

Cheyenne River Sioux Tribe

Eagle Butte, South Dakota



Healthy Nations Program

December 1993 – October 2000

**“From Research and Integrated Services to Horses and Culture:
The Story of Prevention on the Plains”**

Cheyenne River Sioux Narrative

Historical Context:

The Cheyenne River Sioux Tribe is one of the currently recognized five tribes of the Great Sioux Nation. It is located on the Cheyenne River Sioux Reservation in north central South Dakota. In 1889 Congress set aside 2.8 million acres for this reservation, which covers Dewey and Ziebach counties. It is one of five smaller reservations for the Great Sioux Reservation System. Four historical tribes constitute the Cheyenne River Sioux: the Minnicougou (plant by the river); the Itazipco (Sans Arc); the Siha Sapa (Blackfoot); and the Oohenumpa (Two Kettles). The Constitutional tribal government consists of a chairman, secretary, and treasurer—all elected at large—and 15 council members elected from 6 districts on the reservation.

Cheyenne River Sioux is a public law 96-638 compact tribe and is, therefore, responsible for law enforcement, criminal justice, health and human services, drug and alcohol treatment, social services (including welfare services), and in-home services for children. Tribal headquarters is located in Eagle Butte, South Dakota. There are 18 communities associated with the Cheyenne River Sioux reservation. Three communities are considered non-Native but nevertheless have close connections with the functioning of the reservation. The catchment area is home to approximately 12,200 American Indians, of whom

8,800 are registered tribal members. Eagle Butte is the host community for the centralized tribal services.

The Cheyenne River Sioux suffer from extreme poverty. Ziebach County ranked as the third poorest county in America in 1980 and seventh poorest in 1990. Data gathered through various sources suggest an undeniable connection between alcohol abuse and a higher-than-average mortality rate on the reservation. The 1985 Planned Approach to Community Health study underscored the severity and reach of the alcohol problems. The data revealed that more than one-half of the deaths on the reservation were preventable. It demonstrated a strong link between alcohol abuse and negative health outcome, including premature death. This confirmed a study of suicides between 1985 and 1990 in which all thirteen completed suicides were alcohol related; ten of the victims were inebriated at the time of death. Other surveys indicated that over 80 percent of the reservation's residents abuse alcohol. These studies pointed to binge drinking as the most prevalent method of abuse. Finally, expert witnesses have testified that the rate of fetal alcohol syndrome, held as one of the highest in the world, underscores the negative immediate and long-term effect of alcohol abuse.

Beginning in the late 1950s and extending to the early 1990s, tribal motivation to address substance abuse had been growing. Recognition that the costs, both in resources and in suffering, outstripped the capacity of the tribe resulted in instituting action plans. In 1985 the tribe intervened successfully in deterring the opening of two bars close to an Indian housing project, and in 1987,

the tribe officially declared “war” on alcohol abuse; goals were to establish an alcohol-free reservation by the year 2000. They took on more intervention programs, tribal strategic plans and actions—including tribal liquor control laws—and tribal court involvement. Many programs included collaboration with the Bureau of Indian Affairs, Indian Health Services, and other government agencies. The 1990s saw an increase in the creation of treatment programs and outreach services targeting substance abuse. These programs formed the foundation and structure ready to respond to the announcement of funding for the Healthy Nations Program.

At the time of the RWJF Healthy Nations call for proposals, many events intersected on the reservation. Using Indian Affairs and the tribal organizations, a multi-agency task force had been convening to exchange information on how to best organize service to address substance abuse. Debates about service models, counseling approaches, and organizational structuring punctuated the discussions. Ongoing public concern regarding inadequate services on the reservation was part of the storefront conversations and political stumping. Highly politicized, the concept of having their own inpatient treatment center formed the background and environment for the Cheyenne River Sioux action plans. The promise of more local services had political merit and public appeal. Those connected to services (program managers, tribal administrators, and clinical staff) held key stakeholder positions on the Healthy Nations advisory committee. The close association with local service augmentation initiatives influenced the original proposal and expectation for the grant monies. This

consortium of professionals continued to inform tribal policy and service philosophy and structure throughout the course of Healthy Nations.

Phase I:

Cheyenne River employed a local group of powerful tribal members, including the tribal attorney, doctoral level mental health and substance abuse administrators, a physician, and the tribal chairman to compose their proposal to the Robert Wood Johnson Foundation. The Phase I proposal was extremely sophisticated. It included research protocol using social indicators developed to highlight the extent and severity of the alcohol problem and ensuing social problems. The proposal, initiated in early 1993, espoused the model of collaboration. It envisioned Healthy Nations as the dynamic organizational liaison bringing together the diverse service programs and agencies. Their theory concluded that more efficient treatment collaboration and greater access to professional services effectively addressed the underlying problems. This public health model exposed the tension between the traditional world view and the more modern medical IHS structure—tension that would impact the development and implementation phases of Healthy Nations. The logo development exemplified this tension. Choosing between a very modern representation of medical and industrial symbols and more ceremonial and cultural symbols, the committee exposed the breaks and weakness in the fabric of community services and theories of change. Finally, they chose the traditional logo, representing ceremonial and historical symbols such as the buffalo and the four feathers

symbolizing wisdom, courage, generosity, and respect as well as the hoop—the classic circle of life. The choice of this logo for the Healthy Nations project was a decisive step foreshadowing a more holistic and traditional perspective in the planning and execution of Healthy Nations objectives.

Upon receipt of notice of grant award, the designated Healthy Nations director, a clinical psychologist, tribal member, and director of the Community Counseling Center, advanced the large Phase I community survey objective. Through a well-organized and structured, research-based assessment process, each of eighteen communities was surveyed twice over eighteen months. Healthy Nations staff and the advisory committee also developed four working task groups addressing (1) alcohol beverage control policy, (2) public awareness, (3) community involvement working partners, and (4) prevention efforts for children and youth. These working groups acted as the advisory committee as Healthy Nations proceeded to respond to the four RWJ grant components.

The first year of Phase I saw considerable effort expended in the development of survey instruments and analysis protocols. The staff also conducted interviews of the community focus groups and stakeholders. These research actions provided a very strong foundation of data which helped to articulate the direction and emphasis of the implementation of Phase II. Year two activities, besides the ongoing community survey, included pilot programs particularly around the use of the media for public awareness and early prevention campaigns as well as the early developments of an alcoholic beverage control policy.

Healthy Nations was placed directly under the tribal chairman in the tribal organization chart. This was significant in that it lent Healthy Nations considerable support and influence within the larger tribal organization. Combined with this strategic political placement was the addition of another highly respected doctorate-level employee who took over the coordination management. These two Healthy Nations personnel represented a significant foundation for forging policy, conducting research, and informing agencies of the direction of the project.

Phase I, however, was not without tension. There were pressures to utilize monies from Healthy Nations to help realize the tribal goal of having an inpatient treatment center as well as augmenting other direct service components. This financial expenditure was explicitly prohibited by Robert Wood Johnson and the NPO. Tribal wishes ran up against the limitations of the grant, and the director and coordinator struggled to negotiate this conflict.

Another contribution to the formative stage of Healthy Nations was the reporting of the data and the infusion of research information generated by the community surveys. This rich survey information and the reported community priorities exposed developing feelings of discomfort and concern from existing agencies, especially around currently used clinical models. Reactions to the exposure included withdrawal from participation in collaborations, rigid application of professional status, and divisive politicizing of concerns. Adding to this growing divisive context was the change of tribal chairmanship. Healthy Nations was slipping in political stature and losing vital intra-tribal support. This

early tension played out through the remaining five years into Phase II of Cheyenne River Sioux Reservation Healthy Nations.

Transition:

Preparation of the objectives and goals for Phase II implementation began in the second year of Phase I. With preliminary data and understanding communities' needs and wants, the staff identified youth activities and interventions as primary. Secondary and equally weighted was the community belief that stricter laws and punishment were very effective and central tools to prevention. This legalistic perspective shadowed community prevention and public awareness activities throughout Healthy Nations. Such foci set the stage for implementation in Phase II.

Transition into Phase II carried significant wounds and challenges to the ideals of the original grant. The most devastating challenge came in staff turnover. At this vulnerable time, both the original director and the coordinator took new positions away from tribal service. The attorney, one of the stronger proponents, also left the reservation. The advisory committee and the task groups deteriorated; the new tribal chairman also shifted interest, and the other providers withdrew any remaining support. This left a six-month hiatus without leadership or direction.

The realization that the Cheyenne River Sioux Healthy Nations was drifting and directionless prompted a technical support visit from the NPO. Representatives of the national office and tribe engaged in a series of intra-tribal

negotiations, hoping to right the ship and reestablish favorable connections and direction for the program. The Phase II proposal was still without approval.

The NPO had concerns that public awareness was not getting adequate attention and that attempts to use grant money for direct services continued as well as concerns about growing disaffection between established tribal departments and the program. Healthy Nations was no longer housed under the Tribal Health Department but placed under the Tribal Treasury Department, a more off-site location. The reason given was the complexity of the financial arrangements with RWJ.

Now six months into Phase II, a new proposal was produced. The theme of Phase II was *Wolakota Yukini* (to make live again, culture, tradition and language). The tribe hired a tribal member as director. He was less professionally qualified through academia but was more traditional. He was not as connected in the tribal governmental relationships as the previous director, but he had stronger cultural grounding and language skills. This shift in status, support, and leadership complicated reaching the objectives developed in Phase I. Healthy Nations became more isolated.

Phase II:

Early in the second year of Phase II, Cheyenne River Sioux Healthy Nations created a Lakota youth camp program. This 74-day-long summer camp targeted at-risk youth. Organizers used traditional activities such as horseback rides along the Cheyenne River on ancestral trails as healing medicine. The

connection of tribal volunteers to these youth, while teaching traditional values and alternatives to current behaviors, served to revitalize the culture and increase participants' esteem. The camp model included a social rehabilitation and criminal diversion philosophy which established a connection between Healthy Nations and juvenile justice. This camp received tremendous attention, both nationally and within the state. A *Time* magazine article praised the camp as a diversion process in juvenile justice working with delinquent youth. This exposure branded Healthy Nations with a misguided connection to juvenile justice, and this reputation confused the goals of using tradition to influence youth and families through Healthy Nations.

This camp experience deepened the rift between the established clinical service providers and Healthy Nations. Some tribal organization accused the camp staff of unauthorized counseling following a poignant encounter with a participant. Compounding the tension over professional scope of practice was the flexibility of Healthy Nations funding. The inherent struggle for control of scarce resources and the long-standing need for expanded direct services further alienated the Healthy Nations program from the central tribal providers. Public exposure and a positive multiple-page article on the horse camp in *Newsweek* brought recognition to this new program. Some divisive attitudes and distancing behaviors from other providers intensified.

The National Program Officer noted what was perceived as heavy staffing and limited direct objective fulfillment, prompting another site visit in year two. Negotiations and discussion about meeting the proposal obligations focused on

the outreach staff. Noting the reality that Healthy Nations covers 2.8 million acres and eighteen communities, the director argued that outreach personnel were needed. Complicating matters was inadequate funding to keep these people on staff full time and so personnel changes made it difficult to fulfill all of the directives. The director also shifted the vision of Healthy Nations from the public service model of Phase I to a model that used traditional activities as preventive and curative. This shift was not anticipated by the NPO and was not reflected in the Phase II proposal. The site visit left many concerns unresolved but accomplished mutual understanding of the political environment, personnel situation, and changing philosophy of the program.

Highlights:

The increased focus on tradition and culture was successful. The preventive and curative medicine of cultural respect, accountability, and responsibility was interwoven into all activities. An example of this infusion is the horse programs. Healthy Nations developed an adopt-a-horse program and summer horse treks along the Cheyenne River bottoms (traditional sites) to engender traditional and pro-social values in youth. This type program stretched the flexibility of the NPO and for Robert Wood Johnson. Spirited discussion and communication with Healthy Nations to support the purchase of horses and feed ensued. The director and the horse program coordinator responded by convincing individuals in the community to donate horses from their ranches. Working with these horses taught kids about responsibility as well as exposed

them to the nightly traditional and culture activities associated with the camps. This adopt-a-horse program and riding camps effectively touched tough gang-want-to-be kids and delinquents. It allowed these youth to find gentleness and identity in the ways of their fathers. This program thrived for two years until a bad winter killed many of the horses. Concurrently, the coordinator moved on to another job. These two events led to the demise of this popular program.

A year later, understanding the cultural significance of using horses as a reflection of Lakota ways, Healthy Nations developed an after-school riding program. Again local ranchers and members of the community rallied to donate horses. Responsibility, respect, and sharing were principles taught at this activity. No use of substances or behavioral disruptions was allowed. The kids would present a slip of accomplishment and accountability from school. These two requirements, no substance use and positive school involvement, qualified participants to ride the horses. After-school horse riding was so popular that the program had to set an every-other day, gender-specific schedule. The staff also had to limit riding time. Even today, youth and parents call to ask if the horse riding program is available.

The director and coordinator utilized this program as a method to teach the history of the Lakota people. Proper roles and social respect were taught based upon the use of the horse, the symbolism and ceremony around riding, the status of the warrior, and the wisdom of the women. This was part of an overall revitalization of culture and theory of change using tradition and ceremony as

protective factors. Healthy alternatives, combined with increasing cultural pride and identification, addressed the objective of prevention and early intervention.

Healthy Nations recognized that the Elders were alienated from the youth. The director also believed that the program should support the carriers of tradition and ceremony. A program, named “Keepers of Wisdom,” was subsequently initiated, providing occasion for Elders to congregate and share with each other. As this Elders program thrived, Healthy Nations introduced at-risk and aftercare youth into the gatherings. It facilitated trans-generational appreciation and relationship, stimulating an “adopt a grandchild/grandparent” interaction. Bridging the generations helped reconstruct the collective community of times past. These Elder/youth gatherings continued through the last days of the Healthy Nations program. Instrumental to the future and prevention efforts, the combination of tradition, relationship, and sober alternatives formed a foundation of community change.

These successes are balanced by struggles and failures. Throughout the years of Healthy Nations, problems with accurate reporting, honest reflection of the state of affairs, and utilization of funding remained. Complaints that the leadership lacked sufficient energy and enthusiasm for the objectives were leveled from both within and outside the tribe. Differences in philosophy and style plagued political relationships. Resource allocations and reporting requirement deviations frustrated the NPO and consumed much of the director’s energy. Programs started and withered without bearing fruit. Staff quit or took other jobs. Various objectives remained unaddressed, and the goal of coordination and

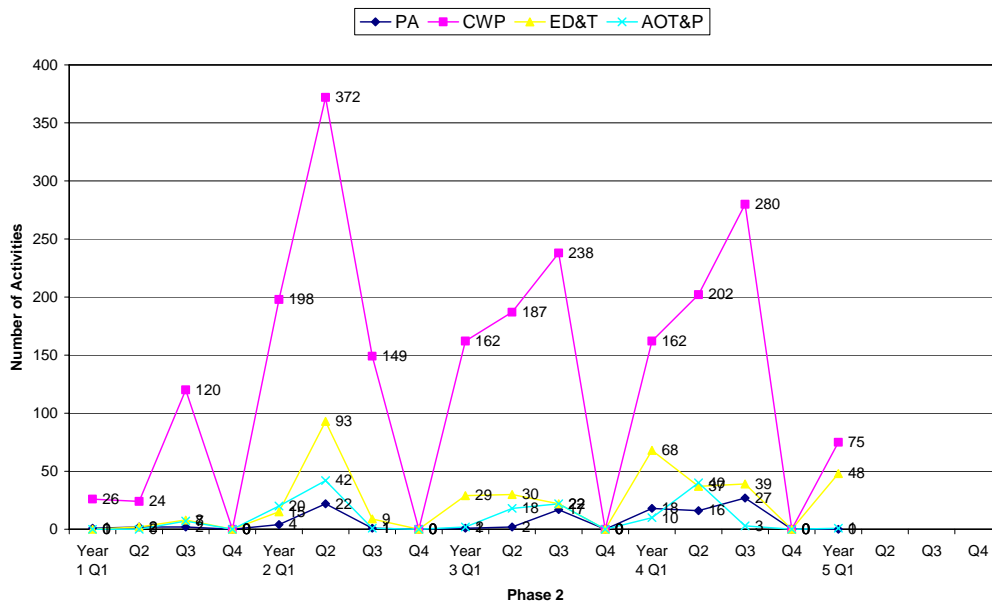
collaboration waned into dissent and indifference. A divide between professional models and community outreach and empowerment defined most of the course. The evolution of the program was uneven, punctuated and slow; but it did produce some results with lasting effects.

The six-month no-cost extension finally saw a reprieve from the tensions present since the end of Phase I. Other service providers finally came to realize that the Healthy Nations Initiative was not a threat and that the data and funding flexibility were beneficial. The camps, cultural programs, horse riding, and activities reconnecting youth and Elders formed effective and complementary early interventions and aftercare components. This end chapter saw a greater collaboration and connection between the tribal treatment sector and Healthy Nations. Sadly, this was too late for both the trajectory and the intensity of Healthy Nations and the other associated substance abuse programs. Changes in the political landscape finally provided greater inclusion of the programs espoused in Phase II. Healthy Nations started to thrive through this long maturation and proving years only to disappear as funding runs out.

Today, the legacy of Healthy Nations is continued in the cultural preservation programs. Building on program ideas and experiences with “Keepers of Wisdom,” the tribe is involved in recording the stories and revitalizing the traditional knowledge of tribal members. Legal barriers to rampant alcohol consumption on the reservation were positively impacted by the Healthy Nations data collected in Phase I. Personnel who were involved with Healthy Nations maintain the philosophy and hopes of the program. Other agency managers and

coordinators learned of the power of community involvement and the trusting of traditions and ceremony in healing. Healthy Nations acted as a catalyst for understanding natural tensions among agencies and problems with coordination. The logo chosen early on depicts the cycle of life and the four principles of wisdom, courage, generosity, and respect. Healthy Nations evolved to represent and epitomize that logo.

Cheyenne River Sioux Activities



Key: PA = public awareness
 CWP = community-wide prevention
 ED&T = early identification and treatment
 AOT&P = accessible options for treatment and relapse prevention