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Domestic Violence Awareness Month 2025

Submitted by George T. Ghosen, Editor

What is Domestic Violence?

Domestic violence is a pattern of abusive behavior used by one person to gain or maintain power and control over another person in a domestic setting, such as in a relationship or within a family. It can happen to anyone, regardless of age, gender, race, or socioeconomic status.

Domestic violence can take many forms, including:

1. **Physical abuse** – Hitting, slapping, punching, choking, or any other form of physical harm.
2. **Emotional or psychological abuse** – Insults, threats, manipulation, intimidation, or controlling behavior that damages a person's self-worth or emotional well-being.
3. **Sexual abuse** – Any non-consensual sexual contact or behavior.
4. **Financial abuse** – Controlling a person's access to financial resources, stealing money, or preventing them from working.
5. **Verbal abuse** – Name-calling, yelling, or constant criticism.
6. **Digital abuse** – Using technology to harass, stalk, or control someone (e.g., monitoring messages or social media).

Domestic violence is a serious issue that can have long-lasting effects on victims, including physical injuries, emotional trauma, and even death. If you or someone you know is experiencing domestic violence, it's important to seek help. Many countries have hotlines, shelters, and support services available.

Legal protections against domestic violence

In **New York State**, there are extensive legal protections available for victims of domestic violence. These protections span criminal, civil, and social service systems to ensure safety, justice, and support. Here's a breakdown of the key legal measures:

1. Orders of Protection

Victims can obtain **orders of protection** (also called restraining orders) through **criminal or family court**. These orders can:

- Require the abuser to stay away from the victim's home, workplace, school, and family.
- Prohibit contact, harassment, threats, or intimidation.
- Mandate surrender of firearms.
- Include child custody and visitation provisions.
- Be temporary (ex parte) or permanent (up to 2–5 years depending on circumstances)¹.

2. Mandatory Arrest Laws

Police are **required to arrest** the abuser in felony cases or when a misdemeanor family offense has occurred, unless the victim requests otherwise. Officers must identify the **primary physical aggressor** to avoid dual arrests².

3. Domestic Incident Reports (DIR)

Law enforcement must file a Domestic Incident Report for any domestic disturbance, even if no arrest is made. Victims receive a free copy at the scene².

4. Emergency Financial Assistance

Victims may receive:

- **Emergency awards** up to \$1,500 from the Crime Victims

Compensation Board.

- **Relocation expenses** up to \$2,500.
- **Waivers for public assistance requirements** if compliance would endanger the victim or their children².

5. Address Confidentiality Program

Victims can enroll in a program that provides a substitute mailing address to keep their real location private. First-class mail is forwarded to their actual address¹.

6. Lease Termination and Lock Changes

Victims can legally break a lease with 30 days' notice and proof of an order of protection. In NYC, organizations like Safe Horizon offer free lock replacement services¹.

7. Court Jurisdiction

Both family and criminal courts can hear domestic violence cases. Family court handles issues like custody and child support, while criminal court addresses criminal charges².

8. Enforcement of Out-of-State Orders

New York enforces **orders of protection issued in other states** as if they were issued locally².

9. Definition of Domestic Relationships

Legal protections apply to victims in various relationships, including:

- Spouses or ex-spouses
- People with a child in common
- Blood relatives
- People in current or former intimate relationships (even if not sexual or cohabiting)³.

(¹ [FindLaw](#), ² [NYS Attorney General](#), ³ [NYCourts](#))

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How to report domestic violence legally

In **New York State**, reporting domestic violence legally involves several steps and protections to ensure the safety and rights of victims. Here's a clear guide on how to report domestic violence and what to expect:

1. Immediate Action: Call 911

If you or someone else is in immediate danger, **call 911**. Police are trained to respond to domestic violence situations and will:

- Ensure safety.
- Provide emergency medical assistance if needed.
- Identify and arrest the **primary physical aggressor** (not both parties)¹.
- File a **Domestic Incident Report (DIR)**, which documents the event and must be provided to the victim for free².

2. Filing a Police Report

You can also report domestic violence by visiting a local police station. When you do:

- The police will investigate and may file criminal charges.
- You'll receive a **Victim Rights Notice**, outlining your legal options and available services³.
- You can request police assistance to reach a safe location or shelter¹.

3. Requesting an Order of Protection

You can ask for an **Order of Protection** through:

- **Criminal Court** – if charges are filed.
- **Family Court** – even without criminal charges, if the abuser is a family or household member.

Orders of Protection can:

- Prohibit contact or harassment.
- Require the abuser to leave the home.
- Protect children, pets, and property.

- Be temporary or final, lasting from 1 to several years².

4. Working with the District Attorney

If criminal charges are filed:

- The **District Attorney (DA)** prosecutes the case.
- You are the **complaining witness**, not a party to the case.
- The DA may request a **Temporary Order of Protection** at the arraignment (usually within 24 hours of arrest)³.

5. Additional Legal Rights

Victims have the right to:

- An interpreter if they don't speak English well.
- Emergency financial assistance and relocation support.
- Confidentiality of personal records.
- Waivers from public assistance requirements that could endanger them².

6. Support Services

You can contact:

- **New York State Domestic & Sexual Violence Hotline:** 1-800-942-6906
- **National Domestic Violence Hotline:** 1-800-799-7233
- Local domestic violence shelters and legal aid organizations for help with safety planning, legal options, and emotional support¹.

(¹ [NY Crime Victims Legal HELP](#), ² [NY Attorney General](#), ³ [NYCourts](#))

National Domestic Violence Awareness Month

National Domestic Violence Awareness Month is recognized each October through educational events, community gatherings, and support groups. In 2018, the Domestic Violence Awareness Project developed a unified theme: **#1Thing**. The purpose of this campaign is to remind everyone that ending domestic violence starts with just

one small action, whether that is seeking help or sharing resources.

National Domestic Violence Awareness Month Timeline

1850 Tennessee outlawed violence against spouses. Other states followed suit shortly thereafter.

1978 The National Coalition Against Domestic Violence was established. The NCADV, a non-profit, was established to serve as the voice of victims and survivors.

1987 First National Domestic Violence Awareness Month. The push for change began.

1994 Major legislation was passed. The U.S. passed two additional Violence Against Women Acts in 2000 and 2005.

2010 Domestic violence victims total 10 million per year. According to a CDC survey, 20 Americans experience intimate partner physical violence every minute. That totals around 10 million victims per year.

How to Observe National Domestic Violence Awareness Month

1. Participate in an event

The Domestic Violence Awareness Project and other organizations will hold events throughout the month. Participate — whether or not this issue has touched you directly.

2. Take the community pledge

Take the **#1Thing** community pledge to stand up against domestic violence, speak up against victim-bullying, listen to victims, and change one thing in your community to end domestic violence.

3. Post on social media

Head to the National Coalition Against Domestic Violence to find sample posts to use on social media. These include resources and toolkits you can share with your followers.

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4 Signs You're Experiencing Abuse

1. Your partner threatens or tries to control you

This can be anything from making you feel inadequate to telling you what to wear or how to look.

2. Your partner controls your money

Keeping cash or credit cards away from you, or discouraging you from working is unacceptable.

3. Your partner isolates you

Cutting you off from family and

friends makes you even more dependent on your partner and could be a sign of abuse.

4. Your partner physically abuses you

This is a serious crime regardless of your relationship status.

Why National Domestic Violence Awareness Month is Important

A. It inspires change

National Domestic Violence Awareness Month encourages those in abusive relationships to get help. The month isn't

just about learning, it's about doing.

B. Victims need our support

Millions of Americans are domestic violence victims. They need our support to move beyond the abuse.

C. It's about facts

The month aims to educate Americans about what is considered domestic violence. It also reinforces a zero-tolerance policy when it comes to abuse.

(From [National Today](#))

How Healthcare Disparities Worsen Breast Cancer Outcomes for Native Women

By Joni Sweet, [Breast Cancer Research Foundation](#)

Breast cancer deaths have dropped significantly in the U.S., but not for Native women. BCRF discusses how systemic barriers to screening, treatment, and research leave this community behind

Breast cancer outcomes have drastically improved over the past few decades, thanks to advances in awareness, early detection, and treatment. But progress hasn't been equal for all communities. Native women—who are commonly referred to as American Indians and Alaska Natives (AIAN) in scientific literature and by the U.S. government—typically receive later-stage diagnoses, face poorer treatment options, and experience slightly higher mortality rates—despite having a lower incidence of breast cancer than white women.

Furthermore, breast cancer may place an even greater burden on this community than statistics suggest. Health databases often misclassify Native people in other racial and ethnic groups, resulting in an incomplete picture of the disease's true impact. What is clear,



Picture by FangXiaNuo/iStock

however, is that Native communities face critical disparities in access to healthcare, including lower screening rates, geographic and financial barriers to treatment, and systemic inequities that make early detection more difficult.

Here, we dive into the data on how breast cancer affects Native women, and why they face worse outcomes from the disease.

How breast cancer impacts Native women

According to data from the [American Cancer Society](#) (ACS), breast cancer is less common

among Native women than among white and Black women, affecting approximately 1 in 809 women in this community.

Mentioned in this article:

- ♥ [Lumpectomy](#)
- ♥ [Mammogram](#)
- ♥ [Triple-negative breast cancer](#)

While Native women are diagnosed with breast cancer [10 percent less frequently](#) than white women, their mortality rate is six percent higher. Unlike the overall breast cancer death rate, which has declined by 44 percent since 1989, mortality rates among Native women have remained unchanged—a disparity that reflects persistent gaps in access to early detection and treatment.

Native women have the lowest breast cancer screening rates of all racial and ethnic groups. [Data from ACS](#) show that just 31 percent of women in this community who are 40 and over received a mammogram within the last year, far below rates for other racial groups.

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Over the last two years, just 51 percent of Native women underwent breast cancer screening, compared to 73 percent of Black women and 68 percent of white women.

These low screening rates put Native women at greater risk of being diagnosed at a later stage, when treatment options are more limited and survival rates decline. [Sixty percent of breast cancer cases](#) in this community are caught at the localized stage (just in the breast), compared to 68 percent of cases in white individuals.

Meanwhile, 29 percent of Native women with breast cancer are diagnosed with regional-stage disease (in the breast and lymph nodes), and seven percent have distant-stage disease (spread to other organs). Hormone receptor-positive breast cancer is the most common subtype among Native women, which is the case for all other racial and ethnic groups, as well. Compared with white and Asian American/Pacific Islander women, they experience elevated rates of triple-negative breast cancer (TNBC), an aggressive subtype with fewer treatment options and less favorable outcomes. In addition, they are less likely to receive genetic testing of tumor specimens, which means they may not be fully informed about their risk of recurrence or available treatment options, according to ACS' [CA: A Cancer Journal for Clinicians](#).

Beyond gaps in screening rates and early-stage diagnoses, Native women also face disparities in breast cancer treatments. A [2022 study in *Annals of Surgical Oncology*](#) found that Native women with early-stage breast cancer were more likely to undergo mastectomies (surgery to remove the entire

breast) rather than lumpectomies (removal of cancerous and surrounding tissues), compared to non-Hispanic white women. Lumpectomies are less invasive and don't require reconstruction surgeries.

More specifically, 41 percent of these patients received mastectomies (compared with about 34 percent of white patients), and 59 percent received lumpectomies (compared with almost 66 percent of white patients). Those in the Northern Plains and Alaska experienced the most significant disparities, with 47 percent to 49 percent of Native women in these areas receiving mastectomies for early-stage breast cancer, compared with 33 percent to 36 percent of white women in the same regions.

Native women also have slightly higher breast cancer mortality rates (20.5 deaths per 100,000 cases) than white women (19.4 per 100,000 cases), according to ACS. Furthermore, survival rates in this community haven't improved at the same pace as overall survival rates. Between 1999 and 2020, breast cancer mortality among Native women declined by just 0.8 percent per year—half the rate of decline seen in white women (1.6 percent annually), according to the Centers for Disease Control.

What accounts for the breast cancer disparities that Native women experience?

Limited funding for and availability of healthcare services put Native women at a higher risk of delayed breast cancer diagnoses, reduced access to treatment, and poorer outcomes. A [perpetual lack of funding and staff](#) prevents the Indian Health Service,

the federal agency responsible for serving these communities, from offering sufficient resources for early detection and breast cancer treatment.

High poverty rates compound these challenges. Native people experience the highest poverty-to-population ratio of any racial or ethnic group in the U.S., according to [2023 U.S. Census Bureau data](#). This further limits their access to medical care, insurance, and time off work for screenings and treatment. In fact, [27 percent of Native people](#) have no health insurance (compared with 10 percent of white individuals), and 12 percent have no regular source of medical care, according to ACS.

Certain lifestyle and health factors may also play a role in breast cancer risk and outcomes for Native women in some communities. [Higher rates of smoking, heavy alcohol use, and type 2 diabetes](#) within this ethnic group can contribute to both their risk of breast cancer and outcomes after a diagnosis. However, these risk factors are not consistent across all Native populations. For example, Native individuals in the Midwest census region have lower obesity rates than white individuals. More research is needed to assess differences in risk factors among various Native communities.

Geography also creates barriers to healthcare access for breast cancer screening and treatment. [More than half](#) of Native people live in small towns or rural communities, which often lack healthcare professionals, hospital services, and specialty care. In addition to these barriers, cultural sensitivities [may cause](#) some women to feel uncomfortable openly discussing mam-

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mography and [health concerns](#) in general. All of these factors contribute to low screening rates and reduce the likelihood of both detecting breast cancer at an early stage and pursuing follow-up diagnostics or care.

Native women who live in poverty may find it particularly difficult to travel long distances for care, due to a lack of reliable transportation, childcare, or paid time off from work. These barriers may drive some women to choose mastectomies over lumpectomy and radiation because the latter may require more return visits for care, according to researchers from the [University of Arizona](#). Financial challenges can also make it harder to complete treatment, especially if ongoing medical expenses or lost wages force women to delay or skip necessary follow-up care.

Data limitations make it challenging to get a complete picture of the

disparate impact of breast cancer among Native people. ACS [notes](#) that these communities “have the highest racial misclassification in health data of any group,” which may lead to artificially low estimates of the burden of breast cancer and other diseases. In some cases, they’re [excluded from health data altogether](#), notes the Kaiser Family Foundation.

What’s more, Native people are not a monolithic group—the term encompasses more than 500 federally recognized Indian tribes (including 229 Alaska Native groups), whose members may have significant differences in breast cancer risks, access to screening and treatment, and outcomes.

Working toward a solution

More specifically, culturally nuanced research is required to gain a better understanding of how breast cancer affects differ-

ent Native subpopulations, determine key risk factors for more fatal breast cancer subtypes (such as TNBC), identify the unique barriers these communities face in screening and treatment, and advance breast cancer screening and care.

BCRF has made significant investments in research to reduce breast cancer disparities that lead to poor outcomes and higher mortality. Additionally, BCRF investigators are working on a number of projects that are particularly relevant to Native women. That includes understanding and treating TNBC, improving screening, diversifying clinical trials, and reducing treatment delays.

For resources and to learn more about breast cancer in Native women, visit the American Indian Cancer Foundation’s website [here](#).

(Article respectfully submitted by Bonnie LaForme, IHAWP Facilitation Assistant)

The Relationship Between Nutrition and the Immune System

(From [Harvard T.H. Chan – School Of Public Health](#))

Nutrition and Immunity

During the flu season or times of illness, people often seek special foods or vitamin supplements that are believed to boost immunity. Vitamin C and foods like citrus fruits, chicken soup, and tea with honey are popular examples. Yet the design of our immune system is complex and influenced by an ideal balance of many factors, not just diet, and especially not by any one specific food or nutrient. However, a balanced diet consisting of a range of vitamins and minerals, combined with healthy lifestyle factors like adequate sleep and exercise and low stress, most effectively primes the body to fight infection and disease.

What Is Our Immune System?

On a daily basis, we are constantly exposed to potentially harmful microbes of all sorts. Our immune system, a network of intricate stages and pathways in the body, protects us against these harmful microbes as well as certain diseases. It recognizes foreign invaders like bacteria, viruses, and parasites and takes immediate action. Humans possess two types of immunity: innate and adaptive.

Innate immunity is a first-line defense from pathogens that try to enter our bodies, achieved through protective barriers.

These barriers include:

- ♦ Skin that keeps out the majority of pathogens
- ♦ Mucus that traps pathogens
- ♦ Stomach acid that destroys pathogens
- ♦ Enzymes in our sweat and tears that help create antibacterial compounds
- ♦ Immune system cells that attack all foreign cells entering the body

Adaptive or acquired immunity is a system that learns to recognize a pathogen. It is regulated by cells and organs in our body like the spleen, thymus, bone marrow, and lymph nodes. When a foreign sub-

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stance enters the body, these cells and organs create antibodies and lead to multiplication of immune cells (including different types of white blood cells) that are specific to that harmful substance and attack and destroy it. Our immune system then adapts by remembering the foreign substance so that if it enters again, these antibodies and cells are even more efficient and quick to destroy it.

Other conditions that trigger an immune response

Antigens are substances that the body labels as foreign and harmful, which triggers immune cell activity. Allergens are one type of antigen and include grass pollen, dust, food components, or pet hair. Antigens can cause a hyper-reactive response in which too many white cells are released. People's sensitivity to antigens varies widely. For example, an allergy to mold triggers symptoms of wheezing and coughing in a sensitive individual but does not trigger a reaction in other people.

Inflammation is an important, normal step in the body's innate immune response. When pathogens attack healthy cells and tissue, a type of immune cell called mast cells counterattack and release proteins called histamines, which cause inflammation. Inflammation may generate pain, swelling, and a release of fluids to help flush out the pathogens. The histamines also send signals to discharge even more white blood cells to fight pathogens. However, prolonged inflammation can lead to tissue damage and may overwhelm the immune system.

Autoimmune disorders like lupus, rheumatoid arthritis, or type 1 diabetes are partly hereditary and

cause hypersensitivity in which immune cells attack and destroy healthy cells.

Immunodeficiency disorders can depress or completely disable the immune system, and may be genetic or acquired. Acquired forms are more common and include AIDS and cancers like leukemia and multiple myeloma. In these cases, the body's defenses are so reduced that a person becomes highly susceptible to illness from invading pathogens or antigens.

What factors can depress our immune system?

- ◆ *Older age:* As we age, our internal organs may become less efficient; immune-related organs like the thymus or bone marrow produce less immune cells needed to fight off infections. Aging is sometimes associated with micronutrient deficiencies, which may worsen a declining immune function.
- ◆ *Environmental toxins (smoke and other particles contributing to air pollution, excessive alcohol):* These substances can impair or suppress the normal activity of immune cells.
- ◆ *Excess weight:* Obesity is associated with low-grade chronic inflammation. Fat tissue produces adipocytokines that can promote inflammatory processes.¹ Research is early, but obesity has also been identified as an independent risk factor for the influenza virus, possibly due to the impaired function of T-cells, a type of white blood cell.²
- ◆ *Poor diet:* Malnutrition or a diet lacking in one or more nutrients can impair the production and activity of im-

mune cells and antibodies.

- ◆ *Chronic diseases:* Autoimmune and immunodeficiency disorders attack and potentially disable immune cells.
- ◆ *Chronic mental stress:* [Stress releases hormones like cortisol](#) that suppresses inflammation (inflammation is initially needed to activate immune cells) and the action of white blood cells.
- ◆ *Lack of sleep and rest:* [Sleep is a time of restoration for the body](#), during which a type of cytokine is released that fights infection; too little sleep lowers the amount of these cytokines and other immune cells.

Does an Immune-Boosting Diet Exist?

Eating enough nutrients as part of a varied diet is required for the health and function of all cells, including immune cells. Certain [dietary patterns](#) may better prepare the body for microbial attacks and excess inflammation, but it is unlikely that individual foods offer special protection. Each stage of the body's immune response relies on the presence of many micronutrients. Examples of nutrients that have been identified as critical for the growth and function of immune cells include vitamin C, vitamin D, zinc, selenium, iron, and protein (including the amino acid glutamine).^{3,4} They are found in a variety of plant and animal foods.

Diets that are limited in variety and lower in nutrients, such as consisting primarily of [ultra-processed foods](#) and lacking in minimally processed foods, can negatively affect a healthy immune system. It is also believed that a Western diet high in refined sugar and red meat and low in fruits and vegetables can promote disturb-

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ances in healthy intestinal microorganisms, resulting in chronic inflammation of the gut, and associated suppressed immunity.⁵

The [microbiome](#) is an internal metropolis of trillions of microorganisms or microbes that live in our bodies, mostly in the intestines. It is an area of intense and active research, as scientists are finding that the microbiome plays a key role in immune function. The gut is a major site of immune activity and the production of antimicrobial proteins.^{6,7}

The diet plays a large role in determining what kinds of microbes live in our intestines. A high-fiber plant-rich diet with plenty of fruits, vegetables, whole grains, and legumes appear to support the growth and maintenance of beneficial microbes. Certain helpful microbes break down fibers into short chain fatty acids, which have been shown to stimulate immune cell activity.

These fibers are sometimes called prebiotics because they feed microbes. Therefore, a diet containing probiotic and prebiotic foods may be beneficial. Probiotic foods contain live helpful bacteria, and prebiotic foods contain fiber and oligosaccharides that feed and maintain healthy colonies of those bacteria.

- ♦ **Probiotic foods** include kefir, [yogurt](#) with live active cultures, fermented vegetables, sauerkraut, tempeh, kombucha tea, kimchi, and miso.
- ♦ **Prebiotic foods** include garlic, onions, leeks, asparagus, Jerusalem artichokes, dandelion greens, [bananas](#), and seaweed. However, a more general rule is to eat a variety of [fruits, veg-](#)

[etables](#), [beans](#), and [whole grains](#) for dietary prebiotics.

♥ Chicken soup as medicine? □

A warm bowl of chicken soup is a popular go-to when we're feeling under the weather. Is there scientific evidence that it aids in healing? The short answer is no; there aren't any clinical trials that show that chicken soup speeds healing any more than other foods. But when breaking down its ingredients, it does appear a worthwhile remedy to try. First of all, chicken soup is light and easy on the stomach when our appetite isn't great.



Second, it provides fluids and electrolytes to prevent dehydration, which can easily occur with a fever. Lastly, a traditional chicken soup recipe supplies various nutrients involved in the immune system: protein and zinc from the chicken, vitamin A from carrots, vitamin C from celery and onions, and antioxidants in the onions and herbs. This is one tasty and soothing food to include when not feeling well and doesn't need a doctor's prescription.

Do Vitamin or Herbal Supplements Help?

A deficiency of single nutrients can alter the body's immune response. Animal studies have found that deficiencies in [zinc](#), [selenium](#), [iron](#), copper, [folic acid](#), and vitamins [A](#), [B6](#), [C](#), [D](#), and [E](#) can alter immune responses.⁸ These nutrients help the immune system in several ways: working as an antioxidant to protect healthy cells, supporting growth and activity of immune

cells, and producing antibodies. Epidemiological studies find that those who are [poorly nourished](#) [are at greater risk](#) of bacterial, viral, and other infections.

♥ Spotlight on vitamin D □

Vitamin D's role in regulating the immune system has led scientists to explore two parallel research paths: Does vitamin D deficiency contribute to the development of multiple sclerosis, type 1 diabetes, and other so-called "autoimmune" diseases, where the body's immune system attacks its own organs and tissues? And could vitamin D supplements help boost our body's defenses to fight infectious disease, such as tuberculosis and seasonal flu?



[\(Learn More\)](#)

Eating a good quality diet, as depicted by the Healthy Eating Plate, can prevent deficiencies in these nutrients. However, there are certain populations and situations in which one cannot always eat a variety of nutritious foods, or who have increased nutrient needs. In these cases a [vitamin and mineral supplement](#) may help to fill nutritional gaps. Studies have shown that vitamin supplementation can improve immune responses in these groups.⁸⁻¹⁰ Low-income households, pregnant and lactating women, infants and toddlers, and the critically ill are examples of groups at risk.

The elderly are a particularly high-risk group. The immune response generally declines with increasing age as the number and quality of immune cells decreases. This causes a higher risk of poorer outcomes if the elderly develop chronic or acute diseases. In addition, about

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one-third of elderly in industrialized countries have nutrient deficiencies.⁸ Some reasons include a poorer appetite due to chronic diseases, depression, or loneliness; multiple medications that can interfere with nutrient absorption and appetite; malabsorption due to intestinal issues; and increased nutrient needs due to hypermetabolic states with acute or chronic conditions. Diet variety may also be limited due to budget constraints or lower interest in cooking for one person; poor dentition; mental impairment; or lack of transportation and community resources to obtain healthy food.

A general [multivitamin/mineral supplement](#) providing the recommended dietary allowances (RDA) may be used in these cases, unless otherwise directed by one's physician. Megadose supplements (many times the RDA) do not appear justified, and can sometimes be harmful or even suppress the immune system (e.g., as with zinc). Remember that vitamin supplements should not be considered a substitute for a good diet because no supplements contain all the benefits of healthful foods.

Herbals

Several herbal supplements have been suggested to boost immune function. What does the research say?

- ♦ Echinacea: Cell studies have shown that echinacea can destroy influenza viruses, but limited research in humans has been inconclusive in determining echinacea's active components. Taking echinacea after catching a cold has not been shown to shorten its duration, but taking it while healthy may offer a small chance of protection from catching a cold.^{11,12}

- ♦ Garlic: The active ingredient in garlic, allicin sativum, is proposed to have antiviral and antimicrobial effects on the common cold, but high-quality clinical trials comparing garlic supplements to placebo are lacking. A Cochrane review identified only one trial of reasonable quality following 146 participants. Those taking the garlic supplement for 3 months had fewer occurrences of the common cold than those taking a placebo, but after contracting the cold virus, both groups had a similar duration of illness.¹³ Note that these findings are from a single trial, which needs to be replicated.
- ♦ Tea catechins: Cell studies have shown that tea catechins such as those found in green [tea](#) can prevent flu and some cold viruses from replicating and can increase immune activity. Human trials are still limited. Two randomized controlled trials found that green tea capsules produced less cold/flu symptoms or incidence of flu than a placebo; however, both studies were funded or had author affiliations with tea industries.¹⁴

8 Steps to Help Support a Healthy Immune System

1. Eat a [balanced diet](#) with whole fruits, vegetables, lean proteins, whole grains, and plenty of water. A [Mediterranean Diet](#) is one option that includes these types of foods.
2. If a balanced diet is not readily accessible, taking a [multivitamin](#) containing the [RDA for several nutrients](#) may be used.
3. Don't smoke (or stop smoking if you do).

4. Drink [alcohol in moderation](#).
5. Perform moderate regular [exercise](#).
6. Aim for 7-9 hours of sleep nightly. Try to keep a sleep schedule, waking up and going to bed around the same time each day. Our body clock, or circadian rhythm, regulates feelings of sleepiness and wakefulness, so having a consistent sleep schedule maintains a balanced circadian rhythm so that we can enter deeper, more restful sleep.
7. Aim to [manage stress](#). This is easier said than done, but try to find some healthy strategies that work well for you and your lifestyle—whether that be exercise, meditation, a particular hobby, or talking to a trusted friend. Another tip is to practice regular, conscious breathing throughout the day and when feelings of stress arise. It doesn't have to be long, even a few breaths can help. If you'd like some guidance, try this [short mindful breathing exercise](#).
8. Wash hands throughout the day: when coming in from outdoors, before and after preparing and eating food, after using the toilet, after coughing or blowing your nose.

Related

[Diet Review: Anti-Inflammatory Diet](#)

[Read More - Strengthening Your Immune System Through Diet](#)

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Teen Driver Safety

Submitted By George T. Ghosen, Editor

A teen's inexperience behind the wheel makes them more susceptible to crashes, so including teen safety messaging in a traffic safety communication plan is important. Specific risk factors for teens behind the wheel include: alcohol and drug use, not wearing a seat belt, distracted driving, additional passengers, speeding, and drowsy driving. Share this information with partner organizations to help spread the message across communities.

Teen Driver Safety Week is October 19–25, 2025 – a good opportunity to increase safety messaging across all platforms.

With the new school year starting, teen drivers face increased risks due to busier roads, early mornings, and distractions. Here are

some key safety tips to help them stay safe:

Top Safety Tips for Teen Drivers

1. Avoid Distractions

- * **No texting or phone use** while driving.
- * Use apps or settings that silence notifications.
- * Keep music at a reasonable volume and avoid fiddling with controls while driving.

2. Follow Speed Limits

- * School zones often have reduced speed limits.
- * Driving too fast reduces reaction time and increases crash severity.

3. Wear Seatbelts—Always

- * Seatbelts save lives. Everyone in the car should be buckled up, no exceptions.

4. Drive Defensively

- * Expect the unexpected—

watch for pedestrians, cyclists, and other drivers making sudden moves.

- * Keep a safe following distance.

5. Limit Passengers

- * More passengers = more distractions.
- * Many states have graduated licensing laws that restrict teen passengers for new drivers.

6. Avoid Driving When Tired

- * Early school mornings can lead to drowsy driving.
- * If you're feeling sleepy, it's safer to wait or get a ride.

7. Respect School Buses

- * Stop when buses have flashing red lights—it's the law.
- * Be extra cautious around bus stops and school zones.

8. Plan Ahead

- * Leave early to avoid rushing.
- * Know your route and backup

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options in case of traffic or detours.

What are the accident incidence statistics for young drivers?

Here are the latest accident incidence statistics for teen drivers in the U.S., based on 2022–2025 data:

Key Crash Statistics for Teen Drivers (Ages 15–19)

General Overview

- Teen drivers make up **3.7% of licensed U.S. drivers**, yet account for:
 - ◊ **9.1% of all motor vehicle crashes**
 - ◊ **6.1% of fatal crashes¹**
 - ◊ In 2022, there were **3,212 fatal crashes** involving teens aged 16–19¹.
 - ◊ Nearly **6 teens die daily** in car crashes, totaling over **2,000 deaths annually²**.

Crash Rates by Age

- **Crash rate per 100 million miles driven:**
 - ◊ Ages 16–17: **1,432** (highest of any age group)
 - ◊ Ages 60–69: **241** (lowest)¹
- **Fatal crash rate per mile driven** for teens is **3x higher** than for drivers aged 20+³.

Most Dangerous Times

- **Weekends:** 51% of teen crash deaths occur Friday–Sunday.
- **Nighttime:** 45% of fatal teen crashes happen between 9 p.m. and 6 a.m.¹.

Gender Differences

- **Male teens are:**
 - ◊ **120% more likely** to die in crashes than female teens.
 - ◊ Account for **69% of teen crash deaths¹**.
- **Aggressive driving and speeding** are more common among male teens².

Risky Behaviors

- **Speeding:** Occurs in 40% of teen trips.
- **Cellphone use:** Happens in 30% of trips; both behaviors occur simultaneously in 5% of trips.
- **Distracted driving:** Contributed to 7–8% of fatal teen crashes¹.

Substance Use

- **Alcohol:**
 - ◊ 29% of teen drivers killed had been drinking.
 - ◊ 17% had a BAC of 0.08% or higher (illegal for all under 21)³.
- **Marijuana:** Increasingly linked to impaired driving among teens³.

Seatbelt Use

- 56% of teen drivers/passengers killed in crashes were **not wearing seatbelts³**.

(¹ [Consumer Affairs](#), ² [Autoinsurance](#), ³ [CDC](#))

What is the timeline for teen accidents to occur?

Here’s a detailed timeline of teen driver accidents based on time of day and day of the week, using the most recent data from 2022–2025:

Teen Accident Timeline by Time of Day

Time of Day	Fatal Accidents	Key Insights
Midnight – 3:59 AM	5,861	High risk due to fatigue and impaired driving. ¹
4:00 AM – 7:59 AM	4,964	Relatively safer; teens are less likely to drive at this time. ¹
8:00 AM – 11:59 AM	4,625	School commute hours; moderate risk. ¹
Noon – 3:59 PM	6,472	After-school hours; increased distractions. ¹
4:00 PM – 7:59 PM	8,531	Peak time for fatal crashes. ¹
8:00 PM – 11:59 PM	8,465	Second-highest risk period. ¹

45% of fatal teen crashes occur between 9 PM and 6 AM.²

Teen Accident Timeline by Day of Week

Day	Fatal Accidents	Key Insights
Sunday	6,041	Deadliest day of the week. ²
Monday	4,980	Lower risk. ¹
Tuesday	4,887	Safest day for teen drivers. ¹
Wednesday	5,073	Moderate risk. ¹
Thursday	5,238	Slightly higher than midweek average. ¹
Friday	5,996	High risk due to weekend start. ¹
Saturday	7,006	Most dangerous overall.¹

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☀ Seasonal Risk: The 100 Deadliest Days

- **Memorial Day to Labor Day** is the most dangerous stretch for teen drivers.
- Teens are **3x more likely** to be involved in fatal crashes during this period.³

(¹ [Insuranceopedia](#), ² [Consumer Affairs](#), ³ [NRSF](#))

Watch the State of Teen Driver Safety Roundtable Discussion [The State of Teen Driver Safety \(Part 1\)](#)

National Teen Driver Safety Week

Now in its [18th year](#), National Teen Driver Safety Week (October 19-25, 2025) is dedicated to raising awareness and seeking solutions to [prevent teen injuries and deaths on the road](#). This grassroots movement has brought millions of

teens, parents, schools, law enforcement, advocates, and policymakers from across the country together to tackle a leading cause of death for teens in the U.S. – [car crashes](#).

From seeking change on the local level with a seat belt check or safe driving pledge wall to meeting with elected officials, teens and others are using National Teen Driver Safety Week as a platform to create positive change.

Many people, including teens, think that the best way to reach young adults is to “scare them straight.” This rarely works. In fact, it can be overwhelming and cause teens to shut down. Research shows that teens understand they are vulnerable and are well aware of many risks. So, focusing on positive actions that teens can take to be safe and to

keep their friends safe, can be powerful messages for teens. In fact, the best way to change behavior over time is messaging that promotes [positive action](#).

Get the conversation started about [safe driving behaviors](#) during National Teen Driver Safety Week in your community, school, or workplace. [Get involved](#) by sharing safety messages with others during National Teen Driver Safety Week and throughout the year.

(From [CHOP Research Institute](#))



Groundbreaking Oscar-Nominated First Nations Actor Graham Greene Walks On

By Elyse Wild, [Native News Online](#), September 1, 2025

Oscar-nominated First Nations actor Graham Greene (Oneida) walked on today, Monday, September 1, 2025. He died in a Toronto hospital after a long illness, according to various reports. He was 73.

Greene was best known for starring alongside Kevin Costner as Kicking Bird in the 1990 film *Dances with Wolves*. The role earned him an Academy Award nomination for Best Supporting Actor.

Greene was born in 1952 on the Six Nations Reserve in Ontario, Canada. He worked as a recording engineer for rock bands when a friend convinced him to audition for a



Graham Greene at the Gemini Awards in 1998. (photo/Creative Commons)

play. He fell in love with acting and performed on stage before making his television debut in

1979 appearing in an episode of the Canadian drama *The Great Detective*. In 1983, he broke into film with his first movie role in *Running Brave*, a biopic about Oglala Sioux Olympian Billy Mills.

Greene went on to star in nearly 40 feature films, including *The Green Mile* (1999), *Thunderheart* (1992), *Clearcut* (1991), *Molly's Game* (2017), and *Transamerica* (2005). He appeared in Taika Waititi's groundbreaking FX series *Reservation Dogs*, HBO's award-winning series *The Last of Us*, and Taylor Sheridan's series *1883* and *Tulsa King*.

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Throughout his career, he won Grammy, Gemini, and Canadian Screen awards. In June, he was honored with the Canadian Governor General's Performing Arts Award for lifetime achievement.

"He was a great man of morals, ethics and character and will be eternally missed," Greene's agent, Michael Greene (no relation), told *Deadline*. "You are finally free."

He is survived by his wife, Hilary Blackmore, his daughter Lilly Lazare-Greene, and his son Tarlo Greene.

Turtle Island Remembers Graham Greene

By Elyse Wild, [Native News Online](#),
September 02, 2025

Beloved First Nations actor Graham Greene (Oneida) [walked on yesterday at the age of 73](#).

Greene began acting in the 1970s. His breakthrough role came when he starred alongside Kevin Costner in *Dances With Wolves* (1990), for which he received an Academy Award nomination for Best Supporting Actor.

Greene's five-decade-long career spanning nearly 40 films and television roles established him as a luminary whose profound influence on Indigenous representation in film and television paved the way for generations of Native actors, writers and filmmakers.

As news broke yesterday of Greene's passing, tributes to the actor poured in from across Turtle Island.

Lily Gladstone (Blackfeet and Nimfipuu), Actress

Graham Greene was one of the best to ever do it. He lived on the

screen in an absolutely unparalleled way. He made everything he was in better. Funnier. Deeper. Memorable.

It's hard to find any suitable words to express what his work meant, but his impact is unparalleled and expansive. I wish I could have met him. I probably would have thanked him.

I was told he was sharp and funny and he worked right up to the end. Like the legend he is.

Travel well, Mr. Greene. My love and condolences to all those who love you.

Sterlin Harjo (Seminole), Filmmaker

Rest easy Graham. It's been a real pleasure working with you, Unc. A real one if there ever was. He was happy to be in Tulsa with us recently doing what he loved to do. Cehecares Till the next one Mvtooo

Sterlin Harjo, known for projects like Reservation Dogs, has been part of a new generation influenced by trailblazers like Greene. Harjo coined the phrase "Is this role Graham Greene-worthy?" as an industry benchmark: roles must go beyond stereotypes to capture the depth, authenticity, and humanity Greene embodied.

Gil Birmingham (Comanche), Actor

"My heart is broken. We have lost a man of incredible talent who made a positive impact on Native representation in film, inspiring a new generation of Native actors. His great heart was only matched by his wickedly funny sense of humor. My prayers are with his family and friends. Journey on, Graham, R.I.P. #GrahamGreene"

Billy Mills (Oglala Sioux Tribe), Olympic Gold-Medalist

"I was saddened by Graham Greene's passing. I first met him in 1983 during the filming of *Running Brave* starring Robby Benson.

I was very impressed with the talent he displayed. Watching his acting career blossom was inspiring and I believe he challenged many to pursue their dreams and to be the best they could be.

To Graham on your journey home:
Faster, Higher, Stronger and with God's Speed."

--Pat and Billy Mills--

Tom Jackson (Cree), Actor

"I never spent enough time enjoying Graham's company. I wasn't necessarily a best friend to him, but he was a best friend to me... He was an epitome of the business. It's an honor to be able to speak about Graham."

Mo Brings Plenty (Oglala Lakota), Actor

Graham Greene will always be an inspiration. He opened many doors for us and showed the world that we have the abilities to portray ourselves as Tribal People and that makes him legendary. Thank you for all that you have done for us in the film business. Rest in Peace Graham.

Kevin Costner, Actor and Filmmaker

A few things come to mind when I think of Graham Greene and our time together on *Dances With Wolves*.

I think of how willing he was to learn the Lakota language. I think of my joy when I heard that his

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work on the film was recognized with an [@theacademy](#) Awards nomination. And I think of this scene in particular, when he was able to establish so much about the relationship between Dunbar and the natives with so few words. He was a master at work and a wonderful human being.

I'm grateful to have been witness to this part of his lasting legacy. Rest in peace, Graham.

Lou Diamond Phillips, Actor

Terribly saddened to hear of the passing of Graham Greene at only 73. From Wolf Lake to Longmire, we had a beautiful friendship," he wrote. "An Actor's Actor. One of the wittiest, wiliest, warmest people I've ever known. Iconic and

Legendary. RIP, My Brother.

Bear McCreary, Composer

I got to score so many wonderful scenes with the iconic [#GrahamGreene](#) on [#Defiance](#). He inspired us all so much. [#RIP](#) to a true legend.

Richard Roeper, Critic

Rest well to Graham Greene, a trailblazing and versatile actor who could quietly but commandingly pocket a scene. Such a force in "Dances with Wolves," "Thunderheart," "Die Hard with a Vengeance" — and "Wind River," one of the best films of 2017. RIP.

Julie Benz, Actress

I'll always treasure my time working with Graham Greene on *Defiance*. He had such grace,

strength, and depth both on screen and off. I learned so much from him and will carry those lessons with me. Sending love to his family and friends. Rest peacefully, Graham

Tony Tost, Filmmaker

Graham Greene was a fantastic actor & an absolute class act. I was very lucky to work with him on LONGMIRE, where he brought world-weary gravitas & wry humor to a small guest role that we kept expanding over seasons to fit the huge talent inhabiting it. Farewell to a quiet great.

Robert Patrick, Actor

Heartbroken to hear Graham Greene has passed. I had the privilege of working with him on *The Outer Limits*... I loved that man! Absolute legend.

Seasonal Affective Disorder

From [Johns Hopkins Medicine](#)

What is seasonal affective disorder?

Seasonal affective disorder (SAD) is a type of depression. It happens during certain seasons of the year, most often fall or winter. It is thought that shorter days and less daylight may set off a chemical change in the brain leading to symptoms of depression. Light therapy and antidepressants can help treat SAD.

What You Need to Know

- Depression is different from feeling sad or unhappy. It is not a sign of personal weakness or a condition that can be willed or wished away.
- Get help. If you think you may be depressed, see a healthcare provider as soon as possible.
- Women are affected more often than men.
- Without treatment, depression

can last weeks, months or years, but most people respond well to medication, therapy or a combination of the two.

- Most people with clinical depression who seek treatment see improvement, usually within weeks.

Who is at risk for SAD?

SAD often starts during adulthood. The risk of SAD increases with age. It's rare in people younger than age 20. Women are affected more often than men.

What causes SAD?

Less sunlight and shorter days are thought to be linked to a chemical change in the brain. They may be part of the cause of SAD.

Melatonin, a sleep-related hormone, also has been linked to SAD. The body naturally makes more melatonin when it's dark. So when the days are shorter and darker, more melatonin is made.

What are the symptoms of SAD?

There are 2 types of SAD:

1. **Fall-onset.** This type is also called winter depression. Symptoms of depression begin in the late fall to early winter months. They ease during the summer months.
2. **Spring-onset.** This type is also called summer depression. Symptoms of depression begin in late spring to early summer. This type is much less common.

These are the most common symptoms of SAD:

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- Increased sleep and daytime drowsiness
- Loss of interest and pleasure in activities formerly enjoyed
- Social withdrawal and increased sensitivity to rejection
- Grouchiness and anxiety
- Feelings of guilt and hopelessness
- Excessive tiredness (fatigue)
- Decreased sex drive
- Decreased ability to focus
- Trouble thinking clearly
- Increased appetite, especially for sweets and carbohydrates
- Weight gain
- Physical problems, such as headaches

Symptoms tend to come back and then improve at about the same times every year.

The symptoms of SAD may seem like other mental health conditions. Always see a healthcare provider for a diagnosis.

How is SAD diagnosed?

Depression often happens with other conditions, such as heart disease or cancer. It may also happen with other mood disorders, such as substance abuse or anxiety. For these reasons, early diagnosis and treatment is key to recovery.

A diagnosis of SAD may be made after a careful mental health exam and health history. These are done by a psychiatrist or other mental health provider.

How is SAD treated?

The treatments for winter depression and summer depression often differ. They may include any of these:

- Exposure to sunlight. Spending time outside or near a window can help ease symptoms.
- Light therapy. If increasing

sunlight is not possible, exposure to a special light for a certain amount of time each day may help. Certain light sources are best for SAD. Check with your healthcare provider for a recommendation.

- Psychotherapy. Cognitive-behavioral or interpersonal therapy helps change the distorted views you may have of yourself and the environment around you. It can help you improve interpersonal relationship skills. And it can help you identify things that cause you stress and learn how to manage them.
- Antidepressants. These prescription medicines can help correct the chemical imbalance that may lead to SAD.

There are also things you can do for yourself to help ease symptoms:

- Get help. If you think you may be depressed, see a healthcare provider as soon as possible.
- Set realistic goals in light of the depression. Don't take on too much. Break large tasks into small ones, set priorities, and do what you can as you can.
- Try to be with other people and confide in someone. It is often better than being alone and secretive.
- Do things that make you feel better. Going to a movie, gardening, or taking part in religious, social, or other activities may help. Doing something nice for someone else can also help you feel better.
- Get regular exercise.
- Expect your mood to get better slowly, not right away. Feeling better takes time.

- Eat healthy, well-balanced meals.
- Stay away from alcohol and illegal drugs. These can make depression worse.
- Delay big decisions until the depression has lifted. Don't make a big change right away, such as getting a new job or getting married or divorced. Talk it over first with others who know you well. They will likely have a more objective view of your situation.
- People don't often snap out of a depression. But they can feel a little better day by day.
- Try to be patient and focus on the positives. This may help replace the negative thinking that is part of the depression. The negative thoughts will go away as your depression responds to treatment.
- Let your family and friends help you.

Key points about SAD

- SAD is a type of depression that happens during a certain season of the year, most often fall and winter.
- There is no clear cause of SAD. But less sunlight and shorter days may be part of the cause. Melatonin, a sleep-related hormone, also may be linked to SAD.
- Symptoms can include increased sleep and daytime drowsiness, social withdrawal, grouchiness, and decreased sex drive.
- SAD may be diagnosed after a mental health exam and health history. These are done by a psychiatrist or other mental health professional.
- Depression is most often treated with light therapy, psychotherapy, and in some cases antidepressants.

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The importance of physical activity related to SAD

Physical activity plays a **crucial role** in managing **Seasonal Affective Disorder (SAD)**, a type of depression that typically occurs during the fall and winter months when sunlight exposure is reduced. Here's why it's so important:

1. Boosts Mood and Reduces Symptoms

Exercise increases the production of **endorphins** and **serotonin**, which are natural mood lifters. These chemicals help counteract the low mood and lethargy associated with SAD.


2. Regulates Sleep and Energy

SAD often disrupts sleep patterns and causes fatigue. Physical activity helps:

- Improve sleep quality
- Increase daytime energy
- Reduce feelings of sluggishness

3. Enhances Exposure to Natural Light

Outdoor exercise—like walking, jogging, or hiking—can increase exposure to **natural sunlight**, which helps regulate your **circadian rhythm** and boosts **vitamin D** levels, both of which are linked to mood regulation.

 4. Reduces Stress and Anxiety
Regular movement helps lower **cortisol** (the stress hormone) and promotes relaxation. Activities like yoga or tai chi are especially helpful for calming the mind.

5. Establishes Routine and Structure

SAD can make it hard to stay

motivated. A consistent exercise routine provides structure, which can help combat feelings of aimlessness and isolation.

Tips for Staying Active with SAD

- **Start small:** Even a 10-minute walk can help.
- **Exercise in the morning** to maximize light exposure.
- **Choose enjoyable activities** to stay motivated.
- **Consider group classes** or virtual workouts for social connection.



What Is an American? Ask the People Who Were Here First

By Levi Rickert, [Native News Online](#), September 08, 2025

Opinion. The National Museum of the American Indian — with locations in New York City and Washington, D.C. — is one of eight Smithsonian institutions under audit in accordance with President Donald Trump's Executive Order 14253, *Restoring Truth and Sanity to American History*.

The directive came from the White House last month in a [letter](#) to Smithsonian Institution Secretary Lonnie G. Brunch III that demanded a full audit of content — from exhibit texts and online materials to curatorial process documents and grant records.

This entire process represents an effort to [sanitize history](#) by emphasizing only the positive events while ignoring negative ones. The approach disregards the reality that, like American history itself, the lives of all Americans are

shaped by both good and bad experiences.

At last week's National Conservatism Conference in Washington, D.C., U.S. Sen. Eric Schmitt (R-Mo.) offered a pointed perspective on this trend of historical sanitization.

Schmitt's [speech](#) was entitled "What is an American?"

In his speech, Schmitt, a staunch conservative, claimed that America was founded by and intended for Europeans who came from across the Atlantic.

"This is who we are. We're a nation of settlers, explorers and pioneers — born on the ocean waters that carried the first ships to our shores and forged in the crucible of a wild frontier. Our people tamed a continent, built a

civilization from the wilderness, and wrote our nation's name in history," Schmitt said.

Schmitt alluded to Manifest Destiny, which allowed for Europeans to come to this continent in the name of religion devoted to their cause and their God.

"We Americans are the sons and daughters of the Christian pilgrims that poured out from Europe's shores to baptize a new world in their ancient faith. Our ancestors were driven here by destiny, possessed by urgent and fiery conviction, by burning belief, devoted to their cause and their God," Schmitt said.

He added: "They believed they were forging a nation—a homeland for themselves and their descendants. They fought, they bled,

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they struggled, they died for us. They built this country for us. America, in all its glory, is their gift to us, handed down across the generations. It belongs to us. It's our birthright, our heritage, our destiny."

Schmitt's version of history is a story America likes to tell itself. It's a tale of rugged pioneers, of brave Continental soldiers, of pilgrims and settlers, of a people chosen by destiny to tame a wilderness and build a nation. This story is often repeated around campfires, in history classrooms, and in speeches that frame America's past as heroic, inevitable, and righteous.

But stories are not the same as truth. And the truth is more complicated — and more painful — than many are willing to accept.

Schmitt diminishes Native nations' sovereignty and equates Indigenous resistance to colonial invasion with barbarism. This narrative fits into the larger story of Manifest Destiny — as if American expansion was a divine mission, not a deliberate policy of displacement and extermination.

The land that became the United States was not empty. It was not unclaimed, uncared for or unused. It was home to tens of millions of

Indigenous people who had built civilizations, confederacies, and cultures over thousands of years.

To describe America as a "birthright" given to settler descendants is to erase Native existence entirely — and to excuse the genocide that came with colonial expansion.

In 2025, we are still being told that America is a gift "handed down" from these settlers, that it "belongs to us." But who is "us"? And who gets to decide?

Apparently, only those of European descent by Schmitt's standards.

The American ideal — the one enshrined in the Constitution, the one that still calls people from around the world seeking liberty and justice — is not about bloodlines or birthrights. It is about a proposition. A powerful one. That all people are created equal—not only those of European descent.

The proposition that governments derive their just powers from the consent of the governed. That the rights of individuals are sacred.

If America means anything, it must mean that. If it only means

land stolen by one group and "handed down" to their descendants, then it's not a democracy—it's a caste system.

Romanticizing Manifest Destiny isn't just bad history — it's dangerous. It blinds us to the realities of how this country came to be. It erases Native voices. It denies the truth of genocide, land theft, and broken treaties. And it teaches future generations that domination is something to be proud of.

Indigenous people are still here. We are not footnotes in your story. We are living tribal nations with rights, memories and futures. We do not need to be "included" in America — we are America. We will continue to speak, to teach, and to remind this country that its soul lies not in conquest, but in justice.

If America is only for some, it's not worthy of any.

To answer Schmitt's question: What is an American? I argue Native Americans are the first Americans and should be afforded the respect they deserve.

Thayék gde nwéndëmen - We are all related.

Halloween Safety for Kids

Halloween safety for kids is essential to ensure a fun and secure experience. Here are key tips to keep in mind:

Costume Safety

- ✧ Choose costumes that are bright and visible.
- ✧ Avoid masks that obstruct vision; consider face paint instead.
- ✧ Ensure costumes fit well to

prevent tripping hazards.

Trick-or-Treating Guidelines

- ✧ Always accompany young children; older kids should go in groups.
- ✧ Stick to well-lit neighborhoods and familiar areas.
- ✧ Use flashlights or glow sticks to increase visibility.

Candy Inspection

- ✧ Check all treats before consumption; discard anything unwrapped or suspicious.

sumption; discard anything unwrapped or suspicious.

- ✧ Be cautious with homemade treats from strangers.

Road Safety

- ✧ Teach kids to look both ways before crossing streets.
- ✧ Use crosswalks and avoid darting between parked cars.

Boil, Bubble, Toil, and Trouble: The Salem Witch Trials

By [James Hardy](#), [History Cooperative](#), September 23, 2024

In a world popularly obsessed with the occult (the phenoms of Harry Potter and Lord of the Rings come to mind), it seems hardly plausible that the past murders of American “witches” were not only accepted but encouraged in history. For those unfamiliar with the Salem Witch Trials—the killing of 14 women and six men between the years of 1692 and 1693 in Salem, Massachusetts—however, the events are no ghost story.

The years of killing, which began in the spring of 1692 and continued until September 1693, were not unprecedented for the English colonies; the 17th century New England had already seen 14 killings before the Salem Witch Trials. What was particular to this episode was the hysteria created, and the lasting effect it had on the area for centuries to come.

The belief in devil possession, worship, and the devil’s ability to transfer powers to people in return for loyalty to him was common as early as 14th century Europe and was strongly held throughout New England during the 17th century as well. With the lingering effects of the French and British war in the American colonies, and the constant threat of Native American ambush, disease, and starvation, the communities in and around Salem were full of tension.

The English settlements in the Americas, and particularly in New England, during the 17th century were predicated on the understanding of religious asylum; Protestants fleeing the Catholic rule of King James II came to the New World to build bible-based communities that were fundamen-

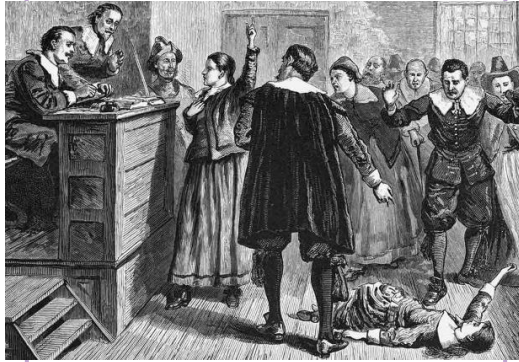


Illustration of a courtroom scene in the Salem Witch Trials with an afflicted girl on the floor and the accused pointing upwards by O. C. Darley, William Shepard, and Granville Perkins, 1876, via University of Virginia Library

tally Puritan, and dominated by leaders fluent in Calvinism and determined in their conservative leanings.

In England during the 1620s and 1630s, the strict Puritan view of Christianity was not supported by the monarchy and while some followers dissented to the Netherlands, most made a mass emigration to the colonies. This emigrant majority formed much of the Massachusetts Bay Colonies and were primarily families, who elected ministers and “freeman” to become the community leaders. Their lives were consumed with survival, agriculture, the safety of their towns from the French and Native Americans, and their religious freedom.

In addition to the religious background of the area, the political turmoil of the region was also a leading factor in the lives of the colonists. The area we associate with the trials is not just one place, but rather a conglomerate of nearby villages: Salem Village (present-day Danvers, Massachusetts), Salem Town (present-

day Salem, Massachusetts), Ipswich, and Andover. Many disputes existed between these neighboring communities, including land ownership, grazing rights, property lines, and church rights and privileges. In addition to these disputes, Salem Village decided to elect their own minister in 1692, separate from Salem Town, and subsequently went through a time of turmoil for the next ten years as three ministers were hired and then abdicated the position after only a few years, with one of the ministers tried and killed during the witch hysteria. Many historians believe this climate of social and religious upheaval to be the kindling for the events that would unfold.

The beginning of the Salem Witch Trials is historically set on January 9, 1692, when two young girls, Elizabeth Parris (9 years old) and Abigail Williams (11 years old), the daughter and niece of Samuel Parris, Minister of Salem Village respectively, began having fits. These fits were described as uncontrollable screaming and violent contortions, which led the local doctor, William Griggs, to diagnose bewitchment.

Later, in 1976, a study published by toxicologists in *Science* magazine on the residents of Salem in 1692, attributed the symptoms to the fungus ergot (found in wheat, rye, and other grains common in the early American diet) which can cause symptoms such as muscle spasms, vomiting, and delirium. However, such medical knowledge was unknown, and unprovable, at the time, which lead the diagnosis of bewitching to become an

(Continued on page 20)

(Continued from page 19)

“epidemic” among other young girls in the community. Mary Walcott, Mercy Lewis, Ann Putnam Jr., Elizabeth Hubbard, and Mary Warren also exhibited symptoms and were diagnosed with bewitchment. Later in February, warrants for the arrest of the Parris’ slave Tituba, a homeless woman Sarah Good, and the elderly Sarah Osborn of the community were issued—the young girl, upon feeling better and recovering, had accused them of witchcraft.

Tituba, Sarah Good, and Sarah Osborn were tried before magistrates Jonathan Corwin and John Harthorne, with their accusers in the courtroom with them, exhibiting “symptoms” of spasms and screaming. While both Sarah’s denied their guilt, Tituba confessed and named others within the community working with her alongside the devil. Possibly seeking salvation from conviction by acting as an informer, Tituba’s confessions led to the spread of the witch hysteria throughout the area and culminated in the accusations of other women, including Martha Corey and Rebecca Nurse, who were both considered women of good community and church standing, as well as Sarah Good’s daughter, who was four years old. Like Tituba, many of the accused continued to confess and name others as guilty, and the courts became clogged by the sensational trials. Those who were targeted were generally considered morally weak or socially estranged, and therefore easier to condemn, such as single or outspoken women, the poor, the homeless, or anyone who existed outside of the community conformity. This explains the larger number of women accused, as, under the religious practices of the

day, women were considered weaker and more prone to sin.

Due to the overwhelming response of the witch trials, the governor, William Phips, created a special court to hear the cases. The Court of Oyer and Terminer (which included the most famous trials) included the judges Hathorne, Stoughton, and Sewall and was established to hear and decide the witch trails for three counties: Middlesex, Essex, and Suffolk. Their first conviction was that of Bridget Bishop, who they declared a witch on June 2, with a hanging eight days later on June 10, on Gallows Hill in Salem. The numbers after that initial hanging continued to rise and gain speed; with 18 hanged between July and September. There were more killings, however, outside of hangings; seven accused witches passed away while incarcerated, as well as Giles Corey, the husband of Martha, who was stoned to death after refusing to accept a plea.

The minister Cotton Mather and his father, Increase Mather (president of Harvard College) were two local contemporaries that gave little sway to the value of the “bewitching” diagnosis by doctors, and the symptoms of the young girls and spooked townspeople. Together the two urged that evidence be presented at trials, similar to that required of any other trial, which, along with the growing diminishing interest in the trials, led to lesser public support. After reconsidering the support of the community, Governor Phips disbanded the Court of Oyer and Terminer in October of 1693, and by May, Phips had released those accused of witchcraft and had pardoned all of those people

who had been killed and brought up on charges.

Four years later, the governing Massachusetts General Court implemented a day of fasting for “the tragedy of the Salem witch trials” and later declared the trails illegal, agreeing to provide financial payment for the family members of those killed and condemned in 1711. This led to an official public acknowledgment and apology from the presiding judge Samuel Sewall, but it didn’t undo the damage caused in the colony by way of community peace.

As a pop culture event, the Salem Witch Trials have, sporadically, brought to the public consciousness a dark and sometimes overlooked event in early American history, one that marked a strong intersection between the medieval thinking of the past and the age of reason and enlightenment that was yet to come.

The unrest and sensationalism caused by the trials continued well into the following centuries for the area, and well into the 20th century by Arthur Miller’s “The Crucible” (1953), which used the hysteria of the Salem trials as an allegory for the political atmosphere and anti-Communist agenda of Senator Joseph McCarthy during the 1950s.

As the modern political climate teeters toward a world consumed with solving community problems by placing blame on an individual, or those individuals who operate outside of the norm, this alarming tale of bewitchment, condemnation, and eventual regret, can be a warning.

*And don’t forget, to have a
Happy Halloween!*



You are invited to NACS' Annual

Halloween Party

THURSDAY, OCTOBER 16, 2025

6-8PM



NACS, 1005 Grant St.
Buffalo, NY 14207



**Join us for spooky snacks,
Halloween games, costume
and dance contests!**

Please RSVP by 10/14 to:
(716) 983-1251 or
swheeler@nacswny.org



This event is funded & supported by: The Office of Addiction Services & Supports (OASAS), Indigenous Justice Circle, foundations, businesses and caring individuals.

CLUBHOUSE (AND RAAP) CORNER



BACK TO SCHOOL 2025 EDITION

*"The beautiful thing about learning is that no one can
take it away from you."
— B.B. King*

**Its going to be a great year and we
have some fun stuff planned for
the Fall/Winter!**

NATURE WALK

HALLOWEEN TRIP

MUSEUM TRIP

MOVIE DAY

BOWLING



**To join us for our next outing event or program,
please contact:
NACS Youth Clubhouse Hotlines-
In Erie County: 716-449-6405
In Niagara County: 716-983-1251**

UPCOMING EVENTS!



SAVE THE DATE

**Annual
community
Halloween party
will be Thursday,
October 16 at
NACS!**



**STAY UPDATED ON OUR CLUBHOUSE
EVENTS WITH SOCIAL MEDIA!**



NACS CLUBHOUSE CORNER - FALL 2025



REDISCOVERING OUR ONKWEHON:WE TRADITIONS

ABOUT US

ROOTS is here to increase the availability of cultural education programs and resources for the urban Haudenosaunee people. We aim to implement opportunities to learn about Haudenosaunee traditions and practices through an increased number of Haudenosaunee cultural programs

CLASSES

arts/cooking classes
cultural speaker series
elder and youth information exchange
community socials
singing and dancing classes
yearly marketplace

GOAL

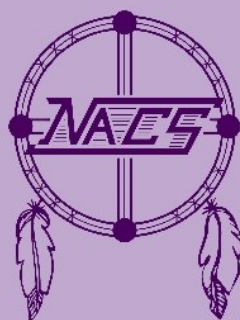
The long-term community goal would be that all Native Americans have access to opportunity, knowledge, and the ability to incorporate traditional concepts and teachings within their families and communities

Arriana Smith
ROOTS Project Specialist
asmith@nacswny.org

Colleen Casali
ROOTS Project Coordinator
ccasali@nacswny.org

Dakota Jonathan
ROOTS Project Specialist
djonathan@nacswny.org

FUNDED BY: THE DEPARTMENT OF HEALTH AND HUMAN SERVICES-
ADMINISTRATION FOR NATIVE AMERICANS



PARENTING *Circle*

This Native American Family Research program is aimed at enhancing family dynamics to reduce your child's risky behaviors and to learn about family health preparedness.

STUDY REQUIREMENTS

- 10 weekly classes
- Participation in a parenting and health research study
- Families will be randomly selected to participate in Parenting in 2 Worlds or Healthy Families in 2 Worlds

ARE YOU ELIGIBLE?

- ✓ Self-Identify as Native American
- ✓ Live in urban area of Erie & Niagara County
- ✓ Are a primary caregiver of Native American youth 12-17 years old

HIGHLIGHTS

- Childcare services provided for enrolled participants
- Healthy food provided
- **Your Family could be eligible to receive up to \$300 in gift cards**



Scan QR Code
to Register

<https://forms.gle/Q3ROM7VSWbFHeiT67>

Participation is voluntary

ASU IRB # STUDY00016808 | Approval Period 3/17/2023 – 2/20/2026



716-339-1831



pjacobs@nacswny.org

Share Your Story!



As Native American Community Services celebrates 50 years of serving Western New York, we know our story is best told through the voices of those who have been part of the journey. Whether you're a former client, employee, board member, volunteer, or community member; your experience matters.

Has NACS made a difference in your life? Help us honor our past and inspire our future by sharing your testimonial. Your story will help showcase the impact NACS has had across generations and highlight the strength of our community.

**Interested?
Register Here**



YOU ARE INVITED TO
**50TH
ANNIVERSARY
GALA**

In Honor Of

*Native American
Community
Services*

October

Thursday

23

At 5:30pm

2025

The Show at Shea's Seneca

2188 Seneca St.

Buffalo, NY 14210



NACS' 50th Anniversary Gala

Submitted by Michael Martin, Executive Director

This year, Native American Community Services of Erie & Niagara Counties, Inc. (NACS) is celebrating 50 years of service in a Tradition of Caring. We invite you to come celebrate with us at our 50th Anniversary Gala on Thursday, October 23, 2025. This milestone celebration will bring together community members, leaders, and partners to honor five decades of resilience, growth, and service.

Our program for the Gala includes presentations of our **"Bundled Arrows Awards"** which are inspired by the Haudenosaunee Confederacy's Great Law of Peace in which the Peacemaker, on his journey to unite the Confederacy in peace, gave the strongest warrior in the village one arrow and told him to break it and the warrior easily did. He then bundled five arrows together to signify the original five nations to accept the Great Law and asked that same warrior to break it and the warrior couldn't. This simple act demonstrated that we are stronger working together with good minds than we are apart.

We are happy to share that our Honorees this year include...


Alisa Myke, for her decades of service and dedication to the Native American students and their families in the Buffalo Public Schools, in addition to her numerous community contributions, including as a longtime former Board member of NACS.

George and Val Ghosen, a power couple who have been dedicated to improving the Native community through their work individually and together, with George being one of our longest serving employ-


ees impacting the lives of many program participants and fellow co-workers.

The Community Foundation for Greater Buffalo, for their support of our programs and services over our 50 years and their inclusion of NACS and our community in numerous community initiatives as we both seek to improve the community we love, including funding the production of our highly impactful documentary **Unseen Tears** that opened up understanding of and healing from the intergenerational impact of residential/boarding schools in our local community.

We are also excited to announce that our celebrity Emcee for our Gala is none other than our hometown hero, Gary Farmer!! Gary, who is Cayuga and a graduate of Lafayette High School in Buffalo, has had a long career in entertainment as both an actor and musician. He has numerous film and TV roles to his credit. He is best known for his [Independent Spirit Award](#)-nominated roles in [Powwow Highway](#) (1989), [Dead Man](#) (1995) and [Smoke Signals](#) (1998). He briefly reprised his role as Nobody from [Dead Man](#) in [Ghost Dog: The Way of the Samurai](#) (1999). He more recently appeared as the recurring character "Uncle Brownie" in the highly-acclaimed FX series [Reservation Dogs](#) from 2021-2023, and as Dan Twelvetimes in the [Syfy](#) series [Resident Alien](#). He also has a blues band called Gary Farmer and the Troublemakers. The band has released two CDs, *Love Songs and Other Issues* in 2007 and *Lovesick Blues* in 2009.

 **Date:** Thursday, October 23, 2025

 **Time:** 6:00 PM – 10:00 PM

 **Location:** 2188 Seneca St. Buffalo, NY 14210

For half a century, NACS has been a place where families, youth, and Elders find support, connection, and belonging. Our 50th Anniversary Gala is a chance to come together to honor that journey, share stories, and look forward to the future we're building together.

The evening will include:

Dinner

- ♦ **Recognition of the people and partners who've shaped our story**
- ♦ **Raffles, and ways to give back**
- ♦ **A celebration of culture, resilience, and community**

When you attend, you're not just celebrating with us, you're helping to ensure that NACS can continue uplifting families for the next 50 years and beyond.

Reserve your tickets today: <https://givebutter.com/NACS50thGala>

**** Please note the deadline to purchase tickets is October 5th ****

If interested in supporting NACS beyond buying a ticket, we're also looking for basket donations filled with goodies, gifts, art, gift cards/certificates, or themed items to raffle off (non-alcoholic).

Baskets, or items, are due by October 20th. Your donation directly supports the programs and services we provide to our community.

For any questions, or if interested in donating, please call **Skye Collins-Nieves at 716-874-4460!**

**SAT
NOV 1**

**Seneca Niagara
Resort & Casino**

— S E N E C A —
**INDIGENOUS
FASHION SHOW**

WHERE TRADITION MEETS TREND

**fashion
show**



**SENECA NIAGARA
EVENT CENTER**

**TICKETS: \$45 • \$55 • \$65
AGES 16+ ONLY**

**SCAN
HERE
FOR
DETAILS**



NATIVE AMERICAN

HERITAGE MONTH

HONORING THE PAST, CELEBRATING OUR FUTURE



**WEDNESDAY,
NOVEMBER 12
5 PM – 8 PM**

Seneca Allegany Event Center

COMMUNITY **DINNER & SOCIAL**

**Visit SenecaCasinos.com
for the full schedule of events.**

**DON'T MISS
THE SENECA
MARKET!**

Opens at Noon!

**Traditional Singers & Dancers
Handmade Native Crafts
& Collectibles**

Free to attend.

Employment Opportunity



www.nacswny.org

Native American Community Services of Erie & Niagara Counties, Inc.

MICHAEL N. MARTIN, EXECUTIVE DIRECTOR

1005 Grant St. Buffalo, NY 14207 • Phone: 716-874-4460 • Fax: 716-874-1874
 1522 Main St. Niagara Falls, NY 14305 • Phone: 716-299-0914 • Fax: 716-299-0903
 76 West Ave. Lockport, NY 14094 • Phone: 716-302-3035 • Fax: 716-302-3037
 100 College Ave. Suite 200, Rochester, NY 14607 • Phone: 585-514-3984 • Fax: TBD
 960 James St. Syracuse, NY 13203 • Phone: 315-322-8754 • Fax: TBD

Equal Opportunity Employer

Position: Program Secretary

Type: Full-time/ hourly/ non-exempt

Salary/Range: \$17.00-\$18.00 / hour

Office: 1005 Grant Street, Buffalo, NY 14207

SUMMARY:

The Program Secretary is responsible for greeting and guiding all NACS' visitors to the appropriate staff/component, understanding all NACS' services and responding to general questions. Incumbent will provide clerical assistance in support of NACS' staff, programs, and other NACS' business. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Greet and guide all visitors in a friendly and professional manner.
- Liaison between building personnel and NACS' staff and inform them of events, mail, packages, and building issues.
- Maintain a clean and well-maintained reception area with relevant and up-to-date information.
- Answer phone calls in a friendly and professional manner and provide basic information to callers, directing them to the appropriate staff.
- Refer non-routine or sensitive requests to the appropriate staff.
- Facilitate effective communication between various components of the organization.
- Manage office machines and ensure an adequate stock of office supplies.
- Process incoming and outgoing mail, maintaining confidentiality of sensitive information.
- Monitor staff sign-in/out and keep accurate records.
- Coordinate room requests and calendar schedules for staff and community room use.
- Assist in the planning and execution of meetings, including room setup and recording meeting minutes.
- Assist in the usage of the language and cultural resources library and enforce circulation protocols.
- Order office supplies, food, equipment, and any other needs for programs.
- Maintain necessary documentation and ensures the timely completion of all necessary reports and recordkeeping, including the utilization of database systems.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Associate degree in an appropriate field of study or 2 years of related experience in a similar position.
- Experience working with community and group settings. Work experience may replace some of the education requirements at the discretion of the Executive Director.
- Knowledge of local Native American communities.
- Computer skills and understanding of office applications including MS Office Suite.
- Interpersonal skills to work cooperatively and effectively with individuals and groups
- Excellent organizational skills with strong attention to detail. Strong written and verbal communication skills.
- Must pass all background checks and pre-hire requirements including a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- Paid Time Off (PTO)
- Life Insurance
- Flexible Spending Account (FSA)
- Health & Dental Insurance
- Employee Assistance Program
- 403 (b) Retirement Plan

For consideration send resume to: humanresources@nacswny.org

Employment Opportunity



www.nacswny.org

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960 James St. Syracuse, NY 13203 • Phone: 315-322-8754 • Fax: TBD

Equal Opportunity Employer

Position: Workforce Development Specialist

Type: Full-time/ hourly/ non-exempt

Salary/Range: \$19.00-\$20.00 / hour

Office: 100 College Ave. Suite 200, Rochester, NY 14607 – travel required

SUMMARY:

The Workforce Development Specialist assists in planning and implementing goals and objectives of the Workforce Development Component as well as ensuring quality of service provision to clients. Incumbent will be flexible to evening and weekend schedules as needed. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Conducts initial intake and comprehensive testing to determine client eligibility and needs.
- Develops an Individual Employment Plan (IEP) with clients.
- Develops and provides workshops to clients in such areas of academic, life skills, and technical areas.
- Keeps abreast of current trends in the local job market.
- Establishes an effective support network and provides referrals for clients.
- Attends and participates in weekly component staff and other required meetings.
- Maintains necessary documentation and ensures the timely completion of all necessary recordkeeping.
- Develops an outreach action plan to successfully recruit and retain participants and employers in the program.
- Conducts outreach to academic entities, unions, coalitions, service providers, and other individuals/agencies to promote services, develop linkages, build network opportunities and advocate for issues in the Native American community.
- Develops and nurtures relationships with employers for on-the-job training agreements and work experience opportunities for clients.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Bachelor's degree in human services or related field of study preferred, with three (3) years' experience in workforce development including supervision and program management.
- Work experience may replace some of the education requirements at the discretion of the Executive Director.
- Knowledge of local area service providers.
- Effective problem solving, organization, time management, and communication skills.
- Intermediate computer skills and understanding of office applications including MS Office Suite.
- Familiarity with and sensitivity toward local Native American communities.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements including a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- Paid Time Off (PTO)
- Life Insurance
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- Health & Dental Insurance
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 960 James St. Syracuse, NY 13203 • Phone: 315-322-8754 • Fax: TBD

Equal Opportunity Employer

Position: Foster Care Caseworker
Salary/Range: \$21.00- \$23.00

Type: Full-time/ hourly/ non-exempt
Office: Erie & Niagara Counties – travel required

SUMMARY:

This position works in conjunction with the Local County Department of Social Services (LCDSS) and is responsible for protecting the health, safety, and well-being of the children on their caseload and provides support to foster parent(s) through case management services, crisis management, home visits, weekly contact, monitoring of service compliance, documentation, ongoing training, and advocacy. The main objective for this position is to effectively work towards reunification, achieving permanency for children while actively assessing the needs of the child, foster parents, and coordinating interventions when necessary. Incumbent will be responsible for day-to-day casework duties ensuring the Indian Child Welfare Act (ICWA) of 1978 is followed when placement of Native American children into foster care is indicated. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Provides all aspects and elements of casework services to an assigned caseload. Conducts casework contacts with families, as needed but at least twice a month, face-to-face in their homes and community settings to focus on goals.
- Assists in the National Training & Development Curriculum (NTDC) classes.
- Responsible for case planning with children in foster care and their families to achieve a positive and safe permanency plan.
- Participates in the compliance and implementation of ICWA as well as new/current social service laws and regulations.
- Assists all foster parents in attaining training requirements specific to foster care certification.
- Must enter and maintain required child welfare information including but not limited to person and family information, periodic family assessment and service plans, plan amendments, and progress notes in CONNECTIONS.
- Makes detailed and completes case studies, recommending and defining short and long-term social needs and goals of children and families.
- Participates in DSS permanency planning, court hearings, and school related meetings for the child(ren).
- Maintains regular and consistent contact with all appropriate members of the 29-I (VFCA) license team, providing current information and responding to requests as needed.
- Responsible for facilitating visitations including providing safe and reliable transportation when needed.
- Must consistently remain vigilant and proactive in assessing safety and risk concerns at all times.
- Maintains necessary documentation and ensures the timely completion of all necessary recordkeeping.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Bachelor's degree required, in a human service field or related field of study.
- Knowledge of ICWA, Adoption Safe Family Act, Federal and State regulations, as well as mandated reporting requirements.
- Effective problem solving, organization, time management, and communication skills.
- Intermediate computer skills and understanding of office applications including MS Office Suite.
- Familiarity with and sensitivity toward local Native American communities.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements including a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- Paid Time Off (PTO)
- Health & Dental Insurance
- Flexible Spending Account (FSA)
- Life Insurance
- Employee Assistance Program
- 403 (b) Retirement Plan

For consideration send resume to: humanresources@nacswny.org

Employment Opportunity



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Equal Opportunity Employer

Position: Erie County Youth Clubhouse Site Supervisor

Type: Full-time/ hourly/ non-exempt

Salary/Range: \$20.00- \$21.00 / hour

Office: 1005 Grant St., Buffalo NY, 14207

SUMMARY:

Under the guidance of the Health & Wellness Coordinator, the Youth Clubhouse Supervisor is responsible for assisting and leading in the performance of day-to-day duties in delivering and providing a safe, supportive, culturally appropriate, alcohol and drug free environment for all Native American youth (ages 12-17 years old) clubhouse members. This position will lead in the oversight of activities, cultural programming, and supervise youth leaders. Incumbent must be available for non-traditional hours (evenings and weekends). The Clubhouses are open 25 hours per week. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Implement, plan, and lead program activities, field trips, and workshops in accordance with contractual obligations both virtually and in-person.
- Have knowledge and understanding of substance use and ensure youth programming utilizes a percentage of research and evidence-based and best practices prevention models.
- Serve as a facilitator and member of the Youth Advisory Council.
- Coordinates scheduling of the Clubhouse Youth Leaders.
- Organize, supervise, and provide safe transportation for youth clubhouse members.
- Ensures Clubhouse maintenance, cleanliness, and safety is maintained.
- Recruit participants for the clubhouse program through outreach events and materials.
- Maintain necessary documentation and ensures the timely completion of all necessary recordkeeping, including the utilization of database systems.
- Ensures the program remains compliant with all contractual obligations and requirements.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Bachelor's degree from accredited institution with supervisory experience or relevant role.
- Experience working with at-risk youth, community and group settings. Work experience may replace some of the education requirements at the discretion of the Executive Director.
- Knowledge and understanding of substance use.
- Effective problem solving, organization, time management, and communication skills.
- Computer skills: ability to use Microsoft Office Suite.
- Familiarity with and sensitivity toward local Native American communities.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements including a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- | | |
|-----------------------------------|-------------------------------|
| • Paid Time Off (PTO) | • Health & Dental Insurance |
| • Life Insurance | • Employee Assistance Program |
| • Flexible Spending Account (FSA) | • 403 (b) Retirement Plan |

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Equal Opportunity Employer

Position: Erie County Clubhouse Youth Leader- 3 openings

Type: Part-time/ hourly/ non-exempt

Hours: 20 hours per week. Non-traditional (must be available for day, evening, and weekend hours)

Salary/Range: \$17.00- \$18.50 / hour

Office: 1005 Grant Street, Buffalo, NY 14207

SUMMARY:

The Clubhouse Youth Leaders assist the Clubhouse Manager in providing a safe, supportive, culturally appropriate, alcohol and drug free environment for all members. The Clubhouse welcomes self-identified Native American youth and young adults ages 12-17 years old. Clubhouse programming includes recreation & pro-social, education, evidence-based / best practices, skill building, wellness, and cultural activities. Leaders will provide transportation, supervision, and leadership. Recruitment through outreach, attending and participating in weekly staff meetings will also be required. Leaders must be available for non-traditional hours (evenings and weekends). The Clubhouse is open 25 hours per week. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Supervise, provide leadership, and be a positive role model for youth.
- Deliver workshops and activities in a confident and organized manner.
- Ensure youth programming utilizes a percentage of evidence-based prevention models.
- Provide safe transportation and/or supervision of youth to and from clubhouse activities.
- Recruit youth through local outreach efforts.
- Adhere to data collection and performance measurement requirements determined by SAMHSA and OASAS.
- Maintain necessary documentation and ensure the timely completion of all necessary recordkeeping.
- Ensure Clubhouse maintenance, cleanliness, and safety is maintained.
- Other duties as assigned.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Bachelor's or Associates degree in human services or related field of study preferred.
- Experience working with community and group settings. Work experience may replace some of the education requirements at the discretion of the Executive Director.
- Knowledge and understanding of substance use, and experience with at-risk youth.
- Effective problem solving, organization, time management, and communication skills.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements.
- Familiarity with and sensitivity toward local Native American communities.
- Must have a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- Paid Time Off (PTO)
- Employee Assistance Program
- Holiday Pay (if scheduled)

For consideration send resume to: humanresources@nacswny.org

Employment Opportunity



www.nacswny.org

Native American Community Services of Erie & Niagara Counties, Inc.

MICHAEL N. MARTIN, EXECUTIVE DIRECTOR

1005 Grant St. Buffalo, NY 14207 • Phone: 716-874-4460 • Fax: 716-874-1874
 1522 Main St. Niagara Falls, NY 14305 • Phone: 716-299-0914 • Fax: 716-299-0903
 76 West Ave. Lockport, NY 14094 • Phone: 716-302-3035 • Fax: 716-302-3037
 100 College Ave. Suite 200, Rochester, NY 14607 • Phone: 585-514-3984 • Fax: TBD
 960 James St. Syracuse, NY 13203 • Phone: 315-322-8754 • Fax: TBD

Equal Opportunity Employer

Position: Niagara County Youth Clubhouse Site Supervisor

Type: Full-time/ hourly/ non-exempt

Salary/Range: \$20.00- \$21.00 / hour

Office: 1522 Main St, Niagara Falls, NY 14305

SUMMARY:

Under the guidance of the Health & Wellness Coordinator, the Youth Clubhouse Supervisor is responsible for assisting and leading in the performance of day-to-day duties in delivering and providing a safe, supportive, culturally appropriate, alcohol and drug free environment for all Native American youth (ages 12-17 years old) clubhouse members. This position will lead in the oversight of activities, cultural programming, and supervise youth leaders. Incumbent must be available for non-traditional hours (evenings and weekends). The Clubhouses are open 25 hours per week. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Implement, plan, and lead program activities, field trips, and workshops in accordance with contractual obligations both virtually and in-person.
- Have knowledge and understanding of substance use and ensure youth programming utilizes a percentage of research and evidence-based and best practices prevention models.
- Serve as a facilitator and member of the Youth Advisory Council.
- Coordinates scheduling of the Clubhouse Youth Leaders.
- Organize, supervise, and provide safe transportation for youth clubhouse members.
- Ensures Clubhouse maintenance, cleanliness, and safety is maintained.
- Recruit participants for the clubhouse program through outreach events and materials.
- Maintain necessary documentation and ensures the timely completion of all necessary recordkeeping, including the utilization of database systems.
- Ensures the program remains compliant with all contractual obligations and requirements.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Bachelor's degree from accredited institution with supervisory experience or relevant role.
- Experience working with at-risk youth, community and group settings. Work experience may replace some of the education requirements at the discretion of the Executive Director.
- Knowledge and understanding of substance use.
- Effective problem solving, organization, time management, and communication skills.
- Computer skills: ability to use Microsoft Office Suite.
- Familiarity with and sensitivity toward local Native American communities.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements including a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- | | |
|-----------------------------------|-------------------------------|
| • Paid Time Off (PTO) | • Health & Dental Insurance |
| • Life Insurance | • Employee Assistance Program |
| • Flexible Spending Account (FSA) | • 403 (b) Retirement Plan |

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960 James St. Syracuse, NY 13203 • Phone: 315-322-8754 • Fax: TBD

Equal Opportunity Employer

Position: Niagara County Clubhouse Youth Leader- 2 openings

Type: Part-time/ hourly/ non-exempt

Hours: 20 hours per week. Non-traditional (must be available for day, evening, and weekend hours)

Salary/Range: \$17.00 - \$18.50/ hour

Office: 1522 Main Street, Niagara Falls, NY 14305

SUMMARY:

The Clubhouse Youth Leaders assist the Clubhouse Manager in providing a safe, supportive, culturally appropriate, alcohol and drug free environment for all members. The Clubhouse welcomes self-identified Native American youth and young adults ages 12-17 years old. Clubhouse programming includes recreation & pro-social, education, evidence-based/ best practices, skill building, wellness, and cultural activities. Leaders will provide transportation, supervision, and leadership. Recruitment through outreach, attending and participating in weekly staff meetings will also be required. Leaders must be available for non-traditional hours (evenings and weekends). The Clubhouse is open 25 hours per week. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Supervise, provide leadership, and be a positive role model for youth.
- Deliver workshops and activities in a confident and organized manner.
- Ensure youth programming utilizes a percentage of evidence-based prevention models.
- Provide safe transportation and/or supervision of youth to and from clubhouse activities.
- Recruit youth through local outreach efforts.
- Adhere to data collection and performance measurement requirements determined by SAMHSA and OASAS.
- Maintain necessary documentation and ensure the timely completion of all necessary recordkeeping.
- Ensure Clubhouse maintenance, cleanliness, and safety is maintained.
- Other duties as assigned.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Bachelor's or Associates degree in human services or related field of study preferred.
- Experience working with community and group settings. Work experience may replace some of the education requirements at the discretion of the Executive Director.
- Knowledge and understanding of substance use, and experience working with at-risk youth.
- Effective problem solving, organization, time management, and communication skills.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements.
- Familiarity with and sensitivity toward local Native American communities.
- Must have a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- Paid Time Off (PTO)
- Employee Assistance Program
- Holiday Pay (if scheduled)

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Equal Opportunity Employer

Positions: Community Service Worker (CSW) wraparound services Level I - Clinical

Type: Casual/ hourly/ non-exempt

Salary/range: \$50-\$75/ hour

Office: Erie & Niagara Counties – travel required

SUMMARY:

The Level I CSW will provide wraparound services that are comprehensive, individualized support systems designed to address the unique needs of individuals and families, in the context of mental health, behavioral health, or developmental disabilities. This role involves providing targeted, time-limited services to families to help them meet their goals, participating in Child & Family Team (CFT) meetings, and helping link families with sustainable supports. The CSW will partner with the Care Coordinators. The CSW must have their master's degree and be licensed to provide specific wraparound services. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Goal directed, trauma informed, culturally sensitive, and evidence-based practice of face-to-face, and possible therapeutic intervention which focuses on the mental health/behavior needs of the client and/or family members.
- Vendors must document the type of evidence-based intervention used in all progress notes.
- When clinical needs indicate ongoing community-based support following care coordination, the service provider is responsible for facilitating a smooth transition. This includes educating families about available clinical support options, assisting with engagement and referral processes to appropriate community-based providers, and offering additional support as needed to ensure continuity of care through CFT.
- Must successfully complete training requirements and other mandatory training programs as required for the role.
- Implement, plan, and lead, appropriate services in accordance with the vendor codes and descriptions.
- Maintain on-going communication with families to provide advocacy and support ensuring the needs are met and fostering strong relationships.
- Progress notes must be clear and specific, document progress toward goal completion aligned with the Plan of Care.
- Services may include pre-and-post evaluation, which must be shared with the family and Care Coordinator.
- Establish and sustain ongoing contact with Care Coordinators and Vendor Supervisors, ensuring alignment of services and resolution of client needs.
- Facilitate and implement activities aimed at promoting the development and enhancement of essential skills for clients.
- Provide safe and timely transportation for clients to and from services and activities, supporting their participation in required programs, as needed.
- Assess and consider cultural, environmental, and safety factors that impact the client and those within their immediate sphere, ensuring support and care.
- Supervise and engage the client in the necessary programs and activities as directed by the vendor description.
- Must consistently remain vigilant and proactive in always assessing safety and risk concerns.
- Maintains necessary documentation and ensures the timely completion of all necessary recordkeeping.

Employment Opportunity

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EDUCATION, QUALIFICATIONS, AND SKILLS:

- Master's degree in human services or related field.
- Experience working with at-risk youth and parents/caregivers of at-risk youth.
- Certification licenses LCSW, LCAT, LMFT, LMSW, LMHC.
- Bilingual is a plus.
- Effective problem solving, organization, time management, and communication skills.
- Intermediate computer skills and understanding of office applications including MS Office Suite.
- Familiarity with and sensitivity toward local Native American communities.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements including a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- Paid Time Off (PTO)
- Employee Assistance Program

For consideration send resume to: humanresources@nacswny.org

Employment Opportunity



www.nacswny.org

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 960 James St. Syracuse, NY 13203 • Phone: 315-322-8754 • Fax: TBD

Equal Opportunity Employer

Positions: Community Service Worker (Wraparound) Level II & III – Non-Clinical

Type: Casual/ hourly/ non-exempt

Salary/range: \$20-\$45/ hour

Office: Erie & Niagara Counties – travel required

SUMMARY:

The Level II & III CSW will provide wraparound services that are non-clinical. This role involves providing targeted, time-limited services to families to help them meet their goals, participating in Child & Family Team (CFT) meetings, and helping link families with sustainable supports. The CSW will partner with the Care Coordinators. Services may include but not limited to Academic Coaching, Family Peer or Youth Peer Advocate, Adult/ Home Skill Builder and Youth Skill Builder. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Must successfully complete training requirements and other mandatory training programs as required for the role.
- Implement, plan, and lead, appropriate services in accordance with the vendor codes and descriptions.
- Maintain on-going communication with families to provide advocacy and support ensuring the needs are met and fostering strong relationships.
- Progress notes must be clear and specific, document progress toward goal completion aligned with the Plan of Care.
- Establish and sustain ongoing contact with Care Coordinators and Vendor Supervisors, ensuring alignment of services and resolution of client needs.
- Facilitate and implement activities aimed at promoting the development and enhancement of essential skills for clients.
- Provide safe and timely transportation for clients to and from services and activities, supporting their participation in required programs, as needed.
- Assess and consider cultural, environmental, and safety factors that impact the client and those within their immediate sphere, ensuring support and care.
- Supervise and engage the client in the necessary programs and activities as directed by the vendor description.
- Must consistently remain vigilant and proactive in always assessing safety and risk concerns.
- Maintains necessary documentation and ensures the timely completion of all necessary recordkeeping.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Level II: Bachelor's degree, associates degree or higher based on New York State Education Department licensure. Experience working with at-risk youth.
- Level III: High school/GED. Experience working with at-risk youth and includes being a parent of a child with social, emotional, behavioral, mental health, medical, addiction or developmental needs or self-identified as a person who has experience with the developmental challenges.
- Bilingual is a plus.
- Effective problem solving, organization, time management, and communication skills.
- Intermediate computer skills and understanding of office applications including MS Office Suite.
- Familiarity with and sensitivity toward local Native American communities.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements including a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- Paid Time Off (PTO)
- Employee Assistance Program

For consideration send resume to: humanresources@nacswny.org

Employment Opportunity



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Equal Opportunity Employer

Position: Marketing & Development Specialist

Type: Full-time/ hourly/ non-exempt

Salary/Range: \$18.00-\$22.20 / hour

Office: 1005 Grant Street, Buffalo NY, 14207 – Travel required

SUMMARY:

The Marketing & Development Specialist (MDS) is a key position in NACS' development efforts, ensuring that NACS' events and day-to-day marketing and development operations run smoothly, accurately, and effectively. Incumbent will be flexible to evening and weekend schedules when necessary. Must be willing to travel across all NACS' service areas (Buffalo, Niagara Falls, Lockport, Rochester & Syracuse) when required. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Coordinates all logistics and activities for fundraising and friend-raising events including Annual NACS' Gala and other events.
- Leads the planning and execution of all events & activities within the marketing and development areas, as well as provides support to events led by the program areas.
- Serves as the primary liaison for event committee meetings, creating agendas, and working with Chairs and follow up actions.
- Manages timeline, content, and production of event-related materials, including invitations, program books, and digital assets.
- Ensures the accuracy and integrity of data, performs timely data updates and coding, produces reports, including monthly pledge status reports.
- Motivates and leads workflow with multiple staff, board, partners, funders, and groups.
- Travels across NACS' locations (Buffalo, Niagara Falls, Lockport, Rochester, & Syracuse) for all necessary events and promoting.
- Handles administrative details associated with comprehensive campaign activities (e.g., scheduling meetings, coordinating refreshments, taking notes, and minutes).
- Helps maintain access, keep current, and monitor effectiveness of press and all communication channels, including website, newsletter, and social media outlets, maximizing opportunities for impact.
- Develops and coordinates the design of promotional and marketing collateral, such as brochures, advertisements, event flyers, and invites, etc.
- Identifies and implements improvements to increase the output and impact of our communications and marketing.
- Manages the development filing system, both paper and digital files for media content and marketing collateral including videos, pictures, and testimonials.
- Manages and cultivates relationships in a friendly and professional manner.
- Helps develop, manage, and maintain organizational branding.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Bachelor's degree in human services or related field of study preferred.
- Experience working with community and group settings. Work experience may replace some of the education requirements at the discretion of the Executive Director.
- Fundraising experience, membership service/sales, customer service, or related non-profit work.

Employment Opportunity

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- Ability to present information concisely and effectively, both orally and in writing.
- Excellent interpersonal communication skills, able to build and maintain relations.
- Adept at managing a budget.
- Effective problem solving, organization, time management, and communication skills.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements.
- Familiarity with and sensitivity toward local Native American communities.
- Must have a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- | | |
|-----------------------------------|-------------------------------|
| • Paid Time Off (PTO) | • 403 (B) Retirement Plan |
| • Employee Assistance Program | • Life Insurance |
| • Flexible Spending Account (FSA) | • Health and Dental Insurance |

For consideration send resume to: humanresources@nacswny.org

Employment Opportunity



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960 James St. Syracuse, NY 13203 • Phone: 315-322-8754 • Fax: TBD

Equal Opportunity Employer

Position: Data & Evaluation Coordinator

Type: Full-time/ hourly/ non-exempt

Salary Range: \$24.00- \$29.00 / hour

Office: Buffalo (travel is required- Niagara Falls, Lockport, Rochester & Syracuse)

SUMMARY:

NACS seeks an experienced and mission-driven Data & Evaluation Coordinator (EDC) to provide cross-program support for organizational data management and quality improvement efforts, and in particular support its Healthy Generations Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. This position plays a critical role in ensuring compliance with contractual obligations for program data collection, reporting, evaluation, and performance management. The DEC will lead the technical aspects of the Community Needs and Readiness Assessment (CNRA), including design, implementation, data analysis, and reporting. Additionally, this position provides evaluation and quality improvement support across NACS' programs, contributing to data system integrity, performance measurement, and continuous quality (CQI) efforts. Must be willing to travel across all NACS' service areas (Buffalo, Niagara Falls, Lockport, Rochester and Syracuse). All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Serve as a key technical partner in the CNRA process and MIECHV implementation plan development, including instrument design, community engagement, data collection, analysis, and reporting in alignment with Health Resources & Services Administration (HRSA) Tribal MIECHV requirements.
- Effectively engage with staff, community members, and stakeholders.
- Lead and be the primary contact for NACS' data tracking system development and implementation.
- Design and execute data collection strategies and tools to support performance measurement and evaluation activities.
- Train staff and other participants on data collection tools, systems, and protocols.
- Collaborate with program teams and organization leadership to identify, track, and report on measurable outcomes and key performance indicators.
- Ensure data quality and integrity for meeting required program reporting requirements and contribute to continuous program improvement.
- Provide quality assurance/quality improvement (QA/QI) and performance management technical assistance to NACS' leadership and programs.
- Analyze and interpret program data to inform decision-making, strategic planning and grant reporting.
- Develop dashboards, summaries, and evaluation reports tailored to various audiences (internal leadership, funders, and community partners).
- Contribute to organization-wide theory of change activities, including logic models, process mapping, and workflow analysis.
- Assist in the data and evaluation aspects for new program development and support the grant writing process.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Bachelor's degree in Public Health, Social Sciences, Statistics, Data Science, or a related field.
- At least 3 years of professional experience in program evaluation, data analysis, or performance measurement.
- Experience with a federal data reporting is a plus.
- Demonstrated experience designing and implementing community-based needs assessments or similar participatory evaluation processes.

Employment Opportunity

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- Strong knowledge of qualitative and quantitative research methods, survey tools, and data visualization platforms (e.g., Excel, Power BI, Tableau).
- Proficiency with data analysis software.
- Ability to communicate findings clearly and respectfully to both technical and non-technical audiences, including Native Communities.
- Commitment to cultural humility and working within a Native American-serving organization.
- Must be flexible to evening and weekend hours as needed.
- Ability to become certified in CPR & First Aid. Must be able to do medium lifting.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements including a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

PREFERRED:

- Experience working with Tribal MIECHV or similar maternal and child health home visiting programs
- Knowledge of Indigenous research methodologies or community-based participatory research (CBPR).
- Familiarity with federal data reporting systems or evaluation frameworks in a non-profit or government funded program setting.
- Experience partnering with Native American populations in research and evaluation with an understanding of data sovereignty.

BENEFITS:

- | | |
|-----------------------------------|-------------------------------|
| • Paid Time Off (PTO) | • Health & Dental Insurance |
| • Life Insurance | • Employee Assistance Program |
| • Flexible Spending Account (FSA) | • 403 (b) Retirement Plan |

For consideration send resume to: humanresources@nacswny.org

Nya:wëh, Thanks for reading!

Please share this newsletter with family, friends, and coworkers. If you know of anyone who would like to receive the month NACS News by email, please have them send their first name, last name, and current email address to: gghosen@nacswny.org

You can also look for our newsletter on our [website](#).

FUNDED BY: Erie County Department of Social Services; New York State Office of Children & Family Services; New York State Office of Alcoholism & Substance Abuse Services; Community Foundation for Greater Buffalo; National Urban Indian Family Coalition; Niagara County Department of Social Services, Niagara County Office of the Aging; United Way of Niagara, US Department of Labor; Administration for Native Americans (ANA); Indigenous Justice Circle; Jessie Smith Noyes Foundation; Erie County Department of Mental Health; NYS Research Foundation for Mental Health; NYS Medicaid Program 29-I; Western New York Foundation; New York State Department of Health/AIDS Institute, Tribal Home Visiting Program, Administration for Children and Families, Health and Human Services as well as businesses, foundations and caring individuals.

I’d like to help NACS continue it’s Tradition of Caring...

PLEASE ACCEPT MY CONTRIBUTION OF: ☐\$5 ☐\$10 ☐\$25 ☐\$50 ☐\$100 ☐OTHER:

☐ I’D LIKE TO VOLUNTEER MY TIME. I CAN...

☐ PLEASE ADD ME TO YOUR MAILING LIST!

NAME

PHONE NUMBER

EMAIL ADDRESS

STREET ADDRESS

CITY/STATE/ZIP CODE