

## General Information

**Private or Public Statement?** - Private

**Statement Provider:** Anonymous

**Date:** November 3, 2014

**Location:** Bangor, Maine

**Previous Statement?** No

**Statement Gatherer:** Meredith Eaton

**Support Person:** N/A

**Additional Individuals Present:** N/A

**Recording Format:** Video

**Length of Recording:** 00:52:04

### Transcriber's Note:

This is an anonymous statement. Any redactions or video alternations have been done at the request and with the permission of the statement provider in an effort to protect his/her identity.

## Recording

**ME:** Okay, so my name is Meredith Eaton, I'm a volunteer statement gatherer with Wabanaki TRC. And, would you state your name?

**A:** I'm [NAME REDACTED].

**ME:** Okay. The file number is ME-201411-00118. This is November 3, 2014 and we're in Bangor, Maine. Now, have you been informed and did you sign the consent information about having your statement recorded?

**A:** Yes.

**ME:** Great. Okay. And I also want to advise you that any information disclosed that indicates that a child is in need of protection or that there is imminent risk of death or serious bodily



harm to an identifiable person or group including yourself may not be protected as confidential. You okay? Great. So as I said, I have a number of questions that I'm going to ask you, and you can choose to answer them to the best of your ability. It's okay if you say, "I don't know," or, "I don't remember," it's also okay if you choose not to answer the question for any reason. So I'll just go through these questions and I may ask you clarifying or follow-up questions. [00:01:34.05] So could you please tell me about your experiences as someone who provides services to children and families in Maine?

**A:** I've worked in a variety of roles and as a professional I worked for eleven years at Eastern Maine Medical Center on their pediatric unit. And that's one of the situations I was in when I want to talk about a child from a Native tribe. I also worked as an LCPC, which is Licensed Clinical Professional Counselor for an agency that works statewide on special projects, and also with children in child welfare situations, and their families. So it could have been foster care. It could have been family finding. Going back and looking all over the country or even the world to find birth family relations for kids. And that's another situation that I was working in when I was involved with families with Native children.

**ME:** About how many years total have you worked in this field or did you work in this field? [00:02:43.25]

**A:** Well. So I'd say between '84 and 2012. So that's about...

**ME:** Twenty years I think.

**A:** Yeah (*laughing*).

**ME:** Yeah. Okay great. [00:02:57.24] And during this time approximately how many child welfare cases did you work with in total?

**A:** Total, approximately- I mean certainly when I worked at the hospital, Acadia hadn't been built yet and there were situations where children came in who didn't have anywhere. Child welfare couldn't place them. They were in different situations either from their birth family or from...foster family. So through that period of eleven years, we had many admissions that were child welfare clients. [00:03:34.22] If I add them, I mean we could say maybe fifty in that period of time. Not necessarily children from tribal affiliations. And then in my work with Casey Family Services it was probably...gosh...in terms of child welfare we could say maybe a hundred. It could be more. It could be less. I have really very little- probably two hundred, you know? Maybe that would be it.

**ME:** Do you have a sense either of the number- the total number- or the percentage within the total child welfare cases that you worked on of how many or what percentage involved Native American or tribal youth?



**A:** Yeah. During the hospital time, there may have been other children, but there was one in particular. So it's not a large group. There was one in particular. And with my work with Casey, I'm sure there were more than this, but because of the foster care system and not knowing sometimes the birth heritage of kids, but at least- at least.... [00:04:54.20] five or six. So it's not a large group.

**ME:** So fairly small percentage out of the whole. Okay. All right. Do you know about Maine's Indian Child Welfare policies and the Indian Child Welfare Act? If so, when did you first learn about Maine's Indian Child Welfare policies and the Indian Child Welfare Act or ICWA?

**A:** Yeah. I do know about them. And I probably became very- much more familiar with them maybe...ten years ago. [00:05:30.22]

**ME:** Okay. Do you remember how you were made aware of the Indian Child Welfare Act?

**A:** I think when it really came down to me knowing was when I had clients who were from tribes in the Maine area. So that would maybe...six years ago. So that, anyway that- then I was a little more aware.

**ME:** Okay. Could you comment on the type and amount of training you received related to understanding Maine's Indian Child Welfare Policies and the Indian Child Welfare Act?

**A:** Casey had some workshops where people came and spoke. [00:06:15.20] And I have not had a lot of training in that area. For instance I don't even know when the act was, what the date was for it, you know. So I had a general impression. I really am not well trained.

**ME:** Okay.

**A:** I think I- once I- my gut about it was that children from tribes should be staying with anyone from their tribe that has a connection to them. And that's kind of my focus. So I didn't look at any of the details and how the state of Maine and child- Indian Child Welfare work together. I...I struggled in one of the situations with what is that connection. So even if I had known about the- known more about it, I think how it played out in the world that I was in was not clear (*laughing*).

**ME:** So could you describe a situation or situations in which you or your agency or staff felt very positive about your work with the Wabanaki child and family? And again please describe this in a general way so that the specific children or families cannot be identified.

**A:** Positive in the outcome? Positive in the...

**ME:** Positive either in the process or the outcome. And again it's possible that you don't remember or you don't know an example, and that is okay too.

**A:** Yeah. Well I don't know that I would call much of it positive. What I would say is that there were- the situation that I worked in at one point, yes. I thought the interactions were positive. It's very difficult- this was a disruptive adoption, the first situation I'm aware of, that I was really involved with and people worked closely; they worked hard to sort out all of those human emotions. Hard to call it positive, but it really was necessary in order to get some resolution.

**ME:** And so was that specifically with a Wabanaki child?

**A:** Actually that first situation was with a child who came from out West somewhere, had been adopted by a family here in Maine, and that—that they weren't able to keep her anymore. And the other situations that I worked in in terms of my being able to connect with Wabanaki child welfare...it was a little difficult. I don't think they understood my role. I was in a family finding role. And also in a role of calling up family members to see if they could take the children. And— or any other tribal affiliation person. And how if they couldn't take the children to live with them, how they could be connected so that the children had a firm ongoing, unbreakable connection to their tribal affiliation and their family. So I didn't have a lot of power in that situation. These children were still in the custody of the state of Maine. So DHS was their case manager. And I was coming from a grant that we were working on. And so [00:10:09.18] I came into it on the phone, you know, "Who is this person?" I think people tried to make a connection, but again this is into—I wasn't in a situation of any power.

**ME:** So you were a third party who didn't necessarily have a pre-existing relationship with any of the other parties it sounds like?

**A:** Right.

**ME:** Okay. So in—can you think of a specific situation and maybe give a little bit of context without giving identifying details.

**A:** Yeah. You know this one particular family, three children living in a non-Native family in foster care. And actually I think the older boy was living in another family. So there were two foster families, non-Native, living in some proximity to the tribe. So that there was a connection a bit with birth family. The birth mother and the birth father were sort of tangentially involved. Birth mother was living with her father at the time. And the foster families were trying to keep the siblings connected. The older sibling had a connection with his uncle. So the younger siblings not so much. And I talked about the maternal—the maternal grandmother was non-Native. So this was a situation where the mother was Native. So we were really, I was—my position, my job was to try to figure out if there was someone who

could have all three of the children, and if not could we build up relationships and make those more secure. And as I called people, again my sense was all of these people need so much more help in order for to even be able to talk to me. That this is so powerful what I am doing that I need a cadre of people. And that didn't come together, and I'm not sure that Indian Child Welfare understood what I was doing or trusted what I was doing. And then from my part in it, when working with the Department of Health and Human Services, you don't know if they're trusting what you're doing. So my position was a little tenuous in terms of whether other people if they did engage with me- if the tribal people engaged with me, there main affiliation is with the department. So I think that really prevented the work from progressing.

**ME:** So there were a couple things going on. One is which there were maybe needs that could not be addressed by your position in the situation.

**A:** Exactly. And I became more and more aware of that, and that there was so much I didn't know. So much I didn't know.

**ME:** Right. And then another (*phone noise*)—

**A:** That was my phone.

**ME:** That you didn't necessarily have relationships with the people that you were working with. That there was trust or —

**A:** That's right. And I think that's critical. The buy-in really—if it had come from the state, but it was coming from Casey Family Services, an outside agency, a special grant, that kind of people were wondering—that old fashioned the apple doesn't fall far from the tree that the department has struggled with over the years continues I think to impact the work that they do. [00:14:06.20] And they're working to change that, but it's still—and you know the—it's very difficult.

**ME:** So I guess could you describe what your working relationship with the particular tribe that you were working with in this situation—what was your working relationship like?

**A:** Staggered. Not like...if I had tried to connect with people by phone, I didn't get a call back. I tried again. The communication wasn't really open or welcoming to what I was doing. And again my sense is that the people that work in the tribal community in Native child welfare knew far more than I did about this situation. And to me they were thinking why share all this? This is ours. This is private. Or this isn't private, but where will this information go? How will it be used? I mean it's the only way I could explain to myself I guess why it wasn't deepening. Because we had—you know I was a resource. I could have been used in a way that could have been very helpful. But I was kind of hanging out there. So that would be one of my recommendations for them (*doorbell rings*).

**ME:** And so you didn't have—in this situation—you didn't necessarily have a pre-existing relationship with anyone in the tribal child welfare. So it was kind of starting cold in terms of—

**A:** Absolutely.

**ME:** Okay. So in thinking back what do you wish had been different?

**A:** That we could have had more face to face. That this grant that I had was working with many children. This family came into our program. I really wanted to do something for them. And I have the skills to do that. But the department doesn't always look at that. And they're kind of black and white. They're kind of just aiming at child safety, and they were in good foster homes—

**ME:** So when you say the department you mean DHS?

**A:** DHHS. I mean the individual workers for one have loads of things to do, and my coming in to try to work in this very important situation to these three children, would have taken a lot more groundwork than had been done by me or by anyone else. So it's really...it's work that really needs to be done. But I became aware of how important it is to have these relationships, and I think also to have a say. I would have had no say. Had I brought in- you know maybe the grandfather would have—one of their grandparents would have expressed an interest or the uncle in really having all the children. Or maybe they knew someone who did. But that would have been a torturous road to go down with the department because they then might be— no you can't because, you know. It's a leap of faith when you are a family member and you say okay, I want to have these children, and I'll get involved with the department of Health and Human Services. That's what you're really asking of people (*laughs*).

**ME:** Right. So—and do you remember whether this situation or do you know whether this situation had what you would describe a positive outcome for the children? Or do you not know the resolution?

**A:** I think you know in child development you talk about good enough parenting. I mean the state of Maine apparently felt that they were in good enough situations. Positive? Who knows? Who know? We won't know. And that's the problem in child welfare is you don't know the outcome for twenty years sometimes. What the children go through in child welfare situations. So positive outcome? In this situation really for the work that I did...I don't think there was an impact. Probably people wondering why I was trying to get in touch with them. But it was an opportunity that could have really—I think it influenced me in my understanding of how slow and how much needs to be done.

**ME:** Right. Okay. As you think back over your experience as a service provider, were you provided any instructions or training regarding any special responsibilities in working with a Native American child? And if so, could you describe those?

**A:** Well you know the training that I had in special responsibilities would be to work really hard to maintain the tribal connections if the children come live with somebody in their community. So that that really is—was the focus. And other than that, include the Indian Child Welfare. Have them included. And I really tried hard to include actually and never did much about leaving messages or calling. So I left lots of messages about what I was doing. So that was really important to have it open.

**ME:** So did the placing agency encourage you or help you to link to services and resources to help the child with his or her traditional tribal events, spiritual customs, and social activities?

**A:** Well the one—I think the department made a big effort to- with the foster family that had the small children, I was told that they did—they had a daycare and they would have people come in and do drumming or something like that. So I was told that they were making efforts to maintain that connection.

**ME:** But you weren't directly involved in that. So you don't know necessarily.

**A:** No. I don't know how, or when it happened if it did happen. And the birth mom in that situation had some substance abuse issues, and inconsistent visiting. I'm also a counselor so there was a lot more work that needed to be done ideally through the Native world. You know a counselor in that community who could have like walked the walk with her. Very difficult to be identified as an inadequate mother. You know, really hard. Then you try to engage that person to get more involved, you really need someone working right with them closely.

**ME:** Sure. So in this situation did you have any understanding of what the child in this situation wanted in terms of connection with his or her tribal community?

**A:** The older child I know wanted that connection with his uncle. The younger children, I don't know. And the siblings wanted connection with each other. And when I would call and talk to the individual foster families, they'd say they intended to make visits that didn't happen. And it might have been that the older child had you know a ball game. Who knows? So it might of- it's very difficult even though you say you're going to maintain connections if you're a foster family, it's really hard to really do that. So... there's distance, there's travel, there's schedules (*laughing*). Like any family.

**ME:** Did you experience any challenges in caring for a child who comes under the Indian Child Welfare Act guidelines? Challenges might include working with agencies, the legal



system, other service providers, or meeting the needs of the child? And if so, could you please describe those?

**A:** Well there was a girl that I met, she was about seven at the time I met her living in foster care, and she had I think there were two birth brothers. The birth children of the family she was with and she'd been adopted. And it was a department—it was a state child welfare placement and adoption. And I didn't understand how that happened, a child from the Wabanaki tribe being adopted in a Caucasian family of this kind. And this was a disrupting adoption. She'd been in Acadia. She had been really labeled as really, really—and this is a big issue actually in my work is that the fit appeared not to be right for this child. In this particular family the expectations were really different from who she was. I—I had a really hard time finding out why she was placed with them and what the story was. So I did a record review, it still wasn't really satisfactory. I don't know what happened to her after that adoption disrupted. I don't know if she went to another family with a tribal affiliation or not. I think part of the problem was she had relatives in Canada. She was from either the Micmac or Maliseet tribe, and I think that work of finding birth family relations and following that family tree hadn't been done. But again—so I think the most difficult thing about working in that situation was trying to find someone that she could go to since her adoption was disrupting and she'd had a very difficult time. That was very similar to the child that I had met at the hospital whose adoption was disrupting. And there was no—there was no tribal affiliations. Part of the problem of in the beginning if it does happen if a Caucasian family adopts a trib—a child from the tribe, that's where all of those connections need to be really worked on. I just— it just puzzled me.

**ME:** So in that situation—one that you met at the hospital was somebody who was not a Wabanaki, but who was from—

**A:** Right. She was from out West. There was absolutely no connection. So that—when you ask about difficulties in working in those situations, part of it is the work wasn't done earlier to maintain the records that needed to be maintained. I mean, I worked with another parent of Mexican-Indian heritage who was out in California. She'd been adopted. No information. And so her son was here in DHS custody without any family. Never adopted. And it was very—it was impossible to find. So that's history. Hopefully that isn't happening today. But it was—it does still happen. It did still happen. This child was seven and I probably met her around 2005. Maybe 2007. So it happened then. And I just don't understand the way it, you know.

**ME:** And so, you know, it sounds like there was...in some situations there was work with a tribal liaisons, but then actually Mexico or Canada. Other besides the US government or the state government as well who would need to be involved parties. But in this situation is it your understanding that that kind of led work or initial groundwork should have been done by DHHS at the time and didn't happen, which made difficulties down the road?

**A:** Right.



**ME:** Okay.

**A:** At least with the seven year old (*doorbell rings*). At least because we—at that point with the seven year old we shouldn't—we probably knew and you know we looked at her record. Maybe somebody knew more. But I couldn't find it. I couldn't find the trail of where her birth mother was, where her tribe was. And with a disrupting adoption, I don't know if she went into foster care. And they try to move the children as little as possible, so I don't know if she went straight to another adoptive family or in to foster care. But—

**ME:** So in this situation you definitely describe as a challenge identifying blood family members?

**A:** Yeah. And that might have fallen apart. Sometimes children—relatives or tribal members might have taken a child in in a kind of kinship situation. Maybe really—and somewhere along the line maybe the trail to the birth family—who knows.

**ME:** But there was no record of it so they-

**A:** I didn't find it. I didn't find it. So it was a puzzle. There was a real puzzle.

**ME:** Okay. In either of those two situations you mentioned – although I know one was not a Wabanaki child—but did you have contact with the child—the tribal child welfare staff?

**A:** With the—I think I did with the children—with the three children. With the other one, no. Not with this seven year old, and the one who I met in the '80s. So I did not have any connection at that point.

**ME:** Okay. Were there ways that DHHS staff provided support for your work with Native American children? Do you wish you had something more or different from the staff?

**A:** Yeah. You know my role was this third party we talked about it quite well. And I got lots of support from some workers with the difficulty constantly—even with the workers that wanted to support me the most- the constant difficulty was their workload and the limits of what they could do. That was really...because what my role was was to deepen, broaden, thicken relationships. And that takes time. And it takes a certain kind of belief that kinship situations can work if we give them what they need. If we can support them the way we support—sometimes support foster families and adoptive families (*laughs*). So I think even in the best of situations, the tribal affiliation probably took back seat to needing to find a family.

**ME:** And it definitely sounds like there were limited resources on both sides. In terms of DHHS it was time and caseload from the workers. And then it sounds like you also mentioned

that with this family with the three children, there were many other things going on that maybe there were not the resources to address.

**A:** Right. Absolutely. And that I—I just had the—sometimes you just know when you do this kind of work that you're calling people and there's a lot of history. So coming in without knowing all that history of how had the grandparent been falsely accused of something—not relevant to that case—but in all the cases I worked in I might be talking with somebody and all of a sudden there's this aha moment when they tell me about a very emotional situation with the department that just makes the work that I'm doing kind of silly (*laughs*). Because there's no trust. So I'm I think that issue of trust and real concrete—also real concrete protocols for how this work gets done. And I really—to tell you the truth—I wish I had been able to walk into Native child welfare, Indian Child Welfare, and say to them, okay let's work with you. I don't—I'm still kind of in a fog about how the- what the mandate is around Native children in terms of who is legally responsible for a Native child who is in a situation of abuse or neglect. Is it the departm—and I know this is silly, but is it the department of Health and Human Services who kind of allows Native child welfare to be involved, or is Native child welfare really the decision maker? I still don't know. And I—and that's—that actually is probably the biggest barrier that I could see even in kind of my ignorant working. I don't know. It can't be just a collaboration I don't think because Department of Health and Human Services is so busy with all children. A collaboration with Native Child Welfare is going to take staff, a true collaboration.

**ME:** So in your—in your—in your head there's questions of jurisdiction.

**A:** Yes.

**ME:** And also kind of process or what the—I guess the letter of the law versus the spirit of the law. Collaboration can be interpreted many different ways.

**A:** Yes. Many different ways.

**ME:** Okay.

**A:** Yes. And as you're prioritizing your day and you have a—I don't know how many kids on your caseload—is collaboration one that you're going to, you know. I mean I think the state really needs to look and Native child welfare—I don't know. It's a big problem.

**ME:** Right. And just in terms of lack of resources we talked about maybe on the DHHS side around caseloads and things like that, but on the—the tribal side you mentioned a situation with this mother had substance abuse issues and maybe wasn't getting adequate counseling. So you know there were potentially some resources on that end that could have been—or that would have helped to make that situation better.



**A:** You know I really think a home visitor going to speak—I mean my ideal job at that point would have been just give me this case, I'll be a home visitor, I'll go live up there for a while, and actually try to get that together. I tried to get together some sort of a tribal meeting. So that every—in my ignorance probably—so that they could actually talk about a family needing to—three children needing to have a family within the tribal community and who could do that. There were complications within the tribe about this case. So... there were big complications. So it needs to be tribal people working and I don't know how it can happen. You know it's sort of like a family situation as one family member does something wrong and the rest—it's complex.

**ME:** Sure.

**A:** You're a member this tribe you're a member my family. It's all complex. And so...yeah. Get to the roots of it. It has to...yeah. So anyway, I was thinking what can we do to boost what we call fostering children in a Native situation. How did those children come into care? Did they have to? Could they have been with somebody else in the very beginning? So it's really up front I think where a lot of the work could have been done to prevent other things from happening.

**ME:** And so in these situations it sounds like in the at least two of the situations that you're describing, you came in afterwards. After-

**A:** Oh yeah. Long after lots of years of history that probably it could have been that in this situation had there been more support in the original placement and that was a Native kind of placement. And maybe if there'd been family group meetings? They use family group meetings in many countries. Here they use family group- family team meetings. Different. Family group conferencing family gets to be the planners. The department or the legal community gets to say whether that's okay or not, which is still kind of—but the family does the planning. If we had had that for those three children, I wonder if they'd have had to come into care at all. And that's I think the ideal situation. So you know my thinking is that I am coming way after a lot of the horses are out of the barn. And to repair that for one family is—is going to take years of work. Years and years of concerted effort. The mom may have had good connection and good support in her community, and may have had a counselor who was good support. But it wasn't a person who could help to navigate. You also need this person to navigate this child welfare system. So anyway...I wish I could have been there at the beginning (*laughs*).

**ME:** What state child welfare policies, practices, and events influenced your work with Wabanaki children and families?

**A:** Can you say that again?



**ME:** Sure. What state child welfare policies, practices, and events influenced your work with Wabanaki children and families? And again you may feel we've already addressed that.

**A:** Yeah. We've addressed quite a bit of it. Policies, practices, and events. I think just one additional thing is with at least two of the children that I saw, and actually probably others, fit. So policy, practices in child- also in other situations that I worked in. If a child is- even in a Native or a non-Native situation, the fit for children who are Native...The two families I happened to bump into were just very structured, very high expectations. Not a good match at all for these two little girls who were much more creative, much more—I don't know. I mean I said to Barbara on the phone, I don't want to stereotype people, but our culture—the white Anglo-Saxon, protestant culture can be very difficult for some of the—those—the children from these families. But to place a child from a tribal family where you know tribal members have told me that there are differences. I actually worked on Indian Island with a family once, with a teenager who was on probation.

And it was really—when I went to the home to visit, it was very different from going to—the actually that was way back in the early '80s. That was a really good lesson for me. And I actually worked with—now I'm thinking of other children I've worked with 'cause I visited on Indian Island, and time is different, appointments mean something different, relationships. Everything feels—there's qualitative difference to the way we sometimes live our lives. And for a child to be taken away from their birth family and placed with a family that is so different and they're so traumatized by just a disruptive placement. There are people who could evaluate that a bit better I think. So the two children I'm thinking of were really labeled as very dysfunctional, mentally ill kids. When I really don't think they were. I think that the pressures around them were so great and the unex- the lack of acceptance of who they were. And so the mental health system came into it and kind of supported- oh these children are sick, these children are bad, these children- no wonder you can't take care of them. When it was a bad fit. So the practice of matching and trying to—

**ME:** So and in both of these situations if was a child from a Native culture being placed in a non-Native home?

**A:** Yes.

**ME:** So. We're talking—we are talking about cultural differences.

**A:** We are talking about cultural differences. It's not just stereotype. It's real. And it really needs to be addressed. And I would far rather these children had grown up in a Native situation that would have been good enough. I mean because they would have had identity for one thing. That was taken away. How come they're the way they are you know? It's very sad. I just—I felt really it was very compelling to see what happened to these two girls. And the other one had been eleven or twelve. But the seven year old, god. Seven. And just beside herself. And then to



be really labeled as mentally ill. And I don't know what happened to her. I would love to know. I never will. But...but that's—it can't be repaired, and I think that's why your organization is doing what it's doing because the kids—the people have been through that. It's awful. So...yeah.

**ME:** I mean it sounds like a very difficult situation.

**A:** Yeah. I know. And for the state Department of Health and Human Services who were the sole guardians of that child, I don't—I didn't find Native child welfare involved. So they probably thought this is a great family, and that's something I saw over and over in my work with all children. Often the DHS worker said, “This is a great family for this kid because they have money, they have this, they have that,” but the adoptions inevitably disrupt and it's not such a great match (*shaking head*).

**ME:** Right. So sometimes it's more than just food and shelter and basic needs.

**A:** Oh my goodness. Oh my goodness. Yeah. Yeah.

**ME:** But that's something you encountered both with Native and with non-Native?

**A:** Yeah.

**ME:** Okay.

**A:** It was particularly to me disturbing when it was with Native children because it could have been done—child welfare from the Native population should have been more involved somehow.

**ME:** Sure. Sure. Over the course of your work, did you see barriers to the successful implementation of Maine's Indian Child Welfare Policies, and could you describe those barriers?

**A:** Well. We've talked a lot about trust is a huge one. I think trust and clarity around who is making the decisions, how they're making them, why. And time. I found in my work that people didn't take enough time. Professionals didn't take enough time with families, children. And to me it's not really an excuse having too many kids on your caseload. The state of Maine spends a lot of money on their child welfare program, and so...I'm wandering away from the question again.

**ME:** That's okay.



**A:** Time. If they could give time to people, I think outcomes would be better. 'Cause they're very brisk often because they feel they have to be brisk. And these are situations that people need time.

**ME:** So there's pressure to get to a resolution and to close.

**A:** Lots of pressure. Lots of pressure.

**ME:** To get to an outcome. To close the—the file.

**A:** Yep. And that's a success, you know.

**ME:** Versus what the process looks like.

**A:** Yeah. A lot of focus—and I'm a process person, which is a very difficult position for me to be in, and probably interfered with my work because I'm such a process person. Probably the outcome people were like oh my god, she'll take forever (*laughing*). But anyway. But there has to be a refocus. I don't know how else we can benefit children but then to have people who can take time. Do home visits and cultivate relationships with tribal members and the tribal community. If they don't have the last word on how children are taken care of, they've got to enrich—enrich that.

**ME:** Sure. Sure. And so these last couple questions I have I guess have to do with those things. So that's a good segue. Do you think that ICWA does enough to protect the rights of Indian children and/or Indian tribes?

**A:** Well, rights. Rights are wonderful, but there's a lot that goes along with that statement. So no. No I don't think anybody does enough to protect any of the children's rights that I've worked with over the years. I think we have to constantly be vigilant and put lots more effort into really what we mean. The right of placement, the right—what we really mean by rights is the right to have your family, the right to have your birth history, the right to have a sense of identity that's positive, the right to have a healthy childhood. That's what I'm talking about. So in order for that to happen, we're going to really need to look at how we come into the picture when there's a abusive situation, neglectful situation. How do we come into the picture as people who want to help? So, do I think the Native—I think—I think it must be very difficult to be in Native child welfare? If I can't understand it, and I guess I probably should make more of an effort to understand what it is and what—what powers the Native American child welfare possesses compared to our state Department Health and Human Services. If we could make a model out of family group conferencing and things that are more right for tribal situations, we might actually find some solutions for all the other child welfare cases. You know so...I think the only way to protect people's rights is to give them a voice. So the parents, the grandparents,



aunts, uncles, other tribal members, fictive kin, kin really need to be involved at the get-go when there's a risky situation for kids. So that's the only way I can think of.

**ME:** Okay. And so the next question—and you've just spoken to it, but you might have something to add. How could the state child welfare system improve in terms of ICWA?

**A:** Yeah. Maybe I think the department has made efforts to affiliate themselves—for instance in a neighborhood in Bangor had child welfare worker, DHS worker, assigned to there. Maybe—I mean certainly if...clarify for one thing how it all goes, but how could they do it? Just family group conferencing would really help in so many ways because then every worker will be schooled in- I mean send them to Australia. New Brunswick has even taken on family group conferencing. They've had trainers come from Australia to train them. But it takes—it takes somebody going and finding all the family members and getting them together and talking to them. It's a lengthy process. So the only way I can think of—I don't know—you can mandate things from the top down. But I've talked to many workers who say, "That will go away in a couple years." And they don't invest in it. So they have to be people invested, and tribal members are probably the most invested, to work in this whole arena of how do we do it differently? And then there would—there might be a liaison to the affiliates that are devoted to that. But you know people will say, but we don't have the time. But we have to do something so that this situation can improve.

**ME:** Sure. If you could change anything or make anything happen for Native American children involved in ICWA, what would you do?

**A:** So Native American children involved in ICWA. I'm so ignorant. You know I said that I had some training about it but I'm quite ignorant about it. I think again...with all children probably if they're involved in ICWA, trying to help give them a voice, give the children a voice, give all of their family a voice, and include the children in the degree that they can be included. And I had small children come to—and I don't know. We had meetings. I'm not sure what works in the tribal community. You don't call everybody together, but tribal community knows. But building trust so to help the children. I mean I think like anywhere, developing all good children's programs, the school system, children's recreational programs, looking at—I'm thinking of course when people live in places like...Perry Point? And Indian Island, but then they've got people spread out everywhere. And how do you help those children to connect?

**ME:** Okay. Last question, what else if anything do you want the Maine Wabanaki TRC to know about your experiences as a service provider to children with families in Maine? So anything else that we haven't asked that you'd like to share?

**A:** Yeah. Well there probably won't be another program like mine. But engaging with allies, and trying to explain to allies. And probably they do it all the time. I just wasn't one of those people who made a connection. But trying to help any ally understand the depth of what we're





dealing with so that we can be a little more effective. I think that's probably have members of the community volunteer like yourself to talk with people like me or department workers or anybody that has a connection to the community to try to help us to understand what works and what doesn't, and how to build trust and relationships. So that would be what I would recommend.

**ME:** Wonderful. Wonderful.

**A:** And I, you know, I recommend that same thing for other children too. I think that the state Department Health and Human Services really could look at family group conferencing and those kind of things too.

**ME:** Could be beneficial across the board.

**A:** Yes. But if we need a model, let's do it with ICWA. Let's do it with people that have been struggling and deserve to have a little extra attention and resources (*laughs*). So yeah. That would be great if it could start there.

**ME:** Wonderful. Well thank you so much. I know that it's taken a lot of courage for you to come here and speak today, and as I said at the beginning, your contributions are one piece of this entire, kind of collective experience. That everyone who has been impacted by tribal child welfare that we're talking about in this process. So your experience is leant to that bigger picture that will really help to foster and promote healing and understanding and education and recommendations and all of those things in the process. And so I really do appreciate you taking the time to come here. So I'm going to go ahead and turn off the recording.

**A:** Thank you very much.

**[END OF RECORDING]**