

**NATIVE YOUTH PERSPECTIVES ON  
MENTAL HEALTH AND HEALING**

---

---

**OVERSIGHT HEARING**

BEFORE THE

SUBCOMMITTEE FOR INDIGENOUS PEOPLES OF THE  
UNITED STATES

OF THE

COMMITTEE ON NATURAL RESOURCES  
U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTEENTH CONGRESS

SECOND SESSION

---

Thursday, July 16, 2020

---

**Serial No. 116-38**

---

Printed for the use of the Committee on Natural Resources



Available via the World Wide Web: <http://www.govinfo.gov>

or

Committee address: <http://naturalresources.house.gov>

---

U.S. GOVERNMENT PUBLISHING OFFICE

41-256 PDF

WASHINGTON : 2020

COMMITTEE ON NATURAL RESOURCES

RAÚL M. GRIJALVA, AZ, *Chair*  
DEBRA A. HAALAND, NM, *Vice Chair*  
GREGORIO KILILI CAMACHO SABLAN, CNMI, *Vice Chair, Insular Affairs*  
ROB BISHOP, UT, *Ranking Republican Member*

Grace F. Napolitano, CA	Don Young, AK
Jim Costa, CA	Louie Gohmert, TX
Gregorio Kilili Camacho Sablan, CNMI	Doug Lamborn, CO
Jared Huffman, CA	Robert J. Wittman, VA
Alan S. Lowenthal, CA	Tom McClintock, CA
Ruben Gallego, AZ	Paul A. Gosar, AZ
TJ Cox, CA	Paul Cook, CA
Joe Neguse, CO	Bruce Westerman, AR
Mike Levin, CA	Garret Graves, LA
Debra A. Haaland, NM	Jody B. Hice, GA
Joe Cunningham, SC	Aumua Amata Coleman Radewagen, AS
Nydia M. Velázquez, NY	Daniel Webster, FL
Diana DeGette, CO	Liz Cheney, WY
Wm. Lacy Clay, MO	Mike Johnson, LA
Debbie Dingell, MI	Jennifer González-Colón, PR
Anthony G. Brown, MD	John R. Curtis, UT
A. Donald McEachin, VA	Kevin Hern, OK
Darren Soto, FL	Russ Fulcher, ID
Ed Case, HI	
Steven Horsford, NV	
Michael F. Q. San Nicolas, GU	
Matt Cartwright, PA	
Paul Tonko, NY	
Jesús G. "Chuy" García, IL	
<i>Vacancy</i>	

David Watkins, *Chief of Staff*  
Sarah Lim, *Chief Counsel*  
Parish Braden, *Republican Staff Director*  
<http://naturalresources.house.gov>

---

SUBCOMMITTEE FOR INDIGENOUS PEOPLES OF THE UNITED STATES

RUBEN GALLEGO, AZ, *Chair*  
PAUL COOK, CA, *Ranking Republican Member*

Darren Soto, FL	Don Young, AK
Michael F. Q. San Nicolas, GU	Aumua Amata Coleman Radewagen, AS
Debra A. Haaland, NM	John R. Curtis, UT
Ed Case, HI	Kevin Hern, OK
Matt Cartwright, PA	<i>Vacancy</i>
Jesús G. "Chuy" García, IL	Rob Bishop, UT, <i>ex officio</i>
<i>Vacancy</i>	
Raúl M. Grijalva, AZ, <i>ex officio</i>	

## CONTENTS

---

	Page
Hearing held on Thursday, July 16, 2020 .....	1
Statement of Members:	
Gallego, Hon. Ruben, a Representative in Congress from the State of Arizona .....	1
Prepared statement of .....	2
Statement of Witnesses:	
Gonzales, Leticia, UNITY/OJJDP Peer Guide Ambassador, Bishop Paiute Tribe, Bishop, California .....	6
Prepared statement of .....	20
Kippenberger, Cheyenne, UNITY/OJJDP Peer Guide Ambassador, Seminole Tribe of Florida, Hollywood, Florida .....	6
Prepared statement of .....	7
Miller, Robert “Scottie”, Male Co-President, National UNITY Council, Swinomish Indian Tribal Community, LaConner, Washington .....	9
Prepared statement of .....	10
Ovando, Marco, UNITY 25 Under 25 Youth Leader, Shoshone Paiute Tribes of the Duck Valley Reservation, Owyhee, Nevada .....	3
Prepared statement of .....	5
Additional Materials Submitted for the Record:	
Alyce Spotted Bear and Walter Soboleff Commission on Native Children, Testimony for the Record by Gloria O’Neill, Chair .....	21
Ozeena, Chicago, Testimony for the Record .....	23



# **OVERSIGHT HEARING ON NATIVE YOUTH PERSPECTIVES ON MENTAL HEALTH AND HEALING**

---

**Thursday, July 16, 2020**  
**U.S. House of Representatives**  
**Subcommittee for Indigenous Peoples of the United States**  
**Committee on Natural Resources**  
**Washington, DC**

---

The Subcommittee met, pursuant to notice, at 3:02 p.m., via WebEx, Hon. Ruben Gallego [Chairman of the Subcommittee] presiding.

Present: Representatives Gallego, Soto, San Nicolas, Haaland, and Garcia.

Mr. GALLEGO. The Subcommittee for Indigenous Peoples of the United States will now come to order. The Subcommittee is meeting today to hear testimony on Native youth perspectives on mental health and healing. Under Committee Rule 4(f), any oral opening statements at hearings are limited to the Chair and the Ranking Minority Member. This will allow us to hear from our witnesses sooner and help Members to keep to their schedules.

Therefore, I ask unanimous consent to allow the Members' opening statements be made part of the hearing record if they are submitted to the Clerk by 5 p.m. today or the close of the hearing, whichever comes first. Hearing no objection, so ordered. Without objection, the Chair may also declare a recess subject to the call of the Chair. Hearing no objection, so ordered.

As described in the hearing notice, statements, documents or motions must be submitted to the electronic repository at [HNRCDocs@mail.house.gov](mailto:HNRCDocs@mail.house.gov). Additionally, please note that, as with in-person meetings, Members are responsible for their own microphones and Members can be muted by staff only to avoid inadvertent background noise. Finally, Members or witnesses experiencing technical problems should inform Committee staff immediately.

## **STATEMENT OF THE HON. RUBEN GALLEGO, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ARIZONA**

Mr. GALLEGO. Good afternoon. Thank you to our witnesses for being with us and welcome to all those tuning in via livestream. Before moving forward with my opening, I wanted to acknowledge the fact that this is a historic hearing. This is our Subcommittee's first virtual hearing. As such, I would like to thank my colleagues and the witnesses for being flexible and accommodating social distancing guidelines while sharing their important testimony.

Today, we will be hearing perspectives from Native youth on a topic of personal importance to them: mental health and healing.

Prior to beginning today, I would like to warn all virtual attendees that today's proceedings will likely include discussion of self-harm, including suicide.

Native American perspectives on mental health and healing take on a new significance in the midst of an ongoing pandemic that is disproportionately affecting Indian Country.

Not only have Americans suffered the physical and economic costs of COVID-19, but this crisis will surely take a mental health toll on our most vulnerable citizens as well. The mental health impacts, like most impacts of COVID-19, will likely disproportionately be affecting Native American communities. That is because poor mental health and inadequate access to mental health care are already an epidemic in many Indigenous communities, especially for young people. Native youth between the ages of 15 and 25 suffer higher rates of mental health problems, such as depression, anxiety, and post-traumatic stress disorder than their peers.

In 2014, suicide was the second leading cause of death for Native youth between the ages of 10 and 34, at 2.5 times the national rate.

As of 2018, Native youth were more likely to participate in gang activity than other demographic groups, and one-third of American Indians and Alaska Natives over 25 had not graduated from high school. These statistics are hard to hear for all of us. But this is the reality facing Native youth in this country, one that we have a responsibility to acknowledge and address.

The youth testifying here today are leading this important movement and work in their communities. I applaud each of you for your work. I know the future of your tribes and our country are brighter because of your leadership. I look forward to hearing your unique perspectives on healing and mental health.

[The prepared statement of Mr. Gallego follows:]

PREPARED STATEMENT OF THE HON. RUBEN GALLEGO, A REPRESENTATIVE IN  
CONGRESS FROM THE STATE OF ARIZONA

Good afternoon. Thank you to our witnesses for being with us and welcome to all those tuning in via livestream.

Before moving forward with my opening, I wanted to acknowledge the fact that this is a historic hearing. It is our Subcommittee's first virtual hearing.

As such, I would like to thank my colleagues and the witnesses for being flexible in accommodating social distancing guidelines while sharing their important testimony.

Today, we will be hearing perspectives from Native youth on a topic of personal importance to them: mental health and healing.

Prior to beginning today, I would like to warn all virtual attendees that today's proceedings will likely include discussion of self-harm, including suicide.

Native American perspectives on mental health and healing take on a new significance in the midst of an ongoing pandemic that is disproportionately affecting Indian Country.

Not only have Americans suffered the physical and economic costs of COVID-19, but this crisis will surely take a mental health toll on our most vulnerable citizens as well.

The mental health impacts—like most impacts—of COVID-19 will likely disproportionately affect Native communities. That is because poor mental health and inadequate access to mental health care are already an epidemic in many Indigenous communities, especially for young people.

Native youth between the ages of 15 and 25 suffer higher rates of mental health problems such as depression, anxiety, and post-traumatic stress disorder than their peers.

In 2014, suicide was the second leading cause of death for Native youth between the ages 10 and 34—at 2.5 times the national rate.

As of 2018, Native youth were more likely to participate in gang activity than other demographic groups, and one-third of American Indians and Alaska Natives over 25 had not graduated from high school.

These statistics are hard to hear for all of us, but this is the reality facing Native youth in this country—one that we have a responsibility to acknowledge and address.

Fortunately, Native youth have taken the lead in facing these challenges head on by acknowledging the impact of historical trauma in their lives, and figuring out what it means to heal in that context.

The youth testifying here today are leading this important work in their communities. I applaud each of you for your work and I know the future of your Tribes and our country are brighter because of your leadership.

I look forward to hearing your unique perspectives on healing and mental health.

---

Mr. GALLEGO. I would now like to recognize the Ranking Member for any opening remarks. Do we have a Ranking Member? Do we have any Member from across the aisle with us?

Staff MEMBER. Chairman, there is no Ranking Member present here. You may continue.

Mr. GALLEGO. OK. Let us move on then. I'd like to transition to our panel of witnesses for today. Under Committee Rules, oral statements are limited to 5 minutes, but you may submit a longer statement for the record if you choose.

When you begin, the on-screen timer will begin counting down, and it will turn orange when you have 1 minute remaining. I recommend that Members and witnesses joining remotely use the grid view function so they may pin the timer on their screen. If you go over the allotted time, I will ask you to please wrap up your statement.

After your testimony is complete, please remember to mute yourself to avoid any inadvertent background noise. I will allow the entire panel to testify before we question the witnesses.

The Chair now recognizes Mr. Marco Ovando, a member of the Shoshone Paiute Tribes of the Duck Valley Reservation and UNITY 25 Under 25 youth leader.

Thank you, Marco. Please begin.

**STATEMENT OF MARCO OVANDO, UNITY 25 UNDER 25 YOUTH LEADER, SHOSHONE PAIUTE TRIBES OF THE DUCK VALLEY RESERVATION, OWYHEE, NEVADA**

Mr. OVANDO. Thank you, Mr. Chair and honorable members of the Subcommittee. Before we begin, please allow me to introduce myself in the traditional and respectful manner of my Native tongue.

Haganee'uh, ne Marco Ovando naneeha. Ne bi Marcella McKinney ne Appe Francisco Ovando. Ne Tosawihi Tso'a'vich Newe a Koa'aga'itoka Numa. Ne bit Dokapattih ne Idaho a Nevada. For translation for my relations, I am greeting each of you in high regard by stating who I am as a Shoshone Paiute citizen by first stating my parents, second my traditional nomadic bands of the White Knife, Jarbidge, and Salmon-Eater Peoples, where I come from a long line of chiefs like Chief Truckee and Chief Winnemucca of Nevada and where my great-great-grandmother, Sarah Winnemucca, is currently standing amongst the Nation's brightest

and finest in the United States Capitol Building. And last, I state where I call home, the oasis of the desert, the Duck Valley Indian Reservation, in Idaho and Nevada. As nomadic nations, understanding where one roamed is essential to identity. This introduction also ties me and all of my spiritual being into the resilient culture of the Great Basin. It reminds me every time I speak it that I am strong, resilient, and most importantly, Indigenous.

I am honored to speak before you today to share my testimony on how when being reconnected to the traditional cultures that all Native youth possess within us, our minds and spirituality can heal, flourish, and ultimately thrive. Though it may not look like it from a camera's point of view, I, in fact, struggle from depression and social anxiety. They come and go. But just a few years ago, I was in a very dark place from these torments, so lost and dark, in fact, I even contemplated suicide. I did not know where to go from there.

My mother was long deceased from the effects of alcoholism and my father estranged. Western medicine wasn't adequate and unreachable in my rural desert community. But it was in that dark moment of my life, a light glimmered. That light was the culture embodied by my grandmother, who, in the decades of her incredible life, has reconnected with her spirituality and has helped countless people on the reservation reconnect with theirs.

"How?" you may ask. It started with a simple trip to the camas prairie on the north end of my reservation to harvest the staple root of my people, a root that has helped to sustain us through the bitter winters of the desert for years. I was taught how we consumed the roots of the plants placed in the earth in relation to tying us closer to the planet. I was also taught various phrases and words of objects in Shoshone and Paiute and, of course, engaged in many long days of talking with elders about the past and stories passed down from generations in the oral tradition, gaining the sacred knowledge so many are so worried to lose.

In those months and then years of spending time among my culture, my depression gradually diminished, and my social anxiety was replaced with an immense and burning passion for working with youth. I was more than eager to start. And that was when organizations like the United National Indian Tribal Youth, Inc., a.k.a., UNITY, seemingly fell into place perfectly to help me do just that, much like this afternoon talking to you.

My mental health is tied to my spirituality. And to me and my people back home, one can't simply exist without the other. Much like in my introduction, I would probably still be lost and without knowing who I am if I didn't rediscover this.

My story is a story repeated across Indian Country, where youth who are lost and alone like I was, are reconnected with who they were before colonization and, in return, are mentally revitalized to face the ever-changing world of the 21st century and begin the process to reverse centuries of institutionalized genocide and inter-generational trauma for generations to come to flourish.

However, my story is a story of its own, unique and just as important as the countless others. I hope my words inspire each of you to further understand yourself and make the best decisions of

this Subcommittee to help my success story become the success story of thousands of fellow Native Americans and Americans alike.

By advocating for those whose voice has yet to be discovered, I hope that supporting tribal sovereignty and the mental and spiritual health of the first Americans will ever be at the forefront of this Congress. It is more critical than ever to act upon this crisis.

I thank you, the Committee, for the invitation and your time. And I will happily take any questions you may have.

[The prepared statement of Mr. Ovando follows:]

PREPARED STATEMENT OF MARCO OVANDO, UNITY 25 UNDER 25 YOUTH LEADER,  
SHOSHONE PAIUTE TRIBES OF THE DUCK VALLEY RESERVATION

Honorable Members of the Subcommittee, before we begin, please allow me to introduce myself in the traditional and respectable manner of my native tongue. Haganee'uh, ne Marco Ovando naneeha. Ne bi Marcella McKinney ne Appe Francisco Ovando. Ne Tosawih Tso'a'vich Newe a Koa'aga'itoka Numa. Ne bit Dokapattih ne Idaho a Nevada.

For translation to my relations, I am greeting each of you in high regard by stating who I am as a Shoshone Paiute youth by first stating my parents, second my traditional nomadic bands of the White Knife, Jarbidge, and Salmon-Eater Peoples, and last where I call home, Duck Valley. As nomadic nations, understanding where one roamed was essential to identity. This introduction also ties me and all of my spiritual being into the resilient culture of the Great Basin. It reminds me every time I speak it, that I am strong, resilient, and most importantly, Indigenous.

I am honored to speak before you today to share my testimony on how being reconnected to the traditional cultures that all native youth possess within us; our minds and spirituality can heal, flourish, and thrive. Though it may not look like it from a camera screen or at first glimpse, I in fact struggle from depression and social anxiety. They come and go but just a few years ago I was in a very dark place from these demons. So lost and dark in fact I even contemplated suicide. I didn't know where to go. My mother was long deceased and my father estranged. Western medicine wasn't adequate in my rural desert community. But it was in that dark moment of my life, a light glimmered. That light was my culture embodied by my grandmother, who in the decades of her incredible life, has reconnected with her spirituality and has then helped countless people on the reservation reconnect with theirs. How you may ask? Well It started with a simple road trip to the camas prairie on the north end of my reservation to harvest the staple root of my people. A root that helped sustain us through the bitter winters on the plateau. I was taught how we consumed the roots of the plants placed in the earth in relation to tying us closer to the planet. I was also taught various phrases and words of objects in Shoshone and Paiute, and of course engaged in many long days of talking with elders about the past and the stories passed down from generations in the oral tradition, gaining the sacred knowledge so many are worried to lose.

In those months and then years of spending time among my culture, my depression gradually diminished and my social anxiety was replaced with an immense passion for working with youth. I was more than eager to start. That was when organizations like UNITY seemingly fell into place perfectly to help me do just that, much like today in this very hearing. My mental health was tied to my spirituality and to me and my people back home, one can't exist without the other. Much like in my introduction, I would probably still be lost and without knowing who I am if I didn't rediscover it.

My story is a story repeated across Indian Country, where youth who are lost and alone like I was, are reconnected to who they were before colonization and in return, are mentally revitalized to face the ever changing world of the 21st century and begin the process to reverse centuries of institutionalized genocide and intergenerational trauma for generations to come to flourish.

However, my story is my story of its own, unique and just was important as the countless others. I hope these words inspired each of you to further understand yourself and make the best decisions in this Subcommittee to help my success story become the success story of thousands of fellow Americans. By advocating for those whose voice has yet to be discovered, I hope that by supporting tribal sovereignty and the mental and spiritual health of the First Americans will ever be at the forefront of this Congress. Thank you for your time and I will happily take any questions you may have.

Mr. GALLEGO. Thank you, Marco.

The Chair now recognizes Ms. Leticia Gonzales, a member of the Bishop Paiute Tribe and a UNITY/OJJDP Peer Guide Ambassador. Leticia, you may begin.

**STATEMENT OF LETICIA GONZALES, UNITY/OJJDP PEER GUIDE AMBASSADOR, BISHOP PAIUTE TRIBE, BISHOP, CALIFORNIA**

Ms. GONZALES. [Heavy static.] Thank you for having me today. I am very honored to be here to speak on behalf of such an important topic.

Mr. GALLEGO. Can you give us a second? Can we do a mic check real quick? Reset the time. OK. Leticia, try your microphone again. OK. Hold on. Leticia, do you have a headset?

Ms. GONZALES. I do not.

Mr. GALLEGO. OK. Staff, can you guys get in contact with her and try to work this out while we move to Ms. Cheyenne Kippenberger for her testimony?

Staff MEMBER. Yes, sir. Will do.

Mr. GALLEGO. OK. Thank you, Leticia. We will get right back to you.

The Chair now recognizes Ms. Cheyenne Kippenberger, member of the Seminole Tribe of Florida, a UNITY/OJJDP Peer Guide Ambassador and the current Miss Indian World.

Cheyenne, please go.

**STATEMENT OF CHEYENNE KIPPENBERGER, UNITY/OJJDP PEER GUIDE AMBASSADOR, SEMINOLE TRIBE OF FLORIDA, HOLLYWOOD, FLORIDA**

Ms. KIPPENBERGER. [Speaking in Native language.] Good afternoon, Chair Gallego, and members of the Committee. My English name is Cheyenne Kippenberger. My given name is Eete, meaning "fire" in my Native language. I am the granddaughter of Lawanna Osceola and the daughter of Joe and Susan Kippenberger. I am a proud member of the Seminole Tribe of Florida. I am the current reigning Miss Indian World and serve as a UNITY Peer Guide for the Healing Indigenous Lives initiative.

I kindly thank you for the opportunity to appear before you to discuss some of the challenges that Native youth face in their lives. As Miss Indian World and a UNITY Peer Guide, I am an ambassador to Indian Country, as well as our Native youth. I have dedicated myself to destigmatizing mental health in our Native communities and I have openly talked about my own experience with my mental health and the many hardships that come with living with depression and anxiety.

I am fortunate enough to have been diagnosed, treated, and counseled through the Center for Behavioral Health, a primarily tribal-funded facility conveniently located on my home reservation, providing integrated mental and behavioral health care. I am aware of the privilege it is to have access to a therapist on my own reservation and to have resources that prescribed me the antidepressants that I needed.

But mental health care should not be a privilege. This type of access, support, facility and funding should be available all over

Indian Country. Programs and mental care professionals should be available on and off Indian reservations and within educational institutions starting from preschool and continuing on through college. Our youth should be provided mental health education, equipping them with healthy coping skills, emotional intelligence, and understanding, helping to build their confidence and self-esteem.

Additionally, these mental health professionals must also be equipped with the understanding of cultural differences and historical context of Native American and Alaska Natives so that our youth can receive culturally competent care with treatment paths not limited to just therapy or medications. Our youth are suffering from depression, anxiety, PTSD, physical health problems, and educational disparities. And it is leading to some of the lowest graduation rates in high school and the highest suicide rates of any other ethnic group in the United States.

If these intergenerational traumas continue to go unnoticed or unresolved, they will turn into more severe issues leading into their adulthood, alcohol and drug dependencies, high incarceration rates, domestic violence, and unhealthy living lifestyles.

But how do we know what needs to be done or provided without an understanding of what is occurring in the lives of our Native people? We need accurate research and data to prove what we know has been occurring for decades in our communities. I ask you, members of the Committee, to help us end these cycles of intergenerational traumas and help us provide the support, resources, and facilities to do so. The future of our Native community is in the hands of our youth. And their lives are in your hands.

I am extremely grateful for your time and this opportunity to share not only my own journey but the things that I have seen in my lifetime in our communities. Mvto, shonaabesha, and thank you very, very much.

[The prepared statement of Ms. Kippenberger follows:]

PREPARED STATEMENT OF CHEYENNE KIPPENBERGER, MISS INDIAN WORLD 2019–2021, UNITED NATIONAL INDIAN TRIBAL YOUTH, HEALING INDIGENOUS LIVES INITIATIVE PEER GUIDE

Cheehentamo, I am Cheyenne Kippenberger and I am from the Seminole Tribe of Florida. I am the current reigning Miss Indian World, and I currently serve as a United National Indian Tribal Youth (UNITY) Peer Guide for the Healing Indigenous Lives Initiative. My efforts as Miss Indian World have been greatly directed toward destigmatizing mental health in our communities and openly talking about my own experience with depression and anxiety. Additionally, as a UNITY Peer Guide, the focus of our initiative is Native youth engagement and juvenile justice and delinquency prevention in Indian Country. The development program is a cooperative agreement between the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and UNITY. I kindly thank you for the opportunity to appear before you to discuss the many challenges that Native youth face in their lives.

According to the U.S. Census, the Native American and Alaska Native population accounts for less than 1 percent of the U.S. population. Studies show our ethnic group disproportionately suffers from mental health issues. Our community needs for mental health cannot be understood unless the historical context is also understood. Research shows displacement, residential schooling, and even socioeconomic consequences leading to poverty all play a role in the current mental health condition of Native American communities. Unresolved or unnoticed traumas can turn into intergenerational traumas that are passed down for decades from generation to generation within our families. Intergenerational trauma can manifest in many forms other than just psychologically. Mental, spiritual, familial, social and cultural effects have been seen in Native youth as a result of these unresolved traumas. The

common issues present in our Native communities include depression, anxiety, PTSD, alcohol or drug abuse, domestic violence, suicide, incarceration, and educational disparities. All these issues can be linked to intergenerational traumas.

There are 574 federally recognized tribes in the U.S. In addition, there are state recognized tribes around the country. Each tribal group has its unique history, culture and language. Research conducted in the past has either been inaccurate or has failed to include Native American and Alaska Natives entirely. The current research data is not sufficient in that accurate conclusions can be made to decide what is needed for mental health care in Native communities. To have a clear understanding of the needed support to accomplish the necessary healing within Indian Country, we need to understand what is occurring within these communities through statistical research, surveys, and in depth cultural understandings of historical trauma. With Indian Country being extremely diverse in location, financial stability, accessibility, language, and cultural teachings, all factors need to be considered when research conduction does take place.

I myself have experienced the hardship that depression and anxiety can bring. I was not diagnosed with depression until well into my early 20s. Since I can remember I suffered from depressive episodes and high anxiety and was not aware of what these things were. I felt shame, embarrassment and no control over what was happening to me. My mental state soon developed into something less manageable and much more severe as I moved into my high school years. I was destructive, angry, and misunderstood. I was labeled a “trouble maker,” as “lazy” and “a delinquent.” By my junior year of high school, I was rarely in attendance and I was failing most of my classes at my then fourth high school. I was in a state of acceptance that school was not for me, so with no opportunity to change my mind, I withdrew from school. I became another high school dropout.

It was not until my own mother realized how severe my mental state was that she forced me to seek help. I reached out to the Center for Behavioral Health on my home reservation, a facility providing integrated mental and behavioral health care. I was diagnosed with clinical depression and anxiety and even after receiving a diagnosis and therapy, I ultimately had to be prescribed antidepressants due to the severity of my depression. It was a struggle of good days and bad days, accepting my diagnosis, understanding how this affects my everyday life, and even shedding the burden of shame and embarrassment. Because of the support, resources, and accessibility I had available to me, I was able to heal. My healing led to me receiving my high school diploma and even moving on to college and graduating with a degree. Although I am proud of my journey, I am also very aware that is not the case for many Native youth. It is a privilege to have a primarily tribal funded Center for Behavioral Health on my own reservation. It is a privilege to have received counseling and be prescribed antidepressants. Mental health treatment should not be a privilege.

Healing can take its course in Indian Country with accessibility, resources, funding, support, and cultural competency. With more accessibility to facilities such as the Center for Behavioral Health with culturally aware mental health professionals, our Native youth can be guided, treated, and healed. Implementation of mental health programs or resources into educational institutions on and off Indian reservations could mean a shift in mental health understanding as well as emotional intelligence and healthy coping mechanisms. Cultural competence in mental health care of Native youth is crucial in the healing process. It is critical for mental health professionals to be aware of cultural differences, historical trauma, and also treatment approaches. For example, expression of emotional distress exhibited in Native check of American and Alaska Natives contrasts from typical emotional expressions. Healing also cannot be limited to the Westernized ideals of treatment for mental health. Positive changes occur with a positive approach. With our children and young adults being educated on what mental health is, what healing is, and being provided support, resources and accessibility, we are breaking the stigma and shifting the conversation toward healing our intergenerational trauma.

By equipping Native youth with the knowledge of mental well-being we are empowering them to break the many cycles of intergenerational trauma in our communities and families. They will be prepared to graduate high school and pursue higher education, they will end the dependency of alcohol and drugs in our communities, suicide will no longer be the final question, and they can be successful, happy, and healthy. Healing takes resources. Funding, support, facilities, educational programs, and mental health professionals can make the difference that our Native youth need. Help to make that difference, to give that support. The future of our Native community is in the hands of our youth and their lives are in your hands. Shonaabesha, mvto, thank you.

Mr. GALLEGO. Thank you, Cheyenne.

The Chair now recognizes Mr. Robert “Scottie” Miller, a member of Swinomish Indian Tribal Community and the male co-president of the National UNITY Council.

**STATEMENT OF ROBERT “SCOTTIE” MILLER, MALE CO-PRESIDENT, NATIONAL UNITY COUNCIL, SWINOMISH INDIAN TRIBAL COMMUNITY, LACONNER, WASHINGTON**

Mr. MILLER. [Speaking in Native language.] Thank you for having me. I am Robert Miller, but I go by “Scottie” from the Swinomish Tribe in Washington State. My traditional name is Goliah. I come from the Edwards family. My people are people of the water. Yesterday, I was on the boat exercising my treaty rights, crabbing. Our previous Chairman was Brian Cladoosby, and he was president of NCAI for a few years.

One of my earliest memories as a kid is attending a funeral of a neighbor boy who I played with. His brother was my age, and he was only a few years older than us. He committed suicide by hanging himself in his garage. The most shocking part of it now, looking back, is that after his death, my small community did nothing to advocate for suicide prevention or mental health.

Flash forward to less than a year ago. A child in my community is pretty much an orphan because his mom killed herself and his dad has alcoholism, which is from a form of intergenerational trauma. Another story that hits close to home for me is one of my great uncles—so many times, my dad has gone to his house to repair bullet holes in his roof because he had tried taking his own life. When he did take his own life, we all swept it under the rug and didn’t think it was a suicide, just more of a mere accident. One last story that sticks out to me is one of the youth workers who is very traditional, goes on canoe journey, does many things with the youth. He took his own life. And, again, it was kind of like not really a suicide. Those are just a few stories that happened pretty commonly around where I am from.

You would have never thought that these people or anybody else in my community that committed suicide had any sort of mental health problems. It comes time to ask myself what are we not doing in these communities to prevent suicides and make awareness of our mental health issues? Personally, my Tribe’s culture, we are supposed to be reserved. You only cry during funerals and you show little to no emotion. You aren’t supposed to be vulnerable.

What I would advocate for is better mental health treatment across the country, but specifically on Indian reservations and also in Indian urban health centers, finding a way to integrate our Native American culture and practices with modern-day mental health medicine along with suicide prevention campaigns.

I sat in on a national Indian health listening session for HIV. My idea for anything concerning health would be for funding Indian health employees to be trained themselves and that they do some type of community outreach with the communities that they are in or the urban centers that they are in. So, they do outreach and any sort of prevention. In United National Indian Tribal Youth, also known as UNITY, we have promoted the “I Will Live” campaign, which is designed for the youth. It teaches them that their lives

matter and are sacred. I hope to revive that campaign again this next upcoming year.

To close, it may seem like a big task at hand. And it will take years of hard work for us to put out a strong suicide prevention campaign. But it will make a difference. And if I have learned anything from learning the history of my people, it is that we are strong, resilient people. Thank you for your time. [Speaking in Native language.]

[The prepared statement of Mr. Miller follows:]

PREPARED STATEMENT OF ROBERT "SCOTTIE" MILLER, MALE CO-PRESIDENT,  
NATIONAL UNITY COUNCIL, SWINOMISH INDIAN TRIBAL COMMUNITY

One of my earliest memories as a kid is from attending a funeral of a neighbor boy I played with. His brother was my age and he was only a few years older than us. He committed suicide by hanging himself in his garage. The most shocking part of it now looking back is after his death my small community did nothing to advocate for suicide prevention or mental health.

Flash forward to a little less than a year ago now, a child in my community is pretty much an orphan because his mom killed herself and his dad has alcoholism which is most likely caused by some form of intergenerational trauma. Another story that hits close to home is one of my great uncles, so many times my dad has gone to his house to repair bullet holes in his roof because he had tried taking his own life. When he did take his own life everyone swept it under the rug nobody called it a suicide it was more of a mere accident. One last story that sticks out to me is one of the youth workers from a neighboring tribe, about 2 years ago he shot himself in the heart and bled out. You would've never thought he or any of the people in the stories I've told would've had any mental health issues. I remember them all being so happy. But it comes time to ask myself what are we not doing in our communities to prevent suicide and make awareness of mental health issues. In my culture we are supposed to be reserved, you only cry during funerals and show little emotion, don't be vulnerable.

What I would advocate for is better overall treatment of mental health across the country but intensively on reservations. Finding a way to integrate our culture and practices with modern day mental health medicine along with strong suicide prevention campaigns. At Unity we have the 'I will live' campaign this is to help teach the youth that their lives matter and are sacred. I hope to revive that campaign on my next term of the executive committee. It may seem like a big task at hand and that it'll take years of hard work to make a difference but if I have learned anything from learning the history of my people it's that we are strong and resilient people.

---

Mr. GALLEGO. Thank you, Mr. Miller. The Chair now recognizes Leticia Gonzales. OK, Leticia, try again. Leticia, we cannot hear you. Leticia, I apologize. We are going to have you call in. My staff will be reaching out to you right now, so please just stand by. We just need you to be calling in while you are still on camera in order for us to abide by the rules. And please, everyone that is in Committee right now, just give us a few minutes to work this out. Thank you.

[Recess.]

Mr. GALLEGO. We will come back to have testimony from Leticia maybe in the order as we are doing these calls. But I want to respect everyone's time here. I apologize, Leticia. You will have an opportunity to make sure that you are heard. Let me move on now.

I want to thank the panel of witnesses for the testimony, reminding the Members that Committee Rule 3(d) imposes a 5-minute limit on questions. The Chairman will now recognize Members for any questions they may wish to ask the witnesses. I will start by

recognizing myself for 5 minutes. And let me switch to my headset here because I think it is going to be better for you guys to hear me.

OK. Thank you all for being here to testify today. My first question for all of our witnesses is regarding the coronavirus pandemic and how it has taken a terrible toll on both Americans' physical and mental health. I am particularly concerned with how the pandemic has affected Indigenous peoples' mental health given how hard-hit Indian Country has been. In your own experience and the experience of your communities, how would you say the current pandemic has impacted Native youth mental health and Native youth's ability to access mental health care?

Why don't we start with Marco, and then we will go to Scottie, then Cheyenne, and then Leticia, if we have been able to work out the comms issue? Marco, please give us your perspective.

Mr. OVANDO. Gladly. In the wake of the COVID-19 pandemic—I live in a very small rural community as it is anyway—and access to even the basic necessities such as water, hand sanitizer, and masks have been extremely difficult to achieve, especially out here in the middle of nowhere, essentially. Mental health-wise, the youth have been struggling in a sense that they cannot see their friends, their family.

Another key aspect of my community is that everyone is all related to each other in such a small town and come from various large families that intermingle with each other. And overall, they can't see their family, their friends. But they can stay at home per executive orders put in place by our tribal council. So, it has been a really tough time for them to grasp that sort of new reality of staying home to keep safe from a threat that they can't see, touch, smell, a threat that they don't even know exists, pretty much, since we have no cases on the reservation as of now.

However, I do work with the logistical side of our Tribe's Emergency Operations Center. And what we have established is kind of like a pen pal program for youth in our community to engage with the elders of our community, because they are also feeling similar aspects of being neglected, alone. And that is just not in our Shoshone or Paiute ways to treat an elder. So, we set up a pen pal program to connect our youth and our elders together to pretty much get to know each other, offer words of advice, share stories, share their life achievements, just things to keep them mentally strong and fit and just to keep them ready to go. Another thing that we have going on over here is that our EOC—

Mr. GALLEGO. Thank you, Marco. I want to make sure I get to the other witnesses and respect their time also.

Scottie, could you describe to us what you are feeling and what your community is feeling?

Mr. MILLER. It has been very hard for my community and other tribes around me. Where I am from, we are very social people all around the state. Spring and summer is time for canoe races, powwows, canoe journey, stick games, any kind of community events. This is a time for all of us to get together. And it has been hard with not having school and other social things. We have community events here like usually three or four times a month. And those have been canceled. So, that is hard.

But I have learned that my community is really good at rallying. We have gotten grants and put together food boxes, masks. We have done a lot of stuff for our community. I am proud of that. But it has been tough on mental health for all the youth around.

Mr. GALLEGO. Cheyenne, could you give us a perspective?

Ms. KIPPENBERGER. I definitely have been able to see firsthand the significance of the impact of COVID on my own community. My community consists of several different reservations, mine being in a very populated urban area. As far as accessibility, we have been very fortunate in being able to have masks, hand sanitizer, soap, along those lines. But I have also seen the mental impact that it has taken on the youth, as well as the adults within our community. It has been difficult trying to handle all of the cancellations. I think the best way to put it kind of feels like the rug has been ripped out from under all of us. And the new sense of normalcy. We are working with the transitions. But we are going to continue to keep our spirits strong, uplift each other, and stay connected through social media platforms. And if that means having Zoom calls weekly, we will manage that and we will make it happen.

Mr. GALLEGO. Thank you, Cheyenne. I'd like to move back now to—I think we have Leticia full up on comms. Leticia, are you there?

Ms. GONZALES. Yes, I am. Can you hear me now?

Mr. GALLEGO. We can hear you. Leticia, why don't we go and do your opening statement? And then we will move on to questions from other Members of Congress. Can we reset the timer for Leticia to 5 minutes?

Leticia, you are ready to go. Thank you.

Ms. GONZALES. Thank you. Hello, everyone. And thank you for having me today. I am very honored to speak on behalf of this important topic that plagues our Indian community. I am going to go ahead and introduce myself in my Native tongue.

[Speaking in Native language.] Hello. My name is Leticia Gonzales, and I come from the valley where the water flows, today known as Bishop, California. And I am a member of the Bishop Paiute Tribe. I reside here on the Bishop Paiute Reservation. And I currently work at our Indian Health Clinic as a youth prevention worker in our behavioral health department. When I am speaking on mental health and advocating for mental health with our Native youth, I like to educate them on the term "intergenerational trauma."

And I think that this is at the forefront of our many issues that we face as Native youth, especially when we speak on behalf of mental health. Intergenerational trauma is a psychological term which asserts that trauma can be transferred between generations. Many of our communities, our nations across Indian Country, have been faced with many traumas. Even facing today, when we are being very plagued by the coronavirus, it is something that is a traumatic event, current event, facing our Native American communities. And it is something that we need to bring to the forefront, and we need to make sure that we are educating all of our people about mental health and taking care of their mental health today. Therefore, we do not face the same uncertainties that

historical trauma and intergenerational trauma has brought upon our people.

[Connection lost.]

Mr. GALLEGO. Leticia, are you there? Leticia, if you need a moment to gather yourself, we absolutely understand. Or if you are having a comms issue, please just give us a heads up. OK. Did we lose her? OK.

We are going to move back to questions now. I believe next up in terms of recognition is our good friend, Delegate San Nicolas from Guam. Thank you.

Mr. SAN NICOLAS. Thank you very much, Mr. Chairman. Thank you for putting this very important hearing together. And thank you to our witnesses for your testimony. As an Indigenous person myself, I can directly relate to the experiences you are sharing. I, too, at one point in time, was diagnosed with depression and anxiety. It is really something that never goes away. And I would like to first thank all of you for being so open and sharing what your experiences are.

One of the things that I found growing up in my Indigenous community was that talking about it is something that is very difficult for young people to do. It is challenging because there is the stigma that comes with it, especially when you have very close-knit communities and you say something one day and everybody finds out about it tomorrow. And then there is the other side of the coin where even talking about it is challenging because the access to services and the ability to get the help that you need is so much more limited when you come from communities that just don't have access to it. So, those two things, I find they get in the way. They get in the way of us being able to identify. And they get in the way of us being able to treat and to help.

So, I wanted to ask each of you to, I guess, share your experiences. Are you finding that, among the youth, there is that stigma issue about talking about mental health issues? And is part of it due to the difficulty in getting the services? And if the services were a lot more accessible, do you think that we would be able to help a lot more of our youth that are dealing with this? Cheyenne?

Ms. KIPPENBERGER. I do see within not only my community but as well in the communities that I had the privilege of being able to visit as well as the Native youth that I have been able to meet all over Indian Country, stigmatization is a very large issue within all of our communities. I do think that having that understanding of why we as Indigenous people express our emotions in a different manner is extremely important. And I do feel that accessibility for funding is a great issue, especially considering how diverse Indian Country is.

As I mentioned before, I am from a reservation that is considered "city." But we have a reservation that is over 2 hours out of the city that is practically remote, as well as knowing that there are other communities within Indian Country that are in food deserts. There are more than a handful of communities that are set up to where they are having to drive hours just to see a doctor at IHS.

So, I do believe that breaking down the stigmatization is one barrier but also tackling down the issue of accessibility to these

different facilities as such would be the next thing that we need to take care of.

Mr. SAN NICOLAS. Thank you. Scottie?

Mr. MILLER. In my community, we do have some mental health counselors. That is really good. But it is almost kind of awkward just because of the stigma about it, and then you have to walk all the way through our tribal offices, not like the rest of our health facilities. So, it is kind of awkward.

You know, I am from a really small town, a really small reservation. And it is almost kind of like if somebody were to see you walk in, they would be like, "Oh, why does he need to go in there?" Like a "What is wrong with him?" kind of thing. So, part of it, I think, would just be education to everybody and advocating that you don't have to have a problem to go to a counselor and just letting people know that it is normal and that it is OK to need help and it is OK just to go talk to somebody. But, yes, I would just say that would be the best, like to destigmatize everything and make it so that youth have access.

Mr. SAN NICOLAS. Marco?

Mr. OVANDO. In my community, we are a very open and emotional people, sharing our emotions. We are very loud, prosperous. But we also cry and do all those other sorts of things that changed when colonization happened, the assimilation of a Western culture or this macho-ism pretty much came in where you have to hide your emotions.

Me, being a male, I am pretty much told I have to hide my emotions at all times. And I have to have this stoic, stereotypical face of a Native American. That is just not the way that my community runs. And for us personally here on the Duck Valley Indian Reservation, that stigmatism is still very prevalent and very strong. But it is moving forward, in a way, to destigmatize that and to accept people for who they are and accept people as emotional people.

Mr. SAN NICOLAS. Thank you, Mr. Chairman. My time is up. I yield back.

Mr. GALLEGO. Thank you, Representative San Nicolas and thank you to the witnesses.

I now recognize Representative Haaland for 5 minutes.

Ms. HAALAND. Thank you, Chairman. And thank you all. And Leticia, if you can still hear us, I thank you so much, all of you, for being here today and sharing what you have shared with us. I absolutely believe that generational trauma is something that plagues our people. I have experienced it. I have helped my daughter through it. And I just hope that we all—you know, we have our traditional healing and our elders to help us through these things for a purpose.

And I believe very strongly that going to the people in our respective tribes who know how to help us, who know how to take that hurt out of our bodies, take what is plaguing us away from us and then, from there out, protecting ourselves from those awful things poisoning our bodies and our minds. I know that is real. And I applaud all of you for staying close to your people and

staying close to the people who you know can help you. I also know that, right now in our history, it is a very challenging time.

My daughter came home the other day crying and saying she felt guilty for being so comfortable, for having a warm bed to sleep in and a hot shower in the morning, when so many people are out there suffering.

And I want you all to know that there are millions of people to share that burden with you. Don't weigh ourselves down with so much of the hurt that is going on in our country right now. You need to take care of yourselves so that you can help other people. You need to be healthy, get your rest, and make sure that you are doing everything you can to nurture your own bodies and your minds so that you can be of help to your peers. That is so important.

So, I thank you all so much. I am going to try to get through some questions because I probably talked too long. I will start with you, Marco. Thank you for your testimony. What do you believe is the connection between traditional teachings and mental wellness?

Mr. OVANDO. Thank you so much for the question, Representative Haaland. For me personally, I believe the connection between wellness and spiritual connection is the simple fact of community. All of our tribal nations, whether you are from Florida, Washington, California, we all have this strong sense of community, whether we are a large tribe or a small tribe. And that interconnectedness of leaning on someone's back has always been there. And during that time of assimilation and cultural genocide, that sense of community was tried to be broken by the atrocities committed by the United States. So, for that, to answer your question—our sense of our community needs to be re-established, reconnected and tell everyone that we are there for them.

No one is facing anything alone when you are in a Native community. We are all in this together. And that term has been used so many times throughout the last month, especially in this pandemic. But that term has never been more important than it is now.

Ms. HAALAND. Thank you so much. Cheyenne, in what ways can the Federal health and wellness programs better support tribal communities?

Ms. KIPPENBERGER. Thank you for your question, Representative Haaland. I do believe that through Federal health and wellness programs, we are able to uplift and support these communities all over Indian Country. But again, going back to that cultural awareness, that historical understanding, I think it really plays into the approach of how we decide to implement these programs. I have definitely seen firsthand how positive changes that we want to see, when they come from within our community, our community members are much more inclined to respond to those as opposed to outsiders coming into the community trying to implement those things.

And I do believe with the support of these Federal health and wellness programs, if we can do it for our people, by our people from the very inside, the heart of the community, we will see the successes that we need, and our people will be able to break these cycles. Thank you very much.

Ms. HAALAND. Thank you. And Scottie, I just have a few seconds left. Why do you believe that your community has had a hard time discussing mental health and healing?

Mr. MILLER. We have a hard time honestly, I think, just because it is so small and that it is so different from my culture—you know, not being vulnerable. But we do have other ways of healing, I guess, other than modern medicine, like with traditional blessings, cedar. We have a couple different religious-type blessings. But I would just say, small community, res gossip, just the stigma around it and to help take that away, break down the barrier and kind of outreach to the community. That would help.

Ms. HAALAND. Thank you very much.

Chairman, I yield.

Mr. GALLEGO. Thank you, Representative Haaland. I also want to just make a friendly reminder. Leticia Gonzales is back on and is able to answer questions. So, if any Member wants to ask her questions the next go around, she is available. Next, I have on my list Representative García, Chuy García, from Chicago.

Mr. GARCÍA. Thank you, Mr. Chairman, and thank you so much to the panelists who come from different parts of the country and the diversity of the Native American communities. We are about 4 months into this pandemic. And while much is still unknown about COVID-19, we do know that it has devastated our country. It is unlike anything we have ever experienced. And we also know that certain communities have been more impacted than others.

As an example, while the number of cases among the Navajo Nation is on the downward trend, let's not forget that only just a few days ago, the tribe had a higher death toll than any other single state. COVID-19 did not cause these outcomes, but it is certainly exposing the inequities. The disproportionate devastation this public health crisis is having on Native American communities lays bare the U.S. government's failure to adequately address limited health services, broken infrastructure, and dire economic crisis. And many tribes are facing, of course, intergenerational trauma.

Even before the pandemic, many of us knew that the Indigenous populations in the United States had an increased risk of mental health problems. These existing disparities coupled with the coronavirus pandemic have undoubtedly resulted in worsening mental health, especially for Native youth. Marco, how are organizations like UNITY helping Native youth overcome obstacles, including mental health issues, in their own communities?

Mr. OVANDO. Thank you so much for the question, Representative García. Organizations such as UNITY offer a bright spot in many of the youths' lives. Even before the pandemic, UNITY was always there to provide that bright spot of community and self-awareness and ambition, to be something bigger than you are, something bigger than your tribe, something to represent all of Indian Country.

It is phenomenal in reaching Native youth through all aspects, and especially in social media where social media counts more than ever in connecting youth from across the country while we are all stuck at home on our home reservations, home cities and towns, just at home staying safe during this pandemic. A fellow panelist

on the panel with me, Leticia Gonzales, we met through UNITY. And we provided that sense of community and comfort that we needed when we were going through some hardships.

And now she is a lifelong friend and a sister, pretty much, from the same sister nation. So, stuff like that has helped us greatly, as organizations like UNITY have greatly achieved that through their social media platforms and connecting us with each other.

Mr. GARCÍA. Thank you. In your remarks, you mentioned the obligation that Congress has to Indian Country. In what ways do you think Congress could support mental and spiritual health of Native communities?

Mr. OVANDO. Congress could definitely help with increasing funding for mental health, and any sort of funding to Indigenous communities across this country in general is a great benefit to all the people and part of the obligations of the United States to the first peoples of this country through the various treaties that have been broken.

Mental health especially can be especially addressed with increased funding, increased access, like Cheyenne said earlier, for patients to reach those much-needed clinics, psychiatrists, psychologists, to get the necessary resources needed to help benefit them and to help benefit their mental being.

Mr. GARCÍA. Thank you.

Cheyenne, in your testimony, you mentioned insufficient and inaccurate research around mental health care in Native communities. What is missing, and how can Congress help bridge that gap?

Ms. KIPPENBERGER. Thank you for your question, Representative García. I do think that living in the society that we do in this day and age, a lot of the things that we move forward on are based on research and data and that accuracy of those statistics, for instance. And I do feel like, although we are such a small population in the United States—and I understand the difficulties there may be to conduct some of this research, but it needs to be done. And there are a lot of factors that need to be taken into consideration when this research is conducted.

As mentioned before, Indian Country is extremely diverse. And I guess, being more specific, that could be financial stability, location, even cultural teachings, languages. And to bridge that gap, I really do believe that we need to have people on the ground actively in these communities trying to understand all of these different factors, take them into account, be able to sit there, look at everything in front of them and sit here and say we have an inaccessibility problem. We have a funding problem. We have a cultural barrier that we need to overcome. And the only way for us to battle the issue that we have, which is this mental health crisis, we need to have that research to back it. And we need to know what we are battling as well as how we can battle it successfully.

[Speaking in Native language.] Thank you.

Mr. GARCÍA. Thank you very much. My time is up. I yield back, Mr. Chair.

Mr. GALLEGO. I now recognize Representative Soto for 5 minutes.

Mr. SOTO. Thanks. First of all, I want to welcome Ms. Kippenberger. I am representing Florida. We beam with pride

knowing you are the reigning Miss Indian World. And we know Florida has been hard-hit by COVID-19, particularly recently. I am speaking here from Kissimmee, Florida as we have this meeting.

The Seminole Tribe and the Miccosukee Tribe have also been hit pretty hard by COVID-19, including losing an important decorated Vietnam War veteran, Don Osceola, who was born a Seminole and became a member of the Miccosukee Tribe. And the paper had covered our unfortunate loss of him.

The Seminole Tribe has been the only government in Indian Country that has been approved for disaster declaration by the President. And we think there should be more approved. In the meantime, does that disaster relief help provide mental health services for COVID-19 in Seminole Country, Ms. Kippenberger?

Ms. KIPPENBERGER. Thank you for your question, Representative Soto. I am not knowledgeable on the declaration that you are referring to. But of the knowledge I do have in regards to the availability and funding that we have for our behavioral health, what I do know is it is primarily tribally-funded.

I don't want to be incorrect in how I say this, but I do know that there is Federal grant money that is flowing through these services. I do see that because we have this department, this entire facility that is dedicated to treating our community members. I do think that we have started to see a difference in the mental state of our entire community. I think just knowing that it is right there on our own reservation makes a very large difference. As of right now, it is only on our Hollywood Reservation.

One of my dreams is to see it on all of our reservations. But I do think even if someone is in the state of contemplation of should I go in there, should I make an appointment, should I make a call and maybe just see what it is, that, I believe, is already tackling that first step of the stigma. I think that my Tribe has been very proactive in trying to implement this, in trying to get our community members to utilize it.

Mr. SOTO. Thank you, Ms. Kippenberger. And the Committee should note unfortunately Florida ranks last or near last in mental health spending statewide. So, the Federal health and wellness programs are absolutely critical for our Native American tribes in Florida because of the lack of funding. I wanted to ask is there any unique mental trauma that Native American girls face, Ms. Kippenberger, that we may or may not be aware of?

Ms. KIPPENBERGER. Yes, and I greatly appreciate this topic being brought up. Our Indigenous women here in the United States, as well as Canada, are being affected by an epidemic called the "Missing and Murdered Indigenous Women and Girls." Our women not only are hyper-sexualized, but they are vulnerable in these instances. And we are being hit extremely hard by human trafficking or having high rates of women and girls going missing.

We are not having recovery of these things early enough or even at all. Our women are extremely vulnerable to many of these things. And I have mentioned before it is an epidemic. I do think that it is something that needs to be more well-known to everybody. I do have a general knowledge of "Missing and Murdered Indigenous Women and Girls," but there are other people that are much more knowledgeable. And I do feel that it would be more

respectable for me to be able to allow those people to speak on that, but thank you.

Mr. SOTO. Thank you.

Mr. Ovando and Mr. Miller, we know broadband is key to connect Indian Country isolation; it can cause mental health issues, barriers to education, and starting a business. But how important is it that we improve broadband in Indian Country? I will start with Mr. Ovando and go to Mr. Miller.

Mr. OVANDO. Thank you for the question, Representative Soto. Broadband, especially for my reservation, is critical. It is a lifeline for the outside world. My reservation is 100 miles north and south of the next largest town. And even then, those towns are small compared to the metropolises of the West Coast.

For us, broadband is a way for us to connect with our banking, our families off the reservation, and just engage with outside life in general. And access to broadband has been evermore the topic of my Tribe's agenda to address to increase because they see how vital it is for our students to succeed, our elderly to connect with their friends from across the country, and just for people in general to enjoy what the rest of America has to offer. So, for us, broadband is a lifeline.

Mr. SOTO. Mr. Chairman, with your indulgence, can we have Mr. Miller answer? Thank you.

Mr. MILLER. Thank you. On my reservation, we do have limited broadband. We do have a casino at our tribal offices. But other than that, it is really hard to get. We don't have much phone service either. There is only one Wi-Fi company who is almost willing to serve half the rez. And it is really hard to access. But like Marco said, it would really help our education and other services that we have.

But sometimes it is almost scary going to other places on the reservation because my phone won't work. So, if there is an accident or something happens, I don't know what I am going to do, but yes.

Mr. SOTO. Thank you, Mr. Miller. My time has expired.

Mr. GALLEGO. Thank you, Representative Soto.

I would like to now give an opportunity to Leticia Gonzales. I think we have taken care of all the comms issues which does highlight, I think, what Representative Soto was trying to get at, that probably one of the basic things we can do is bring broadband to Indian Country, if anything, both for obviously economic reasons, educational reasons. But, yes, you can even receive mental health care through the internet. I suffer from PTSD and sometimes receive my therapy through my therapist over my iPad. So, there are a lot of people that can benefit from that.

Leticia, I apologize. But you do have your 5 minutes.

Ms. GONZALES. OK. I just want to make sure that everyone can hear me OK.

Mr. GALLEGO. Yay.

Ms. GONZALES. Perfect. Thank you. OK. Thank you very much for having me. I am very excited to be here. And I apologize for the connectivity issues.

[Speaking in Native language.] Hello. My name is Leticia Gonzales. I come from the Bishop Paiute Tribe in Bishop,

California. I am a member of the Bishop Paiute Tribe, and I reside here in Bishop, California on the Bishop Paiute Reservation.

I am very honored to be here to speak on behalf of such an important issue that plagues our Indigenous communities all across this Nation. And as I was formerly speaking about, I was wanting to address intergenerational trauma and how this is affecting us in today's current events with the novel coronavirus plaguing many of our tribal communities, so hitting us very hard in our communities that face mental health disparities at high rates, alarmingly high rates.

We need to do what we can to bring mental health resources to our communities and help our people heal and turn this into something that doesn't turn into intergenerational trauma for our future generations because it is something that can definitely turn into trauma for many more generations to come. That is why I think it is super important for our people to have the mental health care and bring mental health care to the forefront for our Indigenous communities. Thank you.

[The prepared statement of Ms. Gonzales follows:]

PREPARED STATEMENT OF LETITIA GONZALES, UNITY/OJJDP PEER GUIDE  
AMBASSADOR, BISHOP PAIUTE TRIBE

As a Native Youth in today's world so much comes to mind when I hear "Mental Health". There are many disparities that the Indigenous people of these lands face that have harmful effects on their mental health, Intergenerational Trauma, being at the forefront of these many issues. A psychological term which asserts that trauma can be transferred in between generations—is the definition that appears when searching the very term on the internet. As a California Native American trauma that generations, not so far ahead of my own, have faced being forced assimilation—more specifically to my own tribal people, Bishop Paiute (Nuumu), the land we inhabit is rich in many natural resources that settlers sought to deem their own, said settlers lured the Nuumu to Fort Independence, CA on the 4th of July for a "celebration" where the Paiute people where then marched at gunpoint over 200 miles to Fort Tejon, south of what is known today as Bakersfield, CA with temperatures that reach over 100 degrees. 200 plus Paiute's lost their lives in that march and as a result of the March. This story is my tribes own, although, sadly many other tribes have similar traumas that were brought upon their people as well. Something many of the tribal people of the United States sadly share in common relating to Intergenerational Trauma is, Boarding Schools, the U.S. Government used this tactic, removing children from their parents, culture, and traditional language, to strip these children of their roots and further more assimilate them. Indigenous Children were ripped away from their families and way of life, violently mistreated for speaking their only known language and worse if caught doing so in these Boarding Schools. Today, when we speak of the effects these majorly misfortunate events have on our people we speak about how it impacts not only those who suffered from firsthand but also those generations that follow. Substance Use Disorders, Suicide rates are 1.6 times higher than the U.S. all—races rate, higher domestic violence rates, and a variety of other Mental Health issues. These are all the issues that I believe is the product of these specific traumas resulting in intergenerational trauma. In terms of today's traumas intertwining with intergenerational trauma, today the Novel Corona Virus that plaguing many of our tribal communities at highly alarming rates, all points back to when Indigenous peoples were exposed to infectious diseases when coming in contact with European Settlers, as a Prevention Worker in a behavioral health clinic I knew I had to do my part in making sure our youth aren't impacted as severely as their ancestors were, although there still is trauma relating back to the experiences that our ancestors faced almost so similarly. Although, having to convert to remote and virtual sessions we oftentimes use culture as prevention, relying on teachings of our traditional values to aid our mental health.

[https://www.ihs.gov/sites/newsroom/themes/responsive2017/display\\_objects/documents/factsheets/BehavioralHealth.pdf](https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/factsheets/BehavioralHealth.pdf)

<https://www.ncbi.nlm.nih.gov/books/NBK44242/>

Mr. GALLEGO. Trying on the technological side, did you want to just kind of fill in or answer the question about how broadband would help improve the situation, especially for our Native American youth on tribal lands?

Ms. GONZALES. Yes, most definitely. Thank you for that question. It is so important, especially since everyone is social distancing. And in order for our people to receive the mental health care that they need, they need the connectivity. And they need to be able to be connected with the resources that bring them to their therapist or their psychologist, and so on and so forth. So, it is a huge issue and something that really needs to be brought forth for our people to receive the mental health care that they need.

Mr. GALLEGO. Thank you, Leticia. And I just want to check. Do we have any other new Members that joined since we started? I just wanted to make sure if there are any Members—I do not see any. Staff cannot actually answer this question, so I am just looking through. I do not see any other Members, and no one has spoken up.

So, I would like to thank all of our witnesses for sharing their incredible knowledge and stories with us today. And, again, thank you to those watching on livestream. As I stated before, members of the Committee may have some additional questions for the witnesses. We will ask you to respond to these in writing. Under Committee Rule 3(o), members of the Committee must submit witness questions within 3 days following the hearing, and the hearing record will be open for 10 business days for these responses.

If there is no further business, without objection, the Committee stands adjourned.

[Whereupon, at 3:59 p.m., the Subcommittee was adjourned.]

[ADDITIONAL MATERIALS SUBMITTED FOR THE RECORD]

**Supplementary Testimony**

**by Gloria O'Neill, Chair**

**Alyce Spotted Bear and Walter Soboleff Commission on Native Children  
in response to testimony presented at the July 16, 2020 Hearing**

Chairman Gallego and members of the Committee, thank you for the opportunity to provide supplemental testimony on the topic of mental health and healing as it relates to Native youth on behalf of the Alyce Spotted Bear and Walter Soboleff Commission on Native Children. The Commission is charged with conducting a comprehensive study on the programs, grants, and supports available for Native children, both at government agencies and on the ground in Native communities, with the goal of developing a sustainable system that delivers wrap-around services to Native children. The Commission will examine the unique challenges Native children face and make recommendations on improving the current system by building on the strengths and leadership of Native communities.

We appreciate Chairman Gallego and the Committee's understanding and concern for the topics addressed by the testimonies of four Native youths which mirror those of the Commission and are consistent with the goal of the Commission's work. The testimony provided by Marco Ovando, Letitia Gonzales, Cheyenne Kippenberger, and Robert "Scottie" Miller reflects the critical nature of this issue within Native communities and demonstrates the urgent need for accessible mental health care for youth on reservations and in rural and urban Native communities. We also appreciate the interest of Chairman Gallego and the Committee in improving mental health services in Indian Country and their willingness to take the time to listen to those most affected, our youth.

Mental health issues linked to intergenerational trauma are not uncommon in Native communities, and the need for community-based and culturally informed healing processes, especially where the effects of intergenerational trauma are concerned, cannot be emphasized enough. Furthermore, mental health care providers in Indian Country need to understand not only historical trauma, but cultural differences and ways of healing to ensure that the healing process has a component of cultural connection in order to fully support mental wellness.

However, the healing process is hindered by the lack of mental health resources and care available in Indian Country; for some communities, there are no accessible mental health resources. Building tribal capacity with programs and resources doing work in Native communities is essential to develop and implement the programs that will incorporate culture and address mental health issues in the most effective way. Given the diversity of Native communities, both urban and rural, and reservations, it is important to remember that each will have their own needs and best practices for addressing the challenges in their communities.

- Due to the COVID-19 pandemic, the inaccessibility of mental health resources has become even more prevalent. The negative mental effects of social distancing measures disparately affect Native youth. The lack of in-person socializing is keeping youths from seeing their friends, extended family members, and the support of community cultural activities that have been put on hold or canceled. While face-to-face interactions have decreased for safety reasons, this has led to a decline in mental health. In regard to the use of digital platforms for social and educational purposes, it is important to note that not all communities have reliable broadband service, which makes staying connected more difficult. The increasing use of telehealth coupled with broadband issues in rural Native communities and reservations have posed challenges for not only health care, but also mental health services. Expanding broadband services in these communities is essential for community connectedness and the delivery of resources across Indian Country to provide the care that Native youth not only need, but deserve.
- Mental health support should be made more readily available in academic institutions in order to provide more comprehensive aid in all aspects of a child's life. Trauma can occur to children at any age, and so appropriate mental health resources and programs need to be ready to provide services from early childhood onwards. Bureau of Indian Education (BIE) schools have behavioral health resources for their students, which should work in collaboration with other mental health services for consistent care. Mental health support in schools is a practice which should be expanded and offered to all Native youth in their academic endeavors, whether kindergarten through 12th grade, vocational training, or secondary schooling. Supporting mental health in educational settings is a critical tool to decrease the achievement gap. Education surrounding mental health should also be increased in order to lessen the stigma surrounding mental health and finding support.
- It is important to note the mental health considerations when Native youth interact with the justice system. Victimization, domestic violence, and substance use can result in interactions with the justice system in which Native youth will need mental health support.
- The Department of Health and Human Services oversees many different administrations, offices, and programs that interact with Native youth. For example, the Administration for Children and Families has several offices which are focused on the well-being of children and the issues of trauma as they affect the mental of children and families, but there is little coordination between the programs, even if they are serving the same communities. The existing silo structure for programs can be improved through communication and collaboration between existing administration, offices, and programs; Native communities and their youths would benefit from coordinated efforts between government programs to ensure care and support is provided in effective ways.
- Refining and implementing the most supportive healing processes is contingent on research and data on Native communities and their available resources. However, more accurate research is necessary. The current lack of research makes it difficult to comprehensively support communities; in order to fully understand the level of need, accurate statistics are necessary not only to know the most pressing community-specific needs, but to direct funding and other resources in ways that are most effective for these challenges facing Native youth today.

- Mental health factors include suicide, drug and alcohol abuse, domestic violence, etc., which can be results of unresolved intergenerational trauma; all of these factors should be taken into consideration and respectfully researched so that programs and resources can be distributed accordingly.
- Without accurate research and data, these components of mental health will perpetuate and make it even more difficult for the healing process to take place.

### Conclusion

The focus of the Alyce Spotted Bear and Walter Soboleff Commission on Native Children is the health and well-being of Native children. **Increasing funding is also critical to address the escalated needs of Native communities due to the challenges caused by the COVID-19 pandemic.** The challenge is to align the multiple agencies and departments serving Native youth, break down silos, and coordinate ways in which they can collaborate in order to best serve Native youths through a wide, but cohesive array of programs. The government programs and resources that are in place need to be fully funded and include flexibilities and tribal set-asides so that culturally informed and community-specific practices can be put in place. More research needs to be conducted so that the care being provided is supportive of the mental health of Native youth and more effective in treating, educating, and providing them with resources so they cannot only heal, but thrive. Increasing efforts to understand not only community cultures, but their historical traumas will yield more positive results. It is vital that we support the mental health of Native youth disproportionately affected by the COVID-19 pandemic and beyond as they and their communities heal from intergenerational trauma and other factors which negatively affect mental health. We need to support our most vulnerable populations and ensure that Native youth, the stewards of our future, have access to mental health resources so that they can heal and overcome the challenges they face in a manner that aligns with their cultures and communities.

---

### Supplementary Testimony

#### Submitted on behalf of Chicago Ozeena in response to testimony presented at the July 16, 2020 Hearing

Chicago is an 18-year-old, Athabascan young adult. He currently resides at Rights of Passage after 2 months at Covenant House. He grew up traveling back and forth between Nome and Anchorage, Alaska. His parents separated when he was 7. At 8 years old, he lived in Anchorage, at 9 he lived in Nome, at 11 years old in Anchorage, and then back in Nome. His mother lived in Anchorage; father lived in Nome. He has two older siblings and two younger siblings. At 17 years old, he decided to live with friends and, currently, has no relationship with his siblings. He states there was “too much going on, life situations.” Chicago reports that “Nome is a crazy town. You have to be careful of certain people.” He dropped out of school during his senior year because “it was annoying and too hard.” He is still in contact with both parents. He spoke with his father this morning and his mother 2 weeks ago. His mother currently lives in Fairbanks.

When Chicago turned 18, he moved out of Alaska. He lived in Chicago, New York City, London, and visited 19 states. He reports that Starbucks transferred him to various locations as a barista. He would like to leave Alaska again, but is waiting for the Pandemic to end.

When asked, Chicago reports alcohol and marijuana use for both parents. He states that his home life was “busy—did not like the feeling of home”. He clarifies that he felt safe, but there were arguments and substance use.

Chicago is in his third month of employment at Walmart. His goal is to become CEO of Walmart as he enjoys the business industry and is happy with his job. He currently is in the maintenance department.

When asked about experience with mental health services in Alaska, Chicago reports that he received counseling through Southcentral Foundation from ages 10 to 14. He states that the services were for anger management due to home situations and school. Chicago reports “counseling was all right, but mom was always present, so it was hard to express myself.” Chicago feels that counseling would have been more effective if it focused on him as a person and his mother was not present for the sessions.