforts.

Conclusion

Our research has provided insights into the realities that multicultural communities have very different needs, all of which cannot be met through one generalized anti-drug message, using one language. Although it is a complex process and requires additional effort, I stand behind our multicultural outreach strategy and believe that it is the best means to ensure that our important message is reaching and being received by all Americans. Thank you for the opportunity to testify at this hearing. I am happy to answer any questions.

Any Illicit Drug Use in the Past Year by Race/Ethnic Group, 1991-93 and 1994-97



Source: SAMHSA/OAS, 1998 and special tabulations.

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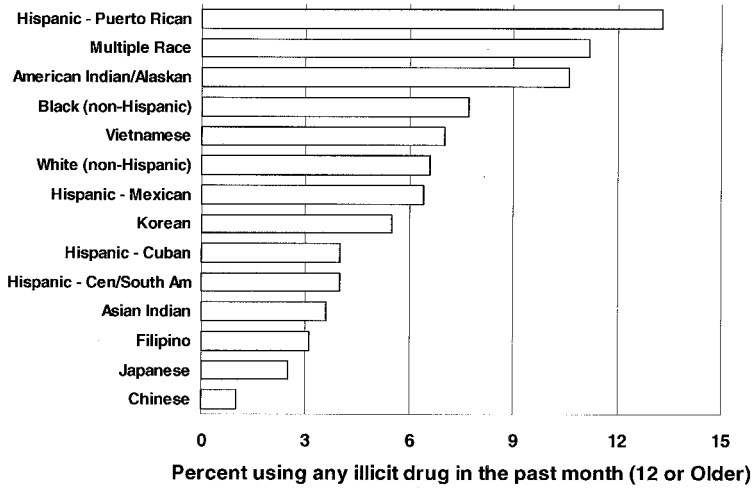
Current Use of Any Illicit Drug by Race/Ethnic Group, 1999



Source: SAMHSA/OAS, 1999 NHSDA special tabulations.

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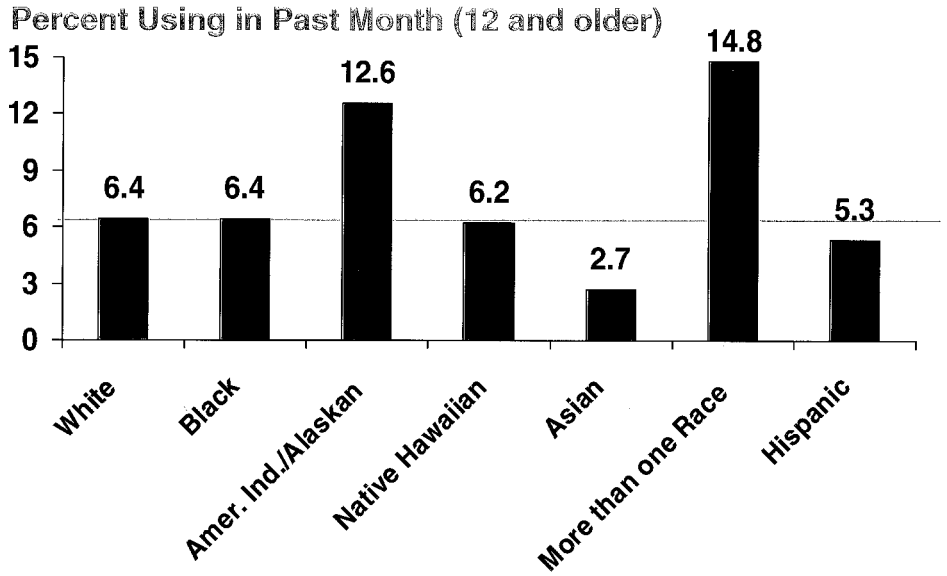
Current Use of Any Illicit Drug, 2000



Source: SAMHSA, *2000 National Household Survey on Drug Abuse.*

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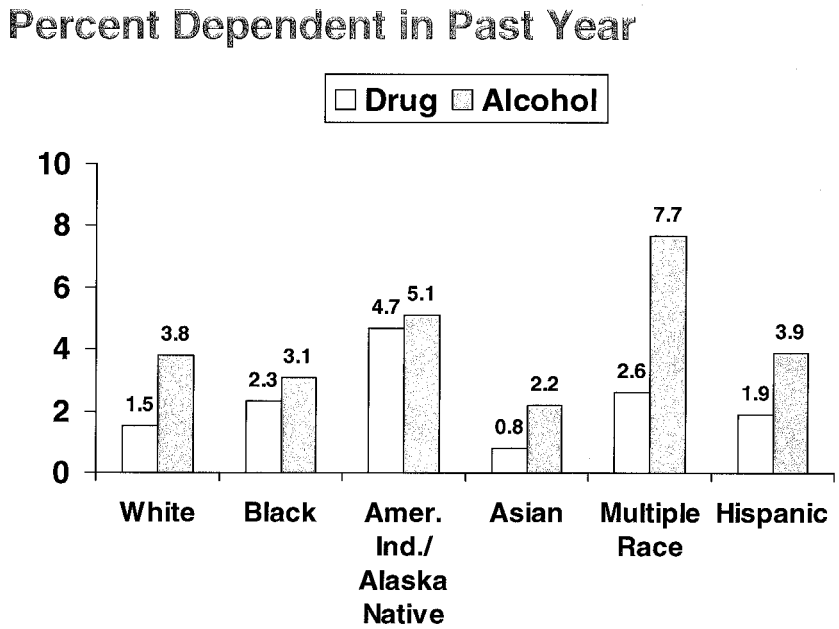
American Indians/Native Alaskans have the highest rate of past year drug dependence; second in alcohol dependence.



Source: SAMHSA, *1999 National Household Survey on Drug Abuse.*

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EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

John P. Walters

John P. Walters was sworn in as the Director of the White House Office of National Drug Control Policy (ONDCP) on December 7, 2001. As the nation's "Drug Czar," Mr. Walters coordinates all aspects of federal drug programs and spending.

Mr. Walters has extensive experience at ONDCP. From 1989 to 1991, Mr. Walters was chief of staff for William Bennett, and was Deputy Director for Supply Reduction from 1991 until leaving the office in 1993. During his service at ONDCP he was responsible for helping guide the development and implementation of anti-drug programs in all areas.

From 1996 until 2001, Mr. Walters served as president of the Philanthropy Roundtable. The Roundtable is a national association of over 600 foundations and individual donors. It provides publications and programs on all aspects of charitable giving.

Before joining the Roundtable, Mr. Walters was president of the New Citizenship Project, an organization created to advance a renewal of American institutions and greater citizen control over our national life.

Between 1985 and 1988, he worked at the U.S. Department of Education, serving as Assistant to the Secretary and leading the development of anti-drug programs for the Secretary and the Department. He was also the Secretary's representative to the National Drug Policy Board and the Domestic Policy Council's Health Policy Working Group.

Mr. Walters served as Acting Assistant Director and Program Officer in the Division of Education Programs at the National Endowment for the Humanities from 1982 to 1985. He has previously taught political science at Michigan State University's James Madison College and at Boston College. He holds a BA from Michigan State University and an MA from the University of Toronto.

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