

Combating Alcohol Abuse in Northwestern New Mexico: Gallup's *Fighting Back* and *Healthy Nations* Programs

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Editor's Introduction

Last year, *The Robert Wood Johnson Foundation Anthology* included a chapter that examined a single Foundation-funded program in Albuquerque, N.M., called Recovery High.¹ In this year's *Anthology*, Paul Brodeur, an award-winning author and former staff writer for the *New Yorker*, focuses on one city trying to address what seemed like an intractable problem. In the 1970s and 1980s, Gallup, New Mexico, in the rural northwestern corner of the state, had a frighteningly high rate of alcohol abuse, mostly because of heavy drinking among Native Americans coming to town from the surrounding reservations.

With leadership from a small number of citizens, and building on an eye-opening tragedy, the town slowly but surely became engaged in reducing the high rate of drinking. In the early stage of Gallup's efforts to attack its alcohol problem, the Foundation announced a new program, *Fighting Back*®. It funded local coalitions to develop strategies to reduce substance abuse and to implement communitywide campaigns to address the problem.² Local leaders put together a proposal that eventually was funded as one of the fourteen sites of the *Fighting Back* initiative, even though the Gallup approach was quite distinct from that used in the other thirteen sites. When funding from *Fighting Back* ended, Gallup's efforts were picked up by the Foundation's *Healthy Nations*® program, one of two national programs that have supported locally developed strategies to address alcohol abuse problems among Native Americans.³

The story of Gallup is a good example of how timely funding from a foundation can help move an agenda of pressing concern to a community. In fact, the Robert Wood Johnson Foundation's support fit so seamlessly into the activities under way in Gallup that it is difficult to isolate its role and contribution. The story also shows how much endurance it takes for a local community to address deep-seated, long-term social problems. Foundation resources can be helpful, but strong leadership and local will are essential prerequisites to bring about change.

Notes

¹ Diehl D. "Recovery High School." In *To Improve Health and Health Care, Vol. V: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 2001.

² Robert Hughes traces the history of the Foundation's involvement in reducing the harm coming from substance abuse in "Adopting the Substance Abuse Goal: A Story of Philanthropic Decision Making." In *To Improve Health and Health Care 1998–1999: The Robert Wood Johnson Foundation*

Anthology. San Francisco: Jossey-Bass, 1999. See also the report on the Fighting Back initiative on the Robert Wood Johnson Foundation's Web site (www.rwjf.org).

³ These programs are examined in Brodeur P, "Programs to Improve the Health of Native Americans." In *To Improve Health and Health Care, Vol. V: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 2001.

Police officers and ambulance drivers called them "popsicles": the people they would find frozen to death as a result of alcoholic stupor on the streets of Gallup, N.M., a city of 21,000 inhabitants situated in the 7,000-foot-high desert of northwestern New Mexico, where winter temperatures often drop below zero. For years, Gallup billed itself as "the Indian Capital of the World," because it served as the principal shopping center for thousands of Native Americans, who drove into the city from surrounding reservations on weekends. During the 1970s and 1980s, however, Gallup also became known as "Drunk Town, USA," as statistics suggested that alcohol abuse there had reached epidemic proportions. By 1988, more than 34,000 people were being picked up each year in Gallup for public intoxication and detained for up to 12 hours in the city's cramped and squalid "drunk tank," under a New Mexico protective custody program that was begun, in 1973, after public drunkenness was decriminalized. By comparison, just over 1,000 people were held in protective custody for drunkenness that same year in Albuquerque, 130 miles to the east, which has nearly 20 times the population.¹

Very few of those being picked up in Gallup were residents of the city. More than 90 percent of them were Native Americans—mostly Navajos from the vast 25,000-square-mile Navajo Nation reservation of some 175,000 inhabitants, which lies to the north and east of Gallup, in McKinley and San Juan Counties, and to the north and west of the city, in Arizona.² The detainees also included residents of the Zuni pueblo, the Acoma pueblo and the Laguna pueblo, all independent nations with sizeable Indian populations. A federal law prohibiting the sale of liquor to Indians had been repealed by Congress in 1953, but the Navajo, Zuni, Acoma and Laguna continued to ban liquor on their reservations.

As a result, Native Americans from the surrounding area came to Gallup to drink, and the liquor industry in Gallup—a city prone to boom-and-bust cycles because of the rise and fall in the demand for the coal and uranium that had long been mined in the region—seized the opportunity to take advantage of Gallup's unique situation as a "wet" border town. During the next three and a half decades, Gallup's

economy was largely based not only upon selling groceries, goods, and services to Native Americans but also upon creating an environment that encouraged them to drink.

By 1987, 61 establishments in Gallup had been issued liquor licenses, which was more than five times the number allotted under a New Mexico law permitting only one license for every 2,000 inhabitants. Among them were 25 drive-up windows where one could buy liquor without leaving one's car.³ Bars in the city were open seven days a week, from 7:00 A.M. until 2:00 A.M. Wine fortified with brandy to make it 19 percent alcohol came into Gallup from California twice a month in tanker trucks that each carried 5,500 gallons.⁴ Many of the city's most prominent citizens not only owned bars, restaurants and liquor distribution outlets but also had been elected to public office and appointed to various municipal and civic organizations. One of these families had been bottling and selling a fortified wine called Garden DeLuxe (known as "Garden Death" on the street) since 1946. By 1987, the liquor industry had become one of Gallup's economic mainstays, reporting \$14.2 million in sales—more taxable earnings than in the finance, insurance and real estate industries combined.⁵

In addition to permitting easy access to liquor, Gallup had become a civic enabler for alcohol abusers in other ways. The city had 21 pawnshops (compared with 24 in all of Albuquerque), a blood plasma donation center, and two bottle recycling centers, which gave problem drinkers a way to pick up quick and easy cash. Gallup also had three church-operated soup kitchens and two free overnight shelters, compared with five soup kitchens and seven shelters in Albuquerque.⁶ Together with a revolving-door protective custody program, which amounted to a free overnight stay in the Gallup jail, these facilities offered little incentive for alcoholics picked up in Gallup to seek treatment for their disease.

What resulted from all this can be ascertained from the mortality data collected by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), for McKinley County—site of the largest portion of the Navajo reservation in New Mexico—of which Gallup is the county seat. As early as the mid-1970s, McKinley County was ranked by the NIAAA as the worst of all 3,106 counties in the United States for alcohol-related mortality.⁷ In 1974, the mortality rate from cirrhosis in McKinley County was 2.3 times as high as the national average, the alcohol-induced mortality rate was 9.8 times as high, and the mortality rate from all alcohol-related causes was 3.7 times as high. For the three-year period 1974–76, the mortality rates of McKinley County residents for selected substance abuse-related causes were between 184 percent and 337 percent higher than those for New Mexico residents as a whole.⁸

According to the NIAAA, McKinley County ranked first in the list of per capita deaths from chronic alcoholism, at nineteen times the nationwide rate. Alcohol-related homicides and suicides were three times the national rate. During the 1970s and 1980s, the county's drunken-driving death rate was seven times the U.S. rate.⁹ One out of every 20 licensed drivers in McKinley County had received at least two drunken-driving citations since 1984.¹⁰ From 1982 through 1987, McKinley had the highest rate of alcohol-related traffic fatalities among New Mexico's thirty-three counties.¹¹ During the three-year period between 1986 and 1988, the county led the nation in motor vehicle deaths.¹² Between 1983 and 1988, some 660 Navajos died on highways in northwestern New Mexico.¹³

The U.S. Public Health Service's Indian Health Service estimated that there were 55,000 problem drinkers on the Navajo reservation.¹⁴ A survey of Navajo seventh and eighth graders found that 58 percent of them had one or more parents who were alcoholics.¹⁵ Sporadic binge drinking and chronic drinking were strongly associated with child neglect and abuse, and with domestic violence on the reservation. Fetal Alcohol Syndrome (FAS) had been found to be the leading major birth defect in the region, particularly among Navajos, in whom FAS children were born to an average of six per 1,000 women of childbearing age.¹⁶ Alcohol had begun to appear at many of the Navajo traditional ceremonies. "We are hanging on to our traditions by a string," one community worker said, "and alcohol can break that string." In May 1988, Mother Teresa added Gallup to her itinerary of forsaken places.¹⁷

Such was the background for a stark assessment contained in a report issued by officials of the Marin Institute for the Prevention of Alcohol and Other Drug Problems, in San Rafael, Calif. Following a visit to Gallup in 1989, they wrote:

In all our years of providing consultation and technical assistance to cities dealing with alcohol and drug-related problems, we have never encountered a situation as serious as that facing Gallup, the Native American reservations, and the surrounding region. It is no exaggeration to say that alcohol-related problems are undermining the cultural integrity of the Native American community, and although it could be a difficult concept to accept, in our opinion the situation may be described as observable genocide. We concur with the Albuquerque Tribune's assessment that Gallup is "a town under the influence." Never before have we observed such a high concentration of liquor establishments in such a small area. Never before have we seen a town's

power structure dominated by liquor dealers and their associates. Never before have we seen wine fortified with brandy brought into a town by the tanker truckload.¹⁸

THE BEGINNING OF A TURNAROUND

In 1986, a 58-year-old Hispanic named Edward Muñoz was elected as mayor of Gallup on a platform that called for taking drastic action to resolve the city's alcohol-abuse crisis. Muñoz, who has close-cropped silver hair that fits his head like a helmet, had previously served as mayor from 1958 to 1969 and subsequently gone into the auto-wrecking business. His own father had been run over and killed by a drunk driver in Gallup in 1947, but like many of his fellow citizens he was conditioned to accept the ravages of alcoholism as something he and other residents of the city simply had to live with. "People had become so accustomed to alcohol abuse in Gallup that they stopped seeing it," he said not long ago. "I didn't understand the extent of the problem myself until I went into the auto-wrecking business. Then, when I saw the hideous accidents caused by drunken driving, I realized that something had to be done."

Small in stature but formidably feisty, Muñoz ran a no-holds-barred campaign. He put out a flyer that called for legislation to impose a stiff tax on the sale of liquor, close down drive-up windows, and stop liquor sales on Sunday. He charged that the city's drunk tank was "inhuman" and attacked Gallup's liquor merchants—some of whom were old friends and former mayors—for helping to perpetuate the cycle of alcohol abuse. "We say that an alcoholic has a disease, but we bottle, sell and tax this disease," he wrote in one of his campaign pamphlets. In an election against four other candidates, he won with 30 percent of the vote.

Once in office, Muñoz sought help from the Northwest New Mexico Council of Governments, an association of ten local governments in the three adjoining counties of McKinley (where Gallup is located), San Juan and Cibola; they form the northwest quadrant of the state and an area larger than Massachusetts, Rhode Island and Connecticut combined. Funded by grants and money contributed by member city, county, state, and tribal governments, the council was created to afford a means for the member governments to work together in areas of shared concern. Council staff members began collecting data on Gallup's alcohol-abuse crisis, as well as on the corollary cost to various government agencies—among them police departments, ambulance services and hospitals—that had to respond to and deal with the crisis.

They also consulted Philip May, an expert in the field of Indian alcoholism, who is a professor of sociology and psychiatry and director of the Center on Alcoholism, Substance Abuse and Addiction at

the University of New Mexico, in Albuquerque. May made research available showing that Indians drinking in a border town near a reservation on which the sale and consumption of liquor were banned followed a pattern of binge drinking similar to that of college students. His studies also indicated that much of the drinking in Gallup was anxiety-driven on the part of Native Americans seeking escape from a depressed and socially marginal existence that resulted largely from a poverty level of 40 percent on the Navajo reservation, and an unemployment rate that ranged from 30 to 75 percent. In addition, May shattered the prevalent myth that American Indians had a biological weakness for the effects of alcohol. “This myth has no basis in fact,” he told the council staff members, explaining that scientific studies had found Indians to metabolize alcohol at the same rate as non-Indians.¹⁹

In 1987, at the urging of Mayor Muñoz, the Northwest New Mexico Council of Governments conducted a survey to determine whether residents of McKinley County would be willing to accept a tax on liquor to be spent on alcohol prevention and treatment programs. The response was overwhelming, with 80 percent of the people polled supporting a 5 percent increase, which would bring the total excise tax on liquor to 15 percent.

At about the same time, Dr. David Conejo, chief executive of the Rehoboth McKinley Christian Hospital, a private hospital in Gallup that operated the city’s only in-patient alcohol treatment program, became concerned about the program’s long waiting list and decided that the time had arrived for the hospital to become more deeply involved. In the summer of 1988, he invited a group of health care professionals and concerned citizens to discuss Gallup’s alcohol problem. At the meeting, Dr. Thomas Carmany, the hospital’s chief of pathology, who had become weary of performing autopsies on alcoholic victims of cirrhosis, reminded the group that the hospital’s mission was to provide a health care system that was “responsive to all people.” He then issued a blunt challenge: “How long are you willing to keep stepping over bodies?”

Mayor Muñoz and the group convened by Conejo began meeting with tribal leaders, city and county officials, school board members, health providers, parents, and others who had become interested in the anti-liquor movement. They also met with state lawmakers, who, for the most part, repeated time-worn excuses to the effect that the alcohol problem in Gallup was too big and too far gone to solve, and that Gallup had always been and would continue to be a wide-open drinking town. One of the most powerful men in New Mexico politics, Raymond Sanchez, who was the Democratic Speaker of the House, minced

no words. “You’re not going to change things in Gallup,” he told staff members of the Council of Governments. “And the legislature has no money for you.”²⁰

In September 1987, Gallup’s indefatigable Mayor Muñoz called for an “Alcohol Awareness Week,” spending his own money to print 1,000 T-shirts for an anti-alcohol fun run. Highlight of the week was a Saturday parade with 36 entries from various civic, religious, and school groups. A float representing the Rehoboth McKinley Christian Hospital showed mannequins spurting fake blood from a wrecked car. The Gallup Christian Center float featured a shack inhabited by a drunk who refused to allow his family inside. The Grim Reaper glared from another display. Still another float showed a cemetery filled with crying children. No member of the Gallup City Council showed up to watch the parade.

Undiscouraged, Muñoz renewed his assault upon Gallup’s liquor industry and its captains. “It may be a legal business, but it’s immoral,” he told the *Albuquerque Tribune*, which ran a scathing six-part series called “Gallup: The Town Drunk,” in the early autumn of 1988. “How can these guys say they are not responsible? People don’t get run over by trains, hit by cars, and freeze to death by drinking milk.”²¹ Later in the series, Muñoz expanded his criticism to include the entire city. After pointing out that many people felt the economy of Gallup would fail if large amounts of liquor were not sold and consumed in the city, he declared, “If this is the case, we have a sick community.”²²

The *Tribune*’s six-part series was graphic, to say the least, with color photographs showing bystanders standing over the body of a man who had staggered out of a bar and into a hit-and-run accident; the freshly snow-dusted body of a drunken man, frozen to death at dawn, a few yards from a police station; and a dead 16-year-old Navajo girl, killed in a drunken-driving one-car rollover, with her hand still clutching a beer can. (Not surprisingly, the articles received nationwide attention, with segments on the alcohol crisis in Gallup subsequently being aired on NBC’s “Today,” ABC’s “20/20,” and PBS’s “On Assignment.”) At the time, however, many Gallup citizens responded with outrage, characterizing the accounts as unduly sensational and demanding that *Tribune* editors, reporters, and photographers listen to their complaints. Two hundred of them attended a town hall meeting to vent their wrath. After listening for more than an hour to diatribes critical of the newspaper, Muñoz got to his feet and accused them of being in denial, like many alcoholics, and challenging them to take action to improve the situation in Gallup instead of attacking those who had brought it to public attention.

Impressed by their mayor's courage, some residents of Gallup began to offer Muñoz help with his crusade. Others were distrustful of his motives and resentful of what they considered to be his displays of civic disloyalty. The extent to which the city remained divided would become apparent a year and a half later, when the controversial mayor had to withstand a recall election after he incensed many voters by telling state legislators that unless they passed bills to control drunken driving in New Mexico, he would erect billboards proclaiming the state to be the drunk-driving capital of the world.²³

Meanwhile, *Tribune* reporters interviewed every lawmaker heading to Santa Fe for the mid-January 1989 opening of the New Mexico legislative session, asking what he or she thought the state could do to help Gallup resolve its alcohol crisis. The answers were discouraging. Most of the lawmakers pointed out that the budget was tight, and that the governor, Garrey Carruthers, had come out against raising taxes for any new programs or facilities. On January 10, the *Tribune* ran an article under a headline that read "No Hope Seen for Anti-Liquor Bills."²⁴

That was just four days before a highway accident that forever changed the attitude toward alcohol abuse of the lawmakers in Santa Fe and the residents of Gallup and northwestern New Mexico.

THE JOURNEY FOR JOVITA

Late in the afternoon of January 14, a 32-year-old rodeo rider named Robert Christie, who had been drinking all day, left a Gallup bar with a bottle of vodka in his hand, climbed into his pickup truck, and headed south on a two-lane road toward the Zuni reservation. A short time later, he crashed head-on into a van carrying Kathleen Vega; her sister, Shirley Harry; her 12-old niece, Cheryl; and her infant daughter, Katherine ("Jovita"), who were on their way to a revival meeting. Three-month-old Jovita, who was half Hispanic and half Navajo, was killed instantly, as were Shirley and Cheryl Harry. Christie, whose blood-alcohol level turned out to be more than three times the legal limit, also died at the scene. Only Jovita's mother, Kathleen Vega, survived.²⁵

Outrage over the senselessness of the latest highway carnage spread through Gallup, McKinley County, and the Navajo and Zuni reservations. David Conejo, of the Rehoboth McKinley Christian Hospital, reacted by suggesting a citizen's march to Santa Fe, 200 miles away, in an effort to force New Mexico's legislators to take action. The idea caught on quickly. Earl Tulley, a young and dedicated social and environmental activist, who spoke Navajo, visited chapter houses (community centers) across the reservation, urging his fellow Navajos to participate in the march. Mayor Muñoz and David Conejo's wife, Judith, arranged for the walkers to be housed and fed in churches, chapter houses, tribal buildings

and other shelters along the route of the procession, which was named “March of Hope: Journey for Jovita.” The plan was to walk 20 miles a day for 10 days with a group of support vehicles that would enable Navajo senior citizens, called elders, to participate by walking a little of the distance each day and then riding the rest of the way in vans.

Starting on February 10, approximately 100 people started out on foot, east on Interstate Highway 40, toward Albuquerque. Among them were Hispanics, Navajos, Zuni and other Native Americans, as well as many white residents of Gallup, including teachers, bankers and bureaucrats. Their numbers swelled along the way. The new arrivals on the second day included three elderly Navajo women, respectfully called “grandmothers,” who had walked 25 miles from Mariano Lake to join the march at Thoreau. “They were wearing floppy rubber boots and carrying flimsy little blankets,” Muñoz recalled recently. “So we bought them walking shoes and sleeping bags when we got to Grants.” Dr. Herbert Mosher, vice president for development at Rehoboth McKinley Christian Hospital, remembered that it started snowing, and that he went up to one of the grandmothers with the idea of dissuading her from continuing in the march. “She made as if she were going to hit me with her walking stick,” he recalled. “She was absolutely furious. It turned out that her husband had frozen to death while drunk, and that the husband of one of the other grandmothers had been in a car-train wreck after drinking. Between the three of them, they had lost 12 relatives to alcohol-related disease and accidents.”

By the time the marchers reached Santa Fe, on February 20, their number had grown to more than 2,000. Hundreds of other supporters, arriving by car and van, together with dozens of reporters and photographers, were waiting for them on the Capitol steps. Said Muñoz:

It was the largest demonstration of its kind in New Mexico history, and it caught the politicians in Santa Fe by surprise. The head of the Department of Highways advised Governor Carruthers, who was attending a national governors conference in Kansas City, to return to the capital as quickly as possible, and the legislators called a joint session of the House and Senate to listen to the grievances and demands of the demonstrators. Kathleen Vega spoke first and then embraced Robert Christie’s former wife, Marcie, who told the legislators that she had loved her husband but hated his disease. There wasn’t a dry eye in the place.

Before the 1989 legislative session was over, the Journey for Jovita had achieved significant success. New Mexico lawmakers earmarked \$300,000 from the overall state appropriations bill to design a regional detoxification and rehabilitation clinic, initially called the Gallup Alcohol Crisis Center, which would replace Gallup's infamous drunk tank. They also enacted a law prohibiting open containers of alcoholic beverage in a motor vehicle. An excise tax bill granting McKinley County the power to hold a local referendum on raising the liquor tax passed the House by a vote of 58–0, and the Senate by 24–0 (the next year, voters in McKinley County approved a 5 percent increase in the excise tax on liquor, whose proceeds would be used to finance construction of the Alcohol Crisis Center). A bill banning drive-up windows at retail liquor outlets in McKinley County and neighboring San Juan County passed the House 57–2 and the Senate 32–2. As the result of a legal technicality, San Juan County was able to avoid having to comply with the law, while the McKinley County Retail Liquor Dealers Association sued to overturn it, on the ground of unfair restraint of trade. The lawsuit failed, however, and the ban against the drive-up windows went into effect in 1992, after residents of the county voted overwhelmingly in favor of it.²⁶

THE ROBERT WOOD JOHNSON FOUNDATION'S FIGHTING BACK® PROGRAM

The March of Hope: Journey for Jovita galvanized continuing support for alcohol reform in McKinley, San Juan, and Cibola counties. Early in 1990, the Northwest New Mexico Council of Governments received a \$200,000 grant from the Robert Wood Johnson Foundation to develop a plan that would enable the three counties to participate in a Foundation program called Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol. Only fourteen out of more than three hundred community applicants across the nation were selected by the Foundation to receive such planning grants, and the tricounty region was the only one in a rural area.

At the end of August, 200 citizens, health professionals, public officials and alcohol-reform activists attended a three-day Regional Substance Abuse Summit Conference in Gallup, where they formulated key elements of a comprehensive plan to attack alcohol abuse in northwestern New Mexico. Many of the ideas and suggestions developed at the conference were integrated into an implementation plan for the second phase of the Fighting Back program, which was being developed by a regional task force (later reduced to a 20-member core committee), and by the members of half a dozen subcommittees. Initial objectives of the ambitious 20-component plan included reducing by 25 percent the number of cases of alcohol and drug-related domestic violence, the number of individuals picked up for protective custody because of public intoxication, the number of alcohol and drug-related vehicle accidents and traffic

fatalities, and the number of deaths directly or indirectly related to alcohol or drug abuse. The plan also called for reducing the incidence of Fetal Alcohol Syndrome in the region from 3.4 per thousand to 2.0 per 1,000.²⁷

In 1991, Congress appropriated \$1.2 million for three specific projects in northwestern New Mexico. Of this, \$900,000 was earmarked for startup operations at the Gallup Alcohol Crisis Center, \$200,000 to finance a treatment program in Gallup at the Rehoboth McKinley Christian Hospital's Behavioral Health Services campus, and \$100,000 to renovate a Navajo Nation treatment center in the town of Crownpoint, which is a 50-mile drive northeast of Gallup. Groundbreaking for the Gallup Alcohol Crisis Center took place on August 7. Meanwhile, members of various Fighting Back committees struggled with the difficult task of creating a coordinated regional program for the vast tricounty area. Some idea of the difficulty was described in a paragraph of the Implementation Proposal that the Council of Governments sent to the Robert Wood Johnson Foundation on September 9:

In northwest New Mexico, the unique challenge is to accomplish this purpose by finding points of order, commonality, and unity within a tremendously diverse regional community, composed of three counties, six municipalities, four Native American nations, a substantial Hispanic population, and 78 small rural communities. These peoples, 180,000 strong, are spread across 15,000 square miles of New Mexico highlands. Any strategy in this region which attempts to unify services and activities around the reduction of substance abuse must deal with multiple jurisdictions and governments, multiple cultures and world views, the unique problems associated with "wet-versus-dry" alcohol availability issues, and difficult (and often "co-dependent") relationships within and between institutions and communities.²⁸

Some of the most important contributions to the Fighting Back Implementation Plan were made by members of a Native American Issues Subcommittee, who believed strongly that alcohol abuse was a community problem, not simply a problem of individual addiction or disease. "The need for a community conscience which admits it has a problem with alcohol abuse is akin to the individual alcoholic overcoming the state of denial and having to admit to himself and others he has a problem with alcohol and that he cannot solve his problem alone," they wrote in a position paper dated July 15, 1991.²⁹ They also recommended that Fighting Back funds be used to deal with underlying problems, such as intercultural alienation, the disempowerment felt at all levels of the Native American community, and the inadequate and often inappropriate responses of public and private institutions to the needs of Native American people.

Realizing the need for balance between a regional approach and support and empowerment of grassroots communities and organizations, the planners of the Fighting Back program decided to focus their efforts on encouraging creation of community coalitions, called Fighting Back Associations, in ten existing jurisdictional areas with common ethnic, economic, and social ties. In addition to the three counties that made up the overall region, the designated areas were the Zuni, Laguna and Acoma pueblos, and Indian agencies on the Ramah-Navajo and Eastern Navajo reservations, and in the towns of Shiprock and Fort Defiance. (The Fighting Back Association in Fort Defiance was later transferred to the Indian agency in Chuska.) The initiative called for coordinators trained in all aspects of substance abuse, and working out of field offices, to assist the local Fighting Back Associations in developing individual action plans to address critical needs, such as public awareness; community organizing; relapse prevention; aftercare support systems; prevention of Fetal Alcohol Syndrome and Fetal Alcohol Effect; driving while intoxicated, or DWI; prevention; family counseling; youth development; and environmental risk reduction.

In February 1992, the Robert Wood Johnson Foundation awarded the Northwest New Mexico Council of Governments a \$3-million, five-year Fighting Back grant to carry out programs designed to create long-term solutions to the problem of alcohol abuse in the three-county region. Later that year, the core committee reorganized itself into a board of directors known as the Regional Council, whose membership was based upon proportionate representation from each of the subregional Fighting Back Associations. Intent upon maintaining Native American sovereignty, the members of the Regional Council voted to make the Fighting Back program an independent entity. This led to the formation of a nonprofit corporation called Northwest New Mexico Fighting Back and, in May 1993, to transfer of the Robert Wood Johnson Foundation grant from the Council of Governments to the newly formed corporation.

Over the next five years, practical considerations dictated that the twenty component projects of the Fighting Back program be scaled back to three: community organizing and mobilization to create and implement local solutions to alcohol abuse, public awareness to educate people in the community about the devastating impact of alcohol abuse, and training community members to facilitate community forums and meetings to discuss issues of concern. Within this framework, Fighting Back volunteers increased education about Fetal Alcohol Syndrome and Fetal Alcohol Effect in the tricounty region; participated in developing a regional computer-based case management system to coordinate referral and tracking of clients; worked with communities to effect a significant decline in alcohol-related traffic

accidents; organized a “Sacred Journey to Save Lives March” along Route 44; provided wellness gatherings throughout the region; and developed the Zuni Mountain Realization of Personal Excellence and Strength, or ROPES, course, in Cibola County.

In addition, they established Boys and Girls Clubs in the Navajo town of Tohatchi, 30 miles north of Gallup, and in the Laguna pueblo, which is a hundred miles to the southeast; supported development of youth training in wilderness skills; helped establish the Gallup Youth Center and the Future Family Foundation Center; organized a National Football League Players Association/Navajo Nation Football Camp; staged a statewide Multicultural Red Ribbon Relay Run to bring attention to alcohol and drug abuse; and introduced a spiritually based healing curriculum, called Gathering of Native Americans, or GONA, into several communities. (Participants in GONA examine historical trauma and its relation to alcohol abuse, identify strategies to deal with the problem, and learn how community healing is essential for prevention of alcohol and substance abuse.) In the realm of policy, the Fighting Back program educated the citizens of Gallup about a referendum that resulted in banning Sunday liquor sales in the city and supported a measure lowering the breath-alcohol count under which someone could be charged with DWI. In addition, the Fighting Back program backed measures mandating jail time for multiple DWI offenders, training for alcohol servers about responsible drinking, and a five-year waiting period for licensing new alcohol outlets.

In 1994, Northwest New Mexico Fighting Back and the Robert Wood Johnson Foundation’s Fighting Back national program office commissioned Bernard Ellis & Associates, a consulting firm based in Santa Fe, Tenn., to conduct a review of the extent of substance abuse in McKinley County. According to the report, McKinley County—once the worst county in the United States for alcohol-related mortality—had significantly reduced its alcohol-related death rate from accidents, motor vehicle crashes, homicide, suicide and cirrhosis.³⁰ Three years later, a second report by the same consulting firm showed that between 1993 and 1995 cirrhosis mortality in the county was 43 percent lower than between 1974 and 1976. In addition, the report showed that from 1982 to 1995 the alcohol-related fatality or injury crash rate for McKinley County had not only declined significantly but also exceeded the declines in New Mexico over the same period of time.³¹

THE NA’NIZHOOZHI CENTER

Na’nizhoozhi, which means “bridge” in Navajo, is the name Navajos gave Gallup because they had to cross bridges over the Rio Puerco to come into town from their reservation. It is also the name that was

given to the Gallup Alcohol Crisis Center soon after it opened in September 1992, because the 150-bed protective custody and predetoxification facility is considered to be a bridge to recovery for those who suffer from alcoholism. For that reason, a tile mural of a bridge and the words “Courage to Change, Wisdom to Accept” hang over the entrance of the Center, which has been constructed of red sandstone blocks that match the color of the sandstone bluffs running along the valley corridor in which Gallup is situated.

A collaborative effort to address the alcohol crisis in Gallup and northwestern New Mexico, the Na’ nizhoozhi Center, Inc., or NCI, was developed by the Navajo and Zuni Nations, the City of Gallup, and McKinley County, with support from the New Mexico state government and the Rehoboth McKinley Christian Hospital. Its construction was financed by a \$1.6 million bond issued by the City of Gallup, which has since been retired by proceeds from the increased excise tax on liquor, and its annual operational cost of approximately \$1 million is covered by the federal government and transferred to the Navajo Nation through the government’s Indian Health Service. Intoxicated adults who have been taken into protective custody by police or other law enforcement officials are held at the center for at least twenty-four hours before being released into the custody of a sober relative or friend. Local hospitals, families, and citizens can also bring intoxicated people to NCI, which can offer protective custody for 100 men and 25 women who are age 18 or older. A court order, or three protective custody admissions in a 30-day period, result in a five-day emergency commitment, as required by New Mexico statutes for detoxification. Physicians can also request the five-day hold, during which patients receive counseling and attend meetings based upon the Alcoholics Anonymous model. Patients can remain longer if they volunteer to participate in the Center’s short-term adult shelter program, or in its 23-day traditional healing program.

The traditional healing program—the first ever for a government-funded detoxification center—is known as the Hi’ina’ah Bits’os (Eagle Plume) Society. (The name refers to the story of twin Navajo warriors who visited their father, the Sun, looking for self-identify and knowledge, and who were given a sacred Eagle Plume for protection by Spider Woman.) The goal of the program, which is directed by Navajo medicine men, is to promote healthy behavior through the clanship system (K’e)—a method of identification that ties Navajo families to specific locations on the vast reservation, and to the Beauty Way philosophy, which entails a lifelong journey of healing, empowerment, and resilience. How to live a positive life is revealed through ancient Navajo myths and by participating in traditional ceremonies that employ drumming, chanting, praying, and use of corn pollen pouches. A Navajo basket teachings project seeks to

collect and share legends that help prevent and treat alcohol abuse. As part of the traditional healing program, the Na'nizhoozhi Center provides hogans for men and women, sweat lodges, and a cooking area for preparing traditional Navajo food, such as roast mutton and fry bread. In keeping with the clanship system, the Center's clients and the its 125-member staff, the great majority of whom are Navajo, think of themselves as family members and refer to each other as "relatives."

It was Raymond Daw who came up with the idea of calling clients at the Na'nizhoozhi Center relatives. Daw, a 49-year-old Navajo from Houck, Ariz., has nearly 15 years of experience in dealing with alcohol and substance abuse in the Navajo Nation. Between 1988 and 1991, he was clinical director of the Navajo Department of Behavioral Health Services, where he was in charge of treatment programs. Between 1992 and 1993, he was assistant director of operations for the Na'nizhoozhi Center, and since 1994 he has been executive director. (From 1996 to 1999, he was executive director of Northwest New Mexico Fighting Back.) A soft-spoken man who wears his long hair tied in a traditional Navajo bun, he has a master's degree in counseling and psychology from the University of New Mexico, and some interesting ideas about how to treat alcohol abuse among his Navajo relatives:

When I was clinical director of the Navajo Department of Behavioral Health Services, I saw my field counselors working from the standard Alcoholics Anonymous model, and realized that the AA method was not successful in treating Navajos because it was not culturally sensitive to their ways. Once I became director here at NCI, I saw a need to institute a traditional healing program. For this reason, I encouraged two young medicine men to proceed with the development of the Eagle Plume Society, which I believe has played a large role in the success we have had in reducing the rate of protective custody admissions. As far as I'm concerned, one of the biggest problems we face in the future will be pressure upon us to place too much emphasis on science-based treatment—for example, chemical and drug intervention. Such interventions have been designed for dense urban populations with ready access to monitoring facilities, but not for the kind of rural population that lives in the open spaces of the huge Navajo reservation. In addition, they are not culturally appropriate for the Navajo people.

Daw's high regard for traditional healing is echoed by Matthew Kelley, a tall, graying, and intensely enthusiastic man who has been clinical director in charge of treatment programs at the Na'nizhoozhi

Center since 1994. Kelley's early background is eclectic, to say the least. After graduating from the University of Alaska in 1974, he became a smoke jumper during the summers and studied transcendental meditation at a Swiss monastery for seven winters. He then studied biofeedback at the Menninger Clinic, in Topeka, Kansas, and received a degree in clinical psychiatry from the Saybrook Institute, in San Francisco. Later, he worked at the Navajo Nation headquarters, in Window Rock, conducting a study on neurotherapy feedback for problem drinkers.

"A problem drinker drinks because he doesn't feel good about himself when he's sober," Kelley said not long ago, as he sat at his desk in a small office whose walls are covered with drawings—some of them remarkably accomplished—that have been done by patients at the Center. He continues:

The important thing is to get him to feel better about himself against the odds. The AA model, which is based upon guilt and disclosure, doesn't work with Navajos, who are among the most spiritually inclined of all the Native American peoples. What is needed is the inner and cultural empowerment afforded by the kind of traditional healing program we encourage here. It can change the low brainwave frequencies and racing brainwave patterns that are common among alcoholics. A Navajo patient coming out of a sweat lodge exhibits such changes. He feels better in mind and body—reborn, if you will. So there's a new paradigm in the making here at NCI. We're in the process of transforming this place from a detox center into a place of healing.

There is little doubt that the Na'nizhoozhi Center has played a significant role in reducing the number of protective custody admissions that were occurring annually in Gallup. During its first year of operation, admissions were 26 percent lower than admissions to the drunk tank in previous years, and by 1998 the number was about half the annual levels that had occurred during the 1980s. By that time, there was also a 33 percent drop in emergency room visits for alcohol-related causes at the Gallup Indian Medical Center, and more than a 60 percent decrease in the number of winter exposure deaths resulting from alcohol abuse. The Center has also been able to give a clearer picture of the chronic alcoholic population in the region, including the average blood alcohol level of public intoxicants, and their chapter residence on the Navajo reservation—a piece of information vital in making treatment referrals and follow-up visits.

A further example of the value of the Na'nizhoozhi Center as a data collector and early warning system can be found in the results of a 1999 study it conducted on the ingestion of Ocean, a combination of

hairspray and water popular among many substance abusers in northwestern New Mexico. (Typical hair spray contains 70 percent or more specially denatured alcohol not intended for human consumption, 10 to 20 percent butane or propane propellant, up to 5 percent acrylic hair stiffener, and a 5–15 percent mix of other chemicals. The term Ocean is derived from the oceanlike foam that is generated when the hair spray is mixed with water and rapidly shaken to release the butane or propane propellant.) The NCI study, which examined Ocean use by 178 males and 47 females, found that 10 percent of people ingesting Ocean were experimental users, that 50 percent drank Ocean to cure or alleviate alcohol hangover, and that 40 percent were chronic users who used Ocean daily for intoxication. (The onset of Ocean euphoria is rapid in comparison to that of other liquor, and chronic users almost always enter a blackout level of consciousness.) The study also revealed that 40 percent of Ocean users were experiencing medical complications that began after their initial use of it. Warning that teenage use of Ocean was potentially explosive, the NCI researchers recommended that state legislation to limit access to hair spray be enacted, and that programs for retailer awareness and public awareness, as well as prevention and education programs for children and young people, be undertaken.³²

THE ROBERT WOOD JOHNSON FOUNDATION'S *HEALTHY NATIONS* PROGRAM

When funding for Northwest New Mexico Fighting Back came to an end in the spring of 1997, Daw and his colleagues applied for and received a \$930,000, three-year grant to participate in a Robert Wood Johnson Foundation program called Healthy Nations: Reducing Substance Abuse Among Native Americans. This program had begun in early 1994, when the Foundation started financing fifteen tribes and Native American organizations for initiatives designed to combat alcoholism and substance abuse by addressing contributory problems, such as a deteriorating sense of cultural heritage; lack of consistent opposition to substance abuse within individual communities; and strong peer pressure among Native American youths to drink, smoke, and use illegal drugs. The drastic need for programs to reduce alcohol and substance abuse among Native American youths can be seen in a risk behavior survey that was conducted in early 1998 in 22 of 24 Navajo Nation high schools, with 4,069 out of 6,250 eligible students participating. Nearly one-third of all students reported heavy binge drinking (five or more drinks of alcohol in a row) during the previous 30 days, almost two-thirds of all students reported using marijuana, and nearly 16 percent reported having used cocaine.³³

In their grant application to the Robert Wood Johnson Foundation's Healthy Nations Program, Daw and his coworkers pointed out that during the previous five years Northwest New Mexico Fighting Back had

successfully engaged all tribes, municipalities, and alcohol and drug service providers in the tricounty area in northwestern New Mexico, and that as a result of strong community support and response, there had been a significant reduction in alcohol and drug-related deaths. However, they went on to point out that the region still ranked high in alcohol-related homicide, crime, fatalities and car crashes. As a result, they proposed programs to promote public awareness, foster intercultural relations, and improve treatment and prevention services for alcohol and substance abusers in six target areas, with a Healthy Nations coordinator assigned to each of them. The target areas included all villages in the pueblos of Acoma and Laguna; the Navajo chapter communities of Shiprock, Sanostee, Burnham, Sheep Springs, Newcomb, and Naschitti; the chapter communities of Counselor, Nageezi, Huerfano, Ojo, Encino, and Puerto Pintado; the chapter communities of Crownpoint, Marino Lake, Smith Lake, Pinedale, and Becenti; and the chapter communities of Tohatchi, Crystal, Mexican Springs, Navajo, and Window Rock.³⁴ (Readers of Tony Hillerman novels will no doubt remember his Navajo police heroes, Officer Jim Chee and Lt. Joe Leaphorn, driving to and from many of these communities.)

Dennis Lorenzo, a 50-year-old Acoma who is director of the aftercare program at the Na'nizhoozhi Center, also served as the Healthy Nations coordinator for the Acoma pueblo. As he reported recently:

The transition from Fighting Back to Healthy Nations was relatively smooth because the goals of both programs were essentially the same, and because Fighting Back had already developed education and treatment programs in several of the target areas. In the Acoma pueblo, a community action team organized an "Earth Day" celebration during which 120 trees were planted. As part of the celebration, many Acoma families participated in traditional healing ceremonies. The action team also held community forums on how to prevent and deal with alcohol and substance abuse. In coordination with Acoma Behavioral Health Services, the team brought public attention to the problem posed by the sale of alcoholic beverages at a Wal-Mart in Cibola County. In addition, forums were held to foster stronger awareness of diabetes—a disease that had become a major health problem in the pueblo—and to emphasize the need for healthier eating habits.

In the six other target areas, action teams and volunteer groups carried out similar initiatives. The Tohatchi Healthy Nations Program organized six weeks of summer sports activities and camps, including a Little League in which 175 youths participated. Tohatchi also established a youth center and a Police Athletic League. Crownpoint's special focus was development of a community coalition to meet the

needs of youth with workshops and Gathering of Native Americans' events. The coalition organized a policing project to reduce substance abuse and violence within several local housing projects and helped start a ROPES (Realization of Personal Excellence and Strength) program as well as a youth athletic association. The Healthy Nations coordinator at Crownpoint established a referral network for alcohol abusers with the Na'nizhoozhi Center and the Crownpoint Department of Behavioral Health Services. A family harmony program in the Crownpoint target area established a toll-free number for victims of domestic abuse.³⁵

Early in the Healthy Nations Program, the community coalition at Counselor brought about the 30-day suspension of a local bar license. During that time, public drunkenness decreased significantly, and there were no alcohol-related motor vehicle accidents in the community. Subsequently, the Counselor coalition was able to close down three of the four liquor retailers in the surrounding area. The coalition also cosponsored the annual Red Ribbon Memorial March and Gathering along 80 miles of New Mexico State Highway 44, where numerous alcohol-related traffic accidents and deaths had occurred. In the Shiprock area, the annual Joey Harry Memorial Run was held to honor the memory of Joey Harry, a seven-year-old girl who was killed by a drunken driver in 1995 in Newcomb, a remote community midway along the 90-mile stretch of U.S. Highway 666 that runs north from Gallup to Shiprock.³⁶ A highlight of the Healthy Nations effort in Shiprock was the signing of an intergovernmental agreement to create the Navajo Nation-Farmington Substance Abuse Task Force. (Farmington is a border town thirty miles east of Shiprock in the northwestern section of San Juan County.) The historic agreement included the Navajo Nation, San Juan County, and the City of Farmington and was cosigned by a dozen private providers of treatment and services for alcohol and substance abusers.³⁷

In addition to supporting initiatives in the six target areas, the Healthy Nations program took the lead in organizing the annual Red Ribbon Multicultural Relay Run, an event dedicated to opposing alcohol and substance abuse in which five thousand runners from Native American and non-Native American communities across the state converge from three directions upon Albuquerque. (All of New Mexico's twenty-two Native American tribes were represented in the run.) In collaboration with the Na'nizhoozhi Center, the Healthy Nations program started off the new millennium with a Sobriety Pow-Wow at the University of New Mexico College in Gallup, which was attended by nearly seven hundred people. The program also organized a national healing conference for Native American adult children of alcoholics, which was attended by more than one hundred people, some of whom have since taken the lead in persuading the Navajo Nation to enhance its anti-bootlegging laws by increasing fines and jail time for

offenders.

THE FUTURE: EXPANDING TO OTHER TOWNS BORDERING THE NAVAJO RESERVATION

Although many of the programs in the target areas have continued since Robert Wood Johnson Foundation funding for Healthy Nations ended in the summer of 2000, scores of Navajo and other Native American communities still need help to combat alcohol and substance abuse. For example, many of the 110 Navajo communities don't have service providers to assist them in this fight. From the very beginning, planners of Northwest New Mexico Fighting Back realized that their most daunting task was to offer education, treatment, and prevention programs for a large and culturally diverse population whose members were scattered over a vast rural area under the jurisdiction of no less than fourteen governmental agencies (including those of federal, state, county and city governments and of four sovereign Native American nations). In their 1991 Implementation Plan, they recognized that the region affected by alcohol and substance abuse was far greater than the tricounty area targeted by the Fighting Back program, and they wondered if it should be enlarged to include parts of Arizona and Utah.³⁸ In this connection, they discussed the need for a "regional substance abuse authority," but because of the complex sovereignty issues involved they were not able to conceptualize, let alone establish, one. This was a failing that hindered alcohol reform in the Navajo Nation for most of the next decade.

In early June 2000, the Navajo Nation sponsored a two-day Behavioral Health Summit at the Civic Center in Farmington. The conference was attended by more than four hundred behavioral health specialists, physicians, and concerned citizens from the huge Four Corners Region that surrounds the point at which the borders of New Mexico, Arizona, Utah and Colorado come together. In his opening remarks, Kelsey A. Begaye, president of the Navajo Nation, reminded his listeners that alcoholism had been the "scourge of the Navajo people for as long as we can remember," and a major contributor to motor vehicle fatalities, domestic violence, child abuse, elder abuse, acute mental illness, and other severe health problems. He called for a new and far broader initiative to be directed toward correcting the fragmentation and lack of coordination among the numerous federal, state, county, city, tribal, and private organizations that provide behavioral health services to the Navajo people and their neighbors living in towns bordering the reservation, and he announced the formation of a task force that would establish a behavioral health entity with sufficient credibility and authority to enable the Navajo Nation and its non-Navajo partners to efficiently combat the problem of alcohol and substance abuse in the Four Corners region.

A year and a half later, an organization called the Navajo Nation Regional Behavioral Health Consortium is being organized. The consortium will be made up of tribal and city governments in the Four Corners Region and include the mayors of Flagstaff, Farmington, Gallup, and eleven other cities in the area. (Federal, state, county, and private behavioral health agencies will act in an advisory capacity.) The mission of the consortium is to provide a comprehensive, high-quality behavioral health service delivery system to the residents of the region by coordinating the resources of its members. Start-up money will come from the tribes and the cities, which will seek an annual operating budget of some \$650,000 from the federal government. Among the problems that remained to be worked out at the beginning of 2002 were exchange of memoranda of understanding between the consortium and federal, state, county, city, and tribal health resource organizations; articles of incorporation and bylaws; establishment of a regional regulatory office to assist in licensing behavioral health facilities and providers; a method of developing behavioral health services to provide training in skills that will enable clients to support themselves; and identifying the availability and accessibility of culturally appropriate regional behavioral health services, such as detoxification, outpatient and inpatient programs, and aftercare support for children, adolescents, and adults.

Just how desperately the Navajo Nation needs this new initiative can be seen in a recent study on mortality trends in McKinley County that was conducted for Northwest New Mexico Fighting Back by Bernard Ellis & Associates. A report of the study, which was issued in August 2001, shows that the earlier pace of improvement in alcohol and substance-abuse-related accidents and deaths has slowed since 1995, and that in some cases the situation is worsening. For example, during the four-year period from 1995 to 1999, alcohol-induced mortality in McKinley County rose by 28 percent, drug-induced mortality increased by 135 percent, and suicide mortality increased by 58 percent. As a result, the Ellis & Associates report declared, "It is critically important that a renewed effort be initiated if progress toward reducing substance abuse in McKinley County is to continue."³⁹

With this adjuration in mind, it can only be hoped that the newly formed consortium will prove to be an effective impetus in the long and difficult journey toward alcohol reform that has been under way in the Navajo Nation for more than a decade.

Notes

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- ⁴ Guthrie, P., “A Family Outpouring,” *Albuquerque Tribune*, 27 September 1988, p. A-3.
- ⁵ Editorial, *Albuquerque Tribune*, 27 September 1988, p. A-7.
- ⁶ “Gallup: Paved with Good Intentions,” *Albuquerque Tribune*, 28 September 1988, p. A-1.
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- ¹³ “Gallup: Six-pack to Go,” *Albuquerque Tribune*, 29 September 1988, p. A-1.
- ¹⁴ Editorial, *Albuquerque Tribune*, 29 September 1988, p. A-9.
- ¹⁵ *Grant Description ...* (1990), p. 16.
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