## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## STATEMENT OF

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## BEFORE THE

SENATE COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE

MAY 24, 1994

TESTIMONY OF INDIAN HEALTH SERVICE ON CHILD ABUSE PREVENTION AND TREATMENT SERVICES

Chairman, I am Dr. Michael Trujillo. As of April 8, I am the new Director of the Indian Health service (IHS). I want to assure you at the outset that, as I indicated in my confirmation hearings and elsewhere, I plan 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. With me today is Dr. Scott Nelson, Chief of the Mental Health and Social service (MH/SS) Programs Branch of IHS. 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 my comments on your legislation to amend and reauthorize Title IV of P.L. 101-630, The Indian Child Protection and Family Violence Prevention Act.

As I also stated in my confirmation hearings, I am committed to working with the Committee, the Congress, the Bureau of Indian Affairs (BIA) and tribal leaders on how to strengthen child abuse prevention and treatment programs. The Assistant Secretary for BIA Ada Deer, and I have already discussed child abuse issues; we plan regular meetings to follow up on our joint endeavors, one of the most important being our commitment to combating child abuse.

Dr. Nelson testified in October 1993 before this Committee that we have established a number of initiatives in child abuse/family violence prevention and treatment with \$1.25 million in resources that have so far been provided. We have actively pursued additional resources resulting in \$525,000 from BIA and the National Center on Child Abuse and Neglect (NCCAN) in the 1994 fiscal year to fund joint child abuse prevention and education projects in Indian country.

I am appreciative of your efforts to reauthorize this important However, S. 2075 would also transfer two programs from the Bureau of Indian Affairs to the Indian Health Service. While we defer to the BIA programs under its jurisdiction, it is our view that Bureau should retain responsibility for the Indian Child Resource and Family Service Centers and the Indian Child Protection and Family Violence Prevention Program. These programs are consistent with the BIA's mission. Moreover, we have set up a collaborative arrangement so that our child abuse staff and staff of the centers work closely together towards a common goal.

Through these agreements with the Bureau of Indian Affairs,

Indian Health Services has been involved in some important
activities related to child abuse prevention and treatment
would like to share with you some that are currently underway.
include--

- 1. 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 demonstration prevention project), and Washoe (\$150,000 in FY 1993).
- 2. Support of a joint IHS-BIA national child protection/family violence prevention conference. We will bring in our grantees and tribal leaders to discuss strategies for prevention and treatment of child abuse that have been found to be effective by IHS, BIA and others.
- 3. Initiating a program to treat juvenile sexual perpetrators in 8 Indian communities.
- 4. Hiring of a national medical consultant to plan 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.
- 5. 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 IHS programs.

Senator McCain and members of the Committee, I appreciate your personal commitment to this important issue of child abuse.

I am 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 the Committee may have