

General Information

Private or Public Statement? - Private

Statement Provider: Anonymous

Date: August 6, 2014

Location: Presque Isle, Maine

Previous Statement? No

Statement Gatherer: Rachel George

Support Person: N/A

Additional Individuals Present: Matt Dunlap

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Length of Recording: 33:49

Transcriber's Note

This is an anonymous statement, any redactions throughout the text have been done at the request of the statement provider in an effort to protect his/her identity.

Recording

RG: All right. So, it is August 6, 2014. We're here in Presque Isle, Maine. My name is Rachel George and I'm here today with:

A: [REDACTED]

RG: And:

MD: Matt Dunlap.

RG: Fantastic. The file number is A-201408-00081. [REDACTED], have you been informed, understood and signed the consent form?

A: Yes, I have.

RG: Fantastic. And I have to let you know that if at any point during this Statement you indicate that there's a child or an elder currently in need of protection or that there's imminent

risk of serious bodily harm or death to an identifiable person or group, including yourself, that that information may not be protected as confidential. Do you understand?

A: I do.

RG: Fantastic. Is there anything that you want to say starting off, or do you just want me to jump in?

A: No, just ...

RG: Okay. Can you tell me a little bit about your experiences working with DHHS as a foster, um, as a foster parent?

A: So, I've been doing foster parenting since 2001 and, um, almost by accident, it was an infant that I had connected with when I had met him and, um, he ended up being in foster care. So, I was approached by our ICWA coordinator to, um, see if I'd be interested in providing respite, and I was, um, so it ended up he needed to be moved on in an emergency basis, and they needed something more permanent than respite care.

And so, for me to agree to that, I refused to do licensing through the State of Maine, um, because of the restrictions that they put on, um, the children and people, so I said that I would be a Tribal foster home, um, but would not be licensed through the State. And the ICWA coordinator at the time, um, negotiated with the caseworkers at DHS and they agreed to do that. And so, whenever DHS would come into my home, the ICWA coordinator always came with them —

RG: Mm-hm.

A: — until I reached a comfort level with the caseworkers.

RG: Mm-hm.

A: And so my son was in, um, the foster care system from 2001 and, ah, for five years and then we were able to adopt him.

RG: Um, can you tell me about a time when you felt very positive about your experience as a foster parent? And then as an adoptive parent?

A: Mmm.

RG: I have both working with the ICWA person here at the Tribe and both, and working with DHHS.

A: I had a very pleasant experience all the way around it, and I think, probably because I put those stipulations in place that I wasn't going to go through the State licensure process.



RG: Mm-hm.

A: Um, and so, it, it was ... other than the possibility of him always being ... removed, um, to be placed back with his parents.

RG: Mm-hm.

A: That was trying because, you know, after a long time, there's an assumption there that eventually you're going to be able to adopt, and so, that was the hardest part —

RG: Mm-hm.

A: — is the unknown —

RG: Mm-hm.

A: — um, if he was going to stay with us or not. So, but working with the caseworker was perfectly fine and the ICWA coordinator as well, so it wasn't troubling for me at all.

RG: Ah, then, I'm going to ask this next one, but you don't, don't feel like you have to answer it —

A: Mm-hm.

RG: — as we've said, at all. Could you describe a time when you felt less positive about your experiences as a foster or adoptive parent?

A: *(pause)* Um, probably not knowing, 'cause my son has a lot of, um, mental health issues —

RG: Mm-hm.

A: — and they don't, I was never prepared for that.

RG: Mm-hm.

A: They don't — *(clears her throat)* — they don't explain to you, um, the possibilities of attachment disorders and, um, and some of the family history was not revealed to me until much later, um, and had, *(pause)* it should've been given to me in advance.

RG: Mm-hm.

A: So.

RG: When you say ‘they,’ do you mean the ICWA person or DHHS?

A: Both. Both.

RG: What was the support that you received surrounding your child's mental health? Or did you receive any?

A: Ah, I didn't. Um, (*clears her throat*) I went to s— I went back to school in 2004 —

RG: Mm-hm.

A: — for a social work degree, and I know he is the reason why that happened. Um, I don't necessarily, um, I don't know that I could be the parent I am today without having had that experience.

RG: Mm-hm.

A: Um, I was fortunate to get a placement my senior year with a children's mental health agency, and I believe that it was just meant to be that way so that I could better parent —

RG: Mm-hm.

A: — my son.

RG: Mm-hm.

A: Had I not had that experience, I don't know where we'd be at today.

RG: Ah, do you remember the name, or, ah, of the ICWA person that you were working with?

A: Rosa.

RG: And how long, do you know — ?

A: Ah ...

RG: — was she there?

A: She lived, (*under her breath*) she lived here. She worked here for — This is like home, so we often make jokes about, well, we're going to our second home, so —

RG: Mm-hm.

A: — ah, that was a slip. She probably worked here for ... eight years, maybe, maybe longer.



RG: Mm-hm.

A: I'm, I'm not really sure. Ah, hmm, yeah, maybe eight years.

RG: Mm-hm. Um, how did you learn about the Indian Child Welfare Act?

A: Through working here.

RG: Mm-hm. And, did you receive any training surrounding that Act?

A: Osmosis? (*short laugh*) You sit at the table and you, you listen to conversation —

RG: Mm-hm.

A: — and you eventually pick it up.

RG: Mm-hm.

A: I haven't had any formal training.

RG: Mm-hm.

A: Um, but currently I sit on the Child and Family Team, and so, I learn a lot there. Um, having been through the fostering system, I, you know, I learned that way as well, but I've never had any formal training at all.

RG: Mm-hm. Can you tell me a little bit about what the Child and Family Team is like here?

A: Um, it's made up of, um, mostly employees —

RG: Mm-hm.

A: — that have direct contact with kids.

RG: Mm-hm.

A: Um, and, we hear cases and help the ICWA coordinator relay information. Any decisions that are going to be made that way, it's not solely that one person's responsibility to (*clears throat*) offer life-changing suggestions —

RG: Mm-hm.

A: — to things —

RG: Mm-hm.

A: — or to DHS.

RG: Mm-hm. Um, in your work in that area, what kinds of supports are available from the Tribe for families that are involved with the ICWA coordinator and with DHHS?

A: Hmm. We have our, um, our own programs.

RG: Mm-hm.

A: And so, if (*clearing her throat*) a family is experiencing domestic violence and they refer us, we refer them to our program. Um. We have healthy babies program at the clinic. We don't have mental health right now; we refer out.

RG: Where do people get referred out to for mental health?

A: I believe the clinic's referring to Life by Design right now.

RG: Um, and can you tell me a little bit about your program with domestic violence?

A: Mm-hm. We run a shelter program, and it's new —

RG: Mm-hm.

A: — so we, we were just, um, we received grant funding in 2012, and so we literally hit the ground running, 'cause that's the way (*brief laugh*) we do things here. There's no, um, never seems to be time to plan.

RG: Mm-hm.

A: So, we just had to, we received the money and opened the doors. We offer case management advocacy, um, we'll assist with, um, protection orders. Um, I think one thing that we do uniquely different than, ah, any other program that I know of is that if you're staying in our shelter, ah — it has to be women, it's a women's shelter — we have a Tribal elder that is available to speak to women that are looking for, um, traditional —

RG: Mm-hm.

A: — ways, rather than, you know, public sector and therapy and all of that.

RG: Mm-hm.

A: So.



RG: Um, and what's your experience like working with DHHS in that context?

A: Hmmm. I'm more as —

RG: And specifically —

A: — I, I work more as an advocate for our, with the woman that is going through our program.

RG: Mm-hm.

A: And, so, if, um, they make room for us at their table, they will, um, take any suggestions, but we're mostly there, more as a support to her.

RG: Mm-hm.

A: If she's not understanding what's being said around the table, we can kind of translate —

RG: Mm-hm.

A: — because we've developed a relationship —

RG: Mm-hm.

A: — so they would be more trusting of us than the people sitting around the table.

RG: Mm-hm. *(pause)* Um, have you or did you experience any challenges in caring, going back to talking about your son —

A: Mm-hm.

RG: — and your experience in fostering and then adopting, in caring for a child that fell under the Indian Child Welfare Act?

A: I, I didn't have any issue. I was just really lucky, I think.

RG: Mm-hm.

A: Um, I, I did foster a teenager —

RG: Mm-hm.

A: — that was a Tribal member as well. Um, I, I didn't have any trouble, and I think it's because I set those boundaries —

RG: Mm-hm.

A: — up front rather than letting them in my home.

RG: Mm-hm.

A: And, um, I find the rules to be foreign.

RG: Mm-hm.

A: Not — You can't be personal. You can't, if, if you have other kids, your kids, you can tell your kids that they can ride a four-wheeler, but that child can't.

RG: Mm-hm.

A: Um, I was not restrictive in that way because, um, I only took in *our* Tribal kids, and they are my family, and so they are treated as though they are a part of my family, whether they are living with me or not. To this day, I still have a good relationship with the girl that I fostered for a year.

RG: Mm-hm.

A: Um, she calls me 'Auntie,' and so, um, I didn't have any struggles, and I think it's because of those boundaries —

RG: Mm-hm.

A: — that I set early on.

RG: Mm-hm.

A: I don't understand those rules. They do not make sense to me. Um, and if I'm going to provide foster care of any kind, they will be treated as though they are my own.

RG: Mm-hm.

A: Um, otherwise, it doesn't make sense.

RG: Mm-hm. Mm-hm. Um, can you tell me a little bit about the process of moving from fostering your son to the adoption stage, and what that was like for you?

A: Um, other than always thinking that there was a possibility of him going back to his family, um, the, it was a very smooth transition.



RG: Mm-hm.

A: Um, I will say that the caseworkers that, um, they put a life book together for kids that move from fostering into adoption, and they didn't have a picture right of him. He had a younger brother and all of the pictures that were supposed to be representative of him were actually his younger brother, and so they did not even know who they were servicing. And so, his life book was almost useless as far as telling *his* story —

RG: Mm-hm.

A: — um, through picture-telling anyway, so, um, that didn't work out so well. They should know who they're working with.

RG: Yeah.

A: Um, she was a new caseworker, so maybe that's what it was, and hopefully they don't do that anymore.

RG: Mm-hm. Um, how did it work so that your son had a caseworker from DHHS and not through Tribal Child Welfare?

A: We don't run our own, we don't have our own court —

RG: Mm-hm.

A: — system, and so we don't take, um. So, ICWA, the ICWA coordinator goes to the table as an equal partner in those decisions. Ultimately, DHS has the say over it.

RG: Mm-hm.

A: They will take our, um, suggestions and most of the time, follow through with them, but we don't have the authority like other Tribes do, um, where they're making their own decisions. They're probably not dealing with DHS to the degree that we do, because they have that system in place already? So we're showing up as a team, part of DHS's team, rather than them showing up at our table.

RG: Um. Mm-hm. Ah, why do you think that is? Is this —?

A: Funding.

RG: Mm-hm.

A: Funding. Funding is a — We have two staff people, but, um, the director is funded through another program, and the ICWA worker isn't sufficiently paid, I would say. Um, and we're going to go through some transition soon, and that's going to leave one person in that program so, he has right now, 26 cases. And the intent for his position is to, not only tend to the court cases and meet at the table with DHS, but also provide some cultural, um, awareness for the kids in care, for the families, and it's impossible to do that.

RG: Mm-hm.

A: We need more, more money to be able to (*inaudible*) people.

RG: Mm-hm. Mm-hm. Is there anything else you want the TRC to know specifically about your experiences as a foster and then as an adoptive parent for the Tribe?

A: Mm-hm. I think the expectation of DHS as far as Tribal homes are concerned, um, those rules don't make sense.

RG: Mm-hm.

A: That's, we're raised up to believe that we're all connected, and we're all family —

RG: Mm-hm.

A: — and putting those rules in place, um, and I don't even know them all, 'cause I, I refuse to look at them.

RG: Mm-hm.

A: But I had someone that grew up in the foster care system as an adult, while I was fostering the teenage girl, say to me, 'I wish I had had you for a foster parent,' 'cause she just happened to be listening to us talk. And what the girl I was taking care of was able to do, in comparison to what she could not do, um, I don't know, but, she should have felt very comfortable growing up, um, and not feeling different from the biological children in the home.

RG: Mm-hm.

A: And, it sets — The way they have it set up right now is that it sets **anyone** apart — I assume it would be the same across the board, regardless of race, but, when you're living in a Tribal home, and you're all raised up believing that you're related in some way, yet you're setting that divide between the siblings, um, that's confusing, and it doesn't make sense, and it's harmful.

RG: Mm-hm. Can you tell me about, um, the importance of having Tribal children placed within the Tribal community?



A: Um, that should be a priority. Um. (*under her breath*) How can I explain it? – So, um, when I was a child, I watched my dad, um, fight for recognition for our community. He, ah, did a lot of work for that, and so, I was able to be a witness to that work and that passion and that drive —

RG: Mm-hm.

A: — and commitment to something? Um, and then, when I became old enough, I started working here, and then I **really,** um, was able to interlink those connections, even more so — We're off reserve, so it's, we're a bit different than reserve Tribes.

Um, and then, um, some politics happened, and I had to go work elsewhere for probably four ye-, two to four years. And, even though the circumstances were similar, um, in both places that I worked, I couldn't understand. We speak the same language. Um, the same issues, like conflict, would arise in those places, and I, I couldn't understand it.

But when I come here — It's more intense here, because we do know each other very well, and there's a lot of politics. And, boy, there are days where you feel like you're going crazy.

RG: Mm-hm.

A: But I **understood** it. I, I underst-, because we're, we're alike, and we think similarly and we're raised similarly. And so, even though the circumstance was similar, and I, I couldn't understand it not working here.

RG: Mm-hm.

A: Being here, these are my brothers and sisters and so, um, it's no different than sibling conflict, um, in your home, the way I see it anyway. Um, so that would be why it's so important to have Tribal homes for Tribal kids is because, regardless of whatever conflict is going on, there's just an unspoken, innate — um, it's in, in your heart, it's in your soul — understanding of —

RG: Mm-hm.

A: — of who you are, even if you can't speak it.

RG: Um, do you feel comfortable telling me about your experiences as a child?

A: Hmmm. (*brief pause*) Probably not.

RG: That's okay. I don't have to ask. Are there other aspects of your work, ah, in dealing with the Indian Child Welfare Act that I haven't asked about that you want to share with me?

A: *(pause) (softly)* I don't think so.

RG: Okay. Um. *(long pause)* In your opinion —

A: Mm-hm.

RG: — how could the State improve, um, in terms of Indian Child Welfare Act compliance?

A: They need to better inform.

RG: Mm-hm.

A: That's a consistent theme at the table is that the Tribe is always the last to know. Um, there was one circumstance where one of our kids, um, had a failed adoption and the Tribe didn't know about that until a year later. Um, we should be the **first** to know —

RG: Mm-hm.

A: — and we should be the, the, um, first to help problem-solve what to do with that child—

RG: Mm-hm.

A: — and we tend to be the last to know. I don't know, I don't know if it's, um, because of the way things used to be before ICWA? If it's just a one-more-thing that they have to do because they're already so, um, they have large client loads as well, DHS workers, and so, now we're just one more contact that they have to make out of 50.

RG: Mm-hm.

A: Um, but they need to get better with communicating with the Tribe and going to us first, rather than making decisions, and then coming back to the Tribe and saying, —

RG: Mm-hm.

A: — ‘Oh, well, we did this.’

RG: Mm-hm.

A: Um, that, that shouldn't be the way.

RG: Mm-hm.

A: We should have **as** much authority, control, whatever that is, um, as the department does.

RG: Mm-hm. Mm-hm. If you could change anything, or make anything happen at the Tribal, State or Federal level to improve the lives of children touched by ICWA —

A: Hmm.

RG: — what would you do?

A: Um, more funding, for sure, so that we can have, ah, more ICWA workers so that their needs can be met better. Um, a group home for teens.

RG: Mm-hm.

A: Um, teenagers are the *hardest* to place because, you know, they have their own thoughts and ... hormones raging, (*laughs*) so they're, they're harder to place than younger kids. So if we could have a group home, that would ... that would be really ideal, within our own community.

RG: Mm-hm. Mm-hm. Where is the nearest group home?

A: Mars Hill and it's not Tribal.

RG: Mmm.

A: Yeah. So that's probably 20 minutes from here.

RG: Yeah.

A: Yeah.

RG: Ummm, going back a little bit, could you talk about the importance of having caseworkers with DHHS, um, having them learn and have knowledge of the American Indian family structure and culture?

A: Um, hmm, it's very important that they have an understanding. I, I don't, I don't want to speak just so, in general for — For domestic violence, we went to a training, and we were asked to talk a little bit about historical trauma.

RG: Mm-hm.

A: And my co-worker was giving the background on it —

RG: Mm-hm.

A: — just to, you know, give a better understanding, and a comment from the back of the room was, um, ‘Glad to know that we're living in 2014 and we're not there anymore,’ but it was sarcasm and it was like, the way it was said was insulting.

RG: Mm-hm.

A: Um, because, ‘Really, why are you telling us that story? Get over it. We're not there anymore.’

RG: Mm-hm.

A: ‘This is where we're at today.’

RG: Yeah

A: ‘And this is, um, how you should be living.’ Um, and so, and that's not the first, um, time that attitude has been around a table before.

RG: Mm-hm.

A: And so, it's very important, but if they're not willing to hear it, they're not going to learn from it.

RG: Yep.

A: And that's not to speak of every caseworker everywhere, because that's not the case either, but, um, it's typical, unfortunately. And, um, we have caseworkers that'll show up to our child and family team meetings and bring that attitude with them, um, and it breaks down communication, and so we can't move forward if they can't hear what's being said at the table, and see it from our perspective why, why decisions are made in the way that they're made is, um, well, it's because we know. We know our history. We know each other. We know —

RG: Mm-hm.

A: Um, not that we're the ‘know-everything’ of our Tribe, but, um, that's why we sit at that table, and, to have that disrespect there, it silences the conversation.

RG: Yeah.

A: So it's **very** important that they need to also be willing to listen —

RG: Mm-hm.

A: — and actually hear what's being said.

RG: Mm-hm. I have one more question.

A: Mm-hm.

RG: But I'm going to ask Matt if he has any questions.

MD: You can finish up first. That's fine.

RG: My last one is a wrap-up question.

MD: Oh, okay, then maybe I should, I don't have a lot of questions.

A: Okay.

MD: Uh, you had a really interesting, fascinating, revealing perspective. Um, and, you know, we've had a number of these conversations in different contexts. And, one of the things I'm really interested in hearing your perspective on, because you've had, in your work and in your life —

A: Mm-hm.

MD: You've had a lot of connect-, opportunities to connect with DHHS —

A: Yeah.

MD: In particular, um, in, in those interactions, do you sense that there, um, are people that you've worked with who were more connected to what you were trying to do than maybe others around them, above them? You, you, and I guess what I'm asking is, did you ever sense any connect-, connectivity between what you were working with, with an individual —

A: Mm-hm.

MD: — and the people *they* were working with? Do the people *they* work with and above them understand what they were facing?

A: Very seldom does that happen. Very seldom. You, you might get lucky and have one or two people, um, in different agencies have that understanding, but it's far and few between.

MD: Um, and maybe it, you know, they always say there's no such thing as a stupid question.

A: Mm-hm.

MD: But, you know, listening to you, you tell, I think it's a, it's a great story, but what do you think makes it **so** important to be a member of the Tribe? What is the great, what is the great thing about being in a Tribe —

A: Hmm.

MD: — that, you know, I wouldn't necessarily understand coming in?

A: Um. That's a really good question. Ah, anyone who knows me knows that I am very passionate about my community and that will probably be the first thing they, after I go on a rant with them of **why** this needs to be that way. Um, hmmm, it's that we, no matter — We have each other. We just have each other. So, I, I worked in a political position here for many years and, that puts you at odds with a lot of people ...

MD: (*soft laugh*)

A: And, um, I had a personal crisis happen. And, my, call her 'frenemy,' I guess, um, because she was a political adversary, **always** calling me out publicly, **always** putting me on the spot, **always** having something mean to say to me. But in that moment of my personal crisis, she put me in her car, she took me to my home, she got me where I needed to be, and gave me a hug, and wished me well, and, yeah, umm. So, we just always have each other. There's that, mmm, whether, whether there's the political indifference, it doesn't matter, if they're-, if you're in need.

I lost my home two years ago, and I los-, it burned in a fire. And, um, that happened on a Thursday. Friday, I was in a Tribal home. Sunday, it was as though we hadn't lost anything. Um, and that was from my community coming together, and, um, filling my home (*child's voice in background calling out 'candy!'*) with the material things that are necessary to live, um, but even taking the time to making sure we were okay and that.

Um, I don't know that you get that anywhere else. Um, and maybe you do, but it doesn't feel like it when you step outside the, the **Tribe,** it, it feels different, you know. And we just have each other's back and we know that we can depend each other. We're fighting for the same things. We speak the same language, um. Did I answer your question?

MD: It really does, you know, because I listen to what you say about, um, the work that you've done, ah, and making conscious decisions —

A: Mm-hm.

MD: — on where to interact with the State and where not to interact —

A: Mm-hm.

MD: — with the State.

A: Mm-hm.

MD: Um, you know, it's, it's incredibly strong, incredibly proactive and, um, you know, I've had interactions with the State, too, that have been pretty negative.

A: Mm-hm.

MD: And, you know, I've been asked to go to speak to classes of, ah, kids who are going, students who are going to be doing child development work, and tell our story of working with the State, and then leaving room and having the professor say, 'Do you know who that guy is?'

A: Umm.

MD: 'If this is what him and his family go through, what chance does somebody who works part-time at a Quick-Stop, trying to do their best by their kids, really have?'

A: Right.

MD: And, so, maybe along that line, in that context of *your* experience, um, can you, can you speak at all to the experiences of others who haven't had those advantages and what they face in dealing with, ah, either your offices here, or with DHHS? Has it, has it been as positive or has it, or have they had more challenges?

A: Our Tribal members?

MD: Mm-hm.

A: Um. Uh, I, I would say for other people going through the departments that it probably wasn't a pleasant experience. I've sat at that table before and, um, seen them talked down to, and as though they're not, ah, not going to understand what's being said. Um, and then there are times where the department will step up and *we* will say as a Tribe, 'Give them one more chance. They're making progress.' And they will do that, and so I think it all depends on the caseworker, um, the relationship we have with the caseworker, as far as professionally speaking, um.

I don't know that they'll ever get that understanding, though, of what it's like to be a Tribal member, because if you bring historical trauma to a table, people look at you like you have three heads, and they, you know, they, 'Well, that's not where we're at. We're here.' So they don't have an understanding of historical trauma, even though, if they would take the time to listen, they could map it out and, and see the behaviors —

RG: Mm-hm.

A: — from the beginning down, and how that affects each generation. Um. Um, I, I'm lucky because I, I was raised by my dad, and he's very outspoken, and he's been, um, he was the president here before recognition for a year, and he's always been on our Tribal Council, and so, he has gifted me with his passion. And I feel like it's my responsibility to pass that forward and to be an advocate for the Tribe in any which way I can, um, because he fought hard for us as a community. And so, I, when I show up at tables where, um, their voice may be a little bit stronger, I try to make my voice heard ... *(softly)* a little louder sometimes.

MD: I could go on forever, but thank you so much.

A: Yeah.

RG: Do you have anything else that you want to share with the Commission?

A: *(softly)* I don't think so.

RG: Okay, I want to thank you so much for participating, um, for answering my questions. I think you're very courageous, especially because I know that this was sprung on you this morning.

A: Yeah, as I was walking through the hall. *(laughs)*

MD: And I come striding ... *(laughs)*

RG: Yeah. *(laughs)*

A: 'Hey, can we get you?' Okay, sure. Yep.

RG: Um, so I want to thank you so much for sharing your experiences.

A: Yeah.

RG: I think it's very critical, ah, for us to understand what's happened here specifically.

A: Mm-hm.

RG: Um, so, thank you.

A: Thank you.

END OF RECORDING