# DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### STATEMENT OF

## W. CRAIG VANDERWAGEN, M.D.

## DIRECTOR, DIVISION OF CLINICAL AND PREVENTIVE SERVICES INDIAN HEALTH SERVICE

#### BEFORE THE

## SENATE COMMITTEE ON INDIAN AFFAIRS

### UNITED STATES SENATE

MARCH 22, 1995

#### OPENING STATEMENT CRAIG VANDERWAGEN, M.D.

Mr. Chairman and Members of the Committee:

I am Dr. Craig Vanderwagen, Director of the Division of Clinical and Preventive Services, Office of Health Programs, Indian Health Service (IHS). Accompanying me today is Dr. Scott Nelson, Chief of the Mental Health and Social Service (MM/SS). Dr. Michael Trujillo, the Director of the IHS, regrets that he cannot be here personally to address this important topic. However, he is attending a regional Indian health in Portland, Oregon with the Assistant Secretary for Health, the Department of Health and Human Services. This meeting had been scheduled several months ago. He wants to assure you that he continues to place the highest priority on efforts to combat child abuse and family violence because of the terrible toll these problems take on people in Indian Communities. For the past two years our MH/SS program has taken the lead responsibility for child abuse prevention and treatment activities in the Indian Health Service. I appreciate the opportunity to present the IHS comments and to support your legislation to reauthorize Title IV of P.L. 101-630, The Indian Child Protection and Family Violence Prevention Act.

IHS supports the reauthorization of this important child abuse legislation as proposed in S. 441. We believe that the authorizations under the legislation provide the opportunity for needed funding for tribal treatment and prevention programs. The legislation also preserves appropriate roles for IHS and the Bureau of Indian Affairs (BIA) in the implementation of child abuse prevention programs. As Dr. Trujillo testified in May of 1994 before this Committee, IHS has established a number of initiatives in child abuse/family violence prevention and treatment with the \$1.25 million in resources that have so far been provided. We have also actively pursued additional resources from the agencies resulting in \$575,000 from BIA and the National Center on Child Abuse and Neglect (NCCAN) in the 1994-1995 fiscal years to fund joint child abuse prevention and education projects in Indian country. Major IHS activities related to child abuse prevention and treatment are currently underway. Some of these activities include:

- Funding of tribally-operated child abuse treatment and/or prevention programs at Navajo (\$300,000 per year), Hopi (\$200,000 per year), Bay Mills (\$100,000 per year), Fort Peck (\$200,000 per year for a 3 year demonstration prevention project), and Washoe (\$150,000 in FY 1993).
- Support of a joint IHS-BIA national family preservation child protection/family violence prevention conference to be held in April 12-14, 1995 in Phoenix under the auspices of the Intertribal Council of Arizona. IHS and BIA grantees and tribal leaders will discuss strategies for preserving families and preventing and treating child abuse that have been found to be effective.
- Initiating a program to treat juvenile sexual perpetrators in 8 Indian communities.

- Hiring of a national medical consultant to plan and participate in training of physicians and others in conducting examinations of child abuse victims, and a social worker to coordinate IHS and interagency child abuse activities.
- Extensive coordination with BIA, NCCAN, the Department of Justice, the Substance Abuse and Mental Health Services Administration and the Federal Interagency Task Force on Child Abuse, as well as with relevant other IHS programs.

Senator McCain and members of the Committee, we appreciate your personal commitment to this important issue of child abuse. Dr. Trujillo and IHS staff are similarly committed to working with you, the Committee and tribal leaders in combating child abuse and treating child abuse victims in Indian country. Dr. Nelson and I will be glad to answer any questions that the Committee may have.