



RELEASE FORM

I hereby give and grant to the Butte Historical Society as a donation for such scholarly and educational purposes as the Society shall determine, according to the regulations of the Society, all rights, including copyrights, to my tape-recorded memoirs, except for such restrictions specified below.

I also specifically grant Teresa Jordan, for valuable consideration, the right to use all or any part or paraphrase of any of my statements (with the exception of restrictions listed below) in connection with her proposed work of non-fiction provisionally titled Butte, America: Lessons From a Deindustrialized Town, as well as related articles. I understand that, unless restricted below, my name and photo may be used in the work and in related advertising and publicity.

Restrictions: *This interview may be used as background, but Ms McLeod would not like her name used.*

May 27, 1986
Date of Agreement

X Seanna McLeod
Narrator

3445 Kennedy
Address

Butte Mt. 59701
City, State, Zip

Teresa Jordan
Interviewer

Butte Historical Society
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12 Apr 1988
Accession date

Mary Murphy
Archivist



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NOTES ON USING MATERIALS FROM

"IS THERE LIFE AFTER COPPER?" ORAL HISTORY PROJECT

Because of limited funds available for this project, audited transcriptions of the tapes were not possible. However, there are detailed notes for most of the interviews. The user should be aware of a few limitations on the use of these notes. Unless otherwise specified, the notes were taken at the time of the interview and were not later audited against the tape. They can give you a good idea of what was covered in the interview. However, if you find something specific that interests you, you should verify it with the tape. Because the notes were taken quickly during the interview, they may include inaccuracies. If you use information for attribution, you must go back to the original tape.

There are rough transcriptions for many of the interviews. Again, because of time and funds available, these transcriptions were not later audited against the tape. They are more accurate than the notes, but again, if you use information for attribution, check it against the original tape.

A few interviews have restrictions against use of the tape. The notes for these have generally been read and corrected by the subject of the interview and are accurate. Check the releases for further information.

Dee McCloud, Indian Alcohol Council, interviewed in her office by Teresa Jordan, March 13, 1986.

Notes taken at time of interview; not audited against tape; not a transcript.

Q: Could you give me a thumbnail sketch of how you came to Butte and to the Indian Alcohol Council?

D married a Butte man; they came here to live after he got out of the service. She came to the IAC essentially through divorce. She needed employment. She was hired as a data coordinator/receptionist/counsellor trainee. That was in around 1979. She has family members who are alcoholic and was interested in learning more about it. One of the things that qualified her was her interest.

Now she is a Montana State certified alcohol counsellor.

The IAC counsellors do a lot of one to one counselling; a lot of family, group, and outreach counselling.

Q: What is the approach the IAC uses?

IAC believes in prevention through education; they have outreach education, evaluation and assessment, follow up care. They have, now, a large adolescent care load; more and more adolescent alcoholics are being identified in high school. About 50% of their case load is Native American.

They run the Butte Recovery House--it has 8 beds; usually has 7 to 9 clients.

Q: Where does your funding come from ?

About 3/4 of the funding for out patient services comes from the Indian Health Service, federal financing out of their main office in Billings. Also, they get some state discretionary funds. For the transitional living, they get some from the county alcohol tax, about 16% of what is allocated for the alcohol program. Butte Alcohol and Drug program is also out-patient funded from that.

The program is geared to the special needs of Native Americans.

Q: What are those needs?

They come from traditional backgrounds, very spiritual. Women in particular are not supposed to be outspoken. They have to learn that to seek help is OK. They are family oriented--if there is an illness in the family, you are expected to come back to the reservation; that may be a harder environment to stay sober in. Lots of fetal alcohol syndrome on the reservation. [after the interview, Dee tells me that she is very uncomfortable talking

for Native Americans since she is not one; she would rather have someone else address these questions. She does not like to be a spokes-person.]

Q: One theory suggests that some ethnic groups have a harder time assimilating alcohol than others. Do you agree with that theory?

D doesn't know that much about it. Certain patterns emerge in Native American drinking; some are similar to teenage drinking. That is, alcohol was illegal for the early Indians. They wanted the effect the white man got drinking. But the white man didn't have to hurry up and drink; he could drink leisurely. The Indian couldn't. Also, the reason to drink for Indians was to get intoxicated. This is similar with teenage drinking. Adolescents can't process alcohol as quickly as adults.

Q: How have you see the effects of the layoffs and mine shutdown?

There are several ways to look at it. Dee thinks that the drinking is about the same, but more come in for help because they don't have their job as an excuse--I can't go in because I have to work. Others drink at home more; they don't have to hide their drinking in order to keep a job.

Q: Are there more adolescent alcoholics?

Ten years ago, people wouldn't admit to the problem. We are identifying them now. The reasons kids get in trouble with alcohol aren't that different than for anyone else--they drink to relax, to feel comfortable.

Q: How many more do you see than a few years ago?

Dee would guess that the increase from 1979 to today is probably 500%. Dee worked for the council 1979 to '80; then was away for a couple years; came back in October 1982. Shodair Adolescent Treatment Center in Helena opened about that time. At that time, the average age in primary treatment was 15 to 17; now it is 12 to 14. Alcohol is more available now, and it takes so little for young kids to be affected. Also, they mix their drinks. Alcoholic kids come from every sort of background.

The client case load is about the same now as when Butte was working, but the population has decreased. Adults have decreased, but adolescents and families have increased.

Q: Do you think economic insecurity is behind the increase in kids?

Dee doesn't know. Perhaps because they can't do other things--like afford a membership in the Y.

Probably 90% of Dee's client load is unemployed. IAC also helps

them find educational assistance, jobs.

Q: Has the Native American population been affected differently by the layoffs than the majority white population?

Most of the people the IAC helps are indigent or transient, whether white or Indian. So the population of their client loads have stayed about the same through the time of layoffs. But someone at the North American Indian Alliance would have a better sense of issues about health and jobs. Naomi Longfox or Caroline O'Neal would be good to talk with.

The North America Indian Alliance and the IAC are serparate programs but have the same board of directors.

The Indian Alcohol program has a very good standing in the state.

The case load averages 20 clients to a counsellor. Everyone wears two hats. Dee is assistant director and counsellor; Lee Jaegar is director and coun'sellor. Willy Brown is a counsellor. So, they have the equivalent of two full time counsellors. Have about 50 clents a month, including the transitional house.

Q: How does Butte's overall alcohol and drug program compare with others around the state?

Butte has one of the best programs in the state. The growth in it in the last three years has been fantastic.

Tape 1, Side B

Q: Why? Is this related to hard economic times?

People and the community have taken an interest. For example, the Johnson Institute came in in April, 1983, community intervention. Brought team in to educate the community on where to start, how to get the community involved, especially in the school system. It involves people from the school, the sheriff's dept, out/in patient treatment.