



# NACCS News

*A Tradition  
of Caring*

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

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## June is Cancer Immunotherapy Awareness Month

*submitted by George T. Ghosen, Editor*

Immunotherapy is a type of cancer treatment. It uses substances made by the body or in a laboratory to boost the immune system and help the body find and destroy cancer cells.

Immunotherapy can treat many different types of cancer. It can be used alone or in combination with chemotherapy and/or other cancer treatments.

### How does the immune system fight cancer?

The immune system consists of a complex process that your body uses to fight cancer. This process involves cells, organs, and proteins. Cancer can commonly get around many of the immune system's natural defenses, allowing cancer cells to continue to grow.

Different types of immunotherapy work in different ways. Some immunotherapy treatments help the immune system stop or slow the growth of cancer cells. Others help the immune system destroy cancer cells or stop the cancer from spreading to other parts of the body.

The different types of immunotherapy include:

- [Monoclonal antibodies and immune checkpoint inhibitors](#)
- [Non-specific immunotherapies](#)
- [Oncolytic virus therapy](#)
- [T-cell therapy](#)
- [Cancer vaccines](#)

The type of immunotherapy, dose, and treatment schedule your doctor recommends will depend on many factors. These can include the type of cancer, size, location, and where it has spread. Your age, general health, [body weight](#), and the possible side effects are also important. Talk with your doctor about why a specific immunotherapy plan is being recommended for you.

### What are monoclonal antibodies and immune checkpoint inhibitors?

When the immune system detects something harmful, it makes antibodies. Antibodies are proteins that fight infection by attaching to antigens. Antigens are molecules that start the immune response in your body.

Monoclonal antibodies are made in a laboratory to boost the body's natural antibodies

or act as antibodies themselves. Monoclonal antibodies can help fight cancer in different ways. For example, they can be used to block the activity of abnormal proteins in cancer cells. This is also considered a type of targeted therapy, which is a cancer treatment using medication that targets a cancer's specific genes, proteins, or the tissue environment that helps the tumor grow and survive.

Other types of monoclonal antibodies boost your immune system by inhibiting or stopping immune checkpoints. Immune checkpoints are used by the body to naturally stop an immune system response and prevent the immune system from attacking healthy cells. Cancer cells can find ways to hide from the immune system by activating these checkpoints.

Checkpoint inhibitors prevent cancer cells from blocking the immune system. Common checkpoints that these inhibitors affect are the PD-1/PD-L1 and CTLA-4 pathways.

Examples of immune check-

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[gghosen@nacswny.org](mailto:gghosen@nacswny.org)

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point inhibitors include:

- Atezolizumab (Tecentriq)
- Avelumab (Bavencio)
- Dostarlizumab (Jemperli)
- Durvalumab (Imfinzi)
- Ipilimumab (Yervoy)
- Nivolumab (Opdivo)
- Pembrolizumab (Keytruda)

Many checkpoint inhibitors are approved by the U.S. Food and Drug Administration (FDA) for specific cancers. There are also 2 checkpoint inhibitors that are used to treat tumors anywhere in the body if they have specific genetic changes. This kind of approach is called a "tumor-agnostic treatment."

For instance, pembrolizumab (Keytruda) is approved to treat any tumors that have spread to distant parts of the body if they have a specific molecular change called microsatellite instability-high (MSI-H) or DNA mismatch repair deficiency (dMMR). Another example is that dostarlimab (Jemperli) can be used for advanced cancer or cancer that has come back if it has dMMR. Learn more about [tumor-agnostic treatments](#).

The side effects of monoclonal antibody treatment depend on the drug's purpose. For example, the side effects of monoclonal antibodies used for targeted therapy are not like those used for immunotherapy. The side effects of immune checkpoint inhibitors may include side effects similar to an allergic reaction. Learn more about [side effects of immune checkpoint inhibitors](#).

### What are non-specific immunotherapies?

Non-specific immunotherapies, also called non-specific immunomodulating agents, help your immune system destroy cancer cells. There are several kinds of non-specific immu-

notherapies that work in different ways.

**Cytokines.** Cytokines are a part of the immune system. They are proteins that send messages between cells to activate the immune system. There are two types of cytokines that are used to treat cancer:

- **Interferons.** These proteins are produced by your immune system to alert your body that there is a pathogen, typically a virus, in your body. Interferons can be made in a laboratory to help your immune system fight cancer. They can also slow the growth of cancer cells. The most common type of interferon used in cancer treatment is called interferon alpha (Roferon-A [2a], Intron A [2b], Alferon [2a]). Interferon can be used to several many different types of cancer. Side effects of interferon treatment may include flu-like symptoms, an increased risk of infection, skin rashes, and hair thinning.
- **Interleukins.** Interleukins are proteins that pass messages between cells. They also start an immune response. For example, the lab-made interleukin-2 (IL-2) or aldesleukin (Proleukin) can treat [kidney cancer](#) and [melanoma](#). Common side effects of IL-2 treatment include weight gain and low blood pressure. Some people also experience flu-like symptoms.

### Bacillus Calmette-Guerin (BCG).

This type of immunotherapy is similar to the bacteria that causes tuberculosis. It is used to treat [bladder cancer](#). BCG is placed directly into the bladder through a catheter. It attaches to the inside lining of the bladder and activates the immune system to destroy tumor cells. BCG can cause flu-like symptoms.

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### **What is oncolytic virus therapy?**

Oncolytic virus therapy, sometimes just called virus therapy, uses viruses that have been changed in a laboratory to destroy cancer cells. A genetically modified version of the virus is injected into the tumor. When the virus enters the cancer cells, it makes a copy of itself. As a result, the cancer cells burst and die. As the cells die, they release proteins that trigger your immune system to target any cancer cells in your body that have the same proteins as the dead cancer cells. The virus does not enter healthy cells.

Currently, one type of oncolytic virus therapy is approved in the United States to treat cancer:

**Talimogene laherparepvec (Imlygic) or T-VEC.** This oncolytic virus therapy is approved to treat advanced melanoma that cannot be treated with surgery. It is used most often for people who cannot or choose not to receive any other recommended treatments. T-VEC is a modified version of the herpes simplex virus, which causes cold sores. It is injected directly into 1 or more melanoma tumors. Side effects of oncolytic virus therapy include flu-like symptoms and pain at the injection site.

[Clinical trials](#) are testing other oncolytic viruses for different cancers. They are also testing how the viruses work with other cancer treatments, such as chemotherapy.

### **What is T-cell therapy?**

T cells are immune cells that fight infection. In T-cell therapy, the doctor removes T cells

from the blood. Then, a laboratory adds specific proteins called receptors to the cells. The receptor allows those T cells to recognize cancer cells. The changed T cells are put back into the body. Once there, they find and destroy cancer cells. This type of therapy is known as chimeric antigen receptor (CAR) T-cell therapy. Side effects include fevers, confusion, low blood pressure, and, in rare occasions, seizures.

CAR T-cell therapy is used to treat certain blood cancers. Researchers are still studying this type of therapy and other ways of changing T cells to treat cancer. Learn more about [the basics of CAR T-cell therapy](#).

### **What are cancer vaccines?**

A cancer vaccine can also help your body fight disease. A vaccine exposes your immune system to a foreign protein, called an antigen. This triggers the immune system to recognize and destroy that antigen or related substances. There are 2 types of cancer vaccine: prevention vaccines and treatment vaccines.

One example of a cancer prevention vaccine is Gardasil, the vaccine to protect against the [human papillomavirus \(HPV\)](#), a virus that can cause specific types of cancer. An example of a treatment vaccine includes [spuleucel-T \(Provenge\)](#), which treats advanced prostate cancer that does not respond to hormone therapy. T-VEC (see above) is also considered a cancer treat-

ment vaccine. Side effects for both of these cancer vaccines are flu-like symptoms.

**In general**, immunotherapy is an important approach as cancer researchers continue to look for new cancer treatments. The examples above do not include every type of immunotherapy treatment. Researchers are studying many new drugs. You can learn more about immunotherapy in each [cancer-specific section on Cancer.Net](#). Look at the "Types of Treatment" and "Latest Research" pages for specific information about immunotherapy for that type of cancer. You can also learn about the latest [immunotherapy research on the Cancer.Net Blog](#).

### **Questions to ask your health care team**

If immunotherapy is a cancer treatment option for you, consider asking your health care team these questions:

- ◆ What type of immunotherapy do you recommend? Why?
- ◆ What are the goals of this treatment?
- ◆ What immunotherapy clinical trials are open to me?
- ◆ Will immunotherapy be my only type of cancer treatment? If not, what other treatments will I need? When?
- ◆ How will I receive immunotherapy treatment?
- ◆ Where will I receive this treatment?
- ◆ How long will each treatment take? How often will I need to get this treatment?
- ◆ What are the possible short-term side effects of immunotherapy? How can these

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- ◆ be managed?
- ◆ Who should I talk with about any side effects I experience? How soon?
- ◆ What side effects should I let you know about right away?
- ◆ Whom should I call with questions or problems?
- ◆ How can I reach them during regular business hours? After hours?
- ◆ How will this treatment affect my daily life? Will I be able to work, exercise, and do my usual activities?
- ◆ If I'm very worried or anxious about having this treatment, who can I talk with?
- ◆ If I'm worried about managing the cost of this treatment, who can help me?
- ◆ What are possible long-term side effects of this immunotherapy? How can these be managed?
- ◆ How will we know if this immunotherapy is working?
- ◆ Will I need any tests or scans before, during, or after immunotherapy?
- ◆ Could the dose or duration of my immunotherapy change over time?

### **Related Resources**

[ASCO Answers Fact Sheet: Understanding Immunotherapy \(PDF\)](#)  
[Side Effects of Immunotherapy](#)

### **More Information**

[American Cancer Society: Cancer Immunotherapy](#)  
[National Cancer Institute: Biologic Therapies](#)

### **See Also:**

[Cancer Survivors Month](#)  
[World Kidney Cancer Day](#)

### **Resources:**

[Cancer.net](#)

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## **NACS' New "DIGITAL EQUITY" Project**

Thanks to the National Urban Indian Family Coalition, NACS was awarded a grant to help promote DIGITAL EQUITY for Indigenous people. This program will include educational sessions, information about reduced cost services, and increased access to the internet and relevant technology. While NACS is working on developing this program and will make more announcements very soon, here is one resource that may be helpful, the "Affordable Connectivity Program."

***The Affordable Connectivity Program is a Federal Communications Commission program that helps ensure that households can afford the broadband they need for work, school, healthcare and more. [Some of] the benefits provide:***

- ***Up to \$30/month discount for internet service;***
- ***Up to \$75/month discount for households on qualifying Tribal lands; and***
- ***A one-time discount of up to \$100 for a laptop, desktop computer, or tablet purchased through a participating provider.***

***A household is eligible if a member meets at least one of the criteria below:***

- ◆ ***Has an income that is at or below 200% of the Federal Poverty Guidelines;***
- ◆ ***Participates in certain assistance programs, such as SNAP, Medicaid, Federal Public Housing Assistance, SSI, WIC, or Lifeline;***
- ◆ ***Participates in Tribal specific programs, such as Bureau of Indian Affairs General Assistance, Tribal TANF, or Food Distribution Program on Indian Reservations;***
- ◆ ***Is approved to receive benefits under the free and reduced-priced school lunch program or the school breakfast program;***
- ◆ ***Received a Federal Pell Grant during the current award year; or***
- ◆ ***Meets the eligibility criteria for a participating broadband provider's existing low-income program.***

***To enroll, please go to <https://www.fcc.gov/acp> to submit an application.***

Please watch for more announcements for more resources, programs and events! For more information about this benefit and/or the Digital Equity program, please contact [Pete Hill, NACS' Special Initiatives Director](#), at (716) 574-8981 or [phill@nacswny.org](mailto:phill@nacswny.org).

# Cancer in Native American people in the United States

*submitted by George T. Ghosen, Editor*

## Native American people are more likely to get certain cancers compared to non-Hispanic White people.

American Indian and Alaska Native (Native American) people have much higher rates of getting several cancers, including lung, colorectal, liver, stomach, and kidney cancers, compared to non-Hispanic White people in the United States. There are also important differences in the rate of getting cancer between the six regions where most Native American people live.

### What the Study Found

Scientists used United States Cancer Statistics data to see how many Native Americans got cancer from 2012 to 2016. They compared rates of getting cancer in six regions: the Northern Plains, Alaska, Southern Plains, Pacific Coast, East, and Southwest.

- ★ American Indian and Alaska Native people were more likely to get liver, stomach, kidney, lung, colorectal, and female breast cancers than White people in most regions.
- ★ Compared to White men, Native American men had higher rates of getting liver, stomach, kidney, colorectal, and lung cancer and myeloma.
- ★ Compared to White women, Native American women had higher rates of getting liver, stomach, kidney, colorectal, and cervical cancer.
- ★ Native American men were more likely to get cancer than Native American women. The difference ranged

from 23% more likely for lung cancer to 129% more likely for liver cancer.

- ★ The biggest differences in cancer rates between Native American men and White men were found in Alaska, followed by the Southern Plains, Southwest, and Northern Plains.
- ★ The biggest differences in cancer rates between Native American women and White women were found in the Southern Plains, followed by the Northern Plains, Alaska, and Pacific Coast.

### Making Sure the Data Are Correct

In cancer registry records, more American Indian and Alaska Native cancer patients are incorrectly classified as members of another race than patients in other racial groups. Two steps are taken to help make sure cancer data are correct for American Indian and Alaska Native people:

- ★ Cancer incidence data from the central cancer registries have been linked with the Indian Health Service patient database.
- ★ Only data from [Purchased/Referred Care Delivery Area counties](#) are used. These counties contain federally recognized tribal lands or are adjacent to tribal lands. Race classification for American Indian and Alaska Native people is more accurate in these

counties.

### How Can Cancer Rates Be Lowered Among Native American People?

American Indian and Alaska Native people have some of the highest rates of getting certain cancers in the United States. To help lower the number of future cancers, experts suggest—

- ★ Making sure American Indian and Alaska Native people get cancer screening tests. Screening tests can prevent some common cancers or find them early, when they are easier to treat.
- ★ Making sure preventive health care services and programs are available to help people quit smoking.
- ★ Developing programs that promote healthy eating and keeping a healthy weight.

### More Information

[Cancer Within American Indian and Alaska Native \(AI/AN\) Populations](#)  
[U.S. Cancer Statistics Data Visualizations Tool: Rate of New Cancers in American Indians and Alaska Natives](#)  
[Incidence of Screening-Detectable Cancers Among Non-Hispanic American Indian and Alaska Native Populations 2014–2018](#)

**See Also:**  
[CANcer HEALTH](#)

**Resources:**  
[Centers for Disease Control & Prevention](#)

# House Natural Resources Committee Holds Hearing on ICWA

By Neely Bardwell, *Native News Online*, May 11, 2023

At a U.S. House Natural Resources Committee virtual roundtable on the Indian Child Welfare Act (ICWA) on Tuesday, lawmakers heard from experts about the dark legacy of the U.S. government removing Native children from their homes as well as personal anecdotes about the impact of growing up as a Native child in a non-Native community.

The roundtable, which examined the threat to the constitutionality of ICWA, featured four panelists who provided expert testimony. Panelists included: Maggie Blackhawk (Fond du Lac Band of Lake Superior Ojibwe), professor of law at New York University School; Jack Trope, Senior Director for Indian Child Welfare Programs at Casey Family Programs; Veronica Krupnick, Foster Youth Advocacy Programs Coordinator of CASA First; and Karen Returns to War, Co-Chair of the Northern Arapaho Tribe.

In her testimony, Maggie Blackhawk, connected the dots between Native children being taken from their homes and placed in Indian boarding schools to Native children being placed in foster care and being placed for adoption during testimony.

“Over time, as states assumed more responsibility for the welfare of Native children, they began removing those children from their homes at unprecedented levels,” Blackhawk said. “Eighteen states were explicit that privatizing support for Native children would fur-

ther reduce welfare costs and fill remaining federal funding gaps because Native children required far fewer welfare dollars when placed in the home of a middle class or wealthy foster or adoptive family than in the home of a Native family living in poverty.”

ICWA was passed in 1978 and provided guidance to state governments in handling child abuse and neglect, and adoption cases involving children with tribal citizenship. The law set minimum standards of accountability and consideration in the event a Native child ends up in the system.

Before ICWA, Native children were systematically separated from their families and communities by state and private adoption agencies without evidence of harm or neglect. Eighty-five percent of these children were placed in non-Native homes. Now, ICWA requires caseworkers in each state to make “active efforts” to keep Native children within their communities.

Public interest in ICWA is at an all-time high due to the impending Supreme Court decision of *Brackeen v. Halland*, a case that challenges the act's constitutionality. Arguments took place last November, and a decision is expected in late June.

The primary argument against ICWA is that it discriminates on the basis of

race and prioritizes the interest of tribes over the needs of Native children.

Tribal nations and the U.S. Department of Interior responded to the argument of race discrimination by arguing that ICWA is not race-based but instead based on the fact that American Indian tribes and their citizens are a political class, and to challenge ICWA is to challenge Tribal sovereignty.

“Like many other child welfare and adoption organizations, Casey Family Programs considers ICWA to be the Gold Standard for child welfare,” Thorpe testified at Tuesday's roundtable. “ICWA emphasizes keeping children safely with their parents/guardians whenever possible (active efforts requirement) or, if they cannot be kept with their parents/guardians, keeping them connected with their relatives, communities, and cultures (placement preferences, community standards, transfer to tribal court). We know children thrive with their families and in their communities.”

Krupnick shared her personal experience with the child welfare system - she herself was an Indigenous child taken from her community.

“My value, my self-worth became directly tied to how much I believed my now-adopted parents and family wanted to keep me,” Krupnick said. “And with this driving belief - as a

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child, as a teen, as a young adult - I didn't even realize I was hurting myself trying to mold into a person that I would never be and abandoning pieces of myself that were incredibly essential to my well-being and my healing. So instead of finding joy and connection and healing in my identity as an Indigenous person, these were replaced with feelings of guilt, anger, shame, and even em-

barrassment.”

In answer to the question if Congress had the constitutional right to pass the ICWA as posed by the *Brackeen v. Haaland* case, Blackhawk responded:

“The historical record confirms that the care and education of Native children fall squarely into the constitution-

al powers of Congress. The constitutional challenges to Brackeen are unfounded and could result in the deeply ironic situation where the constitutional values that we have elevated to reckon with other constitutional failures - specifically, the institution of human enslavement and Jim Crow segregation - might be used to further the American colonial project today.”

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## Happy Pride Month from the SOLE Program!

*submitted by Laura Gugliuzza, Health Educator/Peer Mentor*

June is Pride Month! The first Pride celebration originated in New York City on June 28<sup>th</sup>, 1970, as activists commemorated the events of the Stonewall Riots the year prior. This movement has evolved into a political and cultural force that's fought for equality for all people. This month is a time where we remind ourselves of the heartache our prior generations had to endure to get us to this point, where we can celebrate Pride together.

The LGBTQIA+ community and its allies celebrate Pride by throwing all sorts of celebrations - including here in WNY! This year's Pride Parade and Festival is in the City of Buffalo on June 4, 2023. The Stages of Life Empowerment Program is excited to participate in this year's Pride Festival, handing out stickers, protective barriers, and other goodies! Invite friends and family who haven't experienced the festival to come and see what it's all about. Admission is \$10. More information for all upcoming Pride events can be found at:

<https://buffaloprideweek.com/>

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## Pride Month 2023

*By: [History.com Editors](#)<sup>1</sup>, May 8, 2023*

Pride Month is an annual celebration of the many contributions made by the LGBTQ+ community to history, society and cultures worldwide. In most places, Pride is celebrated throughout the month of June each year in commemoration of its roots in the Stonewall Riots of June 1969. However, in some areas - especially in the Southern Hemisphere - pride events occur at other times of the year.

### Origins of Pride Month

The roots of the gay rights movement go back to the early 1900s, when a handful of individuals in North America and Europe created gay and lesbian organizations such as the Society for Human Rights, founded by Henry Gerber in Chicago in the 1920s.

Following [World War II](#), a small number of groups like the Mattachine Society and the Daughters of Bilitis published gay- and lesbian-positive newsletters and grew more vocal in demanding recognition for, and protesting discrimination against, gays and lesbians. In 1966, for example, members of the Mattachine Society held a [“sip-in” protest at Julius](#), a bar in New York City, where they demanded drinks after announcing that they were gay, in violation of local laws against serving alcohol to gays and lesbians.

Despite some progress in the postwar era, basic civil rights were largely denied to gay, lesbian, bi-  
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sexual and transgender people - until one night in June 1969, when the gay rights movement took a furious step forward with a series of violent riots in New York City.

### **Stonewall Riots**

As was common practice in many cities, the New York Police Department would occasionally raid bars and restaurants where gays and lesbians were known to gather. This occurred on June 28, 1969, when the NYPD [raided the Stonewall Inn](#), a bar in the Greenwich Village neighborhood of Manhattan.

When the police aggressively dragged patrons and employees out of the bar, several people fought back against the NYPD, and a growing crowd of angry locals gathered in the streets. The confrontations quickly escalated and sparked six days of protests and violent clashes with the NYPD outside the Stonewall Inn on Christopher Street and throughout the neighborhood.

By the time the [Stonewall Riots](#) ended on July 2, 1969, the [gay rights movement](#) went from being a fringe issue largely ignored by politicians and the media to front-page news worldwide.

### **First Gay Pride Parade**

One year later, during the anniversary of the Stonewall Riots, activists in New York City marched through the streets of Manhattan in commemoration of the uprising. The march, organized by the Eastern Regional Conference of Homophile Organizations (ERCHO) and the Christopher Street Liberation Day Umbrella Committee, was named the Christopher Street Liberation Day March.

In time, that celebration came to be simply known as the Gay Pride Parade. According to activist Craig Schoonmaker, "I authored the word 'pride' for gay pride ... [my] first thought was 'Gay Power.' I didn't like that, so proposed gay pride. There's very little chance for people in the world to have power. People did not have power then; even now, we only have some. But anyone can have pride in themselves, and that would make them happier as people, and produce the movement likely to produce change."

The march, which took place on June 28, 1970, is now considered the country's first [gay pride parade](#). By all accounts, the New York City event was a stunning success, with an estimated 3,000 to 5,000 participants in the march, which stretched 51 blocks from Greenwich Village to Central Park. Marches and parades also took place that June in Chicago, Los Angeles and San Francisco.

### **Gay Pride Month**

Over the years, gay pride events have spread from large cities to smaller towns and villages worldwide—even in places where repression and violence against gays and lesbians are commonplace. The atmosphere at these events can range from raucous, carnivalesque celebrations to strident political protest to solemn memorials for those lost to [AIDS](#) or homophobic violence.

In June 2000, President [Bill Clinton](#) officially designated June as Gay and Lesbian Pride Month, in recognition of the Stonewall Riots and gay activism throughout the years. A more-inclusive name was chosen in 2009 by President [Barack Obama](#): Lesbian, Gay, Bisexual and Transgender Pride Month.

The origins of Gay Pride Month were also honored by Obama when, in 2016, he created the [Stonewall National Monument](#), a 7.7-acre around the Stonewall Inn where the modern gay rights movement began.

Today, Gay Pride parades in many cities are enormous celebrations: The events in Sao Paulo, Sydney, New York City, Madrid, Taipei and Toronto routinely attract up to 5 million attendees.

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As Pride Month has grown in popularity across the globe, criticism of the events has grown, too. Many early organizers now decry the commercial influence and corporate nature of Pride parades - especially when those corporations make donations to politicians who vote against gay, lesbian and transgender rights.

Gay Pride events are nonetheless seen as vital protests against repression and isolation in places such as Serbia, Turkey and Russia, where Pride parades have been met with antigay violence. Even in the United States, a rise in bloodshed, killings and threats at Pride and other gay events and gatherings highlights the oppression the LGBTQ community still faces.

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Resource:

[History.com/topics/Gay-Rights/Pride-Month](https://www.history.com/topics/gay-rights/pride-month)

(<sup>1</sup>[HISTORY.com](#) works with a wide range of writers and editors to create accurate and informative content. All articles are regularly reviewed and updated by the HISTORY.com team. Articles with the "HISTORY.com Editors" byline have been written or edited by the HISTORY.com editors, including

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## Why Was the Battle of Little Bighorn Significant?

By Peta Stamper, [History Hit](#), January 14, 2022

with excerpts from:

## What Really Happened at the Battle of the Little Bighorn?

By Annette McDermott, [HISTORY.com](#), Updated: June 7, 2019

(Editors note: June 25, 2023, marks the 147th Anniversary of "Custer's Last Stand". A considerable amount of attention has been paid to the significance of the Battle of the Little Bighorn. It took place on June 25–26, 1876, along the Little Bighorn River in the Crow Indian Reservation in southeastern Montana Territory. Tensions had been increasing between the Native inhabitants of the Great Plains of the US and encroaching settlers.

This resulted in a series of conflicts known as the Sioux Wars, which took place from 1854 to 1890. While some of the indigenous people eventually agreed to relocate to ever-shrinking reservations, a number of them resisted, sometimes fiercely. The Battle of the Little Bighorn marked the most decisive Native American victory and the worst U.S. Army defeat in the long Plains Indian War. The demise of Custer and his men outraged many white Americans and confirmed their image of the Indians as wild and bloodthirsty. Meanwhile, the U.S. government increased its efforts to subdue the tribes. Within five years, almost all of the Sioux and Cheyenne would be confined to reservations.

The memory lives on...)

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Fought on steep ravines and ragged ridges, the Battle of Little Bighorn, also known as Custer's Last Stand and the Battle of the Greasy Grass by Native Americans, was a brutal clash between the combined Sioux Lakota, Northern Cheyenne and Arapaho forces, and the 7th Cavalry Regiment of the United States Army.

The fight lasted between 25-26 June 1876 and is named for its battleground along the Little Bighorn River in the Crow Reservation, southeastern Montana. Marking the worst defeat of US forces, the battle became the most consequential engagement of the Great Sioux War of 1876.

But what led to the climactic battle and why was it so significant?

### **Red Cloud's War**

Native American tribes of the northern plain region had come to blows with the US Army before Little Bighorn. In 1863, European Americans had cut the Bozeman Trail through the heart of Cheyenne, Arapaho and Lakota land. The trail provided a fast route to reach the Montana gold fields from the popular migrant trading point, Fort Laramie.

The settlers' right to cross Native American territory was outlined in a treaty from 1851. Yet between 1864 to 1866, the trail was trampled by some 3,500 miners and settlers, who threatened Lakota access to hunting and other natural resources.

Red Cloud, a Lakota chief, allied with the Cheyenne and Arapaho to resist settler expansion into their traditional territory. Despite its name suggesting a huge confrontation, Red Cloud's 'war' was a continual stream of small-scale raids and attacks on the soldiers and civilians along the Bozeman Trail.

### **Reservations**

By the late 1860s, most Native Americans had been forced onto so-called Indian reservations or killed outright. Vowing to avoid the same fate, the Plains Indians settled in for a long and fierce hold-out.

In the hopes of squashing the livelihood of the Native American people on the Plains, the government allowed the railroads to kill scores of buffalo herds to lay railroad tracks. They also urged hunters to kill as many buffalo as possible without oversight and encouraged trains to stop so passengers could massacre buffalo for sport.

The more the white colonizers needlessly slaughtered buffalo, the angrier Indigenous people grew. Some staged brutal attacks on settlers and railroad workers without regard to age or gender.

To the tribes, the railroad represented an end to their livelihood, since for millennia they'd relied on free-roaming buffalo to survive. By the time Custer arrived on the scene in 1866, the war between the army and the Plains Indians was in full force.

In 1868, fearing they would have to defend both the Bozeman Trail and transcontinental railway, the US government proposed peace. The Treaty of Fort Laramie created a large reservation for the Lakota in the western half of South Dakota, a region rich in buffalo, and closed the Bozeman Trail for good.

Yet accepting the US government's treaty also meant partially surrendering the Lakota's nomadic lifestyle and encouraged their reliance on subsidies from the government.

Several Lakota leaders, including the warriors Crazy Horse and Sitting Bull, therefore rejected the

*(Continued on page 11)*

*(Continued from page 10)*

government's reservation system. They were joined by bands of nomadic hunters who, having not signed the 1868 treaty, felt no obligation to its restrictions.

Tensions between the government and plains tribes only worsened when, in 1874, Lt. Col. George Armstrong Custer was sent to explore the Black Hills inside the Great Sioux Reservation. Whilst mapping the area and searching for a suitable spot to build a military post, Custer discovered a vast gold deposit.

News of the gold drew in miners from all over the US, breaching the 1868 treaty and insulting the Lakota, who refused to sell the sacred Black Hills to the government. In retaliation, the US Commissioner of Indian Affairs instructed all Lakota to report to a reservation by 31 January 1876. The deadline came and went with almost no response from the Lakota, most of whom were unlikely to have even heard it.

Instead, Lakota, Cheyenne and Arapaho, outraged at the continued intrusion of white settlers and prospectors into their sacred lands, gathered in Montana under Sitting Bull and prepared to resist US expansion. Meanwhile, US General Philip Sheridan, commander of Missouri's military division, devised a strategy to engage the 'hostile' Lakota, Cheyenne and Arapaho and force them back into the reservation.

### ***Custer Goes AWOL and Is Court-Martialed by the U.S. Army***<sup>1</sup>

*Custer's first assignment was helping Major General Winfield S. Hancock carry out a shock-and-awe campaign to overwhelm the tribal nations. At the end of the campaign, Custer deserted and joined his wife at Fort Riley. He was court-martialed in 1867 and suspended without rank and pay for one year.*

*The fact that Custer - a highly-decorated and well-respected commander - deserted perplexed many of his men and his superiors. It also demonstrated his inclination to make rash decisions, a trait that some say would have deadly consequences later.*

*Despite Custer's now-tarnished reputation, the army still needed him to fight Native Americans. In September 1868, he returned to duty before his court-martial sentence was up and resumed command of the 7th Cavalry. On November 28, he led a campaign against a village of Cheyenne led by Chief Black Kettle, killing all Native American warriors present and earning himself a reputation as a ruthless fighter.*

*Over the next several years, Custer discovered that fighting Indigenous people was much different than fighting Confederate soldiers. The Indigenous warriors were spread out. They rode fast ponies and knew the terrain better than Custer ever could.*

### ***Sitting Bull and Crazy Horse: Battle-Hardened Warriors***<sup>2</sup>

*In 1873, Custer faced a group of attacking Lakota at the Northern Pacific Railroad Survey at Yellowstone. It was his first encounter with Lakota leaders Sitting Bull and Crazy Horse, but it wouldn't be his last. Little did Custer know at the time the two Indigenous leaders would play a role in his death a few years later.*

*In 1868, the U.S. government had signed a treaty recognizing South Dakota's Black Hills as part of the Great Sioux Reservation. However, the government had a change of heart and decided to break the treaty in 1874 when Custer led an excursion of miners who had been looking for gold into the Black Hills.*

*(Continued on page 12)*

*(Continued from page 11)*

*Custer was tasked with relocating all Native Americans in the area to reservations by January 31, 1876. Any person who didn't comply would be considered hostile.*

*The Native Americans, however, didn't take the deception lying down. Those who could, left their reservations and traveled to Montana to join forces with Sitting Bull and Crazy Horse at their fast-growing camp. Thousands strong, the group eventually settled on banks of the Little Bighorn River.*

### ***Background to the Battle of the Little Bighorn<sup>3</sup>***

*The U.S. Army dispatched three columns of soldiers, including Custer and his 7th Cavalry, to round up Indigenous people and return them to their reservations.*

*The plan was for Custer's cavalry and Brigadier General Alfred Terry's infantry to rendezvous with troops under the command of Colonel John Gibbon and Brigadier General George Crook. They'd then find the Native Americans, surround them and force their surrender.*

*Crook was delayed but Terry, Custer and Gibbon met-up in mid-June and after a scouting party found a trail headed toward Little Big Horn Valley, they decided Custer should move in, surround the tribes and await reinforcements.*

*Custer forged ahead but things didn't go as planned. Around midday on June 25, his scouts located Sitting Bull's camp. Instead of waiting for reinforcements, however, Custer planned a surprise attack for the next day. He moved it up when he thought the Native American forces had discovered his position.*

*Custer divided his more than 600 men into four groups. He ordered one small battalion to stay with the supply train and the other two, led by Captain Frederick Benteen and Major Marcus Reno, to attack from the south and prevent the tribesman from escaping. Custer would lead the final group—210 men strong—and planned to attack from the north.*

*Reno's group attacked first but swiftly embarked on a disorganized retreat after realizing they were completely outnumbered. By the time they'd regrouped, at least 30 troops were dead.*

*Benteen's troops came to Reno's aid and the combined battalions joined forces on what is now known as Reno Hill. They remained there despite Custer's order: "Benteen. Come on, Big Village, Be quick, Bring packs. P.S. Bring packs."*

### ***The Battle of the Little Bighorn***

*In March 1876, 3 US forces set out to find and engage the Native Americans. They had little idea where or when they would encounter the 800-1,500 warriors they expected to meet.*

*The tribes had met around the Powder, Rosebud, Yellowstone and Bighorn rivers, a rich hunting ground where they held annual summer gatherings to celebrate the Sun Day. That year, Sitting Bull had a vision that suggested their people's victory against the US soldiers.*

*Once they learned where Sitting Bull had gathered the tribes, on 22 June, Colonel Custer had been instructed to take his men of the 7th Cavalry and approach the gathered tribes from the east and south, to stop them from scattering. The other leaders, General Terry and Colonel Gibbon, would close the gap and trap the enemy warriors.*

### ***Custer's Last Stand***

*Custer's plan was to wait in the Wolf Mountains overnight while his scouts confirmed the wherea-*

*(Continued on page 13)*

bouts and numbers of the gathered tribes, then conduct a surprise attack at dawn on 26 June. His plan was scuppered when scouts returned with news that their presence was known. Fearing Sitting Bull's warriors would immediately attack, Custer ordered the go-ahead.

A detachment of Custer's men led by Major Reno attacked but were quickly outmaneuvered and cut down by the mounted Lakota warriors. At the same time, Custer followed the basin down to a Native American village where there was a skirmish, followed by Custer's retreat to Calhoun Hill, where he was attacked by the warriors who had driven away Reno's division. By splitting up his men, Custer had left them without each other's support.

East of the Little Bighorn, Custer and his commanders' bodies were later found naked and mutilated. Superior numbers (some 2,000 Sioux warriors) and firepower (repeat action shotguns) had overwhelmed the 7th Cavalry and marked a victory for the Lakota, Cheyenne and Arapaho.

### A Temporary Victory

The Native American victory at Little Bighorn was certainly a significant act of collective resistance to US encroachment on their way of life. The battle demonstrated the strength of the Lakota and their allies, who suffered an estimated 26 casualties compared with roughly 260 of the 7th Cavalry. This strength threatened the US' hopes to mine the region for both minerals and meat.

Yet the Lakota victory was also significant because it was temporary. Whether or not the Battle of Little Bighorn changed the trajectory of US policy towards the tribes of the Great Plains, and Native Americans across the continent, it undoubtedly changed the speed at which the military was deployed to 'subdue' their villages across the north.

When news of Custer's death reached the eastern states, many US officials and American citizens demanded the government respond with force. In November 1876, 5 months after the Battle of Little Bighorn, the US government dispatched General Ranald Mackenzie on an expedition to the Powder River in Wyoming. Accompanied by more than 1,000 soldiers, Mackenzie attacked a Cheyenne settlement, burning it to the ground.

The US government continued to retaliate in the ensuing months. Reservation boundaries were enforced, dividing the allied Lakota and Cheyenne, and the government annexed the Black Hills without compensating the Lakota. This outcome of the Battle of Little Bighorn prompted a legal and moral battle over the sacred hills that continues today.

### See also:

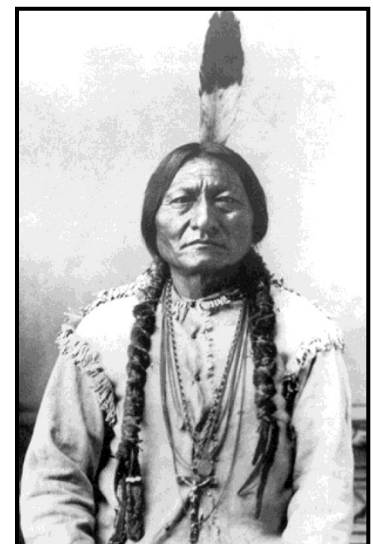
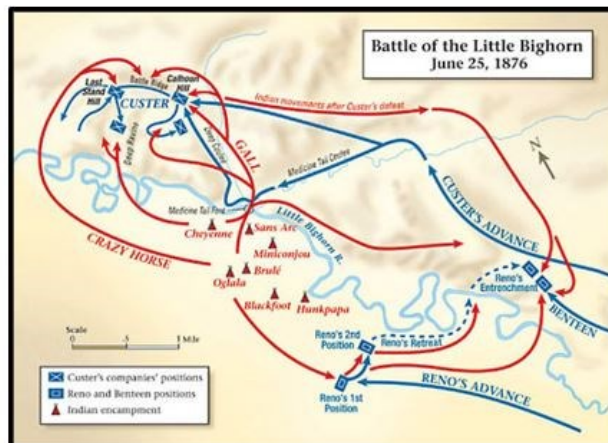
Wikipedia - [Battle of the Little Bighorn](#)

### Resources:

[HistoryHit.com/Why-Was-the-Battle-of-Little-Bighorn-Significant](#)

(<sup>1,2,3</sup> [History.com/News/Little-Bighorn-Battle-Facts-Causes](#))

*Pictured below L-R: George A. Custer; Little Big Horn Battle Site; Sitting Bull.*





# NACS' ERIE & NIAGARA YOUTH CLUBHOUSES



## NOW OPEN

Please follow us on Instagram @nacs\_clubhouse for updates on when we are open.

*NACS Youth Clubhouse is an alcohol & drug free space for Native youth ages 13-18 years old!*

*Native youth are welcome to join our **drop-in** nights. The clubhouses will be open 3-6pm. More info coming soon!*

**Clubhouse locations:**  
**Buffalo: 1005 Grant St.**  
**Niagara Falls: 1522 Main St.**



**POOLTABLE  
DARTS  
GAMES  
SNACKS  
FIELDTRIPS**



## POSITIVE OUTLETS!

- **Make your voice heard!**
- **You'll have a chance to speak with someone one on one for support and guidance**



## YOUTH HANGOUTS!

- **Safe & supportive environment**
- **Guest speakers, workshops, and fun activities!**



## IMPACT YOUR COMMUNITY!

- **Build awareness on substance use prevention**
- **Cultural based activities**
- **Weekly challenges**
- **Weekly check-ins!**

**FOR MORE INFO:  
CALL OR TEXT**

**716-983-1251**

**OR EMAIL STAR AT:**

**SWHEELER@NACSWNY.ORG**



Check us out on Insta  
[nacs\\_clubhouse](https://www.instagram.com/nacs_clubhouse)



Funded by: The Office of Addiction Services & Supports, foundations, business and caring individuals



## Native American Community Services Program Offerings through the Stages of Life Empowerment (SOLE) Program



The following programs can be conducted throughout a variety of venues in **Erie and Niagara Counties** for FREE, including but not limited to schools, youth programs, family nights, parent events, etc. Please contact **SOLE Program Director Simone Alston** at **716-983-2564** or [sshuster@nacswny.org](mailto:sshuster@nacswny.org) for more information.

*\*All programs can be adapted to meet your group's specific needs\**

Target Population	Program Name	Program Description	Implementation Guidelines
<b>EVIDENCE-BASED CURRICULA FOR YOUTH</b>			
<i>*These curricula have undergone rigorous scientific evaluations that have shown their effectiveness*</i>			
<i>*Ask about our other Evidence Based Programs*</i>			
Youth, Ages 11-13	<b><i>Making Proud Choices!</i></b>	Evidence-Based Curriculum that provides youth with a comprehensive approach to gain the confidence and skills necessary to reduce their risk of sexually transmitted infections (STIs), HIV and pregnancy.	-Eight, 50 minute sessions -Out-of-school setting
Youth, Ages 13-18	<b><i>Be Proud! Be Responsible!</i></b>	Evidence-Based Curriculum that provides youth with a comprehensive approach to gain the knowledge, motivation and skills necessary to change their behaviors in ways that will reduce their risk of sexually transmitted infections (STIs), HIV and pregnancy.	-Seven 50 minute sessions -In Various settings
<b>YOUTH WORKSHOPS</b>			
<i>*Workshops Available upon request: Financial Budgeting, Effective communication, Barrier Demonstrations, Consent, etc.*</i>			
Youth, Ages 10-18	<b><i>A Youth's Guide to Adolescent Development</i></b>	Helps youth understand the changes they undergo during adolescence, and pays special attention to developing one's positive identity, building a strong self-esteem, fostering a healthy body image and encourages respect for racial and ethnic diversity.	-Approximately one 45 minute session -Various settings
Youth, Ages 10-18	<b><i>Female Puberty: We All Go Through It!</i></b>	Walks young females through the biological changes they will encounter during puberty with special attention on anatomy, hygiene and menstruation. <i>*Recommended workshop prior to Evidence-Based Curricula*</i>	-Approximately one 45 minute session -Various settings
Youth, Ages 10-18	<b><i>Male Puberty: What to Expect</i></b>	Walks young males through the biological changes they will encounter during puberty with special attention to one's anatomy and hygiene. <i>*Recommended workshop prior to Evidence-Based Curricula*</i>	-Approximately one 45 minute session -Various settings
Youth, Ages 10-18	<b><i>A Youth's Guide to Healthy Relationships</i></b>	Allows youth to explore the basics of healthy relationships (romantic and platonic) and provides insight to keep their current relationships healthy.	-Approximately one 45 minute session - Various settings
Youth, Ages 10-18	<b><i>Safer Sext: Online Safety, Privacy, and Digital Intimacy</i></b>	Offers youth helpful tips about safe social media, as they begin to use social media more frequently highlighting the consequences of sexting, sexual harassment, and cyber bullying.	-Approximately one 45 minute session - Various settings
Youth, Ages 10-18	<b><i>Skills for a Healthy Life</i></b>	Focuses on the importance of healthy life skills, as they are the building blocks for overall health and wellness. Special attention is paid to decision making skills, interpersonal skills and stress management.	-Approximately one 45 minute session -Various settings
Youth, Ages 10-18	<b><i>You Have Rights: Minors' Rights to Reproductive Health Care</i></b>	Provides an overview of minors' rights in accessing sexual and reproductive health care services in New York State. Many youth are unaware that they do not need parental consent to receive these services.	-Approximately one 45 minute session -Various settings
Youth, Ages 10-18	<b><i>A Youth's Guide to Boundaries</i></b>	Offers youth the helpful tools to establish consent and create and enforce boundaries in a relationship.	-Approximately one 45 minute session -Various settings

Funded by: NYS Department of Health/Bureau of Child & Adolescent Health; as well as businesses, foundations and caring individuals.

*Continued on Page 16*

Youth, Ages 10-18	<b>A Youth's Guide to Anti-Bullying</b>	Allows youth to explore types of bullying and provides insight to its consequences.	-Approximately one 45 minute session -Various settings
Youth, Ages 10-18	<b>Period Care</b>	Offers insight to what to expect throughout menstruation, as well as personal hygiene.	-Approximately one 45 minute session -Various settings
Youth, Ages 10-18	<b>Budgeting</b>	Allows youth to brainstorm ways to reduce spending and discuss the purpose of saving.	-Approximately one 45 minute session -Various settings
Youth, Ages 10-18	<b>LGBTQ Cultural Competency</b>	Explores inclusive ways to talk about sex, gender, and sexual orientation while exploring terminology and concepts within LGBTQ populations.	-Approximately one 45 minute session -Various settings
Youth, Ages 10-18	<b>Clinic Tours</b>	This is an opportunity for youth to receive free scheduled tours and education of their local reproductive health clinics and facilities in order to reduce any associated stigma with receiving services. We pick you and your youth group up and drop you off!	-Groups of 5 or more -Approximately one-two hours -By Request only-Call for further info. -In clinic setting
	<b>Clinic Transportation</b>	We offer (youth) group's transportation to and from clinics and health care facilities for appointments in order to eliminate obstacles that prevent youth from being healthy.	

*\*Adult workshops available upon request, please contact for more information\**



Peer Educators Empowering People

Please contact Laura Gugliuzza, [lgugliuzza@nacswny.org](mailto:lgugliuzza@nacswny.org), to apply or for more information.

- **Peer Mentoring Program:** The Peer Mentoring Program selects 6 high school students, ages 14-18, from Erie and Niagara counties through an interview process. Our Peer Educators work to connect with their communities, lead and assist workshops, and develop personal and professional skills through events, outreach, and trainings.
- **Peer to Peer Workshops:** Our peer educators are available to lead any of the youth workshops offered by the SOLE program.
- **PSA viewing and discussion:** Our peer educators have written and starred in their own series of PSA videos on a variety of topics related to healthy living. The Peer Educators are available to lead discussions on these videos, which include topics of bullying, microaggressions, STDs, pregnancy, communication, condom use, suicide prevention, and many more!



**MOCA** is a participatory, discussion-based program, developed by our Peer Educators, which aims to provide teens the knowledge, skills, and confidence to make responsible decisions regarding sexual health, understand identities, and empower their peers to do the same. This program consists of a series of 6 discussion sessions and clinic tour.

### Condom Availability Program

Free condoms and other barrier methods are available for you or your organization, provided via pick up or drop off. Contact Simone Alston or contact us on our social media for availability.

### Period Pouch Program

Free Period Starter Pouches are available for you or your organization, provided via pick up or drop off. Contact Simone Alston or contact us on our social media for availability.

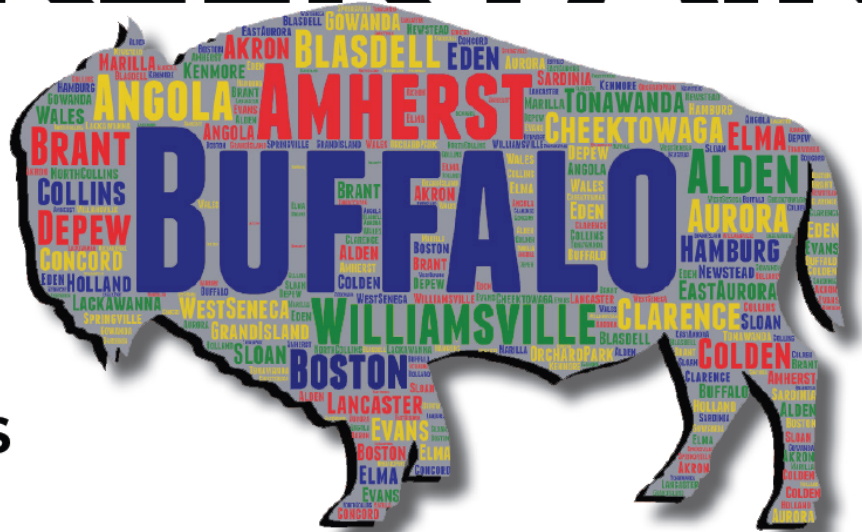
### Social Media



Funded by: NYS Department of Health/Bureau of Child & Adolescent Health; as well as businesses, foundations and caring individuals.



# BEHAVIORAL HEALTH & HUMAN SERVICES CAREER FAIR



**50** AGENCIES  
ON-SITE!

**JUNE 7, 2023**

**11am - 2pm & 4pm - 6pm**

**BUFFALO NIAGARA CONVENTION CENTER**



## ADDITIONAL INFORMATION:

- Bring your resume for on-site interviews
- Recruiting for a wide array of positions
- Scan QR code for employment details

Acacia Network - PROMESA, INC., Aspire of Western New York, Beacon Center, BestSelf Behavioral Health, Buffalo Employment & Training Center, BryLin Behavioral Health, Buffalo Federation of Neighborhood Centers, Inc., Buffalo Psychiatric Center, Buffalo Urban League, Catholic Charities, Caz Recovery, Child & Family Services, Community Action Organization of WNY, Community Health Center of Buffalo, Community Services for EVERY1, Inc., Compeer of Greater Buffalo, Crisis Services, EC Dept. of Social Services, ECMC, Endeavor Health Services, Envision Wellness WNY, Evergreen Health, Family Help Center, Gateway-Longview, Inc, Hillside Children's Center, Horizon Health Services, INTANDEM, Jewish Family Services of WNY, Living Opportunities of DePaul, Inc., Mental Health Advocates of WNY, Native American Community Services, New Directions Youth & Family Services, Inc., NYS Office for People with Developmental Disabilities, Northpointe Council, OLV Human Services, PATH of WNY, People Inc., Person Centered Services, PreventionFocus, Inc., Recovery Options Made Easy, Restoration Society Inc., Save The Michaels of the World, Saving Grace Ministries, Spectrum Health & Human Services, The ARC Erie County NY, The Prevention Council of Erie County, The Summit Center, Transitional Services, Inc., Venture Forthe, WNY Children's Psychiatric Center, WNY Independent Living, Inc.

Hosted by



kgc

## WORKFORCE DEVELOPMENT SERVICES



*A Tradition of Caring*

### Services we provide:

- ⇒ Case management/career counseling
- ⇒ Job search and placement assistance
- ⇒ Assistance in identifying employment barriers
- ⇒ Occupational skills training/skills upgrade
- ⇒ Interview preparation
- ⇒ Resume writing assistance
- ⇒ Educational resources and information
- ⇒ Resources for entrepreneurs
- ⇒ Referrals and Linkages to other services
- ⇒ Status card/Tribal documentation assistance

### **Funding Available to Eligible Native Americans for:**

- \* Work Experience Positions
- \* On-the-job Training
- \* Tuition/Books/Educational Support
- \* Work Clothes/Tools
- \* Training/Certification Programs
- \* Other Supportive Services

For more information and/or  
to make an appointment, contact:  
Native American Community Services

Buffalo Office  
716-574-9731

Rochester Office  
585-514-3984

Syracuse Office  
315-322-8754

We have offices in  
Buffalo, Niagara Falls, Lockport,  
Rochester and Syracuse

### Counties we serve:

Erie, Niagara, Orleans, Genesee,  
Wyoming, Monroe, Livingston,  
Wayne, Ontario, Yates, Seneca,  
Cayuga, Oswego, Onondaga,  
Cortland, Oneida, Madison

*Funded by the US Department of Labor*

# Native American Community Services Workforce Development Services



Native American Community Services has a workforce development program that offers employment and education services to the Native American community in Erie and Niagara Counties. The following is a list of services that are available to eligible participants which includes limited financial assistance related to...

**Services provided to eligible participants:**

• Case Management related to workforce activities	• Educational resources and information
• Assistance in identifying barriers to employment	• Tuition/Book assistance
• Career counseling/exploration	• Entrepreneurial/small business technical assistance training information
• Job search and placement assistance	• Follow-up services
• 6-week work experience program	• Referral and linkage services
• Resume/Cover letters and interview assistance	• Status Card/Tribal documentation assistance
• Occupational skills training/Skills upgrade	• Supportive Services
• On-the-job training	• Supplemental Youth Services

**The following are requirements needed to qualify as an eligible participant:**

- |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>❖ 14 years of age or older</li> <li>❖ Reside on/off the reservation in our service area</li> <li>❖ Native American, Alaska Native or Native Hawaiian</li> <li>❖ Tribal documentation of enrollment in a federal or state recognized tribe</li> </ul> | <ul style="list-style-type: none"> <li>❖ Males 18+ have registered with Selective Service</li> <li>❖ Unemployed or under-employed</li> <li>❖ Laid-off, furloughed or dislocated workers</li> <li>❖ Veteran or Spouse of Veteran</li> <li>❖ Meet all WIOA eligibility guidelines</li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

We provide these services to Native Americans living in the following counties of New York State:

- |                                                                                                                                                                                                                  |                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Erie</li> <li>• Niagara</li> <li>• Orleans</li> <li>• Genesee</li> <li>• Wyoming</li> <li>• Livingston</li> <li>• Monroe</li> <li>• Wayne</li> <li>• Ontario</li> </ul> | <ul style="list-style-type: none"> <li>• Yates</li> <li>• Seneca</li> <li>• Cayuga</li> <li>• Oswego</li> <li>• Onondaga</li> <li>• Cortland</li> <li>• Oneida</li> <li>• Madison</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*Native American Community Services  
1005 Grant Street, Buffalo, NY 14207  
(716) 874-4460*

# Food Pantry Guidelines

## OPEN:

Tuesday 10:00am – 1:00pm

Wednesday 10:00am – 1:00pm



## Required Documents:

- Must live in the [14207 or 14216](#) zip code
- Must have [Picture ID](#)
- Must have [ID for everyone](#) in household
- Must have [proof of address](#) (current utility bill)



**\*\*\*If you are a NEW client you must come in before 12 noon\*\*\***

**\*\*\*Please note that clients may come to the pantry one (1) time each calendar month and they may receive service from ONLY one (1) food pantry.\*\*\***



Our organization is here to provide families with a supplemental food base. These supplemental items, when combined with your own provisions, help stretch each family meal. We provide service for numerous families each month and strive to treat each client with fairness and respect. We appreciate your cooperation and understanding of our policies.

## Job Posting



**NATIVE AMERICAN COMMUNITY SERVICES OF ERIE & NIAGARA COUNTIES, INC.**

1005 Grant Street ● Buffalo, NY 14207-2854 ● (716) 874-4460 ● Fax (716) 874-1874  
1522 Main Street ● Niagara Falls, NY 14305 ● (716) 299-0914 ● Fax (716) 299-0903  
76 West Avenue ● Lockport, NY 14094 ● (716) 302-3035 ● Fax (716) 302-3037  
100 College Avenue, Suite 200 ● Rochester, NY 14607 ● (585) 514-3984  
Syracuse Office: TBD

Equal Opportunity Employer

### Position: Family Preservation Caseworker

Type: Hourly / Non-Exempt

Salary/ Range: \$19.23 / hour

Offices: Erie & Niagara Counties (multiple open positions)

#### Summary :

*The Family Preservation Caseworker works in conjunction with the Local County Department of Social Services (LCDSS /DSS) and is responsible for providing prevention services to families referred from DSS. Incumbent helps children remain safely in their homes and prevent placement outside of their home. All efforts will be performed with understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).*

**GENERAL RESPONSIBILITIES:** This position description is not intended to be all-inclusive but to give a general outline of duties to be performed.

- Provide effective and efficient case management for assigned families
- Maintain strong communication with the family working toward stabilizing and strengthening the family unit, with regular face-to-face contact
- Make use of appropriate counseling, parent training, home management, support, and advocacy services
- Work collaboratively with referral sources, community service providers, and family members to meet goals
- Produce accurate, thorough, and timely progress notes in CONNECTIONS
- Ensure all court mandated or recommended services are applied and supported
- Provide transportation for meetings, services, and appointments in a safe, reliable vehicle, as necessary
- Maintain confidentiality per agency standards and all applicable codes of ethics
- Other duties as assigned

#### EDUCATION, QUALIFICATIONS, SKILLS

- Bachelor's degree in human service or related field of study preferred, with experience in child welfare required.
- Knowledge of ICWA, ASFA, Federal and State regulations, as well as mandated reporting requirements.
- Must be able to work remotely and in-person and be flexible to evening and weekend hours.
- Must pass all background checks and pre-hire requirements.
- Must have clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300K.
- Intermediate computer skills and understanding of office applications including MS Office Suite.
- Interpersonal skills to work cooperatively and effectively with individuals, groups, and diverse populations.
- Knowledge of local Native American communities.
- Ability to become certified in CPR and First Aid
- Must be able to lift minimum of 30 lbs.
- Must be able to perform in a smoke-free environment.

ForConsideration: Send Resume to:

[humanresources@nacswny.org](mailto:humanresources@nacswny.org)

# Job Posting - Erie County



NATIVE AMERICAN COMMUNITY SERVICES OF ERIE & NIAGARA COUNTIES, INC.

1005 Grant Street ● Buffalo, NY 14207-2854 ● (716) 874-4460 ● Fax (716) 874-1874  
1522 Main Street ● Niagara Falls, NY 14305 ● (716) 299-0914 ● Fax (716) 299-0903  
76 West Avenue ● Lockport, NY 14094 ● (716) 302-3035 ● Fax (716) 302-3037  
100 College Avenue, Suite 200 ● Rochester, NY 14607 ● (585) 514-3984  
Syracuse Office: TBD

Equal Opportunity Employer

## Position: Workforce Development Specialist

Type: Hourly / Non-Exempt

Salary/ Range: \$19.00 / hour

Office: Buffalo (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. All efforts will be performed with 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 client.
- 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 into 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.
- Other duties as assigned

### EDUCATION, QUALIFICATIONS, SKILLS

- Bachelor's degree in human service or related field of study preferred, with three (3) years' experience in workforce development including supervision and program management, or a combination of education and work experience
- Knowledge of local area service providers
- Must be able to work remotely and in-person
- Must pass all background checks and pre-hire requirements
- Must have clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300K
- Intermediate computer skills and understanding of office applications including MS Office Suite
- Interpersonal skills to work cooperatively and effectively with individuals, groups, and diverse populations
- Knowledge of local Native American communities
- Must be able to lift minimum of 30 lbs.
- Must be able to perform in a smoke-free environment

For Consideration: Send Resume to:

[humanresources@nacswny.org](mailto:humanresources@nacswny.org)

## Job Posting - Erie County



NATIVE AMERICAN COMMUNITY SERVICES OF ERIE & NIAGARA COUNTIES, INC.

1005 Grant Street • Buffalo, NY 14207-2854 • (716) 874-4460 • Fax (716) 874-1874  
1522 Main Street • Niagara Falls, NY 14305 • (716) 299-0914 • Fax (716) 299-0903  
76 West Avenue • Lockport, NY 14094 • (716) 302-3035 • Fax (716) 302-3037  
100 College Ave. Suite 200 • Rochester, NY 14607 • (585) 514-3984 • Fax TBD

### JOB POSTING

Equal Opportunity Employer

Posting Date: February 1, 2023

Position: **Youth Clubhouse Site Manager**

Type: Full-time (40 hours) / Hourly / Non-Exempt

Hours: Non-Traditional (evenings and weekends required)

Salary: \$19.23 hourly

Office: Buffalo, NY

The information following indicates the general nature and level of work expected of this position. It is not necessarily a comprehensive inventory of all duties, responsibilities, qualifications, and objectives required of this position.

#### Summary

*Under the guidance of the Youth Services Director, the Managers will provide a safe, supportive, culturally appropriate, alcohol and drug free environment for all members. The Clubhouses welcome self-identified Native American youth and young adults ages 13-18. This program empowers youth to work with and support each other to achieve personal and common goals related to Native culture and free from alcohol and drugs. This position will assist in the oversight of activities, cultural programming, and staffing of Curriculum Presenter and Youth Leaders. Must be able to exhibit and provide strong leadership and have proven sound decision-making skills. Managers must be available for non-traditional hours, meaning **evenings and weekends**. The Clubhouses are open 25 hours per week. **Clean, valid NYS driver license is required.***

#### Duties / Tasks include (but not limited to):

- Have knowledge & understanding of substance use
- Implement a Youth Clubhouse Program
- Monitor staff and provide constructive feedback
- Oversee workshops and activities
- Ensure youth programming is evidence-based
- Maintain a productive & interesting environment
- Serve as a facilitator & member of the Youth Advisory Council (YAC)
- Coordinate scheduling of Youth Leaders
- Organize safe transportation for members
- Get and stay versed in prevention theories, strategies, and practices
- Assure Clubhouse maintenance, cleanliness, and safety
- Adhere to data collection & performance measurement requirements determined by SAMHSA & OASAS
- Raise awareness in community regarding the Clubhouse and substance use
- Prepare any paperwork and reports on time

#### \*Qualifications:

- Bachelor's from accredited institution
- Supervisory experience or relevant role
- Experience w/ at-risk youth
- Computer skills & Microsoft savvy
- Ability to identify problems and solve them
- Understanding of non-profits
- Demonstrated ability to organize and get things done
- Familiarity with & sensitivity toward local Native American community, its traditions & teachings
- Effective oral, written, and social media skills
- Able to abide by a smoke-free policy
- Capable of lifting at least 35 lbs. and able to stand for at least 2 hours
- Clean valid NYS driver's license w/ own transportation & auto insurance liability coverage 100/300k minimum
- Acceptable outcome of background investigations

For Consideration: Send Cover & Resume to: [humanresources@nacswny.org](mailto:humanresources@nacswny.org)

Native American Community Services  
of Erie & Niagara Counties, Inc.  
1005 Grant Street  
Buffalo, New York, 14207

Please share this newsletter with family, friends and co-workers. If you know of anyone who would like to receive NACS News monthly by email, please have them send their first and last name and current email address to:

[gghosen@nacswny.org](mailto:gghosen@nacswny.org)

You can also look for our newsletter on our website:  
[http://www.nacswny.org/news\\_and\\_events.html](http://www.nacswny.org/news_and_events.html)

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**YES, I'D LIKE TO HELP NACS CONTINUE ITS TRADITION OF CARING!!**

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**Native American Community Services of Erie & Niagara Counties, Inc.**  
**1005 Grant Street, Buffalo, New York 14207**

FUNDED BY: Erie County Department of Social Services; Erie County Youth Bureau; New York State Office of Children & Family Services; New York State Office of Alcoholism & Substance Abuse Services; NYS DOH/Family Health; Community Foundation for Greater Buffalo; Niagara County Department of Social Services, Niagara County Office of the Aging; US Department of Labor; Administration for Native Americans (ANA); Jessie Smith Noyes Foundation; The Oishei Foundation, as well as businesses, foundations and caring individuals.