

TESTIMONY BY RAYMOND DAW, EXECUTIVE
DIRECTOR
NA'NIZHOOZHI CENTER, INCORPORATED
TO THE
SENATE COMMITTEE ON INDIAN AFFAIRS

OCTOBER 13, 1999 Thank you for inviting me to speak to the Senate Committee on Indian Affairs regarding this legislation. I am Raymond Daw, a member of the Navajo Nation and life-long resident of Navajo Country. I am the Executive Director of two very innovative and effective programs located in northwest New Mexico. The first is Na'nizhoozhi Center, Incorporated or NCI. NCI is a 150-bed substance abuse agency that provides protective custody, social detoxification, short-term shelter, DWI (for driving while intoxicated offenders) residential treatment, Native American culture-based residential treatment, and Native American culture-based outpatient treatment. The second agency I am Executive Director of is Northwest New Mexico Fighting Back, Incorporated, or Fighting Back. Fighting Back is a community-based substance abuse prevention and public information that builds community capacity to reduce the harm caused by alcohol and drugs.

Members of the NCI Board of directors are nominated by four governments, who have entered into an intergovernmental agreement, the Navajo Nation, the Pueblo of Zuni, City of Gallup, and McKinley County. These governments have formed a private agency, which is NCI, to consolidate and integrate substance abuse treatment for the chronic substance abuser in Gallup, New Mexico.

The Fighting Back board of Directors is no less diverse and focused in their efforts, this governing body is comprised of members of the Navajo, Acoma, Laguna, and Cherokee tribes. Board members are recruited from a large three-county area that encompasses almost the entire northwest quarter of New Mexico. This board has been attempting to establish a prevention model that is coordinated and well planned.

Both private sector programs I am affiliated with serve a population that is

primarily Native American. NCI is a private, non-profit substance abuse program whose service population is 98% Native American, persons who mainly reside in northeastern Arizona and northwestern New Mexico.. NCI has reduced public intoxication by over 50% in Gallup, New Mexico. In the past seven years, winter exposure deaths have been reduced by over 60%, as has alcohol-related emergency room visits in the Gallup Indian Health Service facility. These changes have been the result of a singular effort to combat public intoxication and the face of Gallup, New Mexico has changed for the better. Over 90% of our clients complete the residential treatment programs that we operate and 70% of these individuals continue to do better than prior to entering our residential programs. Our success comes from being able to collaborate effectively with law enforcement and medical providers in McKinley County. NCI has a very strong interest in improved collaboration among providers who benefit from federal funds in areas outside of McKinley County. Because our purpose is to reduce public intoxication and chronic alcoholism.

Fighting Back has also contributed significantly to positive efforts in McKinley County, New Mexico. This is a county that was once the WORST county in the United States for alcohol-related mortality. This county no longer has claim to that notorious distinction. Our efforts in prevention and alcohol policy is being modeled that other communities across the country. From California to Wyoming to Michigan, we have entertained visitors wanting to learn about DWI law reform, efficient treatment of public inebriates, and development broad community-based planning. McKinley County has a Native American population of over 70%. Fighting Back has promoted the concept of building "Healthy Nations" with the Navajo, Laguna, Acoma, and Zuni tribes in our region. Such that there is growing movement to create more opportunities for Native American youth interested in athletic activities and the establishing community youth programs in our very rural region through the formation of private, non-profit agencies in six isolated Native American communities we currently serve.

I see a great opportunity for federal resources to be consolidated and a truly collaborative approach to beating the monsters, alcohol and drug dependency. While Native Americans in northwest New Mexico, particularly in McKinley County, have made great strides in the past nine years, our work is far from over. NCI's admissions of intoxicated persons for protective custody is still over 17,000 per year.

All of the towns bordering our lands have become increasingly concerned about the problems of alcoholism and drug abuse. Farmington, New Mexico approached the Navajo Nation this week for assistance in planning an effective prevention and treatment strategy on behalf of Farmington and San Juan County residents, many of whom are Native American. Winslow, Arizona has approached the Navajo Nation for similar input and leadership. The problem is so devastating that no single rural government has the resources to create and

effective prevention and treatment system alone. The Navajo Nation is beginning to make strides against bootlegging within its borders, but continues to seek solutions in the areas of prevention and treatment. A single and unified approach is needed if tribes are to begin turning the tide of substance abuse and related problems that is tearing at the fabric of Native American society and culture.

The 99th Congress passed Public Law 99-570 in the mid-1980's, which reads in part;

Coordination of Resources and Programs - Directs the Secretary of the Interior and the Secretary of Health and Human Services to develop and enter a memorandum of agreement to better coordinate the provision of alcohol and substance abuse treatment and prevention services for Indians and Alaska Natives.

Allows the governing body of any Indian tribe to establish a Tribal action Plan to coordinate available resources and programs in an effort to combat alcohol and drug abuse among its members.

Additionally, PL. 99-570 required for tribes to establish Tribal Coordinating Committees (TCC) who would coordinate development of and implementation of the Tribal Action Plan. Most tribes have Tribal Action Plans (TAP's), but have not been able to re-visit them and make changes as the needs of the tribe changed since the late 1980's.

Alcohol-related mortality and accidents continue to plague Native peoples at an alarming rate. Not all tribes, like the Navajo Nation, have gaming as a way to increase tribal resources. Non-gaming tribes, particularly, must begin to create plans that consolidate the resources currently available, regardless of the source. The Navajo people are a proud people with visions of economic and social stability. However, like most rural tribes, the Navajo Nation still has high unemployment rates to contend with as the population increases and the economic disparity among tribal members also increases. This legislation will begin to provide a means of consolidating tribal efforts towards improving the health status of tribal members adversely affected by alcoholism and drug abuse. I believe, this improves tribal efforts to become economically diverse and stable.

Alcoholism and drug abuse is a major destroyer of lives and families in Indian country, particularly among the Navajo people. Ever since 1953, when it became legal for Native Americans to consume and possess alcohol in the United States, the problem of substance abuse dependency has substantially increased. Tribal resources are scarce and tribes rely upon the federal government for resources to begin addressing this scourge among Native

peoples of this country. Tribes rely on federal funds to help combat the significant problems associated with alcoholism and drug abuse.

In 1988, the Congress authorized PL 99-570, which required the implementation of Tribal Coordinating Committees (TCC's) and Tribal Action Plans (TAP's). I see that this legislation as the next step towards creation of a unified approach to reduce the harms associated with alcoholism and drug abuse. It is through the TCC's that tribes are to develop comprehensive strategies for prevention, intervention, and treatment of substance abuse. TCC's are either non-existent or not functioning in most of Indian Country. However, the TCC model can be the forum through which tribes can create their plans on towards a broader approach against substance abuse.

As a private sector provider, with no allegiance to any federal department, I give you my recommendations. Prior to embarking on my journey to testify at this hearing, I consulted with the Vice President of the Navajo Nation, the Honorable Taylor McKenzie. Vice-President McKenzie wishes for me to forward to you his recommendation that the Secretary of Health and Human Services be given authority to enact this legislation, instead of the Secretary of the interior. I wholeheartedly concur with Vice-President McKenzie's recommendation for these reasons. The Indian Health Services, which is part of the Secretary of Health and Human Services' department, has trust responsibility to provide for the health care of Indian people. The Department of the Interior does not have that same mandate from Congress. This is an especially important recommendation, because substance abuse has been publicly acknowledged by many tribal leaders across the United States as being the number one health problem for many years. This health concern expressed by tribal leaders and health providers has not changed.

A second reason for this recommendation is that the Indian Health Service already has infrastructure developed to more efficiently consolidate substance abuse prevention and treatment activities at a national and local level. Indian Health Service has a Substance Abuse Branch that convenes regional and national meetings, workshops, and training on substance abuse. Within the each Indian Health Service Area are Alcoholism and Substance Abuse Branch Chiefs, who provide guidance and direct services to contract and grant programs operating with federal funding. On the Navajo Nation, each I.H.S. Service Unit, local hospital, has a Substance Abuse Coordinator to provide direct service and coordinate referrals to local substance abuse agencies and support groups.

The Bureau of Indian Affairs does have such comprehensive infrastructure for tribes to readily access. Particularly in the development of tribal plans to begin consolidation of tribal resources derived from federal funds. It is desired by the sponsors of this legislation to reduce duplication and build upon already existing systems in Indian Country. Giving this responsibility would be contrary to the

intent of this legislation.

My third reason for this recommendation is experience and expertise. As I have noted above, I.H.S. has teams of people experienced in management and provision of substance abuse prevention and treatment services within each tribe. Most tribes already provided I.H.S. with strategic plans that describe tribal health agency capabilities and resources. So I.H.S. has the necessary framework established to assist tribes to take the next step towards a truly comprehensive and consolidated approach towards improving upon the health status of tribal members.

When I discussed this legislation with several private sector Native American providers in my region that I interact with, the first response I received in all cases was, "Why the B.I.A.? Why not I.H.S.?" That is an appropriate question in Indian Country for this committee to consider as this legislation is moved forward.

In closing, thank you for your committee's invitation to me and wish you well in your endeavors. Good-bye.