

# *White Mountain Apache*

White River, Arizona



## *Healthy Nations Program*

December 1993 – December 2000



## **“From Program Changes to Community Connections: The Rise of Therapeutic Culturally Based Initiatives”**

### White Mountain Apache Narrative

#### Historical Context:

The White Mountain Apache reservation is located in east central Arizona. Encompassing 1.6 million acres of diverse topography, the reservation overlaps into portions of three counties: Navajo, Apache, and Gila. High plateaus covered with Pinion and other pine forests teaming with wildlife and low elevation desert sculpted by the Salt River define the topography. The landscape includes 25 natural lakes large enough for fishing and recreational activities and 420 miles of river and streams punctuated by the 11,000 foot Mount Baldy. Natural resources including timber, mining, and wildlife are in rich abundance and include a world-famous Elk range. Five main population centers—White River, Cibecue, Carrizo, Cedar Creek and McNarry/Nondah—comprise the home of an estimated 14,500 residents. Approximately 12,500 of the total population are enrolled tribal members, an estimated 10,000 of whom are White Mountain Apache Tribal enrollees. The remaining American Indian residents are primarily Navajo. The many non-Native residents comprise the ranks of IHS, BIA, educators, and federal and state employees.

Relatively isolated, the White Mountain Apache reservation is 190 miles northeast of Phoenix and is surrounded by small, non-Native communities. The largest non-Native contiguous community is Show Low with a population of approximately 5,000. In addition to these population centers, the reservation and

surrounding area is dotted with outposts of Native family and small-group living sites. This arrangement of enrolled individuals living throughout the catchment area poses a challenge for providing even and consistent service and governmental oversight.

The region has also been significantly impacted by religious missionary activities and secular influences. Some traditional Apache customs and ceremonies have been lost or diminished through the process of dilution, conversion, and decreased community cohesion. Thirty churches, mostly Christian, have established congregations and practices on the reservation. This religious matrix, as well as the advent of modern media and secular education, has created competitive tensions and belief conflicts that further fractured the waning sense of Native tradition and community. Consequently, cultural identity and historical relationships were dislodged as the medicine for healing long-term effects of substance abuse and attendant social problems.

The seat of tribal government and services is located in Whiteriver. This reservation community was home to 11,500 of the White Mountain Apache residents. Encompassing the town of Whiteriver and the unincorporated contiguous areas, this corridor is the location of the centralized tribal government and health services. It also serves as the center for tribal corporate endeavors. Although the Fort Apache reservation was established in 1880, tribal government did not operate independently until the Tribal Constitution was adopted in 1952 under the Indian Reorganization Act of 1934. It is amended regularly. The 1994 revision of the constitution included a new tribal membership blood quantum

requirement that council members be fluent in their Native language, signaling attention to the revitalization of culture and language.

Tribal governance consists of a chairman, vice-chairman, secretary, and treasurer. The chairman and vice-chairman are elected at large. Four voting districts elect nine council seats. Three districts fill two council positions each while one district elects three members. This tribal council government structure is authorized to act on behalf of the members and enter into contracts with other governments and private entities. With the goal and vision of providing a “higher standard of living, better home life, and better homes within the reservation,” the council structured tribal government departments to facilitate reaching this goal. The Tribal Health Authority, largest of tribal departments, operated the Health Education program, the Apache Behavioral Health Center, and the Rainbow Center (an alcoholism and substance-abuse residential treatment center). Other tribal departments include the tribal court system, tribal law enforcement and safety departments, and the economic development arm of the tribal council.

Notwithstanding the rich natural and governmental resources available, the reservation residents faced problems with substance abuse and alcoholism. Consistent with national trends in substance-abuse morbidity and mortality, the White Mountain Apache people had struggled to maintain efforts to address substance-related death and injury as well as loss of culture on the reservation. Even with twelve revenue-producing enterprises controlled by the tribe—including successful timber, hunting, and casino businesses—1993 Department of Labor statistics indicated that Navajo and Apache Counties were the sixth and

seventh poorest counties in the nation. With a median per capita income less than 50 percent of that of the State of Arizona, 40 percent of the residents of these two counties were living below the poverty line. Unemployment on the reservation peaked at 61 percent during this time—ten times the state average and many times the national rate.

Compounding these circumstances, data collected during this same period showed that many Native Americans living in this area had not attained a high-school graduation diploma or certificate. Education problems included an excessively elevated school drop-out rate (200 percent of the state average) and a significantly limited post-high-school college rate (1.3 percent). As is common with communities plagued with poverty and poor educational attainment, substance-abuse problems were over-represented on the White Mountain reservation.

A 1990 estimate of the extent of the alcohol problem indicated that between 40 and 60 percent of tribal membership met the criteria of alcoholism. The tribal chairman noted in the proposal pre-amble: “no tribal members were not affected by this (problem)”. Whiteriver Hospital records (1991) showed that 43.3 percent of all admissions were alcohol related. In 1992, death records indicated alcohol as the primary cause of death for 42 percent of all adult deaths between 21 and 74 years of age. IHS data spanning a similar time period indicated that 48 percent of all injuries requiring hospitalization were alcohol related and cost upwards of \$4,000 per incident. Youth-specific data paralleled those of adult medical records. A 1992 community taskforce targeting prevention of fetal

alcohol syndrome conducted a survey of 589 tribal youth between 10 and 18 years of age. The data showed that 50 percent of Apache males and 44 percent of females used alcohol regularly. Uses of other substances were noted, none reaching the epidemic proportions of alcohol. In this same survey, the students indicated that alcohol abuse was either first or a close second to sexual/physical assault as primary concerns facing the reservation and their lives. The 1992 Whiteriver Unified School District Substance Abuse Survey confirmed the above findings citing high school students endorsing a 60 percent lifetime use of alcohol with over half of these students endorsing regular weekly use. These data revealed the broad extent of the alcohol-related effects evidenced by 30 percent of the respondents indicating that a family member was regularly intoxicated. Other surveys of this time period painted the same disturbing picture about substance abuse at White Mountain Apache reservation.

Tribal leadership and many community members had long been aware of the problems and had sought to address them. Starting in the 1970s, the tribal council had made numerous resolutions and taken actions against various associated topics, including Fetal Alcohol Syndrome (1981), Non-medical Detoxification Services (1981), Tribal Liquor Ordinance (1986), Tribal Omnibus Act including a Tribal Coordinating Council (1986), “No Drink to restore Harmony Day” (1989), and The Community Crisis Response Team (1991). Tribal resources were expended to create the Rainbow Center, an inpatient substance-abuse treatment center, and an expansion of the overall Tribal Behavioral Health services. These are just examples of the efforts to address problems disrupting

the community. A sudden spike in suicides of young males on the reservation in 1992—many related to alcohol—punctuated the battle and difficulties in coordinating a united strategy to fight alcoholism and drug use. The then tribal chairman declared war on substance abuse. This increased focus included the RWJ call for proposals for the Healthy Nations Initiative. The tribal chairman instructed the Interagency Coordinating Committee and the director of the Health Authority to investigate and then to compose a proposal for the Phase I Healthy Nations Program.

#### Phase I:

This steering committee invited key stakeholders and management personnel of other tribal agencies to participate in work sessions to compose the proposal. The formation of the guiding principles centered on concepts taken primarily from Apache tradition. Using the images of the Apache Warrior and the Changing Woman (a female figure ceremonially transforming into a woman), the committee decided that the cardinal healing philosophy would be centered on traditional beliefs and spirituality. They concluded that these components of the Apache life were underrepresented in the current array of services and community activities and that they constituted a match for the Healthy Nations mission and objectives. The committee aptly named their Healthy Nations program “N’dee Benadesh,” which means “the People’s Vision.”

The committee submitted the proposal outlining an extensive grassroots action plan utilizing cluster groups to solicit ideas and volunteers to manage the

prevention and early intervention activities and goals. Many steering committee members transformed into the leaders of the cluster groups and also constituted the Healthy Nations advisory committee. The director of the Tribal Health Authority was to be the coordinator of “N’dee Benadesh”. The proposal was favorably reviewed and the White Mountain Apache tribe received the grant for Phase I planning and development of Healthy Nations.

Immediately, the director of the new Healthy Nations program convened meetings with existing cluster groups and initiated development of the others. A total of twelve cluster groups—representing women, men, youth, parents, elders, and educators, among others—began holding bimonthly meetings with the staff of Healthy Nations. “N’dee Benadesh” provided materials and supplies, including food, for the cluster groups, demonstrating the flexibility of the grant funds. This ability garnered attention from other agency directors (many of whom were cluster group leaders) and stimulated a subtle posturing to gain access to the funds for individual program enhancement. The cluster group format produced anticipated results, generating ideas and activities salient to the four grant requirements.

The grant administration was located within the Health Authority. This was a strong position providing access and support to Healthy Nations. Further evidence of tribal support for the program came as the tribal council endorsed a two-hour per week absence from their regular job responsibilities for those Healthy Nations cluster group members. This commitment fueled the growth and expansion of Phase I pilot programs.

A public awareness campaign focusing on the goals and vision of “N’dee Benadesh” commenced immediately. The program utilized the tribal radio station and created the Healthy Nations newsletter. A weekly hour-long program on the radio highlighted upcoming activities, cultural topics, and strong anti-substance-abuse messages. Combined with easy listening Native American music, this medium reached approximately 90 percent of the households on the reservation. The success of the radio program prompted the planning for a youth talk show. The newsletters contained inspirational stories, vital community information, and a schedule of Healthy Nations activities. The purposeful use of culture even informed the layout and column titles of the newsletter. The vision to revitalize and reconnect to the historical roots of the community was strong.

Other activities formulated by the cluster groups included women’s, youth and men’s conferences. Fifteen inspirational speakers, chosen through community and participant inquiry, offered insight into being healthy, avoiding substances, and finding pride in being Native. The gathering of women included themes around parenting, supporting recovery in the community, and traditional roles and wisdom available to them. When the youth were surveyed about speakers they wanted for their conference—given the choice among famous sport figures and nationally known celebrities—their overwhelming response was to see the local Apache Hotshot and other local heroes. This preference guided the reconnection of youth with the elders and adults throughout the rest of the program. The men’s conference drew the least participants, but still informed the “N’dee Benadesh” staff about issues important to this group.

Other activities were more uneven and demonstrative of the context of Healthy Nations. The choice of the program logo served as an example of activities that produced tension at that time and also depicted a constant stress throughout the life of “N’dee Benadesh.” Consensus on what represented the traditional qualities and customs to be depicted was never achieved. Different interpretations, including the infiltration of non-Native religious ideas, marked the negotiations and development of the logo to represent the vision of Healthy Nations. A compromise unfolded culminating in a logo with many symbols of Apache nationhood and lifestyle while avoiding the more ceremonial and spiritual-natured representations.

Phase I saw the initiation of numerous activities addressing prevention and treatment enhancements. Some of these activities included adventure camps and treks, in-school curriculum that focused on traditional ways, story telling with puppets to educate pre-schoolers, and an environmental rehabilitation project for youth called “Challenge to Change.” These successes were carried into the next phase. One well-intended project that did not succeed was the centralized computer database project, envisioned as a method for coordinating and facilitating early identification and referral services for youth and adults struggling with problems. The idea fell victim to memories of breached confidentiality among service providers, resistance to disclosures, and lack of sufficient funding and manpower. After seeking consultation from the NPO and other tribal representatives, this program was dissolved. Other mechanisms for

referrals and coordination would have to be entertained in the later Phase II grant.

Transition:

A retreat for the Healthy Nations staff and advisory committee convened just prior to submission of the Phase II proposal. An opportunity to measure their successes and plan for the next four years topped the agenda. The current “N’dee Benadesh” director and staff had been enjoying a strong relationship with the cluster groups and had managed to develop a network of community volunteers. So there was some surprise when tribal leadership instituted a significant change in the leadership matrix of the program. Corresponding to a tribal election and change in overall tribal leadership, the shift in leadership diminished the role of Healthy Nations and disrupted its smooth development and direction. This transition period lasted approximately one year, generating a more halting and uneven program trajectory. The original director was reassigned and other Healthy Nations staff were given different job responsibilities. Notwithstanding the changes in leadership and the loss of momentum, the basic structure of the cluster group organization and the focus on traditional activities survived into Phase II. The site visit from the NPO during this period was seen as supportive but conveyed deep concern about the loss of momentum and association with the Phase I successes, goals, and objectives.

## Phase II:

Early Phase II was defined as a regrouping period followed by turbulence and change. This pattern existed through the first two years of Phase II. Some of the objectives and goals were left unattended or delayed as each new leadership group established working relationships with different project leaders and gained deeper understanding of grant maintenance requirements only to leave the program. Correspondingly, a fluctuation in the composition of tribal leadership and subsequent change in support and alliances created a period of day-to-day operational challenges. The conferences continued although the men's conference diminished in scope and success. The public awareness campaigns remained active, and the youth talk program commenced. The pre-school cluster group dissolved when two skilled members moved out of the area and the program was unable to continue. Some cluster groups were integrated into larger cluster committees, eventually leaving eleven groups, three of which were comprised of remnants of two original clusters. Agency directorships changed and, therefore, altered the composition of the cluster groups and the advisory committee. After two years of starts and stops including four different "N'dee Benadesh" directors and numerous program coordinators, the original director was once again leading the program. This signified the final direction and iteration of the Healthy Nations program.

The grassroots model had served its role well particularly through the first two years of Phase II. The media program that was slated to create videos and public service announcements had withered due to loss of supportive adjunct

funding and diminished attention. Other aspects of public awareness remained healthy and were expanded through community surveys and participation. School-based programs, particularly the cultural curriculum, were still active and would gain momentum in the last two years.

Youth activities were beginning to gain strength and focus. The Adventure Team cluster had forged a strong relationship with the Rainbow Treatment center. One successful project was the Ropes Course. The activities and challenging tasks developed in this program taught the young people skill, confidence, and teamwork. It was recognized as a positive alternative to the lassitude of the youth and a strong element in treatment-based programming. The combination of enhanced Rainbow Center with the Ropes Course, which was now accommodating off-reservation groups due to its popularity and success, provided more targeted options for treatment and aftercare. Traditional activities and culture had become more identifiable in the community. “N’dee Benadesh” had empowered the community to take voice and action to combat the negative effects of substance abuse. Those leaders and volunteers who gathered together to sponsor prevention events learned to engage the youth, set aside differences in a common cause, and persist in the face of an ever-changing political climate.

#### Highlights:

The concept of infusing more culture and tradition into the activities and lives of tribal members is a significant attribute of “N’dee Benadesh.” The

development and maturation of this vision and attendant objectives are remarkable. With competing spiritual ideas as well as the diffuse nature of the communities, the emergence of traditionally informed and maintained programming speaks powerfully about the central role of historical identity and ceremony. The icons and symbolisms taken from Apache culture, especially the Warrior and the Changing Woman, depict the tenacity and commitment of the cluster groups and community members in the war against alcohol. Today, the conferences continue with women gathering by the hundreds to support each other and nurture the health of their families and, therefore, the Apache nation. The youth are better connected to each other, the land, and their Native identity. The youth conference is now sponsored by other tribal entities and schools. Cultural curricula and prevention messages are still played on the radio and found on signs leading into Whiteriver. Members of the council still recall the flexibility of the grant and it's enabling them to do what they needed to help the community. Healthy Nations still has presence as a movement of collaboration and cultural acknowledgement.

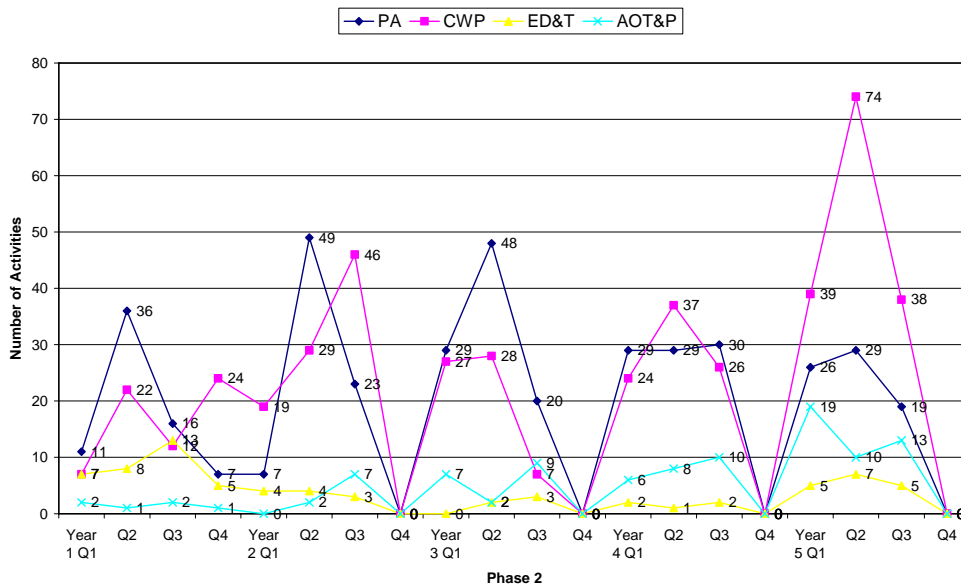
The Ropes Course, among the many positive youth programs, deserves recognition. Constructed to augment treatment and aftercare programming, the concepts and activities taught during this course became so widely known for their success and effectiveness that other at-risk youth and adults, outside groups, and business concerns utilized the facility. The Ropes Course director formed caring relationships and provided opportunities to explore trust, team work, and success through individual and team effort. It is reported that many

youth, now young adults, have commented on the personal impact of this component of the White Mountain Healthy Nations program. The trek, Apache Adventures, and “Challenge to Change” all represent vital ideas and activities that produced good results. Although the Ropes Course currently sits abandoned, talks are underway to revive it and reawaken the spirit of success it represented. Some of the other youth ventures have been assumed by private individuals or communities. Although not institutionalized in the formal sense, these programs remain in effect in the tribal treatment programming and inform new ventures and projects.

Tradition holds that to fully recognize the strength of the Apache way of being, a trip to Mount Baldy was necessary. One unheralded but powerful activity sponsored by “N'dee Benadesh” was just that—a trip to Mount Baldy. The community outreach effort discovered that many tribal members had never completed this proving trek. The staff therefore saw an opportunity to join the community and arranged and conducted hikes and camps to Mount Baldy. The “vision quest” intent of these hikes provided a deepened respect for the traditional ways and a renewed connection to the earth. Teaching opportunities with elders and traditional members expanded the consciousness of the values and ceremonies needed to live a healthy life and succeed in the two worlds—traditional and modern—of the American Indian. These hikes continue today. Groups are guided by those who participated with Healthy Nations. The power and healing of the land has returned for those who have discovered this life force.

Lastly, the core staff and leadership, including the original advisory and tribal council members, remain in the community. Although working in different agencies and toward different goals, the philosophy and community-based model of initiating action and change on the reservation still informs policy and program. The treatment center continues with culturally based and culturally sensitive and specific interventions. The aftercare facility and staff are reported to utilize the information and programming developed through Healthy Nations. The mobilization and growth of “N’dee Benadesh,” through struggles and change, demonstrated an ability to continue on and strengthened staff resolve and commitment. The movement of Healthy Nations still functions in the background of the ongoing war on substance abuse on the White Mountain Apache Reservation.

### White Mt. Apache Activities



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

