

LITTLE SHELL VOICES

Official Little Shell Tribal Newsletter - March 2025

Aanii (Hello)!

The last few weeks I have heard the growing concerns across our Tribal Community about the onslaught of new policies, executive actions, and directives coming from the new White House Administration in Washington, D.C. I want to assure you all that the Little Shell Tribal Council is closely monitoring the ever-changing landscape and taking proactive action to assert our right to self-govern, maintain our sovereignty, and reaffirm our government-to-government relationship with federal agencies and Congress.

As this new Administration implements its vision of governing, the Tribal Council has continued ours. The Tribal Council works with our Montana Congressional delegation to keep each other informed about the impacts of legislation and executive actions. Our representation in D.C. also briefs Tribal Council weekly on key actions from the White House, Congress, and courts. As key officials are appointed in the Administration, we have and will continue building relationships to ensure the voice of the Little Shell Tribe is always heard and the federal trust responsibility is upheld.

As we have endured different administrations over the decades, no matter which party leads Washington, D.C., the Little Shell Tribal Council will extend a hand and work with our sovereign counterparts to uphold our trust obligations.

Change is around us, and the path is sometimes unclear. But we are not lost. We are guided by the Seven Grandfather Teachings. These times may feel overwhelming, and the Tribal Council wants to assure you that through our resilience, our community and culture will continue as it has for generations. When we live by these teachings we cannot be lost – we walk with strength and purpose.

Miigwech (Thank you), Chairman Gerald Gray

INSIDE

• March Events

• Wellness Corner

• Cultural Corner

• Community Corner



MARCH

BEADED EARRINGS CLASS



Laura Tolmich did a great job at our February craft event. She taught us how to make beaded Dentalium earrings, and told stories about the background of her people, of the dentalium, and other cultural stories.

HEALTHY COOKING CLASS



Healthy cooking class with Noel - March 20th from 5:30pm-7:30pm

MEAT AND GREET



Meat and Greet with Food Distribution at Food Distribution Building – March 8th 10am-12pm.

DENTAL HEALTH

ATTENTION LITTLE SHELL CITIZENS!!

THE MOBILE DENTAL UNIT WILL BE IN HARLEM 3/11/25 AND HAVRE 3/12&3/13/25!

Check ups, fillings, extractions, denture realign

Dental cleanings

CONTACT
 Call Noel Yelvington, Public Health Nurse, to schedule your appointment today.
 406-315-2400 ext 110

WHEN
 Harlem: Tuesday March 11th
 Havre: Wednesday March 12th, Thursday March 13th

LOCATION
 Harlem: East of E-Z Mart, old Deb's Diner parking lot
 Havre: former IGA parking lot

We will have the dental unit in Harlem on **Tuesday March 11th**, and in Havre on **Wednesday March 12th and Thursday March 13th**. In coordination with Smiles Across Montana, they will offer dental cleanings, fillings, extractions, checkups, and denture realignment (not denture adjustments). People with diabetes are more likely to develop gum disease, which can lead to tooth loss and jawbone damage. Gum disease can also affect insulin sensitivity. Please contact Noel at 406-315-2400 ext 110 to schedule an appointment.

EXERCISE CLASS



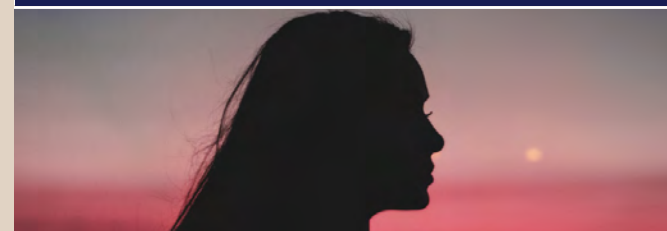
ELDERS EXERCISE CLASS:
Every Wednesday 10am – 11am
 Noel is continuing elder's exercise classes on Wednesdays at 10:00am at the Elder's Center prior to elder's lunch. These chair exercises are geared toward strengthening, balance control, and gentle stretches.

EVERYONE EXERCISE CLASS:
Every Tuesday 5:30 – 7:15pm
 Our Tuesday exercise groups will be at the elder's center at 1529 Stuckey Road.

This is open to anyone who wishes to attend and will be moderate exercises to improve strength and overall health. Diseases such as diabetes, heart disease, hypertension, and obesity are more prevalent amongst Native Americans. Exercise is a great way to help prevent or manage these, thus helping us live longer and healthier lives! Exercise is also very helpful for mental health so please come out and enjoy some time together and improve your overall health.



NATIVE WOMEN'S GROUP



Virtual – Monday the 3rd , 17th and 24th

SACRED CIRCLE OF TOBACCO



Sarah and Noel will hold our next Sacred Circle for youth group on **Monday March 10th from 4:00pm-6:30pm** at the Little Shell Elder's Center and are for youth ages 11-18. We will focus on healthy habits, incorporate fun activities, and provide dinner. Healthy habits must start young to benefit both physical and mental wellbeing. We are hoping to reach more youth to join our groups.

Please reach out to Sarah at 406-315-2400 ext 133, or Noel at 406-315-2400 ext 110 for more information.

DOMESTIC VIOLENCE

NATIONAL INSTITUTE OF JUSTICE

FIVE THINGS ABOUT

VIOLENCE AGAINST AMERICAN INDIAN AND ALASKA NATIVE WOMEN AND MEN



1. Most American Indian and Alaska Native adults are victims of violence.

More than four in five American Indian and Alaska Native adults (83 percent) have experienced some form of violence in their lifetime. That's almost 3 million people who have experienced psychological aggression or physical violence by intimate partners, stalking, or sexual violence.

2. Men and women are victimized at similar rates but in different ways.

American Indian and Alaska Native women and men have been victimized at similar rates (84.3 percent for women and 81.6 percent for men). They have experienced similar levels of psychological aggression and physical violence by intimate partners. But women have experienced significantly higher levels of sexual violence (56.1 percent versus 27.5 percent for men) and stalking (48.8 percent versus 18.6 percent for men).

3. Victimization rates are higher for American Indians and Alaska Natives.

The lifetime victimization rate is 1.2 times as high for American Indian and Alaska Native women as for White women; for men, it is 1.3 times as high.

Percentages of American Indian and Alaska Native women and men who have experienced violence in their lifetime

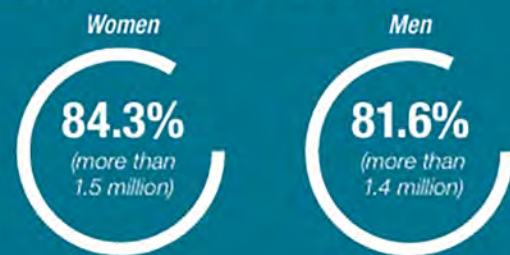


Photo Sources: Thinkstock, Hamilton Studios for We R Native, Fotosearch, Illustration by Sam English

Five Things About Violence Against American Indian and Alaska Native Women and Men

Types of Victimization

Women		Men
66.4%	Psychological Aggression by an Intimate Partner	73.0%
55.5%	Physical Violence by an Intimate Partner	43.2%
56.1%	Sexual Violence	27.5%
48.8%	Stalking	18.6%

4. American Indian and Alaska Native female victims are more likely to need services, but they are less likely to have access to those services.

More than two in five American Indian and Alaska Native female victims reported being physically injured, and almost half reported needing services. The services most commonly needed were medical care and legal services. Unfortunately, more than a third (38 percent) were unable to receive necessary services.

Research continues to highlight the disparities in health outcomes and access to health care for American Indians and Alaska Natives. These results highlight the need for additional services for American Indian and Alaska Native victims of crime — a need that was also documented in the Office for Victims of Crime's *Vision 21: Transforming Victim Services — Final Report*.

5. For American Indians and Alaska Natives, interracial violence is more prevalent than intraracial violence.

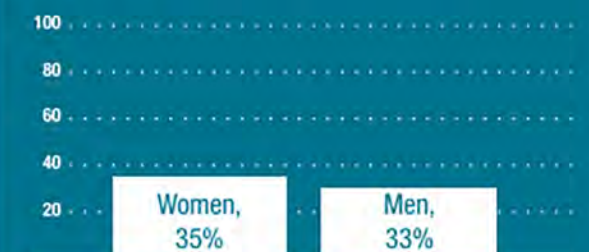
Although the exact number of victimizations per person is unknown, it is clear that most American Indian and Alaska Native victims have experienced at least one act of violence committed by an interracial perpetrator (97 percent of women and 90 percent of men). Fewer victims (35 percent of women and 33 percent of men) have experienced one or more act of violence by an American Indian or Alaska Native perpetrator.

This finding offers strong support for the sovereign right of federally recognized tribes to criminally prosecute non-Indian perpetrators. Until recently, federally recognized tribes did not have this authority, even for crimes committed on tribal lands. This gap in jurisdictional authority provided immunity to non-Indian perpetrators and compromised the safety of tribal communities. The Violence Against Women Reauthorization Act of 2013 partially corrected this problem by providing special domestic violence criminal jurisdiction to federally recognized tribes. But more progress can be made to provide justice for American Indian and Alaska Native victims.

Percentages of victims experiencing violence by non-Indian perpetrators



Percentages of victims experiencing violence by American Indian or Alaska Native perpetrators



Learn more

Rosay, André B., *Violence Against American Indian and Alaska Native Women and Men: 2010 Findings from the National Intimate Partner and Sexual Violence Survey*. Washington, D.C.: U.S. Department of Justice, National Institute of Justice, 2016. NCJ 249736.

NIJ.gov's Tribal Crime and Justice page Keywords: NIJ tribal

Findings and conclusions of the research reported here are those of the authors and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

WELLNESS CORNER

EMPOWERING NATIVE WOMEN THROUGH HEALING AND TRADITION

In partnership with Kim Doney McKeehan, LCSW, this group provides a nurturing and empowering space for Native women to connect, grow, and embrace healthier emotional expression. Each session highlights individual strengths, weaving cultural traditions and emotional exploration into a meaningful journey toward healing and fulfillment.

This virtual group is open to Native women everywhere, offering the flexibility to join from any location.

To learn more, please contact Kasey at (406)315-2400 extension 132 or by email at K.Schindele@Istribbe.org

NATIVE WOMEN'S GROUP

Native Women's Group every other Monday evening (6:00 PM to 7:00 PM) virtually.

Everyone deserves to feel safe, loved and respected.



STRONGHEARTS
Native Helpline

1-844-7NATIVE

WELLNESS CORNER

HARM REDUCTION

FACTS ABOUT ORAL HEALTH AND DIABETES IN THE UNITED STATES

FAST FACTS

- Adults aged 20 or older with diabetes are 40% more likely to have untreated cavities than similar adults without diabetes.
- There is an association between having diabetes and periodontal (gum) disease, a leading cause of tooth loss.
- About 60% of US adults with diabetes had a medical visit in the past year, but no dental visit.
- Expanding health care coverage for periodontal treatment among people with diabetes could save each person about \$6,000 (2019 US dollars) over their lives.
- Adults aged 50 or older with diabetes (1) lack functional dentition (have fewer than 20 teeth) 46% more often and (2) have severe tooth loss (8 or fewer teeth) 56% more often than adults without diabetes.
- Adults aged 50 or older with diabetes are more likely to report that they have a hard time eating because of dental problems.
- Annual dental costs for an adult with diabetes are \$77 (2017 US dollars) higher than for an adult without diabetes. These costs translate to \$1.9 billion for the nation.
- Treating gum disease significantly improves blood sugar level (glycemic control) among people with diabetes compared to no treatment or routine care.

[Diabetes and Oral Health Facts-Oral Health-CDC](#)





HARM REDUCTION FENTANYL DRUG FACT SHEET

WHAT IS FENTANYL?

Fentanyl is a potent synthetic opioid drug approved by the Food and Drug Administration for use as an analgesic (pain relief) and anesthetic. It is approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic.

WHAT IS ITS ORIGIN?

Fentanyl was first developed in 1959 and introduced in the 1960s as an intravenous anesthetic. It is legally manufactured and distributed in the United States. Licit fentanyl pharmaceutical products are diverted via theft, fraudulent prescriptions, and illicit distribution by patients, physicians, and pharmacists.

From 2011 through 2018, both fatal overdoses associated with abuse of clandestinely produced fentanyl and fentanyl analogues, and law enforcement encounters increased markedly. According to the Centers for Disease

Control and Prevention (CDC), fentanyl analogues were involved in roughly 2,600 drug overdose deaths each year in 2011 and 2012, but from 2012 through 2018, the number of drug overdose deaths involving fentanyl and other synthetic opioid increased dramatically each year. More recently, there has been a re-emergence of trafficking, distribution, and abuse of illicitly produced fentanyl and fentanyl analogues with an associated dramatic increase in overdose fatalities, ranging from 2,666 in 2011 to 31,335 in 2018.

WHAT ARE COMMON STREET NAMES?

Common street names include: Apache, China Girl, China Town, Dance Fever, Friend, Goodfellas, Great Bear, He-Man, Jackpot, King Ivory, Murder 8, and Tango & Cash.

WHAT DOES IT LOOK LIKE?

Fentanyl pharmaceutical products are currently available in the following dosage forms: oral transmucosal lozenges commonly referred to as fentanyl "lollipops" (Actiq®), effervescent buccal tablets (Fentora®), sublingual tablets (Abstral®), sublingual sprays (Subsys®), nasal sprays (Lazanda®), transdermal patches (Duragesic®), and injectable formulations. Clandestinely produced fentanyl is encountered either as a powder or in counterfeit tablets and is sold alone or in combination with other drugs such as heroin or cocaine.

HOW IS IT ABUSED?

Fentanyl can be injected, snorted/sniffed, smoked, taken orally by pill or tablet, and spiked onto blotter paper. Fentanyl patches are abused by removing its gel contents and then injecting or ingesting these contents. Patches have also been frozen, cut into pieces, and placed under the tongue or in the cheek cavity. Illicitly produced fentanyl is sold alone or in combination with heroin and other substances and has been identified in counterfeit pills, mimicking pharmaceutical drugs such as oxycodone. According to the National Forensic Laboratory Information System, reports on fentanyl (both pharmaceutical and clandestinely produced) increased from nearly 5,400 in 2014 to over 56,500 in 2017, as reported by federal, state, and local forensic laboratories in the United States.

WHAT IS THE EFFECT ON THE BODY?

Fentanyl, similar to other commonly used opioid analgesics (e.g., morphine), produces effects such as relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression.

WHAT ARE THE OVERDOSE EFFECTS?

Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma, and respiratory failure leading to death. The presence of triad of symptoms such as coma, pinpoint pupils, and respiratory depression are strongly suggestive of opioid poisoning.

WHICH DRUGS CAUSE SIMILAR EFFECTS?

Drugs that cause similar effects include other opioids such as morphine, hydrocodone, oxycodone, hydromorphone, methadone, and heroin.

WHAT IS THE LEGAL STATUS IN THE FEDERAL CONTROL SUBSTANCES ACT?

Fentanyl is a Schedule II narcotic under the United States Controlled Substances Act of 1970.

COMMUNITY CORNER

HEALTH AND FOOD DISTRIBUTION TEAM

Celebrating March: National Nutrition Month

March is National Nutrition Month, a time to focus on healthy eating and celebrating the role food plays in building strong communities. At FDPIR, we're proud to provide nutritious food to support tribal citizens and promote wellness. This month, we're highlighting seasonal foods, reducing food waste, and sharing a recipe that brings together tradition and health.

Seasonal Spotlight: Cabbage, Carrots, and Potatoes



March is the perfect time to enjoy fresh, seasonal vegetables like cabbage, carrots, and potatoes. These versatile and budget-friendly ingredients are staples in many FDPIR food boxes. They're rich in vitamins, fiber, and flavor—perfect for hearty, healthy meals.

For more information, contact us or visit d.perrien@lstribes.org

FDPIR TIP: REDUCING FOOD WASTE

We encourage all our participants to make the most of their FDPIR food box. Here are a few tips to reduce waste:

Plan Ahead: Use meal planning to maximize your ingredients.

- **Get Creative:** Turn leftovers into soups, stews, or casseroles.
- **Freeze Wisely:** Many vegetables and cooked dishes freeze well for future use.

FDPIR UPDATES

- **Food Box Distribution:** FDPIR food boxes include staples like cheese, meat, and pantry items. Contact us if you'd like to know what's available.
- **Meat and Greet Event:** Don't miss our next Meat and Greet, where you can pick up a extra meals for your family and learn about resources we offer.

Contact Us

Have questions about FDPIR or want to sign up? Contact Little Sheel Food Distribution. 406-315-2400 Ext 130. We're here to support you with food resources and guidance.

Let's make March a month of health, community, and good food!

COMMUNITY CORNER

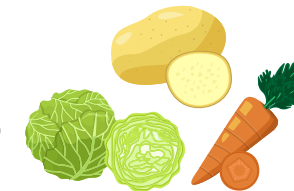
RECIPE OF THE MONTH



RECIPE Corned Beef and Cabbage

INGREDIENTS

- Corned beef brisket (3–4 pounds)
- Cabbage (1 large head)
- Red potatoes (6–8)
- Carrots (4–5)
- Onion (1, quartered)
- Garlic (3 cloves, minced)
- Bay leaves (2–3)



DIRECTIONS

1. Place corned beef, garlic, onion, bay leaves, and water in a large pot. Simmer for 2.5–3 hours.
2. Add potatoes and carrots; cook for 15–20 minutes.
3. Add cabbage wedges; cook until tender (about 10–15 minutes).
4. Rest beef for 10 minutes, slice, and serve with vegetables.

Optional: Pair with fry bread or whole-grain bread for a cultural touch.



ENROLLMENT TEAM

The Enrollment Department has diligently been working post software conversion to process all pending applications. We would like to thank you all for your patience during this process. Please contact the Enrollment Department with any questions.

COMMUNITY CORNER

HOUSING TEAM

LST Housing Programs Proposal to encompass all LST homeowners within applicable service areas looking for March release.

Freeze/Unfreeze. We are out of the freeze and working toward measures that ensure our resilience to any possible future disruptions.

HOUSING SURVEY FOR 2025 ANTICIPATED TO BE FINALIZED SOON WITH A LAUNCH DATE OF MARCH 7. Citizens please spread the word so we can get this data collected ASAP. It will be crucial in being able to provide needed housing services to LST Citizens.

Please see below:

COMING SOON: LITTLE SHELL COMMUNITY NEEDS ASSESSMENT!

Mark your calendars! On March 7, 2025, the Little Shell Tribe Community Needs Assessment will officially launch, and we need your voice! This is your opportunity to help shape the future of community programs for our tribe.

Through this survey, we want to hear from you:

- What new programs and activities should the tribe offer?
- What types of housing do we need, and where should it be built?
- How can the tribe better serve you and your household?

Your feedback will directly influence tribal planning, ensuring we prioritize the well-being of our members and services that matter most to our citizens. For more information, please visit www.LSTsurvey.com.

Exciting Raffle Opportunity! To show our appreciation, households that complete a survey will be entered into a \$500 raffle. Ten raffles over ten weeks—one winner each week! The earlier you participate, the more chances you have to win!

Let's make this count for the future of our tribe. Get ready, Little Shell community launch on March 7! Let's go, community!



COMMUNITY CORNER

HOUSING PROGRAMS

ELDER ASSISTANCE PROGRAM (EHAP)

- The LST Elder Housing Assistance Program (EHAP) improves the housing conditions of Little Shell tribal elder homeowners by replacing, removing or repairing housing defects. Tribal Council recognizes the need to ensure that our elders have energy efficient appliances that are reliable and dependable.
- EHAP is available for Qualified Elder Little Shell Homeowner Citizenry in Cascade, Blaine, Hill, and Glacier counties only.

PEMBINA APPLIANCE PROGRAM (PAP)

LST Pembina Appliance Program provides emergency appliance assistance to Little Shell tribal elders and disabled tribal members.

Approval for emergency assistance is on a case-by-case basis. The Program is funded by the Tribe's allocation of the Pembina Settlement, funding is limited.

PAP is available to Qualified Elder Little Shell tribal homeowners living in Montana.

To see if you are eligible, review the application today! HOUSING PROGRAM Montana Little Shell Chippewa Tribe montanalittleshelltribe.org

ICWA TEAM

The ICWA Department is looking to assist Little Shell Citizens in becoming licensed foster parents so our children can stay within their culture. There is such a need to keep our children in our culture.

Native American children make up one third of the children in foster care in Montana even though they are only 10 percent of the population of Montana. The Little Shell ICWA Department is dedicated to decreasing this over representation.

I encourage everyone to write to their State Legislature to support the Montana Indian Child Welfare Act! This is a great law and it is VERY IMPORTANT for the future of Indian Country!

WHEN Does ICWA NOT Apply:

1. During a custody case between the parents. Even if one parent is enrolled in a Federally Recognized Tribe and the other is not.
2. IF the case is in Tribal Court ICWA does not apply.

If anyone would like more information on ICWA please feel free to call me!
(406) 315-2400 ext. 120