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H.O.P.E. FOR THE FUTURE: HELPING OUR PEOPLE ENGAGE TO PROTECT OUR YOUTH

FIELD HEARING

BEFORE THE

COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE

ONE HUNDRED TWELFTH CONGRESS

FIRST SESSION

OCTOBER 22, 2011

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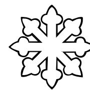

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H.O.P.E. FOR THE FUTURE: HELPING OUR PEOPLE ENGAGE TO PROTECT OUR YOUTH

SATURDAY, OCTOBER 22, 2011

U.S. SENATE,
COMMITTEE ON INDIAN AFFAIRS,
Anchorage, AK.

The Committee met, pursuant to notice, at 1 o'clock p.m. at the Dena'ina Civic and Convention Center, Anchorage, AK, Hon. Lisa Murkowski, presiding.

OPENING STATEMENT OF HON. LISA MURKOWSKI, U.S. SENATOR FROM ALASKA

Senator MURKOWSKI. We will open this Field Hearing of the Senate Indian Affairs Committee here in Anchorage, Alaska, at the Alaska Federation of Natives Annual Convention. I welcome all of you to this field hearing today. It is somewhat unusual to be holding a Committee hearing outside of Washington, but I think when we, in Congress, come to you to, not only hear directly, but also to be able to take your comments, your concerns, the issues back to Washington, D.C. is important and also to hear testimony from those at the Federal level, the state level, who have come to testify.

We had hoped that we would have Larry Echo Hawk be with us this afternoon. I have spoken with him. He had to send his regrets. He's attending the memorial service for Elouise Cobell, who as many of you know, truly committed her life these past few years to resolving a longstanding litigation that involved America's First People, so he is not able to be with us today.

I do appreciate those who have traveled to join us and recognize the commitment that they have made to this issue is extraordinarily important and we recognize that. I also want to recognize the Chairman of the Indian Affairs Committee, Chairman Akaka and the Vice Chairman, Senator Barrasso. I'd like to thank their staff and mine for organizing this field hearing and for bringing together a group of leaders who are committed and very dedicated on the issue.

I'm not going to spend a lot of time talking about the rates of suicide, the statistics that we all know here in Alaska, because this is not about statistics. This is about lives. This is about families. This is about communities and the devastation that comes to us all when our young people, when our friends, when our neighbors, when our children, when our family members give up and take that last and final step. We have had testimony in the Senate Indian Affairs Committee on the issue of suicide and one of the most

recent hearings was discussion about the scientific research that has linked childhood trauma to the higher rates of suicide amongst our young people and today, we're going to examine some of these linkages, these potential linkages, discuss what programs are working in our communities so that we can work to try to prevent this unnecessary and very deeply troubling loss of life.

If we are to be successful in this fight against suicide, I think it's imperative, really imperative that we analyze, we begin to address some of the underlying root causes of the problem, whether it's historical trauma, whether it's witnessing acts of violence, suffering childhood abuse, as well as losing connection with traditional culture. We need to understand what has come about that, again, leads in a loss of hope.

I convened a roundtable in Bethel with Tribal and community and agency officials. This was last year. We discussed the issue of Native youth suicide, but most importantly at that event was the contribution, what we heard from the young people who had attended, very courageous young men and women, who told very personal stories about how suicide had impacted their lives and it was hard. It was as hard as anything that I have heard.

To watch those young people, who had such courage, take their turn at the microphone and some were not able to complete their stories. Some were not able to start their stories. Some stopped halfway through and we all held our breath for minutes while they tried to compose themselves to share what they knew needed to be shared, because if we don't share it, if we don't talk about it, we can never deal with it and the strength and the courage of those young people, I will never forget that and today's hearing is a bit more formal. You'll notice that I changed the furniture when I came in because I didn't want our witnesses to have their backs to you. In order to solve this problem, not only do they need to be looking at you, speaking with you, but we all need to be wrapping a circle together to resolve this issue.

With this hearing, we'll have two panels; Federal, state, local. We will have some young people, but it really will not be the informal opportunity where we have to do more sharing. That will come this afternoon between 3 and 5 o'clock, where we have a dialog, an opportunity for a sharing of these issues and so it may be a long afternoon, but I think it's exceptionally important that we take the time in this block of time this afternoon between now and the conclusion of this hearing, where only invited witnesses will be welcomed to the table to go on the record and then this afternoon, beginning at 3 o'clock, we will have the dialog, where we will hear from, hopefully, so many more and gain that participation.

I want to invite to the table now, the members of our first panel and I will give introductions and then we will have five-minute testimony from each and I will have an opportunity to ask questions of the panelists and then we will move to the second panel. So that will be how the afternoon proceeds for this hearing, and again, for those of you who want to participate in the larger forum or the more informal forum, that will begin here in this room at 3 o'clock. Are we here? This room at 3 o'clock. With that, I would invite Sally Smith, Diane Casto, and Richard McKeon to join me.

It is my pleasure to invite before the Indian Affairs Committee three distinguished panelists; Richard McKeon, who is a doctor. He's a Chief, Suicide Prevention Branch for the Center for Mental Health Service, Substance Abuse and Mental Health Service Administration. We know it around here as SAMHSA, Dr. McKeon, we're pleased to have you here today and recognize that you have traveled a long way to be with us, we appreciate your attendance and what you will be able to provide.

We also have Ms. Diane Casto. She is with the Alaska Department of Health and Social Services in Juneau, the Section Manager for Prevention and Early Intervention, and of course, Sally Smith, a long-time friend of mine, frequent traveler with me back and forth between here and Washington, D.C. Sally is the Secretary and Alaska Area Representative of the National Indian Health Board and Chair of the Board of Directors for Bristol Bay Area Health Corporation. What I'd like is that if we can begin with you, Dr. McKeon, and just go down the row here and at the conclusion of the comments from the three of you, I will have questions that we will direct. Thank you.

STATEMENT OF RICHARD T. MCKEON PH.D., LEAD PUBLIC HEALTH ADVISOR, SUICIDE PREVENTION TEAM, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, U.S, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Dr. MCKEON. Thank you, Senator Murkowski. It's an honor and privilege to be here with all of you. I serve as the lead on suicide prevention at the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services.

I'm pleased to testify today alongside my colleagues from the Alaska Department of Health and Social Services, the National Indian Healthcare Board and Alaska Native leaders, as well as Alaska Native youth.

The problem of suicide in Alaska Native communities is a shared and deeply important concern and efforts to reduce suicide and suicide attempts among Alaska Native youth and young adults must be a shared effort.

Today, I will inform you regarding some of the efforts SAMHSA is taking to reduce suicide and suicide attempts in Alaska Native communities, both through SAMHSA-led programs, as well as work we conduct in conjunction with other Federal, State, and Tribal partners.

As you know all too well, the rate of suicide among American Indian and Alaska Native individuals is much higher than the national average. In 2008, suicide was the second leading cause of death for American Indian and Alaska Native youth aged 10 to 24, with rates of suicide more than twice as high for those in the age range of age 15 to 24 compared to the national average.

Injuries and violence account for 75 percent of all deaths among Native Americans ages one to 19. Overall, according to unpublished Indian Health Service data, suicide mortality is 73 percent greater in American Indian and Alaska Native populations in IHS service areas compared to the general U.S. population. SAMHSA's number one strategic initiative is Prevention of Substance Abuse and Men-

tal Illness, and included in this initiative is the prevention of suicide and suicide attempts. In line with this, SAMHSA is addressing Alaska Native youth suicide through a range of efforts, including the National Action Alliance for Suicide Prevention, a proposed Tribal Behavioral Health formula grant program, grants to Alaska Native Tribes, and villages through the Garrett Lee Smith Memorial Act youth suicide prevention program, implementation of the Indian Health Care Improvement law, through our Native Aspirations program, through technical assistance provided by the Suicide Prevention Resource Center and through 24/7 crisis support through the National Suicide Prevention Lifeline. In addition, there's a recently signed memorandum of agreement between HHS, the Department of Justice and the Department of the Interior as required by the Tribal Law and Order Act, and SAMHSA has recently included requests that states engage in Tribal consultation as part of their plan submitted in conjunction with the new Uniform Mental Health and Substance Abuse Block Grant Application.

In addition, the Alaska Area Action Summit for Suicide Prevention will take place here in Anchorage next week. The summit is supported by SAMHSA, the Department of the Interior's Bureau of Indian Affairs and Bureau of Indian Education and the Indian Health Service.

The National Action Alliance for Suicide Prevention was launched in 2010 by U.S. Department of Health and Human Services' Secretary, Kathleen Sebelius and former Defense Secretary, Robert Gates. The National Action Alliance has a private sector Co-Chair, former U.S. Senator Gordon Smith, and a public sector Co-Chair, the United States Army Secretary, John McHugh.

Members of the National Action Alliance include, but are not limited to, SAMHSA Administrator Hyde, Mr. Echo Hawk, National Indian Youth Leadership Project Executive Director, McClellan Hall. An American Indian/Alaska Native task force has helped developed the agendas and strategies for the National Suicide Prevention Summit and the Alaska Area Action Summit for Suicide Prevention to take place this coming week. The President's fiscal year 2012 budget for SAMHSA proposed a new grant program entitled, Behavioral Health—Tribal Prevention Grants, which is intended to increase SAMHSA efficacy in working with Tribes and Tribal entities. This would represent a significant advance in the nation's approach to substance abuse and suicide prevention, based on recognition of behavioral health as a critical part of overall health.

The program would focus on the prevention of alcohol abuse, substance abuse, and suicide in the 565 federally recognized Tribes. SAMHSA would work in consultation with Tribes and Alaska Native villages establishing a coordinated mental health and substance abuse effort for all of the federally recognized Tribes and work closely with American Indian/Alaska Native leaders to develop a comprehensive process to identify and address these most serious issues in our Tribal communities.

Between 2005 and 2010, 19 Tribes and Tribal entities have received multiple grants through the Garrett Lee Smith Memorial Act to address suicide prevention among Tribal youth and 21 additional Tribal grants started this year. This number represents 39

percent of the total state and Tribal youth suicide prevention grants provided under the Garrett Lee Smith Memorial Act. These grants provide funds to Tribes and villages to help implement a Tribe or a village with a suicide prevention plan and net work.

In September, Secretary Sebelius announced 52.9 million in new grant awards to states and Tribes through youth suicide prevention programs during a visit to the Tanana Chiefs Conference in Fairbanks. The grants support efforts to prevent suicide by bringing together public and private sector organizations that touch the lives of young people and putting into place a network of services that can help in a time of crisis.

Fiscal year 2012 Alaska grantees include, Kawerak, Incorporated, the Tanana Chiefs Conference, the Southeast Alaska Regional Health consortium, the Bristol Bay Area Health Corporation, and Southcentral Foundation. Also, SAMHSA awarded a campus suicide prevention grant to the University of Alaska at Anchorage.

Thank you, Senator, for the opportunity to share with you the efforts SAMHSA is undertaking with respect to Alaska Native and American Indian youth suicide prevention, as well as other efforts related to Tribal behavioral health issues. I would be pleased to answer any questions you may have.

[The prepared statement of Mr. McKeon follows:]

PREPARED STATEMENT OF RICHARD T. MCKEON PH.D., LEAD PUBLIC HEALTH ADVISOR, SUICIDE PREVENTION TEAM, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, U.S, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Chairman Akaka, Ranking Member Barrasso and Senator Murkowski, thank you for inviting me to testify at this important hearing on protecting Alaska Native (AN) youth. I am Dr. Richard McKeon and I serve as the lead Public Health Advisor on suicide prevention at the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services (HHS). The problem of suicide among the American Indian (AI) and AN population is a shared concern and efforts to reduce suicide and suicide attempts among AI/AN youth must be a shared effort. The shared effort includes ensuring linkages between behavioral and physical health, education, social services, parents, siblings, community leaders and many others.

SAMHSA has played an integral role in the nation's efforts to reduce suicide among the AN community. Today, I will share with you some of the efforts SAMHSA is undertaking to reduce suicide and suicide attempts in the AI/AN population both through SAMHSA-led programs, as well as work we conduct in conjunction with other Federal, State, and Tribal partners. As you know all too well, the rate of suicide among AI/AN individuals is higher than the national average. In 2008, suicide was the second leading cause of death for AI/AN youth aged 10–24 with rates of suicide significantly higher for AI/AN youth aged 15–24 (22.95 per 100,000) than for the national average (10.01 per 100,000) (CDC, 2011.) Injuries and violence account for 75 percent of all deaths among Native Americans ages 1 to 19 (Wallace, 2000). Overall, according to unpublished Indian Health Service (IHS) data, suicide mortality is 73 percent greater in AI/AN populations in IHS service areas compared to the general U.S. population.

SAMHSA's number one strategic initiative is Prevention of Substance Abuse and Mental Illness. Included in this initiative is the prevention of suicide and suicide attempts. The prevention of suicide is a public health issue and necessitates a public health approach that works at the primary, secondary and tertiary levels. In line with SAMHSA's Prevention strategic initiative, the Administration is addressing AI/AN youth suicide through a range of efforts including: the National Action Alliance for Suicide Prevention; a proposed Tribal Behavioral Health formula grant program; grants to Tribes through the Garrett Lee Smith Memorial Act (GLSMA) youth suicide prevention program; implementation of the Indian Health Care Improvement Act; the Native Aspirations program; technical assistance by the Suicide Prevention Resource Center (SPRC); 24/7 crisis support through the National Suicide Preven-

tion Lifeline; the recently signed Memorandum of Agreement between HHS (with SAMHSA as the lead coordinating agency), the Department of Justice (DoJ) and the Department of the Interior (DoI) as required by the Tribal Law and Order Act; and inclusion of a request that States engage in Tribal consultation as part of their plans submitted in conjunction with the new Uniform Mental Health and Substance Abuse Block Grant Application.

Alaska Area Action Summit for Suicide Prevention

The Alaska Area Action Summit for Suicide Prevention, which will be held October 25–27 in Anchorage, is the second Summit to be supported by SAMHSA, DoI's Bureau of Indian Affairs and Bureau of Indian Education, and the Indian Health Service in calendar year 2011. The first Summit was held in Phoenix, AZ , August 2–4, 2011 and was national in scope with participation from Indian Country. The planning for these two Summits stemmed from information gathered at10 regional listening sessions held November 2010 through February 2011. The Alaska Area Action Summit for Suicide Prevention will offer Alaska Natives the same type of high caliber workshops and presentations as the lower 48 Summit. The events are free and open to Tribal leaders, Tribal service providers, school personnel, law enforcement and all others committed to addressing suicide and substance abuse issues. Both Summits support the work of the National Action Alliance for Suicide Prevention AI/AN task force.

National Action Alliance for Suicide Prevention

On September 10, 2010, the National Action Alliance for Suicide Prevention (NAASP) was launched by the U.S. Department of Health and Human Services Secretary, Kathleen Sebelius, and former Defense Secretary, Robert Gates. The NAASP has a private sector Co-Chair, former U.S. Senator Gordon Smith (R–OR), and a public sector Co-Chair, Army Secretary John McHugh. Members of the NAASP include, but are not limited to, the Surgeon General, Regina Benjamin; the SAMHSA Administrator, Pamela Hyde; Department of Interior Assistant Secretary of Indian Affairs, Larry Echo Hawk; HHS Assistant Secretary for Health, Dr. Howard Koh; and National Indian Youth Leadership Project Executive Director, McClellan Hall. In addition, the IHS Director, Dr. Yvette Roubideaux, serves as an *ex officio* Member of the NAASP. Mr. Echo Hawk, Mr. Hall and Dr. Roubideaux serve as the leaders of the NAASP AI/AN Task Force which will establish specific priorities for Tribal youth regarding suicide prevention, intervention, and postvention strategies, including positive youth development. The Task Force also helped develop the agenda and strategy for the Alaska Suicide Prevention Summit for AI/AN communities, leaders, service providers, educators, and law enforcement.

Garrett Lee Smith Grants

Since passage of the GLSMA (P.L. 108–355) in 2004, 19 Tribes have received multi-year grants to address suicide prevention among Tribal youth, with 22 additional Tribal grants to start this year. This number represents 39 percent of the total State and Tribal Youth Suicide Prevention Grants authorized by the GLSMA. These grants have provided the Tribes funding to help implement a Tribe-wide suicide prevention network. The first Tribal grantee was the Native American Rehabilitation Association in Oregon, which was one of three GLSMA grantees in the first cohort to be awarded additional evaluation funding. They will use the funding to enhance their evaluations to maximize what could be learned from their important suicide prevention activities.

In September, HHS Secretary Kathleen Sebelius announced $52.9 million in new grant awards for FY 2011 to States and Tribes for youth suicide prevention programs during a visit to Tanana Chiefs Conference in Fairbanks, Alaska. The grants support State and Tribal efforts to prevent suicide by bringing together public and private sector organizations that touch the lives of young people and putting into place a network of services that can help in a time of crisis. Fiscal Year 2011 Alaskan grantees include: $480,000 to Kawerak, Inc in Nome, Alaska; $480,000 to Tanana Chiefs Conference in Fairbanks, Alaska; $480,000 to Southeast Alaska Regional Health Consortium in Juneau, Alaska; and $469,916 to Bristol Bay Area Health Corporation in Dillingham, Alaska.

SAMHSA also awarded $6.2 million in FY 2011 grants to 21 colleges and universities to assist in their efforts to prevent suicide and enhance mental health services for students in crisis. The grants are designed to enhance services for students with mental and behavioral health problems, such as depression and substance abuse, which may put them at risk for suicide and suicide attempts. Funds will be used by the grantee to develop training programs for students and campus personnel, create on-campus networks, conduct educational seminars, prepare and distribute educational materials and promote the National Suicide Prevention lifeline. In addition,

5 GLSMA grants were awarded through the Affordable Care Act's (ACA) Prevention Fund. The University of Alaska was awarded $306,000 through the Prevention Fund for a fully funded three year grant. The FY 2012 President's Budget would provide 16 Campus Suicide Prevention grants under the GLSMA.

One of the Nation's most innovative systems for intervening with youth at risk for suicide, the White Mountain Apache's suicide prevention program (funded by SAMHSA through the GLSMA grant program), includes the evaluation of two culturally adapted interventions that target youth who have attempted suicide. These interventions are linked to a unique Tribally mandated suicide surveillance system that identifies youth who have exhibited suicidal behavior. The interventions focus on in-home follow-up with youth who have attempted or thought of attempting suicide and were treated and discharged from emergency departments. The first intervention, New Hope, is an emergency department-linked intervention conducted over one to two sessions. The sessions are comprised of a locally produced video and workbook curriculum that develops a safety plan for the youth and problem-solves barriers to their engagement in treatment. The second intervention, Re-Embracing Life, was adapted from the American Indian Life Skills Development Curriculum and consists of nine curricular sessions conducted weekly in home or office settings. The intervention targets problem solving, anger/conflict management, self-destructiveness, emotional regulation, coping, social interactions, and help-seeking behaviors.

Implementation of the Indian Youth Suicide Prevention Provisions of Indian Health Care Improvement Reauthorization and Extension Act of 2009

On March 23, 2010, as part of the ACA, President Obama also signed into law the *Indian Health Care Improvement Reauthorization and Extension Act of 2009.* Title VII, Subtitle B includes provisions related to Indian Youth Suicide Prevention. SAMHSA is dedicated to undertaking measures to improve the process by which Indian Tribes and Tribal organizations apply for grants.

One such example is that SAMHSA does not require Tribal entities applying for agency grants to do so electronically.

In the FY 2011 cohort of GLSMA State/Tribal grantees, 21 of 37, or 57 percent, grantees are Tribes, Tribal organizations, or entities that have indicated the grant will be used specifically for AI/AN youth suicide prevention activities. SAMHSA has made significant efforts to take into consideration the needs of Indian Tribes or Tribal organizations. Furthermore, SAMHSA does not require any Indian Tribe or Tribal organization to apply through a State or State agency for any of the agency's grant programs.

Behavioral Health—Tribal Prevention Grants

The President's FY 2012 Budget for SAMHSA proposed a new grant program titled Behavioral Health—Tribal Prevention Grant (BH–TPG), which is intended to increase SAMHSA's efficacy in working with Tribes and Tribal entities. The BH–TPG represents a significant advancement in the Nation's approach to substance abuse and suicide prevention, based on recognition of behavioral health as a part of overall health. The program would focus on the prevention of alcohol abuse, substance abuse and suicides in the 565 Federally-recognized Tribes. Recognizing the Federal obligation to help Tribes deal with physical and behavioral health issues, SAMHSA would work in consultation with Tribes, establishing a single coordinated mental health and substance abuse program for all Federally-recognized Tribes. SAMHSA also would consult and work closely with Tribes and Tribal leaders to develop a comprehensive, data-driven planning process to identify and address the most serious behavioral health issues in each Tribal community.

Tribes would be allowed to use a set percentage (determined after consultation with Tribes) of the BH–TPG funds for a combination of service and service-related activities, development and dissemination of prevention messages, and provider development and linkage building to support the Tribes in achieving outcomes. Funding for infrastructure activities will enable the Tribe to build service capacity. The Tribe would present data to support how the allocation will support infrastructure and/or provision of services. In carrying out these activities, the Tribe would be required to use comprehensive, evidence-based programming, and/or proven successful programming, based on either mainstream science or proven Tribal traditions. Up to 20 percent of the grant funds could be used to fund key support and development activities, such as operation of a Tribal prevention advisory group, support for a Tribal community coalition, access to an epidemiological work group, training and technical assistance to communities, data collection and evaluation, and oversight

and monitoring of activities. The details of the funds distribution would be determined in consultation with Tribes.

SAMHSA appreciates the support that many of this Committee's members have expressed relating to this proposal. However, the Senate FY 2012 Labor, Health and Human Services, Education and Related Agencies appropriations bill did not include funding for this program when it was passed by the full Senate Appropriations Committee in September.

Native Aspirations Program

SAMHSA has funded 49 Tribal communities through Native Aspirations (NA), a national project designed to address youth violence, bullying, and suicide prevention through evidence-based interventions and community efforts. NA is unique among SAMHSA suicide prevention programs in that it is based on the concepts and values that reflect the AI/AN community: that solutions to AI/AN youth violence, bullying, and suicide must come from and be embraced by the community; leadership must be involved and invested in the solution; it is up to the community to determine the approaches that would be most effective for them; traditional approaches that are used in non-AI/AN communities in America don't always work in AI/AN communities; and that the community Elders are crucial to the success of the project.

To date, nearly 200,000 Tribal members in 20 communities and 2,100 Alaska Natives in five villages have been provided specialized technical assistance and support in suicide prevention and related topic areas for these communities. In addition, over 750 community members were trained in prevention and mental health promotion in these communities.

Suicide Prevention Resource Center

SAMHSA funds the Suicide Prevention Resource Center (SPRC), which provides prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies, and to advance the National Strategy for Suicide Prevention. SPRC supports the technical assistance and information needs of SAMHSA State/Tribal Youth Suicide Prevention and Campus Suicide Prevention grantees and State, Territorial, and Tribal (STT) suicide prevention coordinators and coalition members with customized assistance and technical resources. SPRC has two senior Tribal prevention specialists available to provide technical assistance to those seeking information, evidence-based programs and awareness tools specifically geared for suicide prevention among AI/AN individual. Included on SPRC's Web page dedicated to AI/AN suicide prevention is a SAMHSA funded guide titled, *To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults.* In addition, SPRC recently released a fact sheet titled *Suicide Among Racial/Ethnic Populations in the U.S.: American Indians/Alaska Natives.* [1]

National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline (Lifeline) 1–800–273–TALK (8255) is a 24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. By dialing 1–800–273–TALK, the call is routed to the nearest crisis center in our national network of more than 150 crisis centers. The Lifeline's national network of local crisis centers, provide crisis counseling and mental health referrals day and night.

The Lifeline has a Native American Initiative that includes objectives such as:

1. Establishing and maintaining working relationships between crisis center staff and key stakeholders in Tribal communities.
2. Developing and delivering cultural awareness and sensitivity trainings as per the direction of the designated Tribal community for crisis center telephone workers.
3. Strengthening the effectiveness of the local Reservation referrals for suicide prevention supports by identifying relevant, available resources in the Tribal community.
4. Promoting culturally sensitive social media and educational materials in Tribal communities, as determined by Tribal stakeholders.

Identifying similarities and differences that can inform serving Native American communities on a national level in a culturally and respectful manner.

[1] *http://www.sprc.org/library/ai.an.facts.pdf.*

Tribal Law and Order Act

SAMHSA Administrator Pamela Hyde was pleased to testify before this committee in reference to the agency's role in implementing the Tribal Law and Order Act of 2010 (TLOA). Through the TLOA, as you are aware, Congress sought to engage new federal partners to build upon previous efforts in addressing alcohol and substance abuse in the AI/AN population. As a result, the Secretary of Health and Human Services, the Secretary of the Interior, and the Attorney General, recently signed a Memorandum of Agreement (MOA) to, among other things:

1. Determine the scope of the alcohol and substance abuse problems faced by American Indians and Alaska Natives;
2. Identify the resources and programs of each agency that would be relevant to a coordinated effort to combat alcohol and substance abuse among American Indians and Alaska Natives; and
3. Coordinate existing agency programs with those established under the Act.

The MOA takes into consideration that suicide may be an outcome of, and has a connection to, substance abuse. To accomplish the above stated goals, SAMHSA sought to establish an Interdepartmental Coordinating Committee (Indian Alcohol and Substance Abuse Committee) to include key agency representation from SAMHSA, IHS, Office of Justice Programs, Office of Tribal Justice, BIA, BIE, and the Department of Education. The Administration on Aging and Administration for Children and Families within HHS are also represented on the IASA Committee. The IASA Committee has created an organizational structure to include workgroups to carry out its work.

Uniform Block Grant Application

On July 26, SAMHSA announced a new application process for its major block grant programs the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant (MHBG). The change is designed to provide States greater flexibility to allocate resources for substance abuse and mental illness prevention, treatment and recovery services in their communities. One of the key changes to the block grant application is the expectation that States will provide a description of their Tribal consultation activities. Specifically, the new application's planning sections note that States with Federally-recognized Tribal governments or Tribal lands within their borders will be expected to show evidence of Tribal consultation as part of their Block Grant planning processes. However, Tribal governments shall not be required to waive sovereign immunity as a condition of receiving Block Grant funds or services.

Included within the MHBG application SAMHSA notes that States should identify strategies for the MHBG that reflect the priorities identified from the needs assessment process. Goals that are focused on emotional health and the prevention of mental illnesses should be consistent with the National Academies—Institute of Medicine report on "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities." More specifically, they also should include Strategies that implement suicide prevention activities to identify youth at risk of suicide and improve the effectiveness of services and support available to them, including educating frontline workers in emergency, health and other social services settings about mental health and suicide prevention. Finally, the uniform application requests that States attach to the Block Grant application the most recent copy of the State's suicide prevention plan. It notes that if the State does not have a suicide prevention plan or if it has not been updated in the past 3 years, the State should describe when it will create or update its plan.

Conclusion

Thank you again for this opportunity to share with you the extensive efforts SAMHSA is undertaking with respect to AI/AN youth suicide prevention specifically, as well as other efforts relating to Tribal behavioral health issues. I would be pleased to answer any questions that you may have.

Senator MURKOWSKI. Ms. Casto.

STATEMENT OF L. DIANE CASTO, MPA, PREVENTION MANAGER, DIVISION OF BEHAVIORAL HEALTH, ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Ms. CASTO. Thank you, Senator. "It is time to speak your truth, create your community, be good to each other, and do not look out-

side yourself for the leader. We are the ones we have been waiting for."

Good afternoon. I begin my testimony with the above quote from a Hopi elder, as recognition that we must look for solutions to the many social, behavioral and physical health problems that we face, first, within ourselves and then with our families and our communities. We all have a role to play and each of us must find the right role that works for each situation.

Today, I would like to focus my testimony on the interconnectedness of the many social, behavioral, and health conditions that are impacting our young people and their futures. In addition, I will address the notion that solutions must come from the communities themselves and that achieving true systems change requires a collective impact. First, I want to recognize that I am not an expert on Alaska Native cultures and conditions. I would never presume to be competent in Alaska Native culture. I do my best to be responsive to all cultures other than my own, but know that I must be respectful. I must listen and I must communicate whenever I'm working with Alaska's diverse population. So while my testimony today will address how I believe we can all work in concert to better serve and protect our Alaska Native Youth, I recognize and admit my limitations and I realize the views of Alaska Native people may differ from my own.

What I know from my years of experience in social services is that for too long we have attempted to address issues related to substance abuse, mental health, interpersonal violence, teen pregnancy, suicide and other social conditions in isolation from each other.

In the words of Lisbeth Schorr, "Part of this gap between knowledge and action springs from the traditions which segregate bodies of information by professional, academic, political, and bureaucratic boundaries. Complex, intertwined problems are sliced into manageable, but trivial parts. Efforts to reduce juvenile delinquency operate in isolation from programs to prevent early childbearing or school failure. Evaluators assess the impact of narrowly defined services and miss the powerful effects of a broad combination of intervention." This quote is from a book written in 1988 and unfortunately, we have not taken the bold steps needed to change our existing system of social and health services during the past 20-plus years.

An abundance of research shows us that the issues we are here to discuss this afternoon, suicide, substance abuse, mental health, interpersonal violence, trauma, loss of culture, and other social issues, are all connected.

If we are to be successful in reducing the incidence and severity of these conditions in Alaska, especially among our Alaska Native populations, we must focus on a comprehensive continuum of care that reaches across the life span, across disciplines and agencies and across specific social and health issues, with a higher priority on promotion of health, mental health and wellness, and more attention to prevention of critical social and health conditions.

Recent data show that Alaska consistently has one of the highest rates of death from alcohol-related causes. In addition, Alaska's alcohol consumption is highly connected to other conditions, includ-

ing domestic violence, sexual assault, child abuse, mental illness and suicide, injury, crime, poverty, and unemployment.

The data shows that Alaska Natives experience the highest rate of alcohol induced death. Prevalence of alcohol-related deaths among Native females aged 25 to 54 was higher than males, and from 2005 through 2009, nearly one of every 13 Alaska Native deaths was alcohol-induced, with the highest rates in rural Alaska.

Suicide often associated with alcohol and/or other drugs was the fourth leading cause of death among Alaska Natives with the highest rate among Alaska Native males 15 to 34 years of age.

I share these data to provide context for our discussion and to document that these issues are both interconnected and severe. What these data do not show is why these conditions exist and what we can do to prevent these continuing trends. It is my belief that we have the knowledge and the know-how to reduce these negative outcomes, but our efforts have lacked consistency, intensity, and comprehensiveness.

Another critical issue we too often overlook is the root cause of these conditions. Instead, we work to change the visible behaviors, not the reason these behaviors exist. We know that trauma, loss of culture and adverse childhood experiences all contribute to high rates of substance use, mental illness, suicide, and interpersonal violence. We cannot only address the specific outcomes of these root causes and be successful.

For most of our Alaska Native communities and people, the issue of historical trauma is critical, yet it continues to be set aside and overlooked as a key factor. In an attempt to recognize its importance, one of my current grantees in Western Alaska, whose grant funds focus on the reduction of domestic violence and sexual assault, are framing their approach by uncovering the very issues of racism, historical trauma, and loss of culture among their people.

Their belief is that until they recognize and resolve the damaging effects of these critical issues, they cannot begin to address and discuss the specific and separate consequences of these root causes, such as interpersonal violence. I feel hopeful that this approach, both community-specific and community-driven, will produce results that are more far reaching than addressing domestic violence and sexual assault in isolation.

When addressing youth issues and how to serve and meet their best interest, it is vitally important that we remember to include young people in our discussions and decisionmaking. In 2006, Dr. Lisa Wexler published her original research related to youth and adult beliefs about Inupiat youth suicide in Northwest Alaska.

The conclusion of this research showed that differing adult and youth perceptions of youth suicide prevention need to be aligned in order to create effective youth suicide prevention strategies. Survey results showed a significant disconnect between what adults and youth saw as the problems and solutions to youth suicide.

Clearly, the voice of young people, such as Megan Gregory, who will be testifying later, must be heard and heeded if we are to make progress to improve the lives and future of our youth.

In closing, I bring forth the notion of collective impact as the missing element that we need for large-scale social change. Similar to my earlier comments about working across disciplines and the

interconnectedness of social and health conditions, collective impact involves more than just collaboration. It involves a centralized infrastructure, a dedicated staff and a structured process that leads to a common agenda.

Our community level service delivery systems and our public and private sector funding practices continue to be barriers to shifting our systems to achieve collective impact. For many legitimate reasons, most funding is offered for a limited time, often for a specific task and time for planning, assessment and building community readiness and relationships is not supported. Instead of community players working together for funding opportunities, agencies compete against each other for limited grant dollars.

Reducing Alaska's rates of suicide, substance use, domestic violence, and sexual assault is possible, but we must be more innovative in our approach. We have the knowledge of what needs to be done and we know what can work. It is now time to break out of our intractable national, state, and community systems of service and to encourage a more collaborative approach with a common agenda.

There is scant evidence that isolated initiatives are the best way to solve many social problems in today's complex and interdependent world. No single organization is responsible for any major social problem, nor can any single agency cure it. Thank you for this opportunity to testify on this critical and most important topic.

[The prepared statement of Ms. Casto follows:]

PREPARED STATEMENT OF L. DIANE CASTO, MPA, PREVENTION MANAGER, DIVISION OF BEHAVIORAL HEALTH, ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES

"It is time to speak your Truth. Create your community; be good to each other. And do not look outside yourself for the leader. We are the ones we have been waiting for."

Hopi Elder

Good Afternoon. I begin my testimony with the above quote, as recognition that we must look for solutions to the many social, behavioral and physical health problems that we face, first within ourselves and then within our families and our communities. We all have a role to play and each of us must find the right role that works for each situation. We cannot utilize a "cookie cutter" approach to address individual, family and community issues—each individual, each family and each community is unique and the circumstances that have created pockets of unhealthy conditions are also unique. That said, there are many similarities and core issues that contribute to these conditions.

Today, I would like to focus my testimony on the interconnectedness of the many social, behavioral and health conditions that are impacting our young people and their futures. In addition, I will address the notion that solutions must come from the communities themselves and that achieving true systems change requires a collective impact.

First, I want to recognize that I am not an expert on Alaska Native cultures and conditions—I would never presume to be competent in Alaska Native cultures. I do my best to be responsive to cultures other than my own, but know that I must be respectful, I must listen and I must communicate whenever I am working with Alaska's diverse populations. So, while my testimony today will address how I believe we can all work in concert to better serve and protect our Alaska Native youth, I recognize and admit my limitations. And, I realize the views of Alaska Native people may differ from my own.

I have worked in the social service arena since 1978—first with an emphasis on child abuse and neglect prevention, then child protective services, Fetal Alcohol Spectrum Disorders, and today a broader perspective of behavioral health. What I know from these years of experience is that for too long we have attempted to address issues related to substance abuse, mental health, interpersonal violence, teen

pregnancy, suicide and other social and health conditions in isolation from each other. In the words of Lisbeth Schorr, "Part of this gap between knowledge and action springs from traditions which segregate bodies of information by professional, academic, political, and bureaucratic boundaries. Complex, intertwined problems are sliced into manageable but trivial parts. Efforts to reduce juvenile delinquency operate in isolation from programs to prevent early childbearing or school failure. Academics burrow for what remains unknown but often fail to herald what is known. Evaluators assess the impact of narrowly defined services and miss the powerful effects of a broad combination of interventions." [1]

This quote is from a book written in 1988 and unfortunately, we have not taken the bold steps needed to change our existing system of social and health services during the past 20+ years. Within the last few years, I believe we have begun to take deliberate, albeit small, steps to change "business as usual" practices and to see benefits of working across disciplines—integrated, aligned and comprehensive in nature.

An abundance of research shows us that the issues we are here to discuss this afternoon—suicide, substance abuse, mental health, interpersonal violence, trauma, loss of culture and other social issues we face are all interconnected. If we are to be successful in reducing the incidence and severity of these conditions in Alaska, especially among our Alaska Native populations, we must focus on a comprehensive continuum of care that reaches across the lifespan, across disciplines/agencies and across specific social and health issues with a higher priority on *promotion* of health, mental health and wellness and more attention to *prevention* of critical social and health conditions.

With funding from the federal Substance Abuse and Mental Health Services Administration (SAMSHA) the State of Alaska received, in 2010, a Strategic Prevention Framework State Incentive Grant (SPF SIG). One component of this project is the development of a state epidemiology profile of substance use, abuse and dependency data—including both consumption patterns and related consequences. In the most recent update, it states that Alaska consistently has one of the highest rates of death from alcohol-related causes. In addition, Alaska's alcohol consumption is highly connected to other conditions including domestic violence, sexual assault, child abuse, mental illness and suicide, injury, crime, poverty and unemployment. The profile documents that Alaska Natives experience the highest rate of alcohol induced death. Prevalence of alcohol-related deaths among Native females age 25–54 was higher than males, and from 2005–2009 nearly one of every 13 Alaska Native deaths was alcohol induced, with the highest rates in rural Alaska. Suicide, often associated with alcohol and/or drug abuse, was the fourth leading cause of death among Alaska Natives, with the highest rates among Alaska Native males, 15–34 years of age. [2]

I share with you these few data points to provide context for the discussion we are having and to document that these issues are both interconnected and severe. What these data do not show is why these conditions exist and what we can do to reduce and prevent these continuing trends. It is my belief that we have the knowledge and know-how to reduce these negative outcomes, but our efforts have lacked consistency, intensity and comprehensiveness. Outside forces, instead of community-lead efforts have too often driven attempts to change social conditions. True social change comes from the community—"it alone determines how change can be disseminated through the practice of new behavior—not through explanation or edict." [3]

Another critical issue we too often overlook is the root cause of these conditions—instead we work to change the visible behavior, not the reason these behaviors exist. We know that trauma, loss of culture and adverse childhood experiences all contribute to high rates of substance use, mental illness, suicide, and interpersonal violence. We cannot only address the specific outcomes of these root causes and be successful. For example, if a young person turns to alcohol to self-medicate due to early childhood trauma such as sexual abuse and we deal only with the substance use without addressing the reason the young person consumes alcohol, our efforts will fail. Instead, we must look deeper to understand the reason the youth is using alcohol, and in turn look deeper yet to understand the root causes of why sexual abuse of children and youth is occurring.

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[1] Schorr, Lisbeth B., Within Our Reach: Breaking the Cycle of Disadvantage. 1988.

[2] State of Alaska Epidemiologic Profile on Substance Use, Abuse and Dependency: Consumption and Consequence. 2011. Available at: *http://hss.state.ak.us/dbh/prevention/programs/spfsig/pdfs/EPI__V9.pdf.*

[3] Pascale, Richard and Sternin, Jerry and Monique. The Power of Positive Deviance: How Unlikely Innovators Solve the World's Toughest Problems. 2010.

For most of our Alaska Native communities and people, the issue of historical trauma is critical; yet, it continues to be set-aside and overlooked as a key factor. In an attempt to recognize its importance, one of my current grantees in western Alaska, whose grant funds focus on the reduction of domestic violence and sexual assault, are framing their approach by uncovering the buried issues of racism, historical trauma and loss of culture among their people. Their belief is that until they recognize, address, and resolve the damaging effects of these critical issues, they cannot begin to discuss specific and separate consequences of these root causes such as interpersonal violence. I feel hopeful that this approach, community-specific and community-driven, will produce results that are more far reaching than addressing domestic violence and sexual assault in isolation.

When addressing youth issues and how to serve and meet their best interests, it is vitally important that we remember to include young people in our discussions and decisionmaking. Just as I cannot speak for Alaska Native people; as an adult, I also cannot speak for youth. How adults view and perceive strengths, challenges and needs of youth are very different from the views of youth themselves. In 2006, Dr. Lisa Wexler published her original research related to youth and adult beliefs about Inupiat youth suicide in Northwest Alaska.[4] The conclusion of this research showed that differing adult and youth perceptions of youth suicide prevention need to be aligned in order to create effective youth suicide prevention strategies. Survey results indicated that adult respondents identified boredom as the primary reason for suicide among youth. Their proposed strategies to reduce youth suicide included programs offering young people activities, education, and a sense of culture. However, youth respondents identified stress as the largest contributing factor and focused on the need for adults to talk to youth about their everyday lives and their futures, providing guidance and support to navigate the difficulties that arise for young people in rural Alaska. These comments also show the critical need for communities to have healthy adults, if we want to have healthy youth.

Clearly, the voice of young people must be heard and heeded if we are to make progress to improve the lives and futures of our youth. For this reason, I am pleased that Megan Gregory (2011 National Indian Health Service Behavioral Health Achievement Award recipient honored for Outstanding Youth Leadership in Suicide Prevention) is testifying today—her words, perspective and involvement are critical to finding solutions.

In closing, I bring forth the notion of “collective impact” as the missing element we need for large-scale social change. Similar to my earlier comments about working across disciplines and the interconnectedness of social and health conditions, collective impact involves more than just collaboration; it involves a “centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.”[5] Our community level service delivery systems and our public and private sector funding practices continue to be a barrier to shifting our systems to achieve collective impact. For many legitimate reasons, most funding is offered for a limited time, often for a specific task (substance abuse prevention or suicide prevention) and time for planning, assessment and building community readiness and relationships is not supported. Instead of community “players” working together for funding opportunities, agencies compete against each other for limited grant dollars. “Funders and nonprofits alike overlook the potential for collective impact because they are used to focusing on independent action as the primary vehicle for social change.”[6]

I do feel hopeful that change is beginning to unfold. Within the Alaska Department of Health and Social Services, Division of Behavioral Health we have “blended, braided and pooled” our prevention grant dollars to form the Comprehensive Prevention and Early Intervention Services Grant Program—funds that used to be offered in three different grant programs (substance abuse prevention, suicide prevention and fetal alcohol spectrum disorder prevention) have been combined to allow communities to connect and integrate their prevention programs beyond one social issue and to work toward a larger collective impact. The SAMHSA Center for Substance Abuse Prevention (CSAP) through their Strategic Prevention Framework State Incentive Grant program is moving away from topic specific funding, to allow states and communities the opportunity to plan, assess, build community capacity,

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[4] Wexler, Lisa and Goodwin, Brenda. Youth and Adult Community Member Beliefs about Inupiat Youth Suicide and Its Prevention. International Journal of Circumpolar Health 65:5. 2006.

[5] Kania, John and Kramer, Mark. Collective Impact. Stanford Social Innovation Review, Winter 2011.

[6] Ibid.

and to utilize data to drive local decisionmaking. This is one of the first funding opportunities that not only encourages agency and community collaboration, but requires coalition building and broad state and community partnerships.

Nationwide, we are also broadening the vision of prevention to include promotion of mental health, physical health and wellness, recognizing the need to act earlier and to incorporate all aspects of health into our state and community actions.

Reducing Alaska's rates of suicide, substance use, domestic violence, and sexual assault, as well as other social conditions is possible but we must be more innovative in our approach. We have the knowledge of what needs to be done and we know what can work; it is now time to break out of our intractable national, state and community systems of service and to encourage a more collaborative approach with a common agenda. "There is scant evidence that isolated initiatives are the best way to solve many social problems in today's complex and interdependent world. No single organization is responsible for any major social problem, nor can any single organization cure it." [7]

Thank you for this opportunity to testify on this critical and most important topic.

Senator MURKOWSKI. Thank you. Sally Smith.

STATEMENT OF H. SALLY SMITH, SECRETARY/ALASKA AREA REPRESENTATIVE, NATIONAL INDIAN HEALTH BOARD; CHAIR, BOARD OF DIRECTORS, BRISTOL BAY AREA HEALTH CORPORATION

Ms. SMITH. Good afternoon, distinguished members of the Senate Committee on Indian Affairs, Tribal leaders and invited guests. My name is Sally Smith. I am Yup'ik Eskimo and I am the Health Representative from the Native Village of Ekuk. I also serve as a Secretary and the Alaska Area Representative to the National Indian Health Board. I also have the honor of chairing the Bristol Bay Area Health Corporation, headquartered in Dillingham, Alaska. It is on behalf of the 565 federally recognized Tribes and villages that I present this testimony today.

The National Indian Health Board is grateful for this opportunity to participate in this discussion on what has become an all too frequent reality for generations of America's first people: suicide. While suicide is a serious issue across the United States, it is a problem of epidemic proportions for our people. As with other health disparities, Indian people suffer from incredibly high rates of suicide, especially in our youth. Time and time again, this committee has heard the sad statistics. Today, I would like to discuss the causes of this epidemic and recent comments from our youth.

Native people experience mental illness and other risk factors at very high levels. Encountering multiple risk factors at an early age is all too common for our Native youth and is a major root cause of suicide. Incidents of unresolved childhood trauma or adverse childhood experiences, also known as ACEs, are likely much higher for our people than for the general population.

A 1996 study published by Kaiser Permanente, which first coined the term ACEs, examined the incidences and consequences of these traumas in 17,400 patients. In the study, researchers defined 10 separate ACEs and studied how much ACEs could affect future adult behavior. They included the presence of one or more ACEs is directly linked to higher rates of smoking, alcohol abuse, drug abuse, suicide attempts, depression, anxiety, promiscuity, sexually transmitted diseases, overeating, and unhealthy relationships in adults. Sixty-four percent of participants reported at least one

[7] *Ibid.*

ACE, with 16 percent reporting four or more. Those who reported four or more ACEs were 460 percent more likely to be suffering from depression and 1,220 percent more likely to have attempted suicide. Although similar data does not exist that addresses the levels of ACEs in the Native population specifically, I am sure that the members of this committee can join me in concluding that the number of ACEs in Indian Country is much higher. Our people have experienced generation upon generation of trauma and data that is available reveals that our people continue to suffer disproportionately. Most recently, the National Indian Health Board hosted our Annual Consumer Conference here in Anchorage, Alaska, which featured a youth track that focused heavily on suicide prevention. The youth were able to identify risk factors and the barriers to overcoming those challenges in each of their respective homes. The resulting adverse behavior from ACEs is present in the lives of these Native youth. As one youth participant said, and I quote, "In our future community, I would like to see success by more kids going to college and more sobriety. I would like to see more kids involved in our culture by learning to dance, learning our language, and learning our way of life."

The National Indian Health Board would like to suggest a number of opportunities to bring about changes. First, NIHB recommends the establishment of a special Federal grant program to address Native youth suicide prevention. NIHB proposes that the special program for youth suicide prevention mirrors the Special Diabetes Program for Indians in structure. The National Indian Health Board recommends that the community based approach and grant structure of SDPI can be replicated by addressing youth suicide and, like SDPI, have a success of community based programs. Second, NIHB would like to reiterate its support for swift action on S. 740, the Garrett Lee Smith Memorial Act Reauthorization of 2011. This bi-partisan legislation has ben co-sponsored by at least two members of the Committee, including our Senator Murkowski and the National Indian Health Board is grateful and thankful for your support. Please do everything to ensure that S. 740 is passed.

Third, Indian specific data that identifies the factors linked to Native youth suicide is needed. Studies in Canada have identified how culture moderates the suicidal behavior of First Nation Canadians. NIHB recommends that funding is needed to apply this research to Tribes in the United States. NIHB also supports the replication of the Kaiser Permanente ACEs study across Indian Country, and finally, in the President's fiscal year 2012 budget request for the Substance Abuse and Mental Health Services Administration, the Administration proposed the creation and funding of a new Behavioral Health—Tribal Prevention Grant. This multi-year discretionary grant program provides funding for federally recognized Tribes to implement evidence based and culturally appropriate substance abuse and suicide prevention strategies. Unfortunately, an authorization for this program has yet to be included in the Labor HHS Appropriations bill for fiscal year 2012. The National Indian Health Board urges the Committee to fight for its inclusion in any final appropriations legislation.

I thank the Committee for allowing me to present this testimony and for its past work concerning the disproportionate rates for sui-

cide among youth throughout Indian Country. I'm happy to answer any questions.

[The prepared statement of Ms. Smith follows:]

PREPARED STATEMENT OF H. SALLY SMITH, SECRETARY/ALASKA AREA REPRESENTATIVE, NATIONAL INDIAN HEALTH BOARD; CHAIR, BOARD OF DIRECTORS, BRISTOL BAY AREA HEALTH CORPORATION

Good Afternoon Chairman Akaka, Vice Chairman Barrasso, Senator Murkowski, distinguished members of the Senate Committee on Indian Affairs, Honorable Tribal Leaders, and guests. My name is Sally Smith, Secretary and Alaska Area Representative to the National Indian Health Board (NIHB). I also have the honor of serving as Chair of the Board of Directors for the Bristol Bay Area Health Corporation. Since its establishment in 1972, the National Indian Health Board (NIHB) serves federally recognized American Indian/Alaska Native (AI/AN) Tribal governments by advocating for the improvement of health care delivery to AI/AN people. The NIHB ensures that the Federal government upholds its treaty obligations to AI/AN populations in the provision and facilitation of quality health care to our people. Thus, it is on behalf of the 565 federally recognized Tribes and Villages that I present this testimony today. The NIHB is grateful for the opportunity for a frank discussion on what has become an all-too-frequent reality for generations of America's first people: suicide.

Current Snapshot

While suicide is a major problem across the United States, it is a problem of epidemic proportions for our people. As with other disparities in physical and mental health, AI/ANs suffer disproportionately from tragically high rates of suicide, especially in our youth. Please allow me to present some of the devastating statistics:

- The rate of suicide among AI/AN youth, ages 15 to 24, is the highest of any racial or age group in the United States;
- Suicide is the second leading cause of death for AI/ANs between the ages of 10 and 34 years;
- AI/AN youth have an average suicide rate 2.2 times higher than the national average for their adolescent peers of other races;
- AI/AN suicide rates are highest among the 15 to 19 year-old age group;
- Males account for up to five times more suicides than females in Native youth;

- Suicide rates among AI/AN male youth is two to four times higher than males in other racial groups and up to 11 times higher than females in other racial groups.
- According to unpublished Indian Health Service (IHS) data, suicide mortality is 73% greater in AI/AN population in IHS service areas compared to the general U.S. population.

In concert with these catastrophic numbers, AI/ANs experience contributing mental illness and other risk factors at very high levels. AI/AN youth experience higher rates of mental health disorders that contribute to suicide, such as anxiety, substance abuse, and depression. In fact, they rank first among ethnic groups as likely to experience these types of disorders, with 23% of the AI/AN population reporting that they are frequently anxious or depressed.[1] Furthermore, AI/AN communities experience heightened rates of social risk factors, including low household income and high unemployment, with the chances of sexual assault for AI/AN women being 2.5 times the national average.

Encountering multiple social risk factors at an early age is all too common for our Native youth and is a major root cause of suicide. Although it has not been measured throughout Indian Country, Adverse Childhood Experiences (ACEs) or incidents of unresolved childhood trauma are likely much higher for AI/ANs than the general population. A 1996 study published by Kaiser Permanente, which first coined the term ACEs, examined the incidence and consequences of these traumas in 17,400 patients of their San Diego Health Appraisal Clinic. In the study, researchers defined 10 separate ACEs in three categories:

Abuse of the Child
- Psychological abuse
- Physical abuse
- Contact sexual abuse

Trauma in the Child's Household Environment
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- Absent biological parent from the household

Neglect of Child
- Emotional neglect
- Physical neglect

In their results, researchers saw how influential ACEs could be to future adult behavior. They concluded that the presence of one or more ACEs is directly linked to higher rates of smoking, alcohol abuse, drug use, suicide attempts, depression, anxiety, promiscuity, sexually transmitted diseases, overeating, and unhealthy relationships in adults. And at least one ACE was reported by 64% of participants, with 16% reporting four or more. Among other issues, those who

[1] "Access to Mental Health Services at Indian Health Service and Tribal Facilities," Department of Health and Human Services, Office of Inspector General, September 2011.

reported four or more ACEs were 460 percent more likely to be suffering from depression and 1,220 percent more likely to have attempted suicide.

Although similar data does not exist that addresses the incidence of ACEs the AI/AN population specifically, I am sure that the Members of this distinguished Committee, through information gleaned in past hearings, can join me in concluding that the number of ACEs in Indian Country is likely much higher.

Perspective from Youth: NIHB Youth Summit at the Annual Consumer Conference

Indian Country has experienced generation upon generation of trauma and the data that is available reveals that AI/AN people continue to suffer disproportionately. Most recently, NIHB hosted our Annual Consumer Conference in Anchorage, Alaska, which featured a youth track that focused heavily on suicide prevention. The AI/AN youth in attendance represented communities with some of the highest rates of youth suicide: Alaska Native villages and the White Mountain Apache Tribe. Attendees were able to identify and articulate risk factors and the barriers to overcoming those challenges in each of their respective homes. In a consensus-building workshop at the close of the youth track, participants were invited to review community strengths and weaknesses, and to develop strategies to address health and wellness issues currently facing Native Communities from a Youth Perspective. The following are strengths and weaknesses that the youth saw in their own communities:

Strengths
- Community Support
- Boys & Girls Club
- Basketball/Wrestling/other sports
- Elders keeping culture alive
- Open gym
- NIHB Program
- Young Life Club
- Pot lucks/ Indian Dance

Weaknesses
- Schools low on money
- Homelessness
- Academically not dedicated
- Adults providing alcohol and drugs to the teens/youth
- Low paying jobs
- Not enough jobs provided for the teens/youth
- Substance Abuse
- Completing Suicide
- Financial Problems
- Drug Tests
- No Positive Role Models
- Teen Pregnancy

Clearly, the resulting adverse behavior from ACEs is present in the lives of these Native Youth and not enough is being done to address it. As one youth participant said, "In our future community, I would like to see success by more kids going to college and more sobriety. I would like to see more kids involved in our culture, by learning to dance, learning our language, and learning our way of life." Said another, "[Tribal Leaders] need to talk to all the people who do drugs or drink alcohol because they ain't setting a good example either. And get programs for the drugs and alcohol, teen pregnancy, and all the other negative things younger adults and teens are doing these days."

Recommendations

As with other public health epidemics in Indian Country, there are a great variety of barriers that truly affect and address the overwhelming rates of suicide in our communities. While it may be difficult for the Committee and Congress as whole to affect some, NIHB would like to suggest a number of opportunities to bring about change through programs, data and funding.

First, the NIHB recommends the establishment of a special federal program to address AI/AN youth suicide prevention. NIHB proposes that this special program for youth suicide prevention mirrors the Special Diabetes Program for Indians (SDPI) in structure. In 1997, Congress created the SPDI to address the disproportionate burden of type 2 diabetes on AI/AN populations and today, the program supports over 450 Indian Health Service, Tribal, and urban Indian programs in 35 states. SDPI is producing a significant return on the federal investment and has become our nation's most strategic and effective federal initiative to combat diabetes and its complications. This success is due to the nature of this grant program to allow communities to design and implement diabetes interventions that address locally identified community priorities. NIHB proposes that this community-based approach and grant structure can be replicated in addressing youth suicide and has great potential for the same success.

Additionally, the NIHB would like to reiterate its support for swift action on S.740, *The Garrett Lee Smith Memorial Act Reauthorization of 2011*. This bi-partisan legislation has been co-sponsored by at least two Members of the Committee, including Senator Murkowski, and NIHB is thankful for your support. The legislation addresses the crisis of youth suicide from three fronts; providing grants for Suicide Prevention Resource Centers, providing grants for states and tribes to develop and implement a state sponsored youth suicide early intervention and prevention strategy, and providing grants for College campuses. Since 2004, the Act has allowed SAMHSA to provide millions of dollars in funding to the suicide prevention efforts of Tribes and Tribal organizations, and there continues to be great need for these dollars. Please do everything to ensure that S.740 is passed.

As noted above, AI/AN specific data that identifies the factors link to AI/AN youth suicide is needed. Studies in Canada have identified how culture moderates the suicidal behavior of First Nation Canadians.[2] NIHB recommends that funding is needed to apply this research to tribes in the

[2] See Chandler, M. J. & Lalonde, C. E. (2008). Cultural Continuity as a Protective Factor against Suicide in First Nations Youth. Horizons --A Special Issue on Aboriginal Youth, Hope or Heartbreak: Aboriginal Youth and Canada's Future. 10 (1), 68-72

United States. NIHB also supports the replication of the Kaiser Permanente ACEs study across Indian Country. While anecdotal evidence points to a much higher incidence of ACEs and the resulting negative behaviors, our communities lack concrete data to support this. Benefits of these types of studies would include greater understanding of suicide and mental illness in Indian Country and provide empirical support for greater funding directed to mental health services and for tailor services on a cultural and regional basis.

A major source of many of the health disparities are that AI/AN people face is historic and on-going lack of funding to Indian Health Services (IHS). This disparity in mental health is no different. The IHS, as the Committee is aware, serves 2 million AI/ANs in some capacity. A recent study conducted by the Department of Health and Human Services (HHS) Office of the Inspector General found that the AI/AN community served through IHS and Tribal facilities suffers from a lack of access to mental health services. Although 82% of those facilities studied reported providing some type of mental health services, these facilities, as well as those who were unable to provide mental health services, frequently cited staffing shortages as a barrier to care. Only 39% are able to provide round-the-clock crisis intervention. The HHS study made recommendations to IHS on how to increase access to mental health care, but NIHB would like to make a recommendation to the Committee and to Congress: increase funding to IHS. Greater funding would allow the agency to dedicate more capital to attracting and retaining qualified staff. It would allow facilities to stay open longer and to serve more patients.

In the same vein, funding is sorely needed at the Tribal level. Tribes have had much success with creating culturally appropriate, community-centered suicide prevention programs. Frequently, Tribes have difficulty accessing grant money for this purpose, either because they must become a sub-grantee of their state or because of difficulties with the competitive grant process. In the President's FY2012 budget request for the Substance Abuse and Mental Health Services Administration (SAMHSA), the Administration proposed the creation and funding of a new Behavioral Health - Tribal Prevention Grant (BH-TPG). This multi-year discretionary, grant program provides predictable, sustained funding for federally recognized Tribes to implement evidence-based and culturally appropriate substance abuse and suicide prevention strategies. Utilizing $50 million from the Prevention and Public Health Fund, the BH-TPG would provide all Tribes with $50,000 in direct, non-competitive funding for the prevention of substance abuse and suicide. Unfortunately, an authorization for this program has yet to be included in the Labor, HHS, Education, and Related Agencies Appropriations bill for FY 2012. NIHB urges the Committee to fight for its inclusion in any final appropriations legislation for FY 2012.

I thank the Committee for allowing me to present this testimony and for its past work concerning the disproportionate rates of suicide among AI/AN youth throughout Indian country. I am happy to answer any questions.

Senator MURKOWSKI. Thank you, Sally, and thank each of you for your testimony, your comments here this afternoon. Sally, I want to thank you for the very specific recommendations that come from NIHB. I think that those are clearly well intended and how we're able to implement those recommendations will be important.

Dr. McKeon, I want to ask you, first, as the discussion here with this panel has been about some of the programs that are available, the grants that are available out of SAMHSA, all very important, one of the concerns that I hear as I'm talking with Alaskans about, well, what is being done, is a fear or a concern that the programs that are available, the grant programs, are designed by folks on the outside.

We call everybody else, the Lower 48 and the outside back there, and the concern is, is that here in our state it's a little bit different. The problems may be a little more complex and we need a little

more flexibility with the programs in order to make sure that they work from village to village, from region to region.

How can we build programs at the Federal level, fund them through federally appropriated dollars, that are more unique and catered to some of the problems that we face here in Alaska, and I know that there are common threads and, Diane, you mentioned some of that, but when it comes to Federal dollars, often times we can't compete. Can you speak to that for just a moment?

Dr. MCKEON. Yes. Let me mention a couple of things in response to the excellent question. The Tribal Behavioral Prevention Grants are designed specifically so that Tribes and Tribal communities would not have to compete against states for Federal dollars that can be used for prevention, including for suicide prevention. So that's one thing that's important. I also completely agree with you that there is a need for solutions to not be developed in one place and then imposed on another. I don't think any good scientist will say that even a randomized control trial that was shown to be effective that was developed in a state like New Jersey or Maryland could necessarily just be transplanted to Indian Country, to Alaska villages. So it is really important that there are individualized approaches and the Native Aspirations Program, for example, does exactly that.

It works on the premise that individual Tribes, individual villages and communities, by having assistance in coming together, can find the solutions. Certainly, information can be shared about what may have been effective elsewhere, but that each community needs to make its own decisions and I do think that there are what we might consider evidence based principles that we can learn from, but that can be tailored in a very individual way.

So we know, for example, that substance abuse is hugely important as a risk factor for suicide and that is the case in communities across America. That doesn't mean that a particular prevention program that's aimed at that needs to be exactly the same in Maryland or New Jersey, in Montana or Alaska.

Senator MURKOWSKI. Based on what is available from SAMHSA in terms of the grants that are more specifically focused to incorporate traditional based knowledge, are we doing enough? Is there enough available in terms of the types of programs, in terms of the types of grants? The statistics that we have here in Alaska with our Alaska Native young people, the statistics that we see on our reservations, I think we all gasp when we look at them. Are we doing enough to address the problem, and I don't remember if it was you, Diane, or you, Sally, the word epidemic was used and I believe that suicide is an epidemic in this state and when we have epidemics, an outbreak in disease somewhere, all resources are pulled together to stem that. I'm not convinced that we're seeing the resources that we need to address this epidemic in Alaska and on our reservations. Do we need to do more?

Dr. MCKEON. Yes.

Senator MURKOWSKI. I want to work with you to do more. This is too important.

Dr. MCKEON. We are absolutely happy to work with you. I think we all need to do more and we all need to learn more. I wish that we could say that there was a simple solution in terms of suicide

prevention. We know that doesn't exist. So it is very important for us to talk to each other to learn what is working, what is having an impact, what is encouraging, and then to build on those efforts. We know that we have not gotten to a place where we can rest on our laurels and say, "Well, we've tried and we've tried enough. We don't need to do more." You're absolutely correct, Senator.

Senator MURKOWSKI. I want to ask the question to the three of you because the ACE study, the Kaiser Permanente study, that was undertaken by the Center for Disease Control, the Adverse Childhood Experiences study, perhaps the largest scientific research study of its kind to analyze the relationship between these categories out there of childhood trauma and health and behavioral outcomes, you have gone into some detail, Sally, in your testimony. I guess that I would ask both you, Richard, and Diane; taking what we know from this study, how can we better translate into action, whether it is specific programs, whether it's grants to address some of these root causes, because it seems to me that if we don't get to the root of this, we're going to be battling issues like, do we need to move to limiting the sale of alcohol in a village? That's not going to solve our problem here. How do we get down to the root causes?

We've got the study. We're acknowledging it. What do we do with it from here? Either one of you, go ahead.

Ms. CASTO. Thank you for that question. I'm a huge advocate of the ACEs study and in fact, a number of you may have participated. We had a presentation by Dr. Vincent Felitti, who is the primary author of the ACEs study. He was here in Alaska last April, and you know, so I think there are a couple of things I want to say about it. First of all, the study is fairly old. I mean, it's just one of these things that——

Senator MURKOWSKI. How old is it?

Ms. CASTO.—I think it's about 12 years old. Do you know?

Ms. SMITH. Well it was 1996.

Ms. CASTO. 1996, okay, so it's fairly old. I mean, and I say that because when it first came out, I was actually still working in child abuse and neglect prevention as my primary field and I was so excited by this study because I thought, yes, this is information that we know in our hearts, those of us who work in these fields. We know this to be true and it's so nice to finally have research behind it, but nothing ever happened.

I mean, it's sat for a long, long time and suddenly, probably in the last two years, suddenly, people have been talking about it and I think something that was interesting when Dr. Felitti was here is that one of the questions I asked him after his talk was; so at Kaiser Permanente, have you incorporated this information and are you using it on a daily basis to make decisions, and these are his words, I quote him, "Hell, no," and I said, "Why not," and he said, "Well, it's like anything. We get money to do research. The research comes out and then it sits and nothing happens." So I think this is one of those pieces of research that it is time for us to really engage with and look at because, as I talked about, I believe these are all interconnected and we cannot, again, deal with them separately and I look at issues like alcohol use in Alaska. Alcohol is our number one drug of choice across the board for everybody in Alaska. It's number one and it impacts so many of our

other health and social service issues and if we have adults who are drinking and children are raised in those families, that is exactly what ACEs is talking about. Children who are having these adverse experiences when they are young and then it makes them at much higher risk for these behaviors later.

So I think that there are a number of things we can do. I think first of all, just making sure we're all aware of the report, of the study, of the research, knowing what it says and what it means, incorporating that, not just letting it sit and incorporating that into the work that we do. At the Department of Health and Social Services, we have started over the last few years, really tying this into our grant programs and into the work that we're trying to do with our community grant program.

I would also like to just talk for a moment about at the Federal level, one of the programs that I believe really is starting to make change kind of in this area—and that is the SAMHSA Strategic Prevention Framework State Incentive Grant. It is the first Federal grant program that I've been involved with where they are giving money to the state to really assess what is the issue at the state, not from D.C., but for us to be able to look at what are the issues we are facing and then address them from the data that we've accumulated and so we have three Strategic Prevention Framework Grants here.

We have one at the state level and we have two Tribal SPFs, one with Tanana Chiefs Conference and one at Cook Inlet Tribal Association. So together, the three of us have been, you know, leveraging our money and our work and I really believe that we will start seeing some progress because, again, it allows for communities to plan, to look at their data, to really address what are the critical issues that they are facing, not what some request for proposal says you need to focus on.

So I think if we can get more funding that is offered in that way where communities can really take a look at these issues and look at them in total, not look at them, you know, again, just suicidal or just substance abuse or just domestic violence, we need to be looking at them together because as the ACEs report so clearly states, these are all interconnected and they all impact each other.

Senator MURKOWSKI. Dr. McKeon, is there room, do you believe, to undertake a similar study that may be focused on our Native people and on our kids similar to what we saw with ACEs? Do we need to have another study, I guess? You mention that it's old. It can certainly stand to be updated. Are we looking at this as an opportunity?

Dr. MCKEON. I'm not aware of any current plans to do that. I don't think there's any reason to think that the information in here is not accurate for Native communities and I think that it's a very important approach for us to take—is to be working to make changes, but to evaluate the impact of what we're doing, so that we know whether we're making progress and so I think that's a very important focus for us. You know, Senator, a lot of what we do in suicide prevention is kind of very late in the trajectory of a person's distress and hopelessness developing. So for example, we support a National Suicide Prevention Lifeline, which I think is very crucial and just under 3,000 Alaskans called the National Sui-

cide Prevention Lifeline within the last 12 months and in many of our grant programs, we focus on identifying the warning signs for suicide, but once somebody is suicidal, they've already experienced an awful lot in terms of the development of substance abuse, in terms of the experience of trauma and so it's very important that we get better at intervening earlier before the problems reach that desperate level.

We need to continue our efforts to work with people who are suicidal or about to become suicidal, but we can do a better job moving forward. SAMHSA has a National Child Traumatic Stress Network that tries to work to get information out to providers across the country to help them more effectively treat individuals impacted by trauma and certainly, if we prevent substance abuse, there is every reason to think we're going to also prevent suicide. Thirty to forty percent of all the suicides in the United States take place with someone who has a measurable blood alcohol level at the time that they make that attempt and there is similar data for suicide attempts. So we need to intervene as early as we can, while at the same time, we continue our efforts to help those who are in a very desperate and hopeless place.

Senator MURKOWSKI. Well, you have really identified so much of—it seems what we end up doing is kind of being, I guess, reactionary or it's the triage or we get to them too late. On the education side of things, I'm focusing on drop out prevention, how we can deal with our kids in the schools.

We've been focusing our efforts on kids when they hit high school, when they've already made the decision years ago that they were checking out. I want to focus on early intervention. It seems to me that when we're talking about suicide and suicide prevention, it needs to be early intervention and not just, as you say, when you've had an attempt and we say, "Okay, now, we'll whisk you in and try to solve all your problems." How we direct that earlier is key.

Diane, you talked about kind of this collective approach and the collective impact and indicated that with many of the grants and the programs that are out there, you've got competition within agencies. You've got lots of competition for limited pots of dollars. You've got short-term grants, so that in terms of really trying to build out something that works for the long-term, you don't know if you're going to be funded beyond the next fiscal year and so how you kind of built this out, how can we do a better job here, because this is not something that if we just get on top of the statistics for a year or two, we're good here.

This is a longer-term problem. How do we resolve the collective impact that you've discussed and do a better job of making sure that there's linkage all the way throughout the process?

Ms. CASTO. If I had the answer——

Senator MURKOWSKI. I know. We're all looking for it.

Ms. CASTO.—we would be out of here, but what I will say is, you know, I think that what I have discovered over the last few years, because we have really been trying to make changes within our little section in the Division of Behavioral Health for prevention and early intervention. We have been working very hard. We've taken money that used to be given out in three grant programs, we've

now blended, braided, and pooled it so it's being given out in one comprehensive approach so that letting communities know that we want them to look at broader issues together. So we've started, but I will also say that we have a very ingrained system. Myself, I used to work in the nonprofit world before I started working for the state and so I know. I used to write grants and I remember when, way back, when Myra Munson was Commissioner of Health and Social Services many years ago and I was working in Fairbanks at an agency, I was the Director, and Myra came and talked to all of us in the community about I want you all working together and this was back in the 1980s. I want people pulling together, writing grants together and everyone sat through the meeting very politely and nodded and agreed, and I, for one, was really excited because that's how I like to do business and after the meeting, I started talking to my colleagues and people said, "Well, we'll just write these letters saying we're supporting each other and then we're just going to do business as usual."

Not much has changed. I mean, there is such a culture out there of competition, of specialty. Each agency has its own specialty, so that I believe and what we have now started doing, we have a new grant, part of our SPF SIG money, is we mandated that this was not going to be an agency grant. It's going to be a community coalition grant and you have to work as a coalition.

Now, we just had a meeting a week ago where we brought all of our grantees to town and they brought their coalition members and it's hard work. It is very hard work, but I'm just now starting to see a little bit of a change and I think that if people will start working in concert, working together, and they start seeing some successes, then it will start taking hold, but I do believe at both, the Federal level and at the state level and at any foundation level, that we do need to change the way we give money, because right now, the way the process is set up, it almost requires competition and so if we don't change that, the communities are not going to change and so I think we have a huge responsibility, those of us who give funding out, to make those changes, to start looking at it from a collective impact and putting some requirements that we're not going to let just one agency try to solve this problem. This is a community issue and communities need to all be together and I think that is especially true with our funding being limited and being time limited and we know right now with the Federal budget, the state budget, times are tough and that money is probably going to get tighter, not more abundant.

So with that knowledge, we need to start getting people able to think about sustaining, and when I say sustaining, usually people say we're getting more money, but I'm talking about sustaining the efforts, sustaining the movement, sustaining the commitment to make change in a positive way and to build health communities.

Senator MURKOWSKI. Dr. McKeon.

Dr. MCKEON. I think it was for exactly these reasons that the concept of the Behavioral Health Tribal Prevention Grants were developed. There is wonderful work that's being going on through the Garrett Lee Smith Memorial grants, for example, but as mentioned, even though Tribes, Alaska villages, and corporations have done a good job of competing for them, it is a competition and each

year, they will be competing against states, but the Behavioral Health Tribal Prevention grants are not a competition. Any one of the 565 Tribes would be eligible for that money and would not have to compete and it would be able to continue. That's why we feel so supportive of that effort.

So for example, one of the most successful examples of suicide prevention in the United States took place back in the late 1990s in the United States Air Force. They focused on suicide prevention. They had leadership commitment. They had a range of initiatives and they reduced suicide in the Air Force by one-third, but then what they found was that when they stopped focusing on it, that the rates began to increase and then they had to redouble their efforts and the rates came down again and so this has been studied scientifically very carefully, looking at this.

So we know that it can't just be in a couple of places. It needs to be in many places. It needs to be in all of the Tribes and we know that effort needs to be sustained. It won't work as a three-year project, unless that project can be sustained in year four, year five, year six.

Senator MURKOWSKI. Sally, you'd come at this from wearing a couple of different hats, not only on the National Indian Health Board, but now with Bristol Bay Native Health Corporation. The issue of the competition for the grants, I think, is an important one and unfortunately, it may be that in areas that might have greater need, you don't have the expertise to write the grants, just the structural issues, keep those who need access out. How do we do better, and you come at this from a very interesting perspective and I think that we might be able to find some solutions if we're cooperating a little bit better on this.

Ms. SMITH. Oh, dear, don't let me get started on competitive grants.

Senator MURKOWSKI. I'm sorry.

Ms. SMITH. Thank you very much for the question and I appreciate the opportunity to respond to it. I have an interesting way of looking at this, first, from the national level with regard to the National Indian Health Board being an advocacy organization and hearing what the Tribes across the nation are saying, which is, some of the Tribes are big enough to have enough staff in-house so that when a grant is offered—and when a grant is offered with a very short time, they have the personnel, the infrastructure to dedicate specific staff and personnel to apply for that grant.

Take the communities in Alaska or some of the smaller Tribes and the reservations in the Lower 48, when a Tribe in Alaska knows that there's an opportunity for a grant that is out there, yes, we want the grant, but we look at our staff members and we don't have the capacity to apply for them. When we look at a grant that is noncompetitive, sometimes it turns out to be too good to be true, in that you apply for the grant and you're successful, thank goodness, and then the obligations to follow it is just immense because it really brings in the need, and I see heads nodding, the need to have additional staff to make that successful grant application, because in the end, transparency and the need for accountability—let's take a competitive grant. I mentioned earlier, SDPI, the Diabetes—Special Diabetes Program for Indians. I served on that for

nine years. It's still an ongoing committee. It's a very well structured, it's a type of structure that can be replicated in a way that would garner success, whether you're a small Tribe or a large Tribe and we're able to craft the reports with factual data and information to the Senator and to others in Congress that need that information so that we can be successful in having the dollars continue to flow, but when you offer the opportunity and place a grant out there and it's competitive, it is—and we're hearing that sometimes it's not even competitive within Tribes across the nation, but against states, it makes it every more difficult and I have told the past Secretaries of Health for many years, what we need to do is to do a Tribal set aside or Tribal specific. When that happens, then we don't have to go to the state, bless their hearts. They try to do their best, but once the money gets to the states, sometimes it languishes and when that happens, it doesn't come out to the Tribes. Why not set it up so that there's a direct pass-through, not through the state, but right to the Tribes?

Tribal organizations are businesses and we recognize the seriousness of setting processes in place, our businesses in place so that we can compete with anyone in corporate America. We really can. We may be small and we may struggle at times, but we do good work. We know what we're doing, but more importantly, we know what Alaska Native people, we know what American Indian people need.

I'm Yup'ik Eskimo. I was born and raised in a very small village at Clark's Point, Alaska, 97 people, and so I lived the subsistence lifestyle and I know some of the problems with how by the time the money gets down through the system, it is so minuscule, some of our little villages only receive $112. I use that as an example.

I'm looking at you. What can you do with $112 when you have 97 people in the village and they need help? So I'm glad I'm hearing the conversation we're having here and the Senator is hearing it as well. Ladies and gentlemen, this Senator fights on our behalf and whatever we say to her today, she brings back and she truly, truly turns the wheels in D.C. to make the comments that she's going to be hearing today work, not only for American Indians and Alaska Natives, but because she has a vested interest. She's Alaskan through and through and understands the issues.

From the National Indian Health Board, we're talking about being reactive. For the first time, the National Indian Health Board in our meeting last month, formed a youth committee and it's our intent to not only support that youth committee, but truly hear the comments, not only from youth in Alaska, but youth across the nation. It tears at your heart when you hear the comments from our youth.

All they want is a safe home. All they want is to be like everyone else. All they want is to be having a square three meals a day and they want what everyone else in America wants; good, smart, young men and women, and the National Indian Health Board is committed to making sure that we hear the voices of the young and bring it to the national level, do something about it and we need your help.

So it's—suicide is personal, personal for everyone in this room because you know someone and you've had family members and

those of us that are left, our tears fall constantly. It's a hole in our heart and when we go home to our small communities, it's the entire community that hurts. You know, we wrap our arms around everyone in the community and when we bury one of ours, it's one too many. Every attempt is one too many.

If you read my handout, you'll see in my testimony, it talks about the high rates, the health disparities, the number of suicides, the number of attempts. That's not sensationalizing it. That's us going home and knowing what to expect at home, but we have to do something to turn that tide.

It takes every one of us in this room and everyone else that we can link hands with to make the change. If not for me, but for our children and for our grandchildren to come. That's why we do it. Thank you, Senator.

Senator MURKOWSKI. Sally, thank you. Your words are a very strong reminder to us all and I think when we look to the solutions, we can talk about programs and grants and funding and legislation, but I believe that the solutions will not come unless we're listening to our young people. So with that, I'd like to thank the three of you for your commitment, your passion, your service, and willingness to make a difference, know that I want to work with all of you at all different levels because, as you have said, burying one is one too many. So thank you for what you do and I'd like to, at this time, turn to our second panel.

We're going to hear from some of our brightest Alaska Native leaders, who are really out there championing the cause, championing the cause of youth suicide prevention, youth leadership development, and really how we reclaim our future here through self-empowerment.

I think we've got some good role models that we're very proud of and as important as it is to understand the processes that we deal with at the Federal level and at the state level, again, so many of the solutions, I think, come from those who have committed so much to the effort.

At this time, I would like to call Dr. Ted Mala, Megan Gregory, Evon Peter, and Tessa Baldwin forward. For the second panel this afternoon, we have Dr. Ted Mala, who will be leading us off and he is the Director of Tribal Relations and Traditional Healing at Southcentral Foundation, has truly been a leader in our state for decades now and the contributions that you have made, Ted, have been substantial and we thank you for your commitment.

Next, we have Megan Gregory. Megan is the Youth Ambassador Program Director and Community Project Assistant for SEARHC, for the Southeast Alaska Regional Health Consortium. She's part of the Behavioral Health & Suicide Prevention Program there at SEARHC. Megan is a former intern of mine. So I am very proud of her as well, but Megan also serves on the Advisory Board, the Youth Advisory Board for a program that Senator Byron Dorgan of North Dakota has established at the Aspen Institute to look at the issue of youth suicide and Megan and I are working on that initiative back in Washington, D.C. So we thank you for what you do. Mr. Evon Peter is a friend to many in the room. He is the Director at Maniilaq Wellness in Kotzebue and Maniilaq is one of the grant recipients there or the grants that we were talking about earlier

and then we have Tessa Baldwin and this is my first opportunity to meet Tessa. She is the youth member of the Alaska State Suicide Prevention Council and founder of Hope4Alaska Project in Kotzebue, Alaska. I received an email from a woman who is associated with AASG, the Alaska Association of Student Governments, and it was made very clear to me that Tessa is truly a leader, that AASG has been working on this. The issue of youth suicide has been made a number one priority, which we greatly appreciate and I appreciate your leadership, Tessa, so thank you for joining us and with that, we'll just start off at the end.

Dr. Mala, you will lead off and each of you will have around five minutes or so or however long it takes you to get your message across. Thank you.

STATEMENT OF TED MALA, PHYSICIAN/DIRECTOR, TRIBAL RELATIONS AND TRADITIONAL HEALING, ALASKA NATIVE MEDICAL CENTER

Dr. MALA. Great, thank you. Thank you, Senator Murkowski. My name is Ted Mala. I'm an Alaskan Native physician and have been the former Commissioner of Health and Social Service for Alaska, as well as the past President of the National Association of American Indian physicians. I work as the Director of Traditional Healing at the Alaska Native Medical Center. I work for Southcentral Foundation and I'm very honored to be asked by you, Senator, to come here and I also want to add my voice to your thanks for your, not only your friendship, but your tireless work for our people and I know how this touches your heart, as well as all of ours and we just can't thank you enough.

The act of suicide, as we all know, is a very complicated problem and I suspect it touches everyone who hears my voice. It springs from feelings of helplessness and hopelessness and we know there's a correlation of a lot of things that happen to people when they get to that level, especially experiences in childhood, domestic violence, sexual abuse, maltreatment. Traditional healing is the approach I would like to present to you today because even when I was Commissioner 20 years ago, we heard exactly the same words and the sense of hopelessness and how many dollars does it take to fix it and all that and today, I would like to present to you for your consideration and the Committee's consideration, the approach of the culture of Alaska Native people and capitalizing and gaining wisdom from the over 10,000 years of experience our people have had.

Times have been rough, but they're always rough. I mean, imagine you living in the time of when the Russians ran this territory and before that. Times have always been tough here and we've always gotten through it with money or without money. I think what's really important is to think about what traditional healing brings to the table and we talk about, not only the mental, but the physical, the emotional, and the spiritual balance of individuals and how it needs to come back to people's lives and how we need to balance family and community structures.

Traditional healing helps to do that and there's been an incredible surge of people around the state that have said, "Help us set up a traditional healing clinic," and at Southcentral Foundation and the Alaska Native Medical Center, we have both, side by side,

traditional Alaska Native healing and Western allopathic medicine, which is just amazing. We also won the award, as you well know, from the Director of Indian Health Service for being one of the best clinics in the United States because again, people are starting to recognize the value of our culture and how, without incorporating these values, things just don't happen.

In traditional healing, we engage the individual. We say, "You are responsible for your own health." We say that you're your own physician. We form kind of a circle and say, "This is our best advice, but you are your own physician. It's up to you to take the advice and to heal yourself," and we do that mentally, spiritual, physically, and emotionally. Traditional healing—we offer counseling. We offer healing touch, also physical work, prayer, songs, consultations with elders, and all these things that have been handed down through generations. A lot of people have been disconnected. I don't know. They've been maybe more connected to the Internet than connected to culture and we try to ground people, to say these are the basic values that have kept our culture strong through so many thousands of years. Southcentral Foundation is an example of one of the Native health corporations that takes this from different points of view. Traditional healing is one of them. We have the Family Wellness Warrior Initiative, which many of you are aware of. We have behavioral health approaches. We have the Pathway Home, the therapeutic family group homes and what we try to do is build on the strength of Native culture and traditional values. So young people and others can find their footing on their journey to wellness.

We have a Denaa Yeets program, which is Athabascan for our breath of life and we offer services to Alaska Native and Native American people, especially those who have thoughts of harming themselves or attempting to end their lives. This program emphasizes connecting participants with their cultures. It's a well-known protective factor.

Traditional wisdom is the root of everything we do as an organization. We've been able to help families and youth find balance and healing of their journey. So my message today, Senator, and to the Committee, is that there are a lot of programs that come to Alaska, but there are also Alaska Native solutions that are here and we need you to ask people to listen, before they write these grants, before they give out all of these things, come up and learn first and find out what the needs are, rather than trying to guess them and I know you're leading that cause and we thank you and bless you for your work. Thank you.

[The prepared statement of Mr. Mala follows:]

PREPARED STATEMENT OF TED MALA, PHYSICIAN/DIRECTOR, TRIBAL RELATIONS AND TRADITIONAL HEALING, ALASKA NATIVE MEDICAL CENTER

I am submitting written testimony on behalf of Southcentral Foundation (SCF), the Alaska Native owned and operated nonprofit health care affiliate of Cook Inlet Region Inc. (CIRI) providing services to some 58,000 Alaska Native and American Indian people in Anchorage, the Matanuska-Susitna Valley, and 55 villages in the rural Anchorage Service Unit. As Southcentral Foundation's Director of Tribal Relations and Director of Traditional Healing, I want to thank you for the opportunity to testify on how Southcentral Foundation uses traditional practices to address the epidemic of suicide among Alaska Native youth.

Suicide has been an epidemic in Alaska for many years. We are all familiar with the statistics, including that Alaska Native men between the ages of 15 and 24 have had the highest rate of suicide of any demographic group in the country, with an average rate of 141.6 from 2000 to 2009.[1] We also know that, across the nation, one suicide is estimated to intimately affect at least six other people . And that, in Alaska, this effect is magnified due to large, extended families and close-knit communities.

The problem of suicide, as we all know, is complicated. It springs from feelings of helplessness and hopelessness. There is also a known correlation with multiple experiences of harm in childhood such as domestic violence, sexual abuse and maltreatment. Many Alaska Native people who were harmed as children have also developed the full range of mental health problems that studies have shown are common to survivors of abuse: depression, anxiety, alcohol abuse, drug abuse, harm to self; difficulty choosing supportive, safe partners; and, difficulty in forming and maintaining close relationships. Intergenerational grief—when grief, shame and anger are passed from one generation to the next—has also played a role in our wellness today.

Because Alaska Native people have always approached life holistically, when one aspect, like subsistence, is disrupted, a sense of balance is lost. The same applies to domestic violence, child sexual abuse, and child neglect—over time, these experiences have compromised the physical, mental, emotional and spiritual balance of individuals, as well as the balance of the family and community structures.

Alaska Native people are resolute. We are leading the charge to change the statistics and restore a sense of balance. And, we are working together to bring back the traditional values that served Alaska Native people for thousands of years.

For millennia, Alaska Natives survived and thrived in one of the harshest environments on earth. They survived by working together to gather food, staying close as a family and a community, and living out their spirituality in everyday life. Alaska Native traditional healing draws upon this body of knowledge. It focuses not on a single symptom, but on the entire being—a balance of physical, mental, emotional and spiritual wellness. Addressing the problem of suicide among Alaska Native youth must take a similar, multipronged approach.

At SCF, our vision is that of "a Native Community that enjoys physical, mental, emotional and spiritual wellness." Alaska Native values and priorities inform how we provide services to our communities. Culture is not built into our Nuka System of Care, but rather, our system is built on the foundation of our culture. The 12-year-old Traditional Healing Clinic is a good example.

Traditional healing is based on the understanding that man is a part of nature and health is a matter of balance. The Traditional Healing Clinic brings Traditional and Western medicine together—merging the strengths of both. We use the balance between Western medicine and Traditional healing that we have developed to provide support for each customer-owner on their journey—where they get stuck, that's where we intervene. It is a holistic approach that focuses on the body, mind and spirit. The purpose is not to supplant Western medicine, but to supplement it to achieve total healing.

SCF has a process for certifying Alaska Native healers as Tribal Doctors. Each Tribal Doctor brings something different to the table. We offer a mix of healing touch and other physical work with prayer, songs, consultations with Elders, and culturally sensitive supportive counseling. These skills have been handed down through generations. A Traditional Healing Advisory Council guides our program by reviewing apprentices and Tribal Doctors and sharing the wisdom of our Elders. On our weekly rounds, our Tribal Doctors walk with providers, psychologists and psychiatrists, talk with the people who receive care, and review and discuss their cases and journeys.

An appointment with a Tribal Doctor takes more time than an appointment in the primary care clinics—an hour or more, compared to 15 minutes. That's because there is no textbook answer to an individual's problems. Each person is unique—the product of who they are, where they come from, and where they are going. A Tribal Doctor must spend time with each person, getting to know them, drilling down to find the roots of the problem. We look to the person who needs help as an active partner in their treatment. All that we as traditional healers can do is guide them, based on our traditional knowledge and experience and what we learn about the person. The individual has a sense of control of their own growth and healing, which provides a sense of balance and helps them to heal.

Another resource SCF provides to address the root causes of suicide is the Family Wellness Warriors Initiative (FWWI). Through this Alaska Native led initiative, we

[1] *http://www.samhsa.gov/samhsanewsletter/Volume_19_Number_2/ActionAlliance.aspx.*

are breaking the cycle of domestic violence, child abuse and neglect. For a long time, we were told not to talk about these issues. But, Alaska Native people have made the decision to break the silence.

In 1999, the FWWI Steering Committee established the following goals: (i) Change norms among Alaska Native people, particularly males, to (re)create a family environment that reflects Alaska Native traditions, free from domestic violence and other forms of conflict; (ii) Increase a sense of "harmony" within Alaska Native families and, ultimately, within the whole community; and (iii) Develop support systems to help both those who abuse and those who are abused while norms are changing and abuse is being eliminated.

Traditionally, in our Native cultures, lessons are learned by sharing and listening to stories. At FWWI's two core training events—Beauty for Ashes and Arrigah House—Elders lead the way by sharing their stories and granting younger generations the permission to do the same. In large group settings, group leaders and presenters role model what it looks like, sounds like, and feels like to share stories, as well as respond in a way that encourages healthy relationships. They show that it is safe to share; that there is no judgment. Participants then share their stories in small groups. As part of this FWWI process, Alaska Native people, from ages 21 to 91, are breaking the silence for the first time and being heard, affirmed, and believed. Participants also learn how past harm plays into interactions with others; learn about shame, anger and other feelings; and gain communication and conflict resolution skills. The process leads to mental, emotional, and spiritual healing, which helps create healthier families and a better future for our youth.

In addition to our prevention work, SCF has a variety of behavioral health programs in place to help youth who grew up with multiple experiences of harm. We screen young customer-owners for substance abuse and depression issues and refer them to appropriate treatment, which may include programs such as The Pathway Home or the Therapeutic Family Group Homes. These programs are built on the strengths of Alaska Native cultures, and, through the services provided, youth learn more about traditional values as they find their footing on their journeys to wellness.

Denaa Yeets', Athabascan for "our breath of life," offers services to Alaska Native and American Indian people over the age of 18 who have thoughts of self harm or have attempted to end their lives. Services consist of four strength-based, culturally driven components: information, case management, support activities, and referrals to community resources. The program emphasizes connecting participants with their cultures, as a known protective factor. This includes interacting with Elders, beading with clinical associates/case managers, talking circles and other cultural activities. These program activities bring each participant an increased sense of self-worth, cultural identity, and desire for life. SCF also staffs the program with three full-time Denaa Yeets' team members focused on youth outreach and training.

SCF has been sought out by people and organizations from around the state, country, and world who want to learn from us in order to help their own people. We share our story with them, including how we use culture and traditional healing to teach people how to cope, how to build an extended family and how to support others. We accomplish this through a wide range of programs, including the ones I have referenced in this testimony (Traditional Healing Clinic, Family Wellness Warriors Initiative, The Pathway Home, Therapeutic Family Group Homes, Denaa Yeets') and many others.

With traditional wisdom at the root of everything we do as an organization, we have been able to help families and our youth find balance and healing on their journey. These are Alaska Native solutions, rather than mainstream programs that have been brought to Alaska. And, while many of these programs have waiting lists and need more resources, including staffing, to meet the needs of our Alaska Native families and our youth, we are encouraged by these successful models Alaska Native people have created for change. We can now tell our young people that there is hope and that the answers can be found within our own strong, resilient cultures.

Senator MURKOWSKI. Megan.

STATEMENT OF MEGAN GREGORY, COMMUNITY PROJECT COORDINATOR, SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM; BOARD MEMBER, CENTER FOR NATIVE AMERICAN YOUTH

Ms. GREGORY. I would like to express my deep appreciation for inviting me to testify before the Senate Committee on Indian Af-

fairs Oversight Hearing, Senator Murkowski, the Honorable Chairman Akaka, and members of the Committee. My name is Megan Gregory and I am a Tlingit from the Wooshkeetaan Clan, originally from Kake. The high suicide rates in Alaska cause our society to feel devastation in our families and our communities. We have a great deal of work ahead of us because all Alaskans deserve a better life. We, as Alaska Natives and American Indians, need to work together to keep building prosperity on those good things and build on the wonderful people that make Alaska and Indian Country such a beautiful place to live. I believe providing more youth leadership roles is an important step to help prevent suicide in Alaska. I was fortunate to participate in various leadership roles that have led me to work in my community, my region, my state, and eventually, nationally, at the national level.

In 2005, I was fortunate to intern for Senator Lisa Murkowski in Washington, D.C. for four weeks. It was my first experience spending time on the East Coast and her internship inspired me to stay involved in Alaska politically. In 2009, I had the opportunity to serve as the inaugural Youth Advisor for Sealaska Corporation and in 2010, I served as the youth representative for Central Council Tlingit & Haida. Both positions offered one-year terms. The Youth Advisor/Representative opportunities offered a chance for restorative reflection on the meaning of life and leadership. They provided me a strong foundation for an exceptionally bright future.

All of these opportunities have developed my mission to foster enlightened leadership, open-minded dialog, and to encourage more youth to get involved in their communities at an earlier age. As a result, these programs will potentially lead to more youth involvement at the state level.

I firmly believe that every Tribe, Native organization and Native corporation should offer youth representative positions to the youth in their community to keep them engaged and educated about what is going on. More leadership roles for the youth will instill hope and confidence and suicide rates will start to drop dramatically.

As the Central Council Tlingit & Haida Youth Representative, I joined Southeast Alaska Regional Health Consortium 1 is 2 Many Suicide Prevention Task Force in early 2010. As the youngest member of the task force, it became quite apparent that we needed to engage more youth to be part of the solution in our efforts to prevent suicide.

Reflecting on my experiences, I was inspired to create the Youth Ambassador Program to offer opportunity and exposure to high school students throughout Southeast Alaska. The task force endorsed the Youth Ambassador Program in January 2011 and SEARHC hired me to implement the program in February 2011. Through this program, students will have the opportunity to attend meetings, work with a member of the task force as their mentor and encourage them to be strong, positive advocates in their community. The Youth Ambassadors Program was officially launched this August and there are currently six inaugural youth ambassadors representing Southeast Alaska. Teressa Baldwin is actually one of our inaugural youth ambassadors. She represents Sitka, even though she's originally from Kotzebue, she attends high school

in Mt. Edgecumbe and I'm very, very proud of her and happy to have her as one of our youth ambassadors.

Shante Hudson represents Metlakatla. Patricia Jackson represents Petersburg. Jamie Paddock represents Juneau. Anthony Edenshaw represent Hydaburg and Naomi Huestis represents Thorne Bay. We would like to see representation from every community. We are working to highlight the opportunities the program offers to encourage more youth to get involved.

SEARHC is currently working to locate that money to fund the program in future years. This year, we have been seeking financial support from the schools, Tribes, and corporations in Southeast to help make the program a success this first year. I am interested, not only in the prevention of suicide, but also in enhancing the participants' skills, while developing new ones and continuing to expand an established network of youth leaders. Bringing suicide prevention awareness to the youth populations is dependent on targeting youth that are already positive role models. We need to create an environment where we can hone the present abilities of the strong youth leaders, as well as teach them new skills. This will develop an active network of youth leaders. An example of such an established network is the Teck John Baker Youth Leaders Program, also known as Natural Helpers.

The leaders are anonymously chosen by their peers through a secret ballot. The end result was a variety of students from overachievers to dope-smokers to bullies, which proves that leadership can be taken seriously when youth are an integral part of the solution.

I believe the Youth Ambassador Program will influence the youth, alongside the Natural Helpers Program. I would like to see the Natural Helpers Program expand into every rural community. I will advocate the Youth Ambassador Program to be implemented in all 18 communities in my region and I would eventually like to see the program utilized statewide through the state Suicide Prevention Council.

The Council could select two youth ambassadors from every region in Alaska to work with the council members the same way the Southeast Alaska youth ambassadors are working with the 1 is 2 Many Task Force. This would result in a total of 12 youth ambassadors working with the council and I believe this would help to keep the council more engaged with what is happening in all six regions in Alaska.

Self-sufficiency and personal integrity must be restored to our people. It is time we give Natives a hand up and not a handout. Providing more leadership roles will encourage Natives to become a part of the solution leading to healthier lifestyles. Please work with me to achieve these goals. Let us encourage our youth to strive and succeed in every way possible.

Through this course of work, we will watch them become more enlightened in their work and enriched in their lives. Thank you, Senator Murkowski, for allowing me to testify today.

[The prepared statement of Ms. Gregory follows:]

PREPARED STATEMENT OF MEGAN GREGORY, COMMUNITY PROJECT COORDINATOR, SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM; BOARD MEMBER, CENTER FOR NATIVE AMERICAN YOUTH

The honorable Chairman Akaka, Senator Murkowski, and Members of the Committee. I would like to express my deep appreciation for inviting me to testify before the Senate Committee on Indian Affairs Oversight Hearing on "H.O.P.E for the Future: Helping our People Engage to Protect Our Youth." I would like to thank you for holding this important hearing and inviting me to testify before this Committee to share my vision for a healthy and successful future for all Native youth.

Suicide in Indian Country is a significant behavioral health issue affecting Alaska Natives and American Indians (AN/AI). The suicide rates for AN/AI's are even more alarming than the rates for the general population, at 1.7 times higher than the U.S. rate for all races and ages. It is the second leading cause of death for Indian youth between the ages of 15 to 24 (3.5 times higher than the national average). Alaska Natives die by suicide at rates four times the national average. For Alaska Native males, the suicide rate is six times higher than the national average, with teen suicide rates almost as high—nearly six times the rate of non-Native teens. AN/AI males ages 15–24 are at highest risk for suicide completion. The group at the highest risk for suicide attempts is females of the same ages. This indicates the prevalence of the same troubling risk factors in the lives of young Natives—drug and alcohol use, violence, trauma, abuse, and depression and other mental illness. In addition, young people between ages 15–24 make up 40 percent of all suicide deaths in Indian Country.

These high suicide rates cause our society to reel with devastation in our families and our communities. We have a great deal of work ahead of us, because all Alaskans deserve a better life. We as Alaska Natives and American Indians need to work together to keep building prosperity on those good things, and build on the wonderful people that make Alaska and Indian Country such a beautiful place to live.

I believe providing more youth leadership roles is an important step to help prevent suicide in Alaska. I was fortunate to participate in various leadership roles that have lead me to work in my community, my region, state, and eventually at the national level. In 2005, I was fortunate to intern for Senator Lisa Murkowki in Washington, D.C. for four weeks. It was my first experience spending time on the east coast, and her internship inspired me to stay involved in Alaska politically. In 2009, I had the opportunity to serve as the inaugural Youth Advisor for Sealaska Corporation, and in 2010 I served as the Youth Representative for the Central Council Tlingit & Haida Executive Council. Both positions offered one year terms. The Youth Advisor/Representative opportunities offered a chance for restorative reflection on the meaning of life and leadership. They provided me a strong foundation for an exceptionally bright future.

Central Council Tlingit and Haida encourages all Youth Representatives to attend the National Congress of American Indians (NCAI) Conferences. I always looked forward to NCAI, and was fortunate to attend the NCAI Tribal Leader Summit. Through this opportunity I learned about Senator Dorgan's plan to establish the Center for Native American Youth at the Aspen Institute, which is a policy program dedicated to combating the challenges facing Native American Youth. After hearing about the Center for Native American Youth I contacted many people trying to obtain further information about how I could get involved, Senator Dorgan heard about my involvement with suicide prevention in Alaska and asked me to serve as a Youth Board Member. All of these opportunities have developed my mission to foster enlightened leadership, open-minded dialogue, and to encourage more youth to get involved in their communities at an early age. As a result these programs will potentially lead to more youth involvement at the state level. I firmly believe that every Tribe, Native Organization, and Native Corporation should offer a youth representative position to the youth in their community to keep them engaged and educated about what is happening. More leadership roles for youth will instill hope and confidence, and suicide rates will start to drop dramatically.

As the Central Council Tlingit & Haida Youth Representative I joined the Southeast Alaska Regional Health Consortium (SEARHC) 1 is 2 Many Suicide Prevention Task Force in early 2010. As the youngest member of the task force, it became quite apparent that we needed to engage more youth to be a part of the solution in our efforts to prevent suicide. Reflecting on my experiences I was inspired to create the Youth Ambassador Program to offer opportunity and exposure to high school students throughout Southeast Alaska. The task force endorsed the Youth Ambassador Program in January 2011, and SEARHC hired me to implement the program in February 2011. Through this program students will have the opportunity to attend

meetings, work with a member of the task force as their mentor, and encourage them to be strong positive advocates in their community.

The Youth Ambassador Program was officially launched this August, and there are currently six inaugural Youth Ambassadors representing Southeast Alaska. Teressa Baldwin originally from Kotzebue represents Sitka because she attends Mt. Edgecumbe High School and is also the current State Suicide Prevention Council Youth Representative, Shante Hudson represents Metlakatla, Patricia Jackson represents Petersburg, Jamie Paddock represents Juneau, Anthony Edenshaw represents Hydaburg, and Naomi Huestis represents Thorne Bay. We would like to see representation from every community. We are working to highlight the opportunities the program offers to encourage more youth to get involved. SEARHC is currently working to locate grant money to fund the program in future years. This year, we have been seeking financial support from the schools, Tribes, and corporations in Southeast to help make the program a success this first year.

I have recently joined the University of Alaska-Fairbanks Cooperative Extension Service Advisory Council to take a more active role in learning about horticulture and the 4H Program throughout the State of Alaska. One of my main goals is to incorporate community gardening in the Youth Ambassador Program. It is time we get back to our roots, and I am convinced community gardening is a solution to many of the problems that currently challenge Alaska Natives and American Indians. We must look at all aspects to prevent suicide and promote a healthier way of life. Please keep in mind at nearly 17 percent, American Indians and Alaska Natives have the highest age adjusted prevalence of diabetes among all U.S. racial and ethnic groups.

The Youth Ambassadors are going to take the lead on advocating for their school to have a green house for a garden to serve the fruits and vegetables grown at lunch throughout the school year. Eventually it is my hope that this initiative will encourage every household to start their own garden. Gardening will benefit the residents of all communities because it is a healthy activity. It promotes positive social interaction, provides possible economic growth, and encourages people to eat more fruits and vegetables which will lead to a healthier diet. Many communities in rural Alaska receive their produce by barge, selection is limited, cost is outrageous, and less nutritious alternatives are often more affordable. Unfortunately the affordable alternatives lead to obesity, poor self image, lower self-esteem, and poor health. It is time to promote sustainability and resilience through community gardening opportunities. I believe that the Senate Committee on Indian Affairs should work with all housing authorities to incorporate green houses and areas to grow gardens with every new home that is built to encourage people to start their own vegetable gardens. I hope you will work with me to promote community gardening throughout all of Alaska. A healthier body leads to a healthier mind.

Next, I would like to emphasize the importance of utilizing the media to promote suicide prevention throughout Indian country. I am very impressed by the Montana Meth Project and their research-messaging campaign. The messaging campaign graphically portrays the ravages of meth through television, radio, billboards, and Internet ads. It has gained nationwide attention for its uncompromising approach and demonstrated impact. As of today, the Montana Meth Project has expanded into Arizona, Colorado, Georgia, Hawaii, Idaho, Illinois, and Wyoming. In 2005 Montana was ranked #5 in the nation for meth abuse, and now ranks #39. Teen meth use has declined by 63 percent, and adult meth use has declined by 72 percent in Montana. I hope that the Senate Committee on Indian Affairs uses this example to take the same approach to engage the media in spreading suicide prevention awareness and volunteerism. Volunteerism is becoming prevalent with the youth, and if we could encourage people to dedicate a few hours of their time every week to a good cause we would start to see a lot more progress in Alaska.

I am interested not only in the prevention of suicide, but also in enhancing the participants skills while developing new ones, and continuing to expand an established network of youth leaders. Bringing suicide prevention awareness to the youth populations is dependent on targeting youth that are already positive role models. We need to create an environment where we can hone the present abilities of these strong youth leaders as well as teach them new skills. This will develop an active network of youth leaders. An example of such an established network is the program Youth Leaders also known as Natural Helpers. The leaders are anonymously chosen by their peers through a secret ballot. The end result was a variety of students from overachievers to dope-smokers to bullies, which proves that leadership can be taken seriously when youth become an integral part of the solution.

I believe the Youth Ambassador Program will influence the youth alongside the Natural Helpers Program. I would like to see the Natural Helpers Program expand into every rural community. I will advocate the Youth Ambassador Program to be

implemented in all eighteen communities in my region, and I would eventually like to see the program utilized statewide through the State Suicide Prevention Council. The Council could select two Youth Ambassadors from every region in Alaska to work with the council members the same way the Southeast Alaska Youth Ambassadors are working with the 1 is 2 Many Task Force. This would result in a total of twelve Youth Ambassadors working with the Council, and I believe this would help to keep the Council members more engaged with what is happening in all six regions.

It is also important to encourage exercise at an early age. Last spring I volunteered as a head coach for the international program called Girls on the Run. The goal of Girls on the Run is to empower girls ages 8–14 to find strength, courage, self-respect from within, and learn how to draw upon these attributes as they face the challenges of adolescence and adulthood. This program instills self-esteem and self-respect through physical training, health education, life skills development, and mentoring relationships. In Juneau, the Aiding Women in Abuse and Rape Emergencies (AWARE) Shelter is also working on developing a similar program for boy's ages 8–14 called Let Us Run. I am going to work with the Youth Ambassadors to ensure their schools offer these programs in southeast. The programs are free after school programs for any student that would like to participate, and it is important we make these programs available in communities in need of afterschool programs. Today AWARE receives a limited amount of grant money for Girls on the Run to train coaches, and provide supplies to every school in southeast. Another way AWARE raises money for Girls on the Run is through a program called Solemates. During my time as a Girls on the Run coach I also decided to become a Solemate. The way Solemates works is the Girls on the Run Program provides a fundraiser website through active.com for you to encourage your family, friends, and colleagues to submit their donations to. On this website you can share information about the race you're training for, share photos, and people can make donations. The website will also list how much money you have collected, and how much more you need to reach your goal. I found that volunteering my time as a coach, dedicating my time and energy to raise money, and training for a half-marathon was life changing for me. I connected with youth in a way I had never experienced before, I was determined to run consistently all summer since I was committed to a half-marathon, and I raised awareness about an amazing after school program.

Exercise creates balance and can be therapeutic. It's a healthy stress reliever, and it keeps the mind sharp and the body in shape. Even after I finished the race I signed up for as a Solemate, I was inspired to keep running. Volunteering my time helped me to realize just how fast and far I was capable of running, and how good it felt. At the end of the summer I ran 14 miles for the Klondike Road Relay, and just recently ran another half-marathon a few weeks ago. An extremely inspirational person to me is Dirk Whitebreast who is also a fellow board member for the Center for Native American Youth. In 2003, Dirk suffered the loss of his 18 year old sister, Darcy Jo Keahna, to suicide. To cope with the loss of his sibling Dirk became a runner to become a healthy and strong leader for his family, Tribe and community. Dirk decided to share his experience and promote running with Native youth by running 10 marathons in one month to raise money for the Center for Native American Youth. Dirk did this to honor his sister and promote healthy living to the Native American community. He wanted to set an example for commitment, motivation, hard work and leadership for all Native American Youth. Dirk recently finished running his tenth marathon this month. Dirks 262 mile challenge is a symbol of strength and endurance for all Alaska Native and American Indians. Dirk did a phenomenal job raising awareness about suicide prevention, and creating hope for Native youth.

Self-sufficiency and personal integrity must be restored to our people. It is time we give Natives a hand up, and not a hand out. Providing more leadership roles will encourage Natives to become a part of the solution leading to healthier lifestyles, diets, exercise and a well rounded society.

Please work with me to achieve all of these goals! Let us encourage our youth to strive and succeed in every way possible, through this course of work, we will watch them become more enlightened in their work and enriched in their lives. Chairman Akaka and the Committee, I am grateful for the opportunity to testify. Thank you for allowing me to present testimony on our efforts to promote suicide prevention today.

Senator MURKOWSKI. Megan, thank you, and for your leadership, thank you.

Ms. GREGORY. I'm grateful to be here. Thank you.

Senator MURKOWSKI. Evon Peter.

STATEMENT OF EVON PETER, DIRECTOR, MANIILAQ WELLNESS PROGRAM

Mr. PETER. Thank you Congressional Committee and I'm really happy to be here today. It really is an honor for me to be able to share some of my words and thoughts. I truly care so much for our people, our well being, and I hope that I honor all of you, our Native people that are in the audience, with the words that I share, all your stories because it's a unique opportunity to be one of the four that get to sit here to share our words in this way and to testify.

I want to also acknowledge all those who came before me on this path of wellness and healing for our indigenous peoples. They paved the way for us to follow as younger people and they encouraged and guided us and continue to inspire us to continue to take these sorts of stands and have our voices heard, even though sometimes that can feel overwhelming.

I want to share my story and the story of my family because I feel like it's reflective of so many of the stories of Alaska Native people, and you know, my culture—what we know best is what we've experienced in our life and so that's what I want to share from today. The real story takes about two days to explain to do this topic justice, but I'm going to do the under 10-minute version.

So in the early days of Western colonization, our peoples were considered less than human. It was considered, both morally acceptable and legally sanctioned that our lands and resources can be taken and as Native peoples, we would be pushed to the wayside. Those were the days of my greatgrandfather. Between his generation and that of my grandmother's generation, Alaska Native people began to experience drastic changes in their life. The Federal Government was yet to provide Alaska Native people with a right to vote or citizenship in our own lands and the Federal government had embarked on a policy of assimilation.

That policy of assimilation was aimed at eradicating who we were as a people. Our grandparents were punished for who they were, as many schools and churches worked to push our languages, cultures, songs, dances, spiritual understandings, world view, and philosophies into the past.

My grandmother lost both of her parents to diseases around that same time, one of a few epidemics that had taken the lives of thousands of Alaska Native people during that same era.

She was adopted into a neighboring Tribe upriver and when she arrived there, she began to become sexually abused on a regular basis by men in the community. She later expressed to us in the family that it was not until adulthood that she realized that this was not the normal childhood that others were experiencing.

This later weighed heavily on her relationship with my grandfather and their ability to raise my aunts, uncles, and mother in a secure and loving way. My mother was sent away at a very young age, maybe five or six years old to California to get a better Western education, before that, having been raised traditionally on the land, just utilizing our language and our way of life.

At the time, this was highly encouraged and sometimes forced during a time period of Federal government policies that is now widely recognized as an era of Tribal termination and forced assimilation. Like many Alaska Native people of my grandmother and mother's generation, my mother endured emotional, psychological, spiritual, cultural, and physical duress of the rapid transition from a traditional way of life to the 21st Century city life.

My mother's generation was born into a world that immediately told her, both in popular culture and government policies, that she must change who she is. By the time I was five years old, I'd lost my father to divorce and did not see him again before he died.

I was sent to my grandmother in Gwichyaa Shee, which is known as Fort Yukon, and to my grandfather in Vashraii K'oo, which is known as Arctic Village. My mother felt a calling that I should be raised traditionally. In the following years until I was a teenager, I moved from village to village and sometimes back into the urban ghettos of Anchorage over in Mountain View and Karluk.

In those years of my life, I faced hunger, sexual abuse, bullying, neglect, racism, confusion, exposure to heavy alcohol and substance abuse, and suicidal ideation, which started at the age of 10 when I once held a knife to my throat for two hours.

My mother eventually brought my brothers, my sister, and I back together under one roof in the low income community of Fairbanks. We ate food bank rations. I couldn't stand that stuff and I hunted ptarmigan and rabbits with my brother in the willows around our apartment until one time the police told us we can't hunt in the city no more.

My mother by then had made courageous changes in her life through her own healing process by that time. She began to implant the expectation of success into the minds of us children and kept our home free of alcohol and drug abuse. There is no one that I respect more than my mother. She opened the door to this path that I now follow.

It was during this same time that my generation of Alaska Native youth, in particular us young men, began to die by suicide at an alarming rate. I remember being brought into a private room at Ryan Junior High School with about 12 other Alaska Native boys where we were lectured by a non-Native about how we were far more statistically likely to go to jail or die by the time we were 25 than to finish high school. Those were the early days of behavioral health intervention with the attempts made to scare us into following a different path. Within a year, one of us died by suicide that was in that room. In the next six years, only two of us finished high school and I was not one of them.

The rest of us started to abuse alcohol and drugs during the same time period and some of those that were in that room are still self-medicating their pain and suffering to this day, using drugs and alcohol to make life feel bearable to them.

I was lucky to survive my teenage years. Then at 17 years old, I had an epiphany. My consciousness awakened in a new way. I realized that I was not doing okay and when I looked around me, neither were many of the Native people. I thought about how I would one day become a father. I have four children now—and that I had the power to choose the life path I would walk for my children. I

knew that transforming my life would require a great deal of courage because I would need to acknowledge and face my problems, but I chose to heal and develop myself as a person so that I could be there for my family and be there for my people.

My first steps after finding this clarity were interrelated. I needed to pursue education, both Western and traditionally in my culture, and I had to investigate the history of what our people went through that led us to our current condition.

It did not take long for me to find other young Alaska Natives having the same interest. Together, we began what has become my lifelong work; the pursuit of truth, healing, knowledge, and self-determination among Alaska Native peoples. The emphasis of my early work was on youth leadership development with the first gathering that we hosted with two other Inupiaq young women 16 years ago when I was still a teenager. As we honed this process and approach to leadership development among youth, we realized that the early first step of healing was necessary to create a confidential space without judging each other for us to be able to share what we had really been through in life.

For most young Alaska Native people, that kind of space has not yet been created. For most, it is like being able to breathe freely for the first time, to sit in a safe environment among Alaska Native peers and realize that we are not alone in feeling the pain, pressure, and loss in our generations, to have our feelings affirmed and have people acknowledge that much of what is happening on a social, political, and economic level is not okay and that anger, frustration, confusion, and depression are natural emotional responses to the experiences that we are living with as Alaska Natives today.

There are natural stages that follow as we deepen our awareness of what our past generations had to endure and we most often feel forgiveness and compassion toward our parents and grandparents as we realize that they, too, must have suffered tremendously in their lifetime due to the great deaths from epidemics, boarding schools, racism, assimilation, abuse, and other traumatizing circumstances. It is not an excuse for unhealthy or negative behaviors, but it provides for insight into how it came to be.

In sharing our stories with one another in a healthy setting, we began the process of reweaving the social, political, and cultural fabric that once sustained our peoples for thousands of generations. We found support, encouragement, and guidance from each other and began making a commitment to ourselves to no longer live life as a victim, but to face our personal challenges and those of our people as compassionate warriors.

Three years ago, from several regions in Alaska, our people and elders asked me to expand the focus of my efforts to prevent suicide. Since that time, I have worked with a number of compassionate warriors to develop approaches to suicide prevention and healing that are rooted in the traditional values, knowledge, and practices of our people and we continue to learn, grow, and make improvements in these approaches.

I believe that we have the capacity and the knowledge in our communities to address the issues surrounding suicide. However, it requires people in each community to take a stand by cleaning up their own life and then taking the risk to apply health pressure

within their families and community. In the past, our elders held such a deep personal integrity and respect among our people that they were able to be this healthy foundation for our villages. This is something that we need to return to, but which can only happen if enough people begin to hold themselves to a good self-disciplined path in life.

The research shows that Alaska Native people are much more likely to go to our peers and family members than to a Western based counselor, therapist, or psychologist when experiencing depression or suicidal ideation. This makes sense because we know that other Alaska Natives will understand what we are talking about when we express our feelings about the experiences we are having as Alaska Natives.

In these past few years since I've taken up this cause, I have listened to the stories and witnessed the pouring of tears from hundreds of Alaska Native youth and young adults. I can attest to the fact that the current level of suffering and pain being felt by Alaska Native people today is staggering.

The path to our recovery will require several factors to be acted upon simultaneously. All are rooted in the need for expanding control over our destiny as Alaska Natives through self-determination. Self-determination is something that we must take upon ourselves to practice as Alaska Natives, but it is also something that the Federal and state governments can choose to support or not.

This kind of decolonization process is linked to decreased rates of suicide and substance abuse in Tribal communities. As Alaska Natives, we must step into leadership and responsibility. We must lead by example, ask ourselves if our behaviors and decisions are ones that we would feel good to have our children follow.

We must be honest with our families, our community members, and ourselves. We must recognize and acknowledge the problems that we have because that is the first step to being able to address them. We must demonstrate the love for our children, family, and people through our actions. The solution is in every one of us. We just have to believe it is possible and then we will make it so. Yet, we must also have patience for ourselves and those around us, because the healing process takes time.

I believe that you, the Senate Committee on Indian Affairs and the Federal Government, have a key role in helping build better futures for Alaska Native people. In the last 1990s, I took a trip upriver from Fort Yukon to another Gwich'in village that happens to be in Canada, called Old Crow.

While there, I was astonished to see they had running water, electricity, a solidly recognized Tribal government that was well supported by the Canadian government. They were in control of their local school and were in the midst of a decade-long treaty negotiation over land, resources, rights, and royalties to developments in their traditional territories.

It was one of the first times I clearly realized that of the billions of dollars annually taken from our traditional lands in Alaska in the form of oil, salmon, mining and timber, that we were still living in third-world conditions compared to our cousins upriver.

Our Tribal governments have never been afforded a treaty negotiation with the United States government and our people have not

truly ever been afforded the opportunity to decide for ourselves how we would like to best organize ourselves for self-governance and economic development.

Instead, the United States passed the Alaska Native Claims Settlement Act of 1971 as an experiment in modern colonization that has reaped economic benefit for our people, but also a great deal of division, cultural degradation, confusion, and frustration among Alaska Native Tribes and people.

In addition, ANCSA extinguished our indigenous right to hunt and fish, despite our people being arguably the most dependent in North America on that way of life, but more directly related to the behavioral health needs, the Federal government provides funding through IHS that is restricted to meet behavioral health service standards that were not developed to meet the needs of our people. We may not have all the solutions yet, but there is no doubt that we will be more effective with the freedom to develop and implement our own services based on our intimate understanding of the issues that our people are facing. Lifting restrictions on Federal funding for behavioral health services would lift the burden of administrative time required to meet Western standards and enable us to provide more effective services to Alaska Native communities. We would benefit greatly from an expanded autonomy and the use of current and recurring Federal and state behavioral health dollars.

Furthermore, I would like to suggest that an equal, if not greater scale of investment that was put into eradicating our cultures and assimilating Alaska Native peoples into Western ways, be invested into healing, wellness, and leadership development to help us recover.

There are a great many factors that lead into the number of suicides in Native communities, such as high unemployment rates, lack of adequate housing and limited control of our education systems that our failing our children at an alarming rate.

As representatives of our Federal Government, you have a great opportunity and responsibility to ensure initiatives that usher greater self-determination for Alaska Native peoples so that we may further enhance our work toward a holistic healing and recovery of our people. I thank you, again, for allowing me to share some of my experiences and I wish you and everybody here and everyone who listens to us later, the best in their path in life. I do have a lot of hope for our people and I do believe that a lot of healing is possible for, not only Native people, but non- Native because this issue expands globally. So thank you very much.

[The prepared statement of Mr. Peter follows:]

PREPARED STATEMENT OF EVON PETER, DIRECTOR, MANIILAQ WELLNESS PROGRAM

Shalak naii. Dzaa gihshii geenjit shoo ihlii. Vahsraii K'oo gwatsan ihlii.

I give thanks for being invited to share with this Committee and our People. It is humbling to be asked to share my experience and understandings about the tragedy of suicide, which has in someway affected nearly every Alaska Native person today. It is imperative that we proactively address this issue and its related contributing factors with conviction, so I am grateful to help raise awareness in this way. I also give thanks to all those leaders who came before me, breaking trail on this path to healing and wellness, many of whom are still with us today working diligently within their families and communities. It takes great courage and commitment to acknowledge that we have problems and to face them with honesty, love,

and determination. We can no longer afford to live in denial about the daunting reality many of our people face on a daily basis. We can no longer afford to live in fear of the consequences if we choose to raise our voices and take a stand.

Within my culture, we speak from personal experience because that is the story we know best. Our stories shape who we are and reflect the learnings we have garnered about life. They also enable us to identify our relationships to one another. Additionally, in order to fully address the complexity of suicide in Alaska Native communities, time must be taken to briefly detail a history of colonization. This history may not initially seem relevant, yet is inextricably connected to the breakdown of the cultural, political, spiritual, and social fabric that sustained Alaska Native peoples for thousands of years prior to western colonization.

Research has shown that colonization is one of the single largest factors driving the abnormally high suicide rates within an Indigenous population (M. Chandler & Proulx, 2006; M. J. Chandler & Lalonde, 1998; L. J. Kirmayer MD, Boothroyd Lucy J., & Hodgins Stephen, 1998; L. Kirmayer, Fletcher, & Boothroyd, 1998; L. J. Kirmayer, Brass, & Tait, 2000; Kral, 2003; Kral, 2009; L. Wexler, 2009; L. Wexler, 2006). Therefore, in order to fully engage in the battle against suicide in Alaska Native communities it is crucial to ask a couple questions: Just what is colonization? And how has the colonization of Alaska impacted Alaska Native populations historically and in the current time? I will attempt to answer parts of these questions through sharing with you part of my story, how I am here before you today.

I was born to a Gwich'in and Koyukon mother and a Jewish father. I lost my father to divorce when I was five and I did not see him again before he died, for these reasons I was raised as a Gwich'in person from my earliest memories. But my story begins further back; my grandmother was adopted at a young age after losing her parents to disease—one of several diseases that had caused a great number of deaths among Alaska Native people between 1870–1950. As a child, following the adoption, my grandmother was sexually abused by men in her new community and she did not realize until adulthood that this was not a normal part of what childhood was supposed to be. This later weighed heavily on her relationship with my grandfather and their ability to raise my aunts, uncles, and mother in a secure and openly loving way.

My grandparents chose to send my mother away at a very young age to California to receive a better western education. At the time this was highly encouraged and sometimes forced during a time period of Federal Government policies that is now widely recognized as an era of Tribal termination and forced assimilation. It was in this same time period that the territory of Alaska was successfully desegregating; in our own homelands signs that read "no dogs, no Natives" were finally being taken down from business windows. Few of our Alaska Native people were western educated at that time. Stories of the treatment of American Indians in the continental United States made it clear to our leaders that we would need to learn the western ways better to be able to defend our rights to our homelands and to our way of life against a dominant culture that had already shown our people great disregard. My mother was lucky to return to Alaska after only three years and she remained home until leaving again for high school on the east coast of the lower forty-eight.

Like many Alaska Native people of my grandmother and mother's generation, my mother endured the emotional, psychological, spiritual, cultural, and physical duress of a rapid transition from a traditional way of life on the land to the twenty-first century "city life". Federal policy and practices, implemented through schools and some churches, enforced the assimilation of Native peoples through the direct and indirect eradication of rights, language, culture, and philosophy. My mother's generation was born into a world that immediately told her, both in popular culture and in government policies, that she must change.

The policies and practices of colonization brought with it the social illnesses of sexual abuse, alcoholism, and neglect, which can be passed from one generation to the next. This is often referred to as intergenerational trauma, which equates to an experience of post-traumatic stress disorder among many Alaska Native people. In many ways, my mother's generation was born with the scars of assaults carried out in previous generations of our ancestry as the colonizing culture attempted the eradication of who we are and the undermining of our control over our destiny as a people.

These multiple layers of stress and pain associated with generations of assault, abuse, and loss are all too easily numbed with alcohol and drugs. Yet drugs and alcohol do not heal the pains, they amplify it. Alaska Native communities have seen an epidemic of drug and alcohol abuse, which has resulted in continuations of the cycles of social illness and suicides. My family has not been immune to this; my story, until recently, was not an exception to this cycle.

Shortly after my father left we were living in Anchorage, but my mother felt a calling to send me north to my grandmother in Gwichyaa Zhee (Fort Yukon) and my grandfather in Vashraii K'oo (Arctic Village). She felt it was important that I be raised traditionally among our people—the reverse of her experience being assimilated into the western ways. The following years, until I was a teenager, I moved from village to village and sometimes back into the urban ghettos of Anchorage, I lived with grandparents, uncles, relatives, and my immediate family. Within those times, I faced hunger, sexual abuse, bullying, neglect, racism, confusion, exposure to heavy alcohol and substance abuse, and suicidal ideation, which started at the age of ten when I once held a knife to my throat for two hours.

Simultaneously, I was immersed in an "Indigenous worldview," I received a traditional education from the land, animals, and people. All of this shaped my understanding of what it means to be Gwich'in, to be human. I had to grow up fast and my grandmother later reflected to me as an adult, that she knew when I was thirteen years old that I was already an independent young man, admittedly one who was unconsciously broken, hurting, and naïve.

It was then that my mother moved my brothers, sister, and I all back together under one roof into the low-income area of Fairbanks. We ate food bank rations and I hunted ptarmigan and rabbits in the willows with my brother near our apartments, until the police told us "no more hunting in the city." My mother had made courageous changes in her life through her own healing process by that time. She began to implant the expectations of success into the minds of us children, and kept our home free of alcohol and drug abuse. There is no one I respect more than my mother, her strength and determination demonstrated to us what was possible in the face of great adversity. She opened the door to this path that I now follow.

It was during this same time that my generation of Alaska Native youth, in particular young men, began to die by suicide at an alarming rate. I remember being brought into a private room at Ryan Jr. High School with about twelve other young Alaska Native boys, where we were lectured by a non-Native about how we were far more statistically likely to go to jail or die by the time we were twenty five years old than to finish high school. It was the early days of behavioral health intervention, with attempts made to scare us into following a different path. Within a year, one of us died by suicide and, over the next six years, only two finished high school. I was not one of them. The rest of us started to abuse alcohol and drugs during this same time period. Some are still self-medicating their pain and suffering, using alcohol or drugs to make life feel bearable.

I was lucky to survive my teenage years. Then at seventeen years old, I had an epiphany, my consciousness awakened in a new way. I realized that I was not doing okay and neither were many of the Native people around me. I thought about how I would become a father one day, and that I had the power to choose the life path I would walk for my children. I knew that transforming my life would require a great deal of courage because I would need to acknowledge and face my problems. I chose to heal and develop myself as a person so that I could be there for my family, and to be there for my people.

My first steps after finding this clarity were interrelated. I needed to pursue my education, both western and traditionally in my culture, and I had to investigate the history of what our people went through that led us to our current condition. It did not take long for me to find other young Alaska Natives who carried similar interests. Together we began what has become my lifelong work, the pursuit of truth, healing, knowledge, and self-determination among Alaska Native peoples.

The emphasis in my early work was on youth leadership development, with the first gathering hosted over sixteen years ago. As we honed the process and approach to leadership development over the years, we realized early on that a necessary first step towards healing is to create a confidential space, without judgment, for people to share what they had been through in life.

For most it is like being able to breathe freely for the first time, to sit in a safe environment among Alaska Native peers and realize that we are not alone in feeling the pain, pressure, and loss in our generations. To have our feelings affirmed and have people acknowledge that much of what is happening on a social, political, and economic level is not okay and that anger, frustration, confusion, and depression are natural emotional responses to the experiences we are living with as Alaska Natives.

There are natural stages that follow as we deepen our awareness of what our past generations had to endure. We most often feel forgiveness and compassion towards our parents and grandparents as we realize that they too must have suffered tremendously in their lifetimes due to great deaths from epidemics, boarding schools, racism, assimilation, abuse, and other traumatizing circumstances. It is not an ex-

cuse for unhealthy or negative behaviors, but it provides for insight into how it came to be.

In sharing our stories with one another in a healthy setting we began the process of re-weaving the social, spiritual, and cultural fabric that once before sustained our peoples. We found support, encouragement, and guidance from each other and began making a commitment to ourselves to no longer live life as a victim, but to face our personal challenges and those of our people as compassionate warriors.

Three years ago leaders from several regions in Alaska asked me to expand the focus of my efforts to the prevention of suicide. Since that time I have worked with a number of "compassionate warriors" to develop approaches to suicide prevention and healing that are rooted in the traditional values, knowledge, and practices of our peoples. And we continue to learn, grow, and make improvements to these approaches. I believe that we have the capacity and the knowledge in our communities to address the issues surrounding suicide, however it requires people in each community to take a stand by cleaning up there own life and then taking the risk to apply healthy pressure within their families and community. In the past, our elders held such a deep personal integrity and respect among the people that they were able to be this healthy foundation for their villages. This is something that we need to return to, but which can only happen if enough people begin to hold themselves to a good self-disciplined path in life.

Research shows that Alaska Native people are much more likely to go to their peers or a family member than to a western-based counselor, therapist, or psychologist when experiencing depression or suicidal ideations {{1517 Wexler, L. 2008; 829 Wexler, L. 2008; 625 Freedenthal, Stacey 2007}}. This makes sense because we know that other Alaska Natives will understand what we are talking about when we express our feelings about the experiences we are having as Alaska Natives. In the past few years, I have listened to the stories and witnessed the pouring of tears from hundreds of Alaska Native youth and young adults. I can attest to the fact that the current level of suffering and pain being felt by Alaska Native people today is staggering.

The path to our recovery will require several factors to be acted upon simultaneously. All are rooted in the need for expanding control over our destiny as Alaska Natives through self-determination. Self-determination is something that we must take upon ourselves to practice as Alaska Natives, but it is also something that the federal and state governments can choose to support or not. This kind of decolonizing process is linked to decreased rates of suicide and substance abuse in Tribal communities (Chandler & Lalonde, 1998b; Durie, Milroy, & Hunter, 2009; Fleming & Ledogar, 2008; Kirmayer et al., 1993; Kirmayer & Valaskakis, 2009; Kral & Idlout, in press; Wexler, 2009b; White & Jodoin, 2004).

As Alaska Natives we must step into leadership and responsibility. We must lead by example; ask ourselves if our behaviors and decisions are ones that we would feel good to have our children follow? We must be honest with our families, our community members, and ourselves. We must recognize and acknowledge the problems we have, because that is the first step to addressing them. We must demonstrate the love for our children, family, and people through our actions. The solution is in every one of us, we just have to believe it is possible and then we will make it so. Yet, we must also have patience for ourselves and those around us, because the process of healing takes time.

I believe that you, the Senate Committee on Indian Affairs, and the Federal government have a key role in helping build better futures for Alaska Native people. In the late 1990's, I took a trip upriver from Fort Yukon to another Gwich'in village that happens to be in Canada, called Old Crow. While there, I was astonished to see they had running water, electricity, and a solidly recognized Tribal government that was well supported by the Canadian government. They were in control of their local school and were in the midst of a decade long treaty negotiation over land, resources, rights, and royalties to developments in their traditional territories.

It was one of the first times I clearly realized that of the billions of dollars annually taken from our traditional lands in Alaska in the form of oil, salmon, mining, and timber, we were still living in third world conditions compared to our cousins upriver. Our Tribal governments have never been afforded a treaty negotiation with the United States government. Our people have not truly been afforded the opportunity to decide for ourselves how we would like to best organize ourselves for self-governance and economic development.

Instead, the United States passed the Alaska Native Claims Settlement Act (ANCSA) in 1971 as an experiment in modern colonization that has reaped some economic benefit for Alaska Natives, but also a great deal of division, cultural degradation, confusion, and frustration among Alaska Native Tribes and people. In addition, ANCSA extinguished our Indigenous rights to hunt and fish despite Alaska

Natives being arguably the most dependent of any Indigenous peoples in North America to that way of life.

More directly related to our behavioral health needs, the Federal Government provides funding through IHS that is restricted to meet behavioral health service standards that were not developed to meet the needs of our people. We may not have all the solutions yet, but there is no doubt that we will be more effective with the freedom to develop and implement our own services based on our intimate understanding of the issues our people are facing {{838 Wexler, L. 2011; 1517 Wexler, L. 2008; 2346 Walters, Karina L. 2009; 1717 Walters, K.L. 2002; 1593 Duran, E. 1998; 1732 Oetzel, John 2006}}. Lifting the restrictions on federal funding for behavioral health services would lift the burden of administrative time required to meet western standards and enable us to provide more effective services to Alaska Native communities. We would benefit greatly from an expanded autonomy in the use of current and recurring federal and state behavioral health dollars.

Furthermore, I would like to suggest that an equal, if not greater, scale of investment that was put into eradicating our cultures and assimilating Alaska Native peoples into western ways be invested into healing, wellness, and leadership development to help us recover.

There are a great many factors that lead into the number of suicides in Native communities such as high unemployment rates, lack of adequate housing, and limited control over our educational systems that are failing our children at an alarming rate. As representatives of our Federal Government you have a great opportunity and responsibility to ensure initiatives that usher greater selfdetermination for Alaska Native peoples so that we may further enhance our work towards a holistic healing and recovery of our people.

Thank you for this opportunity to share from my experience and I wish you all the best in your life and work.

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Senator MURKOWSKI. Evon, thank you for your leadership and for your story. Tessa Baldwin, welcome.

STATEMENT OF TERESSA "TESSA" BALDWIN, YOUTH MEMBER, ALASKA STATE SUICIDE PREVENTION COUNCIL; FOUNDER, HOPE4ALASKA PROJECT

Ms. BALDWIN. Thank you. Hello, I'm Tessa Baldwin. I'm serving as the Youth Representative for the Statewide Suicide Prevention Council. I was appointed by Governor Sean Parnell this year. I am also one of the Youth Ambassador's for Megan's program based on suicide prevention, as well as the head for Suicide Prevention for the Alaska Association of Student Governments. I also started my own campaign based on suicide prevention called Hope4Alaska. Now, I'm 17 years old and I'm currently doing all of this to focus on suicide prevention. My question to you is; what can you do as an adult to prevent just one suicide?

I'd like to share my own story of how suicide affected my life and why suicide prevention is my life's dedication and passion. I grew up around suicide. I've seen how it affected our communities, our families, and individuals. I, myself, witnessed my uncle committing suicide no more than 20 feet away from me. I was five. I had people to talk to, but what was there to talk about? It affected me greatly, as well as my family.

A few years later, I had seen how suicide affected my community when a girl committed suicide a block away. The whole community

was devastated. We had pictures of her all over AC and our yearbook was dedicated to her. It was a huge impact on my community.

At the age of 10, I have known six people that have committed suicide. They all mattered to me, but one that greatly affected my life was a year ago when my boyfriend committed suicide. The point of me bringing up my story is because I was told that if I stand up and tell my stories that others will be affected and that, right there, is saving lives and also because my generation has grown up around suicide. The seed of suicide has already been planted. It is our second thought of all of our problems. One small thing can trigger our willingness to commit suicide. Yes, the studies show many things, but it doesn't show what we should do next. It is more than just alcohol and drugs and hopelessness. We're losing our future and our culture and our children, but this is where we, as youth, has stepped up and shared our stories to join together and stop suicide, so that future generations will not see that suicide is an answer, but a problem.

We have been working hard getting petitions signed, sharing stories, passing resolutions, doing service projects, and passing the message on as young people. All we need now is a little support. We have many people starting things to prevent suicide, but Alaska is so spread out that we have no way to know about what each other has been doing and the efforts to put against suicide.

How are we going to fix this? We need people talking to each other and listening to each other that we can replicate those things that are working. People are being trained constantly on suicide prevention, but what good is it if we can't utilize it? This is why we need to pull together as a state and show others that we can defeat this struggle. I have personally started a campaign called Hope4Alaska to spread my message, but money is an issue in trying to recognize the signs of suicide. It is $2,000 to train 20 people and $1,200 for me to share my story to a different community.

Our state Suicide Prevention Council doesn't have the money to fund those that need it. We need to invest in our serious problems. Our budget shouldn't be focused or our budget should be focused on preventing suicide. There are many things that are important to our state, but there's one thing that is important to many individuals and that is saving each other.

So one message that my fellow peers have asked me to state and what I want to end with my testimony is, should it cost thousands of dollars to save lives, to save our generation that is going to pass on our culture, to save our children, or even to save our future? Thank you for letting me speak.

[The prepared statement of Ms. Baldwin follows:]

PREPARED STATEMENT OF TERESSA "TESSA" BALDWIN, YOUTH MEMBER, ALASKA STATE SUICIDE PREVENTION COUNCIL; FOUNDER, HOPE4ALASKA PROJECT

Hello my name is Teressa Baldwin, I am a senior at Mt. Edgecumbe High School, but originally from Kotzebue.

Before I start my speech I would like to acknowledge your teachers, these are the people you can talk to if you feel touched by this speech afterwards. Thank you!

I would like to say that I am honored to be here to talk about my passion, suicide prevention. I was appointed as the youth representative for the statewide suicide prevention council by Governor Sean Parnell and I run my own campaign which you are all now a part of called Hope4Alaska. I didn't get here today, by just a snap

of a finger, but because I am one out of four people who have been affected by suicide in Alaska.

I have grown up knowing that suicide exist, my mom's brother committed suicide when I was five years old no more than 20 feet away from me. I remember waking up one morning to my mom's cries and looking out the window to find out that there was an ambulance outside taking him away. Of course I was only five years old and didn't know what to do, yeah I had people to talk to but I was five. What was there to talk about?

I remember all of my family members being depressed for months, and my mom didn't leave the house until she was stable enough to move on. Being 5 and having someone take their own life that lived with you was only the beginning to my family's problems.

I have grown up in Rural Alaska where suicides and drugs were a problem. In rural Alaska one out of five families experiences a loss due to suicide. Yet I didn't think that those people taking their lives away thought about how their death would affect someone else. Just as my uncle's passing away affected my whole family, a girl in Kotzebue committed suicide one block away from my house. She was around the age of 17, and she committed suicide the same way my uncle did. She hung herself. I was about nine years old, and I remember everyone in Kotzebue being affected by her death. I remember the ambulances then too, they sped pass my house, and on to the next street where she had lived. Of course I didn't know what they were doing. Before the age of 10, I have known six people that have committed suicide. Now that I am here I have to think of all those ten-year olds in Alaska experiencing the same thing I did when I was ten.

I knew suicide was there, but I had no one to talk to and become aware of what was going on. When someone passed away everyone would just be in grief for a long time, I never was told why people committed suicide, and I was just told things happen move on. I felt sad, alone, and unsure of my self. I still feel the same way about my past, sad. The only difference is I now feel stable with myself, and sure of myself. Yeah there are times where I know I need help, and I know I need to get up and tell someone that I feel alone. It's like taking yourself out of the darkness, and sharing what happened, so that you can possibly take someone out of the darkness as well.

Last year I sat down with two of the most inspirational people, Carol Waters and Barb Franks. Both of them are heavy advocates of suicide prevention. We talked about morals, and life skills that have truly opened doors for my surroundings. The point of this discussion was to get more ideas about how to promote suicide prevention. I learned that sharing with someone what your know can possibly help others as well. The fact that I have hopes and goals can really help myself out as well as others and that change is in the air (as Barbara Franks says), and there shall be no more silence among teens just as myself on the topic of suicide. Back in January 2010, I was invited by my advisor Carol Waters to a suicide prevention summit in Anchorage. Tons of adults came together and talk about the issue of suicide rates in Alaska. This is where I started to reveal my feelings about suicide, at the age 15. It was a safety net from what happened years before. It was something I know I had to be a part of. This is where I met Barb Franks. The Summit brought in different organizations throughout Alaska, such as NANA, ANTHC, ASRC, Tlingit organizations, and Maniilaq. Among those organizations was a youth led organization called AASG. The two youth representatives were Ariel Zlatkovski and myself. I soon found out that a youth voice really does help out what is going on and that there is no stronger voice to the audience then someone young. From there I kept my eyes open for things that can relate to suicide prevention. Another door had opened.

After five years of being silent about my feelings it felt like I knew what was going on. I remember getting a binder full of papers that I didn't quit understand, it had organizations and phone numbers for people related to jobs in suicide prevention. Shortly after reading this binder full of papers. I wrote down a list of goals one being "Save 100 people from committing suicide." I was soon to figure out that what was in the binder doesn't tell me how to move on in the future.

When my boyfriend for the summer committed suicide, I was 16 years old, and from someone I knew meant a lot to me that just killed himself shocked me. It brought me back to the feelings of being sad, alone, and unsure of myself. It affected me greatly. I honestly thought that this guy was someone I was going to grow old with, who would always have my back. We were both opposites in every way. He liked Kid Kudi and I liked Carry Underwood, but I think those things really tied us together. Life just didn't seem real after he ended his life. In fact I remember thinking why live if I have nothing left to live for. I got in to some bad stuff after he committed suicide, stuff teens at the age of 16 should even be thinking about.

But instead of committing the same deed that he did, I decided to keep myself busy. I stood up and started taking action in many things such as suicide prevention. I attended groups such as YAHA, connections with ANTHC, the Statewide Suicide Prevention Council, and even bringing forth my ideas to my own school. These things helped me get involved with the suicide prevention media contest, which then kept me telling myself my life matters, but no one else was there to tell me that it matters as well. I tried to make it seem like my life has mattered I am here to perfect the suicide rates in Alaska, and govern myself into thinking that I would take control of all matters.

I had dreams of becoming the next AASG president, after being secretary/treasurer this was my high school dream. I thought I was invisible, I mean I revolved my life around AASG. My schedule was eat, sleep, student council. Being on the board made me feel secure and important. As a 16 year old that didn't know how to deal with matters, I thought it was okay to keep myself so busy that I wouldn't have time to think about my losses. It worked up until I lost my election for becoming the next AASG president. By that time I hit my lowest point on the map, I lost my boyfriend and my life. I remember thinking what more is there to lose? I would go to bed re-living the moment that I lost my election and I would wake up thinking about my loss of my ex-boyfriend. It got to the point that I was showing signs of suicide. I would give my clothes away to people that I thought needed them more than I did. I would shun my activities and be unproductive in my school work; I would cry myself to sleep. All of a sudden I remembered the binder on suicide. I looked back at the book gates keeper and my list of goals I kept laying around my room. It was me bringing myself slowly out of the darkness once again.

Yet I am sitting here talking to you about my story, it makes me wonder what others feel as their story. So, like I said I sat down with two inspirational leaders last year, and they shared with me a message, you need to be strong and share your story because someone who is listening can be helped. It was not until that moment that I knew I had to come out of my shell and share my story. Because of Barb and Carol, I listened to their stories about how suicide affected their lives. It also helped me realize what all those people that have committed suicide were missing, and that was security and knowing what they want to do.

This was something that really pulled me out of the darkness; I realized that the age range of people committing suicide was not shocking anymore. Because all those people that committed suicide were between the ages of 14–24, the age that people reach when they soon realize they are on their own. When your age 18 most parents say, you've graduated, its time for you to move out. Well, who is going to care for that person who was just moved out of their house? If I was that person I would be confused about everything.

You have to remember that everyone has different goals and inspirations and caregivers. I myself, live on the line, smile, and make someone's day. Just because I know that is what I lived off of when I was at my lowest point.

One story that Barbara Franks told me really touched me was a group who founded the Alive Campaign; it was about four close friends that did everything together. They were the four best friends, anyone would ask for. Then all of a sudden one of them admitted that he was suicidal, because he couldn't reach his goals. This really touched me, because his friend made that person's goal come true. They helped their friend to make sure that that person knew they were friends forever and have someone to talk to when he become hopeless. When I heard that story, the first thing I said to myself was I want to be part of the solution and not the problem with Alaska's suicide rates. It gave me the vision that my life was important to a fact that I want to help people stand tall against suicide.

My message to you is that you need to be the change, because one suicide is too much as Barb Franks shared from an Elder's perspective during his presentation at the Elders and Youth Conference in Anchorage 2009. Yeah, the books tell you the signs of suicide, but they don't tell you how to deal with the afterwards. The power of listening is when this comes into hand. How are we going to have a future if we keep committing suicide, because if you really think about it when just one person commits suicide, dozens of others are affected.

It is our time to bring someone out of the darkness and to tell them their life matters. It is easy to make someone's day. Tell someone you love them and tell them that their life has meaning. I know I feel bad for not telling those I had lost that I cared about them, and that I was there for them. Especially, my ex boyfriend. It is also easy to forget about one another when we are busy.

We need to talk to one another help touch lives, change directions, and make other's existence positive. Those are the two things our future seems like it is missing, love and positive lives. I know when I am old I want to be able to say I helped 100

people from committing suicide and I also know that I am going to live to tell the story of how I helped them.

Although I am not going to be doing this forever, the question is whose going to be doing this after? That is when we as youth leaders need to step up and show that we care for one another. As Carol Waters pointed out to me, "Giving someone a fish is good to eat for one day, why not teach them how to fish so that they can eat every day."

So instead of waiting for this to stop itself, let's be the generation to teach the rest of the generations that suicide is not the answer.

Senator MURKOWSKI. Tessa, thank you for sharing your story. When we were in Bethel last year and had the listening session then and heard some young people speak, there was one individual who said that suicide, unfortunately, was viewed as normal. It was an option that was normal amongst our young people and that just shattered me to think that somehow or other that was an acceptable option and by sharing your story, I think you do make the point that ensuring that our young people know that there are other options, but we need to work together to make a difference.

The testimony that we have heard from this panel has been very compelling and I appreciate it, some very difficult stories and Evon, your words, too, go straight to the heart. The leadership I think you see here, whether it's what Dr. Mala has been doing for decades now or what these young people are doing in committing to make a difference for their generation and for the generations that follow is something that we, as community leaders and state leaders, need to be working with you to support you in any way possible. The Ambassador's Program that you're putting together, Megan, is certainly to be applauded. One of the things that I have asked before, though, is; when we have strong young people as you come forward, how do we make sure that those who are not so strong, that we are able to reach out to them? So the Natural Helpers Program that you've described, where it's the young people who select who will be part of this leadership team is so critically important, because often times, it's just those over-achievers, the ones that get the good grades, the ones that don't get in trouble, the ones that aren't struggling that take on these leadership programs that become the head of their student governments and then we're not able to reach those who are really struggling.

How do we make sure that we are drawing in those who need that help, whether it's through the Cultural Ambassador's Program, the Natural Helpers, whether it's what you're doing, Tessa, how do we reach them? How do we reach them, Evon?

Mr. PETER.I can explain how we reach them. You know, our people in our communities know who's doing well, which families are doing well, which families aren't doing well. The principals and teachers in the school and the peers know which of their peers and students aren't doing well.

There's clear signs of not showing up at school or not having adequate sleep or food and also, we have the state custody system and the Department of Juvenile Justice and when you just speak to people and you're connected at a community based level, you're aware of youth that are important to be proactively reached out to and you can develop programs to reach out to them.

We have experiences in our program where we have to track down a parent, who may be intoxicated to get their signature to ap-

prove for their child to participate in some of the work we do and that child's aware of their situation, clearly. I mean, our young people are so aware. I often tell them that, you know, even though they're teenagers, they're young adults. They're not naive to what's going on in their family and community and so we are just honest and up front when we reach out and communicate with people to reach that demographic of young people, you know, but the Youth Leaders Program that you mentioned, I'm also one of the co-leaders that helps to train the youth in that program, along with Michelle Woods. I'm in the Northwest Arctic and also in the Bering Straight School District and I mean, I just want to agree that program is an extraordinary program in being able to really provide training and opportunities for healing for young people and they are the most effective leaders among their own peers.

We say that in that program that the 9th through 12th graders are the elders in their school and all the young ones below them watch everything they do, how they act, how they relate to each other, whether they're looking out for each other and so we mirror that to the community look. So that's how we outreach to that population.

Senator MURKOWSKI. That requires that we be involved in one another's lives. It requires that as a community, we are watching, not only our kids, but our neighbor's kids and that as a community, we are engaged with others and more and more, at least in the society outside of Alaska, we don't have that connectedness.

Our families are moving around. They're mobile. Even in our villages, you have families that have been together for a long time and because of economic reasons or health reasons, the family moves to Anchorage. You don't have that support system.

You mentioned that you lived in Mountain View and out in Karluk, you know, do you have that family support system? If you don't have it in the villages, how can we be involved? A lot of times people will say, you know, "But out, these are not your problems." How do we make sure that, as Alaskans, we say, "Yes, these are our problems. This is ours to solve together."

I worry that as we lose some of the strength within our villages, and you've spoken to this, that it's more difficult to know what is happening within the families so that we can provide that support and reach out and I'm also going to throw a tough one to Megan and to Tessa, it's how we're communicating nowadays.

When you were growing up with your grandparents, you probably didn't have the access to the TV. Now, it's not just TV, it's the fact that we're all glued to our smart phones, to Facebook. Is this helping us or is this hurting us? It's a long question.

Ms. GREGORY. I think it's both right now. There's a lot of bullying that happens on Facebook and I know a lot of people are working to address that, but in a way it's helping. I've created a Youth Ambassador, a Southeast Alaska Youth Ambassador Facebook page that I encourage everybody to check out to meet our youth ambassadors and learn more about their goals and what they'll be working on throughout the school year and it's just been a great way to connect with people and let them know what we're working on in Southeast and it keeps me connected with the youth.

I've noticed since I developed this program, I'm not used to being a Director for a program, but I've noticed that I can always get in touch with them on Facebook. Sometimes they don't check their email, but they're always on Facebook and definitely, cell phones help, texting them. I think that's another thing we might consider giving the youth ambassadors is a cell phone to stay connected with them and communicate with them more efficiently because sometimes they don't have internet at home and they can't access their email to stay in touch with what we're doing. So I think that's definitely something to consider. Tessa, did you want to add?

Ms. BALDWIN. Yes. So I agree with Megan that having, like, connectedness through the Internet is really helping our generation because we did grow up on the Internet and it is really eye opening to say that, but we do connect with friends and Alaska is so big, that it's really hard for us to stay connected through anything else.

I mean, we won't take the time to write letters or anything, but I stay connected to all the youth that I speak to through my blog and they check it every day and they see things that they can do to prevent suicide through my blog and I think that the Internet is really helping us at this point.

Senator MURKOWSKI. So in addition to the traditional ways that Dr. Mala advises, we need to be tuned to how the young people are communicating as well. There's no one-size solution here. We're going to conclude because the listening dialog that First Alaskans is going to host is coming up next, but I would offer to any of the four of you if you would like to make any final comments, words of wisdom, advice, request, remember that the testimony that you have given here will be part of the record for the Senate Indian Affairs Committee, so that other members of the Committee and their staff may know what we discussed today. So this is your opportunity. Dr. Mala.

Dr. MALA. My last comment is something that we see at the Alaska Native Medical Center. We see lots of depressed people. We see people that have failed in their suicide. We've talked to them. We walk with them. We offer them traditional healing, but the thing that we can't do that we need the help of every Alaskan, every Native American that hears our voice is we need to connect them back to the community.

I know people that give tickets to people just to get out of town and go back home, and you know, start your life again, but what we're lacking is there are people that are just disconnected. They may be in the Psychiatric Institute, maybe they're homeless, maybe they're going through a divorce. They're just disconnected from their community and their families and we need everyone to step forward and be there, be family for these disconnected people and there are so many of them and we kind of take the place of their family for a while, but we need to pass them on back to their community, back to their families and back to a new circle of friends and I need everyone to think that through and figure out how we, when we used to have lots of extended family, and I know it's one of the few places it's still alive now, we need to go back to that strength that we always had and take someone in our circle and help them with their healing.

Senator MURKOWSKI. Good words, Megan.

Ms. GREGORY. And I'd also like to touch on what Tessa mentioned during her testimony is—what can you do for your community? I encourage everybody to get involved in some way. It may seem small, but it makes a difference to somebody. You have to get involved. Volunteerism is in, and if your community has a suicide prevention task force, I encourage you to ask to join it or if your region has a task force, figure out what you can do to get involved and I also encourage you to go back to your Tribes and your corporations, encourage them to create youth representative positions so that students have an opportunity to learn what's going on and so that they can stay involved and encourage their peers to get involved.

Senator MURKOWSKI. Thank you. Good words, Evon.

Mr. PETER.It's such a unique opportunity. I just want to say that my closing comment is that this process of assimilation and colonization that I referenced in my testimony, every person on Earth has been impacted by it. Some just went through it hundreds of years ago, instead of recently and we don't understand how we have embraced some of those ways of thinking and are perpetuating that upon each other and it's causing a lot of suffering in the world right now and a lot of devastation and division among humanity and so I think that the healing that I spoke to is something for all of us, all humans on this planet, that we need to go through that and be able to begin to live honestly and to seek the truth and not to be afraid to speak it and I want to encourage, you know, everyone who listens to this to continue on your path of healing and wellness and to have that courage and to overcome any of the fears that might arise in you along that path and just blessings to everyone. Thank you.

Senator MURKOWSKI. Tessa.

Ms. BALDWIN. Thank you. My closing comment is, that it's not hard to make someone's day, to tell them that you care about them and to tell them that you love them. So just take time out of your day to tell someone that you care about them because that's the first step to preventing suicide. Thank you.

Senator MURKOWSKI. And that is a beautiful reminder to all of us that we think the problems are so big and that therefore, the solutions must be so big and so complicated and at the end of the day, so much of it comes down to caring and showing respect for others and just love and that doesn't cost anything. It comes from the heart and it's a good reminder to us. So thank you for that. I think all of our panelists, on this panel and the others, deserve a round of applause. We usually don't do that in the Senate, but it's the right thing to do and with that, we conclude this Field Hearing of the Senate Indian Affairs Committee. Thank you all.

[Whereupon, at 3:03 p.m., the hearing was adjourned.]

A P P E N D I X

PREPARED STATEMENT OF HON. LARRY ECHO HAWK, ASSISTANT SECRETARY FOR INDIAN AFFAIRS, U.S. DEPARTMENT OF THE INTERIOR

My name is Larry Echo Hawk and I am the Assistant Secretary for Indian Affairs in the Department of the Interior. I am pleased to submit a statement for the record to provide the Department's statement on the topic of H.O.P.E, "Helping Our People Engage," which relates to American Indian and Alaska Native youth suicide prevention.

American Indian and Alaska Native youth suicide is a serious problem in Indian Country. Data and research have shown that social factors such as poverty, alcoholism, gangs, and violence contribute in the manifestation of suicide ideation, suicidal behavior and suicide attempts by American Indian youth in Indian Country. *See To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults,* 2010 Publication by Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services.

According to the Centers for Disease Control (CDC) data on "Leading Causes of Death by Age Group, American Indian or Alaska Native Males-United States, 2006," suicide was the second leading cause of death for ages 10–34. The same 2006 data from the CDC for American Indian or Alaska Native females showed that suicide was the first leading cause of death for ages 10–14, the second leading cause of death for ages 15–24, and the third leading cause of death for ages 25–34. Additionally, SAMHSA in its 2010 publication, To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults, states that young people account for forty percent (40 percent) of all suicides in Indian Country.

As this Committee is aware, the Bureau of Indian Affairs (BIA) programs assist Tribal communities in developing their natural and social-economic infrastructures (i.e., Tribal governments, Tribal courts, cultural vitalization, community capabilities, etc.) or provide services to fill infrastructure gaps (i.e., education, law enforcement, social services, housing improvement, transportation, etc.). For the BIA, suicidal events significantly impact law enforcement personnel since they are the most likely first responders to suicidal events. The Office of Justice Services (OJS) in the BIA has partnered with numerous health and social service programs to assist in educating and presenting at schools, seminars, workshops and community events to the youth and the community on suicide prevention. During these events BIA Law Enforcement participates by setting up an educational booth designed to interact with families and other service agencies and provide information on suicide prevention. The OJS will continue to gather statistical data and identify youth suicide trends within Indian Country, as well as look for ways to expand suicide prevention training with other stakeholders in the future. More specifically the BIA–OJS's recent activity includes:

- Providing training sessions on "Public Safety's role in Suicide Prevention", and "Suicide in Jails" during the Action Summit held in Scottsdale AZ.
- Begin plans for a Suicide Prevention Training Initiative in 2012. The OJS has begun to collaborate with the Alaska State Police to provide a specific Alaska Native Village initiative to bring training out to police officers serving Alaska Native Villages and communities, and the OJS is seeking partnerships with BIA Social Services and SAHMSA in expanding the planned 2012 initiative across Indian Country. The training initiative will focus on prevention and first responders' response to suicide threats.

Indian Affairs' most direct action in youth suicide prevention is through the Bureau of Indian Education (BIE). The BIE is providing technical assistance and monitoring though BIE regional School Safety Specialists to ensure schools are compliant with intervention strategies and reporting protocols to further ensure student safe-

ty. BIE's partnering with other federal agencies, including SAMHSA and the Indian Health Service (IHS) and the Department of Education, has enabled BIE to address the unique needs of students within these schools in the areas of behavioral health and suicide prevention efforts.

There is a significant impact on students, teachers, administrators and other school staff when handling suicide ideation, gestures, attempts and completions within the BIE school system. The BIE has developed a Suicide Prevention, Early Intervention and Postvention Policy to promote suicide prevention in BIE schools. The policy mandates specific actions in all schools, dormitories and the two post-secondary institutions; and encourages Tribally-operated schools to develop similar policies. These actions create a safety net for students who are at risk of suicide, and promotes proactive involvement of school personnel and communities in intervention, prevention and postvention activities.

The BIA's Law Enforcement and Tribal Services programs, along with the BIE, continually seek ways to collaborate and to support activities directed at suicide prevention and services coordination. The BIE utilizes the Youth Risk Behavior Survey, Native American Student Information System (NASIS), local BIA Law Enforcement and IHS data to develop interventions and track trends for program implementation and is committed to seeking out and enacting prevention strategies while ensuring a safe and secure environment for our students.

Additionally, BIE schools and dormitories use NASIS to track and identify specific behavior trends to develop interventions to address school specific behavior issues. BIE has developed two technical assistance training sessions that include both a basic and coaching level course. The basic course covers initial program development, policy development, best practices, and implementation, and the coaching level course focuses on adult wellness issues and youth development. The framework of the session is based on Native resiliency and cultural practices that support a positive school climate. More specifically, the BIE has completed several projects to address youth suicide:

- The BIE has developed two 16-hour courses on anti-bullying and suicide prevention for use within the BIE school system. The BIE has trained approximately 500 staff on these basic courses and approximately 200 staff on the coaching level.
- The BIE provides 13 online programs that provide BIE staff training on suicide prevention and anti-bullying. The BIE currently has all 13 online sessions on DVD along with training guides for the sessions. BIE's Education Line Officers (ELOs) and Principals may use these sessions during orientation or professional development days.

There are also ongoing efforts to address these issues through partnerships with behavioral health and social services organizations at both the Tribal and national level with SAMSHA and the IHS. Almost a year ago, on November 12, 2010, myself, along with Yvette Roubideaux, Director of the Indian Health Service, and Pamela Hyde, Administrator for SAMHSA, announced to Tribal Leaders that BIA, IHS and SAMHSA would sponsor listening sessions to hear the needs and concerns regarding youth suicide in Indian Country. The purpose of the listening sessions were to gather Tribal input on how we can best support the goals and programs of Tribes for preventing suicide in Tribal communities. We held ten listening sessions and the listening session held in Alaska was the largest attended listening session with approximately 500 attendees.

The BIA, IHS and SAMHSA met with several Tribes from all of the BIA Regions during these listening sessions. We held these listening sessions in Indian Country to gain first-hand knowledge from the American Indian and Alaska Native communities to see how best we can all, as partners, prevent youth suicide; and to identify specific needs expressed by Tribal community leaders, clinicians, practitioners, and youth.

The information gathered from these listening sessions was used at the Action Summit for Suicide Prevention held in Scottsdale, Arizona on August 1–4, 2011. The Action Summit was jointly sponsored and attended by BIA, BIA's OJS, BIE, IHS and SAMHSA to discuss what we heard during our joint listening sessions with Tribes, their members, and especially the Tribal youth. One of the goals of the Action Summit on Youth Suicide was to develop policy and future action items to address youth suicide and prevent youth suicide in Tribal communities.

We are also jointly sponsoring, again with BIE, IHS and SAMHSA an Action Summit for Suicide Prevention in Alaska on October 25–27, 2011. We plan to continue discussing with Tribes, their members, and the Tribal youth our goals, develop policy and future action items to address and prevent youth suicide, with particular attention to our Alaska Native population.

In summary, the BIA, BIE, IHS, SAMHSA, other Federal agencies, and Indian Tribes have and must continue to work together to address all aspects of suicide prevention and response. I want to thank the Committee for its continued concern for the wellbeing of Indian children, teens and young adults, especially on the subject of suicide prevention.

And I want to thank Senator Murkowski for her continued leadership on this issue, especially for the Alaska Natives in the State of Alaska. I am happy to respond to questions.