



Little Traverse Bay Bands of Odawa Indians
7500 Odawa Circle, Harbor Springs, MI 49740

TRIBAL COUNCIL TRAVEL NARRATIVE
Submitted by: Julie Shananaquet, Tribal Secretary

Training/Event: 2017 Great Lakes Native American Conference
"Circle of Hope, Circle of Healing"
Location: Prior Lake, MN
Date of Event: August 9 – 11, 2017

I respectfully submit this travel narrative to my fellow Council members and the Citizens of LTBB and extend my gratitude for allowing me another opportunity to represent our Tribe at the Great Lakes Native American Conference "*Circle of Hope, Circle of Healing*".

This report is a summary of my activities:

Tuesday– August 8, 2017

Flight out of Pellston, MI. Arrived in MN @ approximately 2:00 p.m.

Wednesday – August 9, 2017

Registered, then attended Opening ceremony and Welcoming remarks followed by

General Session.

Neurobiology of Trauma:

Presented by Dr, Christopher Wilson

Dr. Wilson enthusiastically discussed the brain and how it stores and affects our habits and decision making choices. As an example he showed how making a fist with your thumb on the *inside* of your fingers and holding up your arm (*mentioned that this example of making a fist may be somewhat inappropriate considering the subject matter*) was a pretty good diagram of the brain's function. Your forearm is your spinal cord. Your elbow is the base of your spine. Your palm just below your thumb is the base of the brain.

Your thumb represents something called your limbic system which has three primary functions: 1-Emotion, 2-Memory encoding, 3-Defense circuitry.

The two fingernails of your middle and ring finger are your prefrontal cortex: 1-Controls our attention, 2- Puts together memory data into narrative (*stories*), 3-used to plan/make logical/rational decisions.

There was additional conversation regarding neurons and other brain functions regarding the communication network, which was very technical and quite honestly over my head.

There are 3 Survival Reflexes we use to respond to a traumatic event: 1- Dissociation (*coping or disconnecting from what's happening*), 2-Tonic immobility (*can't move or*

talk), or (3) Collapsed immobility (a reflexive response not under the person's conscious control).

Dr. Wilson described the function of the brain to illustrate how all these reflexes are altered when traumatized and the additional complications presented when person is under the influence of drugs and/or alcohol. More importantly is how people handle reports of trauma and how we tend to use the incorrect questioning tactics when getting details of victims account of event and how we as a society have maintained the grossly perceived beliefs (*myths*) that resiliency is a trait of any given age and therefore there is no excuse for letting trauma effect behavior.

Society has spent billions of dollars studying and treating adult trauma victims, primarily male combat veterans (PTSD), however many more females are traumatized by rape in our society than males by combat. Even fewer resources have been dedicated to research or treat childhood trauma and how that trauma impacts the functioning of children. It is only recently (*last 5 years*) that childhood PTSD has been observed. Children exposed to trauma may have a range of PTSD symptoms, behavior disorders, anxieties, phobias, and depressive disorders.

Due to past inaccuracy when dealing with trauma Dr. Wilson brings a different perspective on the effects of trauma and how the brain processes trauma. For the past 16 years he has worked with both victims and perpetrators of crime.

Dr. Wilson trains nationwide bringing forward new developments in documenting brain activity and how to properly address victims and perps when questioning on issues of trauma including sexual assault, domestic violence, etc, and dispel old myths. His audiences have included judges, attorneys, civilian, victim advocates, and mental health professionals and various law enforcement agencies.

Afternoon Breakout Sessions:

Workshop 1 - Tribal Community Health and Opioid Abuse: An Integrative Action

Plan: Presented by Patrick Shannon, Saginaw Chippewa Tribal Chief Judge

Judge Shannon pointed out that Michigan does not have a drug overdose surveillance system similar to Minnesota's and this basically leaves the 12 Federally recognized tribes in MI to defend against the opioid epidemic on their own. The Saginaw Chippewa Tribe currently operates:

- Healing to Wellness program within its Tribal Court (22 clients)
- Families Against Narcotics
- Medically Assisted Treatment (MAT)
- "Brain Health" sessions
- Tribal Action Plan (Basically a Multi-disciplinary Team)

Future Plan:

- "Baby Court"

The concept of, "It takes a Village" was used to emphasize how important it is that we come and work together as a people who are faced with the most significant health issue of a lifetime.

Possible Solutions:

Local communities should address the issues through a public health lens by promoting prevention, interdiction and treatment strategies.

- What can we stop the Pharmaceutical corporations and Health Care Industry who have created this problem

Mental Health needs of the addicted must be addressed

- Quality mental health treatment for the dual diagnosed addict (*Discussion: There is a need to establish long term housing programs, as the 30-45 day programs are not working*).

Incarceration is not the answer for the addict – Right now it is the only option, since there are no mental health dollars available. Can this epidemic be stopped when a system only punishes the “user” and not the “pusher”? Although this addiction effects people from all walks of life, traumatization must be addressed via mental health intervention.

Michigan’s most recent stats on overdoses is almost 2 years old and approximately 2,000+ more lives yearly are lost to this epidemic. Imperative to act now.

Note: The rate of Heroin-involved deaths across the Midwest has increased since 2007, however, Ohio, Michigan and Missouri are all above the National average of 4.1 Deaths per 100,000. (*See attachment*)

Discussion: Fay Givens, Executive Director of American Indian Services, 1110 Southfield Rd., Lincoln Park, MI 48146 Ph: (313)388-4100 Email:amerinserv@ameritech.net suggested that a Summit be planned for the 12 MI Federally recognized tribes with special invitations to all urban Indian agencies. This would be the first stage of attacking epidemic: Legislation needed to stop Dr.’s, and Pharmacies and bring back dollars for mental health. Ms. Givens also brought up the need for Tribes to assist urban agencies who are assisting Tribal citizens seeking their assistance. She also mentioned that the death and overdose numbers were higher among the elderly in the Detroit area.

Judge Shannon, Jeff Davis and Fay Givens will work on setting up dates for Summit.

Workshop 2 – Chasing the Dragon The Life of an Opiate Addict

Presented by Robert Poikey, Eastern Michigan District Security Manager and Timothy Wiley, Public Affairs Specialist, FBI Detroit

<https://www.fbi.gov/video-repository/newss-chasing-the-dragon-the-life-of-an-opiate-addict/view>

Chasing the Dragon - is a slang phrase of Cantonese origin from Hong Kong referring to inhaling the vapor from a heated solution of morphine, heroin, oxycodone, opium, or ya ba (a pill containing caffeine and methamphetamine). The "chasing" occurs as the user gingerly keeps the liquid moving in order to keep it from overheating. The moving smoke is chased after with a tube through which the user inhales. Today used as a metaphor for an addict's constant pursuit of the feelings of their first high. The "dragon" being mythical represents a goal that can never be achieved, because it does not exist.

Film Overview

Chasing the Dragon: Produced by the Federal Bureau of Investigation, is a wrenching portrait of the escalating opioid epidemic told through the frank testimonies of young addicts and their family members.

The film's subjects share a myriad of horrific experiences and tell the story of how their family relationships and future goals take a back seat. Many of them resort to theft, assault, and prostitution in order to maintain their destructive lifestyle.

The addicts profiled in the film are now in recovery. Some of them are struggling to reclaim stable lives with their families. Others speak from behind bars. Others have passed away.

Freed from the clouds of self-deception brought on by their addictions, their reflections are painfully candid and instructive.

"People can say they experimented with an opiate...but there's no experimenting, it's addiction."

This is the largest drug epidemic that we have ever faced. Each year more than 46,000 people die from a drug overdose. That's more people than die from car accidents or from gun violence, and half of those 46,000 deaths are related to opioid abuse and the numbers continue to rise.

Notable comments of featured Professionals:

Special Agent Andrew Lenhart: Most addicts will say, "I tried/started off with marijuana, Tried cocaine. Tried oxycodone." And when asked what's the most addictive drug(?), 100% of the time the answer was oxycodone.

Deborah Taylor (Phoenix House): The progression of addiction and the behavior that comes with it is pretty standard, regardless of where you're born, how much money you have, how old you are, what your race is, what your nationality is. **You can be the smartest person in the world—the minute that chemical hits your bloodstream, you lose control of what it does in your body. You can't control it. Nobody can control it, I don't care who you are. It's not controllable.**

Dr. Bassam: How do you know you're an addict? It's when you're doing something that you know is not good for you, that's harming you, but you can't help yourself. When your relationships are starting to fall apart around you, and you don't care. The only thing that's on your mind is about how to get the substance and how to get to the next high—you're an addict. You can't maintain an opiate addiction and a normal life for very long.

Agent Lenhart: Best thing that can happen to someone who is addicted to oxycodone is that they can be arrested. Everything other than that is worse. It's gonna end in a bad way.

Dr. Bassam: Every generation seems to have their drug of choice. Unfortunately this generation seems to have found prescription opiates as that drug of choice. And even more unfortunate, the consequences of those drugs are far more devastating than anything else we've seen in the past. Chemically and physiologically speaking there is very little difference between oxycodone, morphine, and heroin. It's just that one comes in a prescription bottle and another one comes in a plastic bag.

Rebecca Wood (Medicolegal Death Investigator): Every day I come to work knowing that somebody died. And more times than not we have at least one, prescription drug or other substance abuse case. Your friends, your family will find you dead and then what happens? And then that is the image they get stuck with for the rest of their lives.

Recommend taking the time to watch.

Thursday – August 10, 2017

Welcoming and Morning Session:

Crisis Response: Red Lake School Shooting

Presented by Gayle Thom, Lawrence Robertson, Alice Bernaise, Dana Lyons and Geoff Pierre

Each of us has either read or heard stories of the Red Lake High School Shooting that occurred March 21, 2005, when Jeffrey Weise killed his grandfather, Daryl Lussier (tribal police officer) and Lussier's companion, Michelle Sigana (*in the house they all shared on the Red Lake Indian Reservation*), then got into his grandfather's squad car and headed to the Red Lake High School, where he shot unarmed security guard Derrick Brun and then moved to a classroom where he shot another teacher, Neva Rogers, and five students and eventually shot himself. 10 people died that day including Weise. It was the deadliest school shooting since the 1999 shooting at Columbine High School in Littleton, Colo. It remains the largest mass homicide in Minnesota history.

Each of the panelist who spoke of their recollection of that day's event over 12 years ago, lost composure and wept. For some it was there first time discussing the devastating memories in this type of public forum. Details of what transpired during their investigation included watching over and over again the security tapes of shooting and rereading years of Weise's computer messages to other kids in Red Lake and notebook entries containing his plan of attack. The boys who Weise had hoped to enlist in his school shooting were tracked down and questioned. Many boys knew of Weise's interest in the school shooting and had seen the violent illustrations that filled his notebooks, but only one was charged. (*Note: Louis Jourdain, one of Weise's few close friends and son of then-tribal chairman Floyd Jourdain, was taken to court on conspiracy charges. Louis Jourdain's records are sealed because he was a minor at the time of the shooting. It's not clear what came of the case against him*).

It was discussed that the chaos that ensued was phenomenal and the importance of crisis response skills. This includes designated call centers, meeting centers, counseling centers, traditional healing sites, and person's designated to give updates to media and policing assist units. In-school training, locking door systems, escape routes and fighting back!

This session brought tears to my eyes once again....tears for the loved ones lost and their families and tears for a community that is still having difficulty dealing with this tragedy and trauma.

Afternoon Sessions:

The DEC Approach: Moving from Awareness to Action

Presented by Eric Nation, Director of Training for National Drug Endangered Children and Stacey Read, Former Child Welfare Agent and Teacher Of Master's Social Work.

This work shop began with a slide presentation stating that all of the pieces of the puzzle need to come together in order for multi-disciplinary partnerships to be able to take advantage of existing agency personnel, resources and responsibilities and coordinate a mutual interest and duty to meet the specific needs of child victims.

Different questions were posed to the participants, one of which included, "What does a happy, healthy child look like?" Several standard, obvious answers shouted out. Of

course I waited until everyone was done with their answers and raised my hand, "I began by saying, you stated that knowing and having all the pieces of the puzzle were necessary in order to draw the best conclusion, so I must now give you an example of how the answers just given, do not necessarily represent all happy, healthy children. I know of a wonderful mother, who is a vegetarian and is raising her daughter the same, by appearances her daughter is scrawny and has noticeable dark circles under her eyes and does not appear to be healthy at all. If I did not personally know Mother and child, I would assume that this child is unhealthy...and could that reason be neglect? But this is not the case and without knowing all the pieces, one cannot assume." Stacey made a point of thanking me for bringing up this scenario and went on to explain that she too has a child who has the dark circles which could appear to be signs of a neglected child. The next question asked, "how does a child who has plenty of love, attention and feels safe act?" More answers shouted, again I listened and waited to raise my hand. I stated, "not all children who smile and are unafraid to hug are free from harm, as a matter of fact, some children will hug and latch onto someone who they feel safe with because they are fearful of other trauma happening in their life." Stacey commented "another good point", but this time Eric added, "As an ex-law enforcement officer, I could be very offended that you are disputing what is believed to be standard valid responses, however, you are offering examples that don't fit was is considered to be the norm."

Eric then asked the Social Workers in the audience to raise their hand and asked if they have ever had to; or would ever; take a Law Enforcement Officer to a home where a removal of a child was imminent. One shouted out strongly, "Oh hell no" when Eric asked why, she came right out and said, "most cops are assholes, and why should I make my clients even more angry?" He strongly questioned the attitude. I had to raise my hand again and refresh memories that the late 80's early 90's saw a lot of shootings of Social Workers and the decline of interested people in this field. I further stated that generally when a Social Worker establishes a fairly good working relationship with a client, bringing along a cop for home visits will throw up mistrust.

Mandatory Reporting of Child Abuse – Leslie Hagen, National Indian Country Training Coordinator

I attended Ms. Hagens training at the 2016 Mt. Pleasant, MI conference and reattended this year to see if the situations brought forward last year were looked into. Unfortunately, my computer crashed and I was unable to pull up last years report to pick out the specific issues, she would be researching and providing answers to.

References used Title 25 PL 101-630, Title 18 - 1169 , Title 25 – 3206

Mandatory reporters include: Medical professionals, School personnel, other school officials, Daycare, Mental Health profession, Marriage Counselors, Law Enforcement.
Question was raised Courts and Probationary facilities are not listed or are they inclusive in LE.

In house policies and procedures need to include wording regarding simultaneous reporting when there is "chain of command" wording. Suits filed.

Majority of work shop spent of reviewing United States Code

Friday – August 11, 2017

Welcome, Morning session, Closing:

Working together to address Prostitution and Trafficking in Indian Country

Presented by Christine Stark, Author *Garden of Truth*

Christine's presentation outline the historical and current socioeconomic context to prostitution and trafficking of Native Women and youth in the Upper Midwest. She also spoke to the reasons why Indian women are often targeted by perpetrators and their vulnerability.

Child sexual abuse is oftentimes at the core of prostitution as well as poverty and homelessness.

Garden of Truth Statistics

79% of the women had been Sexually abused as children by an average of 4 perpetrators

52% had PTSD at the time of the interview

92% had been raped

84% had been physically assaulted in prostitution

98% were currently or previously homeless

80% had used outpatient substance abuse services

77% had used homeless shelters

92% wanted to escape prostitution

42% reported racial verbal abuse by pimps and buyers

As with other types of sexual violence towards Native women, a majority of perpetrators were non-Native

She was open to speak of her background as a former, young prostitute and showed a film called *Garden of Truth*.

Closing and retiring of flags

Saturday – August 12, 2017

Typical air travel day. Gate changes and long layovers. Arrived at Pellston Airport (Yay my luggage made it, wasn't sure after last minute gate change) followed by what seemed to be a long ride home. Thank you again for this opportunity to attend this important conference.

Remarks/Recommendation:

- Revisit Emergency Plan including networking procedures with other agencies, website and 800 number for information. Tribe utilization of State Emergency Funds?
- Training on procedures for shooting incidences

If I wasn't traumatized before, I am now.

Julie Shaneraguet
8/24/17

Attachments:

The following attachments are available with hard copy report and are of various work sessions that were running concurrent with my sessions:

- Minnesota statistics on opiate, methamphetamine treatment (6 dbl-sided)
- DEC Risk Guide (3)
- Wisconsin DEC program (1 pamphlet)
- HEROIN (1 pamphlet)
- Human Trafficking Task Force Guide
- Wisconsin Alliance Techniques in working with DEC
- Natural Disaster as compared to Acts of Terrorism
- Mass Violence Toolkit
- Common Signs and Signals of a Stress Reaction
- Federal Criminal Justice Process
- Mandatory Reporting of Child Abuse in Indian Country (attended)

WHO SHOULD ATTEND?

Participants serving tribal communities are encouraged to attend.

The conference will benefit—

- Victim Service
- Schools
- Providers
- Prosecutors
- Law Enforcement
- Probation
- Tribal Leaders
- Judges
- Court Personnel
- Clergy
- Medical Professionals
- Human Services

REGISTRATION

Register at:
www.glnac.org/register

Registration deadline: July 31, 2017. There is no registration fee for this conference.

You do not have access to the Internet. Please contact your district's conference contact. They will register you.

CONFERENCE CONTACTS

Please call us with any questions

- District of Minnesota: 612-664-5715
David Anderson/
John Perez
- District of Wisconsin, Madison: 608-264-5158
John Williams/
Paul Longfield
- District of Wisconsin, Milwaukee: 414-297-4522
John Morgan
- District of Michigan, Grand Rapids: 616-456-2404
Doreen Schuette/
Pat Strahan
- District of Michigan, Detroit: 313-226-9633
Gene Mottes
Andy Palazzolo
- District of Michigan, Detroit: 313-226-9633
Andy Wilgren

HOTEL ACCOMMODATIONS

Attendees are responsible for their own hotel and travel arrangements.

If you are a scholarship recipient, do not make a hotel reservation one will be made for you.

The conference will be held at the Mystic Lake Casino Hotel. A block of rooms is held for a conference rate of \$91 plus tax (single room). Indicate that you will be attending the Great Lakes Native American Conference when you make your reservation.

Mystic Lake Casino Hotel
2400 Mystic Lake Blvd.
Prior Lake, MN 55372

www.mysticlake.com

1-800-262-7799

Mystic Lake

LODGING SCHOLARSHIPS

A number of scholarships for lodging will be awarded to those who serve Tribal Communities and would be unable to attend without financial assistance.

If you wish to apply for a scholarship, please complete the scholarship section of the registration form.

If applying for a scholarship, do not make a hotel reservation, as one will be made for you. You will be notified within five business days of the receipt of your registration form.

Scholarship recipients are required to share a room. If you do not have a roommate, you may have one assigned to you.

2017 Great Lakes Native American Conference

August 9-11, 2017
Mystic Lake Casino Hotel
Prior Lake, MN



Office for Victims of Crime
OVC



8/24/17 Julie Shanaragut

CONFERENCE HIGHLIGHTS

licensed psychologist nationally recognized speaker and trainer from and Oregon. For the past 16 years, he's worked with victims and perpetrators of crime. He offers trainings nationally and internationally on a variety of issues, including the neurobiology of trauma, vicarious trauma in both sexual assault and child violence.

licensed attorney, member of the Cherokee Nation. Dianne has worked with crime victims for more than 15 years. She served as a victim advocate, and is currently District Attorney for four counties in Oklahoma. She has worked as a tribal attorney and court judge, and is now a frequent speaker at national and international events.

an award-winning writer, visual artist, national and international speaker of Cherokee & Cherokee ancestry. Her essays, articles, and creative non-fiction have appeared in various national and international publications.

Tribal Behavioral Health Director on the Red Lake Indian Reservation. Ronald was a victim of crimes, advocate, health provider, Ojibwe culture teacher, and transition coordinator. Kingbird is a frequent speaker at national and international events, and is now a frequent speaker at national and international events.

serves as the Saginaw Tribal Chief Judge, and is a member of the Michigan Commission on Prescription Drug and Alcohol Abuse.

serves as the Department of Health Services' first National Indian Country Training Coordinator. She is responsible for planning, implementing, and coordinating training in a broad range of matters relating to the administration of health care in Indian Country.

CONFERENCE AGENDA

Wednesday, August 9, 2017

7:00 am Registration
8:15 am Opening Ceremonies
9:00 am Neurobiology of Trauma

12:00 pm Lunch

1:15 pm Workshops

1. Shaken Baby Syndrome: A Case Study
2. Elder Abuse and Identity Theft in Indian Country
3. Tribal Community Health and Opioid Abuse: An Interactive Action Plan
4. Core DEC Awareness: Identity Drug Endangered Children Workshops

Thursday, August 10, 2017

8:30 am Welcome and Introduction
8:45 am Crisis Response: Red Lake School Shooting

12:00 pm Lunch
1:15 pm Workshops

1. Investigating and Prosecuting the Strangulation Case
2. The DEC Approach: "Moving from Awareness to Action"
3. Healing via the Three Principles
4. Chasing the Dragon (REPEAT)

3:00 pm Workshops

1. My Sister's Story: Abuse at the hands of her husband--a police officer
2. Homicide in Indian Country: Advocates Responding to Homicide and Advocacy for Survivors of Homicide Victims
3. Mandatory Reporting of Child Abuse in Indian Country
4. Tribal Community Helath and Opioid Abuse (REPEAT)

Friday, August 11, 2017

8:00 am Welcome and Introduction
8:15 am Working Together to Address Prostitution and Trafficking in Indian Country

10:00 am Compassion Fatigue & Stress Relief for Service Providers in Indian Country

11:30 am Closing

Attached as part of travel report presented on 8/24/17 Julie Shananoquet