

TESTIMONY

SUBMITTED

TO

THE ALASKA NATIVES COMMISSION

TASK FORCE ON HEALTH

AND

TASK FORCE ON SOCIAL/CULTURAL

IN CONNECTION WITH A HEARING

ON HEALTH, SOCIAL, AND CULTURAL ISSUES

AND

SOLUTIONS

AT

ANCHORAGE, ALASKA

OCTOBER 15, 1992

ALASKA NATIVES COMMISSION
JOINT FEDERAL-STATE COMMISSION
ON
POLICIES AND PROGRAMS AFFECTING ALASKA NATIVES
4000 Old Seward Highway, Suite 100
Anchorage, Alaska 99503

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ALASKA NATIVES COMMISSION

TASK FORCE ON HEALTH
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HEARING ON HEALTH, SOCIAL, AND
CULTURAL ISSUES AND SOLUTIONS

ANCHORAGE, ALASKA

THURSDAY, OCTOBER 15, 1992

8 O'CLOCK A.M.

COMMISSIONERS PRESENT: FATHER JAMES SEBESTA
 FATHER NORMAN ELLIOTT
 MARTIN MOORE

OTHERS COMMISSIONERS MIKE IRWIN
AND STAFF PRESENT:

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P R O C E E D I N G S

(On record at 8 o'clock a.m.)

COMMISSIONER SEBESTA: (Began speaking before recorder was turned on.) . . . Commission hearing to order. My name is Father James Sebesta; and the Commission members who will be with me today are Father Norman Elliott -- and John Schaeffer will be here a little bit later -- and Ed Boyko will be at the Commission table, and Martin Moore, who just stepped out for a moment.

We're members of the special Task Forces on Health and -- Health Issues and Cultural/Social issues. But I'd like to give you just a little bit of background of the Commission and how it was formed, and what we see as our responsibilities, and really why we're here today.

The Joint Federal/State Commission on Policies and Programs Affecting Alaska Natives was asked to be convened by the Alaska -- by AFN; and particularly because of the problems which AFN saw among Native people of Alaska -- what they faced. And in the original session when we were convened in Washington, there was an address given to us, outlining particularly issues of the high suicide rate, the high incidence of teenage pregnancy, the incidence of violence in families, and alcoholism. And these particular issues were outlined to be really critical.

In our review, we find that these issues, of course, affect practically every aspect of life of the Native people, and so we have selected five different areas of special concern. And those areas are health; the social and cultural issues, which are very much challenged these days, and how they fit into the solutions; education certainly is a very prominent area that needs to be addressed; and, certainly, the economic issues, especially employment and things of this sort; and, of course, the overall governance of people themselves.

And so, we have been asked then, by AFN and by this -- by the law which instituted this Commission, to conduct hearings and to try to get, from the people themselves, solutions to the problems that AFN has focused upon as very critical.

So far we've conducted hearings in Fairbanks, in Bethel, and in Nome, and have received very interesting testimony. We are taking advantage of many people coming in for the -- for AFN, and conducting hearings, so that all during -- for the next three days, we will be available for people to voice their comments, and particularly address what might be effective solutions for these difficult times that we face.

And so I would like those people who are testifying -- we've tried to set up the tables in such a

way that, not only that can they testify to the panel here, but they can be also viewed by those of you who are waiting for testimony. I would ask that -- of those people that come forward, if they would introduce themselves, where they come from, what their particular interest is; and, if they have any written testimony, that they would leave a copy of that testimony with our recorder.

We do have a list of people who have pre-registered for testimony this morning; and I would ask maybe the first three of these people to come forward, if they would take the seats opposite us, and that's Charmaine Ramos, if she's here, and Commissioner Ted Mala, and Caroline Atuk.

(Pause.)

Charmaine, welcome. Thank you very much. I'm happy to invite you to the Commission, and would you like to begin your statements?

(TESTIMONY OF CHARMAINE RAMOS ATTACHED AS EXHIBIT #1)

COMMISSIONER SEBESTA: Okay, thank you very much, Charmaine. I'd like to open it up to the members of this Commission to question you, if they have any questions on this -- on your testimony. I appreciate it very much. It's very well organized, and I'm glad to see the sincere interest in addressing the problems of urban

Native people, because I know that they are, you know, very serious as they are in the villages.

One area that I have been thinking very much about myself, and I see that you have it in here, particularly -- let's see, it was family involvement; and in this Urban Native Center that you're trying to bring into existence, one of the aims of it is to address family issues? Bring people together to maybe, let's say, address the cultural and social aspects of family life?

MS. RAMOS: Yes, that is true. The reason why Phase I ha -- where is it? -- Phase I will be targeting the Native families and teenagers, because I just attended the State's Conference on Runaways and Homeless Youth; and 30 percent of the runaways are Alaska Native youth. And so there's a target to start trying to get the kids off the street, and/or prevent them from being on the street, and that will take Native family involvement, yes.

COMMISSIONER SEBESTA: And the more, let's say, awareness there is on the part of, let's say, families and their responsibilities to each other as a family, that is the hope that that will go out to reach out to other families? To --

MS. RAMOS: Yes.

COMMISSIONER SEBESTA: -- other people? Yeah.

MS. RAMOS: Yes, yes.

COMMISSIONER SEBESTA: Okay. Martin?

COMMISSIONER MOORE: I'm happy to learn that something is being considered. I realize how important the Native culture, the Native way of life -- how important it is for people. It's so very important that we must not forget our culture. Our culture is a rich -- a very rich culture. For some of these people that forget how important it is, they need a guidance, and they have -- by your efforts like this, to get the communication going again, that somebody cares for them; that somebody wants to listen to them.

I, you know -- I've learned so much about our culture just by listening to people's concerns, and this is one very important project you're working on. I appreciate it.

MS. RAMOS: Thank you very much.

COMMISSIONER ELLIOTT: I greatly appreciate your report, --

MS. RAMOS: Thank you.

COMMISSIONER ELLIOTT: -- and I noticed that -- as you stated, that one of your priorities is the establishment of a community center. Have you reached that point in your discussion as to where that might be located? And I ask that, knowing the resistance of many Anchorage areas to the establishment of centers.

SW/ss

MS. RAMOS: Yes, there has been discussion around it. The only solid thing is that we have, in the committee's mind, is one that it will not be on Fourth Avenue.

There has been many areas discussed and saying:

"Well, let's look at this. Let's look at that."

But there's been no really brainstorming on -- and full-blown discussion on where it will be located, no.

COMMISSIONER ELLIOTT: Well, I thank you for that; and also, I know there is also a Spirit Camp -- in addition to Fort Yukon, at least one other at Minto under Luke Titus.

MS. RAMOS: That is correct.

COMMISSIONER ELLIOTT: And would your Spirit Camp also be located at the community center? Is that a part of its function, or would it be somewhere more distant, as it is in Fort Yukon and Minto?

MS. RAMOS: Mr. Chairman, there has been discussion with the Municipality. They own Clitheroe Center land out there at Point Woronzoff. That is an option.

Tyonek has come to start discussion with us. They say that they have land and that they even have buildings that's out of town that they're willing to --

SW/ss

for us to negotiate with them to look at for a Spirit Camp. Matter of fact, they are part of the -- as you will notice, they have representation on this Anchorage committee, because of the urban Spirit Camp concept.

From the very beginning, that was one of the goals to look at, to developing some sort of model that would work here in Anchorage; and Tyonek has been very interested. And so, from the very beginning, they have been involved with the committee.

COMMISSIONER ELLIOTT: And concerning runaways, have you made any -- well, I say, connection with Covenant House here in Anchorage?

MR. RAMOS: Mr. Chairman, I am in a new unit established with the Municipality, and that's with Betsy Kanago in the homeless unit. Discussion with them hasn't been a priority, 'cause, basically, what we're trying to do is just find space for these people, such as the Native women who are -- last year slept in Bean's Cafe. So the priority is just to find the shelter and the funding for it. Discussion with individual agencies concerning the clie -- individual clients, or the clients themselves, has not yet begun. Just trying to figure out funding and shelter is --

COMMISSIONER SEBESTA: Yeah.

MS. RAMOS: -- has been a high priority, and has been for over a year now.

COMMISSIONER ELLIOTT: I ask that because Covenant House, of course, has been established here, and I didn't know if you were using that.

MS. RAMOS: That is correct, and we have to work with all the different emergency shelters to look at the number of rooms; the beds that we have per night. But discussion of the clients and the services to them has not been done yet.

COMMISSIONER ELLIOTT: Thank you very much.

MS. RAMOS: Thank you.

COMMISSIONER SEBESTA: Thank you very much.

DR. MALA: I wonder if I might have permission?

COMMISSIONER SEBESTA: Oh, yes.

DR. MALA: When I was a Health Officer at Gallup (ph.) Indian Medical Center, it was interesting to me that Native healers were permitted -- not only permitted, but encouraged, to come into the hospital to work with patients. And I'm wondering now that the Alaska Native Medical Center has received funding and is planning to move to a new location, if there have been any discussions with the people from Public Health Service to establish this center, perhaps on those grounds, or in cooperation with the hospital, to work to integrate Native concerns, spirituality, and culture into the system through that means?

MR. RAMOS: Mr. Chairman, the committee has discussed it. We have not approached Alaska Native Medical Center.

I have just started discussion with them, as a matter of fact yesterday, on the homeless and runaway youth issue, and not that we may be located there for a community center or anything like that, because we haven't decided what our criteria is yet.

As a matter of fact, one of the options we may look at is neighborhood centers, as well as one central community center. So we're not quite well established yet, in order to start discussion with different agencies.

COMMISSIONER SEBESTA: Well, I think it's a very credible thing that you're -- you've started this concern and are getting other agencies and doing the planning, because there's obviously a lot of consideration that has to go into the location of such a center. I appreciate very much your testimony.

MS. RAMOS: Thank you.

COMMISSIONER SEBESTA: The next person that is on our list for testimony is Dr. Ted Mala, who is Commissioner of the State Department of Health and Social Services. And so, Dr. Mala, I would invite you to give your testimony to the Commission.

DR. MALA: Thank you, Mr. Chairman, members of the Commission, ladies and gentlemen. My name is Ted Mala. I am the Commissioner of Health and Social Services. By training, I'm a physician. My specialization's in public health, preventative medicine, and I'm Alaska Native from the NANA Region.

Today I would like to respond to the request from the Commission for us to present some observations, that I've had, at least, in my two years as tenure as Commissioner of our Department, which is a very large department. We have 2,000 employees. We cover literally the whole state, and somehow are involved with the Indian Health Service, the federal government, private sector, and the health of all Alaskans all over our state.

In our Department of Health and Social Services, we include the Divisions of Medical Assistance, Public Assistance, Mental Health, Family and Youth Services, Alcohol and Drug Abuse, Administrative Services, and Public Health, so we cover a very, very broad spectrum of people and their problems all during their lives; and we actually even are involved with people when they die. So our department can -- goes from the cradle to the end of life, one way or the other.

When we talk about Alaska Natives and rural problems, this is certainly an area that has been very close to my heart for all of my life, probably starting

with my family involvement; but moreso with looking at the needs of the rural communities, not only in our state, but also all over the Arctic and the north -- the circumpolar world. And I have traveled over ten years in all the northern countries: Sweden, Denmark, Finland, Iceland, Greenland, Norway, Canada, Russia, and Alaska, looking at and for solutions to a lot of the problems that have plagued our people for many, many years.

And I feel that the world is divided by geopolitical imaginary lines, and that all peoples of the north need to work together to look for common problems; because, as you wander around the north, you see that a lot of people in the north have a lot of the same problems, and that we're all humans, and that a number of people are even -- especially Native people -- are related in the north, following the Bering Land Bridge and other theories. Certainly, we share a lot of the same concerns, and we are one northern family.

We see that programs that are brought from the Lower 48 and other places, a number of times, don't always work up here, because they rely on roads, and communications, and other things that we necessarily don't have. Some even rely on sunlight and easy conditions; and so we begin to look to the north, to look for more of -- solutions to different problems.

In our work in circumpolar health, we've actually divided the problems of the north into four groups. We look at Native people; we look at newcomers to the North; people that have lived here for a long time; and seasonal or transient workers. These four groups of people really have unique kinds of problems that we have to look at; and I think part of the problem is that a number of programs have not succeeded because everyone is lumped together, as, oh, everyone has the same problems and the same needs.

And as we begin to dissect the north and look at the groups of humans in the north, we begin to see that there are different approaches to problems; and there are many roads to health, and many roads to mental health and physical health, and what's good for some people is certainly not good for others. And there is no one way that cures everyone. If there were, then everyone would be cured. So, we have to look at this; and especially with Native people, we have to look at traditional medicine, and we have to look at traditional ways as part of the solution.

I am a very strong believer that alcoholism and other drug problems are like icebergs on the surface; and that they are very deep underneath, and you're only seeing a little bit of it. And the problem is, in my opinion, not just a genetic problem of maybe some enzyme

like alcohol dehydrogenase, that that is not found in people of Mongolian origin, that metabolizes alcohol, I feel that just saying it's a genetic problem is a copout, and that there are deeper, deeper problems.

And the Commission, I'm sure, is hearing much testimony about that; but I personally feel a lot of it is involved with changing from a subsistence economy to a cash economy; the lack of jobs; the different value systems people have; and people being judged now not being as good hunters or providers for their family, but how much money they have. I think that's part of it. Certainly, influence of television; a number of other things. And dominant cultures imposing their lives on other people is part of this equation.

So I'm saying this to preface this to say that we're a very big department. We have a number of different philosophies; but we are, hopefully, trying to sensitize our people to look at these particular questions and also to bring more Native people into our department. I personally am very discouraged that we don't have more Native people. This year at AFN, we've brought a display down the hall here, and we have actually brought some of the Department of Administration, with a big pile of applications, hopefully to recruit more Native people to help us to

work with many of our people in these approaches that I feel are terribly necessary.

We not only work in rural areas, but we also work in urban areas; and the previous testimony, which talked about the many serious problems of Native people, is absolutely true and one that we absolutely support.

We actually feel that there are a number of things that make people invisible sometimes; and the department often is approached by people saying they want to do a number of studies on Native people; but I hypothesize that non-Native people have a lot of the same problems in Anchorage; but maybe know how to hide better.

And so that is certainly -- we see that certainly with our social workers. We see a lot -- one of our unfortunate duties is going into homes and protecting those that cannot care for themselves; and we see a lot of it behind closed doors -- more than we'd like to see. So, I think that a number of these problems affect lots of people; just some people know how to hide it better than others. But, nevertheless, as a state and as people in general, we have a number of problems.

Our public health nurses, especially in our clinics, are involved with a number of infectious diseases that we see around the state. Villages still have problems with tuberculosis and hepatitis, and a

number of other problems certainly connected to water and sanitation, also included and affected by education; and, in some cases, so much turnover when there is a sanitation system that not enough trained people are involved in those areas to keep those systems up. We're certainly very, very concerned with that and have a very close relationship with the Department of Environmental Conservation, and the Indian Health Service, and the Native Health Board, working on those problems also.

The question of substance abuse is one that I've talked about. In this past year, our department has done something I don't think that's been done very often before, and we spent a lot of time traveling -- and we still do -- all over Alaska, and going into villages, where they have never seen anyone from the administration of Health Department.

And we spent time this year in northwest Alaska, in the Interior, and on the Kenai Peninsula; and all of our directors have gone out into these villages. And we've had public hearings and talked to people to try to sensitize our decision makers to see what are the problems of people; what are not being addressed; what can we do better; what are we not doing well enough?

And one of the main concerns that we heard from lots of people is that there's a group of people, especially of Native people, that are not being

addressed, that are in their early teenage years, and that's with the very terrible problem of inhalant abuse. We have concentrated for a long time on alcohol and drug abuse, but have not really done that much in terms of inhalants; and our department now is not only looking at this very closely, we have sponsored several conferences on it, and we plan to actually include this in our approach for the future.

We are especially pleased to see some efforts by certain regions, such as Kotzebue and their Spirit Camp, and the Search group. I was able to visit Ravens Way, which is on -- is a very important program sponsored by the Indian Health Service and the State of Alaska down in Sitka, where they are taking young people and putting them on an island re -- and connecting them again to nature.

And I believe that a lot of problems happen, especially with Native people, when people lose their connection to nature; when people forget about how to touch the earth and connect again; and this program actually connects people. And it's a lovely model of going in the right direction.

Our department has a new logo. If you have a chance, you'll go out and see it out there in the hall, and it's the family. And we have tried to put a lot of emphasis on keeping the family together. Rather than

just going in and trying to dissect people and families, what we're trying to do is come up with a new approach that basically says all our support services are to support the family and to keep people together as much as possible.

One of our projects is called Project Choice; and, basically, this is a program where we are trying to keep elders in their communities, elders in their villages, rather than going to nursing homes. And so if a person is going to a nursing home only because he or she can't clean their house, or can't take some medicine, or can't haul water or cut firewood or whatever, we are actually paying people to go in and do that for them, so they can stay home and be with their families, rather than have to go to a nursing home far away.

Actually, if you think about it and traditional values, people shouldn't be paying anybody to do this; people should just be doing it. But, nevertheless, perhaps it's a reflection of society today; but we are paying people to also stay at home and take care of elders.

Our department is also involved with public assistance, food stamps; we have a JOBS Program. We are actually taking people in as a condition of Welfare, saying that you have to go through some job training; you have to actually finish your high school diploma and

learn a trade that you can go out and make a living with. It's a -- kind of a frightening phenomena nationally that we are se -- seeing second-generation people on public assistance right now. When I started two years ago, we were paying two and a half million dollars a month in food stamps, and now we're up to four million a month, and public assistance is growing phenomenally by 15 percent every year. This year we're up another 15 percent. The Formula Programs, which are 50 percent match between the state and federal government are going up nationally.

The cost of medical care, we are paying five to ten million dollars a week on medical care payments in the state through Medicaid. And nationally, the nation is facing some type of bankruptcy if we don't control medical care a little better. We are working very close with the regional health corporations. In fact, we have invited a -- hopefully, all of them to come to Juneau and spend time with our program officers to work with us to see how we can work with them better. And it's in our interest that they succeed. We've had some problems this past year with some of the Native corporations. We have sent our people in. We've made various trips in to shore up the administration, and I think we're seeing that come around again, so we're pleased with the response of our

people that have come back and really worked on that closely.

Our Division of Family and Youth Services is one of our largest divisions. We run McLaughlin Youth Center, as well as the juvenile detention homes -- the juvenile corrections, as well as social services. We're very involved with tribal adoptions. The ICWA different types of agreements we have -- Indian Child Welfare Act agreements -- we have signed a number of these, and we believe that Native children should stay with Native families when possible. We always have a group of children that -- in terms of adoptions, both Native and non-Native, that the State has to take care of, with special needs, developmentally disabled, crack babies, these kinds of things, that are very high-cost kinds of things. But we have special programs actually to place them into homes and actually subsidize the homes a little bit more to take care of these babies.

We -- within Family and Youth Services also, we are developing the Social Worker Associate Program; and, basically, what we want to do is take people from local communities and start entry-level types of social work positions, so that people can kind of work their way up in the system, rather than have to bring people in from other cities to provide local social services. So we have one -- usually a supervisor and an associate, and

we've started that in several communities, and it's very, very well received. And it's our hope we will continue that also.

The area of circumpolar health, we have, in the department, worked in circumpolar health. We have meetings with Canada and also with Russia. Do you know that we have visa-free visiting now for Native people? In circumpolar health, we have to work on looking at a number of problems that the Russian people have -- Russian Native people that are related to our people. There's a lot of tuberculosis over there, and there are different kinds of diseases that could potentially be coming to Alaska also, so we have to monitor that. And we've been sending epidemiologists out into the field to look around what's out there, and we plan to continue to do that to make sure that different types of problems are not going back and forth also.

In circumpolar health also, one of the major initiatives of this department has been emergency medical evacuation, especially out in the Bering, working with the Russian government to -- especially when Native hunters are lost out there, to try to come up with a joint kind of a response, so that it doesn't matter who's out there and what nationality, it's a human being; we should all be responding.

We have a special section in our mental health area that's involved in developmental disability special needs children.

Also, suicide-prevention grants, which we give to a number of communities. These are small grants to come up with different types of projects in the community that will keep people busy, and, hopefully, work toward the prevention of suicide.

Just like alcohol and drug abuse, a lot of this is a very complicated problem; it's involved with self-image, and certainly the will of individuals to change. We can put thousands of millions of dollars in all these villages; and, if people don't want to change, they're not going to. So we have to empower the communities as much as possible; and we do that through the regions and the elected representatives of local people, and give them different types of grants to involve grassroots-types of people to make all these things work.

And, finally, the State is developing a State Health Plan. We are developing the framework of a health plan that we are going to, hopefully, get out very, very soon and -- for the whole state to respond to, with the idea that we want to leave, as a legacy to our Department, kind of a blueprint of where we're going as a state and what our goals are.

These are difficult times, with funding being cut back. Certainly, in the state level, we have a deficit this year of \$500 million, and we have to somehow make that up. One of the unfortunate things is that when you have a deficit, you have to hold your core programs together; and some of the prevention things, we can't fund as much as we'd like to. It certainly doesn't make sense; but we only have a certain amount of dollars, and we have to try to make the best decisions we can with our regions.

So, in a nutshell, this is some -- these are some of the things that our department is doing, and I'd be delighted to answer any questions or give you further information. And also, I direct the attention of the audience to the exhibit of the department out here, which is being sponsored by -- and staffed by different divisions from the department all the days of AFN. Thank you.

COMMISSIONER SEBESTA: Okay, thank you very much, Dr. Mala. One question I had, it's kind of associated with what we're doing, too; and you mentioned that, for the first time, your department conducted hearings in various places throughout Alaska, and in the northwest, and in the central, and the Kenai area, and so on. And are the -- do you have any, let's say, results of those hearings that have been made from the

grassroots -- very definite solutions to the problems that, you know, you've outlined?

DR. MALA: Well, what we are doing is -- and this is a very big state, as you well know -- are going around and see -- in my opinion, sensitizing the top managers of the department to the needs of local people. I feel personally that those needs will be translated in the development of a state budget and looking at priorities of health. Different communities have different priorities. For example, we were at Point Hope, and the main concern there was cancer and radiation. We go to other villages, and they're concerned in Southeast Alaska in some places about why the sewage system doesn't work; or in other places, why do we have all these honey buckets, and we need a safe place to dump them.

The needs vary by -- all over the state, and somehow we need to just sensitive decision makers so that, in my opinion, people are not influenced just by lobbyists, but actually going out and meeting people and seeing them.

I've -- always have believed that, all my life, that a hands-on kind of approach is very important. There are a number of statistics still showing that Alaska Natives have a birth rate higher than other people; that our people also have a higher infant death

rate than the rest of the population; and that very low birth weights are also endemic in the Bush. So there are serious problems that have to be covered, and they vary by different regions, although there are certain things that join everyone together.

But there are different cultures, and people have to take advantage of the opportunity to work with different cultures and traditional healers to go towards the final goal of, in my opinion, getting people to take responsibility for themselves and wanting to change.

COMMISSIONER SEBESTA: Would any of the other Commission members like to question Dr. Mala?

COMMISSIONER ELLIOTT: I have a comment, if I may?

COMMISSIONER SEBESTA: Father Elliott.

COMMISSIONER ELLIOTT: Doctor, I'm -- I notice that you, in your statement, that alcohol is just the tip of a -- of the iceberg. You sort of agree -- in fact, you do agree with the report by the Calista Corporation that -- "A Gentle People, a Harsh Life" -- that seems to be -- Martin, I think you recognize that as their statement as to the cause -- the reason for alcoholism, drug abuse, and so on. I don't know what the answer is to that, but I'm sure your department doesn't either; but I'm also very glad to hear from you that you are now

trying to keep people at home, rather than send them off to nursing homes away from home.

Now, many, many y -- well, some over thirty years ago, the Episcopal Church had a hospital at Fort Yukon, the Hudson Stuck Memorial Hospital. It was closed. It had to be closed, because whenever we had a patient diagnosed as tuberculosis, we would immediate get orders to send them to Anchorage; and eventually they would wind up in Colorado, or Oregon, or somewhere else, far away from their people, far away from their Native food, and all the other things.

Are you considering -- oh, I understand there's the -- there are plans, and, hopefully, they will develop for a new Alaska Native Medical Service Hospital in Anchorage; but have you ever thought that -- because that will still bring people away from their Native villages as they are now. I visit the Native hospital regularly, and I find people from Point Hope, and Fort Yukon, the Lower Yukon, and so on. Have you thought of reopening, for example, the hospital at Tanana, which was a Native Service Hospital, so that if people of the Interior, for example, will still be -- although away from home, perhaps that has to be -- but still will be within their own culture and their own people, rather than developing a gigantic hospital here, which will still take them away from their home?

SW/ss

DR. MALA: Well, I would like to respond with official statements and personal statements; but, basically, the hospital that's being built here is part of the United States Public Health Service and not the state government, so we are -- this is not our hospital per se. Although an interesting part of this that has fascinated me in the building of this hospital has been that there is no mental health section in that hospital, and that the State hospital is going to continue to do all of the psychiatric care for Native people. I haven't figured out how that's happened, and it's certainly something I've inherited; but I would have opposed that, had I known that earlier on.

There is, in the Alaska Psychiatric Hospital -- which we are also planning to rebuild, because of great system failures on a regular basis, not to mention asbestos in the Hill-Burton Hospitals of those days -- a lot of problems with our hospital. We looked at the possibility of what mental health is going to look like in the year 2000 and beyond. When we work with the Native Health Heal -- the Alaska Mental Health Board and the Native Health Board, who is chaired, by the way -- the Mental Health Board is chaired by an Alaska Native, Alecia Ivan (ph.) -- at how to actually dehospitalize a number of people and keep people near their homes through a number of community mental health centers. The reality

is that we don't have the money to do it as a state. The reality is that I have had several requests from communities to replace existing hospitals in the state; and the question right now is -- in the minds of consumers, is: number one, does every place need a hospital? What about a rural health care center?

We need to rethink a few things in terms of health care delivery, because people mostly think that, well, good health care will come with a hospital and a doctor; and I disagree. Certainly, a system is terribly important; and it was our hope that in the building of the new mental health hospital, and in all these other hospitals, that more would go out to the communities; but as budgets go down, and we can't afford to build all these things, we go back to some sort of centralization. Again, it goes against logic and theories of public health, and preventative medicine, and so on; but the reality is that you have a shrinking dollar, and how do you sustain them?

For example, I've also had a request to build some nursing homes in different rural communities, and the problem is not so much the building, but the maintenance and the operation of those places. Right now, we are facing terrible questions within the Department of Health and Social Services of what programs we have to close; what people we have to lay off. And,

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certainly in a perfect world, we need all those people there. And we are looking at ter -- very, very hard decisions of programs that are in rural areas that might have to be closed and moved into a central area. Again, it doesn't make sense. Again, it goes against every grain of prevention that's in us; and yet, the fact is that you have a \$500 million deficit, and if we can't support them, then what are we going to do? These are some of the very difficult questions before government that we are publicly hoping to work with the Legislature to see how we are going to resolve.

COMMISSIONER MOORE: Commissioner Mala, as a Commissioner myself, I would like to learn as much as I can from the people on policies and programs affecting Native people. As I learned from you, your department has conducted some public hearings, trying to find out, just like we do, what are the problems; help me decide what those problems are. And as you -- your department, different divisions, I see that you've experienced a lot of different programs under the Department of Health and Social Services, have you heard something from these people that testify that would like to change a policy or a program that stands out in your mind that could -- that you could direct me, so that I could take a close attention to that particular problem? Any policy or any -- or something in the divisions of the program?

DR. MALA: Well, I've --

COMMISSIONER MOORE: What is the most outstanding thing that I should know about --

DR. MALA: When I first came on --

COMMISSIONER MOORE: -- to correct a policy?

DR. MALA: When I first --

COMMISSIONER MOORE: Yes.

DR. MALA: When I first came on as Commissioner, I have traveled and tried to reach most of my department. It's so big, I don't know if I'll ever see all of it; but one of the first questions I asked even some of the people that are in the room right now is what policies do we have that we can get rid of (laughing), and what rules do we need to change?

One of the biggest problems of government, in my opinion, is that it's kind of like a brick-laying effect; so that these rules started, and then another administration comes in, and puts another layer of bricks, and another layer, and another layer, and nobody canceled the old ones. So people -- I'm seeing in our department, in my opinion, people doing paperwork and not social work. And I'm trying to work with different technologies to see how I can get them out of the office, and out in the street, and out in the field. But people are just overwhelmed by these federal and state regulations.

One of the things that a federal commission needs to do is -- in the words of President Bush, was to stop non-funded federal mandates. Stop all these unnecessary regulations from the state and the federal government that are just overwhelming people that can't do their work. So I talked to the providers and to the recipients of all these places, and the providers are just getting more and more work.

For example, right now the state is about to be hit with something called blood-borne pathogens -- OSHA regulations that are going to require an incredible amount of money and -- to implement. Americans with -- disabled Americans -- the handicapped people is going to require a lot of -- these are all very good acts, but the problem is that they're all unfunded mandates. Changes for handicapped people, what are, again, very important; but you have to take the existing programs dollars and now make them even thinner, because the federal government is giving us these things we call unfunded federal mandates, which means we are small as it is; and now we have to pay for them out of the little money we have left. So we need to work on figuring out how to cut regulations down. If you've ever seen the booklet for getting public assistance, it's almost like a federal tax return. It's very difficult; and, in my opinion, anyone that fills it out, certainly deserves something

(laughter), because it's a lot of work. And it's mind boggling just for our people. You know, when our public assistance people have to spend months just trying to figure out the regulations and how to fill out the forms, and now the computer system's overwhelmed, and we have to spend a couple of million dollars now to reprogram the whole things, because it won't even hold all the information anymore. Ordinary recipients also have said to me that we want people to listen; to come out and talk to us. That's what I hear a lot as I go to the villages.

I testified to the AFN Board two days ago, and I told them we are starting to actually take our top managers and going to -- I mentioned a number of villages we were in. And immediately many more hands came up and said:

"We want you out here. We want you to come here."

And I know I could spend all of my years just in an airplane (laughing); and I think that people just want to be listened to. People want them to visit them.

You know, in Juneau, for example, in my opinion, very few ordinary people can come down there, because it's so expensive, to hear concerns of people. I spend a lot of time in Anchorage in my office, because people can't afford to fly down there; and I meet with

lots of people in Anchorage and Fairbanks, trying to listen to their concerns, because not everyone can afford four or five hundred dollars to fly down there, plus, you know, to find a hotel. So, I think the big message has been that ordinary people want people to go and listen -- listen to them and speak for themselves. And I think that the town -- the idea of your Commission going around and listening to people is very, very important; because a lot of people just cannot come to -- even to Anchorage. And they need access, and they have needs, but they don't know how to get them around.

I met with one man in a village, where my family's from even, that has been paying child support for a child that most people feel isn't his; but he didn't know how to fight the paperwork to put in the thing to change it so that it could be adjusted. I mean, there are just terrible problems out there that people are just overwhelmed by the system that people have created, that has been a wall everywhere for people.

Government needs to be more friendly. We have a Public Information Officer now and -- who's sitting here, Ed Wicher, who I hired just to talk to people. We have out there a list of 800-numbers that cost nothing to call, so people can at least -- don't fall in the Black Hole, and find out how to get a response; and government needs to be a little more friendly and a little more

receptive. And I think the big message is people want to be heard, but they just don't know how to get their voice heard all the time.

COMMISSIONER MOORE: In your testimony, you made some statements that are very important, as far as the health of the younger generation is concerned; the fact that these younger people that are coming into town are using these drugs, and eventually they're going to return home; and they're going to maybe be part of the community.

Is there any way that we could get some funds from your department to the Education Department just on those kinds of things?

DR. MALA: Well, again, our department is involved in alcohol and substance abuse, and drug abuse, and we give grants to communities, to village corporations --

COMMISSIONER MOORE: I mean to have in the school districts --

DR. MALA: We also do --

COMMISSIONER MOORE: -- taught in the schools --

DR. MALA: -- jointly things with --

COMMISSIONER MOORE: -- for --

DR. MALA: -- the Department of Education to educate people in the schools. We do have those

programs, and we also support programs in the Court System; so we are doing that as much as we can; but there is more -- we need to do more. And I think more state agencies and federal agencies need to work together more to make a team effort.

COMMISSIONER MOORE: I think that these things that he brought out are real. They're --

DR. MALA: Absolutely.

COMMISSIONER MOORE: -- not something -- we should be aware, and the people at home -- the parents at home should be made aware, probably by your department with some of the moneys that you have to go into the school districts.

DR. MALA: We started an effort to tell people what the Department is. Most people -- even when I went around the Department and asked them about divisions, they didn't know what they did. And so we had the first time ever in our history of our Department, I brought everybody from Anchorage together. We have a thousand employees in Anchorage to teach them what the other divisions do, much less teach other people what our department does. It's such a big department, and we are trying as much as possible to teach people about the resources that are out there to serve Alaskans. So it's a big education process. We've started; but it's --

it -- we have to undo a lot of things that were done over many years.

COMMISSIONER MOORE: Thank you. I have no more questions.

COMMISSIONER SEBESTA: I think Dr. Rowen has a question for you.

DR. ROWEN: Dr. Mala and Commissioners, I was asked to be part of this to give a, quote, "different perspective." And I'm sorry that Mr. Boyko is not here this morning. I heard the last questioner ask directly:

"What programs can we get rid of that do not work, and what things can we implement?"

I'd like to make some observations then ask you some questions. In my time in the Indian Health Service, which spanned five years, I saw diseases occur in Indians and Natives that never before were seen: heart disease, hypertension, cancer, immune system maladies. In fact, in some of the Aleutian villages, 90 percent of the people I attended had high blood pressure. I couldn't believe it. I had always thought that Native people were immune to vascular disease.

Now, one of the things I -- one of the conclusions I came to after I left the Health Service and got into the type of medicine I'm doing now, preventative medicine, is the impact of diet and nutrition, as you

know very well. And I've seen what the Native people are eating; what they're bringing in; what they're flying in; and I have seen virtually nothing done in terms of education or information presented to them. Every study that has been done on cultural impact of what I describe as the White Man's food entered into cultural people, has destroyed their health, destroyed their teeth, led to heart disease, led to cancer, and nothing is done about it.

We have a system now where we're dumping fluoride into the mouths of children, and there are no good studies showing that fluoride does prevent tooth decay; and I can present dozens of studies showing that it's highly toxic, causes osteoporosis, cancer, immune defects, birth defects, among other things. And we've recently had deaths due to fluoride. I admit, higher than recommended; but I don't want to drink two percent of a lethal dose of arsenic every day, and one part per million is two percent of a lethal dose of fluoride.

My comment is we're driven by a profit-driven sickness industry, with no impact on health and healing, cultural values. We're dealing with bodies that cannot heal, because they are not properly nourished with essential nutrition; and toxins and poisons are being dumped in them. We're dealing with a system that cannot repair itself -- this is my opinion -- because the body

cannot heal. It's not given the things that God has mandated for the body to heal. Now, you ask for one program that could be cut. I don't know whether I'm supposed to be asking a question or giving some ideas; but I'd cut fluoride right away.

Now I have a question for you. What can we do, or what can the state do, to get some of this basic information out there that's published, documented, re-documented, so the people can get a little bit more enlightened. You mentioned yourself, individuals need to take responsibility. If we have government doing everything for us, the ball game's up; and we're going broke seeing what government's doing for us. So my suggestion is what can we do to get this information out, and let individuals take responsibility?

DR. MALA: I think your point is well taken, Dr. Rowen; and I feel that one of the problems in Native villages is based on this trust relationship with government. I always have. And for a long time, in my opinion, government said:

"If you have a problem, come to Big Brother. You have a problem with your child, call a social worker. You have a problem with your neighbor, call the police. You have a problem with another child, maybe talk to a teacher."

Always take the problem and give it away. Now, as fundings get cut in different programs, all of a sudden those people aren't there any more. And, all of a sudden, the problems are there, but the people are gone. And, all of a sudden, people are starting to realize that they have to take responsibility for their own selves.

Now, we have a very close relationship with the Indian Health Service and the federal government; and we work with them in funding nutritionists in different regions around the state. And I have seen a number of materials and posters that have advocated traditional foods; and, again, I believe that we -- our role in government is to educate people to make healthy choices; but, essentially, it's up to the individual; and our role is to say:

"Here it is. This is what's going to happen if you smoke, or if you excessively smoke, or excessively drink, or eat these kinds of different foods."

Fluoride, I have told you personally, and I have stated publicly, is a decision of each community of what they want in their water. I always have believed that people have the right to clean air, and clean water, and clean everything they want. And it's our -- and, in fact, the state government has said that -- in their Department of Environmental Conservation Plan, that people have the

right to safe sanitation and clean water, and that we are working to make that happen. But, again, the fluoride question, which is really a water question, which is Department of Environmental Conservation, but health, because it -- certainly, it's a chemical in the water, is a decision of every community; and they need to be educated and make their own mind up where they want to go with it. That's my opinion.

DR. ROWEN: Unfortunately though, they just receive one-sided opinions from government; and government has not been giving us -- as you know, and the people here know -- has not been giving us truth and honest opinions in what's out there.

DR. MALA: We have a lot to do in government. Government is a nebulous kind of a cloud out there that is very hard to nail down. But I believe that efforts by local communities, working with the Native Health Board, working with the Indian Health Service, and ourselves, we'll get results; but people have to get concerned enough to do it. And we welcome -- for our part, we welcome that involvement.

And we need the help of the Commission to recruit and get more Native people into the health department and social services, so that people can take responsibility for their own lives, and get involved, rather than abdicating it to government.

COMMISSIONER SEBESTA: Dr. Mala, thank you very much for your testimony. I think that, certainly, it's the -- part of this Commission to take a very serious look at some of the problems that Dr. Rowen has brought up also and find out some of the recommendations that are coming from other quarters. I really appreciate your testimony and in seeing all the various things that the state is trying to do to address issues, and especially the problems of, you know, alcoholism and the dysfunctional effects that it has among village people. Thank you very much for your testimony.

COMMISSIONER ELLIOTT: Thank you.

DR. MALA: Thanks.

COMMISSIONER MOORE: Mr. Chairman, just one question?

COMMISSIONER SEBESTA: Yes.

COMMISSIONER MOORE: Could you make the information on public hearings available to this committee?

DR. MALA: Certainly.

COMMISSIONER MOORE: Thank you.

DR. MALA: What we've done already, and --

COMMISSIONER MOORE: Yes.

DR. MALA: Sure, absolutely. Mr. Wicher'll do that. Thank you.

COMMISSIONER SEBESTA: The next three people who are on the list for their testimony is Caroline Atuk, if she's here; Je -- oh, excuse me, Rachel Craig; and Jim Christensen.

THE REPORTER: Excuse me, Father Sebesta?

COMMISSIONER SEBESTA: Yes?

THE REPORTER: While those testimonies were going on, someone delivered a testimony of Dr. David B. Jones, a dentist. It's an Oral Health Survey that will be entered into the record.

(ORAL HEALTH SURVEY OF HEAD START CHILDREN ATTACHED AS EXHIBIT #2)

COMMISSIONER SEBESTA: All right. Thank you very much. Rachel Craig has been waiting for -- to give her testimony, so I would invite you, Rachel, to give your testimony now.

MS. CRAIG: Thank you very much. My name is Rachel Craig. I'm from Kotzebue, Alaska. I'm the Chairman of the Kotzebue Elders Council and also Secretary in the Regional Council of Elders in our NANA Region. And because of my language skills, I work with the elders, listening to their concerns and trying to pass them on to those who should know what they are.

We've had many concerns in our area, and one of the really devastating ones has been suicide among our young men. We have had some young women, but very few;

but mostly they are the young men of our community. And when this first started, it was really devastating to us, because committing suicide is not part of our culture. It never was, and we didn't really know how to deal with it, and -- but after awhile, it began to become prevalent, and we had to do something. So our communities began to talk about it, wondering what we should do -- we as a community should do.

You see, our -- the young men in our Eskimo community were the providers. They have traditionally been the providers; and, because they were, they were given deference by the society. There was no such thing as ladies first in our society (laughing). That was taught to us and imposed on our society. It was always the hunters first, the men first, and the children; and then the women looked after themselves. But because the provider was so important in the society, that was our attitude toward men.

And somehow, since education and religion and all these other influences were introduced to our society, things began to change so much that everything seems to be just opposite of what the Native culture teaches us.

(Tape Change to Tape #2.)

You use your brain, you learn, you learn. It's all learning in the head, and there's nothing wrong with

that. There's nothing wrong with knowing, because one of the things that the elders said to determine the maturity of the person is that he can use his mind, or he uses his mind well. He can think. So there's nothing wrong with cognitive learning. But I think the overemphasis on that, exclusive of the other areas of our life, somehow need to be addressed.

And the way things are going, there are not enough jobs in the community. Most of them are clerical jobs that the women fill, or bilingual education, and the women fill these. Sometimes there's a man, but most of the time -- and in the health area, it's the women that fill these positions. It's a woman that's bringing in the money; and, according to the larger society, that makes her the important person in the family, because she's bringing in money. Certainly, her contribution is important; but without that money, her husband also needs ammunition, needs gas and oil for the snow machine or for the boat, and the man, as a provider, as a hunter, is not one of the things that you look up to, according to the larger society. Somehow his position is lessened just because he -- like they say, just hunts and just fishes, or whatever, because it's not -- he's not going out to a job -- to a wage-earning job.

And so this also creates a social situation in the home, when you're a traditional person, that you sort

of have to walk on eggshells, you might say, so that you don't take away the manhood of the man in the home. And you put up with lots of things, because the mental health, the emotional health, of the spouse, of the man of the house, is important to us.

But somehow, as society is being lived, as things are being taught, as things as priorities are set and the value systems are deteriorating, the opposite is becoming true. Now, even those of us we send our children to college. Many, many of our young people don't make it, because the structure of the village schools is such they get good grades in the village schools, but once they hit college, they have to take remedial classes or they don't make it. And the ones who are making it are usually the girls.

Now, if this keeps up, and we don't address problems like that, then because of the way society is structured, the women become the visible leaders. In some of our villages, that's really hard to take. In our coastal villages, it's not so, because in the kind of society we live, and from what I've questioned the elders, it didn't really matter who the leader was, male or female, as long as that person knew how to use his mind and was wise, the voice of that person was listened to. But we didn't have the chief system. But the way society is structured and the requirements for certain

positions require a degree or equivalent, etcetera, it just knocks off those people that we think are smart anyway, and the ones who seem to be able to go through the system are the ones left to take the job.

We haven't really understood why there's so much alcohol or why there's so much suicide. But those two seem to be related. I've talked to some of the younger men, married men with families, and sometimes they say that, you know, you can only take so much. The pressures are just so much. Sometimes you have to sort of anesthetize your feeling. But somehow we seem to become addicted to that anesthetic. I know it's not used that -- for that in every instance, but somehow like one of our elders said, ever since he was a young man, his father told him, you have to learn to do this; you have to learn to do that, because you will become the provider for your family; you will become the provider for your family. And so, when he married, that's what he tried to do. But somehow along the line, he started experimenting with alcohol, too; and then after awhile, he found out it became addictive, and he didn't know how to get rid of -- he didn't have it within himself to get rid of it, so he said the only thing he knew to do, because he could hear his father's words:

"You are to provide and to protect your family,"

and he knew taking alcohol, he couldn't do that; he couldn't do both. So the only thing he knew to do was to get on his knees, and from the depths of his heart, pray to God that he would be given strength to fulfill his obligations to the family.

Now, there's also this other thing that is imposed on us as Native people, and that's separation of church and state. And a lot of times the -- we Native people are spiritual people. The earth has a spirit; the animals have spirit; all growing things have spirit. We live in a spirit way. But when those things are taught that you can't talk about them in school, then there's no forum for the teacher to use to explain things to the teacher -- to the students that these things are so, why, the history of these things that have developed in America are the way they are, because they're not included in social science textbooks anymore -- the history of the United States has been rewritten.

It's a complex thing. It's a complex world. Everything is interwoven, but I think we really need to take a look at education, because when we start teaching kids while they're young, they don't forget. The things that I learned in school when I was young, I haven't forgotten, including getting punished for speaking my language. But I was fortunate that I was raised by my grandparents whose only language was Native; and so in

spite of the punishment in school, I learned the language well enough that I could communicate with them even today.

So, we have to -- we are working on several things on our own. We have developed an Inupiaq Ilitquasait Program. Inupiaq Ilitquasait to us is roughly translated as the way the Inupiat are; the philosophy to which they think, they adhere, they live. And it takes -- it includes the total culture: government, religion, social, everything, education; and so what -- in trying to address these problems, we're teaching our young people our value system; and the more I'm exposed to other societies and other places, the more I begin to think how important it is for our families, our young children to learn the value system, and the parents to teach it at home in the community. And this is what our elders are trying to do.

And the other thing, because of our economic situation, we're trying to provide summer camps, so the kids will learn how to fish with a net. We're in the process of starting coastal camps, so our young people, even those who are married now, can begin to learn how to hunt seal and make dried meat and seal oil; and some of our young people are excited, because their parents didn't give them an opportunity to learn because they were busy working, trying to support their family. Now,

these young married men and our teenagers will have an opportunity to learn something that their forefathers did to survive.

But there are other things that we also found out that we need to think about, even while we're doing that. We have just discovered a radioactive waste dump in our area. And we wondered for a long time why our people were getting so much cancer, and the state was telling us:

"Well, you smoke too much, and your lifestyle has changed. You're eating too much of the White Man's food."

Then how come the White Man doesn't have as much cancer as we did in that locale? Well, I suspected all along that there had to be something, some kind of research done to see how much of this radioactive waste that -- how much we're taking into ourselves through the food chain. Because what we've discovered is that there's no container for that radioactive material that they put on our land; and when their -- when it rains, where does it go? When it snows and that snow melts and goes through the land, where is it flowing? And how much of our fish is taking it? How much of our seal? How much of the walrus and the whale?

Some of these -- that particular thing, as you know, in 1962, the people opposed that. They opposed it

and didn't want an experiment there to blow up our land, because that was our prime hunting ground. It was so deep that that's where the whales beach; that's where the walrus beach; that's where the fish went, and the seals before they went their way. But we didn't know, and we were not told for 30 years that all that poison was there on our land, and people were dying -- families losing many members in the family.

So it's a complex of many different things. I think one of the things that needs to be done is to begin to treat the Native people as you would like to be treated. We are people, too. We have children. We have raise children. We pay our taxes. We're no different from other people, except we were here a lot longer before your forefathers came here. But we have feelings; we have a mind; we can think; we are people, too.

I know we can't solve all of our problems in a half hour, or even in an hour, in a week, in a month; but we can begin to take these things that the Native people are saying -- take them into consideration; and I hope that the government people will begin to use their positions of authority and responsibility and begin to address some of these things and work with us -- not always at odds with us, but with us. Thank you for listening.

COMMISSIONER SEBESTA: Rachel, thank you very much for your testimony. I think that what you just said is very important that -- I think that many times in the history of the government dealing with Native people that it has been kind of from the standpoint of caretaker and have not given the people the credit of being able to manage their own lives and to come up with the type of solutions and directions that maybe are appropriate to them. And I think that that's a point that's well taken. I want you to know that I'm hearing it.

MS. CRAIG: Thank you.

COMMISSIONER SEBESTA: And I have another question for you though. In -- you did mention at the very beginning that suicide, especially among men -- and I realize that, you know, a lot of the things that you have mentioned, the change in lifestyle that is imposed because of Western culture and so on, and the role changing from provider, or let's -- that being forced upon people has caused a lot of these difficulties. But I know that there -- you mentioned a suicide prevention program that comes. Is that effective? And if it isn't, what do you see as the type of thing that would be appropriate to deal with this very serious problem?

MS. CRAIG: You know, in the beginning, when our young people were killing themselves, and the funny thing about it is -- the insidious thing about it is you

kind of get used to it after awhile, and you shouldn't, you know, and you -- but in the back of your mind, it nags you; and then when we focused our attention on suicides and trying to pass on our culture, the ancient wisdom of our forefathers to the young people, when we put our attention to that over a period of over a year, there was no -- there were no suicides. And I guess we became complacent again and started business as usual, because we have all kinds of things that demand our attention. Our governments are new; our corporations are new; our health services are new; we're trying to educate our children, so they could take some of these positions; and so our focus is divided and it's all over the place. We're what you might say a developing people in the Western sense, because nobody listens to what we really know in the Native sense. So when we did that, we realized that there has to be attention, and especially the leaders that are chosen in the region, must care what's going on in the villages and be role models of the things that the elders are teaching. That is requisite, because when they don't -- and the young people are smart, and they can see through a lot of things. If that leader is not following what the elders say should be happening, they say:

"Well, if I want to get to that kind of position, maybe I don't have to listen to the elders."

You know, it weakens the fabric of the society. So, in some ways, see we're trying to teach language in school, and some of our kids are learning it; but their parents don't know the language. So there's no reinforcement at all, and we're trying to build something in the community so the kids can hear the language and keep it, because from where we're sitting, if they don't learn it, that language dies. And they are our hope.

COMMISSIONER SEBESTA: And a lot dies with --

MS. CRAIG: Yeah, so --

COMMISSIONER SEBESTA: -- the language and understanding the culture. This --

MS. CRAIG: -- so, I really don't know what the solution is; but we really need to work together, the Native people. And those of you who have your degrees, and the money, and the law behind you need to work with the Native people who have the children, who have the heart, who are willing to work.

COMMISSIONER SEBESTA: Tell me, this Inupiaq Program. What did you call --

MS. CRAIG: Inupiaq Ilitqusait.

COMMISSIONER SEBESTA: (Laughing.) I don't know if I can say that.

MS. CRAIG: (Laughing.) I should have taken a poster. We have posters.

COMMISSIONER SEBESTA: Yeah.

MS. CRAIG: And I'd be hap -- if you gave me your address, I'd be happy to send you posters of our Inupiaq values -- that's our value system.

COMMISSIONER SEBESTA: Okay.

MS. CRAIG: We really worked on that and then went to all of our villages to ask all of the elders if there was anything else that we needed to add to that list.

COMMISSIONER SEBESTA: Uh-huh (affirmative), yeah.

MS. CRAIG: But it's sort of a philosophy of how the Native people think and what their focus is in life.

COMMISSIONER SEBESTA: Now is this part of your addressing the suicide problem? In other words, you're looking at the reasons that -- you know, as you have outlined why these suicide -- this suicide problem --

MS. CRAIG: Uh-huh (affirmative).

COMMISSIONER SEBESTA: -- is so serious. And then this is the local response to trying --

MS. CRAIG: Our local --

COMMISSIONER SEBESTA: -- to address it?

MS. CRAIG: -- response.

COMMISSIONER SEBESTA: Is this independent of the suicide prevention programs that are coming from the State?

MS. CRAIG: Yes.

COMMISSIONER SEBESTA: It is?

MS. CRAIG: Yes, because we can't always say:

"Hey, you guys, come over and solve our problems."

COMMISSIONER SEBESTA: Yeah.

MS. CRAIG: 'Cause we can't always say that.

COMMISSIONER SEBESTA: Yeah.

MS. CRAIG: They're our children.

COMMISSIONER SEBESTA: Yeah.

MS. CRAIG: We had to do something.

COMMISSIONER SEBESTA: Yeah.

MS. CRAIG: And the only thing we could think of was the philosophy of our forefathers that was so sensible, that made them happy to live with each other, and independent, and providing for each other. We're too dependent on outside things right now.

COMMISSIONER SEBESTA: Yeah, okay. I think that's really significant. Are there other members of the Commission that would like to question Rachel?

COMMISSIONER ELLIOTT: Yes. Well, thank you very much for your testimony. In fact, your remarks

about the role of men in the village and how it's declining, backs up what I've been reading in cultural studies --

MS. CRAIG: Uh-huh (affirmative).

COMMISSIONER ELLIOTT: -- of the Native people of Alaska, and has it one of the prime causes of alcoholism.

MS. CRAIG: Uh-huh (affirmative).

COMMISSIONER ELLIOTT: And I held the hearing in Nome. Maybe it sounds like I wanted to hear it, 'cause I'm a minister; but I did hear from those who testified:

"Put God back in school."

Now you used spiritual values, and I can accept that very much so.

MS. CRAIG: Uh-huh (affirmative).

COMMISSIONER ELLIOTT: I don't know what the solution is to that, but I'm happy that you've spoken those words.

MS. CRAIG: Thank you.

COMMISSIONER ELLIOTT: And also in Fairbanks we heard again and again the responsibility of teaching the Native languages at home. There were those who said it should be taught in school, and perhaps that's because, as you have said, the parents can't teach it. But I know at Point Hope they're teaching it in school.

MS. CRAIG: Uh-huh (affirmative).

COMMISSIONER ELLIOTT: And I presume in Hope. Many other -- Anvik, too, I know.

MS. CRAIG: Uh-huh (affirmative).

COMMISSIONER ELLIOTT: I don't know of others, but I'm sure there are; and I'm delighted. But I'm going to ask you something that you haven't commented on, and that is what have the elders thought of the effect of television, especially cable television, on the youth, and perhaps even of the adults in the Native villages? It goes to Point Hope. They have cable television, in Kivalina, and so forth, and they were on 24 hours a day.

MS. CRAIG: There are different thoughts on television. In one way, it's sort of good, because in the classroom the things that now the teacher talks about in these books, developed by Western people, are things that she can take it -- say:

"In that radio program -- or in that television program, remember when they did thus and thus."

And the kids:

"Yeah."

And they understand that, you know; but -- which is not say that the content of the programs is desirable. That's a personal thing. But we know that it takes a lot of our time, and I think the parents need to be more

assertive in allowing their school children what they can or cannot watch. I know there are some families who do that; but there are others who do not, you know. We -- it's overwhelming. We want to teach the language; but all they get a lot of is English language. We need a lot of Native language in TV, you know, to counteract what we're getting. And so that's really a mixed bag.

COMMISSIONER ELLIOTT: I was wondering about the -- you know, the creating of the desire for a different way of life than the village, when they see pictures of what it's like in the city, or you have to buy this in order to be someone, and so on, you see the contrast?

MS. CRAIG: I don't know so much about that. When they work, they will buy the different things that make life easier; but once they take a trip, like to Seattle, where they don't know anybody, it's nice to go shopping; it's nice to see what they're doing and have fun; but a big city is very impersonal. It's not like our village life, where everybody says hello to you, and they've known you even before you were born. They know your parents, your grandparents, and somehow we're all inter-related, and we know each other. But once you go to a big city, you don't know anybody, and they don't care. They don't care about you, you know, even your next-door neighbors when you live in an apartment; so it

becomes an impersonal thing, and it's very lonely for those of us who have grown up in a village and always had the support of the village people. So, like I say, it's a mixed bag. I think the parents really need to pick and choose what they will allow or not allow their children, especially in the school ages. Once they get big enough, they get stronger than you (laughing). And so they're -- when they're teenagers, you know, that's something else; but once they're little and you're teaching them value systems, you can -- you really have a chance there.

COMMISSIONER ELLIOTT: Thank you very much.

MS. CRAIG: You're welcome.

COMMISSIONER SEBESTA: Are there any other questions from the Commission?

COMMISSIONER MOORE: I just have one comment, and I do really appreciate your -- what you're doing. I think that the -- I hope that the federal government, the state government listen -- listens to your plea. We have so much to offer. I'm very happy to hear that it come from you -- from a Native person telling the government to at least give us a chance. Let us be ourselves. And I hear that clearly from you. Appreciate that.

COMMISSIONER SEBESTA: Rachel, thank you very much for your testimony. I appreciate the -- especially the fact that, you know, you've expressed that people are taking serious consideration of what needs to be done and

taking the initiative to do it; and I really support you in those things.

MS. CRAIG: Well, thank you. I appreciate your being here to give us an opportunity to speak those things that are important to us. Thank you very much. Now if you'll excuse me.

COMMISSIONER ELLIOTT: If you'd send that to me, that's my address written on there --

MS. CRAIG: Thank you.

COMMISSIONER ELLIOTT: -- for your values chart.

MS. CRAIG: Thank you very much.

COMMISSIONER ELLIOTT: Yeah.

MS. CRAIG: Excuse me?

COMMISSIONER SEBESTA: Okay, thank you, Rachel.

MS. CRAIG: You're welcome.

COMMISSIONER SEBESTA: Mr. Jim Christensen? I'd like to invite you to give your testimony and to introduce yourself.

(TESTIMONY OF JIM CHRISTENSEN ATTACHED AS EXHIBIT #3)

COMMISSIONER SEBESTA: Thank you very much. Appreciate your testimony. I'd like to ask if there's members of the Commission that would like to question you?

COMMISSIONER ELLIOTT: I just have one question. I believe in the report of the Judicial

Council, talking about the methods of administering justice, and so forth, in Minto, Sitka, and Eek, stated that one of the weaknesses to date is the inability to enforce the sentence. Do you have any comments on that, as far as what Barrow has been able to accomplish? And Barrow, I know, is a different approach than Sitka and Minto.

MR. CHRISTENSEN: The pact in Barrow is completely voluntary, and the people that have a dispute, an argument between them, go there voluntarily and submit to theirs; but they're mostly civil cases. I think, in rural Alaska, if tribal courts are to raise us, they'll need the partnership with the police to act as an enforcement arm of the tribal court if necessary; but that's going to require the state and federal agencies to -- controlling right now, state and municipal police, by law it's going to require their cooperation; and I see that's going to happen in the near future. It -- as time evolves here, I believe that this will become -- tribal courts will become more of an effective tool than the state criminal justice system, save for those low-level misdemeanors. And I see, it may take the police will have to work with them and take -- serve summonses for that tribal court, so that they don't have to fund those positions totally by themselves. And I know we're

certainly willing to explore any alternative to a system that right now is grinding to a halt.

COMMISSIONER ELLIOTT: That's why I was asking what solution you may have for that what seems to be obvious problem (indiscernible -- speaking simultaneously).

MR. CHRISTENSEN: Well, I looked at that also in the -- like in the Minto Court's experience, maybe they had four, five, or six cases where the sentence of community service was not carried out; but they op -- and it was maybe you would characterize it as unsuccessful, there were still 10 or 12 that were successful; so, in the overall picture, there's 10 or 12 cases that were successfully treated by people in the community, which otherwise wouldn't have been treated by anybody.

COMMISSIONER ELLIOTT: Thank you.

COMMISSIONER SEBESTA: Thank you very much, Jim. I appreciate that; and I think that the comments, especially about the community involvement in getting -- you know, dealing especially with these misdemeanors is especially important. I think that that's something we have to direct our attention to and support you in that.

I think -- let's see, the next three people are Marsha McCrimmon, Bessie O'Rourke, and Edward Casey; and I think that we should take about a ten-minute break; and so, those three people, if they would like to be

available, I have 10:55 now, maybe we can get together at 11:05.

(Off record at 10:55 a.m. for 10-minute recess.)

(On record.)

COMMISSIONER SEBESTA: So the next people on the list are Marsha McCrimmon, Bessie O'Rourke, and Edward Casey; and Marsha is this --

MS. O'ROURKE: I'm Bessie.

COMMISSIONER SEBESTA: Bessie, okay.

MS. O'ROURKE: Bessie O'Rourke.

COMMISSIONER SEBESTA: Bessie, then would you like to address the Commission?

MS. O'ROURKE: Sure, I'd be glad to.

COMMISSIONER SEBESTA: Okay.

MS. O'ROURKE: My name is Bessie O'Rourke. I'm the Housing Director for the North Slope Borough. I've worked in Barrow for about seven years for those in the field of housing. My office is in Barrow. We serve the same region that Jim Christensen was talking about earlier, the North Slope region of the state, down to Anaktuvuk Pass, including seven outlying villages. None of them, of course, are road accessible. All of them, including Barrow, are subject to very extreme climatic conditions. Both of those factors, as well as such facts as a lack of daylight in some portions of the year, all have critical effects on housing resources.

My office manages the operations of a Regional Housing Authority. We also run municipal housing rental housing throughout all those villages, including Barrow. My testimony is directed to issues primarily involving HUD housing, which we manage through the housing authority. Within our generation, there have been families in our region who lived in sod houses. Housing quality has improved dramatically, but there remain many families living several generations to one home, or living with abuse or substance abuse, or living in terribly substandard units. There is not enough decent housing in our region, and the existing programs need to be flexible enough to meet a broader spectrum of the need.

Housing shortages, in my opinion, contribute to and perpetuate a wide range of social ills. Both federal and state programs should take into account the fact that our region, and likely other rural regions of the state, lacks an adequate supply of decent housing, which is one of the most basic needs of people everywhere.

Our communities include both HUD Indian and HUD public housing in the form of Mutual Help Home Ownership Program; and in Barrow, a Low Rent Program. More development through both of those programs is planned; however, federal regulations for each of those programs too often have no relevance to life in the arctic. For

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instance, the income limits for the HUD programs, while theoretically set to reflect our costs of living, do not do so adequately. The remoteness of our villages, as well as the extreme climate, contribute to the high costs of living. One recent estimate of cost-of-living differentials, using Seattle as a -- on the index at 100 placed Barrow at 385; that is, an item that would cost \$100 in Seattle might cost \$385 in Barrow. There are different cost-of-living index -- there's different cost-of-living index differential data available. That was the one that I found that is the most extreme. They range down to using Anchorage as a 100 value, Barrow -- placing Barrow at 160.

The seven villages outside of Barrow within our region experience even higher costs on an average as distant and logistics add to the cost of transportation. The income limits for the HUD programs simply do not range high enough to make the very needy families eligible for what is really for them a critical resource. Payment calculations, as well as eligibility determinations, currently include the value of all household members' Permanent Fund Dividends, as well as Longevity Bonus income in the household. These unique Alaskan benefits should be excluded from payment and eligibility determinations. It makes a significant difference to eligibility often times, and affordability,

to include these types of income. It frequently makes a substantive difference between being eligible and not being eligible and remaining in a substandard home.

One thing I might mention is that the State Legislature last year -- last session passed a Joint Resolution urging HUD to exclude these benefits -- these unique benefits, from payment and eligibility calculations in the HUD programs. Since the time that legis -- that resolution passed out of the State, it was forwarded to HUD, Senator Stevens has expressed his support; and the reaction from HUD to date appears to be one of inertia.

The effect of HUD's treatment of these benefits is that a family may find its monthly payment increased, so that a benefit is not realized, or the family may find it is not eligible to participate at all.

While regulatory change on the part of HUD may be a cumbersome process and not to be undertaken lightly, I think it is time that HUD recognized that the unique circumstances of Alaska do merit special treatment in their regulations. Unique state benefits designed to ease our lives and special expenses associated with subsistence not being taken into account in HUD regulations are but two examples of areas in which such reconsideration is merited. In fact, without such tailored regulations, the availability of the very

programs HUD manages for the benefit of our eligible population is reduced.

Finally, it's not unusual to find that HUD's regulations, which were written with the Lower 48 in mind, and apparently urban areas of the Lower 48, have absolutely no bearing on life in our communities. Nonetheless, when a regulation is on the books, we are told we must abide by it, despite its admitted inapplicability to our region. Such regulations as those which are intended to avoid the concentrations of low-income people in public housing, which have apparently given rise to slums and drug war zones in urban areas, really have very little relevance to our residents. Forcing compliance with such regulations sometimes paralyzes the housing authorities, arbitrarily denies the benefits of programs to residents, and can result in findings against the housing authorities which can affect their eligibility for further housing development money in the future. To make matters worse, HUD frequent -- HUD's response to this frequently is that there is one of helplessness; that there is nothing that they can do to advocate for our special needs; there is no way that they can take the initiative and try to advocate for a regulatory change.

I think the housing needs of Native residents deserve fuller and more fair attentions from the federal

government. In cooperation with local government and with the state, more of the critical needs of our residents can be addressed.

I'd like to thank everybody for giving me the time to comment today, and I'll be turning in some written material in the way of comments as well. I understand the Commission may be setting a hearing sometime in the near future in Barrow, and I welcome that news. I encourage you to travel to Barrow and to teleconference your hearings to our villages when you're in Barrow. I think you'd be -- it would be a very meaningful time for you. Thank you.

COMMISSIONER SEBESTA: Well, thank you very much, Bessie. I think particularly one thing that stands out in my mind in your testimony is the -- let's say the applicability of the regulations governing, not only housing, but other things, I think, need to be examined. And, basically, I think that's what I hear you saying, that in the administration of some of these programs, some of the regulations are misdirected and need to be examined for the applicability to the particular areas which they -- they're designed -- or destined for.

MS. O'ROURKE: It's -- as an example, there is a regulation in the HUD Indian Housing Program -- and the Indian Housing Program is -- Indian for HUD is defined as Alaska Native or American Indian, so our program in the

Indian housing portion of HUD is the Mutual Help Home Ownership Program, which is a good program. HUD has on the books regulations that require an examination of an income of a spread -- they call it the broad range of income -- of the spread of incomes in the community, so as to avoid a concentration of families within one Mutual Help project of one income category. And if your -- if you're talking about a village of a hundred families, or even Barrow where you're talking about, say, about a hundred Mutual Help homes, where everyone has lived there and been inter-related for hundreds of years, this concept of avoiding these pockets of economic depression and the slums that you might see in, say, Chicago, frequently will have the effect of paralyzing the operation of the housing authority; because HUD will say:

"I'm sorry, you're not complying with this regulation. We don't know what it means; or we think we know what it means. We can't tell you how to implement it. We have no doubt,"

HUD says,

"that it was intended for places that are far, far different from your region; but you can't proceed until you've satisfied this arbitrary regulation."

And, as a result, our services to our communities just suffer.

That's one -- that is one of the places in which I think applicability of the regs needs to be examined. I can say that the Regional Housing Authorities have been given a great deal more autonomy over the years than they used to have. But I perceive, too often, both at the state and the federal level, that we have removed the bureaucrats, the rule makers, either to Washington, D.C., or to Juneau, and where it's easy to make regulations that look good, sound good, and maybe apply in some places, there's too little connection with the areas where the population -- the clients are, for the regulations to really make much sense; and then there's too much inertia on the part of the bureaucracy to try to change them or make them work better.

COMMISSIONER SEBESTA: Okay, well, tha --

COMMISSIONER ELLIOTT: I think just that -- if I may?

COMMISSIONER SEBESTA: Go ahead.

COMMISSIONER ELLIOTT: Concerning the suitability of the homes, I've heard it said by an Eskimo:

"I used to live underground, and I was warm.
Now I live above ground, and I'm cold."

Can you comment on that?

MS. O'ROURKE: I think -- what we've experienced in -- at least in the arctic in housing development is in the Seventies and early Eighties, there was a lot of new housing construction; and it was stick-built construction. And frequently, I think, both in the field of residential construction, and in other facilities' construction as well, either the people who knew the appropriate design weren't involved, or the appropriate designs maybe hadn't been developed. So we have now houses that my office manages that have -- were probably not suitably designed for the arctic in the first place, and that are now maybe going on 15 years old; and we have some peculiar and probably unique to the circumpolar area, problems associated with a frozen ground and the permafrost, so that we have settling effects over the years, and that can create terrible structural problems involving staying warm, as an example. I think the design and engineering has progressed greatly; and, currently, what we are looking at and what we have some homebuilders using is a pre-fabricated foam panel design. Again, the houses still have to be on pilings, because of our ground conditions; but technology and equipment for leveling the units over the years, which just is a fact of life, has all been developed. So some of our newer construction is a lot

more suitable and tests out on the energy ratings as very high 1 -- as highly energy efficient.

One of the challenges that faces us is to create and work with owner builders and people who want input into design for their own homes to create culturally relevant designs. And partly those issues come up, because some of our earlier construction, our stick-built units, have living rooms that really weren't very big. And one of our most universal comments when we talk to residents about homes is to create a much larger living and dining area, because it's such a central part of the lifestyle, and particularly an extended family's dynamics.

Another issue that's come up along those lines is if you have a five-star plus home in energy efficiency, then what we've found a number of families doing is poking a hole in the ceiling to get some fresh air; because that was the traditional method for air circulation. So we -- there's good progress on this front, because some of those ideas and those different backgrounds and beliefs about what a home should be, and how it should be built and organized, are coming together, and have come together in a good way; and in what we believe will be a lot more energy efficient for a lot longer than the stick-built homes of the Seventies ever were probably.

COMMISSIONER ELLIOTT: The reason I ask that is because at the hearing in Nome, one of the speakers, Eileen Norbert, stated that 47 percent of the houses are substandard and 43 percent need repair, and that about -- and I don't know where she got this figure -- 16 percent need replacement. Would you say this is also true from your area or similar?

MS. O'ROURKE: It may be similar. Our area may be somewhat different in the sense that in the Seventies and Eighties -- early Eighties, the North Slope Borough was able to put dollars into some construction. That's not to say -- I think in our area it would be correct to say that in every village there are families -- at least some number, and I don't have a count for you -- who are living in places that are literally uninhabitable. They are shacks that if you drove by and you didn't know the community, you would never imagine that someone lived in. And we don't have enough either housing available to allow people to leave those places. Our -- the percentage of those units, I think, is higher in the villages than it is in Barrow, but it exists and they exist in Barrow as well.

HUD defines a substandard unit as one that lacks -- one definition is one that lacks running water, or lacks a private bathroom facility, or a tub. Up until the last -- what? -- five or six years, none of our

villages included that. Every single unit that we had everywhere was substandard according to HUD, with grey water falling out on the ground, and a honey bucket pick up, and that's still the case in all of our villages except Barrow. So. . .

COMMISSIONER SEBESTA: In -- I've noticed in many of the villages, when housing comes in, whether it's HUD, or ASHA, or whatever it was, that very frequently the problem of houses not being properly maintained creeps in. And I've also seen that, you know, many times there's -- the amount of money which is required to, let's say, paint the houses, or repair the certain things that are necessary, are out of the range of many people, particularly when it comes to plumbing and things of that sort. And I'm wondering whether that area has ever been addressed as far as making locally available the materials that are necessary for people to, you know, continue a maintenance project on their own homes?

MS. O'ROURKE: There's been a lot of efforts along those lines, maybe not so effective over the years. One component of the HUD home ownership program is that a home buyer is supposed to do their own maintenance, or at least pay for it, whether they do it or not; and one -- and the -- what -- the flip side of that is, in the HUD program, is that there is counseling services that are supposed to be made available to home buyers

that include advice -- might include at the time of a move-in, some hands-on training with the new occupant of the home as to how to maintain the boiler; and then, as ongoing maintenance needs occur, to provide assistance, support, direction, on where to buy, what to buy, and then how to install.

One thing that the Borough is devoting -- the North Slope Borough is devoting some attention and time to now is to develop an outreach and education program for people who do get into some of these new designed houses, because there's some equipment in those houses that's new to everybody -- air exchange systems, and that, as the North Slope Borough sees it, is a primary component of supporting a home ownership program is to do some outreach and to commit some resources to training -- actual training courses in the villages and in Barrow, too.

But that's always been a difficulty with the HUD program, and as the houses get older, the maintenance costs go a lot higher. And if you're sitting in a home; if you're buying a home, and it's five years down the line, and it's settled so badly that you can't stay warm anymore, it would seem silly for HUD to say:

"Well, it's the home buyer's responsibility."

And, in fact, now there are improvement dollar pro -- improvement program dollars available from HUD for those kinds of things.

It's always been an issue, and one of the difficulties that our home buyers frequently face, and other private home buyers, is finding -- number one, finding the expertise in the villages -- less so in Barrow -- and finding the resources to pay for it for home maintenance. In Barrow, we are fortunate now to have the development of a private-sector in plumbing, and heating, and electric. That's not true in our villages, so we're really still -- and it's a function of the development of the economy, I guess; so the Borough is looking at supporting that development and supporting training in those villages, from the local level, with local resources.

COMMISSIONER ELLIOTT: Bessie, you had mentioned about a possible hearing in Barrow. I don't know anything about that at the moment; but could you tell us, just for a recommendation to the Commission, how many villages, in addition to the town of Barrow, do you think would be able to attend? Because we've been hearing again and again from Native people:

"Meet in the villages."

MS. O'ROURKE: Uh-huh (affirmative).

COMMISSIONER ELLIOTT: And so, you know, avoid the main areas like Fairbanks and Anchorage, so could you give us just an idea of how many villages might participate in the hearing if it were in Barrow?

MS. O'ROURKE: Well, if you were in Barrow, just logistically, it's fairly easy to teleconference to all our villages -- seven other villages. I would expect, although it's speculating, that you'd have some attendance over teleconference. I -- you know, unless -- there wouldn't be people flying into Barrow for it, I don't suspect; but the teleconference makes it available. And I would think every village would be interested in participating, assuming you did some adequate publicity and lead time. Because when we've had other agencies traveling, depending on the issue, but we've had sometimes packed houses in the villages, and packed houses in Barrow, and continued hearings. So I would really recommend that if you're -- if you get to Barrow, that we try to set up teleconference -- teleconferencing it for you.

COMMISSIONER ELLIOTT: Thank you very much.

MS. O'ROURKE: Sure.

COMMISSIONER SEBESTA: Yeah. Yes, Doctor Rowen?

DR. ROWEN: Father Elliott, you've made a really interesting point when you said -- when you

mentioned the Native who said when he was living underground, he was warmer than living above ground. And I was just considering the housing situation like I do medicine. You're taking a people who've lived a certain way for many years in a very harsh environment, and we're bringing housing from a totally different civilization that's made for totally different conditions, and you're putting it in this environment. And we're seeing some of the runoff of that now: deterioration of the ground underneath, heating, maintenance. In some of the villages, we have horrible sewage problems. And while we try to do piping and plumbing in a climate that's not made for this; and I can't help but wonder what consideration is being given -- if we're really going to consider the needs of these people who are living in this particular type of environment, in looking at something different than bringing in Western-style things into a Native environment?

MS. O'ROURKE: Well, in terms of housing, the qual -- in my own opinion, the quality in housing and the suitability of the design when it first came along -- and it was no question it wasn't designed for the arctic -- was poor. It could have been a lot better. What is going on now is that there is a kind of ground swell in Barrow and a great deal of interest in the villages in participating as an owner/builder or as a home buyer in

what you might call a Western-style design. And it's better quality. It's not -- it doesn't look like a solid house. It looks like a house that could have come from the Lower 48; but I don't perceive there's any lack of interest in that. I do see, as I've mentioned earlier, that there is a live interest, and a universal interest, in making sure that a house is designed in a way that the family or the traditional uses can accommodate. And that'll -- that would mean a room to cut up meat in, for instance. It might mean an extraordinary, by other -- by some designers' standards, an extraordinarily large living ar -- room area. But I don't -- I find that what people are interested in is enough space, a safe and decent place, and an energy-efficient space. And there is a great deal of interest in owner participation in home design.

In the Borough -- as to water and sewer in the Borough -- within the jurisdiction of the Borough, we are looking at and have held a series of public hearings and will have more in every village about what villages' desires are on water/sewer systems, burying a system, for instance. And, again, my perception, and I think this is borne by all the records of the public hearings is that nobody doesn't want it. Nobody is saying:

"We lived a different lifestyle for several hundred years, or thousand years, and this

isn't what we used to have. We don't want it."

There seems to be a pretty universal desire to move to that, and, you know, water and sewer isn't the area that I spend my time working in precisely; but other than water, (laughing) and sewer, and basic decent housing, it's hard to imagine what could be more basic. And I see now that in the North Slope that some of those very basic needs still aren't really present; and I don't see anybody wanting to turn back from them. But it has been an awful slow and too long of a process, I think, to get to good quality designs; because I just don't think they existed, or if they did, nobody took the time for it. And they made a mistake when they just imported designs that didn't take our special needs into consideration, because they're life and death -- they're life and safety kinds of concerns.

COMMISSIONER ELLIOTT: I understand what you're saying about designs, because many years ago the city -- the town -- village of Beaver was rebuilt. The houses were up on stilts; and at the time that they were being designed, I asked why, and they said:

"Well, then to prevent the permafrost from melting."

And they forgot that Beaver gets to 90 above sometimes in the summer.

MS. O'ROURKE: (Laughing) So they --

COMMISSIONER ELLIOTT: Thank you so much, Bessie.

MS. O'ROURKE: Thank you.

COMMISSIONER SEBESTA: Yeah, thank you very much. Oh, excuse me, Martin?

COMMISSIONER MOORE: On the -- I'd like to sometimes hear about how obsolete some of the policies and regulations are regarding the HUD housing program. I think they're just hundreds of years old, and housing relates to health. A lot of elder people when they get cold, they get sick. And the younger children, the babies. They -- when they have a cold, they get sick. Sometimes these fabricated houses when they come in, they're built into two sections of floor, like so. They're not one like this. So when the permafrost comes, the house that's built goes sort of like that and opens up cracks in the houses. Getting people involved in designing their homes is so very important. And to change some of these policies and regulations that are obsolete. I hope that's the feeling of some of the people from here on. That's all I wanted to say.

MS. O'ROURKE: I think so. I think one of the Borough's priorities is to promote home ownership, both because of, I guess you'd say, pride in community and pride in self, and self-reliance, and community

development; but also so that there is no waiting for the federal program, or waiting for the state program, but to kind of spur community esteem and pride. And I think that's a very -- it's taking off, and it seems to be a very healthy development.

COMMISSIONER MOORE: I'd like to see a participation from a home owner. Actually, the people that are getting homes have no say-so, absolutely none. The engineer decides everything.

MS. O'ROURKE: Right, and --

COMMISSIONER MOORE: And the home owner just receives it, and sometimes it's not adequate.

MS. O'ROURKE: And I think, sometimes over the years, a home buyer -- again, you're dealing with a program to develop somewhere else. The fact of the matter might be that there is no other housing anywhere, and the family has been living with two or three other generations under one roof, and it's only getting more crowded. So when the agency comes along and says:

"Here's your house,"

they may say:

"You don't have to sign this if you don't want to. Don't sign these papers unless you know that they -- what they mean, and you don't have to take this house if you don't want to."

But the fact of the matter is, no matter how bad it might have been, or how little they understood about the program, they're going to sign (laughing) just about anything, because it is a desperate situation for a lot of families. And over the years, I think that's really been true; and so there's been very -- like you say, very little participation and also like a take-it-or-leave-it situation, I'm afraid.

COMMISSIONER MOORE: So do you find it that sometimes the home owner isn't very -- not too happy about the house that they're receiving? At your home level?

MS. O'ROURKE: Uh-huh (affirmative).

COMMISSIONER MOORE: The same thing happens in the Lower Yukon in the Kuskokwim area. But they have nothing else to choose from, --

MS. O'ROURKE: That's right.

COMMISSIONER MOORE: -- so they just go ahead and choose it, even if it's not satisfactory --

MS. O'ROURKE: That's right.

COMMISSIONER MOORE: -- or to their liking.

MS. O'ROURKE: Uh-huh (affirmative). That is our experience in some places as well, yeah.

COMMISSIONER MOORE: Thank you.

COMMISSIONER SEBESTA: Okay, thank you very much, Bessie.

MS. O'ROURKE: Thanks for the opportunity.

COMMISSIONER SEBESTA: I appreciate your testimony. Is Edward Casey here? (Pause.) Greg Nothstine? (Pause.) James Patlan? (Pause.)

MR. PATLAN: Here.

COMMISSIONER SEBESTA: Okay, James. And then it'll be Gregg Capito.

UNIDENTIFIED SPEAKER: (Indiscernible -- away from microphone.)

COMMISSIONER SEBESTA: Yes, please. Please come forward.

(Pause.)

James, would you like to introduce yourself, where you come from, and give us your comments?

(TESTIMONY OF JAMES PATLAN ATTACHED AS EXHIBIT #4)

COMMISSIONER SEBESTA: I hear what you're saying about very serious issues, James; and I think that, you know, some of these things require immediate attention. The homeless on the streets is certainly something that has got to be addressed. But another question though associated with it, do you have any ideas of how to approach this problem? In other words, young people coming in, as you say, they're mainly between 14 and 20, and coming into town and, you know, getting into a situation of this type. Do you see any, let's say,

more remote program that might be more effective in addressing the prevention of such a situation occurring?

MR. PATLAN: Yes, I do. Now, when I was talking to the health department downtown, I looked at all their program availabilities that they had and the type of services that they offered. None of these programs are staffed with Native people. First of all, there is no program designed to help Native people in this area that are run, operated, and managed by Native people. The young girls feel discriminatory feelings from the people when they go there, because these people that are running the programs are Ph.D. doctors, if you would, and they can't relate to the Native culture or the lifestyle that we live. The services that are available, if we could somehow work with the Municipality and figure out a model program that we could teach them our lifestyles, our customs, our traditions, if you would, they could teach us the implementation of the program, the development, and actual service delivery, we could be able to share our knowledge together and have a program that are run by the Native people. These programs, if we could develop them, have to be put into the communities that need it the most.

An example for right now, if I want to go downtown and find out if I had any type of, let's say, a sexually-transmitted disease, I'd have to go all the way

downtown towards the Inlet. If I live in Muldoon or in Mountain View, it costs a dollar to ride the bus one way, so it's going to be a \$2 trip. Now, we're talking about, I'd say, a good 15- to 20-mile distance now. These women walk, and by the time they get there, they're tired. Their baby's screaming and yelling; it needs to be changed the diapers, and these programs are not close by.

If we could get a program close in our communities, or the communities that need the services the most, we could train them -- I'm talking about the Native people now, we could train them on how to deliver the programs. We could also train them to not sit on their butts -- excuse me for the language -- and wait for people to walk in; but to get up and go out there and start knocking on doors and saying:

"This is our service. These are the programs we have available in your community. Please utilize it."

If these programs could be put together, maybe we could put it in -- and I know it's going to be a generic term, but a family resource center; but the center would not be a resource in the sense, but it would be more like a training institution, where these people come in, and we could tell them, first of all, about the dangers of having children without knowing your sex partner. We could show them how, once they do have

children or become pregnant, on how to raise the children and properly bring them up. We could try to teach them on child development and raising procedures or techniques that -- remember, once you -- I'm not a specialist in this area; I'm just an individual on the street, so to speak. But if we had this resource center in the community, we could address the issues on, first, sex education; child development and raising; the proper health procedures on how to take care of your children, maybe even bring a community health nurse out there to check the kids right there on the spot, you know. The is -- this issue here, you know, it won't go away. It's going to get worse. It's going to mushroom; it's going to mushroom. But if we had the ability to empower ourselves to complete these projects, to deliver these projects, maybe, just maybe, we could set that example for the younger ones to say:

"Why, hey, they're doing this. They're helping our people. Let's try to learn what they're doing. Let's stay in school. Let's not become pregnant. Let's learn why we don't want to become pregnant. Let's understand that if we're going to have a family, let's at least wait until we graduate out of high school anyway."

That way, they have some experience of going through the system of education, knowledge; and, hopefully, in the schools, they'll start teaching about child raising, and child techniques, and how maybe not to become pregnant. I'm not saying, you know, I don't want nobody to have no kids or anything like that, but at 14 and 15, that's a little too young. And these girls think it's this -- the first taste of sin as the music goes. They think, oh, gee, you know, my first experience with sex, I feel so wonderful. And then they just get caught up in that wonderful feeling, without realizing that they have this baby the rest of their lives. They have to feed it; they have to care it; they have to buy diapers, etcetera, etcetera, for the baby; and this -- there's no program teaching that now. There's nothing. If we had the center, if we a location centrally in these areas where we could start delivering these type of activities, we'll get the people in there, believe me. If we could give them something from us, a color, you know, Natives, if we could do that to our people, then maybe we could sort of convince them that, you know, they should pay attention to the education system and try to learn -- become more advanced in your mind and adulthood, if you would; so that way, when they feel like they really want to have a child, they're prepared mentally, physically, and socially at the same time. And that's --

COMMISSIONER ELLIOTT: Yeah.

(Tape changed to Tape #3.)

COMMISSIONER SEBESTA: (Already speaking when tape turned on.) . . .received came from the home, and I think that, in my experience I've witnessed that that is being the most effective also when it's given by parents and family that are really concerned for their younger people. And I know that some of these things have, you know, broken down; some of the family life systems, and so on; but I'm wondering whether maybe programs or some attention shouldn't be addressed to families to help their young children deal with these problems. You know, I think you've outlined very well the fact that they should be well adjusted by the time that they decide to have a family and have children, and so on; but I'm concerned about who teaches that, because I know that, for example, in the school system, sometimes many of these things are just shuffled on the school system, or, you know, some agency, which really doesn't do the affective job that a loving family can do. And I'm wondering whether maybe you've thought about it in these areas?

MR. PATLAN: Yes, I have; but it's a -- okay, for example, in this community and the town that's part of Anchorage is called Mountain View. In Mountain View, we have approximately 19,000 individuals, not counting

the Army people on the base -- I mean the Air Force. In this little town, we have one, two -- we have four liquor stores; we have three sex shops; we have, I'd say, the police department breaking -- busting up something every day; we have so -- the society there is so deteriorated that the community council has put together a community patrol. Basically, they travel the streets at night, looking for kids, dope dealers, people that rip off at the parks. I took my little boy to the park. There was three syringes with needles on it on the ground by the swing set. He came home one day with one of these needles. I don't know if he poked himself. I don't know what was in the syringe; but the first thing I did was find a hammer and a pair of pliers and took care of that system. I went back to the park, for example, and there were 15 individuals in the back there drinking, and smoking, and I don't know what they were doing with that needle. I imagine they were shooting some kind of chemical substance; but this is allowed to happen in our society there daily. We tried taking it to the Mayor's Office; the door was slammed in our face. They said:

"This is the police department's matter."

We took it to the police department. They said:

"Okay, fine, get some phone numbers, addresses, pictures of these people if you can. Bring that in, and we'll see if we could

get a case to take to the District Attorney."

They didn't do anything about it. We've tried to do something about it now; but it's pretty hard when you got liquor industry against you; when you got the sex and porno industry against you; and when the only legitimate church in that society -- there is one that doesn't seem to want to take Native people that much; or the Native people don't feel comfortable going to that church; and so their spiritual aspect is not there. The family is breaking down. The job opportunities in the urban situation here is not that much available, so then the parents start drinking. Then that society within their own family structure starts breaking down.

Case in point. I know this one family that had four girls. One girl got two credits last semester for school -- for high school, because she only attended school for two months. The reason she was only able to attend for two months is because her family got kicked out. And they got kicked out of their home, so they had to move; they couldn't have no place. They're down at Brother Francis now. The wife is running around mad. The two girls is on the streets alone, and they're 19 years old. She hadn't finished high school. She got a total of 15 credits; you need 21 in town here to graduate, but she's only got 15. The school system

passed her forward. She's a senior, or equivalent to a senior; but she's only got 15 credits. But the process and the system here just -- society kept pushing, and pushing, and pushing, and pushing, and pushing. They don't stop to try to analyze what they're pushing or what they're promoting if you would. And the family structure -- not all of them, believe it -- not all of them was deteriorating; but for the most part, those that have got hooked on their alcohol, or the dope, if you would, are -- they're falling apart. And the kids see that, and there's no support close by that they can trust to go to see. And I believe also this is primarily why they don't want to go to the services, 'cause they can't believe in them; there's no faith or trust in them. These are just kids, and when they hit the streets, they have a baby, and their old man throws them out, then there's that bad taste in their mouth about I can't trust them no more. They can't go home, 'cause their parents don't want to recognize the fact that their daughters have illegitimate children, and it kind of hurts their feelings; and the fights start and they throw them out again. So here's these young women and kids on the streets. And there's just no -- there's no place for them to go. There's no resource center, if you would.

COMMISSIONER SEBESTA: Do any other Commission members wish to question James?

(Pause.)

Okay, thank you. I think -- I appreciate your testimony very much, James. I realize that what you're saying is very serious; and I really appreciate the directness of your testimony in trying to inform us of what really the situation is; and so thank you very much.

MR. PATLAN: Well, I'm sorry for the crude language, but --

COMMISSIONER SEBESTA: No, that's --

MR. PATLAN: -- I couldn't think of proper terminologies.

COMMISSIONER SEBESTA: -- we need to hear it the way it is (laughing). Let's see, I think that Gregg Capito has been waiting for a long time; and I -- Gregg, would you come forward, and also, let's see, Myra -- or Agnus Moore. Agnus, would you come forward? I think that you've been waiting; and, Gregg, would you -- please sit down. Please sit down. Would you like to give your testimony now?

MS. MOORE: Would I sit up there?

COMMISSIONER SEBESTA: Yes, please, please. And, let's see, the third one is Robert Charlie, if he is here.

MR. CHARLIE: Here.

COMMISSIONER SEBESTA: Okay.

MR. CHARLIE: Will that be after 1 o'clock, or.

COMMISSIONER SEBESTA: Well, let's see, I think what -- the hearings for education begin at 2 o'clock; but I think that we can continue on until -- I hope the other Commissioners don't mind; but we'll continue on until those people who have -- wish to testify do so.

MS. MOORE: I'm Agnus Moore, born and raised in Tanana. I have been formerly in counseling with alcohol and drugs; and when I got to be 65, nobody wouldn't hire me anymore. And I'm well qualified to be a counselor on alcohol; but they look at my hair and my -- they just -- so I do a lot of it on a volunteer basis on my own. I've gone to villages; lived there; pay my own way. I did that two or three different times. The other two times I went out on a job for Tanana Chiefs as a Culture Specialist; and, on the side, I did volunteer work on alcohol and drug abuse.

And what I'm here for today is -- you've got to excuse me, because I didn't plan to be in here when I got up this morning (laughing). Like I said, they wouldn't hire me anymore. What I would like to see is more training for elders like me, so we can further help our young people. Too many of our elders have already died without teaching our -- the young people. We need to look to our future for our grandchildren. The elders are

dying off really fast. I know in my own village, I'm sorry to say it, but then there's hardly any elders, because when I was small, I seen alcohol -- I seen liquor store. And I seen them abuse alcohol, and that's how I grew up; and now none of them is living today. Whereas, other villages I see where there is -- there have been alcohol liquor store, I see older people still living. And, for instance, one place is Minto and Tanacross those places.

Like I say, I was born and raised in Tanana; and we should teach our children our Native culture, heritage, language. We should -- my beads is falling off. We should be encouraged, because too many people at my age been turned away from any training because there's no money. And we're really -- like this young man that just testified, like he said, he's -- the younger's on the streets. That don't have to be. That don't have to happen. If they were taught the right way in a home, it wouldn't have happened. I'm really sad to see it today, although I'm proud of this young man, Gregg. He's really working hard to -- on alcohol problem. I do a lot of driving people around on alco -- on -- my phone is constantly ringing. I'm not getting one penny for it; but I'm not complaining. If I can help somebody, I help myself. I taught my kids the danger of alcohol, because I am an alcoholic. I've been sober now for 28 years --

it'll be 28 years this December. I abused alcohol myself until I woke up one day and said:

"This isn't the life I was supposed to be living."

Anyway, so if anybody have any questions, we strive to make our lives healthier, safer, and happier, and the only way to do it is to encourage the elders to train on those areas. I get stuck for words, because I don't know what to say (laughing). Like I said, I'm not -- I didn't plan on speaking (laughing).

COMMISSIONER SEBESTA: (Laughing) No, Agnus, that's -- I'm very glad that you came and shared these things with us. I think it's very important to hear what the elders have to say; and I appreciate that very much. I'd like to open it up for questions to the panel. I -- one thing I think I hear you saying is that a lot of the problems that we're facing wouldn't happen if there was more involvement on the part of the elders in family and in forming young people. And I do think that's important. I think I hear you saying that.

MS. MOORE: That's so true.

COMMISSIONER ELLIOTT: Agnus, one comment I have heard, and I won't name the village in which I heard it, was that the young people today have no respect for elders. And do you find this true? I know Tanana. Do you find that true in Tanana? Is there a barrier between

the elder and the young people? I'm happy that there's an elder at youth conference upstairs -- or was yesterday; but what is your -- what are your views on that as far as Tanana goes, or. . .

MS. MOORE: That's true. That's -- just like, for instance, an example, when the young people were dancing, there's something not right in there; so this lady looked at me and said:

"You should tell that lady."

I said:

"No, I can't, because she'd just tell me to -- they're doing -- she's doing the best she can."

Which is true; but that's true. Sometime even our own elders treat us like that, so I don't know. It's -- respect for elders is just deteriorating or what's going on. I don't know. I think it should be addressed that. Instead of youth, youth, youth, all the time. Sure, we need to help our youth -- young people; but what about people like me? We need to be recognized and we need to teach our young people how to respect your elders. I taught my kids that, so today they do respect their elders. So. . .

COMMISSIONER ELLIOTT: Massi cho (ph.).

COMMISSIONER SEBESTA: Okay, thank you very much, and -- let's see, next I'd ask Gregg Capito from

the State Village Safe Water Program to update us on some of the things that he has shared when we were in task force; but to update us on those things. And the next two in line would be Greg Nothstine and Myra Heaps.

MR. CAPITO: My name is Gregg Capito. I work for the State Village Safe Water Program. And I briefed the Joint Commission several months ago when you folks were at the -- I believe it was the Elks downtown here?

COMMISSIONER SEBESTA: That's correct.

MR. CAPITO: And, at that time, I explained that the sanitation problems that we know about from having lived in the Bush, and maybe if you haven't read in the paper, are serious and growing worse; but that in January -- last January, a group was formed, representing 40 or 50 different people from across the state to look at the problem, and not just to examine the broken pipe; but to try to find out why the pipe is broken -- the root causes for chronic sanitation problems: water, sewer, and solid waste in the villages.

And all the people working were purely voluntary, so you know their motives were good. Some were bureaucrats like myself, others came from villages like Napaskiak and Napakiak, and others were just interested people.

Well, we've come a long way since January; and what we've done is we have a body of recommendations which were presented yesterday at a work group for AFN, and Mike and Bob Singyke have copies of the recommendations, and those are in draft form. And what those recommendations basically say is that there are many different aspects to the sanitation problems in the villages, and these different work groups have come up with ideas to solve the problem. Not all of the solutions, interestingly enough, involve money. And yesterday we discussed these recommendations for about three or four hours and entertained questions from the audience as to what they thought. What I wanted to share with you now briefly is what the progression is from this point on.

My fear has always been that when you try to solve any problem that the study becomes the product in the minds of many people. The paper becomes the currency, so to speak. And that scares me, because too many people worked for too long to have this happen, so we're coming up to what I call implementation now. Now that you've got the report done, what do you do with the thing? And why won't the report go sit on the shelf like hundreds of other reports in the past? So, what we're doing is the strategy for implementation began several weeks ago with talking to you folks about it in a

preliminary way; then we met with the Alaska Native Health Board, Ann Walker's group, and went over some preliminary ideas that the group -- the work groups, the task force had promoted. Yesterday we went through an AFN workshop and tried to present these ideas in a more disciplined way to a broader range of people. And what we're looking for is endorsements from them -- the Native Health Board and the AFN; and then, once that's collected, if that happens, we're going to move into the Governor's Office and present these ideas to the Cabinet to try to get support at that level; so there is a sort of a systematic progression to try to garnish as much support as we can to move forward to implement some of these ideas.

While that strategy appears to be working, I've got to share with you that what I'm learning -- and I thought, since I've been doing this work -- kind of work for almost 20 years now in the Bush, I thought I'd learned about everything that there was to learn; but what I've observed in watching other people work on this problem: scientists, non-scientists, people that carry honey buckets, people that have pipe systems, and on and on, is that I don't think in this state that we're lacking money. A long time ago I learned that if someone told you that money is the solution to the problem, they probably don't understand the problem to begin with. And

for a policymaker, a bureaucrat, to say that they have no money, that's just not the case. There's money. It's a question of how you prioritize the money. What I think we're really lacking is commitment; and the whole thrust of our task force has been to try to find that commitment.

And so that you don't get off on the wrong foot like I did at the beginning, the commitment and the responsibility for solving sanitation problems clearly rests with three different groups of people at three different levels of government. The tendency is to say:

"It's the federal government's problem; let the federal government fix it. Or it's the state government's problem; let the state government fix it."

And, clearly, both levels of federal and state government have responsibilities under law, as well as moral responsibilities, to help solve these chronic sanitation problems. But so do local people. So do people that live in the villages.

So what these recommendations try to do is try to say:

"We need commitments from local people to make this a priority, from the state government to make it a priority; then, of course, from the federal government."

And talk comes cheap. It's the action; it's the things that people do that make a difference to solve any problem, not just sanitation, but drug problems, or problems on the streets, and so on. And so we're grappling right now with commitment. Now that we've got all of these recommendations, and we've got the report done, we're really just beginning. And so what I'd hoped is that, to strategize, not right here maybe, but a little later with Mike Irwin's staff, about from a public policy standpoint, how can we in the Commission turn these fairly sound recommendations into action. Again, not just at the federal and the state level, but at the local level, so that we can sort of turn the corner on these ongoing sanitation problems, and keep people focused on it long enough that we can solve it.

I'm a Viet Nam-Era veteran, and I remember very, very well that the country has no stomach -- we as a nation have no stomach for long-term commitments. We lost that with our forefathers, I guess. We want quick fixes. We want the black box. We want the magic bullet. Well, this task force has shown that there's no magic bullet. There's no technological fix. It's not that simple. So we -- how do we keep people focused? These newspaper articles that were done has helped heighten people's attention, especially in the urban places; but how do you maintain that over time; because you've got to

be very patient and very methodical when you're trying to solve a problem that's as basic as sanitation. So it's not going to be solved completely in four or five years. It's going to take probably a generation of concerted effort to systematically eliminate honey buckets and replace the honey buckets with more -- with safer waste disposal methods, for example. So, the commitment question keeps coming back to me again and again and again; and I think about all the council meetings I've been to in Emmonak, for example, where people wanted to eliminate the honey bucket and did, and emulating that example across the state to other villages so that same focus, that same fire is there to push and solve the problem. To push the bureaucrat to solve the problem. I think that's the real challenge. So, we're going to move forward, like I said; and we're going to do everything that we know how to do to bring this attention -- to bring the solutions to the problems of the policymakers. And that's Senator Stevens, Senator Murkowski, Don Young, or their successors, the state policymakers, and local people, too. But we can't make commitment; you can't buy commitment. You can't write a check and call it commitment. You've got to want to fix what's broke. And the hope is that since that's -- since there's no physical law that says we can't fix this problem, that we will. I mean, there's no law of physics

that says we can't fix sanitation problems. But the commitment needs to be there and needs to be sustained.

And I think that's the overall thing I've learned so far, in watching 40 or 50 different people from different backgrounds work on the sanitation problem. So I have a personal commitment to see to it that their ideas are carried forward, right in the face of the policymakers. I also have an equal commitment that Village Councils, IRA Councils, Traditional Councils, Elders Councils, City Councils understand the same -- that the same level of commitment is needed from their end.

And this strategy has to be thought about carefully where we go from here; and I'm hoping that, as far as the federal policymakers are concerned, that the Joint Commission will take some of these ideas under their wing and move through the federal system.

This partnership stuff seems to be the buzzword these days. We need partnerships, you know. That's sort of true. We can't do it by ourselves. Villages can't do it by themselves. And in the few examples where we've had -- where things have changed in a positive sense in a village, where sanitation is concerned, it's -- it ought -- it comes down to not necessarily what a bureaucrat did or didn't do, it's that in the case of

Emmonak, and Huslia, and some other places -- Nulato, for example, people there were so committed to the change that they'll let nothing stand in their way. It didn't matter what council there was, and how many City Managers you went through, the focus was always there. So government needs to be equally committed at the state and federal levels to hold up our end of the bargain; and once that's done, I think we can begin to begin solving the problem. And maybe the next generation will make their contribution.

So that's the status of where we're at; and if you want to see copies of these recommendations, I can get you copies. Mike Irwin's staff already has copies. Bob Singyke's got copies, --

COMMISSIONER SEBESTA: Okay.

MR. CAPITO: -- and we had a three-hour workshop yesterday to dispense two or three hundred of these things.

COMMISSIONER SEBESTA: Then would you make sure that a copy of this -- of those recommendations get into the record also?

MR. CAPITO: Sure.

COMMISSIONER SEBESTA: And, Gregg, thank you very much. What I hear you saying may extend even to other areas, and that is if people want something bad

enough and organize and leave no stone unturned to get it, they'll get it.

MR. CAPITO: Yeah, and --

COMMISSIONER SEBESTA: That type of commitment.

MR. CAPITO: -- government's got to be smart enough to recognize where those -- where that's occurring and then take advantage of the local enthusiasm and the commitment to make the change. Government also has to be mature enough to recognize that where that's lacking, we really can't do much as government bureaucrats. And these rec --

COMMISSIONER SEBESTA: Do you have any suggestions in how to, let's say, excite people to that level of commitment which you're talking about?

MR. CAPITO: I've never solved that particular riddle, and I've thought about it. Let me give you a quick anecdote. When I first went to Huslia, beautiful log-cabin village on the river, like Alaska looks in books to people, I'm walking through the village with a lady -- with a City Council -- with the City Manager, and I'm looking around, and I said:

"Gee, how come there's no stick houses here?"

Her name was Elsie. I said:

"Elsie, how come there's no stick houses here?"

She said:

"What do you mean?"

I said:

"I don't see any HUD houses in this village."

And she said:

"There aren't any."

I said:

"They're all log."

She said:

"Yeah, we know how to do logs here. We have our own mill down the river, and we square the logs, and chip 'em up."

I said:

"But where's the HUD houses?"

She said:

"I told you, we don't have any HUD houses."

I said:

"Well, HUD goes everywhere. Why, when HUD came here -- they must have come here to make these houses available -- what did you say to HUD?"

She said:

"We told them that we wanted log houses."

And I said (laughing):

"What did HUD say?"

And she (laughing) said:

"HUD said, they can't do logs. They got to do stick-built houses."

I said:

"So what happened?"

She said:

"We told HUD to hit the road (laughing)."

I said:

"You told HUD, the federal HUD, the big white father in the sky?"

And she said:

"Yes, we told them that we wanted the houses to look like this. And they wouldn't do that."

And I was so stunned by that, I thought:

"This place has got thunder. This place has got lighting in their hands. They won't be pushed around."

And to bring that story to full circle, I never forgot that; and so a couple of years ago, the Environmental Protection Agency made money available on something called the Indian Set-Aside Program to help villages solve sewer problems. And they wanted a demonstration project in Alaska. And we wanted it to work right, 'cause we wanted to show the EPA we could spend their money correctly, and have as project, and all this. The

first place that came into my mind was Huslia, because I remembered that thunder. So we go back up to Huslia, and there's Elsie still there. That continuity's there. And Elsie still had the fire. So that project got designed, planned, and built with local people -- force-account construction it's called, just like Emmo did. Turned out beautifully, under budget, on time, every dime accounted for. No more failed septic tanks; no more pit privies. You go to Huslia tomorrow afternoon, and you'll see people that have basic services in their home. Now, I don't know why or how Huslia got oriented that way. It sure as hell wasn't me. I mean, I didn't go in there and inspire people to do great things. It's not what I do, and I'm not good at it anyway. They were inspiring us (laughing) in sort of an odd way. The village was showing, gee, if they can do that much locally, we ought to be able to go out and help them. And the same thing in Emmo. It was from them to us, not from us to them; but how you duplicate that, I don't know. And as you probably already know, there are places in this state, unfortunately, where I call places where there's nobody home; where you go and you can't find that no matter how hard you scratch the ground. It is not there. And those are the places, unfortunately, with the most serious health problems, the most chronic hepatitis A, the most severe honey bucket disposal problems. And those are the

most tragic. Those are the ones where you bleed and you worry about, because of kids playing in the waste, and on and on. But I don't have an answer to that question. If I did, it would be really fun, you know.

COMMISSIONER SEBESTA: Okay, well, thank you very much, Gregg. Next on the list is Greg Nothstine. Greg, would you come forward? And then, let's see, Myra? Is Myra here? Myra, would you come forward, too?

(Pause.)

Greg, would you like to introduce yourself and share your ideas with us?

MR. NOTHSTINE: Okay. My name is Greg Nothstine. (Introduced himself in Native tongue.) I'm presently the Chairman for the Alaska Federation of Native Sobriety Movement, and I was asked to testify. Mike Irwin had caught me upstairs and said that I -- he put me on the list and wanted me to state for the record the proclamation I read before the delegates of the convention. So, I will do that. But, prior to doing that, I would like to say that the Sobriety Movement of AFN was initially known as the Alaska Native Blue Ribbon Commission on Alcohol and Drug Abuse. And we began to wonder, were we duplicating services and principles of other programs? We wanted to do something different, because programs or any other project that's going to be tackling substance abuse is pretty much named and focused

from that. They're named after the problem. We decided to take a fundamental approach and change our name to the AFN Sobriety Movement and focus on the solution, because definitely money, and resources, and time spent on the problem gives the problem focus. And, of course, we already know what the problem is. But time, money, and resources focused on the solution will create the same results, if we go in that direction. Without further ado, I'll just name the individuals who make up the Sobriety Movement and then read, for the record, the proclamation I gave to the AFN delegates. Wilson Justin's the Vice-Chairman, he's the President of AHTNA; Nena Olsen's an honorary elder from the Kodiak Area Native Association; Sam Dementi, the Executive Director for the Fairbanks Native Association; Esther Combs, Cook Inlet Tribal Council, she's the Executive Director; John Binkley, who sits on this Commission; Dr. Jim Berner, and his alternate, Bill Brave Heart, of the Alaska Native Medical Center; Julie Kitka, the President of the Alaska Federation of Natives; Anne Walker, the Alas -- the Executive Director of the Alaska Native Health Board; Doug Modig, who's been a private consultant and working in the area of sobriety for the last eight years -- ten years? -- Gene Peltola, the Executive Director of the Yukon-Kuskokwim Health Corporation; Jesselie Kolyuk, Sr., Mayor of the North Slope Borough; Dennis DeGross, former

Executive Director of the Alaska Native Health Board and works for the University of Alaska; Ermalee Hickel, the First Lady, the wife of the Governor; and General John Schaeffer, retired, present Chairman for the Alaska Federation of Natives. Without further ado, I'll begin this proclamation:

"The Alaska Federation of Natives' Convention is a collaborative network of regional profit and non-profit corporations, Native councils and associations, which has, in the 26 years of its brief historical existence, become a political nerve center, curator, and voice on social policies and conditions affecting Alaska Natives. Before 1988, and years hence, delegates to the AFN have unanimously recognized the resolution upon resolution that alcohol and drug abuse is an ultimate contributor to the high rates of the following: family disintegration, accidental death, fetal alcohol syndrome, fetal alcohol effect, high school dropout, home runaways, HIV infections, AIDS, and other sexually transmitted diseases, crime, imprisonment, child abuse, sexual abuse, elder abuse, joblessness, and the overall apathetic attitude to preserve the distinct cultural

values and activities we Native people cherish. In an effort to diminish the destructive forces of alcohol and drug abuse among Native people, AFN delegates mandated a Commission be formed to find ways to effectively campaign and support the grassroots sobriety movement gradually growing in Native communities across the state. The Commission became known as the Alaska Native Blue Ribbon Commission on Alcohol and Drug Abuse and has since self-terminated, only to be resurrected and later become known as the Alaska Federation of Natives Sobriety Movement. The Sobriety Movement, for its purposes, defines sobriety as a positive, healthy, and productive way of life, without the devastating effects of alcohol and illicit drugs. They encourage anyone who would do so to use this reference in association with any depiction of a culturally relevant scene promoting pride or survival. The AFN Sobriety Movement encourages Native people and other concerned individuals to join them and take the AFN Sobriety Pledge, asking they claim the AFN Sobriety Movement's goals as their own: To encourage and support sober Alaska Native

families. To encourage the practice of traditional values and activities. To cooperate and work with agencies promoting sobriety among Native people. To encourage the formation of sobriety groups in every Alaska Native community. To encourage and support sober Alaska Native leaders and role models. To date, well over 3,800 have signed. The AFN Sobriety Movement invites any organization or interested party to become a charter member of the AFN Sobriety Movement by adopting its goals and giving value to sobriety, holding at least one Silver Celebration on an annual basis within their community or region. Now, therefore, I Greg Nothstine, (speaking in Native tongue), Chairman of the AFN Sobriety Movement, hereby proclaim the goals set out by the AFN Sobriety Movement, consistent with reinforcing the principles and purposes under which AFN is organized under Article 3 of its articles of incorporation, and further proclaim that anyone who affirms with integrity that they represent the best interests of their Native constituents or shareholders who respect and participate in AFN's process, take ownership

of their role in the success or failure of this most important directive to rekindle the hope, spirit, and strength of our Native people, which they deserve from the Sobriety Movement Initiative. And, finally, I proclaim every AFN Convention an Annual Silver Celebration, where all Alaska Natives can heed the call to action, sign the AFN Sobriety Pledge, and take pride in their heritage to live a positive, healthy, productive way of life, without the devastating effects of alcohol or illicit drugs. May God continue to do for us what we cannot do for ourselves.

There's a couple of things that I understood prior to this is that we use a lot of athletes to promote healthy ways of living, and then all of a sudden we have beer commercials subsidizing those particular games; and in this particular society, free speech predominates, and the one with the highest amount of money can afford to, well, lobby their product on the airwaves. I'm wondering if there's any subs -- federal-subsidized TV stations, radio stations, that allow this to continue if -- that the federal government endorses healthy ways of living or sobriety, for that matter? And what they're going to do about things like this -- the radio stations or TV stations -- to allow alcoholic beverages to be advertised

during those particular times when sports are prevalent? That was just a question of mine.

Anyway, the other area of concern that I had happened to be listening to as our elder was speaking earlier was that, you know, of the -- from time to time, I will go to different schools, demonstrating the Native Youth Olympics traditional Native games; and I find it pretty interesting that a lot of the PE instructors come from the -- outside the state; and, well, they have little or no familiarity with the Native games of the Alaskan people; and, therefore, don't really take to heart the importance of these cultural games. And I was curious why some school districts and regions will allow one week of broom ball over one week of Native Youth Olympics. What's the culturally relevant approach for allowing that to happen, when all of these particular games allow for students who are of Native her -- descent to take pride in their heritage, to participate in the fun things that give them a sense of self-worth. What's -- we need to allow more opportunities for these games to start to be played in the school districts. We need a comprehensive curriculum that the state will adopt to promote these games all over. And I guess that's really what I wanted to share, and thank you for your time and your attention. Any questions?

COMMISSIONER SEBESTA: I'm just very glad to hear the level of commitment that you have expressed in approaching this problem and, you know, pushing for sobriety; and, you know, approaching it from other (indiscernible -- noise), too. For example, the sports in the school system. But I think that as was mentioned just before you, the need for commitment, I see it. And such a good statement; and I am very happy to hear it. So, thank you very much for sharing that with us.

MR. NOTHSTINE: Thank you.

COMMISSIONER SEBESTA: And, Myra? Could you introduce yourself and share your comments with us?

MS. HEAPS: Yes, my name is Myra Heaps. I'm from Fort Yukon. I now live in Fairbanks. That's where I'm working. My subject is training for the Native counselors. I worked in a -- in the Native Center for twelve and a half years, in every part of the program, which includes the long-term, the short-term, the outpatient, and also doing evaluation for people who are requesting admission to treatment. And during these years, I have observed many qualified Native counselors coming to work as counselors only to be -- only to leave feeling disenchanting, because of the undercurrent problems that exist on the work place. I guess I've survived, because I'm not one to easily be defeated. I'm not going to admit defeat. I will carry on. I -- one of

the reasons that I quit my job was -- resigned was because, after years of putting my time -- my valuable time in this area, which was my choice to work in, it was -- I had asked for advancement or a promotion, and -- only to be turned down; and I was also turned down twice when my immediate supervisor requested raises. That wasn't so much, you know, the reason I quit. It was because someone who had less experience, who was a non-Native, and who didn't have the degrees, who was put as my supervisor. I'm kind of rambling off. I'm just a little nervous right now; but I think, you know, that when -- we're always talking about the Native people:

"Well, they're not -- you know, they can't -- we can't hire them because they can't stay on the job, because of the lack of training, or many other reasons;"

and I've heard this over, and over, and over. When I question:

"Well, why can't we hire some qualified Native people that I know that have come through the program as counselors? Why can't we do something to keep them on, such as utilizing the upward mobility program, providing training, and all?"

And the answer was always was:

"Well, we don't have enough funds for training, we don't -- we have to eliminate this position, because of lack of funds."

And so this is the excuse -- an ongoing excuse that we hear constantly. And the reason that they use this platform is because you get a qualified Native counselor -- Alaskan Native counselor in, and they will stay on no more than a year; at most, four years, if even that. And they stay stagnant, because for you -- to be a successful counselor, we have to keep up with the new information that surfaces, such as the AIDS Program, the Adult Children of Alcoholics, such programs that are new information that surfaces, and on -- in these areas. And so I'd like to see the upward mobility program become mandatory in every treatment center. Now, when I say treatment center, the problems that we see is right there in Fairbanks. And the programs in the villages is new; they're just starting; and we know that the problems are various. The families are broken up; we know that we have problems in the -- with suicide; and I think that, you know, the -- in an area of suicide, we look at -- we look at it, and we're trying to justify the amount of suicide that is taking place in the villages, by saying, well, they can't really integrate, you know, from their culture to this other culture. Well, the main problem is alcohol and other drugs. That is the problem. When the

person is addicted, they lose their identity; they lose their culture; they lose their traditional lifestyle; they lose everything; and until we give them back their sobriety, I say give it back to them is -- we give it back to them when we are committed.

When we enter the field of alcoholism and other drugs, we have to be committed. We see the individual as a human being who has the right to their culture, to their tradition, to their way of living, their lifestyle that God has given them; and I truly believe, you know, that commitment is one of the most important instrument that we have when we have it. And so I'd like to see more training in the treatment center, not only in Fairbanks, Anchorage, and every other major cities in Alaska who provide services -- the short-term services.

And the -- I'm -- I really appreciate some of the young folks that are coming forward with assertiveness. I feel that it's real important to give them the support and all the backbone, all the support that we can give them, because they are coming forward; and I truly enjoy and value their approach, because that was something that I have had to work for many years. And I feel that God has helped me, and -- to be where I am today; because, without the help of God, I would be way back. And because of the many things -- the many

problems that we are facing in this world today, and God is giving us the chance -- the opportunity. I'm sure that the state has the money there, and we can use more of it. And if even individuals who plan to go into, you know, business for themselves, program -- set the programs to provide these services, then I'd like to see that, too.

COMMISSIONER SEBESTA: Well, thank you very much, Myra. I think that either direct comments or inferred comments about commitment seemed to have come up in other remarks made this morning; and I certainly hear that in what you're saying, too. And I appreciate it. I think it's something that is important for myself. I appreciate very much your comments and thank you for testifying. Are there any questions from the other panel members?

(Pause.)

Okay. Thank you very much. Let's see, I'll call Robert Charlie and Barbara Morgan, if they're here. Robert?

UNIDENTIFIED SPEAKER: (Indiscernible -- noise.)

(Laughter.)

COMMISSIONER SEBESTA: Thank you.

(Pause.)

Robert, if you would like to introduce yourself and -- for the record, and share your ideas with us, we'd appreciate it very much.

MR. CHARLIE: My name is Robert Charlie, and I'm from a small community in Alaska that's called Minto, Alaska, 135 miles west of Fairbanks; and I guess we're about the second closest community to Fairbanks -- Native community. And I'm here on behalf of a non-profit organization in which I'm the founder and the director of. And this non-profit organization is a model organization for a Native community to preserve our Athabascan culture, heritage, and education.

It's been four years since we got recognized by the federal government on a tax-exempt status, and I mentioned that this organization is a role model; and we are doing exactly what I am saying. For a long time, I had wishes of how I could get involved from the community level, although I've been a leader and a counselor for many years.

And I finally got enough courage to say I'm going to try to put an organization together and see if it will work. I know there's a lack of this type of organization in each community; it's separate from what village government issues are about. Village Councils are the government body for the village, or the

community; but in our case, we're working it toward things we want to preserve.

And one of the main reasons that I formed the organization was that under the Native Land Claims Settlement Act, there was some communities that was abandoned, such as Old Minto that could easily go back into the hands of the people, whether it's true historical site nomination to the National Register or the people themselves fighting to get their abandoned community back into their hands. So I did succeed, because Old Minto was abandoned village, and it's moved 20 miles north of the old site. So under the Claims Settlement Act, we couldn't have selected the old site; but through the regional corporation, they could have went out and help us to select that site; but I guess they had so much work to do. But anyway, that was the reason why you form the non-profit organization is to preserve our culture.

And Old Minto is a living site. We have experience through the four years we've been operating our camp -- cultural training camp in Old Minto, and we have succeeded by reaching out and getting kids from other villages to participate with us and learn about their culture in this old summer camp. And then for the last couple of years now, we have accepted Tanana Chiefs' offer to run their alcohol treatment camp in Old Minto;

and we have two purpose for the old site; and they're very important purposes.

In our summer program in Old Minto, we have one week of cross-cultural orientation, like -- it was a new idea, where students that were going to the University in Fairbanks to take training jobs in the Bush -- I mean, teaching jobs in the Bush, they have a chance to go to this old camp and learn about the Indian culture and talk to the people and get to know how the people speak, and how they act, and live in the same environment for one week. In the same environment, they don't have running water and stuff like that, so they have to have -- eat food that is originally cooked on a campfire, and water that was pumped from a well, and most of all, they enjoy using the outhouse, which is (laughing) going back to the basics.

So, this is our third year that we've been running the camp. It's been very successful by comments that we see from teachers that have been through our program. This also is a model program, and I got a lot of inquiries about other areas want to do the same thing -- other communities want to do the same thing.

And then we have another three-week program where we get -- we invite students from other villages that has a problem with being around families that are drinking; being around friends that are using drugs; and

our program is to help these kids and educate them about the drug and alcohol program beforehand. And, at the same time, they learn about their culture, they learn how to talk to the elders; and they learn to do cultural things. They make baskets; they pick berries; they make bow and arrows; and they love it out there.

Of course, in detail, if I was to go on to say that this type of program that all the communities just should start up and it'll give a sense to these kids their roots -- some connection to their roots, and make their own decision on how they want to live their lives.

And then we have another one week or two weeks' program, where we get students from the New York area; and there's 10 to 12 students that come up every year for last four years and just learn about our culture. They came from an organization called World Horizon. This organization get a bunch of kids signed up there in winter that want to go out and explore and learn about other culture, and they go all over the world. It's sort of like a VISTA volunteer-type program. The two and a half weeks they spend in Old Minto, they help us prepare the old site for future development, such as cutting trails, cutting brush, and reestablishing a new cemetery, cutting brush out of the old cemetery, making crosses and fences around the cemetery. They do a lot of things, and they're really glad to do it. They never had these

possibilities out there, so when they come to Old Minto, they really learn a lot, and they participate as much as they can.

Those are just a few programs we have during the summer, and the teachers that -- the teachers in our program is elders. They're very valuable to us in our culture teaching. Then this is the first year we have got -- we received a grant for a five-year plan program from the federal government. It's under the drug and alcohol program. It's called a Community Partnership Fund Program, and it's a program that's going all over the United States; and we're just one of -- I don't know how many -- Community Partnerships nationally; but we're one of five communities that got funded in Alaska.

I have always had an open mind to see how we can help the community in Minto. As a leader, you keep your ears open; your eyes open; you think a lot; and you have a vision; and my vision was always open for opportunities. So when I saw the chance to apply for this large sum of money to help our community, especially in the areas of drug and alcohol, not only that, but it was a chance for the community to start planning their own destiny by self-determination.

And I'm happy to say that although the paperwork that we have to go through for a year before we start working with the people in the community, we're

about that stage right now. Right now we're ready to go out into the community and work with the people; and we want to use them to do their own planning. It's part of the program. And next month, 6th, 7th, and 8th, the five communities that are working with the Community Partnership in Alaska are going to have their workshop in Minto -- their very first workshop together. So I'm looking forward to that, and there'll be about 40 people, plus trainees from the Lower 48.

And going back to the ideas that I have put together, and the things that we have done in implementing the ideas, I think we need more communities to do this very thing, to start working with their own kids and their own people, utilizing their own people. One other thing I didn't mention is that we have, for the third year now, we've been working with the students in Minto, from kindergarten to high school; and we -- it's state-funded. We work on a daily basis; and just this year, the principal has set aside an hour and a half per day where our elders can come in and have guest speakers to come in and talk to our students. And the last report for last year in our second year, there has been quite an improvement, because of this program we started. The kids in my community really didn't get taught their principals of how they should act around their own family, let alone the school. So they got a -- so the

elders and the teachers are beginning to teach these kids discipline; and the results for the last two years has really improved. The kids are attending school better; they're having a -- better parents and all around; and they're improving every year. In fact, we had five of them down here for the youth conference, and it's sure good to see those kids. Their faces just lit up and everything when they saw me (laughing). So it really make you feel good to see these things happen.

One area of very importance is that very few documents is shown or is around about the Interior Athabascans -- the history of the Athabascan people. Although our Native leaders are elders, they know everything about our life, what happened in their life; but beyond that, earlier than that, we have no family trees. We didn't have any family tree. And that's what we're going to work on in our next program during this winter, during our planning stage, is to develop a family tree for every members in the community and see where our roots begin; and that's the main thing that kids should know is where they came from.

We have kids that are blonde, and kids that are -- seem like they don't have any identity. This will give them a chance to say:

"I am an Athabascan."

This is not directed in my comments; but I -- it's an issue that's been floating around for the last ten and more years; and if members of the Commission will accept this as part of my comments, I'd like to make this directly to the Commission. I mentioned earlier that we were -- we're established to preserve our culture and our heritage, and learn about our history. But one of the things that we're doing is to preserve the most valuable thing around each community, is we put together a map we call name and places in Athabascan. Although it's a draft; we'll need more funds to finalize the map. I'm talking about two million acres, with every little lake, little stream, mountains, trails, all those is going to be identified on this map, all in Athabascan and in English. I got a lot of encouragement from the state map makers and the federal map makers; and it's going to be a map that's -- hopefully, will be duplicated by other communities, because that's another main source of holding on to your culture and know where your ancestors traveled, especially the names and the trails.

Ten years ago -- I think it's 11 years ago -- Senator Ted Stevens made a big push statewide, and he got a lot of support through the legislators and the members in Alaska -- people in Alaska to change the name of McKinley back to its original name, Denali. But we -- the obstacle we ran up against at that time was the

senator from Ohio didn't want to get the name changed, because President McKinley was from Ohio; and he's still fighting to keep the name on; and I noticed Senator Stevens is still trying to get the mountain changed back to its original name.

One day I foresee that we are going to come out of the shadow as Native people. We're going to show up; we're going to be in the spotlight. What I saw from the youth conference the last two days, I feel very strongly this is going to happen. We're going to have our own people doing our own work; and it's going to be more power on the Native side. We should be able to work equally and be recognized equally. For a long time, the Athabascans, the lower stateside American Indian, the Eskimos, were not recognized as equal to the rest of the United States' citizens. And I foresee there's going to be a change.

The mountain I was referring to, my grandfather, my ancestors, has pointed at that mountain for many, many, many years. And I think it's about time that we got full support from Congress and United States to try to get that name changed and have it back in the Athabascan name. I've flown down on Alaska Airlines many times. They never say: "Denali." They say:

"To your right, you'll see Mt. McKinley."

What I want to hear from now on is that:

"To your right, you'll see Denali, the original Athabascan name for this mountain, the highest moun -- the highest peak in the northern continent."

Those are the things that I think are in the values of our Athabascan people that we need to preserve.

I just want to close by saying that I will continue to do whatever I can to preserve what I think we can with the help of people like you guys, and I want to thank you for my time.

COMMISSIONER SEBESTA: Well, thank you very much, I -- Robert. I think, again, I've heard many times about this Minto Camp, and I've heard very good things about it; and I think it has -- it's really interesting to follow what's going on there. I really support you very much in the initiative that you take in that. I see a level of, you know, commitment to want to educate young people and really address problems of alcoholism, and so on, through that effort. And I'm wondering, what was it in your own existence that inspired you to commit yourself to something like this? I'm asking the question in a way that maybe this could be some sort of a -- maybe an information to use to be able to help other communities to address it. But what is it that inspired you and the people who work with you to pursue this; to get it into existence; to not give up when you met with

discouraging things, and people that didn't listen, things of this sort?

MR. CHARLIE: I ran into a lot of those obstacles, and --

COMMISSIONER SEBESTA: I believe it.

MR. CHARLIE: -- and I -- being a leader helped to establish the Tanana Chiefs Conference, establish a lot of the things that are happening now, such as the Native Health -- the administration of the clinic in Fairbanks, and the different Native organizations; and what really took my attention is some of the things that should have been included in the Native Land Claims Settlement Act. And what I didn't like about the Act is when the word got around saying that you are going -- you'd be selling your aboriginal rights. To me, I have not sold my aboriginal rights; and I'm showing, by doing what I'm doing, that my aboriginal rights are still preserved.

And no matter what the stumbling blocks are, I still continue -- I get up and go. My wife knows that my mind is busy 24 hours a day, seven days a week. And I'm proud to sit here and defend my important decision about what I am doing.

COMMISSIONER SEBESTA: So you're saying that really the awareness of this provision in ANCSA was what really drove you to do these things?

MR. CHARLIE: Exactly.

COMMISSIONER SEBESTA: Yeah, okay.

MR. CHARLIE: Exactly.

COMMISSIONER SEBESTA: I appreciate that.
Father Elliott?

COMMISSIONER ELLIOTT: Well, Robert, one thing that I think will be of comfort to you, and I think you already know it, that Hudson Stuck, Arch-deacon Stuck, who was the first to climb McKinley, --

MR. CHARLIE: Exactly.

COMMISSIONER ELLIOTT: -- will never -- would never accept that name McKinley, and named his book "The Ascent of Denali." He never called it McKinley.

Also, I believe Old Minto was -- you left it originally to establish New Minto because of the danger of flooding and the gradual washing away of Old Minto. How much then is left of Old Minto to -- that you're now using as an historical site?

MR. CHARLIE: Well, I would say over 95 percent of Old Minto is still there. For some reason or another, it never got flooded as much as it used to. I don't know. I think there's something about Old Minto that has spiritual connection also.

COMMISSIONER ELLIOTT: I imagine the church has gone down the river though. That was on the bank.

MR. CHARLIE: No, --

COMMISSIONER ELLIOTT: St. Barnabas.

MR. CHARLIE: No, that is -- I guess I don't know when you were there.

COMMISSIONER ELLIOTT: '51.

MR. CHARLIE: '51? Well, since then, they moved it back.

COMMISSIONER ELLIOTT: Oh.

MR. CHARLIE: So it's quite a way away from falling in.

COMMISSIONER ELLIOTT: And then, Robert, I rea -- or I've seen your Songs of the Minto People on cassette.

MR. CHARLIE: Exactly.

COMMISSIONER ELLIOTT: Now, are you doing any more of that to -- not just for your own people, but to let other villagers know what they can do to preserve your heritage? Because you're preserving it on that cassette.

MR. CHARLIE: Uh-huh (affirmative). After that footage, we put together a 50-minute Cultural Preservational Memorial Potlatch, so that's -- so if you get to see that, and that title is "Hitting Sticks/Healing Heart." It's about a memorial potlatch, and --

COMMISSIONER ELLIOTT: Where's that available from? I've tried to get "Songs of the Minto," but I never (laughing) could get it from --

MR. CHARLIE: You can get a copy from the Minto Village Council.

COMMISSIONER ELLIOTT: Okay. Thank you.

COMMISSIONER SEBESTA: Okay, Robert, -- let's see, is there any more comments? Martin?

COMMISSIONER MOORE: Robert, you and I are (indiscernible) apart. I'm way down at the mouth of the Yukon River; you're way, way in the Interior. What you're saying to preserve our culture and our heritage is so very important. Now, if we could only make the federal government and the state government recognize how important it is, it would be a better country for the -- for both people in the federal government, state government.

I think that the clergymen are starting to realize how honest and how sincere the Native people are. The Native person that respects his heritage and culture -- the Native person will never, in my opinion, the elder people you see, they're not going to go out there and abuse drugs, because they know and understand the culture. They're not going to go out there and abuse alcohol. One thing, they'll never commit suicide, because of the traditional teaching. That's not part of

their teaching. You and I know that. The elder person is -- you could put alcohol in here on this table. If they know their culture and their -- and they value their tradition, they're not -- it won't bother 'em one bit. That's what you and I want the federal government, the state government, the clergymen to understand, that our culture is very important for them, for us, and for everybody else.

And I appreciate your testimony, making a lot of us, again, realize that our culture is very important for everyone around us; and if it's preserved, we wouldn't see a lot of these young women walking out there homeless, with children with no fathers. If those children knew their culture, if we were allowed to teach those in the school systems, I think a lot of that would have been prevented today. Because the elder people have been taught those things, and they could stay away from alcohol; they could stay away from drugs; they could stay away from committing suicide and other stuff.

I wish this Commission -- I'm part of the Commission here, I certainly would like to make the federal government, state government, realize how important our Native culture is. Even to take care of our own judicial problems. Sometimes the federal government gets stuck up with Constitutional issues, that they're unconstitutional when we want to do something for

ourselves. But I think they'll realize soon that it's best for them to let us do some of the things ourselves. That's the way I feel. I -- we're so far distance away, I want you to share some of the concerns I have. I think they're the same as yours in many cases. Robert, thank you for being here.

MR. CHARLIE: I want to just make one brief comment on another decision that I base the facts on in my own personal life. This -- we're trying to talk about how could we find the solution for this gap between our culture and the Western type, and that question is always coming up, no matter where we go. And I always use my own opinion and my own experience in trying to tell the kids, the young people how I feel, that I took this step to make it work.

I've been involved with good jobs all along in my life; and I learned to cope with the Western-type living, and I learned to preserve and use my culture. So, I could do my work here in the office or out there in the field, and I can go home and still know -- and do Native dancing and still can hear my people speak when they speak Athabascan; and I still listen to my brother when he makes speeches up in front of the crowd. And I have learned to find the boundaries on these two. There's a line between the two. Once you get those two

together, then you'll be able to walk your own way with the help on both sides.

(Tape changed to Tape #4.)

COMMISSIONER ELLIOTT: Robert, I said the last time I was in Minto was '51. My wife would kill me. We spent our honeymoon in Minto in '57.

(Laughter.)

MR. CHARLIE: Maybe you can come back to Old Minto next summer and --

COMMISSIONER ELLIOTT: I was in Minto -- the New Minto, but not the Old Minto. It was '57 I was in the Old Minto.

MR. CHARLIE: Come back to Old Minto.

COMMISSIONER ELLIOTT: Yeah, I'd love to.

MR. CHARLIE: You'll be among people from all over the world practically.

COMMISSIONER ELLIOTT: Thank you.

COMMISSIONER SEBESTA: Robert, thank you very much for sharing these comments with us. Thank you very much.

MR. CHARLIE: Well, I waited a long time, you know, to get up here, so --

COMMISSIONER SEBESTA: I know, and there's --

MR. CHARLIE: -- thank you very much.

(Laughter.)

COMMISSIONER SEBESTA: -- still other people, I think, that are waiting. Let's see. What time is it getting to be?

COMMISSIONER ELLIOTT: It's about --

REPORTER: Lunch would be nice.

(Laughter.)

COMMISSIONER SEBESTA: (Laughing.) Yeah, I -- there are a number of other people on the list. I guess they could continue this afternoon.

MR. IRWIN: Either that, or we could reschedule them for this evening, or for Saturday morning.

COMMISSIONER SEBESTA: Okay.

COMMISSIONER ELLIOTT: At the full Commission hearing?

(Pause.)

At the full Commission hearing this evening?

MR. IRWIN: Yeah. They can either testify tonight at the full Commission hearing or on Saturday the 24th.

MS. SHAWBACK: I'm leaving tomorrow night for Seattle, so I would like to testify as soon as possible (indiscernible -- away from microphone).

COMMISSIONER SEBESTA: What's your name?

MS. SHAWBACK: Mary Shawback from King Salmon.

COMMISSIONER SEBESTA: Okay.

MR. IRWIN: Would you be able to do it this evening?

MS. SHAWBACK: I just would be very short -- I just want to leave a statement about fishing down at Unalaska and around the Aleutian Chain there.

COMMISSIONER ELLIOTT: False Pass?

MR. IRWIN: It's you guy's call.

COMMISSIONER SEBESTA: Would you be able to come back at 2 o'clock?

MS. SHAWBACK: Yeah, I could do that.

COMMISSIONER SEBESTA: I'm just concerned about our recorder, who will have to continue on through --

MS. SHAWBACK: Oh, why don't you -- can I come back at 3:00? Have you got anything --

COMMISSIONER SEBESTA: That would be fine, yeah. The hearings will continue, --

MS. SHAWBACK: Okay.

COMMISSIONER SEBESTA: -- and I think it's necessary to give the lunch break.

REPORTER: Thank you.

MS. SHAWBACK: Yeah, I'd be --

COMMISSIONER SEBESTA: It's not so much for us, 'cause we can -- we won't be continuing the hearings, but she will. So I would appreciate that if that's --

MS. SHAWBACK: Okay, I'll be back here at 3:00 then.

SW/ss

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COMMISSIONER SEBESTA: Okay, thank you very
much.

(Off record.)

END OF PROCEEDINGS

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