AUTHENTICATED
U.S. GOVERNMENT
INFORMATION
GPO

S. HRG. 109–499

THE PROBLEM OF METHAMPHETAMINE IN INDIAN COUNTRY

HEARING

BEFORE THE

COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE

ONE HUNDRED NINTH CONGRESS

SECOND SESSION

ON

THE PROBLEM OF METHAMPHETAMINE IN INDIAN COUNTRY

APRIL 5, 2006
WASHINGTON, DC

U.S. GOVERNMENT PRINTING OFFICE

26–930 PDF WASHINGTON : 2006

For sale by the Superintendent of Documents, U.S. Government Printing Office
Internet: bookstore.gpo.gov Phone: toll free (866) 512–1800; DC area (202) 512–1800
Fax: (202) 512–2250 Mail: Stop SSOP, Washington, DC 20402–0001

COMMITTEE ON INDIAN AFFAIRS

JOHN McCAIN, Arizona, *Chairman*
BYRON L. DORGAN, North Dakota, *Vice Chairman*

PETE V. DOMENICI, New Mexico
CRAIG THOMAS, Wyoming
GORDON SMITH, Oregon
LISA MURKOWSKI, Alaska
MICHAEL D. CRAPO, Idaho
RICHARD BURR, North Carolina
TOM COBURN, M.D., Oklahoma

DANIEL K. INOUYE, Hawaii
KENT CONRAD, North Dakota
DANIEL K. AKAKA, Hawaii
TIM JOHNSON, South Dakota
MARIA CANTWELL, Washington

JEANNE BUMPUS, *Majority Staff Director*
SARA G. GARLAND, *Minority Staff Director*

CONTENTS

Page

Statements:
- Azure, Karrie, United Tribes Muti-Tribal Indian Drug and Alcohol Initiative, United Tribes Technical College 24
- Burns, Hon. Conrad, U.S. Senator from Montana 2
- Chaney, Christopher B., deputy bureau director, BIA, Office of Law Enforcement Services, Department of the Interior 5
- Dekker, Anthony, associate director, Clinical Services, Phoenix Indian Medical Center 6
- Dorgan, Hon. Byron L., U.S. Senator from North Dakota, vice chairman, Committee on Indian Affairs 1
- Edwards, Gary, chief executive officer, National Native Law Enforcement Association 22
- Gidner, Jerry, deputy bureau director, BIA, Tribal Services, Department of the Interior 5
- Keel, Jefferson, first vice president, National Congress of American Indians and Lieutenant Governor of the Chickasaw Nation 19
- Mead, Matthew H., U.S. Attorney, District of Wyoming 9
- McSwain, Robert, deputy director, IHS, Department of Health and Human Services 6
- Murkowski, Hon. Lisa, U.S. Senator from Alaska 29
- Perez, Jon, director, IHS, Division of Behaviorial Health, Department of Health and Human Services 6
- Ragsdale, Pat, director, BIA, Department Of the Interior 5
- Wesley-Kitcheyen, Kathleen, chairwoman, San Carlos Apache Tribe 16

APPENDIX

Prepared statements:
- Akaka, Hon. Daniel K., U.S. Senator from Hawaii 35
- Azure, Karrie 38
- Child Welfare League of America 45
- Cross, Terry L., executive director, National Indian Child Welfare Association 53
- Edwards, Gary 63
- Keel, Jefferson (with attachment) 66
- Kitcheyen, Kathleen 95
- MacDonald-LoneTree, Hope, chairperson, Public Safety Committee, Navajo Nation Council 104
- McSwain, Robert (with attachment) 108
- Mead, Matthew H. (with attachment) 118
- Montana-Wyoming Tribal Leaders Council 140
- National Indian Head Start Directors Association (with attachment) 161
- Posey, Ivan D., chairman, Eastern Shoshone Business Council 35
- Ragsdale, Pat 166
- Washoe Tribe of Nevada and California 171

Additional material submitted for the record:
- Shaffer, Sue, chairman, Cow Creek Band of Umpqua Tribe of Indians, (letter with attachments) 178
- Wilson, Ryan, president, National Indian Education Association (letter) ... 200

THE PROBLEM OF METHAMPHETAMINE IN INDIAN COUNTRY

WEDNESDAY, APRIL 5, 2006

U.S. SENATE,
COMMITTEE ON INDIAN AFFAIRS,
Washington, DC.

The committee met, pursuant to notice, at 9:30 a.m. in room 485 Senate Russell Office Building, Hon. Byron Dorgan (vice chairman of the Committee) presiding.

Present: Senators Dorgan, Burns, Conrad, Murkowski, and Thomas.

STATEMENT OF HON. BYRON L. DORGAN, U.S. SENATOR FROM NORTH DAKOTA, VICE CHAIRMAN, COMMITTEE ON INDIAN AFFAIRS

Senator DORGAN. I am going to begin the hearing this morning. I am Senator Dorgan. Chairman McCain is at the Capitol Building at a hastily called meeting by the leadership on the immigration bill that is now before the Senate. So he is going to be substantially delayed this morning. He has asked me as vice chairman to chair the hearing.

I want to make an opening statement. I want to invite, however, those who are standing at the witness table to take a seat. I will introduce all of them. Let me make a statement. We are joined today by my colleague, Senator Conrad Burns from Montana, whom is going to sit in with us and who I am going to recognize for an opening statement as well.

While Senator Burns is not a member of this committee, he is active on Indian issues and is very interested in the methamphetamine issue, as are many of our colleagues. Montana, North Dakota, Arizona, and South Dakota. So many States with Indian populations are discovering that the scourge of methamphetamine, which affects our entire country, also has a very significant impact on Indian reservations and a claim on the resources of the Indian Health Service.

I want to welcome the witnesses today. Senator McCain and I decided to hold this hearing on methamphetamines, Senator McCain after hearing some of the stories in the State of Arizona about some of the challenges the tribes there were facing. I have had a number of meetings in North Dakota, perhaps as many as 1 dozen community meetings, including discussions with the reservations. We decided to hold this hearing to not only call some attention to this issue, but also to try to advance opportunities to address it.

Let me also indicate that later today, Senator McCain and I plan to introduce legislation which would amend the recently enacted Patriot Act to specifically include tribal governments in the methamphetamine reduction grants. As you know, in the USA Patriot Act, there was added a methamphetamine initiative which I very strongly supported, as did Senator McCain, but the omission there was that the tribal governments need to be eligible to compete for these grants.

The legislation we will introduce this afternoon adds tribes to the two grant provisions for meth hot spot areas and for drug-endangered children, and will clarify tribal eligibility for competitive grants to address methamphetamine use by pregnant and parenting women offenders. We understand that the Judiciary Committee in the Senate has no objection to these tribal amendments, so I am hopeful that they will be enacted in short order.

I do want to just indicate that while substance abuse has been a chronic problem in many parts of our country, especially on Indian reservations, that substance abuse relates to alcohol and other drugs. But the new scourge of methamphetamine is causing all kinds of new devastating challenges for all of us. The drug methamphetamine is so highly addictive and so deadly in its impact on people.

When we sit down with particularly young people on Indian reservations and talk through what kinds of things are happening there, we discover that meth is playing more and more of a role. Most of the evidence suggests that while there is some cooking of meth in our country, in my State, for example, being able to readily access materials by which you produce methamphetamine allows them to find an abandoned farm home or virtually anywhere out in a rural area and cook up a batch of methamphetamine.

While that is happening, more, and more we are seeing methamphetamine moved into this country from Mexico in very substantial quantities. Because it has such a deadly addiction rate and is so difficult to shed once addicted, it is causing challenges far beyond those of normal substance abuse.

That is the reason that we have decided to hold these hearings to talk about what is happening and what more we can do to respond to it.

Let me call on my colleague, Senator Conrad Burns. Senator Burns.

STATEMENT OF HON. CONRAD BURNS, U.S. SENATOR FROM MONTANA

Senator BURNS. Thank you, Mr. Chairman. And thank you for allowing me this privilege of coming before this committee and offering a statement. I think everything that you have said, I want to associate with. I also want just to thank you for your foresight on this challenge that we face in Indian Country.

The hearing is especially timely.

You know, these chairs are so low. Do we have anybody out there? I can't see over this darn thing here. [Laughter.]

The first thing I would do, I would saw that off.

Senator DORGAN. Senator Burns, you are welcome, but you can't be giving us all that personal advice.

Senator BURNS. Oh, okay. [Laughter.]

It is terrible not only basically in this particular problem that we are experiencing across the country, but especially in Indian country. We acted with some resounding bipartisanship to pass the Combat Meth Act just this last night. I don't know how many of the folks here had the opportunity to see Nightline last night, but they featured the Montana Meth Project. I have spoken about that project with a number of you, and many of you have seen the compelling ads that they are running in Montana to discourage the first time use of meth.

The danger of meth lies in the ability to grab hold of our young people after just one hit. It is called the new crystal meth. It is deadly. Though I believe that the drug is similar to others we have seen, and they try to categorize it that way, but I disagree. I have talked with former meth users, their parents, the treatment experts who have all explained that the change in the brain chemistry and behavior is profound.

This problem is compounded in Indian country due to a number of factors. First, the poverty that we find on our reservations is much higher than on non-reservation land. One need only look at the Billings, MT area to see this problem. The medium household income for families on reservations near Billings, MT is around $14,000 a year. These below average wages affect a family's ability to provide nutrition, health care and housing for their children. Given these hardships, the number of people seeking treatment for drug and alcohol abuse exceeds the capacity of treatment facilities.

In addition, treatment for meth addiction often takes place off-reservation, meaning that in order to receive help, Montana's Indian youth are taken out of the communities that they know, and are placed in facilities dominated by nontribal members.

However, this situation represents the best that we can offer under the current circumstances. Montana does not have the capability to treat meth addicts in the facilities on reservations simply because there are no treatment centers located there.

In addition, the vast majority of recovery done without recognition of the particular stresses of living on reservations also offers another challenge. While the actual recovery and detoxification of meth takes years, the need for intensive, effective treatment cannot be overstated. The most effective means to stem the tide of meth addiction is to focus our efforts on prevention.

In order to have the most positive impact on curtailing meth use, prevention efforts should be driven by the needs of local communities. They know where the access is and they also know where the stress is.

That is why I have introduced legislation permitting communities to apply for meth prevention dollars with a reduced match from Indian country and other high meth areas. However, we cannot just look at one leg of that three-legged stool. Prevention must be coupled with meaningful treatment and effective law enforcement.

As far as the law enforcement is concerned, we have seen greater attention paid to meth, but the resources available to Indian country have been limited and the nationwide approach has been less than cohesive. This fractured approach and the lack of resources

has a direct effect on the rapid spread of meth throughout Indian reservations. With one reservation bordering on Canada and three other near it in Montana, the cross-border transportation of meth has become a real problem.

Even meth produced in superlabs in Mexico, as your chairman has stated, is now coming into our State. I have heard stories about these bad actors. They actually give it away on reservations in order to get people hooked on the drug and turn them into willing buyers.

While the Senate's focus on the immigration debate has been on illegal immigration, I am pleased to see that some of us are taking a closer look at the security risk posed by drug smugglers. I am glad that my colleague from Colorado, Senator Allard, has offered an amendment which I have cosponsored, which will require the President to coordinate with the Attorney General and the Secretary of Homeland Security to implement cohesive policy to deal with the influx of meth from the superlabs in Mexico.

While we are making progress on the meth issue, we have much work left to do. I want to thank everyone and their patience in allowing me to be here today. I would also like a written submission from my Montana-Wyoming Tribal Leaders Council to be included in the record.

[Referenced document appears in appendix.]

Senator BURNS. And let me say something else. In Montana, we were very fortunate in one way. About 3 years ago, a private party walked up and said, "We have to do something about this." He had just bought a ranch in Montana and now he owns two. He wrote a great big check to do a survey, to do focus groups, and then to pay marketing people out of San Francisco to produce the ads that we see that were shown on television last night on Nightline.

Now, yes, this man has enough money to burn a wet mule, but his heart is in the right place. He stepped up to the plate and wrote a great big check. He was the largest advertiser in Montana television, radio, and newspapers last year when he rolled it out.

He has now come back and is willing to again resurvey the State to measure the impact, to redo the ads because now there is a follow-up to it and to start this program all over again. We want to know what the impact has been. I would tell the chairman of this committee that I have talked to middle school principals. My people on the reservations say now kids in middle school, that is seventh, eighth and ninth grades, are talking about it in the halls, when it used to be sort of an underground conversation. That means we are making headway, I think. When they talk openly about these spots, because they are tough and they are very, very vivid.

And then you talk, I even had a lady come to me in my church and she was complaining about them, that they were too tough. "Conrad," she said, "you have to get those things off of the air. They are just too vivid; they are too tough. In fact, we had to talk to our kids about them." [Laughter.]

Thank you very much for your information.

So there are a lot of us in this Senate, and I mean I think to the men and women who serve here, that doesn't understand there is not a neighborhood, there is not an area of this country that is

not vulnerable to this terrible, terrible thing that has been thrust upon us, and we must do battle with it, and we must use all the resources we have to prevent use one time. It only takes one shot with this crystal meth. They tell me it takes 6 or 7 years really for the cure to be permanent.

So I thank this committee and the chairman and the leadership for having the foresight and recognize the problem that we have, especially on our reservations, where they have limited resources to do this battle.

Thank you very much.

Senator DORGAN. Senator Burns, thank you very much for joining us and thank you for telling us of the Montana experiment. We are anxious to see the results of that.

Senator Thomas, Senator McCain is at a leadership meeting on immigration and has been delayed. Did you have an opening statement?

Senator THOMAS. No; thank you. I just want to thank you for having this important hearing. This meth problem is difficult everywhere, and frightening sometimes particularly on the reservations. So we are pleased to have you here.

I wanted especially to be able to welcome one of our witnesses this morning, the U.S. Attorney from Wyoming, Matt Mead. We are delighted at the work he is doing and very pleased to have him here.

Thank you.

Senator DORGAN. Thank you very much. I know that the testimony from Mr. Mead will be very helpful to us from the law enforcement side.

The first panel this morning is Pat Ragsdale, director of the Bureau of Indian Affairs, [BIA] Department of the Interior, Washington, DC. Mr. Ragsdale is accompanied by Christopher Chaney, deputy bureau director of the BIA, Office of Law Enforcement Services, and also accompanied by Jerry Gidner, deputy bureau director of BIA Tribal Services.

Also with us is Robert McSwain, deputy director, Indian Health Service, [IHS] Department of Health and Human Services, Rockville, MD. He is accompanied by Jon Perez. Jon Perez is the director of the Indian Health Service Division of Behavioral Health; and also accompanied by Anthony Dekker, associate director of Clinical Services at the Phoenix Indian Medical Center.

And then Matthew Mead, who as our colleague Senator Thomas mentioned, is U.S. Attorney, District of Wyoming in Cheyenne, WY.

So why don't we begin with Mr. Ragsdale, director of the BIA.

STATEMENT OF WILLIAM P. RAGSDALE, DIRECTOR, BIA, DEPARTMENT OF THE INTERIOR, ACCOMPANIED BY CHRISTOPHER B. CHANEY, DEPUTY BUREAU DIRECTOR, BIA, OFFICE OF LAW ENFORCEMENT SERVICES; JERRY GIDNER, DEPUTY BUREAU DIRECTOR, BIA, TRIBAL SERVICES

Mr. RAGSDALE. Good morning, Mr. Chairman and Senators on the committee. Thank you for the opportunity to testify on the problem of methamphetamine in Indian country. With your permission, I will summarize my views and request that my written statement be provided for the record.

Senator DORGAN. Without objection.

Mr. RAGSDALE. Thank you, Mr. Chairman.

Mr. Chairman, there is no denial that the problem of drug and alcohol abuse, and in particular the use and trafficking of meth, is having a devastating effect on our Indian communities, as well as the surrounding communities. Tribal leaders, police officers, and human service providers throughout Indian country have described the problem of meth trafficking and use in Indian country as epidemic, out of control, in crisis, within their respective communities.

The collective resources of the Federal, tribal and States need to be focused to combat this scourge on our communities throughout the United States. As you hear from other witnesses today, we are beginning to address this problem. While prosecution does occur in tribal forums of justice, the tribal courts are inhibited by Federal law and limits the sentence and fines to less than one year and $5,000 for the conviction in tribal court.

We cited examples in our recent testimony before this committee on child abuse. Absolutely essential to addressing this problem is cooperative law enforcement between and among the tribal, Federal jurisdictions and the States. This includes both State, tribal and Federal prosecutors from the various jurisdictions.

Criminals have no respect for jurisdictional boundaries and it is imperative that the collective law enforcement and human service resource providers work together. Examples of cooperative law enforcement will be discussed with the other witnesses today.

Moreover, we also need to have a collective community strategy with the tribes, States and the Federal Government that provides for community education, prevention, treatment and cooperative policing of this epidemic. We look forward to working with this Committee and our colleagues in the tribal and Federal agencies to address the problem.

Thank you, Mr. Chairman.

[Prepared statement of Mr. Ragsdale appears in appendix.]

Senator DORGAN. Mr. Ragsdale, thank you very much.

Next, we will hear from Robert McSwain, the deputy director of the IHS at the Department of HHS. Mr. McSwain, you may proceed.

STATEMENT OF ROBERT MCSWAIN, DEPUTY DIRECTOR, IHS, DEPARTMENT OF HEALTH AND HUMAN SERVICES, ACCOMPANIED BY JON PEREZ, DIRECTOR, IHS, DIVISION OF BEHAVIORAL HEALTH; AND ANTHONY DEKKER, ASSOCIATE DIRECTOR, CLINICAL SERVICES, PHOENIX INDIAN MEDICAL CENTER

Mr. MCSWAIN. Good morning, Chairman Dorgan and members of the committee. I am pleased to be here today to speak on this issue. I will summarize my written statement and ask that it be entered into the record.

Today, I am accompanied by Dr. Jon Perez. I think you need to know why these two gentlemen are with me. Dr. Perez actually heads up the national Behavioral Health Program for the IHS; and Dr. Anthony Dekker is actually a clinician who sees meth patients on a daily basis. He is also our chief consultant for addiction medicine and just recently spoke in the area on this particular issue.

We are pleased to have this opportunity to testify on behalf of Secretary Leavitt on the problem of methamphetamine use in Indian country. We are here to tell you that the problem will need close collaboration among the IHS, its Federal partners, tribal governments and communities, and State and local governments.

As you know, Secretary Leavitt has used the Inter-departmental Council on Native American Affairs to span across the department for collaboration and partnerships with the department on many Indian issues. We are here today to discuss methamphetamine use in Indian country. I guess the situation can be described in a single word. It is a crisis.

We emphasize that this problem is not specific to Indian country. A number of you have mentioned that. It affects the entire Nation and especially the Upper Midwest and West, and particularly in rural areas. Those are the places where our Indian communities are located.

The latest information from the department's Substance Abuse and Mental Health Services Administration's national survey on drug abuse, published in September 2005, indicates that in 2004 1.4 million persons aged 12 or older had used methamphetamine in the past year, and 600,000 had used it in the past month. The number of methamphetamine users who met criteria for illicit drug dependence or abuse in the past 12 months increased from 164,000 in 2002 to 346,000 in 2004, particularly in rural areas, all of which are again places where tribal communities exist.

The highest rates of past year methamphetamine use were found among Native Hawaiians and other Pacific Islanders at 2.2 percent of the population and persons reporting two or more races at 1.9 percent. American Indians and Alaska Natives were coming in third, at 1.7 percent. When you compare this to the general population, whites are .07 percent; .05 percent for Hispanics; .02 percent for Asians, and .01 percent for Blacks. So 1.7 percent for American Indians and Alaska Natives is high.

As we have mentioned in a recent hearing on child abuse and neglect, the Indian Health Service and tribal programs use its RPMS program, which is Resources Patient Management System, to track and report on health conditions of American Indians and Alaska Natives into the health care system. It is an important feature because we are a health care provider, so we count the people who actually come in to our system, and that is where our numbers are generated.

We have been tracking the larger family of amphetamine use, which the experts here, Dr. Dekker can speak to the larger issue, and abuse for some time, and methamphetamine is the wicked member of this family.

Beginning in approximately 2000, marked increases were noted in patients presenting for amphetamine-related problems and that trend continues today. The data indicates it really is spiking. The abuse went from approximately 3,000 contacts in 2000 to 7,004 contacts in 2005, and increase of almost 2½ times over 5 years.

The ages most effected, when we start looking at the population, spanned mid-adolescence through adults in their forties, with a sizable minority found even in their early fifties. The ages of the high-

est usage are found between 15 and 44, with the highest ages being 25 to 34.

Finally, this is one of those issues that does not have any regard to sex, and that is because males and females are affected essentially the same regardless of age.

How has the IHS responded? Again, it is through partnerships. As we have highlighted in our testimony, we have had a number of those activities going on over the last 3 years. We have established collaborative programming with other governmental organizations and agencies, from tribal to Federal, to coordinate medical, social, educational, and legal efforts. These include partners such as SAMHSA, HRSA, CDC, and others such as the BIA, Department of Justice and the Department of Education.

We are supporting communities by giving them tools to mobilize against the threat by providing them with program models and training tools, networks and ongoing consultation. Dr. Perez can speak to the program activities in this regard.

And of course, Dr. Dekker as a clinician can speak to what our health care providers are doing to respond to this growing problem.

Special programs are surfacing in our areas in collaboration with tribal leaders. One was mentioned in Montana, certainly others are mentioned in several locations that they are using a series of models. In the matrix models of abuse treatment, one area is using a four-step program. This is in Montana. Community readiness assessment programs are underway in many tribal communities. We are moving into telemedicine. I know Senator Dorgan at the last hearing, was very interested in telemedicine and how that might be able to do outreach.

In closing, the Indian Health Program will continue to provide treatment and prevention services, as we are a health care provider, throughout the system, just like we have responded to many prevalent health care conditions currently, such as diabetes and certainly in the past such as TB.

The IHS will continue to coordinate and collaborate with other Federal, tribal, State, and private agencies to address this crisis.

Finally, we thank the committee for its involvement and continued support because a crisis of such proportions requires combined resources and unified action.

Mr. Chairman, that concludes my oral remarks and we would be pleased to answer any questions.

[Prepared statement of Mr. McSwain appears in appendix.]

Senator DORGAN. Thank you very much, Mr. McSwain.

You have been accompanied by others here. My understanding is they will be available to answer questions as well. Let me perhaps ask a couple of questions, then call on my colleague as well.

I am sorry. Thank you very much.

Matthew Mead, the U.S. Attorney from Wyoming. Mr. Mead, thank you for joining us. The addition of a U.S. attorney gives us special law enforcement perspective and I understand Wyoming has been deeply involved in these issues. So thank you very much for joining us.

STATEMENT OF MATTHEW H. MEAD, U.S. ATTORNEY, DISTRICT OF WYOMING

Mr. MEAD. Thank you, Mr. Chairman and thank you for allowing me to be here this morning.

I am Matthew Mead, the U.S. Attorney for Wyoming. It is an honor to appear before you to provide information about the growing methamphetamine problem in Indian country and what the Department of Justice is doing to partner with others to address it.

First, Attorney General Gonzales recently announced that the Office of Justice Programs would develop new training for conducting successful and safe meth investigations specifically tailored to tribal law enforcement. The AG was on the Yakima Reservation in Washington State just last week addressing this and related issues.

OJP also makes grants available to tribal communities for drug courts. Several tribes and tribal organizations have used and others are planning to use these drug court grants to address meth problems. In addition, DEA and FBI have taken steps to address the issue of drug trafficking in Indian country. While their activities are summarized in my written statement, I will just say here that from my experience, both DEA and FBI have done excellent work in this area.

The Native American Issues Subcommittee, of which I am a member, hosted a tribal summit in Idaho last fall. The summit's focus was to create strategies to combat meth distribution and addiction in Indian country. The result of the summit was a best practices document which has been distributed to all U.S. Attorneys' offices.

Two recent cases in Wyoming illustrate what we are doing to combat the meth problem on the Wind River Indian Reservation. The first case involved the investigation into the Goodman drug trafficking organization, a family-run criminal operation based on the reservation. It served approximately 20 to 50 drug customers per day and distributed at least 1 pound of meth per month on the reservation. All together in the Goodman case, 25 people face Federal criminal drug charges and firearms violations; 22 have been convicted, including, Mr. Chairman, a tribal court judge. A pervasive drug menace was removed from the reservation.

The second Wyoming case involved the Sagaste-Cruz drug trafficking organization. This case illustrates how a ruthless business plan developed by a Mexican drug ring targeted Indian reservations in the West for meth distribution. The plan was hatched after members of the drug ring read a news article in the Denver Post. The Denver Post article described how liquor stores in a small Nebraska town were profitably selling huge amounts of alcohol to Native Americans from the nearby Pine Ridge Reservation in South Dakota, a reservation that had a major alcoholism problem.

Members of the Sagaste-Cruz organization surmised that if they could get people who were addicted to alcohol and give them free samples of meth, they would replace their alcohol addiction with a meth addiction. Members of this drug ring executed their plan by relocating to communities close to the affected reservations, developing romantic relationships with Indian women, and introducing these women and others to meth with free samples.

All of the lower level distributors became recreational users and then severely addicted. To support their habit, customers became dealers and distributors themselves, using free samples to recruit other new customers. In May 2005, a jury found leader Jesus Martin Sagaste-Cruz of Mexico guilty of conspiracy to distribute in excess of 100 pounds of meth. For his role, Sagaste-Cruz was sentenced to life in prison.

Joint task forces and cooperative law enforcement were critical to the successful dismantling of both of these organizations. On all our drug investigations, working to gain and having the support of tribal leaders are keys to the success of our efforts. In my written statement, I outline in more detail others DOJ successes, including some great work in the Eastern District of Oklahoma.

I commend this committee's interest in the consequences of the meth menace on Indian reservations. If I can deliver a summary of my message, it is this: Indian country is unique. Meth is unique. The two together, meth and Indian country, make the current situation doubly challenging.

As Congress knows, meth is unique in the world of drugs because of the extensive collateral damage caused by even a single person using meth. Unfortunately, such damage all too often falls on children. Indian country is unique because of, and this is not an exhaustive list, the size of the reservation, wide dispersal of residents, limited numbers of law enforcement officers, and the distinctive heritage and culture of the Native Americans which is passed from generation to generation.

Each generation provides an opportunity for success, but also unfortunately for failure. We cannot afford to fail. This is a time when we can and we must be proactive forming joint multi-jurisdictional partnerships and working relationships to aggressively stop the spread of the poison at the reservations.

I would be pleased to entertain questions and I would ask that my written statement be entered into the record.

Thank you, Mr. Chairman.

Senator DORGAN. Without objection, your entire statement will be part of the record.

[Prepared statement of Mr. Mead appears in appendix.]

Senator DORGAN. Mr. Mead, thank you very much for being with us.

Mr. Thomas will inquire.

Senator THOMAS. Thank you.

Thank you, gentlemen. I appreciate it very much.

I guess I have a general question that perhaps all three of you might respond to. Meth is a general problem. We have it everywhere. We are particularly focused here today of course on the impact it has on reservations and on Indian country. What would you say is unique and different about dealing with the reservation problem as opposed to the general meth problem? What are the obstacles that make it more difficult, or at least different?

Matt, would you comment?

Mr. MEAD. Yes, Senator Thomas; thank you for the question.

I think there are a number of factors that make it unique. First, as I said in my statement, meth is unique in and of itself because of the collateral damage it causes. A single user can cause damage

because as you know it is associated with extreme violence, child abuse, and a number of other problems.

What makes it extra unique on Indian reservations is this: Indian reservations, at least in Wind River, for example, can often be very close communities. It is difficult, and pressure is put on members of a family when they would be asked to cooperate against one another. That is understandable. It is also difficult because, say, in the inner city in America, there are opportunities to bring in an outside drug investigator to do undercover buys. That is not as easy on Indian reservations because many of them are small [population wise] and people know one another.

I think the other thing that is unique on Indian reservations is, for example, as I say in my written statement, the ratio on reservations of law enforcement to citizens is much lower than it is outside of reservations. This causes difficulty for BIA law enforcement, tribal law enforcement to address this problem without having a joint relationship with DEA and other law enforcement agencies.

Those, Senator, would be a few of my examples of the uniqueness, both of meth and of the reservation.

Mr. RAGSDALE. Thank you, Senator. I would agree with the U.S. Attorney's analysis. I would also add that the vast territories that Indian police officers have to cover makes it more difficult. We have about one-third or one-half, as compared to rural law enforcement in America in terms of police resources. I think that is why I focused in my testimony on cooperative policing is because it is absolutely essential that the various jurisdictions work together to combat the problem.

Indian country is unique, in my opinion. I spent about 7 years as a police officer of the Cherokee Nation in Eastern Oklahoma. The Indian clients and beneficiaries that we work with are probably going to be more apt to be trusting and cooperative with the Indian police officers than they are from people that they don't know from other communities. I think an essential element to policing in Indian country is that the police resources that we have be tied with the Federal and State resources that are available, because we have various jurisdictions that may have prosecutive responsibility for crimes on Indian property.

Senator THOMAS. That is interesting. I would like your response. In the regular communities, you have local police, you have State police, you have drug enforcement and so on. Are those same functions going on on the reservation as much as they are in a regular community?

Mr. RAGSDALE. I would say that they are going on in the Indian communities to the same extent, but with less resources to operate.

Senator THOMAS. I see. Okay.

Sir?

Mr. MCSWAIN. Senator Thomas, it is a great question simply because when we talk about where we are located, certainly the reservations are located in rural America, so there are all the challenges that go to access and resources available. Clearly, it is getting the right people there. If you don't mind, I would like to have Dr. Dekker expand on that. He had a chance to actually deal with this particular question some time ago.

Mr. DEKKER. Thank you, Senator Thomas.

I see in addition to what you said, which I think is very real, three other factors. One is that there are great distances for people on reservations to travel to receive services. The geography alone is a significant challenge. I have patients who travel 3 and 4 hours to see me for addiction medicine consultation.

The second thing is that there is the intimidation factor because of inadequate or at least available interdiction services is significant. It is the huge distances that people have to travel that are in law enforcement, and because of those great distances, they can't supervise large areas adequately. I have many patients who come in, parents who come in devastated because even though they know that their kids are at risk and they are trying to protect them, that if they talk, they feel intimidated and they feel that harm may come to them.

The last issue I think that is critical is that activities for young people on reservations unfortunately as not as available as in other situations. Many times, kids get involved in activities that they shouldn't be involved in because there is a perception at least that they can't do other things.

Senator THOMAS. Thank you very much.

Thank you, Mr. Chairman.

Mr. RAGSDALE. Mr. Chairman, if I could add just one more anecdotal piece of information.

Senator DORGAN. Yes?

Mr. RAGSDALE. I was told about 1 year ago that our police officers were actually intimidated on some reservations by the criminal element, particularly the drug trafficking element, just because of the magnitude of the problem. As a former police officer, I found that pretty hard to believe. So I had an opportunity to talk to several police officers working on these particular reservations, none of whom were cowards. They freely admitted that they were intimidated; that the magnitude of drug trafficking and illegal immigration into Indian country in some areas had overcome their ability to provide proper response.

Senator DORGAN. Senator Burns.

Senator BURNS. I thank you.

I have one question, I guess. We fight very hard for HIDTA and Byrne funds here. They want to combine them. They want to change them. But the establishment of task forces using State, Federal, county and municipal law enforcement, they have set up these task forces in Montana. We have been fairly successful in really shutting down our labs. And really, with the HIDTA funds in the high intensity traffic areas, we have been fairly successful in shutting those down.

Do the law enforcement people on the reservations, and I don't now why I didn't ask this before, but when you were talking about working together on this thing, especially, Mr. Mead, in Wyoming, we face similar situations, although we have the Canadian border to deal with. Are the law enforcement people on the reservations, do they work with those task forces that are created under HIDTA or the Byrnes grants?

Mr. MEAD. Thank you for the question, Senator Burns. I am pleased to answer this one because it is one of the ways that we have had success in the District of Wyoming.

I went to tribal leaders, both of our joint business councils, and told them what I thought the problem was. They told me what they thought the problem was. I asked permission, and what I wanted was permission for DEA to cross-designate BIA officers. I wanted permission for DEA to cross-designate our State task force officers, very similar to what you have in Montana so that we have seamless law enforcement, because as was mentioned earlier, these drug dealers don't recognize geographical or political boundaries whatsoever. If we are hindered by that, we are going to have one hand tied behind our back.

So yes, in Wyoming what we did is we got permission from the tribes. We had a BIA officer, who is very good, actually co-locate with our State task force team in the area, along with DEA, along with a deputy from the sheriff's department and a police officer. This, in my mind, is the only way to go about this, and that is for the reason that on each reservation, you may say, well, it is just a few drugs here. They are selling one gram/one gram. But, this is limited information. You are thinking in a vacuum.

Whereas, if you enjoin these other people, they may say, hey, we know the same group is selling it, and DEA, being involved, will say, hey, this is a regional problem.

So that is what we have done. So the short answer to your question, sir, is yes, we have them working with these teams, and I think that is a key to success.

Senator BURNS. Well, you know, when the director said when you cross jurisdiction lines, when we first set those up, I will tell you, we had a little turf problem. Everybody wants to protect their turf and it is a normal thing in the bureaucracies, and that is one of the things we fight every day. But I will tell you, our U.S. marshal in Montana has been a real driving effect, and our U.S. attorney there, Mr. Mercer, has been the real drive in this. Whenever the director brings up jurisdictions, and I know they are sometimes hard to penetrate, but we found that once there was trust between the jurisdictions, we became very effective in this fight.

I had never thought about how we cross jurisdictions on our reservations. I have seven in Montana. I am going to get a hold of Bill and we will work that out. But the HIDTA, I don't think the Senate really has taken a look and seen the effect of HIDTA and the Byrnes grants and to set up those task forces, because we have seen them work very effectively in Montana. But once you break down those barriers, we have quite an effect.

I just want to congratulate you on what you have done in Wyoming. I will have to follow up and see if we have done as well in Montana.

Mr. MEAD. Thank you, Senator.

Senator BURNS. That is the only question I had. It kind of follows on what Senator Thomas had to say about we have to give them the tools, and we can make some headway.

Senator THOMAS. Do you support Byrnes grants?

Senator BURNS. Yes; but he spells it different.

Senator DORGAN. Thank you very much.

Yes?

Mr. RAGSDALE. I would just like to add to say I would totally agree with the Senator and the U.S. Attorney. I would also like to

point out that Congress provided us with a mechanism for cooperative law enforcement in the form of the 1990 Indian Law Enforcement Reform Act that allows the tribes, the BIA, State jurisdictions, and Federal agencies to enter into cooperative law enforcement agreements, which has been used extensively in the State of Oklahoma and other places for the type of focus that we need, without anybody giving away their criminal jurisdiction authority or their prosecutive prerogatives that the State, tribal and Federal prosecutors have.

Senator DORGAN. Mr. Mead, in your enforcement actions, how prevalent is it that they are cooking methamphetamine for distribution in Wyoming, versus importing it? What I am hearing is much of it is coming from Mexico. But we in North Dakota had some hundreds of examples of people creating labs and cooking their own meth. Now, I am told that it is more likely the meth is coming from Mexico. What is your experience in Wyoming?

Mr. MEAD. Senator, my experience would be consistent with what you said in your opening statement. I think DEA's numbers are roughly 80 percent of the meth that is consumed in this country comes from what we call "super labs." Some of those we see in California. I think a majority of them, according to DEA, would be in Mexico.

We do see what we call the small toxic labs, or "mom and pop" labs, but their contribution, I guess, to the amount of meth is minimal. I think DEA's number if 20 percent. We take them seriously, obviously, because these are the things that you hear about in a household or a hotel room that you or I may be going into unwittingly after it was used as a lab or is still contaminated. It causes fires and of course when children are in those environments, it is deeply concerning regardless of the amount of meth that is produced in that home.

Senator DORGAN. Mr. McSwain, I wanted to mention that Dr. Perez came to Bismarck, ND to the hearing that we held on Indian teen suicides. There is I think some relationship between substance abuse and other very delicate issues that we have had some hearings on both here in Washington and also the hearing that I held in Bismarck, ND.

You indicated that you feel it is a crisis. Mr. Ragsdale feels that the meth issue is a crisis. Meth is a deadly addictive drug, much more addictive than most other drugs. It affects the brain in different ways. One of my concerns is that those who are addicted have precious few opportunities for treatment. What kind of treatment does a Native American youth or a Native American addicted user, what kind of treatment facilities and what kind of treatment programs are available to them, and in what quantity?

Mr. PEREZ. You have me on the microphone already? We have multiple levels of care and multiple means of delivering it, but it is stressed. Let me describe it this way. Methamphetamine the way it affects us clinically and individually is a debilitating disease that can hit you like that. But it is a metastatic social disease. What I mean by that is I very much liken it to a cancer. It can start in a very small circumscribed place. If you can get it and pull it out, you are okay. If you leave it for any length of time, you will see the spread. That is what we are starting to see.

So when you are asking about treatment, there are really three levels of treatment as far as I am concerned. One is the direct clinical intervention. What we have on-reservation, our primary reservation units are small clinical counseling, substance abuse programs. They are staffed, three to four people, depending upon the size of the reservation. That is the first line of defense when we are talking about the actual substance abuse.

Connected to that, we also have pretty significant physical responses. We have the withdrawals. We have the acute medical effects of the drug. There we have our clinics, clinic's emergency rooms. It is not unusual for us to have a first contact be in an emergency room situation. So we have those for the immediate, when you come through the door.

Then beyond that, and I will talk about kids, for example. We have 11 federally funded youth regional treatment centers that approximately cover one regional area. We have 12 regional areas. There is residential treatment there. There is also residential treatment in the State and county systems.

Senator DORGAN. What does that mean, there is "residential treatment?" You started by saying this was a stressed system. When you say "residential treatment," someone is heavily addicted, my understanding is you can't put them in for 30 days or even 60 days, expect them to come out having shed their addiction and being well.

Mr. PEREZ. That is correct.

Senator DORGAN. My understanding is it takes 6 months, in many cases 1 year or 15 months to shed yourself of the deadly addiction of meth. So how many beds are available? What kind of circumstance exists for someone who is addicted in most of our regions?

Mr. PEREZ. Nationally in terms of our regional treatment centers, add them all together, we have about 300 beds nationally.

Senator DORGAN. What is the need?

Mr. PEREZ. If I take the figures from 2005, and we are talking about 7,004, those are actual contacts, actual patients, unduplicated patients, we are talking about 2,900. Of those that would require inpatient, we are talking about I would say conservatively about 500, and we extrapolate that out, so we were starting with 500 and we have 300 beds, that is for youth, and then the others are going to be going into the State and other systems.

What we also do, too, is not simply because we are talking about the Federal system, but we also have I believe about 47 or 48 tribal and urban residential programs, for example NARA in Portland and Friendship House in San Francisco, and Rainbow Center in Arizona. So there are many of those.

Now, if I put all of those together in terms of the system of care, is it stressed? It absolutely is. Are we triaging how we are dealing with it? Absolutely. It is life and limb first.

Was that responsive to your question?

Senator DORGAN. Yes; my observation about substance abuse, starting especially with alcoholism, which is a very serious problem as well, is that there are just a minuscule number of treatment positions available for the need that exists, just minuscule. I am talking about, now, in-residence treatment. My guess is, and I would

like you, if you would, to send us some additional and more detailed information about the number of in-residence treatment opportunities for those who are addicted to meth. My guess is that we have the same kind of shortfall.

I would observe again, from a law enforcement standpoint, Mr. Ragsdale, you talked about the combined law enforcement efforts, which are good. And Mr. Mead, you talked about what you all are doing, and that is all very impressive. But you I am sure would agree that if you have somebody that is addicted, hopelessly addicted, and they shed that addiction, don't have the capability to shed that addiction, they are in and out of the system and back out using again.

So we have to find ways on the treatment side to complement the enforcement side. If we fail to do that, we will have failed to have dealt with the entire problem, in my judgment.

You all have traveled, especially from Wyoming, a lengthy distance. I guess Mr. Ragsdale, you and Mr. McSwain have not traveled as far this morning, but we appreciate always your coming to the Committee to give us your testimony. Mr. Mead, thank you for traveling from Wyoming to give us your perspective as a U.S. attorney on these issues. We very much appreciate that.

Mr. MEAD. Glad to be here. Thank you, sir.

Senator DORGAN. If you wish to submit further information, and we will keep the record open in the event that we wish to submit further questions that you might offer us for the record. We would like to make available to you the opportunity to submit additional views as well.

Thank you to all on this panel for being here today.

Next, we would like to call the second panel, Kathleen Wesley-Kitcheyan, chairwoman of San Carlos Apache Tribe, San Carlos, AZ; Jefferson Keel, first vice president, National Congress of American Indians, and Lieutenant Governor of the Chickasaw Nation, Washington, DC; Gary Edwards, chief executive officer, National Native American Law Enforcement Association; and Karrie Azure, United Tribes Multi-Tribal Indian Drug and Alcohol Initiative at the United Tribes Technical College in Bismarck, ND.

If all of those witnesses would step forward and take your seats at the witness table, I would appreciate it.

Kathleen Wesley-Kitcheyan, I hope I am saying that name correctly. I think I tried at another meeting some weeks ago. Thank you very much for being with us. You are the chairwoman of the San Carlos Apache Tribe, San Carlos, AZ. We have asked that all of you summarize your testimony in the 5 minutes allotted. We have your entire written testimony and will make that in all cases a part of the permanent record.

Ms. Kitcheyan, thank you very much for being with us. Why don't you proceed?

STATEMENT OF KATHLEEN WESLEY-KITCHEYEN, CHAIRWOMAN, SAN CARLOS APACHE TRIBE

Ms. WESLEY-KITCHEYAN. Thank you very much.

Vice Chairman Dorgan and other members of the hearing, please also give my best to Senator McCain. As you said, I am Kathy Wes-

ley-Kitcheyan. I am the chairwoman of the San Carlos Apache Tribe.

Today is not a good day because I come here with a very heavy heart, a heavy heart because I have to tell you about things on my reservation, my home that is not very positive. It is like airing our family's dirty laundry.

Like other reservations, the meth problem on my reservation is quickly reaching epidemic proportions. My people are in pain and are suffering from meth. As I stated in my testimony in your oversight hearing on the fiscal year 2007 budget, Indian country is under attack. We must aggressively address this problem, starting with the budget cycle.

At that hearing, the issue of meth kept coming up. I strongly back NCAI President Joe Garcia's call to action. I believe that this hearing will help us take the offensive on fighting meth.

Also, I believe it would be helpful if the committee could hold field hearings in Indian country on this issue so that members could see for themselves the conditions that we must grapple with every day due to meth.

At San Carlos, we are doing our best, but have not been able to properly contain the meth problem, given how quickly it has grown and how profound it has become. It is shattering families, endangering our children, and threatening our cultural and spiritual lives.

We talked about alcoholism this morning. I had to sit down my 22 year old son about 1 year ago and tell him that the use of alcohol was bad because 33 member of his dad's family and my family have died or been in car accidents due to alcoholism. I have 55 grandchildren from numerous nieces and nephews, and every day I worry about them.

I lost one about 2 years ago on the Tohono O'odham Reservation, a rodeo champion. Excuse me. He won over 26 buckles, over 6 saddles. The wrong choices cost him his life. He was doing drugs, drinking, and was engaged in human smuggling because of the lack of employment.

Two months ago, a baby was born addicted to meth with a deformed heart and congenital heart problems. Almost 5 months ago, a baby was born addicted to meth with legs that are numb and can never be used.

At the end of 2005, a 9-year old meth user was brought to the San Carlos Hospital with hallucinations and violent behavior. This is the youngest user that we have found, but we are concerned that kids even younger are using meth. About 30 days ago, a young pregnant woman on meth was arrested. While in jail, she went into premature labor and delivered a baby that died.

Last month, a 22-year old meth user tried to commit suicide by stabbing himself with a 10-inch knife. He lived and the tribe is trying to find behavior counseling and detox services for him, but it is extremely costly, or we are told that it is not available. Also, it is difficult to find a facility that accommodates native cultural and spiritual needs; 2 years ago, a mother on meth stabbed her little boy to death because she thought the child was the devil and was possessed. More recently, a 22-year old male hung himself while using meth.

I could go on, but it is too heartbreaking. My community is small and we all know each other. These tragic events dramatically affect my entire community and have ripple effects that harm and scar our most innocent citizens, our newborns and children. In fact, as I left the reservation, there are some mixed feelings about providing this testimony. There are stark statistics from the San Carlos Reservation due to meth. In 2004, there were 101 suicide attempts, with 2 attempts resulting in death. Some of the suicide attempts were directly related to the abuse of meth. And the past 10 suicide attempts, 8 of the individuals were using meth.

In 2004, 64 babies out of 256 were born to San Carlos Apache tribal members addicted to meth. In 2005, the number of babies born addicted to meth was even higher. In routine urine drug screenings at the San Carlos emergency room in 2005, 25 percent of the patients tested positive for meth. Last year, there were about 500 reports of child neglect or abuse reported to the tribe's child protective services. About 80 percent of these cases involved alcohol or drug use such as meth by the parent.

In the past 12 months, tribal health officials at our wellness center have received over 150 referrals for meth treatment. Like our health care and social services personnel, the San Carlos police department is overwhelmed by the meth problem. Most of the meth is trafficked in from Mexico. Meth, other drugs, gangs and guns on the reservation have caused violence to escalate.

The police department is shortstaffed and lacks the equipment and weaponry needed to properly investigate meth crimes or make arrests. Every year, the tribe has a shortfall of about $1 million in law enforcement. Due to funding constraints, there are only two to five officers on duty at any given time to cover 1.8 million acres. Even with limited staffing, the police department handled 20,590 offenses in 2004. We commend the administration, though, and Congress for its efforts to finally increase funding for Indian country law enforcement. We hope that these efforts can continue. For too long, the problem has been neglected. We also thank Chris Chaney for his efforts.

To combat the meth problem at the tribal level, we have taken some decisive action. Every program and agency within the tribe is working together on this problem. The tribe's goal is to make it clear that meth is not tolerated and that the tribe takes swift and severe action against meth perpetrators. The tribe recently held a meth forum with mandatory attendance by all tribal programs. At the forum, we created a prevention coalition to develop and implement strategies to stop meth.

The tribe has launched a media campaign to educate the community about meth and is holding community education forums on meth. Further, the tribe has instituted a drug testing policy for all employees, which as you probably understand, is not very popular. The tribe has revised its legal code to criminalize meth. Also over 10 months ago, the tribe and the U.S. Attorney for Arizona, Paul Charlton, began quarterly meetings to discuss the meth problem. Recently, the U.S. Attorney announced a policy of zero tolerance for meth dealers. Over the past 2 years, the U.S. Attorney's Office has gotten several convictions or guilty pleas from meth dealers on the

reservation. The tribe strongly supports these prosecutions and convictions because they have a definite deterrent effect.

Furthermore, the tribe has partnered with the FBI, DEA, ATF, ICE, and the BIA. These agencies are actively collaborating with us. These relationships are yielding many positive results, including specialized training, increased investigation and arrests, and increased resources.

Also, the Arizona State Highway Patrol is back on our reservation patrolling it at our invitation. We hope that through these partnerships we can stop meth on the front end instead of waiting until there is violent crime for meth.

There are many good people on the San Carlos Apache Reservation. Many of our children have dreams and hopes just like all American children, for a better life. We also still have our language. We still do our dances and practice our traditional ways. We have the great spirit of our ancestors alive in us, but I am afraid that the spirit of our ancestors will die if we continue to let meth prevail. We still have a long way to go.

Thank you very much, Senator Dorgan, for your efforts on this problem. Thanks.

[Prepared statement of Ms. Wesley-Kitcheyan appears in appendix.]

Senator DORGAN. Tribal Chairwoman Wesley-Kitcheyan, thank you very much for being with us.

How many enrolled members does your tribe have?

Ms. WESLEY-KITCHEYAN. We have approximately 13,000.

Senator DORGAN. Thank you.

Next, Jefferson Keel, first vice president of the National Congress of American Indians, and Lieutenant Governor of the Chickasaw Nation. Mr. Keel, thank you very much for being with us.

STATEMENT OF JEFFERSON KEEL, FIRST VICE PRESIDENT, NATIONAL CONGRESS OF AMERICAN INDIANS, AND LIEUTENANT GOVERNOR OF THE CHICKASAW NATION

Mr. KEEL. Thank you, Mr. Chairman, and thank you for the opportunity to speak to you. I am very honored to be here on behalf of the National Congress of American Indians to present this testimony. I will summarize my comments, as you asked. We have provided written testimony.

I would like to thank Chairman McCain for hearing and responding to our calls for comprehensive discussion and to the other Senators who have made opening statements. I greatly appreciate that.

As has been stated earlier, Indian reservations have become a target for methamphetamine drug traffickers. Our children and young adults are at high risk and many of our communities are being severely depleted in tackling this epidemic.

My written testimony covers the breadth of the problem in Indian country, but what I hope to share this morning is what Indian country is doing and where we need additional help. We recognize the crisis and we also have a vision for addressing the crisis: Strong tribal law enforcement against the drug traffickers, and an even greater focus on prevention and treatment that strengthens tribal cultural values in our children and our young people. Our

tribes have found that integrating traditional values is essential to our efforts to fight drugs.

Some examples. The traditional children's game of Cherokee marbles has been passed down for generations, but at least in the past 2 years it has taken on a new meaning. At public elementary and middle schools across 14 counties in Oklahoma, a demonstration program called "Use Your Marbles: Don't Use Methamphetamine" sets up the game as a strategy to prevent the use of drugs. It is an innovative method to introduce our children who are being affected in greater numbers to how to combat the use of methamphetamines, the use of drugs.

Treatment and wellness programs like White Bison and the One Sky Center in Oregon integrate traditional ideals into all aspects of their treatment and counseling programs. Even our law enforcement has turned to tradition. Tribes such as the Lummi Nation are using banishment to completely remove drug dealers from the community. Other tribes like the Yavapai Apache Tribe of Arizona are establishing alternative drug and family courts to address issues of addiction.

We are increasing self-sufficiency. Our tribes and tribal organizations are educating themselves about methamphetamines. The National American Indian Housing Council has developed a national curriculum for the identification and cleanup of methamphetamine labs. They have completed 50 trainings in Indian country in just the past year, and the training has led directly to law enforcement against a number of operations. The training also allows tribes to save costs by conducting their own cleanups. We are working together cooperatively.

As mentioned earlier this morning, one of the most successful strategies has been for Indian country law enforcement to work through task forces and cooperative agreements. This was certainly true for my own community, where the Chickasaw Nation's police force, the Lighthorse Police, worked together with a multi-agency Federal, State and tribal drug task force. We participated in one of the largest methamphetamine busts in Oklahoma and Texas region against the Satan's Disciples, a violent street gang from Chicago.

There are hundreds of cooperative law enforcement agreements in Indian country, but there are also places where the cooperation is not as good. From our perspective, the key to cooperation is that all agencies respect the tribal community. For that, we need to build tribal capacity. With tribal law enforcement that is better trained, equipped and adequately staffed, we will have more respect and cooperation with outside law enforcement agencies.

I come to you today with a list of ideas that can help our communities address this position. First, we hope to see continued White House involvement in a coordinating role for the Federal agencies, with NCAI and tribal leaders serving on the tribal side of the partnership. In the upcoming reauthorization of the Office of National Drug Control Policy, Congress can create a permanent Deputy Director for Indian country.

Second, we also call on all Federal agencies who are involved in fighting drugs, such as the Drug Enforcement Administration, to

create a permanent link for American Indian and Alaska Native tribal governments.

Third, Indian country needs increased resources in the agencies with responsibility to support the tribes. We need to renew and expand the COPS program, the Community Oriented Policing Service. A total of 759 law enforcement positions in Indian country have expired or will expire between 2004 and 2006. The COPS program has been a huge benefit for Indian country policing and we need permanent funding to sustain these positions. NCAI urges either the extension of the COPS grants or a permanent new program to replace COPS.

We also urge a 10-percent increase in law enforcement funding in the Departments of the Interior and Justice, and that really isn't enough. That is just a drop in the bucket, but it is a start. We must prevent the IHS funding from falling further behind. Most drug treatment and prevention programs in Indian country are funded through the IHS. As you heard this morning, I am not sure where Dr. Perez got his numbers. He said the need was about 500 beds for residential treatment. I think those are just the ones that are reported that actually go through the formal system. I believe that the number is far, far higher.

At a time when we need to be expanding these services, the IHS funding has not kept pace with inflation or population growth. It is vital that the IHS receive at least increases to maintain current services, and that is approximately $440 million over the fiscal year 2006 level.

Tribes should also be included in all health related methamphetamine grants outside of HHS. I was pleased to hear this morning that the Senate has adopted legislation to address this issue. We greatly appreciate that.

We need increased funding for tribal courts. Tribal courts are dealing with many first time drug offenders and are trying to put them back on track. The caseloads are overwhelming and they need the funds to function properly so that the courthouse door is not a revolving door, but a one way door back to a healthy life.

We need to maintain the National American Indian Housing Council's methamphetamine training funds, and increase funds to the Department of Justice's Indian Alcohol and Substance Abuse Prevention Program and SAMHSA grants.

In addition to the requested additional funding for both behavioral and physical health services at the IHS, our health systems need to be modernized to better address prevention and treatment. We call on Congress to pass the Indian Health Care Improvement Act this year, this session.

There are also several relatively simple structural changes that can address the perceptions of Indian country that have encouraged external drug traffickers to target our communities. We need to clarify the status of tribal police officers participating in Federal tribal drug task forces to ensure that they are treated as Federal officers.

Second, currently the U.S. Sentencing Commission guidelines do not give the same respect to prior tribal court convictions that it gives to prior State convictions in calculating a defendant's criminal history.

Finally, tribal sentencing authority is limited to 1 year under the Indian Civil Rights Act. This timeframe may limit the ability of tribal courts to mandate treatment programs that last longer than 1 year.

In conclusion, I would like to thank you, Mr. Chairman, and the other Senators and this committee for holding this hearing today. We look forward to working on this issue with all of our tribal communities and the committee. I will be happy to answer any questions.

Thank you again.

[Prepared statement of Mr. Keel appears in appendix.]

Senator DORGAN. Mr. Keel, thank you very much.

We have been joined by our colleague from Alaska. Would you wish to make any statement at this point, or should we hear the remaining two witnesses?

Senator MURKOWSKI. Mr. Chairman, I would prefer that we keep on track. I apologize for being late, but this is something that I am extremely interested in. I would like to hear the testimony of the witnesses, and then if I could have an opportunity to comment. Thank you.

Senator DORGAN. All right. I thank Senator Murkowski.

We will hear the final two witnesses. Gary Edwards is the chief executive officer of the National Native American Law Enforcement Association. Mr. Edwards, you may proceed. As I indicated, if you will summarize your statement within the five minutes allotted, we would appreciate it.

STATEMENT OF GARY EDWARDS, CHIEF EXECUTIVE OFFICER, NATIONAL NATIVE AMERICAN LAW ENFORCEMENT ASSOCIATION

Mr. EDWARDS. Mr. Chairman, distinguished members of the committee, distinguished panel, tribal elders and leaders, I am Gary Edwards, the chief executive officer of the National Native American Law Enforcement Association. I have prepared a written statement and ask that it be entered into the record.

Senator DORGAN. Without objection.

Mr. EDWARDS. It has become common knowledge that methamphetamine is a nationwide problem that is affecting both tribal and nontribal communities. However, it may not be common knowledge that meth appears to be a bigger problem for tribal communities than for nontribal communities.

There are at least four reasons for the differences. One reason is the correlation between meth and alcoholism. Unfortunately, the ethnic group with one of the highest rates of alcohol addictions is Native Americans. Accordingly, Native Americans and their tribal communities are and have been targets of meth distributors.

A second reason pertains to the financial conditions of most tribal communities. Most tribal communities rank or at the near bottom of most financial parameters.

A third reason pertains to the geography of many tribes. More particularly, research suggests that the majority of meth distributed in tribal communities is smuggled through the U.S. borders with Mexico and Canada. In a recent tribal border security pilot program, NNALEA and its partners identified 41 tribes who were

either on or located within 100 miles of United States borders with Mexico and Canada. The participating tribes of the Tribal Border Security Pilot Project, the majority of the participating tribes reported that they had encountered drug smuggling across their respective borders.

Undoubtedly, these tribal communities, among others, are and have been prime targets for the distribution of meth by smuggling cartels.

A fourth reason pertains to the numerous jurisdictional issues that confront tribes that may not confront nontribal communities. Examples are such as Public Law 280 and outdated tribal codes wherein meth is not specifically identified as a crime.

We must be organized in our approach in fighting this war against meth. The National Native American Law Enforcement Association agrees with the current administration that this war against meth should focus on the following areas: Prevention and treatment; law enforcement; education; and management of meth's unique consequences.

In addition, NNALEA believes that an Indian country drug czar should be appointed to specifically assist the national drug czar in the war against meth. This Indian country drug czar would be tasked through the BIA Office of Law Enforcement Services for coordination. Having this drug czar alone would not make the difference that we need in fighting this war today. We need additional funding, additional funding for the BuIA Office of Law Enforcement Services so that they can provide law enforcement support, detention facilities, staffing and training, and a 5-year strategic plan so therefore our funding should be approached on a 5-year strategic basis. We have entered within our testimony specific amounts that we think would be most helpful in these areas.

NNALEA also recommends a funding increase for the IHS to implement their plans and strategies for Indian country across a five year strategic plan.

As we look at the meth problems, tribes are also affected by broader processes such as homeland security issues, global warming, population growth, and globalization. Meth is both a problem in itself and a symptom of broader stress for Indian country. The U.S. Patriot Act, additional funding and an Indian country drug czar are weapons in the Indian country war against meth, as well as the fight against broader stress issues for tribes.

However, winning the Indian country war against meth will be achieved by tribal leaders, tribal councils, tribal elders and tribal communities that carry the war lance symbolizing that Indian people will not tolerate drug use.

In closing, I think that the words of the great Sioux chief are appropriate here. The great Sioux Chief Sitting Bull said, "Let us put our minds together and see what kind of future we can build for our children. Hope is strong medicine. Let's us keep hope alive."

I am happy to answer any questions you may have.

[Prepared statement of Mr. Edwards appears in appendix.]

Senator DORGAN. Mr. Edwards, thank you very much for your testimony today.

Finally on this panel we have Karrie Azure. Karrie Azure is a tribal judge on the Turtle Mountain Chippewa lands in North Da-

kota. She is appearing here on behalf of the United Tribes Multi-Tribal Indian Drug and Alcohol Initiative. Judge Azure, thank you very much for being with us, and you may proceed.

STATEMENT OF KARRIE AZURE, UNITED TRIBES MULTI-TRIBAL INDIAN DRUG AND ALCOHOL INITIATIVE, UNITED TRIBES TECHNICAL COLLEGE

Ms. AZURE. Thank you very much, Mr. Vice Chairman.

It is a great honor to be testifying before this committee today on this most pressing issue in Indian country. As stated, I am a member of the Turtle Mountain Band of Chippewa Indians and I serve as an appellate justice for my tribe. I also appear today on behalf of United Tribes Technical College, the Inter-Tribal Justice Program.

United Tribes received a Bureau of Justice assistance grant in September 2004 under the Indian Alcohol and Substance Abuse Program. The grant received is administered through United Tribes, but the intended service area is comprised of the four major reservations in North Dakota.

The purpose of the grant is to create an intertribal task force. The intention is that through cooperation among agencies at the tribal, State and Federal levels, a sensible solution to the methamphetamine epidemic will be created.

What is unique about this task force is that it is comprised of a consortium of tribes, something that can prove often difficult within Indian country. Mr. Vice Chairman, I am pleased to report that the collaboration among the four tribes remains key to our success.

As strongly stated already by tribal leaders and officials in addressing the methamphetamine problem, it is unrealistic for tribes to engage in a battle against substance abuse alone. Developing partnerships with local, State and Federal governments is necessary. In that vein, United Tribes' borderless strategy to combat substance abuse is in line with the objectives of the National Congress of American Indians urging tribes to develop laws and policies to combat methamphetamine abuse and drug trafficking; seeking tribal partnerships with the White House; and requesting congressional hearings to address the issue.

It is important to stress at this point the accomplishment of one of those objectives through attendance at the hearing before the Senate Committee on Indian Affairs today.

Mr. Vice Chairman, I would like to bring to your attention for 1 moment what is occurring within the U.S. Attorney's office, particularly the efforts of Thomas Heffelfinger. In October 2005 a task force of U.S. attorneys from throughout Indian country met with tribal leaders, including representatives of our task force. Mr. Heffelfinger indicated that the task force he has created will employ strategies similar to those of our grant.

The plan will encourage U.S. attorneys in Indian country districts to work closely with tribal leaders and tribal, local, State, and Federal law enforcement personnel to ensure that law enforcement actions against methamphetamine manufacture, distribution and use in Indian country are carried out in a comprehensive manner that recognizes the needs of the various jurisdictions involved,

most importantly, that addresses the law enforcement and safety needs of the citizens of tribal nations within Indian country.

We believe this effort is an important step forward in combating methamphetamine use in Indian country.

Mr. Vice Chairman, efforts at combating the methamphetamine problem in Indian country continue under the guidance of the Inter-Tribal Task Force in North Dakota. From meetings conducted thus far under the grant, United Tribes has identified key findings among tribal populations within the State.

Approximately 90 percent of individuals entering treatment programs at Turtle Mountain are methamphetamine-related. There is a low recovery rate of methamphetamine addicts, approximately three percent, due to the fact that the treatment length is not long enough.

IHS is not coding, that is tracking, methamphetamine use, so data is unreliable. There is currently no concrete data available. Methamphetamine dealers are traveling from reservation to reservation, which causes problems with jurisdictional issues. Juveniles are being used as dealers and pushers because of lesser sanctions against them.

House explosions are occurring on reservations because of methamphetamine labs gone awry. For those reservation communities that have resident treatment facilities, there is a lack of bed space for new patients. Specifically at Turtle Mountain, we have a tribal population living on or near the reservation of about 14,000, and we have a resident treatment facility with only eight beds. This is highly inadequate.

There are no treatment facilities within the State for juveniles, and the only long-term treatment facility for adults is at the State penitentiary. Treatment time is not long enough for methamphetamine addicts; 28 days is not enough time. Oftentimes, the need for recovery for methamphetamine addicts is 6 months or longer.

There is a lack of law enforcement. There is not enough funding to address the need on many reservations, and due to recent budget cuts, the Turtle Mountain Reservation will lose its drug investigators. Spirit Lake will lose one police officer when it currently only has one officer on duty per shift.

There is a dramatic increase in the number of babies being born affected by methamphetamine. Information is not being shared with the community. We need to educate the tribal community so members know what is going on with methamphetamine. Drug testing is not being done at all levels of employment in our tribal communities.

As a brief side note, as you might be aware, Mr. Vice Chairman, the Turtle Mountain Band of Chippewa Indians recently passed unanimously by the tribal council an exclusion and removal ordinance. This ordinance has been at the forefront of the tribal chairman's agenda since July 2005 and was instituted to deter malicious violations on the reservation.

The resolution applies to any individual who violates the peace, welfare and happiness of the tribal membership through illegal drug activity. This resolution is another example of the work being done at the grassroots level to combat the methamphetamine epidemic.

Therefore, Mr. Vice Chairman, as is evident through the listing of preliminary findings, the implementation of the United Tribes grant is a proactive and positive step toward eradicating the methamphetamine problem in Indian country. Through collaboration and cooperation between all levels of government and continued support of grant programs that provide the opportunity to open the lines of communication between these levels of government, workable solutions will be identified and implemented to ensure the prosperity of future generations of Indian people.

Mr. Vice Chairman, thank you for allowing me to testify today and I look forward to answering any questions you might have.

[Prepared statement of Ms. Azure appears in appendix.]

Senator DORGAN. Ms. Azure, thank you very much.

I am going to ask a series of questions, then I will call on my colleague, Senator Murkowski.

I am going to ask you, Ms. Azure, in a couple of minutes about the 90 percent of the individuals entering treatment programs at the Turtle Mountain Reservation being meth related. That is an unbelievable statistic. I am going to ask you about some of that.

But first, Chairwoman Wesley-Kitcheyan, your testimony is just heartbreaking. I know you said that you, as chairman of our tribe, were almost reluctant to come here because of airing dirty laundry in public, the perception of doing that. I know you said that. I think your testimony is enormously helpful and I hope will persuade the Congress to work with you and with others and be much more aggressive, and I hope in the long term will save lives.

Let me just review a couple of the things you described: A 9-year-old meth user; 9 years old, a meth user; a 22-year-old meth user trying to commit suicide by stabbing himself with a 10-inch knife; 101 suicide attempts on your reservation of, what, 15,000 people, you said?

Ms. WESLEY-KITCHEYAN. About 13,000.

Senator DORGAN. About 13,000 people, in 1 year, 101 suicide attempts, some related to meth. Of the past 10 suicide attempts, 8 of the individuals were using meth; in 2004, 64 babies out of 256 born to the San Carlos Apache Tribal members were addicted to meth; 24 to 25 percent of pregnant women at the San Carlos Reservation tested positive for meth, pregnant women.

Just going through this list, it just breaks your heart to understand the human misery that is visited upon these Indian reservations as a result of those who are peddling this deadly addiction to methamphetamine.

But let me just say to you that it is very hard to talk about these things in public for a tribal chair on behalf of your people, but I think it is also very important, because if we don't get this country and the Congress to understand the dimensions of this crisis, it is not going to be responded to as aggressively as it must.

I could tell when you described, was it your nephew?

Ms. WESLEY-KITCHEYAN. My grandson.

Senator DORGAN. Your grandson, a rodeo star, who took his own life, or was killed?

Ms. WESLEY-KITCHEYAN. No; it was in a car accident. He was on the Tohono O'odham Reservation and he was engaged in human smuggling, as well as drinking and doing drugs.

Senator DORGAN. Yes; I could tell when you described that and had difficulty describing it, how profoundly affected all of us are by what people get involved with when addicted to meth.

I have at meth meetings in North Dakota used a series of about seven charts of a woman who was arrested for meth use, a vibrant beautiful woman, with her mug shot at a police station, and then over the next 6 years, six additional photographs of that woman. It is unbelievable to see what has happened. That woman at the end of 6 years looked almost like a cadaver. It is unbelievable the effect of methamphetamine on humans.

Ms. Azure points out 90 percent of the individuals entering treatment programs at Turtle Mountain are methamphetamine addicted. She says there is a very low recovery rate for meth, which is what I was asking the Indian Health Service about. You say 3 percent due to the fact that treatment is not long enough.

I don't want to give testimony here, but let me just also point out a family that came to a meeting I had in Dickinson, ND recently. A young daughter, 3.6 grade point average, junior in college, a terrific young woman, doing well, all of a sudden at a party got a hold of some meth, became addicted, and is in and out of jail ever since. And that family came to this meeting I had to say they were fortunate that that daughter of theirs was kept in jail for a lengthy period of time so that then they could find a treatment center where she now is that would give her at least 1 year to 15 months of concentrated treatment because that is the only way she can shed her addiction. She can't shed her addiction unless she has that kind of treatment.

My great fear is that we don't have nearly enough resources devoted to this. First, stopping the flow from Mexico coming in; second, stopping the cooking of meth here in this country; third, when we have these people who are addicted, putting them into a treatment program that really does work, a lengthy program. This can't be like other addictions because it doesn't work the same way. It is much more deadly.

I didn't mean to give a statement here, but I was really taken by the testimony here. Mr. Keel and Mr. Edwards, you described the additional money that is necessary. You can't do this without having treatment beds, without having law enforcement, without having intervention and opportunities.

So let me just ask a couple of very brief questions. Chairwoman Wesley-Kitcheyan, this is the second time that you have been a part of a group that I have had the opportunity to listen to. You come to Washington, DC and you described to us this morning a devastating set of circumstances. You are a tribal leader. What is the most important one or two things that you think we can and must do to give you the tools and to be helpful to you to address this and turn it around?

Ms. WESLEY-KITCHEYAN. I believe that the most important thing that Congress can do is to restore the funding to BIA, IHS, and possibly more as well, because the first panel described treatment centers. Some of my people have to wait and then they give up waiting to be placed in those treatment centers. Prevention, dollars for prevention would be number two, in my opinion. Social services

is facing a $16-million shortfall in BIA. Next year, I understand it is going to be $11 million. We need that. Our kids need that.

Senator DORGAN. Ms. Azure, in your role as a tribal appellate judge, you have people come before you whom I assume you know, or at least others tell you, are addicted to methamphetamine. Is that correct?

Ms. AZURE. Yes; that is correct, particularly a lot of the kids that I see are involved in custody cases, because they were child abuse and neglect cases at the lower court level. The reason why many of the children were removed was because of meth use in the home.

Senator DORGAN. And if you see someone coming before you that has a meth addiction, and you need to respond to that in your judicial role, what normally would you do? Because you understand from your testimony that treatment for that cannot be treatment of 2 weeks or 30 days somewhere. It has to be a much more aggressive treatment. What do you do?

Ms. AZURE. Unfortunately at the appellate level, we can either just dismiss the case or remand it to the lower court with instructions. In those cases, we would remand to the lower court with a recommendation that they seek further treatment. Along with what Ms. Wesley-Kitcheyan stated, in the State of North Dakota there are no treatment facilities for juveniles at all.

Currently, at Turtle Mountain there are two juveniles that nobody wants to take in their treatment centers because of not only their substance abuse issues, but they have behavioral problems. They are unruly children, I guess, or unruly juveniles and they cannot be handled.

So we have a problem with those two individuals. Their parents have nothing to do with them anymore. So this is a problem. This is the future of our reservation: These children. We have tried to get them into other State treatment programs. Oftentimes, South Dakota will handle these cases. And also for the adults, at Turtle Mountain we only have eight beds in our residential facility, which is not nearly enough. However, the State penitentiary does have a program and it seems to be working due to the fact that they are incarcerated for over the 6-month period.

Senator DORGAN. About 1½ weeks ago, I sat down with up to I guess 10 or 12 teenage students on an Indian reservation in North Dakota. No press was there. No parents were there. No teachers were there. I just wanted to sit down and talk to them about their lives, about the challenges, about substance abuse, about teenage pregnancy, all the things that are happening on their reservation that represent their experience.

It was a fascinating discussion. Also heartbreaking in many ways as well, but we have so much to do.

Mr. Edwards, I think you and Mr. Keel described circumstances where you believe that there are drug dealers going reservation to reservation to create addiction, and therefore create a market. Do you believe it is that deliberate? And how significant is that?

Mr. KEEL. Thank you, Mr. Chairman.

I believe it is deliberate. I believe they treat it as a business. In order to create a business, you go to somewhere where the people are vulnerable. Our children are vulnerable in the rural areas where they have a lack of resources. For instance, law enforcement,

I think it has already been pointed out that the vast area, the geographic size of some of these areas are unmanageable by tribal police.

Senator DORGAN. When you say "they," is it organized crime or is it the development of new drug rings?

Mr. KEEL. I believe it is both. I believe it is the, well, let me go back. A couple of years, 2 or 3 years ago in Oklahoma, we had a real epidemic of local folks cooking this meth. In the rural areas, they would cook it and then sell it and create a market.

As the State of Oklahoma clamped down and created laws where it made it harder to buy the actual phedrine and some of the things are used in the manufacturing of this drug, it made it harder for them to get the materials. And so, this created an opportunity for some of the areas from Dallas, from Mexico, from other places to come in with their drug that is already made. The way you create a market is to get someone addicted. And so you give it away. You give this, or you create a real cheap market.

Senator DORGAN. Do you think there is a deliberate strategy to create a customer base by addicting people with the free samples?

Mr. KEEL. Absolutely.

Senator DORGAN. Mr. Edwards, would you comment on that? Then I am going to call on my colleague, Senator Murkowski.

Mr. EDWARDS. Yes; I think it not only is organized by drug cartels and for money, but I also fear that terrorists and people that are wishing harm to our country in general are also orchestrating some of this particular advancement of methamphetamine, and the smuggling of that across the borders. It is relatively inexpensive compared to other drugs, but its treatment is severe, the implications of what it does to the brain and how long, as you mentioned, it takes for that person or persons to recover. I think that would be terrorist tactic that we must be aware of today and we must stop this drug from coming across our borders.

There are certain things that we can do and we have done, and the Patriot Act helps us do that with regard to stopping the manufacture in the drug labs inside the United States. But now, all indications show that 80 percent of the drug is being smuggled from Mexico into the United States. We must stop that.

Senator DORGAN. Mr. Edwards, thank you very much.

Senator Murkowski.

STATEMENT OF HON. LISA MURKOWSKI, U.S. SENATOR FROM ALASKA

Senator MURKOWSKI. Thank you, Senator Dorgan, and thank you to the witnesses that have given such compelling testimony here this afternoon.

I wish that we had had an opportunity to point out the young people that were in the back of the room who just left. There must have been 20 of them at one point in time. I look at that, I look at them and recognize this is how we are going to make the difference when it comes to the prevention and the education. These young people need to hear how meth is killing our people. They need to understand that this is real, that this is devastating, and this could be them and their families.

Unfortunately, as we know with all of our young people, there is a little bit of invincibility. We can do anything and make it through and be fine. Meth is different. And if there is one thing that I have picked up from the testimony that I have heard here this morning, meth is different and we need to treat it differently.

Now, I was sitting here thinking, when it was cocaine or when it was ecstasy or when it was heroin, did we have a call for a drug czar? Did we have task forces being formed to look specifically at one drug? I don't recall that we did. I think we acknowledged that we have a terrible problem with substance abuse and we have to deal with it, but we have never identified one drug and said, this is killing our people. And meth is doing just this.

And so, I appreciate the fact that we are using terminology like declaring war on meth. We must be tougher and stronger and more adamant about eliminating it, eradicating it than we have anything else because it will kill us in larger numbers than any other drug out there, is what I understand.

And Mr. Chairman, I want to thank you for your very personal initiative and your leadership on this issue. We have a long way to go, and I was listening to you talk about how we have to approach the treatment differently. When we are talking about the dollars and acknowledging that treatment programs for young people simply don't exist and those that do are not adequate. We have a very seriously long way to go in how we are going to deal with this.

We are seeing meth present its ugly head all over Alaska right now. I have always liked to think that we are far enough away, we are remote, we are inaccessible, we have geographic challenges that make certain aspects of commerce next to impossible in my communities. And you know what? Even with those challenges, something like meth gets in and it starts to take out our villages. We are seeing it up in Barrow, the furthest north community. That community has declared war. They were shocked when they discovered that meth was being cooked in Barrow.

We don't quite know what to do yet, and listening to you, it appears to me that we are all in this together. Nobody quite knows what to do yet. I think it is because we are dealing with a drug that is different.

Mr. Edwards, I want to ask you from the enforcement perspective, one of the issues that we have been dealing with in Alaska, so many of our villages are dry or damp, and so we try to put some accountability with the U.S. Postal Service to help us keep the alcohol out of the communities. How do we do it with something like meth, when you are talking about moving a much smaller, much easier to hide item? What hope can you give me in terms of what we are doing currently to stop the smuggling?

You have indicated that 80 percent of this stuff is coming over the Mexican border. Are we making any headway at all in identifying and stopping?

Mr. EDWARDS. I think we are making good headway in non-Indian territory, but not near as quick a headway in Indian country because the resources have not been targeted there and delivered there. Indian country is doing the best we can with the resources we currently have, and it is a rare instance where the true partner-

ship develops and we get the funding we need to stop those type of smuggling.

One thing, and we are looking just at the continental United States and the 40 tribes within that area, that our surveys showed us was that of these tribes, the tribes believe that they need a total of 533 additional law enforcement officers just to maintain their current level of smuggling preparedness, patrols and general other criminal type activities.

When we are dealing with methamphetamine, I think the key thing here is that we have to realize that this is not like we used to deal with cocaine or heroin, where we would go in and we would work and we would do a bust and we would work our way up the food chain. This is a unique, different culture. It is more of a closed culture. So consequently, it is much harder for law enforcement to infiltrate.

So consequently, that is why I am saying we need to have a drug czar in place so that we can begin a planning strategic process that we understand now more about this terrible drug and disease. We understand that it is a very gang-prone method. It was a Hell's Angels drug back in the 1970's and 1980's. We have dealt with these things before. We have been successful, but we need to have a coordinated effort.

Right now, we have a lot of different agencies going out and doing different things, conducting training and education, but somehow we need to pull that together.

Senator MURKOWSKI. You have indicated through your words here that you recognize that there has to be a different approach with this drug. Is that generally accepted within the law enforcement? And do they recognize that this approach has to be different with meth?

Mr. EDWARDS. Yes; I think it is. And that is in Indian country and non-Indian country. The COPS office, the Community Oriented Policing Service, conducted a methamphetamine initiative back in 2005, and some of their findings at the end of 2005 indicated that they had five pilot sites and none were on reservations. And the approach that they used and what they learned are some of the things that I mentioned to you, that it is different, it is a more closed society.

You do have it where you can manufacture it right there locally with people that know each other. These things that I am telling you are conclusions that they have drawn. But now we need to take that and make it a culturally effective thing for our particular Indian communities.

Senator MURKOWSKI. What can we do, and I will direct this to all of you who can jump in here, what can we do from the prevention and the education perspective within Indian country, up in our native villages, down on the reservations. What can we do to have an effective prevention message so that our young people are getting it and steer clear of it? What do we have to do? Does anybody have any good ideas?

Mr. KEEL. I will try. I think one of the problems that we have in Indian country is a lack of a coordinated strategy in Indian country for a message to go out nationally. There are some organizations, the National Congress of American Indians, the National

American Indian Housing Council, several of those have newsletters that we send out. But tribes are not treated the same as States in terms of the grants that go out to some of the drug prevention strategies.

I think a coordinated effort nationally that includes the tribes and the States and all of the other national agencies together, putting together a message that reaches our young people down at the high schools and even down in the junior high and elementary levels. It has to go locally. I think the Indian tribes with tribal governments are more local. They are more able to do that, particularly with the reservation and some that are isolated.

Methamphetamines, it affects the whole family. It is shattering the families because there are instances, for instance in the Navajo Nation, where a grandmother was recently arrested, three generations of that one family, for selling drugs. You know, they are all involved. And so, somehow we have to reach our people and it has to be a coordinated strategy.

Ms. WESLEY-KITCHEYAN. If I may please? Senator Murkowski, thank you very much.

I really believe that one of the things we should do in terms of prevention and intervention is that we need to develop educational curriculum for Head Start students on up to the senior level.

Secondly, I think we need to exercise tough love for our children. I know and I have seen many parents think that they do good by providing just about anything that children want, but that is not the way. We can develop a strong juvenile code as a tribe and stick with it. And continue to look for prevention programs, treatment centers, get in highly specialized personnel in the Indian Health Service or tribal health service to provide counseling for our children because we really don't have that at this point.

Senator MURKOWSKI. I appreciate the advice on kind of a coordinated campaign. Certainly from the national perspective, meth is huge, everywhere. But it does make me wonder if you don't need a more defined strategy within Indian country where the devastation just seems to be that much more acute.

Of course, as a parent, we are all aware you can talk the talk, but if you are the messenger that teenagers are tuning out to, we can talk all we want. This is going to have to be something where we have an ability to actually have a communication with the young people. It is almost, maybe we ll need to sit down with 10 or 12 of them and do it one group at a time.

I am not quite sure what it is, but we are not getting the message out yet that this is something that does kill you and your family, and that the long term consequences are simply not worth the risk.

Mr. Edwards, you look like you wanted to jump in there.

Mr. EDWARDS. I think when we look at meth, education is certainly a key for not only the children, but also for the tribal leaders, elders and the community in general, and also through the whole process of enforcement and then recovery.

But you know, meth is like any adversary or foe. It has weaknesses. In Indian country, I think there are two primary vulnerabilities of meth that we can turn into our strengths. Those are peer groups, the use of peer groups, and the economy. Right

now, it is a cheap substance. We must go into the distribution, the supply, the manufacturing method with our law enforcement and we must make that more expensive to where people can't afford it, for one reason.

The next thing in dealing with the children and everything, we must remove the criminal peer groups such as gangs. And then we must interject and change those peer groups to positive organizations that are safe places for kids that provide hope for the future, such as Boys and Girls Clubs of America and tribal youth organizations.

These have proven to be effective and I think used in the proper context, and also with the infiltration of police being there and explaining and educating in these particular groups, that we will be successful.

Senator MURKOWSKI. I am going up to the State next week and visiting in about five very small villages outside of the Kotzebue region. When I am in the State and am talking with young people, this is something that I bring up at every opportunity. I think it is something that we as policymakers, you and all of your roles, we need to be talking about it all the time and making sure that we have the facts with us, and letting our young people understand. So that will be my mission next week.

Mr. Chairman, I want to thank you for again your leadership on this and for the time with the witnesses here this morning.

Senator DORGAN. Senator Murkowski, thank you very much, and thanks for your continuing concern on the meth issue.

I want to indicate again that Senator McCain was a stimulant for the calling of this hearing, along with myself, and is fully committed on this issue. He was called to leadership meetings this morning on the immigration bill that is on the floor.

But Senator McCain and I plan to introduce later today legislation which would amend the recently enacted U.S.A. Patriot Act to specifically include tribal governments in methamphetamine reduction grants. It would add tribes to the two grant provisions for meth hot spot areas and drug-endangered children, and clarify tribal eligibility for the competitive grants to address methamphetamine by pregnant and parenting women offenders.

I wanted to make that point again, and to indicate on behalf of the chairman that this committee will continue to be vigilant and aggressive on the methamphetamine issue. We thank very much the witnesses who have come today to testify.

This hearing is adjourned.

[Whereupon, at 11:35 a.m., the committee was adjourned, to reconvene at the call of the chair.]

APPENDIX

ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

PREPARED STATEMENT OF HON. DANIEL K. AKAKA, U.S. SENATOR FROM HAWAII

Thank you Mr. Chairman and Mr. Vice Chairman for holding this important oversight hearing. I am pleased that our witnesses are provided this venue to discuss the effects of methamphetamine use in Indian country, as well as solutions that can be shared with Native and rural communities across the nation. Meth trafficking and usage are serious problems in this country that continue to significantly burden and disproportionately impact our Nation's indigenous people.

With Hawaii having the highest meth usage rate in the country, I am very familiar with the devastating physical, social, and economical problems resulting from the presence of meth in our communities. Unfortunately, I have witnessed first hand the deterioration caused by meth usage on the well-being of Native Hawaiian youths and their communities. This drug depletes the productivity and energy of some of our brightest and most promising young people, robbing them of the experiences of youth and leaving them disadvantaged for the future. It also weakens the cultural foundation of these communities that in turn, inhibits the ability of our indigenous people to contribute to the larger society.

I look forward to working with the committee and my colleagues to ensure that every effort is made to empower the indigenous people of this country to not only treat meth abuse, but also to prevent meth trafficking and usage in their communities. I thank the witnesses here today for presenting their testimony.

PREPARED STATEMENT OF IVAN D. POSEY, CHAIRMAN, EASTERN SHOSHONE BUSINESS COUNCIL

Good morning. My name is Ivan Posey and I currently serve as the chairman for the Eastern Shoshone Business Council and cochair for the Eastern Shoshone and Northern Arapaho Joint Business Council. We both share the 2.3 million acre Wind River Indian Reservation in west central Wyoming. It is the only reservation in the State of Wyoming.

There are currently 3,900 Eastern Shoshone and 8,200 Northern Arapaho tribal members. Over 50 percent of tribal members from both tribes are under the age of 30. The reservation is home to approximately 7,000 American Indians and 9,000 non-Indians.

First of all I would to thank the distinguished Senators on the committee, including our own Senator Craig Thomas, for allowing me to testify on a very important issue that is affecting Indian country—methamphetamine.

I would like to present testimony on the following: Foster Care, Health Care, Education, and Law Enforcement.

FOSTER CARE

According to workers in the social service programs for the tribes, methamphetamine plays a large role in 65 percent of all cases involving child neglect and place-

ment of children in foster care. Use of the drug has devastating and sometimes lasting affects to the tribal family structure. Let me explain, foster care parents are hard to come by in Indian country which sometime places the burden on relative placement which may be the grandparents, uncles, aunts, and siblings. Although our extended family structure is a great strength for us it sometimes has negative affects on the children in the system that may still have close ties with a parent, or parents, who are still utilizing this illegal drug. When a family member has a substance abuse problem it affects the whole family. We don't alienate our family members and that sometimes creates a codependent system for the whole family including the children. With the drug so easily available and addictive it increases the chances of violence in households.

The strain on our social workers is tremendous considering the rural setting of the reservation and the distance between our four communities and the towns of Lander and Riverton. The continuing coordination with the court system, recovery programs, counselors and others involved with children is, at times, overwhelming. Our social services programs are staffed with committed people who are being bombarded with the affects of this drug in an already strained system.

I believe that we must provide the family with the necessary tools to adequately address this problem. This may include counseling for the entire family and the resources to adequately fund these initiatives. I understand that there is no easy solution when it comes to the devastating affects of methamphetamine in Indian country but realize that family structure is the most important.

EDUCATION AND HEALTH CARE

There was an instance where a young lady went to school "tweaking" from the affects of this drug. She mentioned to her friends that she acquired the drug from her parents "stash" and that she would share with them if they wanted some. The sad part of this story is that this young lady was in sixth grade.

Access to this drug has become more available to students in all grades on and off our reservation.

Methamphetamine among parents affects students, especially preschool and Head Start age, through increased absenteeism and malnutrition. When parents who use don't have an appetite they in turn don't feed their children. This has a direct affect on a child's learning ability.

Education, I feel, is the key to addressing the problem of methamphetamine in Indian country. Whether it is the local school system, tribal governments, or interagency coordination, getting the word out on the devastating affects of this drug is essential. There has to be more efforts to educate our elders and community members to the dangers of methamphetamine use. Our tribe currently performs pre-employment and random drug testing and has established an employee assistance program for those who wish to seek help if they are tested positive.

Our health care system in Indian country is already at the breaking point for providing adequate health care for tribal people. Methamphetamine use has increased the number of vehicle crashes, domestic violence visits, and prolonged hospital stays due to some of these factors.

The use of this drug has long lasting affects to those who become addicted. Long term affects range from continued mental and dental care to permanent brain damage. Some people will become lifelong patients to our tribal health care systems.

What is needed in Indian country are residential treatment facilities that address chemical dependency in sometimes a cultural and traditional manner; 80 percent of all residents in the Rock Springs, WY treatment facility are from the Fremont County, where we reside. This facility is 2.5 hours away from our home. Some youth patients go as far as California and South Dakota.

LAW ENFORCEMENT

Law enforcement have seen four homicides in 2004 related to methamphetamine use on the Wind River Reservation. There were 284 drug related misdemeanors in 2004 [possession, sell, and manufacture] with 99 in 2005. There were also 125 child abuse cases reported in 2004 and 90 in 2005.

One of the key aspects to combat methamphetamine was the establishments of partnerships with the Drug Enforcement Agency and the Wyoming Department of Criminal Investigation. Support from the Shoshone and Arapaho Tribe Joint Business Council for this partnership was instrumental in allowing this to happen in 2004.

Our local law enforcement has been very active working with other organizations to address the problem and look at the issue in a broader sense.

The major drug bust in May 2005 has shown that this drug does not discriminate. From our judicial system to our local schools it has, and continues, to have drastic

affects. With our rural setting we still need enough uniformed officers to adequately patrol and protect our homes. We need an increase of funding for our law enforcement and tribal courts in Indian country.

SUMMARY

In closing I would like to emphasize the need for more prevention programs that can be offered through our Boys and Girls Clubs or other youth organizations. There is also a place for this at our senior citizens programs. We need to continue to educate at all age levels and strongly push the negative affects of this drug. We also need to look at long term treatment facilities in areas such as ours which are in rural settings which makes us send our loved ones to other states to receive treatment. The emphasis needs to be Prevention, Education, and Treatment. Unfortunately, those caught in the middle are subject to our law enforcement and judicial systems.

As sovereign nations, Indian tribes need to look forward to ensure that we pass the torch to our younger generation so our people have the same right to quality of life and other opportunities as we have had. Methamphetamine is a very real threat that we need to address and overcome as a Nation to feel we did what we could to make this a better place for those who follow us.

Thank You.

United States Senate

Committee on Indian Affairs

Oversight Hearing on the Problem of Methamphetamine In Indian Country

April 5, 2006

Testimony of Karrie Azure, Grant Coordinator

United Tribes Multi-Tribal Indian Drug and Alcohol Initiative

United Tribes Technical College
3315 University Drive
Bismarck, ND 58504

701-255-3285

For thirty-seven years, United Tribes Technical College (UTTC) has provided postsecondary vocational education, job training and family services to Indian students from throughout the nation. UTTC is governed by the five tribes located wholly or in part in the state of North Dakota. United Tribes exists to assist in furthering the common goals of the North Dakota Indian Tribes and Nations and is wholly owned, operated and controlled by the Standing Rock Sioux Tribe, the Spirit Lake Nation, the Three Affiliated Tribes, the Sisseton Wahpeton Oyaté and the Turtle Mountain Band of Chippewa.

United Tribes Technical College received a Department of Justice, Office of Justice Programs, Bureau of Justice Assistance grant in September, 2004 under the Indian Alcohol and Substance Abuse Program. The grant received is administered through United Tribes Technical College but the intended area of service is comprised of the four major reservations in North Dakota: the Standing Rock Sioux Tribe, the Three Affiliated Tribes (Mandan, Hidatsa and Arikara Nation), the Spirit Lake Nation and the Turtle Mountain Band of Chippewa Indians.

In writing the grant, United Tribes understood the devastating problem of illegal drug and alcohol abuse, particularly amongst the youth population, and its correlation to the increase in violent crimes, child neglect and abuse, dysfunctional families and other criminal behavior. Moreover, United Tribes understood that illegal drugs know no boundaries as they are easily transportable across reservation lines, county and state lines and that the Attorney General of North Dakota and others have encouraged tribes to assist and cooperate with county, state and federal authorities in a manner respectful of tribal sovereignty and tribal cultural traditions to mount a vigorous effort to reduce illegal drug and alcohol abuse in the state of North Dakota. As a result, the grant received by United Tribes was designed to combat alcohol and substance abuse through a three-prong approach: prevention, treatment and law enforcement.

The intention is that through the cooperation among agencies at the tribal, state and federal levels, a sensible solution to the methamphetamine epidemic will be created. The principal goals of the grant are to: determine and eliminate the source of illegal drugs, track and dismantle the distribution networks, and to slow down the use of illegal drugs, with a strong emphasis on the youth population.

Another important component of the grant program is to create a tribal justice communication system to address the lack of reliable data to determine the exact extent of the problem. It is inherent to any future programming within tribal communities to identify and collect data about the nature of the methamphetamine problem as this information can be used to allow a proper allocation of scarce resources to existing problems, track trends relative to methamphetamine, justify additional resources where needed and determine appropriate treatment modalities.

As strongly stated already by tribal leaders and officials in addressing the methamphetamine problem, it is unrealistic for tribes to engage in a battle against substance abuse alone; developing partnerships with local, state and federal governments is necessary. In that vein, United Tribes' strategy to combat substance abuse is to develop a steering committee and task force with the overall objective being a relatively "borderless" integrated strategy of prevention of substance and alcohol abuse, law enforcement for offenders and treatment for substance and alcohol abusers. This strategy is in line with the objectives of the National Congress of American Indians: urging tribes to develop laws and policies to combat methamphetamine abuse and drug trafficking, seeking tribal partnerships with the White House and requesting Congressional hearings to address the issue. It is important to stress at this point the accomplishment of one of those objectives through attendance at the hearings before the Senate Committee on Indian Affairs today.

In the implementation of United Tribes' grant, we are currently establishing lines of communication amongst tribes themselves, tribes and state governments and tribes and the federal government. These lines of communication will result in cooperative partnerships to address the methamphetamine problem in Indian Country. Several meetings have already been held in the development of a Task Force to address the issues and concerns faced by tribes in the state of North Dakota. The grassroots tribal task force meetings have resulted in the easement of some apprehension among tribal representatives that their respective programs are not fighting the battle alone. In fact, the convening of agencies within a tribe is a great step toward fighting the meth problem. It provides the opportunity for the tribal programs to come together and report what each program is currently doing to combat substance abuse.

Furthermore, in establishing cooperative partnerships with the state and federal government, tribes can identify outside resources that can be used in the fight against substance abuse. An example of one outside resource is working with law enforcement agencies. North Dakota tribes face boundary issues due to the location of the tribes within the state and oftentimes these boundaries create legal and jurisdictional issues. If these legal and jurisdictional issues can become untangled through joint agreements that are respectful of the sovereignty of various jurisdictions, and if these joint agreements draw on community support and are built on the strong tribal cultures that are present among the tribes in North Dakota, the law enforcement

activities conducted jointly in the area of illegal drug activities alone would allow a maximum use of the minimum resources available and reduce criminal behavior significantly. These joint efforts can focus on determining and eliminating the source of illegal drugs, track and dismantle the distribution networks and slow down the use of illegal drugs, especially use among the youth population.

Presently, the Turtle Mountain Band of Chippewa Indians operates the only Native American drug task force within the state of North Dakota. In operation for the past five years, their task force focuses upon drug-related crime on the reservation and surrounding area. The task force officers continue to collaborate and share information with numerous agencies, including the Bureau of Alcohol, Tobacco, and Firearms; Federal Bureau of Investigation; North Dakota Bureau of Criminal Investigation; North Dakota Highway Patrol, United States Border Patrol; Drug Enforcement Administration and other law enforcement agencies. The task force has provided informants for other drug task forces throughout the state and has been a valuable asset in helping these agencies secure successful prosecutions. The use of task forces within communities is a tested strategy; through the collaborative efforts of tribal, local, state and federal governments, the task force shall continue and provide positive results in the area of illegal drug activity.

Currently, the Task Force established by United Tribes has the following responsibilities:

i. **Development of community outreach and meetings regarding the nature and extent of the problems and possible solutions**. UTTC has begun its outreach efforts through on-site visits with tribal communities; the support and sponsorship of methamphetamine conferences and the hosting of task force meetings with tribal, state and federal representatives. To the extent possible, UTTC supports the gathering of community members at each of the reservations in North Dakota for the opportunity to share their issues and concerns regarding the alcohol and substance abuse problem.

ii. **Further identification of resources available and determination of how they are presently being accessed**. UTTC continues to assess available resources and identifies whether tribal communities are currently availing themselves of such resources. It is of import to note that when discussing resources UTTC does not limit the definition to the use of financial resources, oftentimes resources available will include community elders and similar culturally-based programs.

iii. **Development of community based agreements and memoranda of understanding between the tribes themselves, between tribes and the state; between tribes and the federal government**. This objective will provide the opportunity for the various governments to open the lines of communication and support for the overall goal of the elimination of the use and abuse of alcohol and drugs. The use of methamphetamines is not an isolated problem, it is a nationwide

epidemic, as such, collaboration is inherent to winning the war against drugs.

iv. **Identification of the need for data regarding the nature of the problems, development of agreements on its use and identification of mechanisms that could be used to coordinate the data**. UTTC is working with a consultant and the tribes in establishing a Tribal Justice Communications System that will be utilized to track offenders who cross jurisdictional boundaries. The information contained in the database will be collected based upon each tribe's individual needs to collect certain types of data, with certain data required by each tribe that can be accessed by other tribes.

v. **Development of appropriate law enforcement strategies, cross-training platforms and other implementation strategies based on community input and needs**. Law enforcement is a basic need of any community. In Indian Country, however, the need is more pressing than ever. As an example of the desperate need for more resources, the Spirit Lake Nation's current police force can provide only one officer per shift to patrol their reservation community. As a result, tribal communities are forced to create alternative policing methods such as community oriented policing. But again, due to lack of financial resources, oftentimes tribal communities are unable to continue such services.

We also want to note the efforts of Thomas Heffelfinger, U.S. Attorney from the District of Minnesota (recently retired). Mr. Heffelfinger has recently convened (October, 2005) a task force of U.S. Attorneys from throughout Indian Country that has met with Tribal leaders, including representatives of our United Tribes Task Force. Mr. Heffelfinger will announce his task force's findings at the upcoming Federal Bar Association Indian Law Conference in Albuquerque, New Mexico later this week. Mr. Heffelfinger has indicated that the task force he has created will employ strategies similar to those of our Indian Drug and Alcohol grant at United Tribes, in that the plan will encourage U.S. Attorneys in Indian Country districts to work closely with Tribal leaders and tribal law enforcement personnel, as well as other Federal, local and state law enforcement personnel to ensure that law enforcement actions against methamphetamine manufacture, distribution and use in Indian country are carried out in a comprehensive manner that recognizes the needs of the various jurisdictions involved and most importantly, that addresses the law enforcement and safety needs of the citizens of Tribal Nations within Indian country. We believe this effort is an important step forward in combating methamphetamine use in Indian country.

vi. **Development of model tribal codes**. Currently, Three Affiliated is working on revision of their drug code to include methamphetamines. Many tribal codes are archaic when addressing illegal drugs as they were written several decades ago. As an exercise of tribal sovereignty, tribes need to revise or in some cases create tribal codes that will forcefully deal with drug offenders.

vii. **Development of culturally appropriate treatment modalities**. Currently, many treatment programs utilize some form of culture as part of their program. The Spirit Lake Nation Wellness and Recovery Center has identified the Medicine Wheel as the core of their treatment program. Through the teachings of the Four Directions and Circle of Life, the Wellness Center provides culturally sensitive treatment modalities to its clients with great success.

In addition to the task of creating and strengthening a Drug and Alcohol Task Force within the state of North Dakota, United Tribes is working with the tribes in the development of a tribal justice communications system. The overall objective of this system is to network the tribes in North Dakota to gather statistical data to demonstrate the extent of the drug problem as oftentimes the statistical information is difficult to find or simply does not exist. Moreover, the data collected by each tribe can be used to track offenders across jurisdictional boundaries as each tribe would have access to the information within the tribal justice communication system.

The information provided above is a brief synopsis of the nature of United Tribes Technical College's grant. To reiterate, the core concept of this grant is communication and cooperation. In order to successfully eradicate the methamphetamine problem, collaboration amongst tribal, local, state and federal governments is needed. This is the only solution.

From work completed under the grant, United Tribes has identified key findings among tribal populations within the state of North Dakota:

1. **Approximately 90% of individuals entering treatment programs at Turtle Mountain are methamphetamine related.**
2. **There is a low recovery rate of methamphetamine addicts, approximately 3%, due to the fact that the treatment length is not long enough.**
3. **Indian Health Service is not "coding", that is tracking, methamphetamine use so data is unreliable; there is currently no concrete data available.**
4. **Methamphetamine dealers are traveling from reservation to reservation.**
5. **Juveniles are being used as dealers and pushers because of lesser sanctions against juveniles.**
6. **House explosions are occurring on reservations because of methamphetamine labs.**
7. **For those reservation communities that have resident treatment facilities, there is a lack of bed space for new patients.**
8. **There are no treatment facilities within the state for juveniles, and the only long term treatment facility for adults is at the State Penitentiary.**

9. **Treatment time is not long enough for methamphetamine addicts; twenty-eight (28) days is not enough time, oftentimes the need for recovery for methamphetamine addicts is six (6) months or longer.**
10. **Lack of law enforcement: there is not enough funding to address the need on many reservations and due to recent budget cuts, the Turtle Mountain reservation will lose its drug investigators, Spirit Lake will lose a police officer when it currently has only one (1) officer on duty per shift.**
11. **There is a dramatic increase in the number of babies being born affected by methamphetamine.**
12. **Information is not being shared with community; we need to educate the tribal community so members know what is going on with methamphetamine.**
13. **Drug testing is not being done at all levels of employment in tribal community.**

The aforementioned findings are preliminary findings from Task Force meetings held to date. What these findings signify is the need for: (1) prevention, (2) coordination among governmental entities, (3) data collection, (4) better coordination among law enforcement agencies and (5) additional funding.

Identified needs for Prevention

1. Education regarding methamphetamines must start as early as the elementary school;
2. Sustainable, effective and culturally sensitive prevention programs for tribal communities;
3. Funding for adequate staffing of prevention programs;
4. Resources for after-school activities for youth.

Identified needs for Coordination amongst governmental entities

1. Adequate and available treatment for youth and adults; provide a better understanding of how the treatment process works for native people in the state-run system regarding treatment costs;
2. Collaboration and communication between governmental agencies to address treatment issues;
3. Communication between governmental agencies regarding improved funding mechanisms for treatment support and infrastructure;
4. Access to long-term treatment and payment for that treatment.

Identified needs for Data Collection

1. Appropriate technology in place at the tribal level;
2. Identification of the types of data the tribe would like to address;
3. Understanding that due to the lack of data, tribal communities are unable to track trends in substance abuse and are unable to demonstrate the disastrous impact methamphetamine has had on the community.

Identified needs for Coordination amongst law enforcement

1. Acquisition of more resources dedicated to prevention and investigation;
2. Development of cross-deputization agreements;
3. Commitment by local, state and federal law enforcement agencies to work with tribal law enforcement;
4. Access to law enforcement data from each level of government, particularly in the field of warrants for arrest.

Identified needs for additional Funding

1. Access to long-term treatment and payment for that treatment;
2. Additional funding for support staff for treatment, prevention, and law enforcement offices;
3. Additional funds for construction of residential treatment facilities and half-way houses;
4. Access to resources for use in establishing jobs for recovering addicts;
5. Additional funding to support tribal, local, state and federal Task Forces to ensure the lines of communication remain open between the governmental entities.

As is evident through the listing of preliminary findings and identified needs, the implementation of United Tribes Technical College's grant is a proactive and positive step toward eradicating the methamphetamine problem in Indian Country. Through collaboration and cooperation between all levels of government and continued support of grant programs that provide the opportunity to open the lines of communication between those levels of government, workable solutions will be identified and implemented to ensure the prosperity of future generations of Indian people.

Thank you for allowing me to testify today. I look forward to answering any questions the Committee may have.

STATEMENT OF THE CHILD WELFARE LEAGUE OF AMERICA
FOR THE HEARING ON
METHAMEPHETAMINE AND ITS IMPACT ON TRIBAL COMMUNITIES

UNITED STATES SENATE
THE COMMITTEE ON INDIAN AFFAIRS

APRIL 5, 2006

440 First Street, NW, Third Floor, Washington, DC 20001-2085
Phone 202-638-4004; Fax 202-638-4004; www.cwla.org

The Child Welfare League of America (CWLA) and our nearly 900 public and private nonprofit, child-serving member agencies nationwide applaud the U.S. Senate Committee on Indian Affairs for addressing the issue of methamphetamine (meth) use and its impact on children and on state and tribal child welfare systems serving tribal communities.

CWLA appreciates the attention and focus the Committee is providing on meth use. We commend you for focusing on two areas that have not received enough attention, the impact on Indian country and the impact on child welfare agencies and services. The spread of meth knows no boundaries and is proliferating to many states and communities not touched by its use just a few years ago. Indian country has not been exempt from the impact of this latest substance abuse problem. As part of our effort to contribute to your hearings and oversight, CWLA has gathered the following information both through research and through contact with our members in key parts of the country.

The Impact of All Parental Substance Abuse on Children

Although the focus of this hearing is on the issue of growing manufacture and use of meth, CWLA urges this Subcommittee, and all members of Congress, to address the impact of all substance abuse on the children that are forced to enter the child welfare system as a result of parental substance abuse addictions. Alcohol and other drug problems devastate the lives of hundreds of thousands of American children and their families each year. A major factor in child abuse and neglect, substance abuse is associated with the placement of at least half of the children in the custody of child welfare agencies.[1] Some estimates indicate that substance abuse is a factor in as many as two-thirds of cases of children with substantiated reports of abuse and neglect and in two-thirds of cases of children in foster care.[2] Furthermore, children whose parents use drugs or alcohol are three times more likely to be abused and four times more likely to suffer from neglect.[3]

While addressing this issue, it is important to not lose sight of the fact that substance abuse is a treatable public health problem with cost-effective solutions. We need to craft policies that recognize these interventions as important components of a comprehensive drug policy. Good assessment, early intervention, and comprehensive treatment are key to determining when and if a child can safely stay at home or be reunited with his or her family.[4] Information provided by SAMHSA indicates that women who participate in comprehensive substance abuse treatment longer than three months are more likely to remain alcohol and drug free (68%) than are those who leave treatment within the first three months (48%).[5] SAMSHA data also indicates that 75% of those women receiving comprehensive substance abuse treatment have physical custody of one or more children six months after treatment discharge.

Child Maltreatment in Tribal Communities

Accurate child maltreatment rates for the American Indian/Alaskan Native population is difficult to capture due to a variety of factors. These include differences in abuse definitions between "various sovereign Indian nations, overlapping and conflicting jurisdictions, [and a] lack of resources to assist tribal workers in reporting figures." [6]

The most recent data available shows that in 2003, 13,335 American Indian/Alaskan Native children were victims of abuse or neglect.[7] Of this, 11,137 American Indian/Alaskan Native children were in out of home care.[8]

Researchers have shown that even the data collected is sparse and does not fully reflect the full extent of abuse and neglect in the communities. Less than half the states are involved in tribal investigations. So information collected through federal data collection reporting systems is limited.[9]

The Impact of Methamphetamine Manufacture and Use on Child Welfare
The topic of this hearing is important because the most lasting effects of meth are on innocent children. Parental chemical dependency affects the well-being of all children involved. Parental substance abuse is a common factor in the majority of reports of child abuse and neglect, as it directly affects the ability of many parents to care for their children.

The use and spread of meth poses one of the more significant threats to children within the last several years. The devastation meth imposes on individuals, families, and communities, marks it as the most dangerous drug in America for the second consecutive year.[10] Meth use and distribution continues to be a critical and growing concern for the child welfare community. A 2005 survey by the National Association of Counties revealed that meth is creating a disastrous impact on communities and children. Child welfare officials responded that meth was the cause of 40% of out-of-home placements last year, and 59% stated that meth use is creating increased difficulty in family reunification.[11]

It has been suggested that in the 1980s, crack-cocaine caused a dramatic increase in the number of children entering foster care and today some would make the same argument about the use of meth and its impact on child welfare. There is one stark difference that is also an important lesson for national policymakers. The crack-cocaine problem began in our urban centers and spread from there. The meth problem started in areas that are more rural and is now spreading into a truly national epidemic. One of the tasks for policymakers is to make sure that wherever these challenges emerge, from rural or urban areas, they must be addressed as a national problem. The problems created by substance abuse constitute an ever-present national challenge that requires our child welfare system to be prepared to address the impact on children.

Increasing use of meth has challenged the abilities of child welfare agencies (tribal, state, and private) to protect the children involved. Child welfare agencies are forced to focus more of their time and resources on children impacted by meth and, as a result, essential child abuse and neglect prevention and support funds are diverted to providing foster care.

Children face many hazards while living in meth labs and are often the victims of maltreatment. In homes where drug addiction is present, necessities such as food, water, supervision, shelter, and medical care may only be an afterthought. Children can also be exposed to dangerous chemicals and the risk of explosions. As of 2003, fires or explosions occurred in 15% of meth labs. [12]

Studies have shown that meth production environments produce immediate and long-term health risks. Exposure to the precursor chemicals used in the manufacturing of meth can result in pulmonary irritation and pulmonary edema; severe corneal irritation; upper respiratory tract damage resulting in permanent lung damage; and bronchospasm, vocal cord dysfunction, and lung fibrosis among healthy adults.[13] For children, these effects are multiplied. The complete and lasting long-term health effects for children exposed to meth environments are not fully known,

however, recent reports from physicians and psychologists reveal significant concerns about the physiological and psychological conditions of children exposed to these environments. [14]

Between 2000 and October 15, 2005, methamphetamine lab seizures by local or federal law enforcement affected 15,192 children.[15] Early reports reveal that nearly 3,800 children were exposed to toxic chemicals, 96 were injured, and 8 died because of meth labs.[16] This does not account for the other meth-affected children who entered foster care through reports of abuse or neglect, or those who were never reported to state officials. The figures are considered underreported, as many states are only beginning to collect data representing the presence of children in a lab site. While it is important to document the number of meth labs seized, they account for only a small level of meth available in communities. While the passage of recent legislation aimed at preventing the home manufacturing of meth has resulted in decreases in meth labs, the National Drug Threat Assessment reports that this is easily offset by the increased production and distribution from Mexico.[17]More than 80% of the nation's meth supply is being imported to the U.S.

Child welfare workers report that the needs of children removed from meth labs are great when they experience prolonged periods of neglect. Outside of the immediate physical health concerns, these children may exhibit greater social, educational, emotional, and behavioral challenges than other children who enter foster care.[18] The lack of parental attention has not allowed the children to achieve appropriate levels of development and a child may face confusion and doubt in terms of which they can trust. These children have difficulty associating with peers and lack guidance in their everyday actions.[19]

We lack strong, reliable tribal specific information on the above factors, which speaks to the necessity of increasing the partnership of federal, state and tribal governments in the planning and response to meth.

Existing data on meth use affecting tribal communities is startling. The National Survey on Drug Use and Health shows that 1.7% of the American Indian/Alaska Native population reporting meth use in the past year.[20] This rate is only behind Native Hawaiians (1.9%) and those of two or more races (1.9%) as the highest rates of use.[21] Less than one percent of White, non-Hispanics, reported using meth in the past year[22], even though they account for 72.7% of those entering treatment with meth as a primary focus.[23] Native Americans represented only 2.2% of those entering treatment due to meth use.[24]

CWLA Member Experiences

CWLA members, representing the front line workers of child abuse investigations and care, have indicated that the impact of meth use on children and families in their communities is high. Stories are at times hard to imagine and heartbreaking. The current meth epidemic has devastated the lives of many in rural and tribal communities.

In one current case, a family was found to be living in their van that had been used as a mobile meth-lab. The family consisted of the mother, father, uncle and two girls' ages 5 and 6. The children did not know their own ages or birthdates, could not remember the last time they had showered or bathed, were covered in lice, and had few academic skills. The older of the two had obviously taken on a parental role in order to help and protect her younger sister and took on such responsibilities as picking lice out of her sister's hair. The girls living and sleeping space

was limited to a seat in the van that was shared with their Uncle. The rear of the van was packed with the family belongings including additional clothes that were damp and moldy.

Enforcement officials and social workers documented that chemicals were stored next to the girls in such a way that they were forced to step over them to enter and exit the vehicle. Weapons, including a loaded gun and two knives, were stored in easy reach of the children. Family photos were also found in the van that included pictures of the girls next to a fully set-up lab in the cooking phase. This type of environment has become an all-to-common experience for children living in toxic environments.

The impact of methamphetamine production and use has not only affected children and their immediate families. A Utah member agency reports that 100% of kinship caregivers in their grand families program are raising kin's children due to problems of substance abuse and nearly all of those are connected to meth.

The Impact of Methamphetamine on the Child Welfare Workforce

Tribal and state child protection workers are often among the first to investigate potential meth labs based on reports of neglect or abuse filed by schools, neighbors, or others. Child protection workers who perform investigations face extreme risk of physical safety due to users' heightened sense of paranoia, which can result in assaults against workers. Also, unknowing workers are at risk of chemical contamination as they enter the home.

As a result several state legislatures have enacted provisions within the past year that set strict protocols for child protection workers to follow if they suspect a meth lab is present. For example, a responder who suspects a meth lab should immediately leave the area, without informing potential suspects, and inform law enforcement of the situation.

Child protection workers also face additional challenges finding appropriate foster parents to provide care for children removed from families as a result of meth use. Eligible foster parents may not be willing or have the ability to accept children removed from these homes for fear of possible contamination and due to some children's behavioral problems that may require intensive therapy following removal.

CWLA'S RECOMMENDATIONS

CWLA strongly recommends that federal legislation focused on the growing meth dangers in this country include addressing the impact on children of parental meth use. Much of the recent focus and attention on the meth problem has been on the law enforcement response and action. Legislation is needed to strengthen the capacity of child welfare agencies who respond in order to protect children from abuse and neglect where meth is involved; enhance services for children removed from these homes; and increase prevention efforts for abuse and neglect. Congress can address these issues in several ways.

- **CWLA urges Congress to ensure that Native American tribes are full partners in addressing the problem of meth use.**
  All too often, tribal communities are left out of legislative solutions and funding. As members of this Committee and other congressional committees consider proposals that would provide funding to address the particular challenges created by this substance abuse problem, we urge you to provide tribes with direct access to these federal resources. Whether

funding is appropriated or authorized to address the interdiction, law enforcement, treatment, child welfare or workforce challenges now being created by meth, Congress has the duty to make sure tribes have direct access to these resources and recognize their authority to design interventions that are appropriate in Indian country.

- **Congress must pass S. 672 to provide Tribal Access to Title IV-E funds**
  Legislation currently before the Senate, S. 672 the Indian and Alaska Native Foster Care and Adoption Services Amendments of 2005, introduced by Senator Gordon Smith and co-sponsored by at least four members of this Committee including the Chair, Senator John McCain, would allow tribal governments direct access to Title IV-E Foster Care and Adoption Assistance. While not specific to the substance abuse problem, these federal funds are the single largest federal source of support to our nation's child welfare system. These funds subsidize foster care placements and adoption assistance. Tribes currently do not have access unless they can work out mutual agreements with state governments. Only about 70 of our 576 federally-recognized tribes have been able to reach such agreements, and many of these are of very limited in scope. The child welfare systems of tribal communities are massively underfunded, and this issue is of extreme urgency for Congressional action.

- **Congress must complete action on S. 1899, the Indian Child Protection and Family Violence Act**
  We urge members of the Senate and House to follow through on this Committee's recent work and to pass S. 1899, the Indian Child Protection and Family Violence Act. We also urgently recommend that Congress make clear its recognition of this priority in Indian country by fully funding the programs authorized by the act.

- **Congress must approve new resources for states and tribes to provide the substance abuse treatment necessary for parents involved in the child welfare system.**
  The Child Protection/Alcohol and Drug Partnership Act would provide new resources for a range of state activities to improve substance abuse treatment for families in the child welfare system. State child welfare and substance abuse agencies, working together, would have the flexibility to decide how best to use these new funds to enhance treatment and services. This bipartisan legislation, sponsored in previous sessions by Senator Olympia Snowe and Senator John Rockefeller and others from both parties, would enhance efforts to address substance abuse treatment as it affects child welfare systems. As part of this, Congress must ensure that tribal communities are partners in this effort in both planning and funding.

- **CWLA urges Congress to maintain, strengthen, and broaden the access to Title IV-E training funds.**
  As the challenge of parental substance abuse increases in many parts of the country, child welfare workers (including tribal, public and private agency workers) need to be well prepared. A small but important source of child welfare training is provided through Title IV-E Training dollars. Currently, federal funds cannot be used to provide training for private agency workers or court personnel who are involved in making decisions and providing services for abused and neglected children. Neither is this funding directly available to tribal programs, as emphasized earlier. This source of funding could enhance worker training if Congress were to amend the law as some recent legislative proposals have suggested, increase the appropriations available in response to the current epidemic, and expand the

access to include all governmental and non-governmental agency staff that are required to intervene.

- **Congress must take action to ensure the full implementation of the Indian Child Welfare Act (ICWA), passed in 1978.**
  This act sets forth the requirements of practice for state and county agencies and courts, when Indian children are taken into custody due to abuse or neglect. It makes clear the authority of tribes to intervene, to transfer jurisdiction from state to tribal court, and to provide services. Because there is no federal agency with clear statutory authority to oversee implementation, of ICWA, states have not consistently complied with this federal legislation. This issue is documented in a GAO study released in March of 2005[25], which recommends the Department of Health and Human Services as the federal agency in the best position to provide this required oversight. Congress must act to clarify this responsibility once and for all.

  A related issue is the lack of reliable state data on the status of Indian children. The GAO report recommends the development of appropriate data requirements for states, which must likewise be set within HHS as part of its oversight of the state SACWIS systems.

  A third critical issue in state ICWA compliance is that the Act envisioned full funding of tribal child welfare programs so that tribes would have the capacity to assume jurisdiction and provide the required services. Congress failed to appropriate this funding. Consequently, many tribes are not well positioned to assume the full authority they already have, and lack their own tribal court systems and service agencies.

CONCLUSION

CWLA commends the Committee for its focus on meth and the impact it plays on Indian country and on child welfare. The dangers of meth to children, the child welfare community, and the tribal community are such that it demands the immediate attention of Congress. Ensuring that tribal communities are full partners in the effort, Congress must act to support the establishment of enhanced meth treatment programs, allowing individuals to receive the help needed. Effective practice modalities must be established for child welfare workers that protect their safety. Greater research is needed to determine the long-term effects of this substance abuse problem. Education efforts must begin for our children, youth, and tribal communities that detail the dangers associated with meth and seek to curb future use. These efforts must also be targeted at those areas that are not currently experiencing a problem. Above all else, services and protection for the children removed from meth homes must be secured and strengthened. The capacities of tribal, state and county governments to intervene safely and to provide protections consistent with the requirements of the Indian Child Welfare Act must be ensured.

CWLA looks forward to working closely with this Committee to further promote the safety and security of the nation's children.

---

[1] Child Welfare League of America. (1997). *Alcohol and Other Drug Survey of State Child Welfare Agencies.* Available online at www.cwla.org/programs/bhd/1997stateaodsurvey.htm. Washington, DC: Author.

[2] U.S. House of Representatives, Committee on Ways and Means. (2004). Substance Abuse, Section 11. In *2004 Green Book.* Washington, DC: U.S. Government Printing Office.

[3] Wells, K. & Wright, W. (2004, Sept. 14). Medical Summit. Presented at Idaho's Second Annual Drug Endangered Children Conference, Post Falls, Idaho. Available online at: http://www.isp.state.id.us/DEC_Conference/2004Materials.html

[4] Physician Leadership on National Drug Policy. (1998). *Major new study finds drug treatment as good as treatments for diabetes, asthma, etc., and better and cheaper than prison.* (Press release of a study sponsored by Physician Leadership on National Drug Policy). Available online at: www.plndp.org/Physician_Leadership/Newsroom/Press_Releases/PR2/pr2.html. Providence, RI: Author.

[5] Center for Substance Abuse Treatment. (2001). Benefits of residential substance abuse treatment for pregnant and parenting women: Highlights from a study of 50 Center for Substance Abuse Treatment demonstration programs. Rockville, MD: SAMHSA.

[6] Cross, T. L. Earle, K. A., & Simmons, D. (2000). Child abuse and neglect in Indian country: Policy issues. *Families in Society, 81*, 49-58. As cited in Fox, Kathleen, A. (2003). Collecting data on the abuse and neglect of American Indian children. *Child Welfare, 82*, 707-726.

[7] U.S. Children's Bureau. (2005). *Child maltreatment 2003: Reports from the states to the National Child Abuse and Neglect Data System.* Available online at http://www.acf.hhs.gov/programs/cb/pubs/cm03/index.htm. Washington, DC: U.S. Department of Health and Human Services (HHS).

[8] U.S. Children's Bureau. (2005). *Child maltreatment 2003: Reports from the states to the National Child Abuse and Neglect Data System.* Available online at http://www.acf.hhs.gov/programs/cb/pubs/cm03/index.htm. Washington, DC: U.S. Department of Health and Human Services (HHS).

[9] Fox, K., A. (2003). Collecting data on the abuse and neglect of American Indian children. *Child Welfare, 82*, 707-726.

[10] U. S. Department of Justice. National Drug Intelligence Center. (2006). *National drug threat assessment 2006.* DOJ publication No. 2006-Q0317-001. Available online at http://www.usdoj.gov/ndic/topics/ndtas.htm Washington, DC: Author.

[11] National Association of Counties. (2005). *The meth epidemic in America. Two surveys of U.S. counties.* Available online at http://www.naco.org/Template.cfm?Section=Meth_Action_Clearinghouse. Washington, DC: Author.

[12] Swetlow, K. (2003, June). *Children at clandestine methamphetamine labs: Helping meth's youngest victims.* OVC Bulletin. U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime.

[13] Martyny, J.W., Arbuckle, S.L., McCammon, C.S., & Erb, N. (2004). *Chemical exposures associated with clandestine methamphetamine laboratories using the anhydrous ammonia method of production.* Available online athttp://www.nationaljewish.org/pdf/Ammonia%20Meth.pdf. New York: National Jewish Medical and Research Center.

[14] Martyny, J.W. (2005). *Congressional testimony to the U. S. House of Representatives Committee on Science.* Available online athttp://www.nationaljewish.org/pdf/Meth_Congressional_Testimony.pdf.

[15] United States Department of Justice. Drug Enforcement Administration. (Unpublished report, November 2005). (Report generated by El Paso Intelligence Center's National Clandestine Laboratory Seizure System and made available through the Freedom of Information Act). Washington, DC: Author.

[16] Office of National Drug Control Policy (2005). *Drug endangered children (DEC).* Available online athttp://www.whitehousedrugpolicy.gov/enforce/dr_endangered_child.html.

[17] U. S. Department of Justice. National Drug Intelligence Center. (2006). *National drug threat assessment 2006.* DOJ publication No. 2006-Q0317-001. Available online at http://www.usdoj.gov/ndic/topics/ndtas.htm Washington, DC: Author.

[18] Hohman, M., Oliver, R., & Wright, W. (2004). Methamphetamine abuse and manufacture: the child welfare response. *Social Work, 49*, 373-381.

[19] Swetlow, K. (2003, June). *Children at clandestine methamphetamine labs: Helping meth's youngest victims.* OVC Bulletin. U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime.

[20] Substance Abuse and Mental Health Services Administration, Office of Applied Sciences. (2005). *Methamphetamine use, abuse and dependence: 2002, 2003, and 2004.* (National Survey on Drug Use and Health Report). Available at: http://oas.samhsa.gov/2k5/meth/meth.cfm Washington, DC.: Author.

[21] Ibid.

[22] U.S. Children's Bureau. (2005). *Child maltreatment 2003: Reports from the states to the National Child Abuse and Neglect Data System.* Available online at http://www.acf.hhs.gov/programs/cb/pubs/cm03/index.htm. Washington, DC: U.S. Department of Health and Human Services (HHS).

[23] Substance Abuse and Mental Health Services Administration. (2005). *Treatment Episode Data Set (TEDS). Highlights – 2003. National admissions to substance abuse treatment services.* (DASIS Series: S-27, DHHS Publication No. (SMA) 05-4043). Available online athttp://wwwdasis.samhsa.gov/teds03/2003_teds_highlights.pdf. Rockville, MD: SAMHSA.

[24] Ibid.

[25] U. S. General Accounting Office. (2005). Child Welfare: enhanced federal oversight of IV-B could provide states additional information to improve services. GAO-03-956. Available online at: http://frwebgate.access.gpo.gov/cgi-bin/useftp.cgi?IPaddress=162.140.64.21&filename=d03956.pdf&directory=/diskb/wais/data/gao Washington, DC: Author.

NICWA
National Indian Child Welfare Association
Protecting our children • Preserving our culture

NICWA 5100 SW Macadam Avenue, Suite 300 Portland, OR 97239 T 503.222.4044 F 503.222.4007 E info@nicwa.org www.nicwa.org

STATEMENT OF THE

NATIONAL INDIAN CHILD WELFARE ASSOCIATION

PROVIDED TO THE SENATE COMMITTTEE ON INDIAN AFFAIRS

REGARDING

METHAMPHETAMINE AND ITS IMPACT ON TRIBAL CHILDREN AND FAMILIES IN THE CHILD WELFARE SYSTEM

APRIL 5, 2006

Terry L. Cross
Executive Director

President **Donne Harris-Fleagle,** Athabaskan *Vice President* **Tracy Charles King,** Assiniboine *Secretary* **Delores Greyeyes,** Navajo *Treasurer* **Dan Gargan,** Rosebud Sioux *Executive Director* **Terry L. Cross,** Seneca Nation

BOARD MEMBERS

Lou Anderson, Colville Confederated Tribes **William Clark,** Cherokee **Debra Foxcroft,** Tseshaht **Tex Hall,** Hidatsa **Judy Houck,** Coeur d'Alene **James Knapp,** Seneca **Chris Leith,** Mdewakanton Dakota

Art Martinez, Ph.D., Chumash **Robert Miller,** Eastern Shawnee **Don Milligan,** Cree / Assiniboine **Gary Peterson,** Skokomish **Sylvia Polacca,** Hopi / Tewa / Havasupai

Elizabeth Red Bear, Yakama / Nez Perce **Muriel Sharlow,** Ojibway **Lola Sohappy,** Warm Springs **Ernie Stevens, Jr.,** Oneida **Mary Tenorio, Ph.D.,** Santo Domingo **Gil Vigil,** Tesuque **Gloria Wilson,** Squamish

The National Indian Child Welfare Association submits this testimony on methamphetamine and its impact upon tribal children and families in the child welfare system. The focus of our testimony will be a national look at what we know about methamphetamine as a criminal and health epidemic affecting American Indian/Alaskan Native (AI/AN) people, the issues contributing to the impact in Indian Country, strategies for addressing the challenges affecting AI/AN children, and the recommendations. A brief description of the National Indian Child Welfare Association is provided below.

National Indian Child Welfare Association – The National Indian Child Welfare Association (NICWA) is a national, private non-profit organization dedicated to the well-being of American Indian children and families. We are the most comprehensive source of information on American Indian child welfare and work on behalf of Indian children and families. NICWA services include: (1) professional training for tribal and urban Indian child welfare and mental health professionals; (2) consultation on child welfare and mental health program development; (3) facilitation of child abuse prevention efforts in tribal communities; (4) analysis and dissemination of public policy information that impacts Indian children and families; (5) development and dissemination of contemporary research specific to Native populations; and (6) assisting state, federal, and private agencies to improve the effectiveness of their services to Indian children and families.

In order to provide the best services possible to Indian children and families, NICWA has established mutually beneficial partnerships with agencies that promote effective child welfare and mental health services for children (e.g., Substance Abuse and Mental Health Services Administration, Indian Health Services, Administration for Children, Youth and Families, National Congress of American Indians, Federation of Families for Children's Mental Health, and the Child Welfare League of America).

Introduction

The National Indian Child Welfare Association's mission is being dedicated to the well-being of AI/AN Indian children and families. This focus requires us to address issues, such as methamphetamine, that threaten the safety and well-being of tribal children and their families. In addressing these issues we understand that the ability of tribal governments to effectively respond is a critical element in helping these children and families heal and rehabilitate. In this testimony we will be specifically examining the role methamphetamine has in bringing tribal children into the child welfare system, how this impacts tribal children, families, and communities and key issues for tribal governments as they seek to respond. While we do not consider ourselves to be experts in methamphetamine in particular, we do posses considerable knowledge and experience regarding the interface between alcohol and substance abuse and involvement of AI/AN children and their families in the child welfare system.

Dealing effectively with methamphetamine and child abuse and neglect in tribal communities requires a commitment to involve all areas of government and community in planning and implementation. This includes supporting communities as they define the scope of the problem, create a sense of ownership, and develop community-based solutions. This involves many tribal agencies such as social services, law enforcement, health, and judicial, and reflects the cultural protocols and processes that tribes have defined for themselves as they address community issues such as these. Unfortunately, while tribal

governments are in the best position to define the problem and solutions, the limited resources of most tribes do not allow them to implement this knowledge and their related authority. Historically, much of the resources, authority, and responsibility for addressing child abuse and neglect in tribal communities was given to states or the Bureau of Indian Affairs, rather than tribes, which disrupted tribal capacity building and institutionalized responses that were not community derived. As examples, Public Law 280 of 1953 gave some states jurisdiction over child welfare matters on tribal lands involving AI/AN children. Federal funding sources that were used to support core child welfare services, such as Title IV-E Foster Care and Adoption Assistance, did not allow tribes to directly apply for the funds. Over time, the lack of recognition of tribal authority and the provision of resources being provided to non-tribal entities for services to AI/AN children has created a sense of hopelessness and dependency in many tribal communities that interfered with tribal efforts to nurture the responsibility that they do feel for the well-being of their children and families.

Nonetheless, since the 1970's after the passage of the Indian Self Determination and Education Assistance Act and the Indian Child Welfare Act there has been a rapidly increasing trend for tribal governments to develop and operate their own services. These federal laws recognized tribal rights to self-governance, the need to proactively fund tribal services, and the important role tribal governments play in developing and implementing effective solutions to the issues their community members face. Methamphetamine and its relationship to child abuse and neglect are prime examples of issues that require tribal involvement in all phases of intervention.

Our testimony will discuss:

- Effects of Methamphetamine in Indian Country
- Contributing factors
- The need for more information
- What some communities are doing about it
- What more is needed
- Recommendations

Effects of Methamphetamine on American Indian/Alaskan Native Children

Methamphetamine use in Indian Country is on the increase according to most tribe's and Indian organization's and is up to double that of other racial or ethnic groups according to some who have testified in this hearing. Meth results in violent crime, domestic violence, abuse (all categories, including sexual), and neglect of children. It is a health crisis for abusing parents and for children, including children addicted before birth. Suicides are closely associated with meth use. Meth is dangerous to all, including children, who are living in or are around meth labs. This includes exposure to toxic chemicals as well as the dangers of explosion and fire. While data on the scope of this problem in Indian Country, especially data that can provide a reliable national picture and is tribal specific, is essentially non-existent, and more reliable and targeted data is needed. However, the limited data that is available tells a disturbing story that links methamphetamine use with high risk for child abuse and neglect and subsequent placement of children in foster care.

NICWA estimates that approximately 85% of AI/AN children in the child welfare system have parents with alcohol or substance abuse histories, with the most indicated form of child maltreatment being neglect. Foster care placement rates of AI/AN children are already disproportionately high with tribal children being placed at a rate nationally that is 2-3 times higher than their population numbers should indicate. Other factors that increase risk for child abuse and neglect, such as poverty and unemployment, are already very high in most tribal communities. The increased presence of methamphetamine use in the tribal communities will likely push these placement figures higher and strain tribal governments already lean budgets.

Many of these children who get caught up in the child welfare system because of methamphetamine use by their parents, will be removed from their families and placed into foster care. Because treatment and recovery from methamphetamine addiction is significantly more difficult and takes longer than with alcohol and other substances, large numbers of these children will likely never return home again to their parents. Furthermore, many of these children will enter the child welfare system testing positive for methamphetamine as infants.

Factors Contributing to Methamphetamine use in Tribal Communities

A number of historical and current factors make tribal communities particularly vulnerable to the meth epidemic:

Several federal and state policies have served to weaken, rather than strengthen, AI/AN families and communities. The removal of AI/AN people from their lands, involuntarily placing their children in boarding schools or adopting them out in large numbers far from their families and communities, and other attempts to assimilate AI/AN people have taken their toll in the form of weakening family structures and repressing traditionally healthy ways of ensuring well-being. These policies resulted in generations of AI/AN people who were disconnected from their culture and the supports that helped maintain their well-being. Consequently, the supports that tribal culture offered were not available to many of these families raising the risk for serious social problems such as child abuse and neglect. Most AI/AN people suffer from unresolved inter-generational grief and trauma, and there are few supports or resources to help them with this. Consequently, it is not surprising that AI/AN children are removed from their homes and placed into foster care at a rate that is 2-3 times that of other children nationally and in some states, AI/AN children represent as much as 50 to 60% of the foster care population.

The geographic isolation of many tribal communities is a significant factor in both the manufacture and distribution of methamphetamine, and it is no secret that reservations have been targeted by distributors for both this reason and that the residents are demoralized and vulnerable to meth use. In addition, it is well documented that those vulnerable to the abuse of alcohol are easy targets for meth addiction.

Others have provided the committee with documentation of the law enforcement resources available on reservations compared to other governments including counties and states. Very few tribes have the resources to effectively combat the epidemic, either in terms of law enforcement or intervention and treatment of users.

All of these factors make many tribal communities particularly vulnerable to the meth epidemic, and the least well equipped or prepared to respond on their own.

While all tribal communities continue to struggle with these risks, however, many have become mobilized to create healthy communities capable of effectively dealing with these issues on reservation, as well as, joining forces with other outside agencies and jurisdictions.

What is Working in Tribal Communities

Tribal leaders who have presented testimony to the committee have given very encouraging examples of Tribal communities taking action either on their own or in concert with other governments. Community organization efforts are among the most promising of these. In addition, we offer comment on the following practices, which are proving fruitful where they are being implemented.

Agreements

In law enforcement, numerous tribes, in both Public Law 280 and non-Public Law 280 states have developed agreements to cross-deputize with local county law enforcement, and clarify roles through agreements or Memorandum of Understanding with tribal, Bureau of Indian Affairs, and state agencies. These collaboration efforts pay big dividends for Indian children and the tribes, as professionals involved in child protection find new and innovative ways to address problems, receive support from other professionals, conduct and receive joint training, and participate in larger community efforts to prevent child abuse and neglect.

When tribes have been in leadership positions with respect to investigations, whether they perform all the functions or not, better methods for investigation have been developed and utilized. Other benefits from tribes being in leadership positions include: greater community acceptance of investigative services; clearer expectations and definitions of what constitutes child abuse and neglect; and use of natural helping systems and other cultural practices that are more effective in protecting Indian children.

Agreements have also been helpful in the sharing of funding and other resources. While direct funding of tribal governments is always preferred, states that have been willing to join in partnership with tribal governments and share funding that is not accessible to tribes has helped improve tribal capacity. However, these agreements are not mandatory, often difficult to negotiate, and vulnerable to shifting political agendas and budget priorities.

Training and Technical Assistance

The development of culturally relevant trainings and technical assistance has helped many tribes initiate improvements in investigative services. NICWA has been instrumental in developing curriculum and training on child protection services that is tailored to the needs of tribal agencies. Our partnership with four of the 10 National Resource Centers in Child Welfare has enabled us to provide technical assistance

to tribes on topics such as child protection team development, interviewing skills, child abuse and neglect assessment, intergovernmental agreement, and investigation protocol development. However, even with NICWA's partnership, these resource centers are many times not able to respond to tribal requests for assistance and depend heavily on the National Indian Child Welfare Association to not only perform much of the work, but also subsidize a portion of it.

Justice practices

Strong tribal court systems have also had an important impact. Where they have been supported, tribal courts have been effective in prosecuting and deterring child abuse in tribal communities. Some courts have adopted more traditional methods of addressing child abuse that utilize elders and leaders from the community to influence positive changes in abusive behavior that are difficult to get in state courts. Tribal courts also support investigation by providing some oversight into the process and failures that may occur.

Prevention

Prevention of child abuse and neglect in Indian Country is one of the least supported child welfare activities, but has one of the highest potential benefits for Indian children, families, and tribal communities. Indian communities have characteristics that help protect children from abuse or neglect. Historically, tribes have had customs and traditions for regulating civil matter such as child custody. Tribal elders acted as judges; traditional chiefs governed as the protectors of child well-being. Clans, bands, societies, and kinship systems functioned as social service providers. The teachings of the past and natural prevention support systems continue to facilitate prevention today. When new families are intact, new parents can receive a lot of support. In tribal communities almost everyone knows everyone else. These networks of people can often help identify and support child abuse victims. When communities are intact and aware, neighbors, friends, and family can provide checks and balances against unacceptable behavior.

The key to prevention is making sure that services are community-based, culturally appropriate, and adequately funded. Promoting awareness of child abuse and neglect is the starting place and then facilitating ownership of the problem by the community follows. Everyone in the community who wants to support prevention efforts should have an opportunity to do so. Community involvement can take many forms from participating in larger community prevention planning, to helping out with child care for members of your own family that are experiencing stressful events. In Indian Country the primary approaches to prevention include, public awareness, parent support, child resistance education (safe touch and stranger danger, etc.), intervention to reduce problem behavior, social risk reduction (restoring cultural norms, substance abuse prevention, wellness projects, etc.), and promoting cultural strengths.

Traditional Healing Based Services

Issues related to utilization and effectiveness of services by Indian families is a critical factor in the ability of AI/AN children and families receiving treatment and becoming well again. It is well known that many tribal communities and families rely on natural helping systems or traditional healers in their pursuit of healing, which have been reported to be some of the most effective treatment. However, treatment services such as these are often not supported by state treatment providers, and providers such as the Indian Health Service or the Bureau of Indian Affairs have very limited funding for these services. Consequently, besides services availability being limited in many communities, services may not be culturally matched to the tribal community and their values, beliefs, customs, and traditions. This has a tendency to limit the effectiveness of treatment for Indian children and families, and provides a disincentive for families to seek mental health services from providers that only offer services in a mainstream model.

What has begun to surface is more advocacy for the establishment of treatment services that incorporate traditional healing. In 1999, the Substance Abuse and Mental Health Services Administration and the Indian Health Services entered into a partnership to promote the development of more culturally appropriate children's mental health services in Indian Country designed around the System of Care principles that encourage community-based and family involved service delivery. These agencies have funded over 15 tribes in their efforts to plan for children's mental health services, and the majority of these tribal grantees have gone on to implement their service designs by leveraging federal, state, county, tribal, and private funding. The services that they have designed and are now offering in several communities have had widespread community support and have reached children and families in ways that were not evident with other mental health treatment.

What is Needed Now

Coordination and partnership are significant requirements that tribes face in pursuing effective interventions, because of overlapping jurisdictions and the lack of tribal resources to intervene without the involvement of other governmental entities.

As described above, interventions in Indian Country can involve a variety of agencies, some of which are from different governmental entities (tribal, state, or federal). Each has a different experience, role, and authority. If efforts are not carefully coordinated, the opportunity for things to go wrong can happen very quickly with children becoming victims once again. Federal action is needed to support the development and implementation of comprehensive government-to-government partnerships involving states, counties, and tribes.

More flexible and secure funding is the most prominent item necessary for tribal communities to be able to design and deliver necessary services. Tribes receive small amounts of federal funding for child protection and other child welfare services. Others have already documented the significant disparities between funding for states and funding for tribes, in many areas of service. A more comprehensive and secure source of funding is needed to address current and future needs in tribal child welfare. The Pew Commission on Children in Foster Care examined the current federal child welfare funding system, and

developed several recommendations on how to reform this financing system and provide more effective oversight by courts. A number of the recommendations specifically identified tribal governments and the need to direct fund them from all the sources that states are eligible for including Title IV-E and IV-B.

Research and Data

While some tribal leaders are developing more reliable data on methamphetamine use in their local communities, we still lack comprehensive information about what is going on in tribal communities across the country. Tribes should be supported in developing their data systems, and there should be support for developing a national database to collect and track both the extent of the problem and progress in addressing it. NICWA has been actively involved in helping several tribal governments develop and pilot data collection systems regarding child abuse and neglect reporting, but much more is needed.

In addition, there should be a national resource center specifically to support tribes around promising or evidence-based practices in child abuse and meth intervention in Indian Country. Successful strategies employed by tribal communities should be identified and promoted, and further work done on improving outcomes for Indian families and communities.

Training and technical assistance for tribal child welfare personnel is another area requiring action. The proper investigation of child abuse and neglect is very sensitive and requires critical skills in interviewing, observation/interpretation, and evidence collection. These issues are only magnified in Indian Country where years of inappropriate investigation by non-Indian public and private agencies have created a strong skepticism of child protection services in general. For example, law enforcement personnel are often chosen as the first responders to complaints of child abuse and neglect; there primary training is in law enforcement techniques, which may not include how to carefully interview an Indian child that has been the victim of child abuse. Inappropriate techniques can lead to further trauma for the child and their family and possibly taint the evidence needed to prosecute offenders. Tribes also need help in developing or enhancing their capacity to investigate, including protocol and cross-agency agreement development. When methamphetamine is overlaid in the law enforcement or child protection agency response, the capacity and protocols are even more critical. Safety issues for investigating personnel are also a strong concern.

Treatment programs and services for child abuse victims are in very short supply. Evidence for this conclusion can be found by examining the Indian Health Service (IHS) budget regarding behavioral health services. IHS is the primary provider and funder of mental health services in Indian Country.

The IHS budget for fiscal year (FY) 2006 has $59.3 million for mental health services, which comprises approximately 28% of their total behavioral health budget. Indian Health Service reports that they have about 500 tribal contracted and federal IHS mental health providers who's primary role is to respond to chronically mentally ill adults. There is no data available on how many providers are child trained. When asked how much of the mental health budget goes to services for children, IHS is not able to provide a figure. This information was not available because there is no separate budget for children's mental health and information on the expense side is not collected. However, IHS service utilization data for

2005 indicates that 29.6% of mental health visits are for children and youth under 18, with 70.4% over 18. Applying this data to the budget figures, one can determine that roughly 8% of the IHS behavioral health budget is spent on children's mental health needs. Nationally, 40% of the American Indian population is under 18, indicating that Indian children are underserved. This leads many to believe that the IHS system is generally designed for adults with chronic mental illness, and does not have a specific program or focus designed to respond to children's mental health.

In addition, the Surgeon General in a report on mental health wrote that the need for mental health services is still great; availability of services is severely limited and a higher number of AI/AN people do not have health insurance than the average for Whites (U.S. Department of Health and Human Services, 2001). Where mental health, substance abuse and treatment programs do exist at the tribal level, they often are overwhelmed with trying to meet crisis proportion needs for both adults and children.

Recommendations

- Provide authorization for funding to allow all tribal governments necessary and equivalent resources to operate law enforcement, child protection services, and treatment responses on the same basis as states. Without this, it is difficult for tribes to participate as full partners in responding to methamphetamine and child abuse. Currently, tribes, unlike states, do not have access to federal funding source(s) that can support comprehensive child protection services. The funding should allow tribes to enhance existing child protection services or work to develop capacity to offer services in the future (planning, infrastructure development).

- Provide authorization for funding to build on and refine tribal child abuse and neglect data demonstration work that has already taken place over the last three years with an emphasis on collection of data, reporting and interface with the National Child Abuse and Neglect Data System (NCANDS). This will need to include specific information regarding methamphetamine as it relates to child protection.

- Provide for the establishment of a national technical assistance and training center designed to support tribal programs, including leadership, tribal law enforcement, and child welfare services in all areas of child protection, including comprehensive training for tribes regarding methamphetamine and effective prevention and response strategies.

- Authorize expanded funding for drug abuse treatment services for both states and tribes. Currently, the mental health and drug abuse treatment services for families involved in either tribal or state child welfare systems is severely limited and does not begin to address the need. Services for AI/AN children and their families must be designed and delivered by tribal entities to ensure appropriate approaches and healing services; this must be supported by federal agencies.

Conclusion

Child protection has to be one, if not the most, important government responsibility. We know that rates of child abuse and neglect of Indian children are higher than that for many other ethnic and racial groups, and the system for protection of Indian children is fragmented and needing attention. We also know that resources to address this issue from prevention to prosecution are not nearly enough to get the job done, and we know that methamphetamine use is increasing in Indian Country and involved in perhaps the majority of child abuse and neglect cases we are seeing now in tribal communities. This is the reality for thousands of Indian children, their families, and communities. Tribal governments have the authority, responsibility, and knowledge to set things right, but resources to exercise that authority are not available.

Decisive action by Congress is required to provide the funding, coordination, and supports necessary for tribes to build strong communities capable of preventing child abuse and neglect and the risk factors contributing to them, including methamphetamine. We look forward to action by the Senate Committee on Indian Affairs, and to the possibility of our collectively dealing with the current crisis and improving outcomes for our families.

We thank the Committee for inviting us to provide testimony and look forward to continuing the good work of ensuring protection and well-being for Indian children, families, and communities.

STATEMENT OF GARY L. EDWARDS
CHIEF EXECUTIVE OFFICER
NATIONAL NATIVE AMERICAN LAW ENFORCMENT ASSOCIATION ("NNALEA")

BEFORE THE SENATE COMMITTEE ON INDIAN AFFAIRS,

REGARDING THE PROBLEM OF METHAMPHETAMINE IN INDIAN COUNTRY

April 05, 2006

Introduction

Mr. Chairman, Mr. Vice-Chairman and distinguished members of the Committee, my name is Gary Edwards and I am the Chief Executive Officer of the National Native American Law Enforcement Association (NNALEA). I am honored and pleased to appear before the Senate Committee on Indian Affairs, regarding the "Problem of Methamphetamine in Indian Country." Thank you for this opportunity to address you today.

Background on NNALEA

As many of you may be aware, NNALEA is a not-for-profit public service organization founded in 1993, which among other things, provides a forum for the exchange of ideas and new technologies, and establishes networks for training, collaboration, technical assistance, information sharing and investigative assistance between federal, tribal, state and local entities and between all levels of government and the private sector. NNALEA has conducted National Training Conferences across the United States, and is currently planning its fourteenth (14) such Conference for November 14 -16, 2006 in Albuquerque, New Mexico. The theme of this year's conference is "The Indian Country Methamphetamine Initiative." Other significant training at the 2006 NNALEA National Training Conference will include: "Tribal Homeland Security"; "Protecting of Tribal Youth;" and "Tribal Law Enforcement, Courts and Detention."

"The Problem of Methamphetamine in Indian Country"

It has become common knowledge that Methamphetamine ("Meth") is a nationwide problem that is affecting both tribal and non-tribal communities. Symptoms experienced by communities plagued by Meth include surges in:

* Violent Crime;
* Drug and Booze Parties;
* Domestic Violence;
* Sexually Abused Children;
* Drug-Addicted Babies;

* Violent Paranoia;
* In-Home Lab Explosions and Fires; and even
* Death.

What, however, may not be common knowledge is that Meth appears to be a bigger problem for tribal communities in relation to non-tribal communities. In addition, most tribal communities are more susceptible to Meth problems, than are non-tribal communities. There are at least four (4) reasons for these differences.

One reason is the correlation between Meth and alcoholism. More particularly, research suggests that Meth distribution plans (i.e., of smuggling cartels) identify alcohol addicts as a primary consumer base targeted for Meth distribution. Unfortunately, the ethnic group with one of the highest rates of alcohol addicts is Native Americans. Accordingly, Native Americans and their tribal communities are and have been prime targets for Meth distributors.

A second reason pertains to the financial conditions of most tribal communities. Most tribal communities rank at or near the bottom of most financial parameters. As such, members of these tribal communities who utilize illicit drugs are inclined to use the "cheaper" drugs. Meth is one of the cheapest of all illicit drugs thereby making it a drug of choice by drug abusers in tribal communities.

A third reason pertains to the geography of many Tribes. More particularly, research suggests that the majority of Meth distributed in tribal communities is smuggled through the U.S. borders with Mexico and Canada. In its recent TBS Pilot Program, NNALEA and its partners identified forty-one (41) Tribes who had tribal lands located within one hundred (100) miles of the U.S. borders with Mexico and Canada. In participating in the TBS Pilot Program, the majority of the participating Tribes reported that they had encountered drug smuggling across their respective borders. Undoubtedly, these tribal communities, among others, are and have been prime targets for the distribution of Meth by smuggling cartels.

A fourth reason pertains to the numerous jurisdiction issues that confront Tribes that do not confront many non-Tribal communities. Examples of such issues are Public Law 280, and outdated tribal codes wherein Meth is not specifically identified as a crime.

Thus, it is very important that tribal communities be a top priority in the "War Against Meth." NNALEA believes, and agrees with the current administration, that this "War Against Meth" should focus upon the following: (1) Prevention and Treatment; (2) Law Enforcement; (3) Education; and (4) Management of Meth's Unique Consequences.

In addition, NNALEA believes that an Indian Country Drug Czar should be appointed to specifically assist the National Drug Czar with the "War Against Meth." This Indian Country Drug Czar should be tasked through the BIA-OLES office. Further, to fight the "Indian Country War Against METH," NNALEA suggest that additional funding be provided to the BIA-OLES in the amounts of: (1) $5 million for Indian Country law enforcement support in FY 06 and $10 million for Indian Country law enforcement support in FY 07; (2) $7 million for Indian Country

detention facilities , staffing and training in FY 06 and $10 million for Indian Country detention facilities, staffing and training in FY 07; and (3) $3 million for coordination of the "Indian Country War Against METH" five year strategic plan in FY 06 and $5 million for coordination of the "Indian Country War Against METH" five year strategic plan in FY 07.

NNALEA also recommends a funding increase of $5 million for the Indian Health Service to plan and implement its strategy for the "Indian Country War Against METH" in FY 06 as well as a funding increase of $10 million for the Indian Health Service to plan and implement its strategy for the "Indian Country War Against METH" in FY 07.

Tribes also are affected by broader processes such as: homeland security issues; global warming; population growth, and globalization. METH is both a problem in itself and a symptom of broader stress for Indian Country. The USA Patriot Act, additional funding and an Indian Country Drug Czar are weapons in the "Indian Country War Against METH" as well as for the fight against the broader stress issues for Tribes. However, winning the "Indian Country War Against METH" will be achieved by Tribal leaders, Tribal councils, Tribal elders and Tribal communities that carry the "War Lance" symbolizing that Indian people will not tolerate drug use!

In closing, I think that the words of the great Sioux Chief, Sitting Bull are appropriate here -- "...let us put our minds together and see what kind of a future we can build for our children."

Hope is strong medicine --"Keep Hope Alive." I am happy to answer any questions you may have.

Respectfully Submitted,

Gary L. Edwards
Chief Executive Officer
National Native American Law Enforcement Association

TESTIMONY
OF
JEFFERSON KEEL

FIRST VICE PRESIDENT, NATIONAL CONGRESS OF AMERICAN INDIANS

BEFORE THE

UNITED STATES SENATE COMMITTEE ON INDIAN AFFAIRS

OVERSIGHT HEARING ON THE PROBLEM OF METHAMPHETAMINE IN INDIAN COUNTRY

APRIL 5, 2006

Good morning Chairman and distinguished committee members. It is an honor to be invited to provide testimony before the Senate Committee on Indian Affairs. I am Jefferson Keel, First Vice President of the National Congress of American Indians (NCAI), and Lieutenant Governor of the Chickasaw Nation. As the oldest and largest national Indian advocacy organization in the United States, NCAI is dedicated to advocating on behalf of our member tribal governments on a broad range of issues affecting the health, welfare, and self-determination of Indian Nations. I greatly appreciate the opportunity to be with you here today to discuss the issue of Methamphetamines in Indian Country. In particular I would like to thank Chairman McCain for hearing our calls from President Garcia of NCAI and Indian Country to hold a comprehensive discussion on this issue.

I. METHAMPHETAMINE IS AN AMERICAN PROBLEM UNIQUELY AFFECTING INDIAN COUNTRY

The abuse of methamphetamines is quickly becoming an epidemic in much of America. It is a poison that is infiltrating many of our communities and touching all our families. Unfortunately, lack of adequate law enforcement resources, difficult jurisdictional issues, historical struggles with addiction, limited governmental resources, and all of the complexities that come with poverty have made Indian reservations a target by external drug traffickers and disproportionately vulnerable to all aspects of methamphetamine from manufacturing to abuse. With limited resources at our disposal, many of our communities in Indian Country are at risk of being completely depleted in tackling this epidemic.

Throughout the United States, methamphetamine use has grown widely as evidenced by the huge increases in methamphetamine lab seizures and admission rates to treatment centers. Particularly throughout the West and Great Lakes regions, Indian reservations have been hard hit by methamphetamine manufacture, trafficking and abuse as widely reported by federal and tribal law enforcement and medical officials.

According to one law enforcement official, the Navajo Nation has experienced a more than 100 percent increase in methamphetamine use in the last five years, and the FBI estimates that up to 40 percent of violent criminal cases on the Nation involve methamphetamine. On the Wind River

Reservation in Wyoming, a Reservation specifically targeted by Mexican methamphetamine cartels, criminal charges for drug possession increased 353 percent, assaults tripled, theft doubled, and child abuse increased by 85 percent. Gary Edwards, CEO of the National Native American Law Enforcement Association will elaborate on the law enforcement implications of these staggering statistics. Today I will share with you the broad, overwhelming and far reaching implications that methamphetamine is having on all facets our communities that are facing this poison, and Indian Country's vision to address this problem.

II. METHAMPHETAMINE IMPACTS ALL FACETS OF TRIBAL LIFE

In many of our Tribal communities, methamphetamine has infiltrated and impacted all aspects of life. The destruction caused by methamphetamine threatens to dwarf the problems we have seen caused by alcohol. In particular, it is taking a severe toll on those most vulnerable in our community, our children. Many communities are reporting increases in child neglect. It is wiping out already insufficient health care resources. It is not only poisoning our souls, minds and bodies, but the highly toxic methamphetamine labs are irreversibly poisoning our homes, our lands, and our water supplies; and stretching those who serve us, our law enforcement officials, our public works staff, and our child protective services workers to the breaking point.

The costs of addressing the methamphetamine epidemic in Indian Country are becoming too high for many Tribes to even fathom or calculate at this time. As a point of comparison, according to economists, the cost of direct damages from methamphetamine for just one county in Oregon was $102.3 million. This estimate includes direct damages such as property crime, fires, property clean-ups, foster care, and health care, but does not even include indirect costs of law enforcement, courts, treatment, or incarceration associated with methamphetamine abuse For Indian communities that are just barely operating within the margins, communities that are just able to stitch things together on a day-by-day basis, this epidemic is overwhelming and distressing.

Affecting All Generations and Genders. Methamphetamine is one of the few drugs in America that women abuse at the same rates as men. The implications of this fact for our families and children are staggering. Methamphetamine is affecting all the citizens of our nations.

Methamphetamine knows no age boundaries. Children as young as eight and nine have been discovered abusing methamphetamine. And perhaps as disturbing, even our elders are not safe from the poison. Recently three generations of relatives were arrested as methamphetamine dealers on the Navajo Nation, a great-great grandmother of 81, a grandmother of 63, and her daughter of 39. In addition, two of the great-grandchildren, aged five and one were living in the home.

Child Abuse and Neglect. We have been receiving information that in many of our Indian communities methamphetamine abuse is dramatically increasing incidents of child neglect and abuse, and the number of Indian children being removed from their homes. We seem to be seeing an alarming increase in rates of neglect. It is small consolation that, historically, unlike most other American communities drug and alcohol abuse in Indian Country has resulted in higher incidents of neglect, rather than abuse.

The National Indian Child Welfare Association (NICWA) estimates that 80-85 percent of the Indian families in child welfare systems have drug or alcohol abuse issues. For the Ute Indian Tribe in Utah, over 90 percent of their child welfare removals are due to the use of alcohol and drugs, including the use of methamphetamine. There is a frightening trend seen in California which has had early exposure to methamphetamine and has been struggling with this poison for at least 20 years now. The California Indian Legal Services (CILS), working with dozens of tribes, has handled thousands of cases involving the involuntary placement of Indian children, probably more cases than any other organization or law firm in the country. Today nearly every single case they work with in which an Indian child is taken from their home, one or both of the parents is using methamphetamine, or the baby itself was born testing positive for methamphetamine.

Many of our communities are also reporting heart-breaking statistics regarding increases in the number of our babies being born testing positive to methamphetamine exposure. The child protective services of the Salish and Kootenai Tribe of Montana recently placed its 30th newborn baby in foster care after being born testing positive for methamphetamine. And I believe San Carlos Apache Tribal Chairwoman Kitcheyan will report that over 60 babies in her community have been born testing positive. We all are far too familiar with the long term effects and extraordinary costs of alcohol and cocaine use by the mother on the development and health of children and are praying we do not see the same with these children.

As a wave of methamphetamine use or methamphetamine enforcement increases, child protective services often experience a spike in the number of children in their custody in a particular month, wiping out months of resources. Tribes need direct and flexible federal funding to address the methamphetamine issue.

Currently, Tribes receive very little federal funding to help design and implement child abuse prevention and foster care program. What grants are available primarily force tribes to compete with states for limited funding. NCAI recommends that Administration for Children and Families under the Department of Health and Human Services, develop a separate tribal child abuse prevention fund to assist tribes with this important work.

In addition, Tribal governments are currently not eligible to apply for and receive allocations from the Title XX Social Services Block Grant program, despite the fact that tribal population numbers are used to determine individual state allocations. States are not mandated to share Title XX funding with tribal governments in their states. Tribes are placed in a precarious situation, making them very vulnerable to spikes in need. Tribes are struggling with these dramatic increases in need with no new resources. Instead they are forced into shuffling and creatively working with resources that were already over-taxed.

Depleting Already Limited Health Care Resources. Methamphetamine is quickly and dramatically depleting already limited health care resources. It is estimated that IHS and Tribal health programs are funded at less than 60 percent of the level needed to provide adequate health care services. Treating methamphetamine addiction is extremely costly in comparison to other forms of addiction, and the long-term health problems it creates are never ending. IHS patient encounters for methamphetamine related visits are growing at an alarming rate.

Treatment of methamphetamine addiction and treatment of the wide variety of acute and chronic health problems associated with methamphetamine use has resulted in significantly higher costs to an already under funded Indian health system. For example, last year 90 percent of the behavioral heath payments made by the IHS Portland Area Office were to purchase specialty services due to methamphetamine related cases. 90 percent. This leaves little to nothing left to cover the other behavioral health issues our communities are desperately struggling with, like teen suicide.

In addition to the short-term behavioral health and treatment costs, methamphetamine use also leads to chronic physical diseases such as hepatoxicity and neurotoxicity, requiring long-term expensive treatment. We are also struggling to deal with the health issues children are experiencing who have been exposed to methamphetamine use or manufacturing in their homes.

Last year, HHS awarded $16.2 million for methamphetamine abuse prevention in eleven rural communities across the United States. Unfortunately, none of these grants were provided to tribes. We are asking Congress to please ensure that tribes are included in all health related methamphetamine grants and funding opportunities as we are the frontline of this battle.

And, we are urgently calling on Congress to please *finally* pass the reauthorization of the Indian Health Care Improvement Act to try to help us modernize our health care system to deal with these growing complicated issues.

Infiltration of Tribal Housing and Environmental Hazardous Clean Up. Methamphetamine labs are contaminating homes, lands and water supplies. Tribal Housing Authorities are at the forefront of this issue. As you know access to adequate and safe housing is already a struggle within our communities.

Tribal Housing Authorities are facing homes contaminated from methamphetamine labs and heavy methamphetamine use, seriously burdening limited housing resources to address decontamination and clean up. There are no proven safe levels of methamphetamine residue. The chemicals used to produce methamphetamine contaminate the walls and floors in homes, and the run off from the chemicals infiltrate waste water treatment facilities as well as fresh water supplies. The chemicals being used to manufacture are ever-changing, and we are unable to keep up with testing, clean up methods, and clean up costs for former methamphetamine labs because the cost is astronomical. The High Intensity Drug Trafficking Area Office estimates that the average cost to decontaminate a home that has been used as a methamphetamine lab is nearly $10,000. In the Dakotas in particular, companies specializing in hazardous material removal have been charging tribes exorbitant prices for their services, prompting an FBI investigation.

In addition to destroying tribal homes and water resources, the environmental hazards are effecting our public servants, law enforcement, tribal Hazmat offices, housing authorities, public works, and child endangerment workers who are all having to enter into toxic homes unprepared and untrained on how to best protect themselves and others in these homes.

Tribal TANF Programs. Another perhaps unforeseen impact of methamphetamine is on tribal Temporary Assistance to Needy Families programs. California Indian Legal Services has served as counsel to numerous tribal TANF programs and has experienced methamphetamine abuse as a

significant contributor to poverty. A significant percentage of tribal TANF families have an adult member who was a methamphetamine user, and thus a significant percentage of TANF funds must be used for substance abuse services, counseling and testing. Vocational training and other income enhancing services have to take a back seat to first getting these families healthy and off drug dependency.

III. CREATIVE STRATEGIES

While our communities have struggles ahead of them with methamphetamine abuse, we also have a vision for dealing with this poison. We recognize the crisis, but we see solutions. Indian Country has a plan and has been incubating a number of ideas to help our communities deal with this epidemic. Today I would like to share some of the projects many of our communities have undertaken and our plan for next steps, in hope that they might be of interest to other communities facing the same struggles.

LAW ENFORCEMENT

Strict Tribal Anti-Methamphetamine Criminal Codes. Some tribal criminal codes are outdated and do not specifically outlaw more modern drugs such as methamphetamine. Tribes are moving to modernize their criminal codes within Congressional restraints to better protect their communities. Many tribes such as the Red Lake Chippewa of Minnesota have passed comprehensive anti-methamphetamine criminal codes that address not only possession but include extensive coverage of pre-cursor chemicals and carry the maximum penalties currently allowed under federal statute, up to a year in jail and a $5,000 fine. Other tribes are following suit and sharing together "model methamphetamine codes."

Cooperative Tribal Criminal Jurisdiction. The Flandreau Santee Sioux Tribe's lands are situated within the City of Flandreau, South Dakota, creating a difficult shared jurisdiction scenario. Beginning in 2000, after years of struggling to find a solution, the Tribe entered into a joint power agreement with the City of Flandreau. The result has been a single police department governed by a Public Safety Commission composed of tribal and city representatives. The department consolidates resources, delivers law enforcement services for the City of Flandreau and for all the tribe's trust lands, while training officers to deal respectfully and responsibly with all citizens, Native and non-Native. The Tribe is pioneering a new intergovernmental relationship in a crucial area of public safety and recently won a Harvard Kennedy School Excellence in Governance Award.

Inter-Jurisdictional Task Forces/Memorandums of Understanding. Local and regional inter-jurisdictional task forces and Memorandums of Understanding between Tribal, federal, state, and local law enforcement agencies have been integral to successful public safety efforts and most major recent methamphetamine interdiction efforts. These cooperative agreements are particularly important in light of the difficult criminal jurisdictional patchwork that continues to exist within our communities.

In 2004, my tribe, the Chickasaw Nation took over our own law enforcement from the BIA. Since then the Lighthorse Police Department has grown to include 22 officers and multiple support staff. We assert jurisdiction over our Tribe's 13-county area.

Recently, the Lighthorse Police worked together with the DEA, the Oklahoma Bureau of Narcotics and Dangerous Drugs Control, the Oklahoma Highway Patrol, the Bureau of Indian Affairs, and the Bureau of Alcohol, Tobacco, Firearms and Explosives on Operation 700 Ranch Round-Up, which has resulted in one of the biggest methamphetamine busts in the region.

Satan's Disciples, a violent street gang from Chicago, had set up shop in many of our communities in southern Oklahoma and northeastern Texas. Together our task force seized more than 15 pounds of methamphetamine, confiscated $161,000 in cash, 49 weapons, and over 50 people have been arrested so far.

The key to success in this task force, however, was that all agencies respectfully recognized they were working within a tribal community, that the tribe is a partner, and that respecting tribal sovereignty and self-determination were key to the process.

Alternative Sentencing and Family Courts. Many of communities are creating alternative sentencing options and designing alternative, family, and drug courts that better integrate traditional ideals and healing. For example, with approximately 90 percent of its open child welfare cases related to methamphetamine, the Yavapai-Apache Tribe of Arizona is seeking resources to establish a family health court to better address the underlying issues of the addiction in a holistic and culturally appropriate manner.

Banishment. Some Tribes, like the Lummi Nation of Washington, are fighting methamphetamine with one of the most fundamental sovereign rights, the right to remove non-members and banish Tribal citizens from their reservation. Darrell Hillaire, the chairman of Lummi, has reported that 41 percent of the 1,200 children born on the reservation in the last 10 years have been affected by drugs. As such, Lummi has made fighting methamphetamine a top priority by banishing drug traffickers from the reservation, burning down a house that was used to sell drugs, and opening a youth treatment facility and a youth safe house.

PREVENTION/TREATMENT

Cherokee Children's Marbles Game. For Cherokee children in Oklahoma, the traditional game of Cherokee marbles has been passed down for generations, but in the past 2 years it has taken on a different meaning. At public elementary and middle schools across 14 counties, a demonstration program called Use Your Marbles, Don't Use Methamphetamine sets up the game as a strategy to prevent use of methamphetamine.

White Bison and One Sky Center. White Bison and the One Sky Center in Oregon are examples of substance abuse and wellness programs that integrate culturally appropriate programs. White Bison offers sobriety, recovery, addictions prevention, and wellness/Wellbriety learning resources to the Native American community nationwide. White Bison has recently began focusing on developing a treatment program for methamphetamine users. Their first initiative includes a conference later this month that will be looking at methamphetamine addiction recovery programs. From this conference, White Bison will be developing their own community-based and implemented programs that specifically address methamphetamine addiction. The One Sky Center is

the first National Resource Center for American Indians and Alaska Natives dedicated to improving prevention and treatment of substance abuse and mental health.

Ute Family Group Meeting Model. The Ute Tribe of the Uintah & Ouray Reservation of Utah, has adopted a more traditional form of deciding how to best take care of children who have been in methamphetamine homes. In their Family Group Meeting Model, the family and all interested parties, agencies and individuals meet to decide what is going to be the long term foster care plan for the child and family. Every member voices their concerns about what is in the best interest and future of the child and family. From this meeting evolves a plan for the child and the parent who had the child removed from their home. Such a plan might mean the parents would have to enter a tribal in-patient alcohol and drug facility, or attend parenting classes, but all parties become stakeholders in the process and outcome.

CLEAN-UP

National American Indian Housing Council Hazardous Material Training. Many of our tribal Housing Authorities recognized the problem of methamphetamine labs long before the rest of our community. As such, the National American Indian Housing Council (NAIHC) responded and has taken the lead in developing and providing extensive training on both the identification of and safety surrounding Methamphetamine labs. What started as a small one time training elicited such demand, not only from housing authorities, but law enforcement, child protection and all of the community, that in the last year alone the Housing Council has provided 49 different training sessions to over 2000 people. The sponsoring organization Tlingit-Haida Regional Housing Authority (THRHA) and the National Congress of American Indians (NCAI) — opened the training to fellow community members. Just a few weeks ago in Juneau, Alaska a hotel maintenance man busted a methamphetamine lab in one of the hotel rooms as a direct result of these trainings. The hotel maintenance man had attended the training, was not an Indian housing employee and not even a tribal member, but utilized his knowledge from the training and helped the entire community. NAIHC is now working with a native owned Hazmat company to provide training to certify tribes themselves for clean-up so they can provide the services in-house.

IV. NEXT STEPS

Within our conversations and convenings, tribal leaders have ranked public safety, and methamphetamine, as their number one priority. Few times in NCAIs history have we seen such unanimity in this focus. Tribal leaders are committed to protecting their communities and their families. They are committed to eradicating methamphetamine in the communities it has infiltrated, and stopping it from spreading to any new communities.

Tribal leaders have plans and a vision. The Isleta Pueblo of New Mexico, for example, with an estimated 10 percent of their population having been exposed to methamphetamine in some way, has an entire matrix plan addressing primary care, mental health, emergency department, addiction treatment, environmental health, and health education.

Tribal leaders have asked NCAI to help coordinate Indian Country's Methamphetamine Initiative at the national level. As such we have already begun a series of meeting with tribal leaders, which will

be continued at upcoming conferences on methamphetamine treatment and housing issues. NCAI's Policy Research Center has launched a methamphetamine website to help pull information on all methamphetamine resources and efforts in Indian Country to one place. NCAIs Policy Research Center will be creating and administering an extensive survey for a tribe-by-tribe census of methamphetamine problems, resources and efforts, and will be developing with the Tribes stronger data collection and dissemination methods.

NCAI is forming a series of coordinating subcommittees to help various national Indian organizations, tribes, regions to best coordinate their efforts.

In February, NCAI President Joe Garcia officially announced NCAI's Indian Country Methamphetamine Initiative and issued a "Call to Action" to address Methamphetamines in Indian Country. He called for three immediate responses (1) a joint hearing of the Senate Committee On Indian Affairs and the House Resources Committee, of which we are very grateful to the Chairman for holding this hearing today, (2) a call for tribal leaders to form reservation initiatives on methamphetamine and drug enforcement and prevention, which the previously discussed examples show is starting to occur, and (3) a call for a White House initiative for interagency cooperation to address methamphetamine and drug enforcement and prevention in Indian Country.

Centralized Coordination of Federal Indian Country Methamphetamine Resources. The White House has also already taken note of President Garcia's request, and we appreciate their increased attention to this issue in recent weeks. In particular, inter-agency cooperation is already beginning to take form. Nearly all of the offices within the federal government that deal with methamphetamine in Indian Country met with NNALEA and NCAI last week to begin this conversation.

We hope to continue to see extensive White House involvement in a coordinating role for the federal agencies, with NCAI and tribal leaders serving on the Tribal side of the partnership. Perhaps in the upcoming reauthorization of ONDCP Congress can create a permanent Deputy Director for Indian Country.

This increased attention and coordination by the administration has already resulted in real actions. We would also like to thank Attorney General Gonzalez for visiting the Yakama Reservation in Washington last week to announce the Department of Justice's increased funding for Methamphetamine Investigation Training for Tribal law enforcement.

Creation of Federal Agency Tribal Liaisons. We also call on all federal agencies that do not currently have an American Indian and Alaska Native tribal government liaison or Indian Country desk, such as the DEA, to institute such a position.

Increased Programmatic Funding Directly Supporting Tribal Efforts. In addition, Indian Country needs increased resources in the programmatic areas of the agencies with expertise in relevant areas to directly support Tribes. We hope to see increased funding to programs and grants which directly assist Tribes with their prevention, enforcement, and treatment efforts. Tribes have proven they have good ideas for what works best for their communities. They are a good investment and the best medium to address methamphetamine in their communities.

- **Increase funding for Tribal Courts.** Tribal judicial systems are necessary for maintaining order in tribal communities. Congress recognized this need when it enacted the Indian Tribal Justice Act, specifically finding that "tribal justice systems are an essential part of tribal governments and serve as important forums for ensuring public health and safety and the political integrity of tribal governments" and "tribal justice systems are inadequately funded, and the lack of adequate funding impairs their operation."
    - While the Indian Tribal Justice Act promised $58.4 million per year in additional funding for tribal court systems starting in FY 1994, tribal courts have yet to see any funding under this Act.

- **Renew and expand the COPS program.** Current funding for tribal law enforcement and first responders lags well behind that for non-tribal law enforcement. According to the Bureau of Justice Statistics, cities like Baltimore, Detroit, and Washington have police-to-citizen ratios of 3.9 to 6.6 officers per 1,000 residents. On the other hand, virtually no tribal police department has more than two officers per thousand residents. According to a 1997 DOI/DOJ report, Indian Country would have to hire over 200 criminal investigators and 2,000 police officers to properly patrol our lands. The Community Oriented Policing Services grants program has proven to be an excellent method for successful law enforcement in Indian Country, which provides direct funding to tribes on a government-to-government basis. COPS grants have helped Native communities hire 1,800 new police officers since 1999. But a total of 759 law enforcement positions will have expired between 2004 and 2006. The long-term benefits of the program are dependent on permanent funding to sustain these positions.
    - NCAI urges either the extension of these grants or commensurate increases in other law enforcement funds for tribes.
    - NCAI also urges a 10% increase in law enforcement funding in the Departments of Interior and Justice to begin to address the disparities in Indian Country public safety.

- **Ensure all Department of Justice/Office of Justice Programs methamphetamine related grants available to tribes.**

- **Maintain National American Indian Housing Council methamphetamine training funds.** This program has been very successful in increasing awareness of and clean-up of methamphetamine labs in Indian Country.

- **Increase funds to the DOJ Indian Alcohol and Substance Abuse Prevention Program and SAMSA grants.** The DOJ program is drastically underfunded at $5M annually.

- **Prevent IHS funding from falling further behind.** The level of actual needed funding for the Indian Health Service is estimated to be $9-10 billion according to the IHS Budget Formulation Process and the Federal Disparities Index (FDI) Workgroup.

NCAI, however, requests that IHS receive at least increases to maintain current services, approximately $440 million over the FY06 level. Increases to IHS have not kept pace with inflation or population growth over the last fifteen years, which has significantly eroded IHS' base budget and purchasing power.

- **Include Tribes in all health related methamphetamine grants.** Last year, HHS awarded $16.2 million for methamphetamine abuse prevention in eleven rural communities across the United States. Unfortunately, none of these grants were provided to Tribes. We are asking Congress to please ensure that tribes are included in all health related methamphetamine grants.

Pass the Indian Health Care Improvement Act. In addition to additional funding for both behavioral and physical health services at IHS, our health systems need to be allowed to modernize to begin to better address prevention, treatment of methamphetamine addiction. As many of the members know, the reauthorization of the Indian Health Care Act has been struggling for passage for the last six years. As we let time pass, our health facilities continue to grow further and further behind, and les able to deal with these difficulties. We call on Congress to help us modernize our health care system and immediately and pass the Indian Health Care Improvement Act this session.

Restore Tribes Ability to Serve as Full Partners. There are a number of relatively simple structural changes that can go a long way towards addressing the complicated jurisdiction issues and perceptions in Indian country that have encouraged external drug cartels to target our communities. As the Committee knows, criminal jurisdiction is more complicated and requires greater cooperation because of the jurisdictional limitations placed on Tribes.

Cooperative law enforcement agreements are commonplace in Indian country and have many forms, but there are places where cooperation is lacking. Often this is because of mistrust and misperceptions between tribal and local law enforcement. We need to build capacity for tribal law enforcement -- when tribal law enforcement has greater capabilities, better training , equipment and personnel, they are much more likely to get cooperation with local law enforcement. The federal agencies can also play a very positive role in encouraging cooperative agreements. As a part of Homeland Security, state and federal law enforcement are moving toward widespread interoperable communications and reporting systems. Tribal law enforcement will be a much better partner for all these growing inter-agency working groups if they are included in the national effort. NCAI and Tribal leaders are happy to meet with the Committee to explore some ideas in more depth. We are having an on-going discussion with Tribal leaders on some of the following issues:

- **Status of Tribal Police Officers** – Tribal officers who are participating through MOUs in federal-Tribal task forces generally have full arrest authority and eligibility for federal officer status for the purposes of potential civil liability, protection if assaulted during the course of duty, etc., pursuant to the terms of the MOU and selected case law. However, without clear legislation these issues are subject to litigation on a case-by-case basis and sometimes cloud cooperative law enforcement efforts.

- **Role of Tribal Court Convictions in Federal Sentencing** – Currently the US Sentencing Commission Guidelines do not give the same respect to prior Tribal court convictions that it gives to prior state, county and municipal court convictions in calculating a defendant's criminal history.

- **Tribal Sentencing Authority for Treatment Programs** – Currently tribal sentencing authority is limited to one year under the Indian Civil Rights Act. This time frame may limit the ability of tribal courts to mandate treatment programs that last longer than one year. Some tribes are interested in modeling state programs for treatment of first time non-violent offenders, such as the programs found in Arizona, California and Iowa.

In conclusion, please let me again thank Chairman McCain and the Committee for holding this hearing today. Methamphetamine is a growing problem for all of our communities. The National Congress of American Indians is working to address the problem through our Indian Country Methamphetamine Initiative and our Policy Research Institute. We are working to collect as much information as possible and coordinate the limited resources that we have. We look forward to working together on this issue with all of our Tribal communities and the Committee. Thank you once again for inviting NCAI here today to testify.

QUESTIONS FOR MR. JEFFERSON KEEL
FIRST VICE PRESIDENT,
NATIONAL CONGRESS OF AMERICAN INDIANS

FOLLOW UP: APRIL 5, 2006 HEARING, "THE PROBLEM OF METHAMPHETAMINE IN INDIAN COUNTRY"

1. **In your testimony you speak of the involuntary placement of Indian children. How are tribes able to cope with the increased number of child neglect cases? How are children displaced by methamphetamine being placed?**

As was stated in testimony, we are receiving reports that child abuse and neglect on tribal lands is increasing. Between abuse and neglect, we see neglect cases being the larger percentage of cases reported generally, which we understand is different than for other populations. The ability of tribes to cope with and effectively address these increases is primarily related to the level of resources they have and the ability to secure cooperation from other jurisdictions and agencies that may be involved in the reporting, investigation, treatment and prosecution of child abuse and neglect.

Very few resources. As you may know, tribal governments, unlike state governments, are not eligible for direct access to two of the largest federal funding sources that support child welfare services (Title IV-E and Title XX) and have very limited access to funding from the three other sources (Title IV-B Child Welfare Services, Title IV-B Promoting Safe and Stable Families and Child Abuse Prevention and Treatment Act).

The Bureau of Indian Affairs discretionary funding for tribes in this area has decreased over the last 10 years (Indian Child Welfare Act and BIA Child Welfare Assistance) and other sources of potential funding, such as the grant programs under the Indian Child Protection and Family Violence Prevention Act have never received appropriations. Tribal child welfare has always been a severely under-resourced program; now, with methamphetamine use increasing, we are seeing the existing resources being stretched beyond what is reasonable.

Cooperation inconsistent. Cooperation from other jurisdictions and agencies involved in tribal child welfare is another essential component in the ability to respond effectively, especially in Public Law 280 states where states or counties may share some of the responsibility for services and law enforcement. In some states there have been positive collaborations where tribes and states have been able to develop inter-governmental agreements in law enforcement and child welfare and share resources so tribal children and families don't slip between the cracks.

However, in other states, tribal children under tribal jurisdiction do not receive the same services that other children in the state receive. There is resistance to working collaboratively with tribal governments.

Placement varies greatly. Where tribal children are placed when methamphetamine is involved depends again upon resources and collaboration. For tribes that have been able to secure Title IV-E agreements with states (discretionary agreements - about 70 nationwide) you would probably see children placed in Indian foster care or adoptive homes depending upon the child's needs, permanency options available for the child, and the ability of the child's parent(s) to rehabilitate successfully.

Guardianship homes are often preferred, especially for relatives, but are not supported by Title IV-E. The foster and adoptive homes would likely be relatives in most cases reflecting tribal preferences for relative care.

Where tribes do not have access to Title IV-E you may see children placed in unsubsidized foster homes or placed in non-Native state foster care or adoptive homes, often with families that are not in the tribal community and have little or no connection to the child's tribe or family.

A complication arises in regards to the availability of "treatment" foster care, guardianship or adoptive homes for tribal children who are removed from their homes. As we learn more about the effects of this drug on children who test positive we understand that the need for special homes that are equipped to handle children's special needs related to this drug. These types of homes require special training for the care providers, supports and services to successfully meet the child's needs. Very few tribes are able to offer these kinds of homes because of the expense related to developing them.

The effect of methamphetamine on tribal communities is an issue that is evolving and warrants further attention. We would urge you to contact the National Indian Child Welfare Association to learn more about these issues and the effects upon tribal children and child welfare programs.

2. **Methamphetamine addiction treatment is extremely costly. What types of treatment are available to tribes? What does the impact of these hundreds of methamphetamine-related cases have on the availability to provide general health care services to tribes?**

Insufficient Treatment Dollars

Treatment of methamphetamine abuse is one of the most difficult and costly drugs to treat. Treatment in Indian Country is often outsourced, utilizing the annual mental health dollars provided to tribes through an IHS formula. Even without methamphetamine in a community, these dollars are usually substantially insufficient to meet the treatment and mental health needs of a community. For communities dealing with meth, these allocations are grossly inadequate. Because treatment of methamphetamine abuse is so expensive, communities are often running out of their treatment and mental health funds just a few months into the year, leaving them unable to provide any kind of treatment to anyone, including such pressing needs as teen suicide mental health assistance, for the entire remainder of the year.

Treatment options

Methamphetamine users are often overly excited and are extremely resistant to treatment The acute effects of methamphetamine withdrawal pass fairly quickly, but the user must then endure a less severe period of withdrawal lasting anywhere from six months to three years. Some users never fully recover from the abuse of methamphetamine because of the permanent brain damage that methamphetamine can cause. This extended period of withdrawal is a period of during which the brain recovers from methamphetamine induced changes that the brain has previously endured. This period is often accompanied by depression and an unclear mind. Prolonged use of

methamphetamine causes major changes in the brain; therefore, treatment must be more comprehensive to address these physical changes.[1]

The following are a sampling of treatment programs throughout the U.S., most of which have indicated they are designed to specifically targeted for Native communities.

- **South Dakota Methamphetamine Treatment Initiative[2].** Through an earmark for the U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Agency (SAMHSA) and the Center for Substance Abuse Treatment (CSAT), the South Dakota Methamphetamine Treatment Initiative was allocated $700,000. The funding will be used to expand the existing methamphetamine treatment program to meet the growing need of providing treatment for individuals abusing methamphetamine. The program's target population includes Native American individuals. The program is based on validation studies at South Dakota State Programs and at Indian Health Service facilities.

- **Tennessee and Wyoming[3].** The States of Wyoming and Tennessee have both developed treatment programs to address the methamphetamine abuse within their states. Tennessee's programs focus on individuals abusing or addicted to methamphetamine in rural and Appalachia areas of the state. Wyoming's program focus is on Natrona County which has the second highest treatment need in the state and has been labeled as the "epicenter of the current methamphetamine epidemic."

- **Methamphetamine Center of Excellence[4].** This initiative has been allocated approximately $2 million dollars for developing treatment opportunities. It will be responsible for developing specialized treatment alternatives for methamphetamine users residing in the metropolitan communities of Phoenix and Tucson, as well as the Gila River Indian Community.

- **One Sky Resource Center.** The One Sky Center is a national resource center for American Native and Alaska Native substance abuse services that was established by the Oregon Health & Science University in Portland with a three-year, $3 million grant from the Substance Abuse and Mental Health Services Administration. The Center focuses on drug abuse prevention and treatment.

- **SAMHSA Targeted Capacity Expansion (TCE) Program[5].** In 2005, SAMHSA awarded eleven new three-year grants to provide treatment for methamphetamine abuse and other emerging drugs for adults residing in rural communities. The grants are to be used to

---

[1] Information in paragraph from: **KCI, the Anti-Methamphetamine Site.** Http://www.kci.org/methamphetamine_info/links.htm. Accessed on June 5, 2006.
[2] HHS Region IX Tribal Consultation Session Regional Roundtable on Methamphetamine in Indian Country Power Point Presentation. H. Westley Clark, M.D., J.D., M.P.H., Director, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services.
[3] Ibid.
[4] Ibid.
[5] 1st Annual Divisional National Budget Formulation and Consultation Session Power Point Presentation. H. Westley Clark, M.D., J.D., M.P.H., Director, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services.

expand and/or enhance a community's ability to provide comprehensive, integrated and community-based responses to a targeted well-documented substance abuse treatment capacity problem and/or improve upon the quality and intensity of services. Eight states received these grants: California (3), Georgia (1), Montana (1), New Mexico (1), Oregon (1), Tennessee (1), and Texas (1).

- **Montana Department of Justice, Helena**[6]. The SAMHSA TCE Program grant for the State of Montana was allocated to the program at Montana's Department of Justice. The DOJ was awarded $500,000 per year for three years through the Montana Adult Methamphetamine Treatment Coalition to serve a total of 180, primarily white, adults with methamphetamine addiction. Native Americans make up the largest minority within the population. The program will serve 50 individuals in the first year, 60 individuals in the second year, and 70 individuals in the third year. The target population will be equally split in regards to gender.

- **Choctaw Nation Chi Hullo Li**[7]. The Choctaw Nation has a tribal residential treatment program located in Talihina, Oklahoma. The program was funded through a SAMHSA/CSAT grant and specializes in culturally-based multi-disciplinary treatments for women and their children. It is designed specifically to address the unique aspects of methamphetamine addiction.

- **Cherokee Nation Multi-Disciplinary Methamphetamine Task Force**[8]. The Cherokee Nation has formed a Task Force to address the methamphetamine abuse problems within their nation. The Task Force is responsible for increasing awareness and devising prevention and treatment plans for the community. The Task Force focuses on community coalition building when developing their strategies for the Cherokee community. The Nation currently employs two full time counselors and one part-time counselor.

Costs of Methamphetamine Abuse

In a series of articles pertaining to methamphetamine and the treatment of methamphetamine abuse compiled by Cornerstone Behavioral Health Center and authored by Dr. Charles Bliss of Cornerstone[9], many questions pertaining to methamphetamine treatment and the impact it has on individuals and society as a whole were examined and answered. The Center is located in Evanston, Wyoming and provides mental health and substance abuse treatment programs.

Cost to an individual. Costs of methamphetamine abuse are not limited to a monetary figure, which at current time is unclear in its infantile stage of treatment opportunities. There are many human costs to consider, such as the physical (brain damage, kidney and lung disorders, liver damage, and even death) and psychological (severe depression and at times paranoid psychosis) damages that methamphetamine can cause. Methamphetamine causes a user to participate in activities that endangers their own welfare, such as promiscuity and suicidal tendencies.

---

[6] Ibid.
[7] Ibid.
[8] Ibid.
[9] Methamphetamine Series. Dr. Charles Bliss. Cornerstone Behavioral Health Center. http://www.cornerstonebh.com/index.html. Accessed on June 5, 2006.

Costs to a community. Even still, the cost must also be accounted for on the impact that methamphetamine use has on an individual and their surrounding community. Methamphetamine abuse can cause a breakdown in the family structure, hindering communication and stifling social development. The violent behavior that is frequently associated with methamphetamine abuse can lead the user to inflict harm, not only to themselves, but to members of their family or community at large.

> "...Law enforcement officers and jail personnel may also be subjected to the methamphetamine abuser's physical aggression. Then…there is the violence and killing among the methamphetamine distributors, directed toward others for the purpose of intimidation, retaliation, or discipline."

Furthermore, methamphetamine use is repeatedly linked to child neglect, causing an individual to neglect the welfare of those depending on them.

Monetary costs. The Cornerstone report acknowledged two studies that reported on the costs of substance abuse treatment in relation to incarceration and mental health treatments.

> "There are also monetary costs to society associated with methamphetamine abuse. Although these costs are difficult to estimate, two landmark studies are cited when comparing the expense of interdiction, enforcement, and prosecution to effective treatment. The RAND Corporation, at the behest of the U.S. Army and the Office of National Drug Control Policy, conducted a study and determined that every dollar spent on treatment resulted in a $7.46 reduction in lost productivity and crime-related spending. Another…study frequently cited in the substance-abuse literature found that taxpayers saved $7.00 for every dollar spent on treatment. These estimates do not include the costs of providing medical care. Furthermore, the cost of incarceration ranges from $16,000 to $37,000 across the U.S. and averages $18,330 based on 1996 figures. The cost to build a prison cell is between $80,000 to $90,000. Contrastingly, residential substance abuse treatment programs cost an average of $14,600 per year and outpatient programs cost about $2,300 on average, nationwide."

These studies indicate that it is more worthwhile to maintain programs that focus on the treatments for substance abusers instead of using a legal system to deal with an individual that abuses methamphetamine.

Effectiveness of programs.

Dr. Bliss, in his study of methamphetamine use, also examined the effectiveness of methamphetamine abuse treatment programs. The center noted that methamphetamine users are highly over-represented in treatment failure data. Current treatments are not functioning effectively for methamphetamine abuse. He indicated that methamphetamine treatment requires a much longer and more intensive program than that of other illicit drugs, often lasting up to two years. Relapse-prevention care is essential for the successful treatment of methamphetamine addicts and Dr. Bliss cites the importance of family involvement in ensuring that an individual does not relapse.

> "Relapse-prevention in aftercare helps to address this ahead of time so those tempted to use have a plan in place. Family involvement is important to treatment and family education, in addition to "family week," an intensive week-long component conducted by therapists with educational and family interaction dynamic analysis and intervention provided to participants, is essential to healing. Relapse-prevention will be facilitated by a family support group and by a continuing peer-support group."

The ultimate goal of treatment programs is to get an addict to develop back into productive, contributing members of a community.

> "Getting former methamphetamine users back to work as productive, contributing members of the community as soon as practical and sustainable for the patient is important for both the person in recovery from methamphetamine abuse and the community to which prior users often owe some restitution. However, aftercare support, extended beyond traditionally typical times, will be a critical treatment component supporting the methamphetamine user's recovery and decreasing chances that the person will again turn to methamphetamine and give up life as a productive, responsible, law-abiding citizen."

3: **HHS awarded $16.2 million in methamphetamine abuse program grants to rural communities, but no grants were awarded to tribes. What other federal programs are available to tribes to address methamphetamine-related problems?**

There are indirect avenues that tribes can pursue to combat methamphetamine related problems. Fighting methamphetamine on Tribal lands necessitates a multi-faceted, multi-tiered approach that involves fortification of Tribal courts, law enforcement, housing, as well as health care services. Therefore, programs that address these areas can help fight methamphetamine-related problems, though direct funding to combat the source is extremely necessary.

One of the biggest funding hurdles tribes face, in addition to simple insufficiency of funds, is inflexibility of funds. Demands on tribal resources are cyclical in the fight against methamphetamines. For example, if in January law enforcement crack down on methamphetamine users and dealers, in February and March there will be increased demand on the tribal courts. In April detention facilities and treatment centers will feel the increase in need. And later that year as parents are incarcerated or undergoing treatment the foster care system becomes overburdened. Currently Tribes do not have the flexibility to reallocate their resources to address all aspects of fighting methamphetamine.

SAMSHA. The Substance Abuse and Mental Health Services Administration (SAMHSA) recently solicited for grant applications for approximately ten methamphetamine prevention grants totaling nearly $3.3 million. These grants represented a significant resource to combat methamphetamine by expanding prevention intervention programs and infrastructure. However, grants are competitive between domestic and private non-profit entities, there is no specific Tribal program. We are uncertain if any tribes have received one of these grants before.

COPS. Tribal law enforcement suffers from funding shortages which translates to a shortage of law enforcement personnel. The COPS (Community Oriented Policing Services) Grants administered through the Department of Justice have been a good resource to build tribal law enforcement and have allowed the hiring of 1,800 new police officers since 1999l. However, 759 law enforcement positions will have expired between 2004 and 2006 and sustained benefits from the program are completely dependant on continued and increased funding.

EPA. Methamphetamine contaminated lands are an environmental problem that becomes a community problem when children and animals interact with them, as well as when water supplies are compromised by the manufacturing chemicals. The clean-up of tribal lands is a concern shared by the U.S. Environmental Protection Agency and they have grants available through their Brownfield grants program. The EPA has informed us that these program grants help facilitate the clean-up of contaminated lands by funding their assessment, inventory and eventual cleanup. At the time of this writing, however, we are unaware of any tribal recipient of these grants for methamphetamine lab clean-up.

DOJ-Indian Alcohol and Substance Abuse Program. The Indian Alcohol and Substance Abuse Program, administered through the Bureau of Justice Assistance (of the DOJ), is a tribal specific program that provides funding and technical assistance to federally recognized tribal governments to "plan, develop, implement, or enhance tribal justice strategies involving alcohol and crime, as well as substance abuse, as strategies have indicated a correlation between alcohol and substance abuse." Fifty (50) tribes in fifteen (15) have received grants to develop local tribal justice strategies to combat alcohol and substance abuse in their communities. Moreover, 750 people from 64 tribes have received technical assistance and training through conferences, regional meetings and workshops.

Drug Court Discretionary Grant Program. The Bureau of Justice Assistance administers the Drug Court Discretionary Grant Program which provides financial and technical assistance to Indian tribal governments to develop and implement treatment drug courts that integrate substance abuse treatment, mandatory drug testing, sanctions and incentives, and transitional services. However, this program is only designed to help start-up court programs, which limits its long-term effectiveness which is a major roadblock in attempting to fight methamphetamine.

These federal grant programs offer assistance to tribes to combat methamphetamine related problems, as they serve to build up local law enforcement, justice systems, and clean up contaminated lands.

4. **To address the multi-jurisdictional issues of investigation and prosecution, cooperative agreements are essential Are there model cooperative agreements that tribes could use? What are the major impediments to developing the necessary cooperative agreements between tribal, federal, state, and local law enforcement agencies?**

Model MOUs. There are hundreds of different forms of MOUs that various Tribes have entered into with local, state, and federal law enforcement entities. Examples can be found at the NCAI website: http://www.ncai.org/Law_Enforcement_Agreements.100.0.html.

We have attached an example of an MOU from the Wind River reservation since it is a community that has been aggressively battling methamphetamines from a law enforcement perspective.

Impediments. The jurisdictional complications in Indian Country cause great difficulties with law enforcement. A geographically based jurisdictional system for Tribal governments, and lift on the restrictive sentencing limitations would of course alleviate many of these impediments.

Short of these needed changes, Tribes continue to struggle with impediments to implementation of MOUs.

- **Lack of Trust of State and Local Police.** In some locations, tribes continue to struggle with state and local police departments that have not historically, or do not currently, fully recognize and support Tribal sovereignty. This historical mistrust has made it difficult in areas to work together and formulate MOUs agreeable to both sides. When the Federal agencies are involved, it has sometimes served as a buffer and a catalyst for cooperation.
- **Status of Tribal Police Officers**. Tribal officers who are participating through MOUs in federal-Tribal task forces generally have full arrest authority and eligibility for federal officer status for the purposes of potential civil liability, protection if assaulted during the course of duty, etc., pursuant to the terms of the MOU and selected case law. However, without clear legislation these issues are subject to litigation on a case-by-case basis and sometimes cloud cooperative law enforcement efforts and discourage participation.

ORIGINAL

LAW ENFORCEMENT AGREEMENT AMONG THE EASTERN SHOSHONE AND NORTHERN ARAPAHO TRIBES, HOT SPRINGS COUNTY, AND THE BUREAU OF INDIAN AFFAIRS

THIS AGREEMENT is made by and among the Eastern Shoshone and Northern Arapaho Tribes, federally recognized Indian tribes, hereinafter referred to as "Tribes", the Hot Springs County, a political subdivision of the State of Wyoming, hereinafter referred to as "County", and the Bureau of Indian Affairs, hereinafter refereed to as "BIA".

In consideration for the mutual rights, duties, obligations, and covenants contained herein, the Eastern Shoshone and Northern Arapaho Tribes, Hot Springs County, and the BIA hereby agree as follows:

1. **PURPOSE.** The purpose of this Agreement is to provide for efficient, effective, and cooperative law enforcement efforts in and around Indian country within the Wind River Reservation and Hot Springs County. Nothing in this Agreement makes any substantive law applicable to a certain person or certain conduct where it would not otherwise be applicable. Nothing in this Agreement alters or conveys any judicial jurisdiction.

2. **AUTHORITY.** This Agreement is entered into by the Tribes pursuant to Tribal law, by Hot Springs County pursuant to Wyoming Statutes § 16-1-101 and 18-3-601, and by the BIA pursuant to 25 U.S.C. § 2801 *et seq.* The sources of authority listed above are not intended to be exclusive, and the action of any party or agent of any party hereto which can be lawfully sustained under any law, statute, or common law not otherwise stated herein, shall be authorized hereunder.

3. **AGREEMENT ADMINISTRATORS.** The Tribes designate the Supervisor of the Tribal Fish and Game Department, the County designates the Sheriff, and the BIA designates the BIA Chief of Police as their respective Administrators of this Agreement. The Administrators shall coordinate the efforts of employees of the parties in requesting and/or providing the services described herein. All communications between the parties with regard to providing law enforcement services shall be made between these persons or their designees.

4. **SPECIAL LAW ENFORCEMENT APPOINTMENT.** Each party to this Agreement may, in its discretion, issue a Special Law Enforcement Appointment

(SLEA) to a law enforcement officer of the other parties, upon the application of such officer. Such appointment shall grant the appointed law enforcement officer law enforcement authority as an officer of the appointing agency to the extent described in paragraphs 5 and 6 of this Agreement. When an agency issues such appointment, it shall provide notice of that appointment, including the name of the officer receiving the appointment, to each of the parties to this Agreement.

a. An appointment shall not be granted unless the applicant complies with all the requirements for a law enforcement officer as set forth in 25 C.F.R. Part 12 or applicable state law.

b. The parties may impose any other requirements including, for example, an orientation course in tribal, federal, state, or local law.

c. If requested by the appointing agency, the applicant's agency shall provide a Federal Bureau of Investigation criminal history (NCIC, NLETS system, etc.) check on the applicant.

d. If an appointing agency denies an officer an appointment, it shall disclose the grounds for such denial in writing to the applicant's agency.

e. Any party may, at any time, suspend or revoke an officer's appointment for reasons solely within its discretion by notifying the officer's agency in writing of the suspension or revocation, its effective date, and the reasons therefore. Within ten (10) days after such notification, that officer's agency shall cause the appointment card and any other evidence of the appointment to be returned to the appointing agency.

f. If any officer's agency possesses any information which may provide grounds for the suspension or revocation of an appointment, it shall immediately notify the Administrators. The Administrators shall notify each other when one of the following conditions exists:

(i) The SLEA officer separates from his or her employment as a full-time officer;
(ii) The SLEA officer is transferred to another area or jurisdiction;
(iii) The SLEA officer is suspended for any reason;
(iv) The SLEA officer is charged with or convicted of any felony, misdemeanor, or traffic offense, excluding misdemeanor traffic offenses;

(v) The SLEA officer is found to have a physical, emotional, or mental condition which might adversely affect his or her performance as a law enforcement officer; or

(vi) The SLEA has expired.

g. An SLEA granted under this agreement shall not exceed three (3) years. At the expiration of the SLEA, the Administrator for the party who granted the appointment shall review the officer's performance and either renew or terminate the SLEA.

5. SCOPE OF POWERS. Nothing in this Agreement shall be interpreted or construed as a dilution of any party's sovereignty or to grant a party the power to increase or diminish the political, governmental, or jurisdictional power of the United States, the Tribe, the County, or any agency of any of the them. **When acting pursuant to Paragraphs 9, 10, or 11,** SLEA officers are given the power to enforce:

(i) All Federal criminal laws applicable to Indian country, including the Major Crimes Act (18 U.S.C. § 1153);

(ii) All Tribal criminal laws under the Shoshone and Arapahoe Tribes Law and Order Code; and

(iii) All County and State criminal laws under Wyoming statutes or County ordinances.

6. JOINT POWERS. Any power, privilege, or authority authorized by Tribal law, Wyoming Constitution, or United States Constitution may be exercised and enjoyed jointly by each of the party's SLEA officers to this Agreement having a similar power, privilege, or authority; but never beyond the limitation of such power, privilege, or authority, and each of the parties may exercise such power, privilege, and authority jointly to the extent that the laws of the United States, the Tribes, or the State of Wyoming grant similar powers, privileges, or authority. The parties to this Agreement, when acting jointly, may exercise and enjoy the power, privilege, or authority conferred by this Agreement; but nothing in this Agreement shall be construed to extend the jurisdiction, power, privilege, or authority of any party, beyond the power, privilege, or authority any of the parties might have when acting alone.

7. NOTICE OF USE OF POWERS. Any SLEA officer must give notice to the Administrator of the appointing party within 24 hours of exercising law enforcement powers or duties obtained as a result of this Agreement. A written report of the

incident will meet this requirement. Notification is not required in traffic enforcement citations.

8. EXTRATERRITORIAL AUTHORITY. All of the authority, privileges and immunities from liability, exemptions from laws, ordinances and rules, and all benefits which apply to the activity of law enforcement officers of parties to this Agreement when performing their respective duties and function within the territorial limits of their respective territories and jurisdictions, shall apply to them to the same degree and extent while engaged in the performance under this Agreement of any of their duties and functions extraterritorially.

9. CALLS FOR SERVICE.

   a. In emergency situations, all parties agree that the philosophy of mutual assistance with respect to public safety is paramount. "Emergency" calls are defined generally, but not exclusively, as those involving homicide or death; felonious assaults; assaults in progress; robberies in progress; kidnap or attempted kidnaping; forcible rape or sexual assaults in progress; burglaries in progress; prowler present; domestic violence/abuse in progress; or motor vehicle accidents involving death, serious injuries, creation of hazardous highway obstructions, hazardous materials, or violation of criminal statutes.

   b. Emergency calls for service will result in a response by the closest available SLEA officer, until an agency with primary responsibility assumes the lead investigative role. Additional resources may be dispatched as necessary by the primary or assisting agency to ensure control and mitigation of the emergency event.

   c. If a SLEA officer or any agency receives a report or has knowledge of an incident that is not within an officer's primary jurisdiction, that officer shall refer that incident to the agency with primary jurisdiction. After notification, the officer may handle the call if the primary agency indicates it is not available and if it best serves the interest of the public and the agencies.

10. FRESH PURSUIT. Any law enforcement officer may proceed in fresh pursuit of an offender beyond the officer's primary jurisdiction into the jurisdiction of another party as follows:

   a. Any SLEA officer in fresh pursuit of a person (i) who is reasonably believed by the officer to have committed a felony within his or her primary

jurisdiction or has committed, or attempted to commit, any criminal offense or traffic infraction within his or her primary jurisdiction in the presence of such officer, or (ii) for whom a warrant of arrest is outstanding for a criminal offense and the officer is in fresh pursuit in his primary jurisdiction, shall have the authority to pursue, arrest, and hold in custody or cite such person wherever that person is located within the jurisdiction of a party.

b. When a SLEA officer is engaged in a fresh pursuit beyond the officer's primary jurisdiction, that officer's dispatch shall notify the jurisdiction into which the pursuit is taken under procedures substantially similar to existing practice where notification is transmitted through existing dispatch frequencies to law enforcement officers.

11. **SLEA PATROLLING.** The Administrators are authorized to enter into patrolling agreements. Patrolling agreements shall be in writing and shall be limited to situations where the party with primary jurisdiction, because of manpower or other reasons, needs assistance on a routine basis. In the absence of a written patrolling agreement, nothing in this Agreement shall authorize a SLEA officer to routinely patrol or exercise the authority granted under Paragraph 5 on a routine basis in another party's jurisdiction.

12. **CUSTODY AND DISPOSITION.** In order to ascertain the proper prosecuting jurisdiction, the officer shall ask the arrested suspect, where practicable, whether he or she is Indian or non-Indian, and shall rely on that representation. The official determination of proper jurisdiction, however, will be made by a prosecutor from one of the jurisdictions, not a SLEA officer. The prosecutor may cause arrested persons to be delivered to authorized detention facilities of the parties to this Agreement when appropriate. Any person arrested by a SLEA officer shall be taken immediately to a responsible official of the apparent prosecuting jurisdiction and, if Indian, delivered to a Tribal jail or approved federal facility or, if non-Indian to the Hot Springs County Jail or Fremont County Jail, as appropriate.

13. **CITATIONS.** All SLEA officers shall issue: tribal citations, using Tribal citation forms, when issuing citations for violations of the Tribal Code; County citations, using County citation forms, when issuing citations for violations of Wyoming or County law; and federal citations, using federal forms when issuing citations for violations of federal law.

14. **SUPERVISION OF OFFICERS.** It is understood and agreed by the parties to this Agreement that the Tribe, the County or the BIA, their agents, employees, and

insurers, have no authority nor any right whatsoever to control in any manner the day-to-day discharge of the duties of officers whom they have appointed pursuant to this Agreement. SLEA officers shall remain under the ultimate control of their respective employers, but shall take supervision and directions from their counterpart agency while operating within the other agency's jurisdiction.

15. **REPORTS.** The agency with primary responsibility for the investigation of any incident or accident requiring generation of an official report will be furnished copies of all reports by the assisting agency, including those where the assisting agency assumes responsibility for and handles the incident.

16. **INSURANCE.** Each party agrees to carry and maintain adequate insurance coverage (commercial or self-insurance) for its own law enforcement officers and equipment to protect the party from any and all claims, losses, actions, and judgments for damages or injury to persons or property, or for law enforcement liability, including claims for false imprisonment or false arrest, public liability, and property damage, arising out of or in connection with its acts or performance under this Agreement, and shall maintain the policy in full force and effect during the Agreement.

17. **ARREST AND SEARCH WARRANTS.** Each party shall cooperate with the other parties in the execution of properly issued arrest and search warrants and shall observe the requirements of applicable Tribal, County, State, and Federal laws in so doing.

    a. Each party shall present arrest warrants authorizing the arrest of any person located in the jurisdiction of one of the other parties to the appropriate police official or court of that other party. For the Tribes, a County arrest warrant shall be sent to the Tribal Court with the information prescribed by the Tribal Court. For the County, the Tribal arrest warrant shall be sent to County or District Court.

    b. The SLEA officers for any of the parties may jointly execute warrants.

    c. In all matters concerning extradition and/or rendition necessary to allow for the proper prosecution of any individual, extradition and rendition shall be sought pursuant to applicable Tribal, State, and Federal law, and the parties agree to cooperate in such proceedings.

18. **SERVICE OF PROCESS.** The County shall handle service of process within the exterior boundaries of the Reservation as if the Reservation were a United States

territory under the terms of Wyoming statues and rules governing service of process substituting tribal for federal law enforcement officers where applicable. The Tribes agree to process any service of process requests requiring Tribal action in an expeditious manner.

19. **RECORDS.** The parties shall, subject to applicable laws respecting privacy and confidentiality and subject to any public records acts and the Freedom of Information Act, access and transmit to each other records in their possession or control which are useful in identifying and suing or arresting and prosecuting individuals or companies reasonably thought to have violated criminal and/or civil laws of the Tribes, the United States, the State of Wyoming, and/or Hot Springs County.

20. **LIABILITY.** To the extent provided by law, each party agrees to assume liability and be responsible for any liability arising from the actions of its own law enforcement officers/employees for acts performed under this Agreement.

    a. It is understood and agreed that each party to this Agreement, its agents, employees, and insurers do not, by virtue of this Agreement, assume any responsibility or liability for the actions of SLEA officers which are performed outside the scope of their duties.

    b. Notwithstanding subsection "a." above, any officer carrying a Special Law Enforcement Commission issued by the BIA will be treated as a Federal employee under the Federal Tort Claims Act and under 43 C.F.R. Part 22 in connection with any exercise of law enforcement responsibility in Indian country.

    c. Nothing in this Agreement shall be read as waiving or limiting any defenses to claims of liability otherwise available to law enforcement officers, such as the defense of qualified immunity.

    d. Each party to this Agreement agrees to indemnify and hold harmless the others from any and all liability for any injury, damage, or claim suffered by any person or property caused by the party or its member/employee while performing under this Agreement unless such claims are proximately caused by gross negligence or wilful misconduct of another party or its officers.

21. **SOVEREIGN IMMUNITY.** Nothing in this Agreement is intended, nor shall it be construed or interpreted, to be a waiver of sovereign immunity of the Tribes, the County, or the United States nor to impair, limit, or affect the status of any agency or

the sovereignty of any government or their employees, officials and agents, not otherwise expressly waived by legislative act.

22. **COMPENSATION.** Each party agrees that it will not seek from another party any compensation for services rendered under this Agreement.

23. **DURATION OF AGREEMENT.** This Agreement shall remain in full force and effect, without expiration or modification, unless suspended, revoked, or amended. In the event of a modification, an amendment will be executed and signed by all of the parties.

24. **SUSPENSION OR REVOCATION OF AGREEMENT.** Any party hereto may suspend or revoke this Agreement at any time by formal action upon not less than thirty (30) days written notice to the others. The revocation shall be effective thirty (30) days after notice is sent by certified mail. Upon revocation of the Agreement, the parties shall return all shared books, records, or other documents including citation forms.

25. **SEVERABILITY.** The Provisions of this Agreement are severable and should any provision be held invalid or unenforceable, the remainder of the Agreement remains in effect unless terminated as provided in this Agreement.

26. **NOTICE.** Any notice required or permitted to be given under this Agreement shall be deemed sufficient if given in writing and sent by registered or certified mail.

In the case of the Tribes, notices shall be sent to:

Arlen Shoyo, Supervisor
Tribal Fish and Game Department
P.O. Box 217
Fort Washakie, WY 82514

Joint Business Council
Eastern Shoshone and Northern Arapaho Tribes
P.O. Box 217
Fort Washakie, WY 82514

In the case of the County, notices shall be sent to:

John Lumley, Sheriff
Joint Law Enforcement Center
417 Arapahoe Street
Thermopolis, WY 82443

Carl Allen
County Commissioners
Courthouse
415 Arapahoe Street
Thermopolis, WY 82443

In the case of the BIA, notices shall be sent to:

BIA Police Chief
Bureau of Indian Affairs
P.O. Box 158
Fort Washakie, WY 82514

27. **ENTIRE AGREEMENT.** This Agreement constitutes the entire Agreement between the parties. Its terms are intended by the parties as a final expression of their agreement with respect to such terms as are included and may not be contradicted by evidence of any prior agreement or contemporaneous oral agreement.

28. **WAIVER.** Waiver by one party of the performance of any covenant, condition, or promise of the other party shall not invalidate this Agreement, nor shall it be considered to be a waiver by such party of any other covenant, condition, or promise contained herein. The waiver by one or more parties at the time for performing under the terms of this Agreement shall not be construed at a later date as a waiver of any requirement for performance under this Agreement.

29. **BINDING ON SUCCESSORS AND ASSIGNS.** This agreement shall be binding upon and shall inure to the benefit of each party, and to their successors and assigns.

30. **NO THIRD PARTY RIGHTS, USE OF AGREEMENT AS EVIDENCE.** This Agreement does not create any substantive or procedural right or benefit in favor of any person or entity not a party hereto, civil or criminal, neither does it create a duty to respond not otherwise imposed by law.

31. **EFFECTIVE DATE.** The effective date of this agreement shall be December 18, 2000.

IN WITNESS WHEREOF, the parties hereto have set their hands.

EASTERN SHOSHONE AND NORTHERN ARAPAHO TRIBES

Ivan Posey, Chairman
Shoshone Business Council
Date: 12/16/00

for Anthony Addison, Sr., Chairman
Northern Arapaho Business Council
Date: _____

HOT SPRINGS COUNTY

Karl Allen, Commissioner
Hot Springs County
Date: 12/19/00

John Lumley, Sheriff
Hot Springs County
Date: 12/19/2000

UNITED STATES OF AMERICA, BUREAU OF INDIAN AFFAIRS

Ed Naranjo
District Commander
Date: 12-18-00

cops.014a

**TESTIMONY OF CHAIRWOMAN KATHLEEN W. KITCHEYAN
OF THE
SAN CARLOS APACHE TRIBE**

**FOR THE OVERSIGHT HEARING ON
THE PROBLEM OF METHAMPHETAMINE IN INDIAN COUNTRY**

**BEFORE THE COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE**

ROOM 485, RUSSELL SENATE OFFICE BUILDING

APRIL 5, 2006

Introduction

Thank you, Chairman John McCain from our great state of Arizona, Vice-Chairman Byron Dorgan, and other Members of the Senate Indian Affairs Committee, for allowing me the opportunity to testify today. My name is Kathy Kitcheyan, Chairwoman of the San Carlos Apache Tribe, based in San Carlos, Arizona. We commend the Committee for holding this important hearing on the alarming and tragic methamphetamine (meth) problem in Indian Country. The rampant meth problem on the San Carlos Apache Reservation and its devastating impacts are, like in so many other tribal communities across the country, quickly reaching epidemic proportions. The San Carlos Apache people are in pain and are suffering from the effects of meth, and we must collectively work together to address and solve this grave problem.

As I stated in my testimony on behalf of the National Indian Health Board to this Committee in its oversight hearing on the President's FY 2007 budget on February 14, 2006, Indian Country is under attack from meth; and we must aggressively address this problem, starting with this budget cycle. Also, on March 1, 2006, I spoke at the National Congress of American Indians' Call to Action and strongly back President Joe Garcia's call to tribal leaders, the Administration, and the Congress for a massive, collaborative effort to curb meth use and drug trafficking in Indian Country. I believe that this hearing will help jumpstart the efforts outlined in President Garcia's Call to Action, which are needed to eradicate this plague on our people. Also, I believe it would be helpful if the Committee could hold some field hearings in Indian Country on this issue, so that Members could see for themselves the conditions that families, community leaders, health care personnel, social services staff, and law enforcement officers must grapple with every day due to the devastation from meth.

The San Carlos Apache Reservation spans 1.8 million acres and is a rural, isolated community of about 13,000 people. While we have worked hard to

develop our Reservation economy, 65% of our Reservation population is unemployed compared to the national unemployment rate of 4.8% and the state of Arizona rate of 4.4%. Further, we suffer from a poverty level of 69%, which must be unimaginable to many people in this country who would equate a situation such as this as one found only in third world countries. Because of our geographic, historical, and socio-economic circumstances as well as criminal jurisdictional limitations, we are doing our best but have not been able to properly contain the problem given how quickly it has grown and how far-reaching it is.

The Meth Problem on the San Carlos Apache Reservation

The rapid rise and spread of meth use and production has multiplied the challenges to the safety and well-being of the San Carlos Apache people. The use, production, and trafficking of meth is destroying my community -- shattering families, endangering our children, and threatening our cultural and spiritual lives. There has been a spike in homicides on the Reservation and some of these were likely meth-related. Last year, in my small community, there were 6 murders according to BIA statistics.

My Reservation has its share of sad stories due to meth. Two months ago, a baby was born addicted to meth with a deformed heart and congenital heart problems. Almost 5 months ago, a baby was born addicted to meth with legs that are numb and that can never be used. When babies are born and test positive for meth, then the Tribe's Child Protective Services must take the baby away from the mother for placement elsewhere. This baby is currently in a children's nursing home in Phoenix. At the end of 2005, a 9-year old meth user was brought to the San Carlos hospital with hallucinations and violent behavior. This is the youngest user that we have found, but we are worried that kids even younger are using meth or being exposed to meth through smoke, which can have as potent an effect as using meth directly.

About 30 days ago, a young pregnant woman on meth was arrested. While in jail, she went into premature labor and delivered a child that never had a chance and died. Last month, a 22-year old male on meth tried to commit suicide by stabbing himself with a 10-inch knife and came within 1 centimeter of stabbing his heart. He is alive and the Tribe is trying to find behavioral counseling and detox services for him, but it is extremely costly ($7,000 per month per person) and difficult to find a facility that accommodates Apache cultural and spiritual needs.

Two years ago, a mother took her little boy on a walk. The child never came home. Three youth boys found the body of the child, who had been stabbed to death. According to the mother, the child was the "devil" and was "possessed." After her arrest, we learned that she'd been using meth. More recently, a 22-year old male hung himself while using meth. I could go on, but it is too heart-breaking. My community is small and we all know one another or

know of one another, so these tragic events dramatically affect my entire community and, as you can see, have ripple effects that harm and scar our most innocent citizens -- our newborns and children.

Below are some stark statistics from my Reservation that show the deeply destructive effect of meth on my community. These statistics were provided to me by the tribal and IHS health officials and tribal social services personnel that deal with the meth problem on almost a daily basis and work tirelessly with little resources to mend the broken bodies, broken spirits, and broken families caused by meth:

- In 2004, there were 101 suicide attempts with two resulting in death. Some of the suicide attempts were directly related to the abuse of meth. In the past 10 suicide attempts, 8 of the individuals were using meth. Virtually, every suicide attempt also involves alcohol.[1]
- In 2004, 64 babies out of 256 were born to San Carlos Apache tribal members addicted to meth, and 24-25% of pregnant women at San Carlos tested positive for meth. In 2005, the number of babies born addicted to meth was even higher. About 50% of all newborns at San Carlos test positive for alcohol or drugs. Babies born to mothers on meth can be born meth-addicted themselves and suffer birth defects, low birth weight, tremors, excessive crying, attention deficit disorder, and behavior disorders. Also, they often have intestinal, cognitive, and heart problems.
- In routine urine drug screens completed at the San Carlos Emergency Room in 2005, 25% of the patients tested positive for meth.
- The San Carlos Hospital has reported a sharp increase in the treatment of meth-related ailments over the past 2 years.
- Last year, there were about 500 reports of child neglect and/or abuse reported to the Tribe's Child Protective Services. About 80% of these cases involved alcohol or drug use, such at meth, by the parent. About 36% of reported cases of child neglect and/or abuse are repeat occurrences.[2]

---

[1] Mental health programs in Indian Country are grossly underfunded and do not adequately address the mental health issues causing suicide attempts. For example, at San Carlos, an IHS psychiatrist is limited to seeing patients for only 4 hours once a month and this includes both children and adults. This psychiatrist must travel a two-hour distance to San Carlos and accessibility to services is further complicated by the lack of transportation for many community members. Due to the suicide crisis at San Carlos, the Tribe submitted written testimony to this Committee for its oversight hearing on youth suicide prevention on June 15, 2005.

[2] The Tribe is very worried about its funding for Child Protection Services through the BIA. Already, Child Protection Services is underfunded and case workers are responsible for more children than any person could possibly handle, which has resulted in some tragedies, including a 3-year old child in foster care

- In the past 12 months, tribal health officials at its Wellness Center have received over 150 referrals or self-referrals for meth treatment. Prior to 2005, the number of meth-related referrals was negligible.
- In the past 90 days, the Wellness Center arranged for 7 inpatient psychiatric stabilizations due to meth psychosis.
- In the past 180 days, the Wellness Center arranged for 3 residential/inpatient admissions for meth use. These admissions were difficult to arrange due the costs involved as well as a lack of meth-specific treatment providers. San Carlos does not have any detoxification services within a 100-mile radius of the Reservation and there are currently no inpatient/residential treatment providers for meth-involved youth.
- In the past 180 days, the Wellness Center has received increased requests for services for meth-involved tribal members being held in the Tribe's newly built Detention Center. Because the individuals are in the custody of the Detention Center, payment from Medicaid (AHCCCS in AZ) can not be secured, making it extremely difficult to provide adequate services.[3]

Like the health care and social services programs on the Reservation, the San Carlos Police Department is overwhelmed by the meth problem but nevertheless works tirelessly to battle it. Most of the meth on the Reservation is trafficked in from Mexico. As mentioned above, due to meth, other drugs, and an increasing gang and gun presence on the Reservation, violence at San Carlos has escalated, creating serious public safety problems. The Police Department is short-staffed and lacks the equipment and weaponry needed to properly investigate meth crimes or make arrests. Over the past decade, the Tribe has experienced severe shortfalls in funding under its 638 contract with the BIA. The Tribe estimates that the shortfall is about $1 million per year.

Due to funding constrains, there are only two to five officers on duty at any given time to cover 1.8 million acres. Also, due to limited resources and the distance between the Reservation's four districts, the Department has difficulty

---

who was placed back with her mother when she should not have been. The mother and the boyfriend sexually abused the child, beat her, and killed her. We understand that the President's FY 2007 budget request proposes significant funding cuts for welfare services within the BIA, which will directly affect Child Protection Services. If these cuts are enacted, then welfare services within the BIA will have a $16 million shortfall due to shortfalls from previous years also. We cannot afford any more cuts to welfare services at the BIA.

[3] Currently, detainees at the Tribe's Detention Center have difficult access to medical care given that Medicaid will not pay for their care and IHS and BIA do not provide enough funding to pay for care. As you can imagine, this creates serious problems when a person is detained that is addicted to drugs or is in need of serious medical care.

responding to calls for service in a timely manner and must prioritize calls based upon the severity of the incident.

Even with limited staffing, for calendar year 2004, the San Carlos Police Department handled 20,590 offenses, which included 2 homicides, 6 forcible rapes, 97 aggravated assaults with a knife, 262 aggravated assaults with bodily force, 810 assaults, 242 burglaries by forcible entry, 453 incidents of domestic violence, 106 acts of arson, 433 acts of larceny, 101 cases of drug possession, 316 DWI's, 1108 cases of public drunkenness, and 6,643 cases of disorderly conduct.

Recently, the BIA notified the Tribe that it would receive an additional $250,000 in base funding to address violent crime on the Reservation due to the increase in funding in the FY 2006 Interior appropriations bill enacted by the Congress for law enforcement in Indian Country. Even though this funding is still not sufficient to meet our true needs, it is a good start that we appreciate. We commend the Administration and the Congress for its efforts to finally provide needed resources to Indian Country law enforcement and we hope that these efforts can continue. For too long, this problem has been neglected. We also thank Mr. Chris Chaney of BIA's Office of Law Enforcement Services for his commitment to this problem and for taking the time to see first-hand the conditions that the police officers at San Carlos have to face every day.

Response of the San Carlos Apache Tribe to the Meth Problem

To combat this escalating problem, the Tribe has taken decisive action by engaging in focused efforts to prevent and eradicate meth on the Reservation. Every program and agency within the Tribe is coordinating together and implementing programs to target the meth problem. The Tribe's goal is to make it clear to meth producers, dealers, and users that the Tribe does not tolerate meth and takes swift and severe action against perpetrators to protect the Reservation's citizens.

On March 8, 2006, the Tribe held a Meth Forum with mandatory attendance by all tribal programs. Also, IHS, BIA and school system officials attended. At the forum, the Methamphetamine Prevention Coalition was created. It is composed of community members, tribal leaders, and providers/agencies located on the Reservation. The Coalition is part of greater effort of the Tribe to combat substance use and suicide called the Strategic Tribal Empowerment Prevention Program (STEPP). It is fairly new but has already secured limited funding through the efforts of tribal health officials from the State of Arizona to conduct a needs assessment and provide some education to the community about meth. Also, at the forum, officials from the BIA, the Department of Homeland Security, and the Federal Law Enforcement Training Center located in Artesia, New Mexico, as part of Operation Dreamcatcher and through its Indian Country Clandestine Lab Awareness Training Program, provided a community

awareness presentation about the effects of meth, how to identify clan labs, and how to report them. They even set up a mock clan lab, which disconcertingly only took 30 minutes. Operation Dreamcatcher officials later provided a training on clan labs to the San Carlos Police Department.

The Tribe has launched a media campaign to educate the community about meth. It is using every communication medium available, including the local newspaper, cable, and radio, to increase awareness about meth. In coordination with the media campaign, the Tribe's Wellness Center conducts community education forums on meth. In the past 90 days, the Wellness Center has provided over 12 community education forums. Also, the San Carlos Hospital's clinicians have provided meth forums at various tribal events, including the Tribe's 7th Annual Wellness Conference this past March.

Also, the Tribe has implemented a meth outreach program for all tribal employees in an effort to educate its employees and for the employees to take the message to their families and neighbors. Further, the Tribe has instituted a drug testing policy for ALL employees. New employees are screened prior to employment and all current employees are randomly tested. Employees that test positive are immediately terminated from employment, referred to treatment, and instructed that they must be substance free for at least one year in order to qualify for future employment with the Tribe.

In the law enforcement arena, the Tribe has revised its legal code to provide its tribal law enforcement with better enforcement mechanisms and stiffer penalties to address the meth problem. Also, over 10 months ago, the Tribe and the U.S. Attorney for the District of Arizona, Paul Charlton, began quarterly meetings to discuss such issues as violent crimes on the Reservation, drug and gun trafficking, and gang violence. At these meetings, the parties discuss ways to improve investigations, prosecutions, and use of resources. Also, these meetings provide a dialogue so that the Tribe can raise concerns of the community relating to a certain case and request information about a case to allay community concerns and fears, especially when a family member has been murdered or becomes the victim of a violent crime.

Recently, the U.S. Attorney's Office for the District of Arizona announced a policy of zero tolerance for drug dealers, including meth dealers, where the U.S. Attorney's Office will prosecute if there is sufficient evidence and there is a significant impact on the community, such as the victimization of children or dealing on or near school grounds. The U.S. Attorney's Office, with the Tribe's support, has worked diligently to prosecute drug offenders on the Reservation with the investigations being handled by the BIA and the San Carlos Police Department. Over the past two years, the U.S. Attorney's Office has gotten several convictions or guilty pleas of individuals dealing meth on the Reservation, including the convictions of Daniel King and Florena Smith for distributing meth within 1000 feet of a Head Start school, Daniel Hosteenez for possession and

intent to distribute meth to an undercover federal officer, and Dwight Nash for possession and intent to distribute meth. Several other meth cases are pending. In some of the cases, the quantities of meth were very low, but the U.S. Attorney's office, BIA, and the San Carlos Police Department identified that these dealers were having a significant impact on the San Carlos community. The Tribe strongly supports these prosecutions and convictions because they have a definite deterrent effect on meth distribution on the Reservation.

Also, through the dedicated efforts of U.S. Attorney Charlton and the U.S. Attorney's Office's Tribal Liasion, AUSA Diane Humetewa, the Tribe has begun partnering with other federal agencies, including the FBI, DEA, ATF, the Immigration and Customs Enforcement (ICE) Division, and the BIA's Office of Law Enforcement Services. These agencies have participated in the quarterly meetings and, now, the parties are actively collaborating to address serious crime issues on the Reservation. Also, beginning in May, the U.S. Attorney's Office, FBI, ATF, and DEA will conduct joint training sessions to designated tribal police officers who are on the front line of investigating meth distribution for their tribes.

Already, these relationships have yielded positive results. As mentioned above, the U.S. Attorney's office has gotten several convictions or plea agreements of meth dealers on the Reservation. In more recent events, on March 18, 2006, the San Carlos Police Department discovered a pre-Meth Lab on the Reservation and was able to arrest the perpetrator based upon an outstanding federal arrest warrant. At the end of February 2006, the San Carlos Police Department arrested a tribal member who robbed the Postmaster at the San Carlos Post Office at knife-point. He was carrying a meth pipe when arrested. The San Carlos Police Department is working with the BIA, the U.S. Postal Inspector, and the U.S. Attorney's office on the case. Last week, the San Carlos Police Department arrested a non-Indian for selling meth to tribal members at the Tribe's Casino. The Police Department is working with Gila County on her prosecution, and the suspect is in the custody of the Gila County Sheriff's Office.

Furthermore, the San Carlos Police Department officers are in the process of receiving training from the BIA for federal commission cards, which will allow them to enforce federal criminal laws on the Reservation. The San Carlos Police Department has taken steps so that three of its officers have become certified through the DEA at Quantico as meth lab specialists, and the Police Department plans to send two more officers in the fall to become certified. In the next two weeks, the DEA, ATF, and the U.S. Attorney's Office will conduct a Project Safe Neighborhoods training at San Carlos for the San Carlos Police Department. Project Safe Neighborhoods focuses on gun crimes but also provides training on drug smuggling, gangs, and illegal aliens given the prevalence that some combination of these elements are often found together.

The San Carlos Police Department also conducts outreach and education to San Carlos youth to make them aware of the deadly ramifications of meth. In March 2006, the Police Department conducted a meth forum for the Boys and Girls Club of San Carlos.

As you can see, we are doing what we can and as much as we can to address this plague through a coordinated approach involving tribal leadership and all tribal programs in conjunction with partnerships and collaboration with federal and local agencies.

We Can't Do the Work Alone

Despite our efforts, we still have a long way to go to eradicate meth on the Reservation. However, resources are limited. Our tribal program personnel have indicated the need for the following so that it can expand upon its efforts to address the meth problem on the Reservation:

- Funding to hire more case workers for the Tribe's Child Protective Services Program to handle the overwhelming case load and to ensure that no child "falls through the cracks;"
- Evidence-based treatment approaches that incorporate our culture and beliefs as well as funding for and access to detoxification and inpatient/residential care;[4]
- The ability to provide detainees at the Tribe's Detention Center (operated by the Tribe under a BIA 638 contract) with access to critical health and behavioral health services as Medicaid does not pay for their care and IHS and BIA do not provide the Tribe with sufficient funding to pay for their care;
- Assistance to provide meth education and outreach as our resources were already strained even before the meth crisis;
- Funding or other assistance so that the San Carlos Police Department can obtain or have access to the specialized equipment needed to preserve drug evidence and eliminate meth labs and drug trafficking, such as listening devices, night-time surveillance equipment, drug field test kits, gear (Self-Contained Breathing Apparatus) to clean up meth labs, weaponry (*e.g.*, tasers and taser cartridges), and upgraded ballistic armor due to the presence of firearms in drug trafficking;

---

[4] IHS has repeatedly denied the Tribe's requests to include a detox unit in the new IHS health clinic that is planned for completion in 2010 on the Reservation. The Tribe has much difficulty finding placement for its members in detox treatment facilities that meet the needs of Native patients. Also, The Tribe budgets about $70,000 a year for drug treatment services for its members but can only treat between 7-10 individuals given that the cost is $7,000 per month and treatment generally lasts 1.5 - 2 months.

- Funding so that the San Carlos Police Department can hire needed police officers to handle the rising crime due to meth;
- The hiring of addiction medicine specialists by the IHS for the San Carlos hospital because currently there are none;
- Investments in programs in tribal communities that restore hope in our youth and encourage them to be optimistic about their futures, such as economic development initiatives, vocational training, educational programs, mental health programs, community development programs, and family support groups; and
- A concerted and coordinated effort among federal, tribal, state and local community agencies to address this crisis and a commitment to pool resources.

Conclusion

We appreciate your efforts to help us battle this lethal problem, and we look forward to working with you to ensure that the Apache people and other Indian people across the country have the tools that they need to protect and safeguard their communities.

Statement of Hope MacDonald-LoneTree.
Chairperson, Public Safety Committee
Navajo Nation Council.
On the Public Safety Effects of the
Methamphetamine Epidemic in Indian Country
before the
U.S. Senate Committee on Indian Affairs
April 5, 2006

Introduction. Chairman McCain, Senator Dorgan and members of the Committee, thank you for holding this important hearing on the methamphetamine crisis that is engulfing many parts of Indian Country, including the Navajo Nation. The proportions of this crisis are so great that it has the potential to reverse our hard won gains of the last few decades in the areas of community health and public safety.

On the Navajo Nation, meth is commonly called "Glass" or "G". The award-winning documentary "'G' Methamphetamine on the Navajo Nation," produced and sponsored by the Tuba City Regional Health Care Corporation, describes how the evil influence of methamphetamine has insinuated its way into every aspect of life on the Navajo Nation. In this film, Dr. Thomas J. Drouhard, a doctor at the Tuba City Regional Health Care Corporation, details how his own investigation into meth use has led him to conclude that 25% or more of the children in Tuba City have been exposed to meth. These kids have reported the sale and use of meth in the schools. Unlike most illegal drugs, whose users tend to be majority male, Dr. Drouhard reports that half of meth users in his experience are female. This has an immediate consequence on the next generation, especially when these users are pregnant or mothers of young children. Meth use correlates directly with a dramatic increase in child abuse and violence.

Mapping out a strategy for success. The Drug Enforcement Agency has adopted a three-prong approach to addressing the meth crisis:

- **Enforcement.** Through various interdiction efforts, dismantling meth trafficking operations and organizations, including both small-scale home operations (principally handled at the tribal, local and state level) and large scale trafficking operations (principally handled at the Federal level).
- **Community Engagement and Prevention.** Focus on engaging schools, churches, chapter houses, businesses and families in an effort to raise awareness to the dangers posed by meth.
- **Follow-up (treatment, etc.).** Because meth has a high rate of addiction, it is not sufficient to just put traffickers in jail, it is also necessary to help those who are addicted to break the addiction and to heal.

My testimony is focused on the enforcement element, which is the responsibility of the Public Safety Committee of the Navajo Nation. Nonetheless, I would like to emphasize that while enforcement is critically important, ultimate success in the campaign against meth will rest on fully addressing all three elements identified by the DEA.

Crime and Meth. Unfortunately, we do not have well-developed empirical data regarding meth abuse on the Navajo reservation. However, we do have well-informed anecdotal data from our medical and public safety communities that indicates that this evil scourge has swept across our

land in epidemic proportions and that our people have been disproportionately impacted. We also have some relevant national and IHS data which sheds light on the scope of this problem.

The Navajo Nation public safety services report a significant rise in violent, domestic and property crimes, with many of the perpetrators involved in meth use. One particularly horrible incident occurred just four months ago in the Hogback chapter of the Navajo Nation. Late one night, three individuals were led out to the Hogback area to buy some meth. After the exchange of money and drugs (meth), the three individuals were gunned down. Two out of the three suspects have been caught, but one is still on the run. The shootings took place just 15 yards from a residence.

Another more recent incident, illustrates another tragic side to meth. On March 1, 2006, Criminal Investigators, Police Officers, and F.B.I. agents executed a search warrant on several houses that were suspected of selling drugs in the Dilkon community on the Navajo Nation. As a result of this operation, this past week, three (3) Federal Arrest Warrants were executed for Felony Distribution on an eighty-two year old grandmother, her daughter, and grand-daughter. All three will be arraigned in Federal Court for their initial appearance for Felony distribution of meth and Marijuana. Residents reported that the grandmother had been selling with her kids for a couple of years now within the community.

The increase in meth-related crime noted by the Navajo public safety is consistent with research conducted by the National Association of Counties, which has found that the methamphetamine crisis is growing and of national scope. In the NACs survey, 87% of responding law enforcement agencies reported an increase in meth-related arrests starting in 2002. 58% of the counties NACs surveyed said that was the largest drug problem they face, eclipsing cocaine (19%), marijuana (17%) and heroin (3%). Seventeen percent of the counties reported that more than half of the prisoner population is incarcerated due to meth-related crimes, with another 50% reporting that at least 20% of their jail inmates were incarcerated for such crimes. The NACs survey also found that 70% of the officials who responded reported an increase in robberies or burglaries because of meth use, while 63% reported an increase in domestic violence. Similarly, 53% reported an increase in assaults and 27% reported an increase in identity theft.

The U.S. Attorney for the District of Arizona, Paul Charlton, who has coordinated efforts among federal and tribal law enforcement agencies to combat meth use in Indian country, has noted that "While methamphetamine use and distribution is not unique to Indian country, the use of methamphetamine within the Indian communities of Arizona has had a profound effect. A large percentage of the violent crimes prosecuted by the U.S. Attorney's Office include individuals under the influence of methamphetamine or other illegal substances. It is our sincere hope and belief that reducing the availability of methamphetamine within these communities will also bring a reduction in the number of violent crimes."

According to data developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), the highest rates of meth use were found among Native Hawaiians or other Pacific Islanders (2.2 %), persons reporting two or more races (1.9 %) and American Indians or Alaska Natives (1.7%). As mentioned above, however, there is anecdotal evidence indicating the possibility of far higher use levels on the Navajo Nation, perhaps ranging up to

and beyond 25% of youth. IHS statistics also demonstrate a dramatic rise in meth use. In 1997, the IHS began tracking encounters for methamphetamine. That year 31 encounters were recorded; by 2005, more than 5,000 encounters were recorded.

When you factor in the higher rates of use by Native peoples, with the harsh economic conditions on the Navajo reservation, it is easy to believe the anecdotal evidence that the meth crisis is even worse at Navajo than it is in other parts of the country. The spread of this illegal drug on the Navajo Nation is facilitated by the Nation's limited public safety resources.

The need for increased funding for detention and manpower in Indian Country. The Navajo Nation greatly appreciates the support this Committee offered in its FY 2007 budget views and estimates letter for restoration of DOJ Indian County Public Safety funds and for additional funding to address the lack of safe and adequate detention facilities in Indian Country. As you know from my testimony for the Committee's budget hearing on February 14, 2006, the situation is particularly dire at the Navajo Nation, which according to the 2000 census has approximately one-third of the national on-reservation Indian population, but has been receiving only about 12% of BIA public safety funds. With only about 30 officers available at any given time to respond to calls on our reservation, which is the size of West Virginia, and very limited detention facilities, we have almost no ability to crack down on meth traffickers, much less on meth users who have engaged in criminal activity, including domestic violence or child abuse, where it is critically important to separate the perpetrator from the victim. Thus, we cannot truly implement the first prong of the DEA strategy for addressing the meth-crisis.

Because of limited enforcement resources, Navajo officers are called upon to respond to situations solo, without any assurance of timely backup. They have responded heroically despite the fact that they are putting themselves truly in harm's way. One notable example, which involved the toxic combination of meth and gang activity, occurred back in 2003. On that occasion, the Navajo Nation police received a call for service in Fort Defiance, Arizona. The call was initially dispatched as a disturbance. Following a second phone call to the police department the call was again dispatched as a fight in progress. The Navajo officer who was on patrol nearby, responded to the call and was the first officer on the scene. The (female) officer was a 6 year veteran of the Navajo police department.

Upon arrival, the officer observed a female pointing towards a residence. The officer pulled up to the residence and observed a male suspect swinging at someone inside of the residence. The officer exited her police car, at which time the suspect fled on foot from the scene. The officer, a former cross-country runner, pursued the suspect on foot, telling him to stop. The officer eventually caught up w/the suspect over a block away and attempted to grab him. The suspect, who was considerably bigger than the officer turned and swung at the officer who released the suspect to avoid being hit. The suspect again fled on foot, pursued by the officer. After approximately 1/2 a block, the officer caught the suspect who was attempting to climb a fence. As the officer grabbed the suspect, he turned and punched her in the temple, knocking her backwards. The officer retrieved her mace and sprayed the suspect in the face. The mace had no effect on the suspect. When the officer who was holding on to the suspect's jacket attempted to spray the suspect a second time, the wind blew the mace into the officer's eyes and throat.

after inhaling the mace, the officer had difficulty breathing, but continued attempts to apprehend the suspect by grabbing his jacket with both hands. At this point the suspect began swinging at the officer with both fists. The officer remained close into the suspect to avoid being punched in the face and head. Nevertheless, the suspect hit the officer numerous times in the forearm, trying to free himself from her grasp.

A later medical exam revealed that the suspect broke the officer's left arm in the process.

The officer continued to try and restrain the suspect by attempting to sweep his feet. However, due to the suspect's size and strength, she was unsuccessful. Eventually, the suspect was able to free himself and again fled from the officer across the street.

The officer still had difficulty breathing, but again gave chase catching up to the suspect as he tried to climb another fence. On this occasion, the officer again grabbed the suspect, who again swung at her head with his fists. The officer gripped the suspect with her left hand, while retrieving her extendable baton with her right hand and striking the suspect on the leg several times telling him to get on the ground. The baton had no effect on the suspect who continued to resist the officer. When the suspect again began swinging at her with both hands, the officer dropped her baton and grabbed the suspect with both hands pulling him close to avoid being struck in the face and head. The officer also used her arms to block numerous strikes from the suspect. As the two struggled, the officer and the suspect stumbled with the officer ending up trapped in a corner between a house and a fence. The suspect then closed in on the officer, who could not escape the corner, and grabbed her throat with both hands. Fearing for her life, the officer pulled her handgun and fired one round into the suspect's chest. Although the suspect released his grip on the officer's throat, he continued to resist. The officer then re-holstered her handgun, swept the suspect's feet and took him to the ground.

A backup officer then arrived at the scene and attempted to administer first aid to the suspect. Despite fighting the suspect for her life and suffering from a broken arm, the officer assisted the backup officer in administering first aid to the suspect. The suspect died while enroute to the hospital. The officer was also taken to the hospital and treated for various injuries including a broken left arm.

The suspect was a known street gang member who had been involved in numerous prior violent confrontations, to include assaults with a firearm. The suspect was also a known user of meth. Prior to the contact with the officer the suspect damaged a car, assaulted his sister, and broke into and burglarized a residence.

The female officer received a national award for bravery and courage in the line of duty.

With unemployment on the Navajo Nation at more than 40% and generally limited economic activity, we must look to the Federal government to honor its treaty obligations and its responsibility to the first citizens of this great nation and provide adequate funding to address this crisis. The bottom line is that funding increases for Indian Country public safety, health care, education and housing must substantially exceed the rate of inflation (currently the general rate of inflation is 3.4%; the medical rate may effectively be as high as 8-12%) if we are going to be able to address this growing crisis. Only with adequate funding and a unified campaign of enforcement, community engagement and follow-up can we succeed at limiting the effects of this terrible scourge.

Conclusion. Our children are our future. Methamphetamine use puts our children and therefore our future at risk. I thank the Committee for its leadership in this area. The Navajo Nation looks forward to working with the Committee in developing Federal laws and policies to address this crisis.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT

OF

ROBERT McSWAIN

DEPUTY DIRECTOR

INDIAN HEALTH SERVICE

BEFORE THE

SENATE COMMITTEE ON INDIAN AFFAIRS

OVERSIGHT HEARING ON THE PROBLEM OF METHAMPHETAMINE IN

INDIAN COUNTRY

STATEMENT OF THE INDIAN HEALTH SERVICE

HEARING ON THE

THE PROBLEM OF METHAMPHETAMINE IN INDIAN COUNTRY

April 5, 2006

STATEMENT OF THE INDIAN HEALTH SERVICE
HEARING ON THE
PROBLEM OF METHAMPHETAMINE IN INDIAN COUNTRY
APRIL 5, 2006

Mr. Chairman and Members of the Committee:

Good morning, I am Robert McSwain, Deputy Director of the Indian Health Service (IHS). Today, I am accompanied by Dr. Jon Perez, Director, Division of Behavioral Health, IHS and Dr. Anthony Dekker, Associate Director, Clinical Services, IHS Phoenix Indian Medical Center. We are pleased to have this opportunity to testify on behalf of Secretary Leavitt on the problem of Methamphetamine use in Indian Country.

The IHS has the responsibility for the delivery of health services to more than 1.8 million Federally-recognized American Indians and Alaska Natives through a system of IHS, tribal, and urban (I/T/U) operated facilities and programs based on treaties, judicial determinations, and Acts of Congress. The mission of the agency is to raise the physical, mental, social, and spiritual health of American Indians/Alaska Natives to the highest level, in partnership with the population we serve. The agency goal is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to the service population. Our foundation is to promote healthy American Indian/Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.

Secretary Leavitt has also been proactive in raising the awareness of tribal issues within the Department by contributing to our capacity to speak with one voice, as One Department, on behalf of tribes. As such, he recognizes the authority provided in the Native American Programs Act of 1974 and utilizes the Intradepartmental Council for Native American Affairs to consider cross cutting issues and seeks opportunities for collaboration and coordination among Department programs serving Native Americans. The Council serves as an advisory body to the Secretary and has responsibility to assure that Native American policy is implemented across all Divisions in the Department including both health and human services programs. As Vice-Chair of the Secretary's Council, the IHS Director facilitates advocacy within the Department, promotes consultation, reports directly to the Secretary, collaborates directly with the Assistant Secretary for Health, advises the heads of all the Department's divisions and coordinates activities of the Department on Native American health and human services issues.

We are here today to discuss methamphetamine use in Indian Country, and the situation can be described in a single word: crisis. It is a crisis for individuals, families, communities, agencies, and governments across the country. It is also not specific to Indian Country, but affects the entire nation and scores of communities, especially in the Upper Plains and West, and particularly in rural areas, all of which are places where many tribal communities are also located. The latest national information from the Substance Abuse and Mental Health Services

Administration's (SAMHSA) National Survey on Drug Use and Health (NSDUH), published in September of 2005, indicates that in 2004, an estimated 1.4 million persons aged 12 or older (0.6 percent of the population) had used methamphetamine in the past year, and 600,000 (0.2 percent) had used it in the past month. The number of past month methamphetamine users who met criteria for illicit drug dependence or abuse in the past 12 months increased from 164,000 (27.5 percent of past month methamphetamine users) in 2002 to 346,000 (59.3 percent) in 2004. The highest rates of past year methamphetamine use were found among Native Hawaiians or other Pacific Islanders at 2.2 percent of the population, and persons reporting two or more races at 1.9 percent. American Indians or Alaska Natives were third at 1.7 percent. By contrast, past year methamphetamine use among whites was 0.7 percent; 0.5 percent for Hispanics; 0.2 percent for Asians; and 0.1 percent for blacks.

There are manifold aspects to this situation and many windows through which to view the crisis including clinical effects, familial and social effects, and legal and economic impacts. We will focus primarily on IHS and tribal clinical information first, then describe the intervention, training, and community mobilization programming in which we are engaged with tribal communities and public and private partners to address the situation.

Beginning in approximately 2000, marked increases were noted in patients presenting for amphetamine related problems, and that trend continues through today. The number of patient services provided related to amphetamine abuse went from approximately 3,000 contacts in 2000 to 7,004 contacts in 2005, an increase of almost 2 ½ times over five years, and congruent with the overall increases noted by the NSDUH data . The number of individual patients seeking treatment rose similarly, and in 2005, numbered 2,124.

The ages of those most affected by amphetamine abuse span mid-adolescence through adults in their forties, with a sizable minority found even into their early fifties. The ages of highest usage are found from age 15 through 44, with the highest usage ages being 25 to 34 years of age. Finally, males and females are affected essentially equally regardless of age.

As a percentage of overall services provided within the IHS and tribal systems of care, these data indicate that, while increasing sharply, they still represent only a small fraction of the overall services provided. In 2005, there were over 12.5 million clinical services provided in the combined systems, and those directly related to amphetamine abuse amounted to less than .01% of them.

The drug is insidious in its power and effects on the body. It has equally powerful effects on families and communities. In response to the problem, IHS, with federal partners and tribal communities across the country, established ongoing partnerships and formulated long term strategic approaches to intervene in the crisis. These strategic approaches include several components, the primary focus was and continues to be the provision of ongoing clinical services within our system and to support tribal communities to provide those services where they are delivering them. Second, we established collaborative programming with other governmental

organizations and agencies, from tribal to federal, to coordinate medical, social, educational, and legal efforts. Finally, we are supporting communities to mobilize against the threat by providing them program models, training, tools, networks, and ongoing consultation, so they can formulate and deliver their own programs. Most all of the direct service and community mobilization efforts occur at the tribal community level, which is to be expected given the nature of funding and service delivery in Indian Country, where tribes increasingly are the ones who are managing all of their behavioral health programs. As such, most of the efforts are directed in support of those Tribes. Much of the programming is locally directed, but connected nationally by the networks, training, and educational services being provided by the collaboration.

Direct Clinical Services

Direct clinical services include medical, psychological, psychosocial, and recovery services. As noted above, the number of services continues to rise across clinical settings. There are various intervention models being used including pharmacological; cognitive behavioral treatments; traditional medicines and traditional treatments; twelve-step; and psychosocial recovery models. The overwhelming majority of direct services are provided in outpatient settings, but the eleven Youth Regional Treatment Centers provide residential treatment, and many tribal and urban programs provide similar residential services across the country.

IHS National Methamphetamine Initiative and Programming:

In 2004 a national workgroup was formed including IHS, SAMHSA, the Bureau of Indian Affairs, the Department of Justice (DOJ), several tribal behavioral health programs, and several private sector groups to coordinate national, area, and local efforts to address methamphetamine abuse issues. The national interagency workgroup agreed that this effort was to be a community driven, but a nationally coordinated effort for both clinical and community mobilization development models. It was clearly evident that this intense substance of abuse was impacting all systems in the community, tribe, state, regional and national environments. Therefore, the initiative seeks and incorporates federal, state, and local funders of health, law enforcement, courts, environment protection, social services, and behavioral health, to share information, resources, and coordinate mutual efforts.

Collaborative Training and Programming

Collaborative programming with other governmental and private organizations are critical to develop and coordinate medical, social, educational, and legal efforts. Most recently, in 2005, there were five national level meetings and summits on methamphetamine held specifically for tribes and tribal programs, sixteen regional level conferences and trainings, and scores of local community conferences and programs. Based on registrations for the national and regional programs, alone, over 2,000 people attended.

Among the highlights of these:

- The Phoenix Area Health Summit, *Reaching for a New High, Uniting For Methamphetamine-Free Communities*, provided clinical tools, training, and community mobilization models for tribal communities, with over 450 in attendance.
  June, 14-16, 2005: Phoenix, Az

- The Billings Area *"Know Meth" Summit, Call to Action on Methamphetamine Treatment*, offered clinical skill-building to deal with this epidemic and strategic plans and tools for communities to use in coordinating responses, with over 240 in attendance.
  November 16-17, 2005: Billings, MT

- *The National Clinical Update on Substance Abuse and Dependence Training* (Formerly known as the "Primary Care Provider Course on Alcoholism and Substance Abuse") is a three-day intensive clinical training for physicians, physician assistants, nurses, and advanced practice nurses, held twice per year. They are designed to increase the skill level and knowledge base of healthcare providers in substance abuse evaluation and treatment. The programs are limited to 30 providers per training, and the curriculum is updated annually with the most current nursing, addiction medicine (including methamphetamine), and prevention information. This training is available to all providers in Indian health settings: federal, tribal, urban and private. In 2005, the programs were held in Bemidji, MN, and Phoenix, AZ.

- The *IHS/SAMHSA National Behavioral Health Conference* is the single most significant annual gathering of behavioral health professionals and programs nationally. In addition to its presentation programming, it is also convenes several national task forces, workgroups, and interest areas over the entire week of programming. Among the significant tracks in 2005 were methamphetamine clinical and community trainings and programs, with over 600 people in attendance.

Currently planned meetings for the remainder of 2006 include:

- Fargo, ND, *Methamphetamine Summit*, in association with the Aberdeen Area Tribal Chairman's Association and SAMHSA.
  July 11-12, 2006

- Oklahoma Area Indian Health Service
  Cherokee Nation, *'06 Meth Summit*

- White Bison
  Taking a Stand Against Meth: Recovery is Possible

April 20-23, 2006
Denver, CO

- *National Clinical Update on Substance Abuse and Dependence Training For Medical Providers*
  May 9- 11, 2006: Phoenix, AZ
  June 20-22, 2006: Bangor, ME

- *IHS/SAMHSA National Behavioral Health Conference*
  June 6-8, 2006
  San Diego, CA

- National Native American Law Enforcement Association
  National Methamphetamine Conference
  Albuquerque, NM
  November 14-17, 2006

Area Program and Clinical Services Highlights

Aberdeen

The Aberdeen Area is currently budgeting approximately $150,000 to provide area wide training and interventions to service programs throughout the area, including community awareness and mobilization information; materials and manuals; and a culturally specific methamphetamine awareness campaign. This is in addition to its support of the Fargo, North Dakota, Methamphetamine Summit in July, 2006. Aberdeen began receiving funding in FY 2005 to address methamphetamine abuse and continues to receive funding in FY 2006 to address this problem.

Alaska

Tribal programs in Alaska are working with IHS, DOJ, and state governmental organizations to develop a coordinated strategy to address all realms of meth impacts. Additionally, organizations in Alaska are working nationally to prepare a *What's Happening with Meth Issues in Indian Country* briefing paper for those involved with Department of Justice technical assistance to tribal courts, drug courts, law enforcement, child abuse, juvenile delinquency, domestic violence/sexual assault, and prosecution grantees in Indian Country.

Albuquerque

The Albuquerque Area IHS is working with several area tribal programs to deploy and utilize telehealth equipment for clinical consultations, treatment, and education directly related to methamphetamine treatment. As an example of its applicability, the New Sunrise youth

residential treatment program in Acoma is now able to include families and local treatment teams with the New Sunrise staff via telehealth equipment. Treatment team meetings, family sessions, discharge planning, and training are now delivered via televideo hook-up with local community programs that was never possible before.

Billings

The Billings Area, with several area tribes, formulated the *Billings Area Methamphetamine (4 Step) Recovery Model: Get Started, Get Clean, Stay Clean and Stay Healthy* (24 month process of treatment, discharge and ongoing recovery). The Crow Nation has developed a proposal for comprehensive substance abuse services with an emphasis on methamphetamine abuse, and the northern Cheyenne tribe has a methampehtamine task force which meets regularly to coordinate its activities across the reservation.

California

California Area tribes and programs are involved in multiple programs, from telehealth to training and interventions using the Matrix Model. It provides a step-by-step treatment curriculum for methamphetamine addicts with an accompanying "Clinician's Guide to Methamphetamine." It is proven effective in the treatment of methamphetamine and used in many settings across the country. Among the programs of national scope and significance is the Friendship House of American Indians, which now offers residential substance abuse and methamphetamine treatment in its new state-of-the-art 80-bed facility in San Francisco, including family residential programming and outpatient care.

Navajo

The Navajo Nation is actively training staff to use the Matrix Model for treatment and recovery in its programs. Chapters continue to form Community Task Forces to intervene locally at the community level. The Navajo Nation Council recently passed legislation prohibiting the manufacturing, distribution, sales, possession, and use of methamphetamines. This allows for enforcement and prosecution by the Nation for methamphetamine use and distribution. IHS also recently opened its Fort Defiance inpatient adolescent facility to provide higher levels of acute care than was ever possible previously. Finally, "G," a powerful one-hour documentary, was produced in cooperation with Navajo Nation, and examines the effect of methamphetamine use there, revealing the shattered lives of those affected by the drug. The documentary, on DVD, is now being distributed nationally.

Oklahoma

The Cherokee Nation and IHS are funding a multidisciplinary task force for community prevention, rehabilitation, and education for Cherokee. They are also planning a methamphetamine conference in the coming year to coordinate efforts across governmental and

community programs. SAMHSA recently supported the Choctaw Nation with a Targeted Expansion Grant to treat women with children who use methamphetamine. Oklahoma was orginally funded in 1998 by SAMHSA and continues to receive funding from them to address these efforts.

Phoenix Area

In addition to their training and education programs, which have reached over 700 people throughout the Area, the Phoenix Area IHS is using an intensive out-patient alcohol and drug treatment manual based on the Matrix Model for area programs. The Area has also contracted with the University of Colorado for community readiness assessments of eight area programs to determine a community's ability to implement a substance abuse prevention and/or treatment program for methamphetamine. Once the readiness level is determined, the University will provide training on the stages of readiness and assist with the development of a strategic plan to address the methamphetamine problem for each community.

Portland

Portland Area supports the Native American Rehabilitation Association (NARA) range of inpatient and outpatient programs, considered some of the best in the nation for AI/AN individuals and families. NARA is the only inpatient facility of which we are aware treating methamphetamine addiction with western medical, mental health, and traditional care for families. Additionally, the SAMHSA-supported One Sky Center at the Oregon Health and Science University is providing training and technical assistance throughout Indian Country, particularly with Dialectic Behavioral Therapy programming and assistance to create and sustain community mobilization models.

Tucson

SAMHSA is supporting a Pascua Yaqui/University of Arizona inhalant and methamphetamine prevention program and previously supported meetings and prevention programming specific to these.

Promising Programs and Programs Available Nationally

The Matrix Model of stimulant abuse treatment is being supported by SAMHSA, IHS, and scores of tribal programs; staff currently are being trained to use this approach in Aberdeen; California; Navajo; Phoenix; Portland; and Albuquerque Areas. It is evidence-based and showing positive results among many programs and groups nationally.

The Billings Area Methamphetamine 4-Step Recovery Program is also now being offered nationally, and includes traditional medicines and Western psychological/recovery components centered around its 4-step recovery process.

Community Readiness Assessment programs are currently underway in many tribal communities to determine community readiness to implement, and support them in creating community-wide prevention and intervention programs. These programs are currently being used in every IHS Area.

The IHS Addiction Telemedicine Program, centered at Phoenix Indian Medical Center, includes dedicated professional medical, psychiatric, psychological, and advanced practice nursing staff capable of training medical and other providers in emergency assessments and stabilization (withdrawal), and pediatric/drug endangered children nationally via televideo and telemedicine technologies. Psychiatric specialists are also available nationally by phone and videoconference for real time or other consultation.

The IHS Chief Consultant in Addiction Medicine, Anthony Dekker, DO, is available for site visits; telephone and televideo consultations; clinical program development consultation; and training to IHS and tribal programs nationwide. He also directs the *National Clinical Update on Substance Abuse and Dependence Training for Medical Providers* programs.

Conclusion

As is very clear to everyone involved in the efforts to reduce methamphetamine abuse, and is evidenced by the programs and collaborations I have highlighted, the overarching strategy for addressing this crisis requires coordinated and collaborative responses from federal, tribal, state, and private agencies. The Indian Health Service is so engaged with these partners, and we will continue to provide treatment and prevention services throughout our system and the tribal systems of care. In addition to our current partners, we also welcome and encourage the Committee's continued involvement and support, because the crisis is of such proportions that only combined resources and unified action can be effective.

Mr. Chairman, that concludes my prepared remarks, and I would be pleased to answer any questions you or other members of the Committee may have.

Question from Senator Byron Dorgan
Senate Committee on Indian Affairs
Problem of Methamphetamine in Indian Country Hearing
April 5, 2006

The Senate Indian Affairs Committee would appreciate some additional information for the record to supplement the remarks of Mr. McSwain and Dr, Perez at the Committee's April 5 hearing on the problem of methamphetamine in Indian Country.

I asked what the number of in-residence treatment opportunities there are for Indian persons addicted to methamphetamine. Dr. Perez indicated that some 300 beds for youth are available, but noted that that figure does not include tribal and urban residential programs.

QUESTION:

Additional information, which would include treatment numbers for IHS, tribal and urban programs, as well as any estimate of the number of persons who are in contact with IHS about addiction to methamphetamine, would be most appreciated.

ANSWER:

In regard to the total number of beds available for the treatment of all substance abuse, including methamphetamine, there are 214 Youth beds*, 479 Adult tribal, 100 Adult IHS beds and 94 Adult Urban beds, for a total of 673 adult and youth beds. There are no beds exclusively for the treatment of Methamphetamine.

Of all the individuals* who presented for alcohol/substance abuse services at an IHS, Tribal, Urban clinic or health facility in Fiscal Year 2005, 2,590** were diagnosed as users of methamphetamine. This represents a 3.87% rate for methamphetamine use.

- Data according to RPMS (Resource Patient Management System)
- ** Female: 1,441; Male: 1,149.

Department of Justice

STATEMENT

OF

MATTHEW H. MEAD
UNITED STATES ATTORNEY
FOR THE
DISTRICT OF WYOMING

BEFORE THE

COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE

CONCERNING

"COMBATING METHAMPHETAMINE IN INDIAN COUNTRY"

PRESENTED ON

APRIL 5, 2006

STATEMENT OF UNITED STATES ATTORNEY MATTHEW H. MEAD
United States Attorney for the District of Wyoming

United States Senate
Committee on Indian Affairs

April 5, 2006

"Combating Methamphetamine in Indian Country"

Chairman McCain, Vice Chairman Dorgan, and Members of the Committee, it is an honor to appear before you today to provide information about the growing presence of methamphetamine in Indian country, and what the Department of Justice is doing to partner with law enforcement and Native American communities to address this public safety and health problem. I am Matthew Mead, the United States Attorney for the District of Wyoming. I am also a member of the Native American Issues Subcommittee of the Attorney General's Advisory Committee. The Native American Issues Subcommittee consists of 28 United States Attorneys who have significant amounts of Indian country in their respective districts. The members of the Subcommittee work actively individually and as a group to ensure that the law enforcement needs of Indian country are met, and consult frequently with tribes on law enforcement and prosecution issues important to Native Americans.

The Department of Justice recognizes that methamphetamine use, production, and distribution in Indian country have increased significantly over the past ten years. Just last week, Attorney General Gonzales visited the Yakama Nation Indian Reservation in Washington state and participated in a roundtable discussion with federal, tribal, and state law enforcement and justice officials to discuss methamphetamine in Indian country. During this meeting, Attorney General Gonzales discussed the Department's ongoing efforts to combat methamphetamine, including the successes already achieved by drug task forces working in Indian country, and also announced a new methamphetamine training initiative for tribal law enforcement.

The Nature of the Problem

Methamphetamine is a synthetic central nervous system stimulant that is classified as a Schedule II controlled substance. It is widely abused throughout the United States and is distributed under the names "crank," "meth," "crystal," and "speed." Methamphetamine is commonly sold in powder form, but has been distributed in tablets or as crystals (sometimes called "glass" or "ice"). Methamphetamine can be smoked, snorted, injected or taken orally. The clandestine manufacture of methamphetamine has been a concern of law enforcement officials since the 1960's, when outlaw motorcycle gangs produced their own methamphetamine in labs and dominated distribution in the United States. While clandestine labs can produce other types of illicit drugs such as PCP, MDMA, and LSD, methamphetamine has always been the primary drug manufactured in the vast majority of drug labs seized by law enforcement officers throughout the nation.

The methamphetamine found in the United States originates from two general sources, controlled by two distinct groups. Most of the methamphetamine consumed in the United States is produced by Mexico-based and California-based Mexican traffickers. These drug trafficking organizations control "super labs" (a laboratory capable of producing 10 pounds or more of methamphetamine within a production cycle) and produce the majority of methamphetamine available in the United States. Super labs require bulk amounts of pseudoephedrine, a key ingredient used in the manufacturing of methamphetamine. Current drug and lab seizure data suggests that roughly eighty percent of the methamphetamine used in the United States comes from these larger labs, which are increasingly found in Mexico. These same Mexican criminal organizations control most mid-level and retail methamphetamine distribution in the Pacific, Southwest, and West Central regions of the United States, as well as much of the distribution in the Great Lakes and Southeast regions.

Initially found only in the most western areas of the country, there has been a steady increase and eastward spread of small toxic labs (STLs) in the United States. Currently, the Drug Enforcement Administration (DEA) estimates that STLs are responsible for approximately twenty percent of the methamphetamine consumed nationwide. Many methamphetamine abusers quickly learn that the drug is easily produced and that it can be manufactured using common household products found at retail stores. For approximately $100 in "materials," a methamphetamine "cook" can produce approximately $1,000 worth of this poison.

Items such as rock salt, battery acid, red phosphorous road flares, pool acid, and iodine crystals can be used as a source for the necessary chemicals. Precursor chemicals such as pseudoephedrine can be extracted from common, over-the-counter cold medications, regardless of whether they are sold in liquid, gel, or pill form. Using relatively common items such as mason jars, coffee filters, hot plates, pressure cookers, pillowcases, plastic tubing and gas cans, a clandestine lab operator can manufacture methamphetamine almost anywhere without the need for sophisticated laboratory equipment.

The spread of methamphetamine labs can also be attributed to the evolution of technology and the increased use of the Internet. This form of information sharing allows wide dissemination of these manufacturing techniques to anyone with computer access. Aside from marijuana, methamphetamine is the only widely abused illegal drug that is capable of being produced by the abuser. Given the relative ease with which manufacturers are able to acquire "recipes" and ingredients, and the unsophisticated nature of the production process, it is not difficult to see why methamphetamine and methamphetamine labs have spread across America, poisoning our citizens and contaminating our environment.

As the Committee is aware, the effects of methamphetamine are tragic, particularly with regard to children. Parents who manufacture methamphetamine may cook the drug with their children nearby, exposing them to highly toxic fumes and other hazards. Parents who are addicted to the drug will periodically engage in a binge lasting two or three days, during which their children are neglected entirely. Extended use of the drug often leads to changes in temperament which may result in the physical abuse of children. And, we have yet to understand the long-term negative effects of children born to methamphetamine-addicted mothers.

Drug Trafficking in Indian Country

In the United States, there are 562 federally recognized tribes, residing on 281 reservations within 34 different states. Sixty-one reservations are within 50 miles of either the U.S.-Canada border or the U.S.-Mexico border. Because of the sovereign status of the tribes, they are generally not subject to state jurisdiction, except where Public Law 280 applies. As a result, local law enforcement often has no jurisdiction in Indian country, and tribal law enforcement agencies bear the burden of most law enforcement functions. The ratio of law enforcement personnel to residents on tribal lands is far lower than in non-tribal areas. In Indian

lands, according to the National Native American Law Enforcement Association,the ratio is less than 2 officers per 1,000 residents, compared to a range of 3.9 to 6.6 officers per 1,000 residents in non-tribal areas. The dispersion of residents in tribal areas over a large geographic area exacerbates this problem. For example, we understand that the Pine Ridge Indian Reservation in South Dakota has 88 sworn tribal officers to serve 41,000 residents on 2.1 million acres. This equates to a ratio of 1 officer per 24,400 acres of land.

Mexican and Native American traffickers control most of the retail level drug distribution on reservations. Gangs have also begun to infiltrate Native American lands. Mexican criminals have been known to marry Native American women in order to gain a foothold on reservations, and thus establish drug distribution rings. The proximity of some reservations to the border facilitates drug trafficking. For example, the Tohono O'Odham Indian Reservation in Arizona is the second largest reservation in the United States, sharing approximately 70 miles of border with Mexico. It is a vast, desolate, and largely unprotected reservation that provides ample opportunity for uncontested border crossing. The Tohono O'Odham Indian Reservation is believed to be used as a primary corridor for the movement of illegal drugs by Mexican drug trafficking organizations. In 2004, 32.1 metric tons of marijuana alone were seized on the Tohono O'Odham Reservation.

Federal Law Enforcement Efforts

The Department of Justice's Office of Tribal Justice has met with representatives from the National Congress of American Indians, the National Native American Law Enforcement Association, and numerous federally recognized tribes, in addition to federal partners from the Bureau of Indian Affairs' Office of Law Enforcement Services and the Office of National Drug Control Policy, to address the problem of methamphetamine in Indian country.

The Native American Issues Subcommittee (NAIS) of the Attorney General's Advisory Committee hosted a Tribal Summit in Coeur d'Alene, Idaho, in October 2005. The Summit's focus was methamphetamine, specifically, creating strategies to combat methamphetamine distribution, its use in Indian country and to clarify litigation policies among the U.S. Attorneys with Indian country responsibility. The Summit was attended by over 100 tribal representatives from around the country, as well as representatives from the

Department of Justice's Office of Tribal Justice, the Federal Bureau of Investigation (FBI), the Bureau of Indian Affairs (BIA), state and local law enforcement, tribal law enforcement, the DEA, the Indian Health Service, and the Deputy Drug Czar for State and Local Affairs.

Following this meeting, a best practices document was drafted for review and approval by the Attorney General's Advisory Committee and dissemination to the 94 United States Attorney's Offices. Recommendations in the best practices document include, in part, the development or enhancement of regional multi-jurisdictional investigative task forces, reducing the drug quantity thresholds for federal prosecution, increased participation in drug endangered children initiatives, and working with local health care providers to develop safety plans for medical providers, patients, and the public in emergency room departments.

The United States Attorney for the District of Arizona, under the direction of U.S. Attorney Paul Charlton, has taken steps to address the issue of drug trafficking in Indian country. Together with the BIA, FBI, and the Drug Enforcement Administration's Phoenix Field Division, the U.S. Attorney's Office has developed an initiative that addresses the threat of methamphetamine in Indian country by emphasizing training, education, enforcement, and prosecution strategies. The initiative focuses available resources on drug dealers who constitute the greatest threat to Indian communities in Arizona, and has already resulted in increased prosecutions of drug dealers working in Arizona's Indian communities.

Also in Arizona, the DEA's Phoenix Field Division has included a BIA agent in its methamphetamine conspiracy and clan lab group, and it conducts aggressive demand reduction efforts and education events throughout Indian country. The Phoenix Field Division is also offering a two-day methamphetamine training course, in conjunction with the BIA, FBI and the Arizona U.S. Attorney's Office, designed specifically for Tribal Law Enforcement charged with implementing the local methamphetamine eradication plan. The training will involve the basics in methamphetamine and drug identification, as well as clan lab safety and investigation, search and seizure issues, evidence handling, interview techniques, and drug field testing. The Clan Lab Safety & Investigation component of the training is an abbreviated form of the DEA's State and Local Clan Lab Certification School curriculum. This training will be regional and cover

the entire state of Arizona. Presently, the schools are planned for May of 2006 in Phoenix and Flagstaff, and representatives from 14 tribes are expected to attend.

To address violent crime in Indian country, as well as drug trafficking, the FBI initiated the Safe Trails Task Force Program in March 1994. Other Task Force participants include the DEA, BIA, tribal police departments, and state and local law enforcement agencies. There are currently 15 Safe Trails Task Forces.

As the Committee is aware, our Office of Justice Programs (OJP), the Department of Justice's Office on Violence Against Women (OVW), and the Office of Community Oriented Policing Services (COPS) continue to be the Department's primary resources for funding, programmatic, and other assistance in Indian country. OJP has been providing methamphetamine investigation training for law enforcement, including tribal law enforcement, for many years. The training has been delivered by the Center for Task Force Training (CenTF), an OJP grantee that is supported by the National Narcotics Officers' Association.

Attorney General Gonzales recently announced that OJP will develop a new methamphetamine investigation training specifically tailored to tribal law enforcement. This new course will provide tribal law enforcement what they need to know to conduct successful and safe methamphetamine investigations. CenTF will deliver the training in ten locations throughout the U.S. in 2006 and 2007. We expect that several hundred tribal law enforcement officers will receive training through this initiative.

OJP's Drug Court Discretionary Grant Program is another valuable resource for communities experiencing methamphetamine problems, including tribal communities. This program provides financial and technical assistance to states, state courts, local courts, units of local government, and Indian tribal governments to develop and implement drug courts that effectively integrate substance abuse treatment, mandatory drug testing, sanctions and incentives, and transitional services in a judicially supervised court setting with jurisdiction over nonviolent, substance-abusing offenders. Drug courts assist those who abuse methamphetamine and other drugs by providing treatment, drug testing, sanctions, and transitional services to offenders.

Several tribes and tribal organizations, including the Washoe Tribe of Nevada and California; the Chippewa Cree Tribe, the Crow Agency and the Fort Peck and Sioux Tribes of Montana; the Flandreau Santee Sioux Tribe of South Dakota; and Yakama Nation and Lummi Nation of Washington, have used OJP drug court grants to address methamphetamine problems. In fact, Attorney General Gonzales toured the Yakama Nation's drug court last week, and spoke with the chief judge about methamphetamine cases on the reservation. The Crow Agency and Lummi Nation are already planning additional drug court efforts that will also focus on methamphetamine use. In addition, the Mississippi Band of Choctaw Indians is planning a methamphetamine-related drug court program using OJP funds.

OJP also focuses on victims of methamphetamine use who are too often overlooked – children found living or visiting methamphetamine laboratories. As mentioned earlier, these children face severe health and safety risks, including fires and explosions.

This spring OJP will develop a National Drug Endangered Children Resource Center, which will provide critical information to the federal Government, states, and local communities on how to best help children hurt by drugs, including methamphetamine. This effort will help drug enforcement officers and child welfare workers aid children found in environments where drugs are manufactured, sold, or used. The Resource Center will also raise awareness of these children's needs and provide a forum for leading experts and researchers to propose solutions. We hope that the Resource Center will also be a useful tool for tribal communities, especially in areas with methamphetamine problems.

Successful Law Enforcement Partnerships -- The Wyoming Example

A collaborative effort between federal, state, local and tribal law enforcement is essential in tackling a problem as pervasive as methamphetamine. Two recent cases in the District of Wyoming are helpful illustrations of the efficacy of a coordinated response to methamphetamine trafficking in Indian country.

In 2004, the DEA's Post of Duty in Casper Wyoming, the Wyoming Division of Criminal Investigation Northwest Enforcement Team (DCI), and the BIA on the Wind River Indian Reservation initiated an investigation into the Goodman Drug Trafficking Organization (DTO). This investigation focused on the narcotic activities of the Goodman DTO - a family-run criminal organization based on the Wind River Indian Reservation (WRIR or Reservation). The Goodman DTO was responsible for distributing methamphetamine, cocaine, marijuana, and diverted prescription painkillers, such as Oxycodone (OxyContin), Hydrocodone (Vicodin), and Proxyphene (Darvocet), to residents of the Reservation and neighboring areas of Fremont County.

Investigators estimate that the Goodman DTO distributed at least one pound of methamphetamine each month to clients on the Wind River Indian Reservation. In addition, the Goodman DTO served approximately 20 to 50 drug customers per day. This year-long investigation culminated on May 27, 2005, with law enforcement officers executing 19 arrest warrants and 28 search warrants on the WRIR and in surrounding areas. In the days leading up to the arrests, federal and state agents learned of credible threats to harm a BIA officer for his proactive approach in the investigation. These threats, combined with the expansive geographic area from which such a large number of arrests were to be made and the large number of locations to be searched, triggered what is likely the largest coordinated law enforcement response in Wyoming.

Law enforcement's preparation for this effort began well in advance. Through the focused leadership of DCI agents assigned to the Northwest Enforcement Team, the DEA agents in Casper and the BIA officers, a detailed operation plan was drafted and fine tuned to meet all potential tactical obstacles and to ensure safety for all law enforcement, those being arrested, and those whose property was being searched. In all, 28 separate locations were searched. The searches turned up methamphetamine, marijuana, prescription pills, and weapons, including an SKS assault rifle. Within hours, all 19 defendants were arrested without incident and each location was secured and searched. No one was injured and medical personnel in attendance were not needed.

In June 2005, another seven defendants were arrested and charged. Again, cooperating law enforcement agencies gathered on a smaller scale to execute the remaining arrest warrants. Altogether, 25 people, including a tribal court judge,

faced various federal drug and firearm violations. Additional conspirators were charged through the Fremont County Attorney's Office.

The entire Goodman family has now pleaded guilty. In fact, of the 25 federal defendants, 22 have now been convicted. All persons charged with making threats against a law enforcement officer have pleaded guilty, including the tribal court judge.

A second Wyoming case illustrates how a ruthlessly devised and executed business plan developed by a Mexican drug trafficking organization targeted Indian reservations in the West for methamphetamine distribution. On May 3, 2005, a jury found Jesus Martin Sagaste-Cruz, 39, of Mexico, guilty of conspiracy to distribute methamphetamine. In addition, Sagaste-Cruz was found responsible for distributing, during the course of the conspiracy, in excess of 100 pounds of methamphetamine on the WRIR, in several other Wyoming communities, and in Ogden, Utah. One hundred pounds of methamphetamine has a street value of between 4.5 to 6.8 million dollars. Sagaste-Cruz was sentenced to life in prison on July 6, 2005.

What is particularly compelling about this case is that Sagaste-Cruz executed a criminal business plan to sell methamphetamine not only in Fremont County, Wyoming, but also on the Rosebud, Pine Ridge and Yankton reservations in South Dakota and on the Santee Sioux Reservation in Nebraska. Through the investigation, authorities learned that the business plan was hatched after members of the drug ring read a news article in the Denver Post. The article described how liquor stores in Whiteclay, a small Nebraska town, were profitably selling huge quantities of alcohol to Native Americans from the nearby Pine Ridge Reservation in South Dakota. In fact, the Whiteclay liquor stores sold $4 million a year in beer and malt liquor primarily to members of the Oglala Lakota Sioux. That reservation had an alcoholism problem of epidemic proportions. The news article also pointed out how liquor sales peaked each month shortly after monthly per-capita checks were sent in the mail.

Members of Sagaste-Cruz' drug ring surmised that if people who were addicted to alcohol could be given free samples of methamphetamine, the alcoholics would quickly switch over to being addicted to the drug. And, the Mexican-national members of this drug ring figured they would not stand out

among American Indians. The organization led by Sagaste-Cruz could distribute the methamphetamine via customers who would be forced to become dealers to support their own habits. The methamphetamine could be supplied by "super labs" in California and Mexico.

To execute the business plan, members of the Sagaste-Cruz organization relocated to communities in close proximity to the affected reservations. The first thing the members did was to develop romantic relationships with Indian women. Some even had children with these Indian women. The women were introduced to the methamphetamine with free samples. All of the lower-level distributors told investigators that they started as recreational users and all became severely addicted to methamphetamine. To support their habit, customers became dealers and distributors themselves, using free samples to recruit new customers. This model provided for steady growth as customers became dealers/recruiters themselves, and their customers in turn became dealers/recruiters in a pyramid growth scheme.

The key to breaking the Sagaste-Cruz ring was coordination with local law enforcement officers, on and off the reservations. The sharing of information and resources allowed for a gradual realization that we were dealing with a large-scale criminal enterprise and not just a few users on the WRIR. It is worthy of note that some of the dealers/recruiters told law enforcement officials that getting arrested probably saved their lives. All are in prison and participate in the Bureau of Prisons' Residential Drug Abuse Treatment program, a program consisting of a minimum of 500 hours of intensive treatment and counseling over 9 months.

At Sagaste-Cruz's sentencing District Judge Alan B. Johnson said "Standing before me today is not a man who is addicted to drugs or is dealing with his own personal depression or demons in his life. He is a man who is part of a business organization which exists for the purpose of bringing his poisons into the United States, over the borders, from California to Utah and into Wyoming, for consumption by those people on the reservation and others throughout the state of Wyoming who do suffer from a wide variety of ills as well as disorders in their own lives...."

An effective and efficient collaborative effort between tribal, state, and federal law enforcement, and the support of tribal leaders, was critical to the

successful dismantling of the Goodman and Sagaste-Cruz organizations. Such collaboration has been and continues to be greatly enhanced by outreach efforts undertaken by the United States Attorney's Office to build rapport with the WRIR's Joint Business Council and the two tribes it represents, the Northern Arapaho and Eastern Shoshone. These efforts include hosting an annual Native American Conference in Fremont County, attending cultural events important to the Indian community, ensuring that Indian victims and defendants are treated with respect and sensitivity, and meeting regularly with the Joint Business Council. An important outgrowth of the strong working relationship we have developed with the Tribes is a cooperative law enforcement agreement between federal, state, local and tribal agencies, which makes optimal use of available law enforcement resources in the area.

However, we continue to be faced with unique challenges on the Reservation. Investigations can be more difficult because Indian family members who may be witnesses to illegal narcotics activities are often under intense pressure not to cooperate with authorities. Native Americans engaged in the sale of illegal drugs on reservations are very cognizant and distrustful of outsiders, making undercover work more challenging. Wiretaps conducted on the Reservation may not be as effective as those elsewhere, since telephone use by perpetrators can be sporadic or greatly limited. These challenges demand that we use all of the tools at our disposal, including the outreach and collaborative law enforcement efforts mentioned above.

Additional Law Enforcement Efforts

Other jurisdictions also successfully use a collaborative law enforcement model. In March 2006, the DEA's Mobile Enforcement Team from the Dallas Field Division, working closely with the Chickasaw Indian Nation, the BIA, ATF, state and local officers, and the United States Attorney's Offices, concluded a nine month deployment and investigation in Texas and Oklahoma that resulted in the arrest of 108 individuals and the dismantling of seven methamphetamine trafficking organizations and two crack cocaine organizations. According to Sheldon Sperling, the United States Attorney for the Eastern District of Oklahoma, the federal targets represent the leaders of an organization planted in southern Oklahoma and northeastern Texas by a violent street gang in Chicago known as Satan's Disciples. The year-long operation against the drug ring was dubbed "700

Ranch Round-up" and has led to the confiscation of over 19 pounds of methamphetamine, more than $166,000, and 49 weapons. As a result of this effort, seven methamphetamine trafficking organizations and two crack cocaine organizations were dismantled.

The "700 Ranch Round-up" is actually the second major take-down in a three year period involving the Eastern District of Oklahoma. In 2003-2004, the United States Attorney for the Eastern District of Oklahoma launched an initiative along the Oklahoma/Arkansas border to stop five drug trafficking operations that were operating at tribal casinos, beyond the reach of state and local law enforcement. Limited tribal and BIA resources also allowed these traffickers to operate with impunity. The initiative, heralded as a sterling example of intergovernmental cooperation, netted 34 defendants. The federal government prosecuted one-half of those arrested, with the remaining defendants prosecuted by state officials.

Conclusion

I commend the Committee's interest in the public safety and health consequences of the methamphetamine menace on Indian reservations. Methamphetamine has contributed to the high violent crime rate in Indian country, devastated Native American families, and strained resources of tribal law enforcement, heath, and social services programs. Those consequences remain an important concern at the Department of Justice. I appreciate the opportunity to speak on this critical and timely topic. I will be pleased to answer any questions you may have.

MATTHEW HANSEN MEAD
UNITED STATES ATTORNEY
DISTRICT OF WYOMING
2120 Capitol Avenue Suite 4002
Cheyenne, Wyoming 82001
(307) 772-2124

* * *

Matthew Hansen Mead was born and raised in Jackson, Wyoming. He has a family ranching background and continues a ranching operation in his spare time.

Matt received a Bachelor of Arts degree from Trinity University, San Antonio, Texas, in 1984 and a Juris Doctorate degree from the University of Wyoming College of Law in 1987. After receiving his law degree, he served as Deputy County Attorney for Campbell County, Wyoming, and then as an Assistant United States Attorney in Cheyenne, Wyoming. From 1995 to 2001, he was engaged in the private practice of law in Cheyenne, Wyoming. He has also served as a Special Assistant Attorney General for the State of Wyoming and as a Special Assistant United States Attorney.

In October 2001, Matt was appointed by President Bush to serve as United States Attorney for the District of Wyoming. As U.S. Attorney, he serves on the Native American Issues Subcommittee of the Attorney General's Advisory Committee and on the Governor's Substance Abuse and Violent Crime Advisory Board. He also serves as a member of the Rocky Mountain High Intensity Drug Trafficking Area (HIDTA), a group comprised of federal, local and state law enforcement from Wyoming, Montana, Utah and Colorado. Matt was Vice Chairman of this group in 2003 and Chairman in 2004. He has been Vice Chairman of the Wyoming Drug-Endangered Child Committee since 2004.

Matt is married and he and his wife Carol have two children.

RESPONSES BY THE DEPARTMENT OF JUSTICE
TO QUESTIONS POSED TO
MATTHEW H. MEAD
UNITED STATES ATTORNEY
FOR THE DISTRICT OF WYOMING
from the Senate Committee on Indian Affairs
following the April 5, 2006 Oversight Hearing on
"The Problem of Methamphetamine in Indian Country"

1) **What is being done at our borders to strengthen drug surveillance and curb the trafficking of meth into the United States?**

The Drug Enforcement Administration (DEA) estimates that approximately 80% of the methamphetamine used in the United States is produced by Mexican drug trafficking organizations in larger labs, increasingly in Mexico. Mexican trafficking organizations, as well as other groups smuggle drugs into the United States using a variety of methods. Drugs come across the United States border by vehicle, rail cars, horseback, on foot and various other methods. While the DEA has operational elements at the border and in Mexico, the responsibility for surveillance of both of the borders and border control lies with the Department of Homeland Security, U.S. Customs and Border Protection (CBP). Customs Border Protection (CBP) had a 32 % increase in the seizure of methamphetamine in FY05 and seized over 4,300 lbs at our ports of entry.

On May 17, 2006, Attorney General Alberto Gonzales announced new anti-methamphetamine domestic initiatives as well as new partnerships between the United States and Mexico. These initiatives were announced in conjunction with the National Methamphetamine and Chemicals Initiative Strategy Conference. Among the U.S./Mexico partnership efforts is an agreement between the DEA and the Government of Mexico to establish specialized methamphetamine enforcement teams on either side of the border. In Mexico, these teams will focus on investigating and targeting the most wanted Mexican methamphetamine drug trafficking organizations, while DEA-led efforts on the U.S. side will focus on the methamphetamine traffickers and organizations transporting and distributing the finished methamphetamine being produced in Mexico.

Other initiatives that are part of the U.S./Mexico partnership include:

- A new DEA and CBP focus on ports of interest within the United States targeting suspicious cargo that is likely to be related to methamphetamine trafficking organizations;
- A Bi-National Law Enforcement Working Group that will focus on methamphetamine production and trafficking from both an enforcement and intelligence perspective;
- The DEA and the Mexican Cenapi will share intelligence information and

continue to develop stronger working relationships. Such collaborative efforts will focus on investigating large-scale meth trafficking organizations that are operating in Mexico and the United States;

- An agreement between the DEA Office of Diversion Control and Mexico's chemical regulatory agency, COFEPRIS, to a personnel exchange in which chemical regulatory experts from within each agency will be embedded within the other's agency for a specific period to observe, learn best practices, and then implement joint strategies complementary to both regulatory agencies;

- Eight DEA trucks used in clandestine lab enforcement operations that have been refurbished and donated to Mexico to be used by the above referenced specialized Mexican enforcement teams; and

- DEA and the Department of States' International Narcotics Law Enforcement Affairs Section will train nearly one thousand Mexican police officials on a variety of investigative, enforcement and regulatory methods related to meth trafficking.

Domestic efforts for this new partnership with Mexico will focus on a redirection of DEA clan lab enforcement teams. The significant reduction in domestic small toxic labs will allow these teams to refocus their efforts at targeting Mexican meth trafficking organizations by tracing chemicals, finished meth, and proceeds to organizational leaders in the U.S. and Mexico rather than merely locating and cleaning up labs. An additional focus of these teams will be to identify and dismantle U.S.-based transportation and distribution cells.

The Federal Bureau of Investigation (FBI), too, plays an important part in stopping drug trafficking at the Mexican border. The FBI participates with other members of the law enforcement and intelligence communities in the Department's National Drug Intelligence Center, the El Paso Intelligence Center, and the McAllen Intelligence Center to collect, assess, and disseminate drug-related intelligence for the purpose of identifying trends, methods, and threats associated with criminal enterprises that engage in drug trafficking. The FBI has increased its involvement in the Organized Crime Drug Enforcement Task Forces (OCDETFs), as well as its leadership of the High Intensity Drug Trafficking Area (HIDTA) initiatives, placing a priority on the southwest border region.

The FBI aggressively targets Mexican Drug Trafficking Criminal Enterprises (MDTCEs), using sophisticated investigative techniques that include Title III intercepts as well as undercover, sting, and money laundering operations. Since September 2002, 31% of all FBI criminal Title III intercepts were related to drug investigations, many of which targeted MDTCEs.

These efforts have yielded many successes, including Operation Ice Ax, an FBI OCDETF

investigation targeting an MDTCE operating a multi-state methamphetamine distribution ring from Mexico to San Diego, Sacramento, San Francisco, and Honolulu. In May 2006, the FBI executed 19 search warrants and 16 arrest warrants in California and Hawaii, dismantling an MDTCE responsible for the importation of multiple shipments of methamphetamine and cocaine. Since July 2005, the investigation has resulted in the seizure of 38 pounds of methamphetamine, 110 pounds of cocaine, more than $1,400,000 in cash, and numerous weapons.

Another FBI OCDETF effort, Operation Phat Rides, targeted an MDTCE operating a multi-state methamphetamine distribution ring from the Central Valley in California. The FBI executed six search warrants in cooperation with the DEA, Modesto Police Department, Stanislaus County Drug Enforcement Agency, and Central Valley HIDTA, seizing 20 pounds of methamphetamine and 30 cases of pseudoephedrine and dismantling the "super lab" that produced them.

The FBI also seeks to stop the flow of methamphetamine and other drugs through its participation in the Resolution Six agreement, pursuant to which six FBI Special Agents are assigned jointly with the DEA in Mexico. Through this joint effort, the FBI and DEA are able to acquire and disseminate to U.S. law enforcement officials greater intelligence regarding the MDTCEs that send drugs across the border.

In 2005, National Drug Intelligence Center (NDIC) conducted Document and Computer Exploitation (Doc Ex) missions for six DEA and two FBI major methamphetamine investigations. This support significantly furthered these investigations and prosecutions by identifying additional leads and evidence to buttress the investigation and prosecution by showing relationships between people, places, times, etc.

Thus far in 2006, NDIC has conducted two methamphetamine Doc Ex missions, one each for DEA and the FBI. There are currently three pending methamphetamine missions to include a mission in support of DEA Guadalajara, Mexico. DEA Guadalajara, Mexico, has solicited and NDIC has agreed to provide Doc Ex support in analyzing documentary evidence seized on January 5th, at a huge methamphetamine laboratory site discovered in Guadalajara where 500 kilograms of methamphetamine were seized.

In March 2006, an NDIC Doc Ex team deployed to Oklahoma in support of Operation Surge -- an interdiction operation conducted by the DEA Oklahoma City District Office, the Central Oklahoma Metro Interdiction Team, and the Oklahoma Highway Patrol targeting methamphetamine hot-spots in Oklahoma. The team exploited documents and telephone numbers from three real-time seizures and eight historical cases, as well as performed additional database queries and analysis at NDIC. NDIC is looking to support similar methamphetamine "hot spot" surge operations in 2006.

2) **Is the FBI able to respond to requests for analysis by tribes and prosecution agencies in a timely manner?**

Historically, many Indian Country cases sent to the FBI's Laboratory Division for evidence analysis have been subject to very short trial deadlines, some have lacked identified subjects at the time of submission, and, due to a variety of circumstances, the evidence from these cases has often been submitted without known evidence "standards" from victims and/or subjects. These cases have sometimes received a lower priority than cases submitted to the Laboratory Division with identified subjects and evidence standards.

In response to the concern that Indian Country cases were not receiving adequate attention, the FBI and the Arizona Department of Public Safety partnered for the purpose of regionally processing evidence from Indian Country crimes in 1999. This partnership was highly productive, but it was costly and was funded entirely by the FBI. The FBI will continue its commitment to the efficient investigation of Indian Country cases by reassigning these cases to the FBI's Laboratory Division with the clear directive that they receive appropriately high priority.

More recently, the FBI's Laboratory Division created the FBI Indian Country Evidence Task Force (ICETF) in June 2000. This task force is composed of examiners and technicians from the FBI's Trace Evidence Unit, DNA Units, Firearms/Toolmarks Unit, and Latent Fingerprint Operations Unit, whose sole duties are their ICETF assignments. Laboratory Division statistics indicate that these units had been involved in approximately 90% of the Indian Country cases. In the event that examinations by those in other disciplines are needed, the Laboratory Division has designated examiners in other units who are instructed to give IC cases top priority.

It is the Laboratory Division's intention to apply the resources necessary to continue to address these cases in a timely manner.

3) **You mentioned an inter-jurisdictional Tribal Summit held in Coeur d'Alene, Idaho in October 2005. As a result of the Summit a best practices document was disseminated to 94 United States Attorney's Offices. Was the best practices document distributed to tribal law enforcement? How do you propose to implement in Indian Country the recommendations in the document? Would you forward a copy of the document to the Committee?**

Following the Summit, a best practices document was drafted and circulated among the United States Attorneys comprising the Native American Issues Subcommittee (NAIS). NAIS met on February 26, 2006, and the document was unanimously approved. There is a multi-step process prior to any best practices document being disseminated to all United States Attorney's offices. Following approval by the individual subcommittee, in this case NAIS, the document is reviewed for approval by the Attorney General's Advisory Committee (AGAC). The meth best practices document was reviewed and approved by

the AGAC at its May 10-11, 2006 meeting. The last step in the process is to have the Deputy Attorney General (DAG) sign off on the document. Following this last step, the document is then disseminated, through the Executive Office for United States Attorneys, to all the districts.

The recommendations contained in the best practices document will be implemented by the individual districts. The document will not be mass mailed to tribal law enforcement, however, it is expected that individual United States Attorneys will engage the tribal criminal justice systems in their districts in an implementation strategy. Given the tremendous diversity in Indian Country, United States Attorneys need to be able to develop a meth strategy that is responsive to the individual needs of the tribe and the district. Once approval from the DAG's office has been secured, a copy of the best practices document will be shared with this Committee.

4) **Is there a direct correlation between drug/meth use and violent crime in Indian country?**

In preparation for the Tribal Summit, the FBI's Indian Country Unit conducted a telephonic survey of FBI personnel assigned to Indian Country matters and determined that methamphetamine appears to be involved in an estimated 30% to 50% of all Indian Country violent crime cases in some jurisdictions. Where methamphetamine is present, there is generally an increase in the severity of the violence. The anecdotal information obtained through the informal survey resulted in the FBI's initiation of a formal Intelligence Assessment on methamphetamine in Indian Country, which will be released in the near future. This Intelligence Assessment will expand on the information obtained through the informal survey and will address intelligence gaps identified during the Tribal Summit, gathering data from FBI investigative case files, open-source materials, and interviews with Indian Country agents and other law enforcement personnel. This information will help the FBI to accurately evaluate the prevalence and effect of methamphetamine in Indian Country.

5) **The small quantity meth cases are atypical of what is generally handled by federal prosecutors. Are you able to quantify the impact that these cases will have on your prosecution resources?**

No, the Department is unable to quantify exactly the impact taking smaller quantity cases will have on federal prosecution resources. For example, the District of Arizona was the first district to implement a "zero tolerance" policy for meth dealers. Thus, regardless of the quantity, if an individual is dealing meth on the reservation, the case will be prosecuted federally. Use cases will continue to be prosecuted by the tribe. Obviously, taking all dealer cases will substantially increase the caseload for the District of Arizona. However, the rationale behind the policy is that if dealers are prosecuted federally and receive stiffer punishment in federal district court, the district should see a corresponding reduction in violent crime cases. This policy is less than a year old. Therefore, no statistical analysis exists.

In addition, the word "small" is a relative term. It should be pointed out that one of the cases to which Mr. Mead referred in his testimony involved the distribution of over 100 pounds of meth and the leader of the organization received a life sentence as a result of his role in the organization. It should also be noted that in the District of Wyoming, in the last few weeks, 53 individuals have been charged and 43 arrested, to date, in several related cases where individuals are responsible for distributing well in excess of 100 pounds of meth in and near the Wind River Indian Reservation. So, while the ability of United States Attorneys to take cases of smaller amounts will be a key factor in addressing this problem, there are certainly some significant methamphetamine cases in Indian Country that we would prosecute even if the location of the offense were off the reservation.

6) **What, if any resources are available to tribal police from agencies within the Department of Justice?**

As Mr. Mead noted in his testimony, the Department of Justice's Office of Justice Programs (OJP), Office on Violence Against Women (OVW), and the Office of Community Oriented Policing Services (COPS) continue to be the Department's primary resources for funding and other assistance in Indian country. OJP has been providing methamphetamine investigation training for law enforcement, including tribal law enforcement, for many years. The training has been delivered by the Center for Task Force Training (CenTF), an OJP grantee that is supported by the National Narcotics Officers' Association.

Attorney General Gonzales recently announced that OJP will develop a new methamphetamine investigation training specifically tailored to tribal law enforcement. This new course will provide tribal law enforcement what they need to know to conduct successful and safe methamphetamine investigations. CenTF will deliver the training in ten locations throughout the U.S. in 2006 and 2007. The Department expects that several hundred tribal law enforcement officers will receive training through this initiative.

OJP recently awarded more than $604,000 to develop a National Drug Endangered Children Resource Center, which will provide critical information to the federal government, states, and local communities on how to best help children hurt by drugs, including methamphetamine. This effort will help drug enforcement officers and child welfare workers aid children found in environments where drugs are manufactured, sold, or used. The Resource Center will also raise awareness of these children's needs and provide a forum for leading experts and researchers to propose solutions. The Department hopes that the Resource Center will also be a useful tool for tribal communities, especially in areas with methamphetamine problems.

The Department has made it a priority to build the capacity of tribes to collect reliable data on arrests, victimizations, and other criminal justice-related issues, realizing that the

infrastructure for what can be a costly process is often lacking. With that in mind, the Department's Bureau of Justice Statistics (BJS) launched the Tribal Criminal History Record Improvement Program (T-CHRIP) in Fiscal Year 2004. Since then the Department has awarded nearly $1.5 million to nine grantees. Many of these tribes have used T-CHRIP funds to purchase electronic fingerprinting equipment and train law enforcement personnel how to use it. T-CHRIP funds have also been used to improve electronic information sharing both on and off the reservations. In addition, grantees are automating DWI/DUI records, domestic violence protection orders, and ink/manual fingerprint cards. The Fiscal Year 2006 T-CHRIP solicitation went out on May 5, 2006, with an application deadline of June 15, 2006. Five grant applications were received.

As the Committee is aware, the Department is again requesting that several tribal grant programs, including the Indian Alcohol and Substance Abuse Program, the Indian Country Prison Grants Program, and the Tribal Courts Program, be consolidated into a single tribal law enforcement grant program. This will enhance tribal communities' flexibility to address their unique law enforcement needs. For Fiscal Year 2007 we have requested $31.1 million for this new competitive program, which would be administered by our Office of Community Oriented Policing Services in consultation with OJP. Grant funding could be used to hire tribal law enforcement, prosecutorial, or judicial officers. Tribes will also be able to use these funds to upgrade equipment and technology for local law enforcement, prosecutorial, or judicial operations.

In addition, this year the Department will be unveiling a new Web site created specifically for Indian country. The Web site will feature information on law enforcement, corrections, crime victim issues, juvenile justice, and civil rights. It will also provide information on grants, training, technical assistance and conferences that can be of help to tribal communities and tribal law enforcement.

Additional resources are available to tribal law enforcement through the FBI. The FBI has engaged in a joint Indian Country training initiative with the BIA Indian Police Academy, focusing on improving law enforcement services to Native American communities. Over the past ten years, this initiative has provided training for more than 5,500 Indian Country law enforcement officers. Twenty-two regional FBI training conferences are scheduled during Fiscal Year (FY) 2006, with approximately 50% of all classroom slots reserved for tribal and BIA law enforcement officers. This training addresses crime scene investigation, critical incident response, child abuse investigation, Indian gaming, officer street survival, and advanced homicide investigation techniques. Some specialized Indian Country training courses also facilitate tribal efforts to obtain surplus and new equipment for tribal law enforcement departments. In addition to training, those attending FBI crime scene courses also receive cameras, fingerprint kits, and plaster casting kits to take back to their departments for use in the field. In FY 2005 the FBI provided dozens of surplus camera lenses to the Navajo Nation, and in FY 2006 the FBI's National Firearms Program Unit provided numerous surplus FBI weapons to BIA's Office of Law Enforcement.

The FBI provides travel funding for training, reimburses the overtime of tribal employees assigned to Safe Trails Task Forces (STTFs), and helps to provide the equipment for STTF operations. For example, full-time participants on Indian Country STTFs often receive the use of an FBI-provided vehicle, including fuel, oil, and maintenance. In addition, the FBI's Office for Victim Assistance includes 31 victim specialists who work only on Indian Country matters, serving 38 Indian nations. In addition to providing information on victims' rights and the criminal justice process, these victim specialists also provide on-scene crisis intervention, accompany FBI agents to interviews, arrange forensic exams, and accompany victims to court proceedings. The FBI's National Academy serves as another resource, providing training to law enforcement officers worldwide. Also, as discussed above in response to Question 2, the FBI's Laboratory Division conducts forensic examinations in support of Indian Country investigations.

Montana-Wyoming Tribal Leaders Council
222 North 32nd Street, Suite 401 Billings, Montana 59101
Phone (406) 252-2550 Fax (406) 254-6355 www.mtwytlc.com

A Tribal Perspective: Methamphetamine Abuse and Addiction in Indian Country-2006 and Beyond

INTRODUCTION

Methamphetamine, a low cost highly addictive stimulant drug, has been introduced into Montana communities that are already at risk . The effects on Native American communities have been destabilizing to health and social systems.

Methamphetamine, also called "meth," "crank," "ice," and "crystal," is a synthetic artificial stimulant with a number of effects on the brain and the rest of the body. In early users, it increases heart rate and blood pressure, decreases appetite and sleep, and increases confidence, talkativeness, and mood. Toxic effects can begin right away or with continued use. Signs of toxicity include irritability, paranoia, anxiety, and hallucinations. The most dangerous complication of withdrawal from the drug is suicide. Injection use puts the user at risk for hepatitis, abscesses, AIDS, tetanus, and infected blood clots, that can lodge in the heart or lungs.

In order to understand the magnitude of the effects of the change in use patterns of methamphetamine, of the demographics for Native Americans in Montana and Wyoming.

Eight reservations are located in the State of Montana and one in the State of Wyoming.

The RESERVATIONS located in the State of Montana are:

Blackfeet
Crow
Fort Belknap
Fort Peck
Northern Cheyenne
Flathead
Rocky Boy's

In Wyoming:

Wind River

Five Montana cities (Billings, Butte, Helena, Great Falls, and Missoula) have IHS-funded Urban Indian Health outpatient programs which include mental health and chemical dependency.

Based on the 1990 census State-level data, 44.6% of the population of Montana and Wyoming Tribes are below the poverty level. The Billings Area has the highest percent of unemployment for both males and females of the twelve IHS Areas with males at 29.8 percent and females at 21.0 percent. The median household income for the families on reservations in the Billings Area was $14,249. All Indian families living below the poverty level are most likely living in sub-standard housing, have poor nutrition and must contend with other everyday hardships that are harmful to their health. (Trends in Indian Health, 1997)

Behavioral Health services are provided on each reservation in coordination with ambulatory medical, nursing, dental, environmental and community health and preventive health services.

FEDERALLY FUNDED RESEARCH ON NEEDS FOR SUBSTANCE ABUSE TREATMENT
pa

The Center for Substance Abuse Treatment (CSAT), funded the State of Montana Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services, to complete a Native American Substance Abuse Treatment Needs Study. The results were published in 2001. This study used face-to-face interviews of 1,821 Native Americans age 18-65 years old. The interviews were conducted by individuals from reservations in Montana. The survey instrument was developed by the New Mexico Department of Health, and implemented by the Survey Research Unit of the University of Montana Bureau of Business and Economic Research and research team members at Montana State University. The following is taken from the Executive Summary.

Findings included:

1. The prevalence of illicit drug use on Montana reservations is substantially higher than illicit drug use reported in other national (NHSDA) or Montana (MAHS) studies;
2. The prevalence of alcohol dependence in more than 3x higher for N.A. adults living on reservations than other adults in the national study.
3. The prevalence of drug dependence is over 4x higher for the N.A. adults on reservations than for the U.S. population;
4. Over one in four adults (about 5,400 people) need substance abuse treatment;
5. About one in every 30 adults (about 700 people) is actually seeking or receiving substance abuse treatment;
6. Low income Native American adults are 2x as likely to need treatment than higher income Native American adults;
7. Young men have the highest treatment need prevalence (48%) and they are much less likely than other adults to seek treatment;
8. About one in every four pregnant women on reservations in MT needs treatment for alcohol abuse or an alcohol dependency;
9. The need for treatment greatly exceeds the supply of services; and
10. The most important constraints facing those needing treatment were capacity and transportation concerns.

Data specific to Methamphetamine included the following:

"The estimated prevalence for lifetime use of stimulants (defined as meth, speed, ice, crystal, crank, and diet pills, and not including cocaine) is 21.8%, the prevalence for recent use in the past year is 10.4%, and the prevalence for current use in the past month is 3.7%. Almost one in every 13 young adults age 18 to 24 has used stimulants in the past month. These findings suggest that relatively widespread stimulant use is a fairly recent phenomenon and concentrated most heavily among younger adults. Current use of stimulants is slightly more prevalent among young women than young men." (p.3)

The study concludes that the "Treatment Need is Extensive.:

"The prevalence of treatment need is substantially higher than national (NHSDA) and State (MAHS) estimates. Prevalence estimates for treatment need for the general Montana and Montana Native Americans living on-and off-reservations are 8.8% and 13.7%, respectively. The prevalence of treatment need for all Native Americans in Montana reservations is 28.4% (about two times higher than the Montana Native American estimate.) The prevalence of treatment need estimates for both populations are substantially higher than for Montana's general or low-income population...(p.6)

Over one in every three young adults (age 18-24) living on Montana reservations need treatment for a current alcohol or drug disorder (40.4%) and over one out of every three adults ages 25-34 (34.9%) also need treatment for a current alcohol or drug disorder. The prevalence of any current alcohol or drug disorder treatment need is lower for adults aged 35 and older (20.5 %) but still much higher than for the Montana adult population....(p.7)

Estimates derived from this study suggest that between 5,000 and 5,800 adults on Montana reservations need treatment. Unfortunately, those needing substance abuse treatment are often reluctant to seek treatment. In this study only about 13% of those needing treatment are actually receiving or seeking any help....(p.7)

Among the 114 individuals with a demand for treatment who were not receiving treatment, 49.5% indicated that treatment facilities were full, 45.3% could not access treatment because of lack of public and/or private transportation.....(p. 9)

In addition, 31.2% of these individuals had no insurance to pay for treatment....29.8% of the women in this group indicated that facilities were not sensitive to the needs of women. (p. 9)"

Native American women on reservations are more likely to need treatment for illicit drugs (9%) than other women in Montana (less than 1%.) Of the Native American women who had been pregnant in the past year, 13% were in need of treatment for illicit drug dependence, compare to 1% for other pregnant women in Montana. (p.10)

The disturbing picture with respect to alcohol and other substance disorder treatment need is not mitigated by prevalence estimates for those demanding treatment. The gap between treatment need and treatment demand is larger for pregnant women than for non-pregnant women. (p.10)

This is one of the first studies to examine substance use and disorder prevalence rates among Native Americans in poverty and Native Americans not in poverty. The findings of this study indicate that substance use disorders are far more prevalent among Native Americans in poverty than among Native Americans not in poverty. (p. 11)

(Executive Summary, NASATNS, July 2001)

STAFFING

There is a shortage of addictions counselors in the U.S., in Montana and Wyoming, and especially on Indian reservations.

Adding to this stress on treatment programs, individuals addicted to methamphetamine are a new challenge both for the professional counselors and for the community recovery groups.

The altered cognitive and behavioral status of many meth clients, even after discontinuing use requires closer, more extensive one-to-one support than programming now supports. Tribal programs lack staff and facilities for this emerging problem.

Staff need training in order to assess and provide treatment for the meth-using client. Some clients have long term paranoia or psychotic features, which require frequent consultation with mental health professionals. Long-term case management is required.

Staff working to address meth problems have reported concerns for their personal safety off-duty and incidents like tires being punctured since this epidemic began. Chemical dependency counselors on reservations are generally highly dedicated. For some, their own history of use and their gratitude for having found a sober way of life is a powerful motivation to share their knowledge and skills with individuals who still suffer. For others, the commitment derives from their concern for the continuation of community life on the reservations.

This commitment overcomes many barriers, and results in a highly effective work force.
But this work force requires more support than is currently offered. Higher salaries and benefits can be found at jobs off the reservation. Accessibility to training on evidence-based, culturally-based treatment modalities for methamphetamine addiction is a critical need.

VIOLENCE

Methamphetamine is similar in chemical structure to amphetamine but has more potent effects on the central nervous system. It causes increased activity, decreased appetite, and initially, a general sense of well-being. However, use can lead to a stimulant psychosis, characterized by ideas of reference and out-of-control rage coupled with extremely violent behavior. (Smith, 1997)

Violence is reported to be increased in general on the reservations. (BIA)

Family violence is increasing. Methamphetamine is not the only cause of family violence, but the paranoia and sexual jealousy caused by the brain effects of this drug are thought to be a major contributor. There are not enough beds in the regional battered women's shelters for the women needing this assistance.

YOUTH

Youth who are under the influence of alcohol or drugs who are detained by the police are brought to Indian Health Service facilities for medical and psychiatric services. This has resulted in higher costs for direct and Contract Health Services (CHS). There has been an increase in suicide attempts on some reservations.

There is a lack of services for youth on Montana's reservations. The federal government funds
a limited amount of inpatient chemical dependency treatment of Native American adolescents. When adolescents in need of treatment are identified and provided services, the lack of services for the other family members comes more into focus. Youth need healthy families and communities to support their development.

There is an increased need for youth violence prevention programs. The economic and social effects of methamphetamine on the vulnerable pro-social networks on reservations has resulted in anti-social behaviors previously unheard of.

METHAMPHETAMINE TREATMENT AND VIOLENCE PREVENTION

According to a study quoted in the Valparaiso University Law Review, the evidence shows that treatment for addiction results in a substantial reduction in criminality and associated violence and is a much more cost effective approach to this problem. The evidence indicates that addiction is a treatable illness and there are good results when treatment is made available for stimulant abusers. (Smith, 1997)

The study, sponsored by the California Department of Alcohol and Drug Programs, showed the efficacy of treatment for drug and alcohol abuse, as shown by the following findings:

(1) The level of criminal activity declined by two-thirds from the period before treatment to a comparable period after treatment.
(2) The cost/benefit ratio of treatment (of 1900 individuals) cost versus total systems savings from a reduction in criminal activity, hospitalizations, and other social costs, was 7:1.

(3) Significant declines in use of alcohol and other drugs was found. Heroin use was reduced by 1/5, alcohol by 1/3, and methamphetamine and cocaine use reduced by ½.

(Smith, 1999

PREGNANT WOMEN AND INFANTS

Prevention of the effects of fetal alcohol exposure is a major effort in the Indian Health care system. Although studies are scarce on the long-term effects of amphetamine use during pregnancy, complications of pregnancy, labor and delivery, and child welfare are all significant.

Methamphetamine use during pregnancy has been documented by urine screens, and women have delivered in IHS hospitals while under the influence of meth. Babies exposed to methamphetamine before birth have more complications including prematurity, breathing problems, anemia, eating problems, high-pitched crying, and other problems. More services for drug-addicted pregnant women are needed.

There has been an increase reported in the number of Indian infants and children removed from their birth mother because her methamphetamine use resulted in neglect of the child. Child abuse services by federal (BIA), state and Tribal social services are only able to address the most serious risks. There is a shortage of foster homes and group homes.

It is reported that eighty percent of the detainees in the Montana Women's Prison in Billings are there for drug-related crimes. American Indian women are an overrepresented population in custody.

DRUG USE AND INCARCERATION

One social indicator that reflects a multitude of social contexts is the ratio of Native Americans incarcerated in state facilities compared to non-Indians. On January 6, 2000, the State of Montana had 1942 males in custody. Three hundred forty nine, or 18%, were Native American. Of the

126 females in custody, 33 (26%) were Native American. (D. Hall, Central Office, State Dept of Corrections) The percent of the Montana population that is Native American is 6%.

Although 80% of people incarcerated in the criminal justice system have substance abuse problems, only 5% receive treatment for their addiction. Treatment has been shown to reduce the rate of recidivism for incarcerated women and men. (Smith, 1997)

HEPATITIS pa

Injection administration of methamphetamine is high in Montana. The complications of injection drug use are becoming an increasing burden on both medical and behavioral health systems.

Billings was one of seven sites in a SAMHSA funded multi site trial by UCLA called the Methamphetamine Treatment Project, which ended in 2002. They reported that the study subjects in Billings had the highest rate of injection drug use (over 50%) of all the sites.

Between 1998 and 2000, there were ten fatalities out of twenty-one identified cases of acute Hepatitis B infection in methamphetamine users from in Great Falls, Montana. All of the fatal cases were Native Americans. All were also Hepatitis C positive. The Centers for Disease Control and Prevention assisted the State of Montana and the Indian Health Service in investigating and addressing the outbreak. The age range of the fatal cases was 21 to 44.

With the cooperation of federal, state, county, and tribal public health agencies, Hepatitis B immunization was made available for adults who were at risk for hepatitis.

Hepatitis C is looming as a cause of chronic liver disease nation-wide. The incidence is increasing in Montana because of injection drug use. There is no vaccine for Hepatitis C.
Funding for a Viral Hepatitis Integration Project (VHIP) on the Fort Peck reservation, funded by the Centers for Disease Control and Prevention, will end in FY2004. This project focused on substance abusers in the jail.

COMMUNITY LIFE

The burden of the methamphetamine crisis has been cited by Tribal Leaders in Montana and Wyoming. Families are not prepared to handle the behaviors of family members who are addicted. The prevalence of use on some reservations makes homecoming problematic following off-reservation treatment. Grandparents raising their meth-using children's children have reported a lack of support. One reason given was the difficulty in getting legal custody of the children, resulting in severe economic hardship.

On some reservations, community members report that there is a perception that Alcoholics Anonymous and Narcotics Anonymous (AA and NA) are not "safe" because of fear of reprisal by drug dealers towards attendees. In close-knit communities, social networks can have both protective, and in the case of methamphetamine users, a destabilizing influence.

Community members reported in 1998 that "reservations are at the mercy of drug dealers."
And, "At first, burglaries were up, now, burglars come right into the house and assault the family." The situation is reported to be worse, not better, in 2005. Drug busts continue, but the isolated rural communities are severely stressed by the meth epidemic.

RESPONSE

In September of 1997, largely because of demand from the Northern Cheyenne Tribal Health Department, the Billings Area IHS sponsored a workshop on the methamphetamine crisis in Billings. Training was provided by the Matrix Institute from Los Angeles.
Specific information on the effects of methamphetamine on the brain was presented. Proven assessment and treatment methods were described.

As a result of this workshop, a committee began revising the Matrix Manual for Treatment of Stimulant Disorders for cultural appropriateness. The Problem Severity assessment tool for methamphetamine from Matrix was revised for the Northern Plains.

The importance of physiologic craving in relapse prevention planning was emphasized. Structured non-drug activities, especially physical exercise, are necessary in the period of brain healing. Recovering meth addicts must avoid contact with people, places, and activities that "trigger" craving. On a small reservation, and even in a big city, it is nearly impossible to recover using the old model of 28 days in a treatment center, with a return back to the same environment where your use occurred.

In 2001, CSAT sponsored a state-wide methamphetamine treatment conference in Billings which provided technical assistance and strategic planning for reservation and non-reservation communities.

Most of the tribes in Montana and Wyoming have instituted drug-free workplace policies which include drug testing. Employee Assistance Programs usually consist of a referral to the tribal chemical dependency program. The costs associated with drug testing and treatment for tribal employees has increased.

In November, 2005, the Billings Area Indian Health Service and the Montana/Wyoming Tribal Leader's Council co-sponsored a training conference called "Know Meth: 2005 Call to Action."

This conference differed from the abundant workshops on meth which describe the problem.

The request from Tribal substance abuse programs was for concrete information that they could use in dealing with the meth client. Another difference was the involvement of the tribal and urban communities in strategic planning to address the numerous issues they face due to meth use. Strategic planning is now ongoing on most of the reservations. Readiness to address this devastating problem varies among communities. The goal is to be ready to respond to individuals, families and communities at their level of readiness.

STATE OF MONTANA SERVICES

The State of Montana Department of Addictive and Mental Disorders collaborates with the Native American chemical dependency treatment community. One of the current initiatives is the coordination of mental health and addiction services for people with co-occurring disorders.

The State of Montana operates one residential chemical dependency treatment facility with 90 beds in Butte, Montana. Approximately 20% of their clients are Native American. The population of Montana is 6% Native American. The facility, the Montana Chemical Dependency Center, reports that Meth use is now reported by the majority of their clients. It is the "drug of choice" for their Native American female clients. The program has modified its treatment methods to meet the needs of the stimulant users, including lengthening the stay when indicated. The State has invited Native American involvement in state-wide coalition building meetings, including a methamphetamine summit called by the Governor in June of 2004. Expansion of treatment availability for incarcerated men and for women with children is expected soon.

These services for the Native American population must be culturall-based, developed by the Tribal Leaders, in order to be effective.

METHAMPHETAMINE TREATMENT PROJECT

The Mental Health Center in Billings applied for a grant from the federal Center for Substance Abuse Treatment (CSAT) in 1998 in order to participate in a multi-site research project on outpatient treatment of methamphetamine addiction. They were one of seven sites chosen for this three-year project. They offered free outpatient treatment for adults with meth problems. The study showed that the clients who received treatment

from the manualized Matrix Model did as well as treatment as usual in all the seven sites. The best outcomes were found from the Drug Court site. Since the funding ended, treatment is still available in Billings and several satellite sites, including towns bordering reservations, on a sliding scale basis. Training has been provided at both local, regional, and national venues by treatment staff.

TRIBAL RESPONSES

"As treatment programs incorporate traditional values, beliefs, and spirituality with the treatment of substance abuse, American Indians are empowered to move forward..." (Kipp, 1996)

Seven of the twelve Tribal, Urban, and IHS chemical dependency programs in Montana are accredited by the state or a national accreditation board such as JCAHO or CARF. The majority of chemical dependency counselors are nationally certified. However, the CD counselor pool is aging, and young American Indians in Montana and Wyoming are not choosing to enter the field.
Recruitment is active for pharmacy, psychology, and nursing, but not for addictions professionals.
The stresses are high and the tribal pay scales do not compete well with federal and other job opportunities.

These programs have done their best to meet the increased demand for services required by this new challenge. The Stevens Bill increased resources to the Tribal and Urban Chemical Dependency programs staring in 2002. At the same time, costs for the programs have risen associated with increasing requirements to treat clients with co-occurring addiction and mental health disorders and to keep pace with national accreditation standards.

Substance abuse treatment programs on reservations are in various stages of implementing intensive outpatient support program for methamphetamine abusers, using methods that range from Tribal cultural/spiritual resources to motivational enhancement and other current industry "best practices."

An example of a Native American community treatment model can be found in the Gathering of Native Americans (G.O.N.A.) This model was developed with funds from the Center for Substance Abuse Prevention. The model was selected in 2005 as one of ten Effective Practices and Models in Communities of Color by the First Nations Behavioral Health Association. The four-day large group model uses the traditional native values of respect, inclusivity, and spirituality to help communities come to terms with the effects of generational trauma, and grief, and move forward. The Tribes in Montana and Wyoming have used the G.O.N.A. model, beginning in 1996. Each G.O.N.A. is unique, specific to the community sponsoring the gathering.

The Tribes and Urban Indians in Montana and Wyoming have received community-based assistance from the White Bison organization in Colorado Springs. The One Sky Center in Portland Oregon, also funded by SAMHSA, has provided technical assistance to the Crow Nation.

DRUG COURTS

Drug Courts have been implemented on several Montana reservations. According to Tribal Chemical Dependency Directors, the results have been encouraging due to the intensive case management and monitoring.

The Fort Peck Juvenile Detention Center reported that the community needed more of what the Drug Court has introduced. The Drug Court works, but there's only one judge involved with it. There's a need for a community-wide response. Specifically, training is needed for police officers, juvenile officers, the detention center staff, social service, and court personnel including judges.

The Crow Tribal Substance Abuse Program is working with the Tribal Judicial system to enhance accountability with a revised Tribal Code.

The Blackfeet Tribe operates a residential treatment facility for adults housed in the former Indian Health Service Hospital building in Browning. They have noted a decrease in retention in inpatient treatment of clients who have a methamphetamine addiction. Hepatitis C is a growing problem.

Yellowstone County Family Drug Court has been successful in rehabilitation of persons with drug offenses. Data from their program will be shared with the tribal addictions treatment community.

SUMMARY

In summary, the burden of addressing the methamphetamine problem is putting a severe strain on the existing health system.

As the former Director of the Center for Substance Abuse Treatment stated in 1991, "Where an addicted individual comes seeking treatment for their substance abuse problems, we can expect evidence of other social and health-related pathology." (Primm, 1991)

Some needs identified by community members, tribal and federal agency staff, specific to the methamphetamine problem include:

Drug Court expansion

Culturally-based treatment for American Indians in corrections

Treatment specific for stimulant use disorders

Training for Tribal Judicial staff

Funding for Gathering of Native Americans (G.O.N.A.) programs

Juvenile Crisis Intervention and Detention resources

Increased public safety resources (example, COPS Program)

Expanded adolescent treatment services

Long term drug rehabilitation services

Community-based support (Halfway houses, Safe houses)

Coordination of services to families affected by methamphetamine

Specific programs for pregnant women and mothers

Funding for drug testing

Family services

Skill development training for treatment staff on assessment of clients

Update June, 2005, for the U.S. Attorney, District of Montana:

The Indian Health Service and Centers for Disease Control and Prevention, with the assistance of the SAMHSA-funded Addiction Technology Transfer Center (ATTC) in Reno, Nevada, will provide resources for Methamphetamine Response Training for healthcare, detention, law enforcement, emergency medical system, social work and others on the Northern Cheyenne reservation in July and August, 2005. The multiagency Methamphetamine Task Force, spearheaded by the Northern Cheyenne Tribe, requested this assistance.

The Phoenix Area Indian Health Service, SAMHSA, and the Phoenix Area Tribes are sponsoring a Health Summit June 14-16, 2005 in Mesa, AZ, "Uniting for Methamphetamine-Free Communities." The outpatient treatment model for methamphetamine addiction, used by the Northern Cheyenne Tribal substance abuse treatment program, is to be featured in the training.

Thunderchild Treatment Center, a private, Indian-owned chemical dependency residential program near Sheridan, Wyoming, has offered free inpatient treatment for methamphetamine and other injection drug users for the past 3 years with funding from SAMHSA. Tribal and Urban Indian clients from Montana have benefited from this resource. This is the 4th year of a 5 year grant.

The Montana Chemical Dependency Treatment Center (MCDC) in Butte, accepts referrals from the Indian Health Service funded tribal and urban chemical dependency treatment programs in Montana. They report that the percent of their clients who are Native American has dropped to 14%. All of the above programs

utilize the American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC) to determine the appropriateness of inpatient vs outpatient placement of a client.

The Blackfeet Tribe operates an inpatient chemical dependency treatment center in the Indian Health Service Hospital building in Browning. They have 18 beds and receive referrals from the Tribal and Urban Indian programs in Montana.

The funding from the Indian Health Service for substance abuse treatment and prevention to the Tribal and Urban Indian programs for inpatient and outpatient adults and adolescents in Montana in 2005 is summarized below. The Tribal programs are operated under the auspices of the federal Indian Self-Determination and Indian Self-Governance laws.

Blackfeet Tribe	**$ 1,420, 135**
Crow Tribe	**1,078,751**
Fort Belknap	**670,834**
Fort Peck	**1,347,439**
Flathead	**1,375,176**
Northern Cheyenne	**955,676**
Rocky Boys	**617,505**
Urban programs	**429,347**
Total for Montana tribes and urban programs:	**$7,894,863**
(Wind River, Wyoming)	**1,044,824**

Administration (Billings Area I H S Office) 232,704

Total $9,172,391

An estimate was made of the funding needed for alcohol and substance abuse treatment on the reservations in the Billings Area for the purpose of budget formulation deliberations with the Billings Area Tribes in 2001.

The methodology used was published by the Center for Substance Abuse Treatment (CSAT) in 1995, in "Forecasting the Cost of Chemical Dependency Treatment Under Managed Care." (see below.)

The data on numbers of Native Americans on reservations in Montana needing treatment was taken from the CSAT-funded State of Montana "Native American Substance Abuse Treatment Needs Study," 2001. This was a household survey in which tribal members trained by the researchers performed structured interviews of a sample of the reservation population. The finding that applies to this calculation is the following:

The prevalence of alcohol dependence is more than 3x higher for Native American adults living on Montana reservations (12.8%) than other adults reported in the National Household Survey (3.7%).

Using the actuarial pricing detailed in Appendix 2, the following annual cost estimate for inpatient chemical dependency treatment (using a case-managed approach based on clinical criteria) was $105,000 per 1000 population. This is based on an estimate of 14 admissions per year per 1000 population, for 30 days, at an average cost of $250 per day.

Blackfeet	**11,000**	**$1,155,000**
Crow	**11,000**	**1,155,000**
Fort Belknap	**5,000**	**525,000**
No. Cheyenne	**6,000**	**630,000**
Rocky Boys	**5,000**	**525,000**
Flathead	**11,000**	**1,155,000**

Total inpatient treatment need estimate for Montana: $ 5,145,000

This estimate is for inpatient treatment only.

The total for Montana Tribes and Urban programs for outpatient CD treatment is
$157,500 per 1000 population. This is based on an estimate of 16 admissions per 1000 population for 90 days of intensive outpatient treatment at $100 per day plus 5 admissions per 1000 population for 90 days of outpatient treatment at a cost of $30 per day. This brings the total outpatient need estimate to: $9,135,000.

Adding the inpatient and outpatient needs brings the total need for the Tribes in Montana to $14,280,000 per year.

The need for acute tertiary medical and psychiatric hospitalization for substance abuse related illness, which must be provided by contracted non-federal sources, is estimated at 2 admissions per 1000 population per year, at a cost of $500 per day. The total cost for the Indian Health Service and 638 contracted Tribes comes to: $406,000 per year. (This does not include costs of hospitalization at Blackfeet Community Hospital or Crow/Northern Cheyenne Hospital.) Given the increase in hospitalizations resulting from acute psychosis and suicidal behavior from methamphetamine in the past 3 years, this estimate appears low.

Footnote: Formula for estimating cost of CD treatment:

Annual utilization x duration of service x cost per unit= cost

(Utilization = frequency of admissions= total # of admissions divided by size of population)

(Annual need= lifetime prevalence of CD x .17)

(Lifetime prevalence of CD taken from Montana Native American Needs Survey=30%)

(300/1000 Lifetime prevalence x .17= 51 persons per 1000 need CD treatment annually)

Annual Utilization=Need per year (51) x utilization (70% of need)= Estimate 36 persons/1000 population annual utilization

Cost per unit depends on Level of Care.

Using ASAM Patient Placement Criteria (American Society of Addiction Medicine,)
Estimate of cost per day of the 36/100 population utilization is based on frequency of the following placements.

Level I (Outpatient) 5 admissions x 90 days x $30/day= $13,500 per 1000 population

Level II (Intensive Outpatient) 16 admissions x 90 days x $100/day= $144,000 per 1000

Level III (Residential/Inpatient) 14 admissions x 30 days x $250/day=$105,000 per 1000

Level IV(Medical/psych) 2 admissions x 7 days x $500/day= $7000 per 1000

References:

Smith DA, Galloway GP, Seymour RB.(2000) Methamphetamine Abuse, Violence, and Appropriate Treatment. Valparaiso University Law Review. 31(2): 661-667

Addictive and Mental Disorders Division, Montana State Department of Public Health and Human Services. (2001) Need for Substance Abuse Treatment on Montana Native American Reservations. Executive Summary, Montana Tribes, August 19, 2001. Prepared by George Haynes, Vincent Smith, and Nathaniel St. Pierre, Montana State University.

NATIONAL INDIAN HEAD START DIRECTORS ASSOCIATION
P.O. BOX 6058 ● NORMAN, OK 73070
www.nihsda.org
T: 405-360-2919
F: 405-360-3069

Written Testimony of the National Indian Head Start Directors Association
On Methamphetamine Abuse in Indian Country
Before the
Senate Committee on Indian Affairs
April 5, 2006

The Indian Head Start community is deeply concerned about the growing incidence of methamphetamine abuse in Indian country. We are hopeful that our programs can be of service in fighting this scourge. Because Indian Head Start is designed around a wholistic model of providing education, health and family support, we may be uniquely positioned to make a difference. Indian Head Start is deeply integrated into the Native communities it serves. Of the 575 federally recognized Tribal entities, 216 participate in Head Start/Early Head Start Programs, with a funded enrollment of over 23,000 children. These programs employ approximately 5,933 individuals. 3,146 of these employees are either former or current Head Start/Early Head Start parents. There are another 32,474 volunteers, 19,836 of which are parents, working in the American Indian/Alaska Native Head Start programs. This represents a potent human infrastructure to rally community support to fight meth addiction.

Upon learning of this hearing, several of our programs wrote to us about their experiences with meth. We hope that you will find their comments of value and submit them below for your consideration.

-----Original Message-----
From: Connie Guillory - Nez Perce
Sent: Thursday, March 30, 2006 10:25 AM
To: Kathryn Helsel
Subject: Nez Perce Tribe

Meth has not only hit our reservation, our reservation is in denial about the effects! We see it with our children who attend Head Start and Early Head Start. Some parents have gone into treatment and our program is very supportive in their efforts. But the effect of use on

the job was felt from a member of our administrative staff. She was subsequently terminated but before our eyes we seen a young, vibrant, caring mother turn into someone who could not sit at her desk, wiping sweat from her face, falling asleep, and beginning to loose interest in her child, relatives and work.

She told me of moving out of her apartment and none of her family came to help. She felt really bad about it. So who did she call, the "user's" because she knew they would come help her and she knew what they would after the move. We would sit and she would confide in me, she would cry and say, I want to quit. I want help. She was like a daughter to me. I finally had to tell her we could not continue working together if she did not seek treatment. That was the ultimatum. She is no longer employed here.

The effects are real, they are heart-wrenching. We learned a lot at the ANA conference in Palm Springs, 2005. We were told if you have staff who uses meth, you need to get rid of the chairs they sit in. We were told to spray the chair with Febreeze and you will see the outline of the person in that chair! That broke my heart. It devastated our staff. The employee is missed greatly and still has not gone into treatment.

Connie
Nez Perce Head Start

-----Original Message-----
From: Hualapai Headstart [mailto:headstrt@frontiernet.net]
Sent: Thursday, March 30, 2006 6:16 PM
To: kathryn@threefeathersassoc.com
Subject: Re: Hualapai Tribe

First of all we would like to thank those that have shared what has happened to your people and the effects of meth. It has helped use identify what we can do and make a change.

The effect of Meth on our reservation is pretty scary. We do see the changes and the effects that it has on families, children and the community we serve. Here are the effects:

Children- Moody, Tired, Violent, being taken care by other family members, hyper-active, children tease other children based on what happens or goes on with the family's user.

Families- willing to lose everything, not able to look beyond the drug and get help, community resources not available.

Community- is aware of the problem, some training but far and few between to make a difference, reservation is remote so drug trafficking is easy, if a person does get clean they are labeled for life, drug test for employment increased.

Misty Watahomigie
Hualapai Head Start Director

-----Original Message-----
From: Members-bounces@listserv.nihsda.org [mailto:Members-bounces@listserv.nihsda.org] **On Behalf Of**

Caroline Alcaida
Sent: Friday, March 31, 2006 2:52 PM
To: 'NIHSDA Membership'
Subject: Re: [NIHSDA] FW: Methamphetamine

Kathryn, If its not too late for input here's a quick response on what's going on in our community. Pretty scary. According to a Letter of Interest submitted to the Governor's Office for a Statewide Anti-Meth Initiative, in 2004 the tribal CPS reported 80 CPS cases, with 10 being methamphetamine substance exposed children who were removed from the home due to meth use. According to this same document, in 2004, "there were a total of 90 births through the Parker Indian Health Service Unit, of those 90 births there were 67 babies that tested positive for methamphetamine." The Alcohol and Substance Abuse Program reported the following client activity in 2005: Total number of clients seen - 162; Total number of methamphetamine clients – 54; Total number of clients placed in inpatient treatment – 46; Total number methamphetamine clients placed in inpatient treatment – 22. Many of the children and adults that make up these statistics are our Head Start children and families. Working with these parents is time-consuming for my family service advocates and they exercise great patience when working with them. Many of the children are living with grandparents who have had to intercede because their grandchildren are not in safe hands with their parents. At last community assessment it was learned that there were no foster parents available and of those that were none were Native American. All of the Native American children had to be placed in homes where the guardian was non Native. This has huge ramifications.

Caroline
Colorado River Indian Tribes Head Start

-----Original Message-----
From: Members-bounces@listserv.nihsda.org [mailto:Members-bounces@listserv.nihsda.org] **On Behalf Of** Cecily Wabaunsee - Prairie Band of Potawatomi
Sent: Monday, March 20, 2006 12:47 PM
To: NIHSDA Listserv
Subject: Re: [NIHSDA] Methamphetamine hearing

The problem affects the whole family as well as extended family members because when a parent is absent or abusing the drug, children suffer neglect in all areas of health, and the rest of the family must compensate in some way to assist the children with health, education and social services or the family must seek assistance from the tribal court and social service system. Funding is another concern, but the primary concern is health and safety of the children in the home of the drug abuser. Inevitably, the problem affects the community, too. (Health, Education, Social Services, Protective Services, and the Police and Court System.

March 20, 2006

Karuk Tribal Head Start
Happy Camp & Yreka California Service Area

Methamphetamines in our Communities

Our Tribal Head Start Program has been in our Communities for over 25 years and we are concerned about the affects of drugs and alcohol and what they are doing to our children and families. We are in fact very much aware just how Methamphetamine is destroying the communities and playing a role in detrimental poverty.

The family's priorities are buying "stuff" that they are addicted to and their living environment is chaos, unmanageable or destroyed. They become self-centered, turning their back on everything and everyone that should matter. Children do not have regular routines and are exposed to violence which they in turn are displaying at school. We have parents who are becoming "transient homeless" moving children from house to house while the children are being exposed to violence, abuse and neglect. They revert to prostitution to support their habit. Mothers of these children seem to have revolving doors in their homes, children never knowing who will be living with their mom from one day to the next. Grandparents or extended family members are raising children. Adults are stealing, robbing, thieving to buy or trade for drugs or alcohol. Unwanted pregnancies, display of violence, rotten teeth, irregular facial movements, fidgety and unruly mannerism, paranoia and uncharacteristic behaviors are daily events that Head Start staff do not know how to deal with when it is affecting their child's health and well-being. Teachers are not wanting to do home visits alone in a place where it is commonly known to have drug trafficking. Child behaviors at school are unmanageable and there are no resources to deal with these behaviors.

Methamphetamine hit our community hard in November of 2005. A 21 year old Tribal Descendent died from experimenting with Crystal Meth after leaving home to go to work in another state. The community was shocked and the parents, sibling and family members are still devastated over such a senseless death and knowing that this young adult did not deserve exposure and the pressures by this horrific drug that can and did destroy lives.

We recently conducted a non-judgmental examination of our families determining that a little over 50% of our children in our program have/had been exposed in some manner of the influences of Methamphetamines.

What is the answer: Conducting monthly assemblies in all schools about the 4th or 5th grade level about Methamphetamine and invite the family members to attend as well. This assembly would show videos that are hard core getting right down to pictures of Meth users, the rotten teeth, the before and after, what it does to the heart, the brain, the body and life.

-----Original Message-----
From: Members-bounces@listserv.nihsda.org [mailto:Members-bounces@listserv.nihsda.org] **On Behalf Of** Myrna Dingman - San Felipe
Sent: Tuesday, March 28, 2006 12:59 PM
To: NIHSDA Listserv
Subject: [NIHSDA] Methamphetamine

I put out a request to San Felipe Pueblo's Health and Wellness Dept. to respond to this question, and the following is the response I received. Hope it is of use to you.

Myrna

In the little over a year that I have been a part of SFP BHP, not one community member has reported having used methamphetamines. THAT IS REAL GOOD! This is a very bad drug! It appears that upwards of 90% of those seeking services here in SFP are doing so for alcohol related problems. This seems to be followed by marijuana and then cocaine. Interestingly, in Hawaii where I worked prior to moving to NM, methamphetamines was the drug of choice. Upwards of 80% of those seeking substance abuse services did so for methamphetamine related problems. Although there maybe more people using marijuana in Hawaii than Methamphetamines, there use does not seem to result in substance abuse treatment, incarceration, hospitalizations, etc.

In Hawaii, there was a time when it seemed like people were only interested in marijuana (growing and smoking it), but once Operation Green Harvest was put in motion (Federal efforts to eradicate marijuana growth) the methamphetamine culture EXPLODED. Now, it is not uncommon to meet a youth who has smoked methamphetamines, but never have smoked marijuana. Many youth in Hawaii hold the belief that it is safer to smoke meth that it is to smoke marijuana. This could not be further from the truth.

I have worked in corrections, state psychiatric hospitals, community based substance abuse treatment programs, and dual diagnoses programs that treated meth users. I can tell you more than you may want to know about the drug. Also, if there is an interest, I have a presentation on methamphetamine that I have given on a number of occasions that I would be happy to provide. I have 10 plus years of experience treating individuals who are dependent on this drug. Let me know it there is an interest.

Mark Simpson, PsyD, MAC, LADAC
Licensed Clinical Psychologist
Pueblo of San Felipe, BHP
505-867-3806

Myrna D. Dingman, Director
San Felipe Pueblo Head Start
PO Box 4346
San Felipe Pueblo, NM 87001
Phone: (505) 867-2816
FAX: (505) 867-8831

TESTIMONY

OF

WILLIAM P. RAGSDALE

DIRECTOR, BUREAU OF INDIAN AFFAIRS

U.S. DEPARTMENT OF THE INTERIOR

BEFORE THE

COMMITTEE ON INDIAN AFFAIRS

UNITED STATES SENATE

HEARING

ON THE

PROBLEM OF METHAMPHETAMINE USE IN INDIAN COUNTRY

April 5, 2006

Good morning, Mr. Chairman, Mr. Vice Chairman and Members of the Committee. My name is Patrick Ragsdale and I am the Director of the Bureau of Indian Affairs (BIA) at the Department of the Interior. I am pleased to be here today to provide the Department's testimony on the devastating impact methamphetamine use is having in Indian country.

Methamphetamine, or "meth," is a highly addictive synthetic stimulant that creates intense euphoric highs for periods up to 24 hours long. It is inexpensive and, unfortunately, has rapidly become the drug of choice for an increasing number of Americans – including Native Americans. Joe Garcia, the President of the National Congress of American Indians, has stated, "Meth is killing our children, affecting our cultures and ravaging our communities." I agree. During the course of the past year, I have noticed a disturbing trend which supports President Garcia's statement.

As Director of the Bureau of Indian Affairs, I have the privilege of meeting with tribal leaders from all across the country. Different tribes have a variety of concerns that I hear about on a daily basis. However, one issue that is virtually the same for the vast majority of tribes is that methamphetamine is destroying lives in Indian country. Tribal leaders are using terms like "out of control" and "epidemic" when describing to me their tribe's experience with meth. Some leaders are suggesting that on their reservations, a whole generation of young people may soon be lost to this one drug. The social effects of meth use go beyond destroying the body and mind of the user. Addicted parents are neglecting to care for their own children and meth is fueling homicides, aggravated assaults, rape, child abuse, and other violent crimes.

The BIA does not take drug abuse in Indian country lightly. As methamphetamine use within Indian country has become more pervasive, The BIA's Office of Law Enforcement Services (OLES) has taken the initiative to help combat it. For example, one highly publicized investigation originated on the Northern Arapaho and Eastern Shoshone Tribes' Wind River reservation in Wyoming. While I cannot publicly divulge details of that case which are law enforcement sensitive, I will make mention of the case as reported in the public press. According to the Casper Star-Tribune, the case involved a drug cartel that developed a business plan to take methamphetamine to Indian reservations in northern states, to provide free samples to local tribal members, get them addicted, and then create a positive cash flow for the cartel; one of the reservations targeted was Wind River. In response to increased drug activity on the reservation, the BIA OLES Police Department, which serves the Wind River community, developed a cooperative inter-jurisdictional task force between the OLES, the Drug Enforcement Administration, the Wyoming Division of Criminal Investigation, and the Fremont County Sheriff's office. The operation resulted in numerous arrests.

While sentencing the defendant to life in prison for his role in the Wind River methamphetamine distribution network, U.S. District Judge Alan B. Johnson said the following: "[This sentence] sends a strong message out to the public of the court's abhorrence of the poison of methamphetamine that is and has been, under this conspiracy, distributed in Wyoming and elsewhere and, more particularly, targeting Fremont County, Wyoming, and . . .the Wind River Indian Reservation. . .The sentence

imposed certainly does express the government's strong desire to inform the public and this defendant as to the danger and injuries that are caused by methamphetamine. It is a sad thing. . .that there is such an appetite for this controlled substance so as to stimulate and offer incentives to this individual to violate the laws of the United States as a business. And that's what this was, a business, pure and simple, to distribute large quantities of methamphetamine."

In a more recent case, partially arising from Chickasaw tribal lands in Oklahoma, 108 suspects have been indicted for dealing in methamphetamine in southern Oklahoma and northern Texas. According to the Native American Times, "Operation 700 Ranch Round Up" involved an alleged major methamphetamine trafficking ring. The ring involved a Chicago based gang. The investigation resulted in the indictment of 108 defendants and seizures of 49 weapons, $161,000 cash, and 15 pounds of methamphetamine. The case was jointly investigated by BIA OLES, Chickasaw Nation Lighthorse Police, the Drug Enforcement Administration, the Bureau of Alcohol, Tobacco, Firearms and Explosives, and state/local law enforcement agencies in both Oklahoma and Texas.

One of the reasons that so many law enforcement agencies get involved in such cases is because of the complex web of jurisdictional laws which dictate that depending on the status of the suspect (Indian or non-Indian), the status of victim (in crimes where there is an identifiable victim), and the type of crime involved, jurisdiction may lie in either federal court, tribal court, or state court. Additionally, law enforcement agencies are finding that methamphetamine knows no jurisdictional boundaries – it does not care whether its victims are located on- or off-reservation and it does not care whether its victims are Indian or non-Indian.

Cooperative law enforcement arrangements are the only way that federal, tribal, and state law enforcement agencies will be able to effectively combat meth. This was one of the conclusions of the meeting that took place in October 2005 in Coeur d'Alene, Idaho. At that meeting, the Office of National Drug Control Policy, United States Attorneys, BIA OLES, the Federal Bureau of Investigation, the Drug Enforcement Administration, and representatives of over 30 tribes met to discuss methamphetamine in Indian country. Christopher Chaney, our Deputy Bureau Director for the BIA OLES, attended and informed me that there was a consensus about two things: (1) there is currently an epidemic of methamphetamine use in Indian country, and (2) that inter-jurisdictional cooperation is going to be essential in combating the problem.

Another key component to addressing methamphetamine is education. Methamphetamine use, trafficking and manufacture on Indian land is relatively new to most tribal communities, although the Department of Justice has been fighting meth for over 20 years; Indian Country needs to be made aware of the dangers of meth. In addition, more law enforcement officers need to be trained on law enforcement issues related to drug enforcement laws and the special dangers posed by meth labs. The BIA OLES Indian Police Academy is working in partnership with the Department of Homeland Security's Federal Law Enforcement Training Center (DHS FLETC) to take education on these matters directly to Indian country communities.

The Mobile Meth Lab is a meth lab mock-up which is easily transportable to remote locations. Since October 2005, BIA OLES and DHS FLETC have taken the Mobile Meth Lab to eight tribal communities in the Southwest. Typically, sessions are held to train tribal police and officers from other agencies about meth labs, environmental and personal safety hazards posed by meth labs, methamphetamine interdiction and investigation strategies. In addition, special separate educational sessions are held for members of the public to educate them about the dangers posed by meth manufacturing, the horrors of meth use, and how to work with law enforcement officials to ensure effective reporting of drug related crime. So far, in just eight Indian country site visits 184 law enforcement officers have been trained and 289 private citizens have been educated about methamphetamine.

In the FY 2006 enacted budget, BIA OLES received increased funding for Indian country law enforcement and corrections. Part of the appropriations included over $6.3 million total to address high crime areas in Indian country and to address high priority law enforcement needs within Indian country. This new discretionary funding is being used at the field level by law enforcement agencies serving over 25 tribal communities which were in the greatest need for additional resources. Some of these funds are currently being used to combat methamphetamine in tribal communities and to address drug smuggling which is occurring on some tribal lands (especially across reservations that lie on or near international borders). These funds are also being used to address the fight against violent crime including homicides, child abuse, rapes, and aggravated assaults, many of which are committed by persons using methamphetamine.

The President's FY 2007 budget request continues the trend of increases for Indian country law enforcement programs. The amount of the Public Safety and Justice budget request for BIA OLES is increased to $201,620,000 (a 4.3 percent increase over the FY 2006 enacted level) and includes proposed increases to Indian country policing, criminal investigations, and corrections. These funds would help OLES in its continued efforts to ensure the safety of those who live, work, and recreate within tribal lands.

Not all of the solution to eliminate the production, sale, and use of methamphetamine are limited to the sphere of law enforcement. As you and the other committee members are well aware, social problems such as methamphetamine use do not occur in isolation but are intertwined with other social problems such as crime, abuse of other substances, limited economic opportunities, reduced academic achievement, and suicide, to name just a few.

Methamphetamine use may precipitate an increase in the number of child abuse and neglect, incidents that result in more child placements, broken families, and domestic violence which increases the demand on and cost of social and economic services available in Indian country. This, in turn, increases the demand on and cost of law enforcement, tribal courts, and detention in Indian country. Likewise, it is increasing the demand on the health care delivery system and the cost of providing services to repair the consequences of methamphetamine user's degraded nutritional, health, and mental

condition including that of their family members. Methamphetamine use also may impact on the children born to mothers who used methamphetamine while pregnant, although we do not yet know the extent of the consequences. San Carlos Apache Tribal Chairwoman, Kathleen Kitcheyan, has noted that in her community during 2005, sixty-three babies were born with methamphetamine in their systems.

Methamphetamine is having a significant impact on the ability of youth to learn, stay in school, and graduate which then impacts their ability to secure and sustain gainful employment. The BIA Office of Indian Education Programs (OIEP) currently participates in the Centers for Disease Control and Prevention, Division of Adolescent School Health Youth Risk Behavior Survey. This data source shows trends starting in 1994 through 2004. The results for 2005 should be completed this spring. This survey will assist OIEP in its development of programs to meet the specific needs of BIA schools and dormitories as it relates to students who may be tempted to use, or are currently using, methamphetamine. Survey data will also be useful for tribal and community schools facing similar problems.

The Department of the Interior supports efforts to address and examine ways to fight this harmful situation. In addition to law enforcement efforts to combat methamphetamine, it is also important that we develop ways to assist Tribes in setting up preventive measures to keep methamphetamine abuse from ever starting. Therefore, the Department supports the development of a comprehensive, culturally appropriate, coordinated and collaborative federal-tribal strategy to define the problem, develop policies, design and implement programs and assess implementation impacts in order to reduce methamphetamine use and its effects on Indian people. This strategy should include infrastructure development, governing processes as well as social and economic programs and interventions. We believe that there are strategies that could be adopted that would bolster our efforts to address the methamphetamine problem in Indian country, and we would be happy to discuss them with the Committee.

The BIA stands ready to work with Tribes and Tribal organizations, as well as our sister Federal agencies, in working together to develop and implement a comprehensive strategy to address all aspects of methamphetamine use in Indian country. Only by addressing the big picture, namely the comprehensive issues presented by the methamphetamine problem, will we be able to have a complete response to this epidemic.

This concludes my prepared statement. I will be happy to answer any questions you may have.

Washoe Tribe of Nevada and California

919 Highway 395 South, Gardnerville, Nevada 89410
(775) 265-4191; (775) 265-6240

Testimony on Methamphetamine Problem in Indian Country

The Washoe Tribe of Nevada and California is a federally recognized Indian tribe with approximately 1,600 tribal members. Washoe Indian Country is composed of approximately 61,000 acres of individual allotment lands and 10,000 acres of Tribal trust land. There are four reservation communities located in two states: Carson Colony, Stewart Community, and Dresslerville Community located in Nevada, and Woodfords Community in California. These four noncontiguous reservation communities are separated by as much as 42 miles. We are pleased that the United States Senate Committee on Indian Affairs is holding this oversight hearing on the "Problem of Methamphetamine in Indian Country," and we appreciate the opportunity to present this written testimony for the hearing record. This testimony will briefly describe the nature of the problem in Washoe Indian Country and discuss both tribal assets available to address the problem and the obstacles hindering tribal efforts. Additionally, we provide a brief overview of the comprehensive efforts that the Washoe Tribe has made to battle this threat, and we recommend federal actions to assist Indian tribes in this latest battle for our survival.

American Indian Tribes have survived a long history of threats to our survival including the introduction of foreign diseases, genocide, dispossession of homelands, internment, assimilation and the introduction of highly addictive drugs. The problem of methamphetamine is one of the latest and most virulent threats to our survival. This is a terrible drug that destroys all it touches, and Indian tribes are taking this threat seriously. We are taking up the challenge because we have a duty - to those who came before us - to ensure the survival and prosperity of our people, our culture, and our governments.

There has been some relatively recent media attention paid to the problem of methamphetamine in Indian country. We are discouraged and alarmed that the media is falling back on stereotypes to paint a misleading picture of irresponsible and helpless tribal governments and Indian people providing a haven for illegal drug cartels. In these articles we hear the echo of the repudiated Termination Era policies such as Public Law 83-280 (known as P.L. 280). We are certain that a thoughtful and thorough examination of the facts by the Committee will begin to dispel this misleading picture and provide the media and the federal government with a more accurate assessment of the issue. The extent to which the methamphetamine problem has taken root in Indian communities varies widely; however, many Indian tribes face similar obstacles that hamper our ability to fight this threat, and we share many assets that enhance our ability to fight this battle. The Washoe Tribe looks forward to a future hearing on proposed actions to address the problems examined in this hearing.

The Methamphetamine Problem and Our Assets and Obstacles in Combating It

Although methamphetamine represents an emerging problem in our communities, the Washoe Tribe is still in the fortunate position of being able to take action to prevent methamphetamine

from fastening its hold. A substantial part of the problem stems from non-Indian drug dealers and buyers from the neighboring non-Indian communities, such as Reno and Carson City, coming onto Washoe reservation lands or residing with Tribal members on Washoe reservation lands. The total number of methamphetamine addicts in the Washoe community is relatively low, but just one methamphetamine addiction can destroy an entire extended family and it can seriously impact several tribal departments. We have seen the impact of this plague in our law enforcement, health center, social services programs, and we understand that because this drug is so terribly addictive it has the potential to explode within a community. While we do not have evidence of methamphetamine labs within Washoe Indian Country, we understand that it is occurring in remote lands near the Tribe, and we are concerned that it may be occurring on remote allotment lands. Methamphetamine has become a pernicious threat to our communities, including to newborns affected by prenatal methamphetamine use. The methamphetamine problem crosses jurisdictional boundaries, and it is one that all our communities share – Douglas County, Carson City, Alpine County, and the Washoe Tribe.

As we describe more fully below, the Washoe Tribe has many assets available in our effort to combat the spread of methamphetamine in our communities and on our lands. First and foremost, we have motivated community members who have galvanized the whole tribal community, and we have many strongly held traditional values and customs that oppose the use and production of methamphetamine. Additionally, the Washoe Tribal Council and the Community Councils have the ability and the will to muster and coordinate all our governmental resources in this battle. Although our tribal departments may be relatively small, we have the ability to coordinate the efforts and activities of many government programs including law enforcement, probation, housing authority, TANF program, social services, health center, and courts. By bringing these resources together representatives of each of our four Communities, the Washoe Tribe is able to examine the specific manner in which methamphetamine are spreading into our communities. With this information, we are able to promulgate specifically targeted amendments to the Tribe's criminal and civil codes, and the regulations and policies that govern our government programs to directly combat the threat facing our Tribe. These are assets we have as Washoe people and as a tribal government.

On the other hand, the Washoe Tribe also faces a number of obstacles in this battle. As noted above, the Washoe reservation communities are separated by as much as 42 miles, and the allotment lands are located in remote mountainous areas. The funding the Tribe receives for law enforcement through our Self-Determination Act Contract with the Bureau of Indian Affairs (BIA) falls far short of the resources necessary to adequately patrol these lands. Additionally, our police officers are certified by the Nevada Peace Officer Standards and Training (P.O.S.T.) and trained at a level equal to or greater than our surrounding jurisdictions. The Tribe must compete for officers with much more well funded jurisdictions. Although our financial resources are quite limited, the Washoe Tribe supplements our BIA law enforcement contract funds through the Tribe's general fund. Unfortunately, the Department of Justice COPS funding has been reduced in Indian Country, and this no longer a source of funding for additional officers. With the Tribal funds and BIA funds the Tribe is currently able to support a police force of seven officers. This is a small number of officers to patrol this area and the officers are well known in the community, making undercover investigations very difficult. Moreover, as much of the drug problem is coming from non-Indian dealers from off-reservation communities, it is critical that

Tribal police be able to coordinate with local and state police to share information about suspected drug dealers. However, many local jurisdictions have been reluctant to share such information with tribal police.

The Tribe's methamphetamine interdiction efforts are further hampered by jurisdictional restrictions. As the Committee is aware, the United States Supreme Court, in *Oliphant v. Suquamish*, held that "[b]y submitting to the overriding sovereignty of the United States, Indian tribes therefore necessarily give up their power to try non-Indian citizens of the United States [in criminal cases] except in a manner acceptable to Congress.[1]" Additionally, the Tribe's ability to sanction Indian criminal offenders has been significantly restricted by the Indian Civil Rights Act of 1968 (ICRA). Under ICRA, for a conviction of any one offense, a Tribe may not impose a punishment greater than imprisonment for a term of one year and a fine of $5,000, or both. 25 U.S.C. 1302(7). Even where an Indian offender is arrested and prosecuted by the Tribe, the federal budget for the detention of such convicted offenders has been significantly reduced over the years, and we have a serious challenge in securing detention space for our convicted criminals. Although the Washoe Tribe has a rigorous drug court program for juvenile offenders, we have no detention alternative for non-violent juvenile drug offenders. Realizing that there is no potential for detention, juveniles are reluctant to enroll in the demanding drug court program, opting instead for long-term probation.

The Washoe Tribe is denied criminal jurisdiction over the non-Indian drug dealers coming onto Washoe lands to sell methamphetamine and other illegal drugs, and we are extremely limited in our ability to sanction Indian offenders. Unfortunately, drug dealers and violent criminals appear to be learning to exploit these unique twists in federal Indian law. In Nevada, the Indian tribes have the authority under state law (Nevada Revised Statutes 171.1255) to arrest non-Indian suspects on reservation lands for violations of state law, who are then turned over to local jurisdiction for prosecution. Unfortunately, there is no such corresponding law in California allowing the Tribe to arrest non-Indian offenders on our California lands. Additionally, California is subject to P.L. 280, and it was only after much effort, that the State recognized the Tribe's concurrent criminal jurisdiction over Indian offenders[2]. The Tribe is effectively reliant upon enforcement of federal drug laws to protect our communities. Although, in the fall of 2000, the Tribe entered into a Memorandum of Agreement with the Bureau of Indian Affairs for the issuance of special law enforcement commissions to our tribal police, and subsequently submitted applications for such commissions, they have not been issued. Without these commissions, the Tribe must rely upon federal law enforcement officials to enforce federal drug laws. As the BIA has only one narcotics officer for the district, we are relying upon the Bureau of Federal Investigations and the Drug Enforcement Agency to investigate and enforce federal drug laws on Tribal lands. As we mentioned above, although this is a significant issue for the Tribe (treatment of one "meth baby" drastically affect the budget of our Tribal Health Center and Tribal Social Services Department), the size of the drug activity is relatively small and do not normally meet the USAO District Guidelines. Additionally, an ongoing problem regarding federal crime in general in Indian country has been the longstanding problem of getting the US Attorney to actually prosecute cases referred to him or her from Indian reservations. This

[1] F.Cohen, Handbook of Federal Indian Law, Ch. 4, Sec. B2 (1982 ed.) citing Oliphant v. Suquamish Indian Tribe at 435 U.S. 191, 210 (1978).
[2] California Penal Code § 830.8

Committee should be aware of the high declination rate that many US Attorneys have when Criminal Investigators (CIs) from the BIA present justification for prosecutions stemming from activities on Indian reservations. We have been told that DOJ is sensitive to this and hopes to address it but we do think the Committee should look into this matter and determine if the declination rates are as high as they used to be. Perhaps having additional US Attorneys assigned to areas where there are large numbers of Indian reservations and having those US Attorneys assigned to work with tribal and BIA police would help to rectify this problem.

Washoe Tribe's Comprehensive Campaign to Combat Methamphetamine Use

The Washoe Tribe has engaged in a comprehensive campaign, known as Strong Hearts & Strong Families, to combat the threat of methamphetamine use in our Tribal communities. This campaign began in our communities as concerned and dedicated Tribal members (from elders to youth) organized and participated in community meetings to raise concerns and discuss possible community actions. This effort rose through the Community Council to the Tribal Council, and we organized the Partnership for Healthy Washoe Communities, which includes community representatives, Community Council representatives, Tribal Council representatives, representatives from the Washoe senior center, and mandates the participation of all affected departments and programs of the Washoe Tribe, including Washoe Police and Probation, Washoe Tribal Court, Washoe Drug Court, Washoe Health Center and Healing Center, Washoe Native TANF program (Temporary Assistance for Needy Families), Washoe Social Services, Washoe Head Start, Washoe Cultural Resource Committee, Washoe Housing Authority, and Washoe Environmental Protection.

The Partnership has developed the Meth Zero Tolerance Task Force Strategic Plan, that includes the following seven elements: (1) Community Security, Law Enforcement, and Legal/Policy Reform; (2) Individual Community and Tribal Sustainability; (3) Traditional Governance, Social Organization & Institutions; (4) Elders, Land, & Families; (5) Youth Leadership and Wellness; (6) Family Wellness & Prevention; (7) Traditional Solutions, Care Giving & Healing Communities. This plan is designed to meet the overall Washoe national vision of wellness and recovery: "To create an environment of a quality that permits a life of dignity, growth and wellbeing, founded upon a traditional vision and way of living together that is environmentally sustainable, that respects the principles of the living world, productivity of earth, and wellness of the human condition in it's most natural and traditional sense."

The activities being conducted in pursuant of this Strategic Plan are numerous, and it would be impractical to describe all of them in this testimony. Therefore, we will summarize a few of the key elements of our Plan and the actions the Tribe is taking to fulfill these objectives. The objective for the first element, Community Security, Law Enforcement, & Legal/Policy Reform is:

> "Promote and enact tribal, federal and state laws, ordinance and policies that support tribal communities to be healthy, safe, and have traditional, substance abuse-free environments. Establish formal and informal agreements with surrounding jurisdictions and incentives that support civil and criminal interdiction and enforcement of traditional standards and principles of traditional Washoe society, our communities, lands and properties."

The Tribe has successfully undertaken many actions in pursuant of this objective. These actions include amendments to the Tribe's criminal nuisance provision to prohibit use of homes for provision of alcohol and drugs to juveniles, establishment of Neighborhood Watch programs and laws to protect volunteers from retribution, exploration of the option of banishment, creation of specific child endangerment drug statutes, evaluation of housing policies to assist in efforts to remove drug dealers, including non-Indian offenders residing with Tribal members. We have initiated a Douglas County/Washoe Tribe Partnership, and we have discussed our concerns with the Carson City and Douglas County Meth Awareness Taskforces, the US Conference of Mayors, the National Governors Association, the DEA California Precursor Conference, the NCAI Meth Awareness Project. I have also personally discussed the matter with Attorney General Alberto Gonzales and the White House Office of Intergovernmental Affairs.

In California, the Tribe has initiated and participated in several meetings in Alpine County, California involving Tribal and County Judges, Tribal and County police, and Tribal and County prosecutors. In Nevada, the Tribe is negotiating a law enforcement aid agreement between the Washoe Tribe, Douglas County, and Carson City, which has been hampered by the Counties' insistence that the Tribe defend and accept full liability for the negligence or willful misconduct of County officers if someone were to sue them in Tribal Court. Although such a demand is an insult to our Tribal judicial system and our community members, who are often subject to law suits in county courts with non-Indian juries, the assistance of local law enforcement is critical to investigation and enforcement against non-Indians. In light of the importance of combating this threat, the Tribal Council has agreed to take the extraordinary measure of amending the Tribe's civil code to expressly preclude Tribal court jurisdiction over the actions state or local officers taken in accordance with a law enforcement aid agreement.

The Tribe's Strategic Plan is not limited to law enforcement issues, and it is valuable to briefly review some of the other elements of the Plan. Element 3, Traditional Governance, Social Organization, & Institutions, has the objective of pursuing institutional reforms that project traditional Washoe values, which are averse to drug use. In pursuit of this objective the Tribe has initiated a Family Court Project to be based upon traditional dispute resolution procedures, and our Native TANF program has hosted several family wellness retreats, provides critical substance abuse prevention and treatment services, and provides educational tutoring and career development services (as the Native TANF program serves Native Americans in 11 California Counties and two Nevada Counties these efforts benefit many other Indian and non-Indian communities). Almost 200 Washoe families have signed a pledge to keep their household "meth free," and all Tribal Council members and government employees are subject to drug testing.

These activities are integral in the restoration and preservation of traditional social structures that assist in our effort to combat drug use. Through joint efforts of the Washoe Health Center, Cultural Resources, and Tribal Elders, the Tribe is identifying cultural healing traditions to address substance abuse, strengthen traditional family interdiction, establish support groups, and improve the treatment services provided through the Health Center's behavioral health program.

Recommended Federal Actions to Assist Indian Tribes in their Effort to Combat the Methamphetamine Problem

Tribal governments have a duty to protect the health, safety, and well-being of those living and doing business on Tribal lands. As we noted above, Indian tribes have a great many assets we can muster to combat methamphetamine related problems. As we described above, federal law effectively precludes Indian tribes from meaningful criminal jurisdiction over methamphetamine crimes, which presents a significant obstacle to the Tribe's efforts. However, within the constraints of these jurisdictional limitations, there are many actions the federal government could take to assist Indian tribes in our effort to overcome this obstacle. The solution is not to return to long repudiated Termination Era policies and laws. The Washoe Tribe has experience with a P.L. 280 environment and a non-P.L. 280 environment, and we would be pleased to brief the Committee on the reasons that P.L. 280 does not work. The solution lies in assisting Indian tribes to strengthen our own mechanisms and to facilitate mutually respectful partnerships between Indian tribes and federal agencies, and state and local agencies. By assisting Indian tribes in this manner, the federal government will better fulfill its trust obligations and help non-Indian communities as we all combat the interjurisdictional problems raised by methamphetamine.

We provide the following concrete recommendations of actions available to Congress and federal agencies:

- Amend the Indian Civil Rights Act (ICRA) to increase the maximum penalties Indian tribes may impose against drug dealers, especially those selling methamphetamine on Indian reservations, so that penalties more adequately penalize the offender and deter the crime. During the hearing, the Committee heard about the federal prosecution and conviction of a non-Indian drug dealer, who was sentenced to life in prison. If a similar Indian offender were convicted in tribal court, the maximum penalty would be one year in prison and a $5,000 fine.
- Allow Indian tribes to prosecute non-Indian drug dealers arrested for the sale or distribution of methamphetamine on the reservation. These criminals are targeting Indian reservation communities, and their crimes threaten the safety of tribal members and possibly the very survival of the tribe. As discussed above, the Supreme Court, in the *Oliphant v. Suquamish* decision, anticipated that Congress may permit Indian tribes to prosecute non-Indian citizens. We recommend that the Committee develop appropriate legislation to enable tribal governments to adequately protect their communities from such criminals.
- Expedite the Process for Issuance of Special Federal Law Enforcement Commissions. The current process takes years and appears to be mired in bureaucratic inefficiencies.
- Support the execution of Memoranda of Understanding between Indian Tribes and the Department of Justice to establish partnerships to combat the methamphetamine problem. Such agreements should include information sharing, investigations, interdiction, arrest, and prosecution.
- Support the efforts of federal agencies, such as DEA, to facilitate cooperative law enforcement aid agreements between Indian tribes and local jurisdictions. For example, if federal agencies join local and regional methamphetamine task forces, Tribal police

could participate as federal officers, under either Self-Determination Act contracts/compacts and/or through special commissions.

- Ensure US Attorneys are in fact prosecuting cases referred from Indian reservations and that the practice of declining many such referrals ends. If this requires additional US Attorneys who are primarily assigned to work with Tribes we would encourage the Congress to make that happen.
- Adequately fund the BIA detention budget so that at least offenders convicted of methamphetamine related offenses may be detained in accordance with their sentence.
- Provide funding to allow Indian tribes to place non-violent youth drug offenders in detention if other options are unsuccessful.
- Explore the benefits of state laws, such as Nevada Revised Statute 171.1255, that allow Indian tribes to arrest non-Indian offenders for violations of state law.
- Provide Tribal first responders, including but not limited to police, with specific training regarding clandestine lab response, hazardous waste clean-up, and drug endangered children procedures.
- Provide BIA Social Services with adequate resources to assist families with methamphetamine problems, especially when methamphetamine children are involved.
- Provide Indian Health Services with sufficient funds to support Tribal Health Centers providing direct treatment and contract health treatment to patients with methamphetamine addiction.

March 30, 2006

GOVERNMENT
OFFICES
2371
NE STEPHENS
STREET
SUITE 100
ROSEBURG
OREGON
97470
(541) 672-9405
FAX NUMBER
(541) 673-0432

Senate Indian Affairs Committee
838 Hart Senate Office Building
Washington, DC 20510

Attention: Senator John McCain, Chairman

I appreciate so much that the Senate Indian Affairs Committee has moved forward with the hearing on this terrible scourge of methamphetamine that our present day society suffers from, not just the Indian communities. I had absolutely no concept of the horrors wrought by this addiction until I was invited to be a presenter at the statewide convention of the Citizens Review Board where Dr. Jack Stump presented a video and did a narration of the problem. I was stunned! The result was that I asked the Cow Creek Board of Directors to fund having Dr. Stump come to Roseburg for a public event. The Board okayed the expense and he agreed to come.

In the meantime, I called community friends in leadership roles to come together to strategize. The response was phenomenal throughout Douglas County.

At the meetings were the school superintendent, Umpqua Community College president, local city and county governments, industry, social services; including the health department, substance abuse, juvenile, and law enforcement. It was obvious that our leaders had been aware of the magnitude of the problem and its far-reaching effects. I am so glad that the Cow Creek Tribe "took the bull by the horns", so to speak by assuming the responsibility of making the public aware.

A Community Task Force has been formed to aggressively address this problem. Our goal from the beginning has been a "Meth Free Douglas County".

Thank you for reviewing the material enclosed. I have been in tribal government since 1974 and Board Chair since 1984. My generation had the problem of the "Great Depression" and World War II… we did not face this family devastation. The Tribe is in the process of developing a video for the (5th & 6th grade level) to distribute to all of the schools in Douglas County.

May the Great Spirit guide your efforts.

Sincerely,

Sue Shaffer

Sue Shaffer, Chairman

Chairman
Sue Shaffer

Vice Chairman
Dan Courtney

Secretary
Tom Rondeau

Treasurer
Gary Jackson

Leland Van Norman
Kelly Rondeau
Stephen R. Jackson
George T. Rondeau
Delbert Rainville
Robert Van Norman
Shirley Roane

Resolution No: 2006-17

RESOLUTION OF THE COW CREEK BAND OF UMPQUA TRIBE OF INDIANS BOARD OF DIRECTORS REQUESTING THAT METHAMPHETAMINE USE IN INDIAN COUNTRY BE DECLARED A NATIONAL EMERGENCY

WHEREAS, the Cow Creek Band of Umpqua Tribe of Indians (the "Tribe") is organized under the Indian Reorganization Act of June 18, 1934 (48 Stat. 984), the provisions of the Cow Creek Band of Umpqua Tribe of Indians Recognition Act of December 29, 1982 (P.L. 97-391), as amended by the Cow Creek Band of Umpqua Tribe of Indians Distribution of Judgment Funds Act of October 26, 1987 (P.L. 100-139), and the Cow Creek Tribal Constitution, duly adopted pursuant to a federally supervised constitutional ballot, on July 8, 1991; and,

WHEREAS, pursuant to Article III, Section 1 of the Tribe's Constitution, the Cow Creek Tribal Board of Directors (the "Board") is the governing body of the Tribe; and,

WHEREAS, pursuant to Article VII, Section 1 (b) of the Tribe's Constitution the Board has the power to "represent the Tribe before Federal, state and local governments and their departments and agencies"; and

WHEREAS, pursuant to Article VII, Section I (t) of the Tribe's Constitution the Board has the power to "have such other powers and authority necessary to meet its obligations, responsibilities, objectives, and purposes as the governing body of the Tribe"; and,

WHEREAS, the health, safety, welfare, education, economic and employment opportunity, and preservation of cultural and natural resources are primary goals and objectives of the Tribe; and

WHEREAS, the Tribe believes methamphetamine use on American Indian reservations has reached an epidemic proportion and must be elevated to a national crisis; and

WHEREAS, The Tribe believes the implications for methamphetamine use have profound consequences that include significant costs of treatment, law enforcement jurisdictional issues, environmental hazards, and other public health risks; and

WHEREAS, federal funding to curtail this widespread problem is insufficient, notwithstanding repeated requests by American Indians for assistance; and

WHEREAS, additional resources are needed throughout Indian Country in order to develop and implement methamphetamine prevention and education programs, fund methamphetamine treatment and aftercare programs, and fund law enforcement activities to curtail this drug epidemic; and

WHEREAS, federal, state and Tribal agencies must elevate the methamphetamine issue throughout Indian Country by designating it as a national emergency before it is too late to do anything about it; now,

THEREFORE, BE IT RESOLVED that the Tribe, by and through the Board, hereby requests that Indian Health Services ("IHS") work with other agencies within the Department of Health and Human Services ("HHS") to declare methamphetamine use in Indian Country a national emergency, and;

BE IT FURTHER RESOLVED, that the Bureau of Indian Affairs ("BIA") work with other federal government law enforcement agencies to also declare the methamphetamine problem in Indian Country as a national emergency; and

BE IT FURTHER RESOLVED, that the IHS and HHS designate additional funding to assist Indian tribes in dealing with the methamphetamine problem to effectively develop and implement prevention and education programs and adequately fund treatment and aftercare programs; and

BE IT FURTHER RESOLVED, that the Tribe requests that the BIA work in conjunction with the Department of Justice and others to secure emergency funding to fund law enforcement activities throughout Indian Country to curtail the effects of methamphetamine use in Indian communities; and

BE IT FURTHER RESOLVED, that the Tribe by this resolution has joined with the Affiliated Tribe of Northwest Indians and the National Congress of American Indians in stating that this resolution shall be the policy of the Tribe until it is either withdrawn or modified by subsequent resolution; and

CERTIFICATION

It is hereby certified that the Cow Creek Tribal Board of Directors, governing body of the Cow Creek Band of Umpqua Tribe of Indians, composed of eleven (11) members of whom 10, constituting a quorum, were available for a phone poll taken on the 24th day of March, 2006, adopted the foregoing **RESOLUTION OF THE COW CREEK BAND OF UMPQUA TRIBE OF INDIANS BOARD OF DIRECTORS REQUESTING THAT METHAMPHETAMINE USE IN INDIAN COUNTRY BE DECLARED A NATIONAL EMERGENCY** by the affirmative vote of 10 for and 0 against.

Sue Shaffer
Tribal Chairperson

Tom W. Rondeau Sr. by CM
Attest: Tom W. Rondeau, Sr.
Tribal Secretary

NATIONAL CONGRESS OF AMERICAN INDIANS

EXECUTIVE COMMITTEE

PRESIDENT
Joe A. Garcia
Ohkay Owingeh
(Pueblo of San Juan)

FIRST VICE-PRESIDENT
Jefferson Keel
Chickasaw Nation

RECORDING SECRETARY
Juana Majel
Pauma-Yuima Band of Mission Indians

TREASURER
W. Ron Allen
Jamestown S'Klallam Tribe

REGIONAL VICE-PRESIDENTS

ALASKA
Mike Williams
Yupiaq

EASTERN OKLAHOMA
Joe Grayson, Jr.
Cherokee Nation

GREAT PLAINS
Mark Allen
Flandreau Santee Sioux

MIDWEST
Robert Chicks
Stockbridge-Munsee

NORTHEAST
Randy Noka
Narragansett

NORTHWEST
Ernie Stensgar
Coeur d'Alene Tribe

PACIFIC
Cheryl Seidner
Wiyot

ROCKY MOUNTAIN
Raymond Parker
Chippewa-Cree Business Committee

SOUTHEAST
Leon Jacobs
Lumbee Tribe

SOUTHERN PLAINS
Steve Johnson
Absentee Shawnee

SOUTHWEST
Manuel Heart
Ute Mountain Ute Tribe

WESTERN
Kathleen Kitcheyan
San Carlos Apache

EXECUTIVE DIRECTOR
Jacqueline Johnson
Tlingit

NCAI HEADQUARTERS
1301 Connecticut Avenue, NW
Suite 200
Washington, DC 20036
202.466.7767
202.466.7797 fax
www.ncai.org

The National Congress of American Indians
Resolution #TUL-05-042

TITLE: Support to Declare Methamphetamine Use in Indian Country as a National Emergency and to Provide Funding

WHEREAS, we, the members of the National Congress of American Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

WHEREAS, the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

WHEREAS, methamphetamine use on American Indian reservations has reached an epidemic proportion and must be elevated to a national crisis; and

WHEREAS, the implications for methamphetamine use have profound consequences that include significant costs of treatment, law enforcement jurisdictional issues, environmental hazards, and other public health risks; and

WHEREAS, federal funding to curtail this widespread problem is insufficient notwithstanding repeated requests by American Indians for assistance; and

WHEREAS, additional resources are needed throughout Indian Country in order to develop and implement methamphetamine prevention and education programs, fund methamphetamine treatment and aftercare programs, and fund law enforcement activities to curtail this drug epidemic; and

WHEREAS, federal, state and Tribal agencies must elevate the methamphetamine issue throughout Indian Country by designating it as a national emergency before it is too late to do anything about.

NOW THEREFORE BE IT RESOLVED, that the NCAI does hereby respectfully request that the Indian Health Service (IHS) work with other agencies within the Department of Health and Human Services to declare methamphetamine use in Indian Country as a national emergency, and; that the Bureau of Indian Affairs (BIA) work with other federal government law enforcement agencies to declare the methamphetamine problem in Indian Country as a national emergency; and

BE IT FURTHER RESOLVED, that the IHS and HHS designate additional funding to assist Indian tribes in dealing with the methamphetamine problem to effectively develop and implement prevention and education programs and adequately fund treatment and aftercare programs; and

BE IT FURTHER RESOLVED, that BIA in conjunction with DOJ and others, work to secure funding from appropriate federal sources to fund law enforcement activities throughout Indian Country to curtail the effects of methamphetamine use in Indian communities; and

BE IT FINALLY RESOLVED, that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.

CERTIFICATION

The foregoing resolution was adopted at the 2005 Annual Session of the National Congress of American Indians, held at the 62nd Annual Convention in Tulsa, Oklahoma on November 4, 2005 with a quorum present.

President

ATTEST:

Juana Majel

Recording Secretary

Adopted by the General Assembly during the 2005 Annual Session of the National Congress of American Indians held from October 30, 2005 to November 4, 2005 at the Convention Center in Tulsa, Oklahoma.

Affiliated Tribes of Northwest Indians

2005 Annual Conference
Coeur d'Alene, Idaho

RESOLUTION #05 - 81

"SUPPORT TO DECLARE METHAMPHETAMINE USE IN INDIAN COUNTRY AS A NATIONAL EMERGENCY AND TO PROVIDE FUNDING"

PREAMBLE

We, the members of the Affiliated Tribes of Northwest Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants rights secured under Indian Treaties and benefits to which we are entitled under the laws and constitution of the United States and several states, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the welfare of the Indian people, do hereby establish and submit the following resolution:

WHEREAS, the Affiliated Tribes of Northwest Indians (ATNI) are representatives of and advocates for national, regional, and specific Tribal concerns; and

WHEREAS, the Affiliated Tribes of Northwest Indians is a regional organization comprised of American Indians in the states of Washington, Idaho, Oregon, Montana, Nevada, Northern California, and Alaska; and

WHEREAS, the health, safety, welfare, education, economic and employment opportunity, and preservation of cultural and natural resources are primary goals and objectives of Affiliated Tribes of Northwest Indians; and

WHEREAS, methamphetamine use on American Indian reservations has reached an epidemic proportion and must be elevated to a national crisis; and

WHEREAS, the implications for methamphetamine use have profound consequences that include significant costs of treatment, law enforcement jurisdictional issues, environmental hazards, and other public health risks; and

WHEREAS, federal funding to curtail this widespread problem is insufficient notwithstanding repeated requests by American Indians for assistance; and

WHEREAS, additional resources are needed throughout Indian Country in order to develop and implement methamphetamine prevention and education programs, fund methamphetamine treatment and aftercare programs, and fund law enforcement activities to curtail this drug epidemic; and

WHEREAS, federal, state and Tribal agencies must elevate the methamphetamine issue throughout Indian Country by designating it as a national emergency before it is too late to do anything about; now

THEREFORE BE IT RESOLVED, that ATNI respectfully requests that the Indian Health Service (IHS) work with other agencies within the Department of Health and Human Services to declare methamphetamine use in Indian Country as a national emergency, and; that the Bureau of Indian Affairs (BIA) work with other federal government law enforcement agencies to declare the methamphetamine problem in Indian Country as a national emergency; and

BE IT FURTHER RESOLVED, that the IHS and HHS designate additional funding to assist Indian tribes in dealing with the methamphetamine problem to effectively develop and implement prevention and education programs and adequately fund treatment and aftercare programs; and

BE IT FINALLY RESOLVED, that the BIA request emergency funding from the Department of Justice and other federal government law enforcement agencies to fund law enforcement activities throughout Indian Country to curtail the effects of methamphetamine use in Indian communities.

CERTIFICATION

The foregoing resolution was adopted at the 2005 Annual Conference of the Affiliated Tribes of Northwest Indians, held at the Coeur d'Alene Casino and Resort in Coeur d'Alene, Idaho on September 23, 2005 with a quorum present.

Ernest L. Stensgar

Ernest L. Stensgar, President

Norma Jean Louie

Norma Jean Louie, Secretary

GOVERNMENT

OFFICES

2371

NE STEPHENS

STREET

SUITE 100

ROSEBURG

OREGON

97470

(541) 672-9405

FAX NUMBER

(541) 673-0432

Families: Methamphetamine's target!

Costs to Society:
It starts as something fun then moves to something that's "needed" and then moves to destruction. Destruction of families, babies, children, mothers, fathers, aunts, uncles, cousins, grandparents all are destroyed when methamphetamines rears its ugly demon-head. Meth also affects people who are unrelated to the "user" by means of car wrecks, violent crimes, the cost of health care, cost of criminal activity and other stresses on the community such as housing and employment.

Tribal Stats:
In our tribe, we currently have approximately 1400 tribal members spread across the United States and Canada. In the past year 38 tribal children have been in state custody (Washington, Oregon, California and Florida) and 30 of those children are in foster care/adoption/guardianships as a result of one or both parents using methamphetamines. There is no way of knowing how many families are currently out there that we do not know about as far as their use of this destructive curb-side pharmacy.

In Douglas County alone this past year the Tribe has went from having no Indian child welfare cases to having 5 tribal families in service with a total of 11 children. In speaking with workers at the Douglas County Branch they stated that their case load has nearly doubled due to methamphetamine use in our community.

Treatment
In each case the parents are court ordered to have drug and alcohol assessments and to follow the recommendations. Rarely does a parent have success at treatment and often times relapses with in a short time after leaving treatment. Many times parents drop-out of treatment and it is several months or longer before getting them back into a treatment facility willingly if at all. The costs of treatment alone are horrendous not counting the time and effort of the people who help move the client towards actual treatment

Permanency for Children:
With these child welfare cases it is always the goal to return the children home once the parent completes the court ordered items. If after a certain number of months the parent/s do not seem to be making any progress the child welfare system is forced to start looking for other permanency for the children by means of family long term foster care, guardianships or adoptions.

Solution:

Society needs government funded treatment centers, community education and mandatory drug education in our schools. It must become a priority of our government in an effort to save our own civilization.

If this curb-side pharmacy isn't stopped we stand to lose our most import assets in life, children and family.

Rhonda Malone

Rhonda Malone, Social Services Representative
Cow Creek Band of Umpqua Tribe of Indians

3/28/06

JEFF KRUSE
STATE SENATOR
District 1
Serving Coos, Curry, Douglas, Jackson & Josephine Counties

COMMITTEES:
Vice-Chair:
Health Policy
Human Services
Member:
Education & Workforce

Senate Committee on Indian Affairs

Senator Gordon Smith,

As you well know Methamphetamine (meth) use has reached epidemic proportions in many states, including Oregon. During our 2005 Legislative Session the Oregon Assembly took dramatic action to deal with this problem on several fronts. We dealt with everything from precursor substances to meth labs to sentencing guidelines and treatment programs. We are well aware of the fact that our efforts were just a start.

Many of us are also actively working on solutions at the local level. As with many other problems we deal with, I believe utilizing all assets available at the community level will give us our best chance to be effective in our efforts. No two County's programs will look the same, as each County has a unique set of assets and problems to deal with. In Douglas County our efforts are being spearheaded by the Cow Creek Tribe and the medical community with strong support from city and county government as well as schools, law enforcement, the faith community, service clubs and the business community.

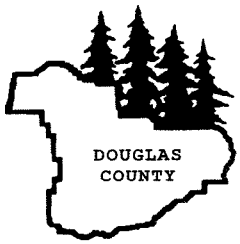
This is a new era in our "War on Drugs" and it will take new approaches. This is very personal to me as I am a recovering addict myself (I just recently celebrated my twentieth year of being drug and alcohol free). Meth was one of the drugs I used, and I know how hard it is to deal with this problem. This war on drugs needs to be focused more on the demand side. Outreach and education are needed to break the cycle of drug use and save future generations. Additionally we need a different, longer term treatment modality to help those currently addicted.

Communities and states are stepping up to the plate in this effort. I personally will go anywhere and do whatever is necessary to help win this fight. My hope is that you in Congress will do what you can to provide us with the resources we need to win. Thank you for your time and attention and feel free to contact me if I can be of any assistance.

Sincerely,

Jeff Kruse

900 Court St NE S-215, Salem, OR 97301 - Phone (503) 986-1701 - email: sen.jeffkruse@state.or.us
District Office: 174 Burkhart Rapids Lane, Roseburg, OR 97470 - Phone (541) 673-7201



BOARD OF COMMISSIONERS

DOUG ROBERTSON DAN VAN SLYKE MARILYN KITTELMAN

1036 S.E. Douglas Ave., Room 217 • Roseburg, Oregon 97470 • (541) 440-4201

March 17, 2006

Senator Gordon H. Smith
One World Trade
121 SW Salmon Street, Suite 1250
Portland, OR 97204

The Honorable Senator Smith:

Trying to calculate the impact that methamphetamine abuse has had on our county is impossible. It's so difficult, because the impacts are so far-reaching. The cumulative effect on our workforce, our law enforcement, our education system, court system, and every other component of our social structure, cannot be measured in dollars alone. The tragedy of meth babies, families destroyed, and young lives ruined, has become an all-to-frequent part of communities like ours.

The solutions to this epidemic are complicated and expensive. It is clear that chronic unemployment and the lack of economic opportunities are contributing factors. Douglas County is a rural resource-dependent county. We have struggled with unemployment and maintaining a stable economy for a decade and a half. In addition to helping rural areas like ours that have been hit so hard with the effects of the meth epidemic, reauthorizing the Rural Schools and Community Self-determination Act would be a huge step in the right direction.

The reauthorization of this Act will have enormous benefits on over 700 counties and 2,400 rural school districts nationwide.

Thank you for your concerns.

Sincerely,

Doug Robertson
Douglas County Commissioner

DOUGLAS COUNTY SHERIFF'S OFFICE
Justice Building • Roseburg, Oregon 97470 • (541) 440-4450

CHRIS BROWN
SHERIFF

Tragically, I realized that I am unable to articulate, what cannot be described as anything less than, the absolute devastation of our communities caused by meth, in a couple of paragraphs. As a long-time drug enforcement officer, I am disillusioned by the fact that our cries for help, that our efforts to illustrate that this was, clearly, a threat to the nation and that the sheer volume of casualties has gone ignored for decades. "This is a regional issue" is what we have been told for twenty years, while we watched, incredulously, the meth problem burn like a wildfire from coast to coast.

At more meth houses than I can count, I have seen 2 and 3 year-olds whose eyes had the same lifeless, hopeless gaze that I have seen in the eyes of soldiers in places like Tarawa and Bastogne. Footsteps coming down the hallway should mean something to a baby, other than simply the next round of abuse. In my discipline, you see things you wish, forever after, you hadn't seen. But the memories that cause me the most grief are those children who, cigarette burns, bruises and all, are realistic enough to know that despite a brief respite while you're there, or while mom and dad are in jail, sooner or later the agony will continue. And while you want desperately to say or do something...they are right. All those little eyes haunt me as I write this.

In my community meth is not a drug problem.

Meth is a child abuse problem, a spouse abuse problem, a burglary problem, a theft problem, a forgery problem, an identity theft problem, an education problem, an environmental problem, a healthcare problem, an employment problem, a murder problem, a landlord problem; *nobody* is unaffected. It is a federal land issue, a state land issue and a private land issue.

And at precisely the same time that everyone is involved in a legislative frenzy to address the meth crisis, there are efforts to dismantle the Byrne Grant (JAG) monies and the HIDTA program, which represent life and death to our task forces. As former chair of the Oregon HIDTA program, I was present last year, when we showed you where the strategic bang for the buck is in America's drug enforcement efforts. And I implore you to bolster your support and to give us a bi-partisan hand in wrestling our childrens' future away from the deadly clutches of the most evil drug of all time.

Chris Brown
Douglas County Sheriff
Oregon

DOUGLAS INTERAGENCY NARCOTICS TEAM

Courthouse ● Roseburg, Oregon 97470 ● (541) 440-4474

Lt. Curt Strickland, Commander

March 1, 2006

Sue Shaffer
Cow Creek Bank of Umpqua Tribe of Indians
2371 NE Stephens, Suite 100
Roseburg, OR 97470

Dear Ms. Shaffer:

I wanted to thank the tribe for sponsoring the presentation on Methamphetamine Abuse by Dr. Jack Stump at Roseburg High School on February 28, 2006. I was very impressed by the large number of people that attended and the interest they expressed in working toward a solution to one of Douglas County's most serious problems.

As you are well aware, law enforcement alone can not successfully combat the problem of methamphetamine abuse. It is a community problem with a community solution, of which law enforcement is only one component. Educational forums such as Dr. Stump's presentation are a great way to educate the public and have a positive influence on our young people.

Please extend our thanks to your staff and everyone that worked so hard to make this presentation a success.

Sincerely,

Curt Strickland

Lt. Curt Strickland

March 3, 2006

Dear Ms. Schaffer:

The program that was presented at Roseburg High School was excellent. As part of my duties as Circuit Court Judge Pro Tem for our county, I review probable cause affidavits that are presented when a person is held in custody. During the past years I have noticed a troubling increase of allegations of meth use within those affidavits. Also, as noted in the materials provided at the program, meth use is increasingly prevalent in abuse and neglect cases negatively impacting children and families.

The program was both timely and important. Thank you for your efforts and those of the Cow Creek Band of Umpqua Tribe of Indians to bring such an important topic into focus for the community. As mentioned by Judge Abernethy, this is a important step in the advancing the response of the community to the problem of methamphetamine.

Sincerely,

George Ambrosini

Umpqua
Community
College

Dr. Blaine Nisson,
President

Sue Shaffer, Tribal Chair
Cow Creek Band of the Umpqua Tribe of Indians
2371 NE Stephens Street, Suite 100
Roseburg, OR 97470

March 21, 2006

Dear Ms. Shaffer:

As a leader in higher education for over 30 years, I have worked with a variety of students who have struggled with addiction problems that impact their lives and limit their opportunities for achieving an education and a better future. The impact that METH has on the lives of students is something that is without comparison during my career. You and the Cow Creeks are to be commended for your work in helping to eradicate this debilitating drug from Douglas County.

A few years ago, I worked with a female student who was in a relationship with a METH addict. She had two small children and was attending Centralia College, trying to improve her skills so that she could find employment. In reaction to her decision to get out of the relationship, her boyfriend began to stalk her, threatening her life. Eventually I worked to get her into a relocation program since no one in the community could guarantee her safety or that of her children. The boyfriend was eventually arrested for some drug related crimes and incarcerated.

The situation isn't always so hopeless and grim. This past year I met a former 20 year METH addict who decided that he needed to seek treatment so that he could regain custody of his two boys. The struggles that he faced were significant but he was able to successfully complete rehab, eventually getting his sons back. He enrolled at Umpqua Community College, completing the GED program in December. He was one of the graduation speakers and gave one of the most motivational speeches that I have heard in recent years. He is now enrolled in the UCC Construction Technology Program, learning the skills to gain a career so that he can support his family, which now includes taking care of not only his sons but also his father. That is what community colleges are about: meeting students where they are and helping them attain their goals.

I know first hand that we can help people turn their lives around through education. Education should also be viewed as one of the best resources for preventing METH and helping those who have recovered from an addition have a better future. We must invest in education as the foundation of our future.

Sincerely,

Blaine Nisson, Ed.D.
President

Learning: A Life-Changing Experience
Post Office Box 967 • Roseburg, Oregon 97470-0226 • Telephone 541/440-4600

Roseburg Public Schools

Office of the Superintendent

March 16, 2006

Senate Commission on Indian Affairs
att: Senator Gordon Smith
404 Russell Building
Washington DC 20510

Dear Senator Smith:

I serve as the superintendent of schools in the largest school district in Douglas County, Oregon, which has become known as "ground zero" in the war against methamphetamine.

Our schools in Douglas County deal with the devastation of children and families caused by methamphetamine use in our communities. There are very few of us throughout Oregon who are not negatively affected by what has become our methamphetamine epidemic. Those who suffer the most are our children whose health, education, and welfare are too often damaged beyond repair.

Please listen carefully to those of us in Oregon who speak for the children and assist us in any way that you can to restore their hope for a brighter future and an effective education.

Sincerely,

Lee E. Paterson
Superintendent
Roseburg Public Schools

Roseburg Public Schools Administration
1419 N.W. Valley View Dr.
Roseburg, OR 97470
Voice (541) 440-4015
Fax (541) 440-4003

Eastwood Elementary School
2550 S.E. Walton
Roseburg, OR 97470
Voice (541) 440-4180
Fax (541) 440-4182

Fir Grove Elementary School
1360 W. Harvard Blvd.
Roseburg, OR 97470
Voice (541) 440-4085
Fax (541) 440-4086

Fullerton IV Elementary School
2569 W. Bradford Drive
Roseburg, OR 97470
Voice (541) 440-4081
Fax (541) 440-4082

Green Elementary School
4496 S.W. Carnes Road
Roseburg, OR 97470
Voice (541) 440-4127
Fax (541) 440-4017

Hucrest Elementary School
1810 N.W. Kline
Roseburg, OR 97470
Voice (541) 440-4188
Fax (541) 440-4191

John C. Fremont Middle School
850 W. Keady Court
Roseburg, OR 97470
Voice (541) 440-4055
Fax (541) 440-4060

Joseph Lane Middle School
2153 N.E. Vine Street
Roseburg, OR 97470
Voice (541) 440-4104
Fax (541) 440-4100

Melrose Elementary School
2969 Melrose Road
Roseburg, OR 97470
Voice (541) 440-4077
Fax (541) 440-4078

Roseburg High School
400 W. Harvard Avenue
Roseburg, OR 97470
Voice (541) 440-4142
Fax (541) 440-8296

Rose Elementary School
948 S.E. Roberts Avenue
Roseburg, OR 97470
Voice (541) 440-4123
Fax (541) 440-4124

Sunnyslope Elementary School
2230 S.W. Cannon Road
Roseburg, OR 97470
Voice (541) 440-4192
Fax (541) 679-9485

Winchester Elementary School
217 Pioneer Way/P.O. Box 778
Winchester, OR 97495
Voice (541) 440-4183
Fax (541) 440-4187

Whatever it takes!

A community partnership dedicated to academic and personal success for every student.

www.roseburg.k12.or.us

ROSEBURG
FOREST PRODUCTS

ALLYN C. FORD
President

March 21, 2006

Sue Schaffer, Chairman of the Board
Cow Creek Tribal Government Offices
2371 NE Stephens
Roseburg, OR 97470

Dear Sue:

Thank you for doing this for our community. Please use any of my comments that you believe appropriate for your presentation.

Roseburg Forest Products is a private family owned business. My father started the business in 1936. Today we employee more than 3,200 and operate manufacturing plants in Oregon, California and Montana. We own more than 700,000 acres of timberland to support our manufacturing plants.

Use of "meth" and other illegal drugs is a growing problem in our communities and in our workplaces. In 2005, we terminated thirty-two (32) of our employees for violation of last chance agreements associated with substance abuse or failure to adhere to our substance abuse policy.

This may not seem like many, but when you consider that it is 1 percent of my workforce and that we only test about 10% of our workforce on an annual basis. We are fearful that we could have as high as 10% of our workforce abusing "meth" and other illegal drugs. Through the first two months of 2006 we have paid health insurance for over 22,000 hours of Family Medical Leave absences. We believe more than 25% of these absences are either a direct or indirect result of some form of substance abuse.

The safety of all our employees is compromised when they work with co-workers who are impaired either mentally or physically because of substance abuse. This places the livelihood of all our employees and their families at risk. Our Company pays higher wages and provides better benefits than most of the smaller companies in our industry that do not "drug test". The cost of these benefits coupled with the cost of a substance abuse testing and rehabilitation program makes us less competitive. Eventually we will not be able to sustain these costs and the job security of our employees will be lessened.

P.O. BOX 1088 • ROSEBURG, OREGON 97470 • (541) 679-3311 • FAX NO. (541) 679-9150

Many of the smaller companies believe they will be unable to hire enough workers if they do pre-employment drug tests. The cost of running a good substance abuse program can seem very high for a small business man.

We in this country have sat on our hands and debated while more of our citizens have ruined their lives and the lives of their children than all the wars we have waged in our history. The cost of lost productivity and the additional costs placed on our health care, educational and law enforcement systems are sinking our society and its ability to pay for the social programs dreamed up to make life better.

Now is the time for action, not more debate.

Sincerely,

Allyn C. Ford
President

ACF:arz

THE Ford Family FOUNDATION Phone (541) 957-5574 • Fax (541) 957-5720 • 1600 NW Stewart Parkway • Roseburg, OR 97470

March 23, 2006

The Ford Family Foundation has recognized the extremely negative influences of methamphetamines on the rural communities in which we work. It is destroying the fabric of the institutions we support – families, education, health, and safe communities. We are seeing the total destruction of personal and cultural values in persons whose brains have been altered, probably permanently, by this seductive public enemy. Worst of all is the evil influence the drug has on our children, who may be innocent victims in the womb or in the home. This crisis has breached the walls of our safe communities. It is here, not somewhere out of sight. It is destroying our friends, our family members, our neighborhoods, and our pride in a beautiful state.

THE FORD FAMILY FOUNDATION

Norman Smith

Norman J. Smith
President

THE COW CREEK BAND OF UMPQUA TRIBE OF INDIANS
presents

Methamphetamine Abuse.

Whose problem is it?

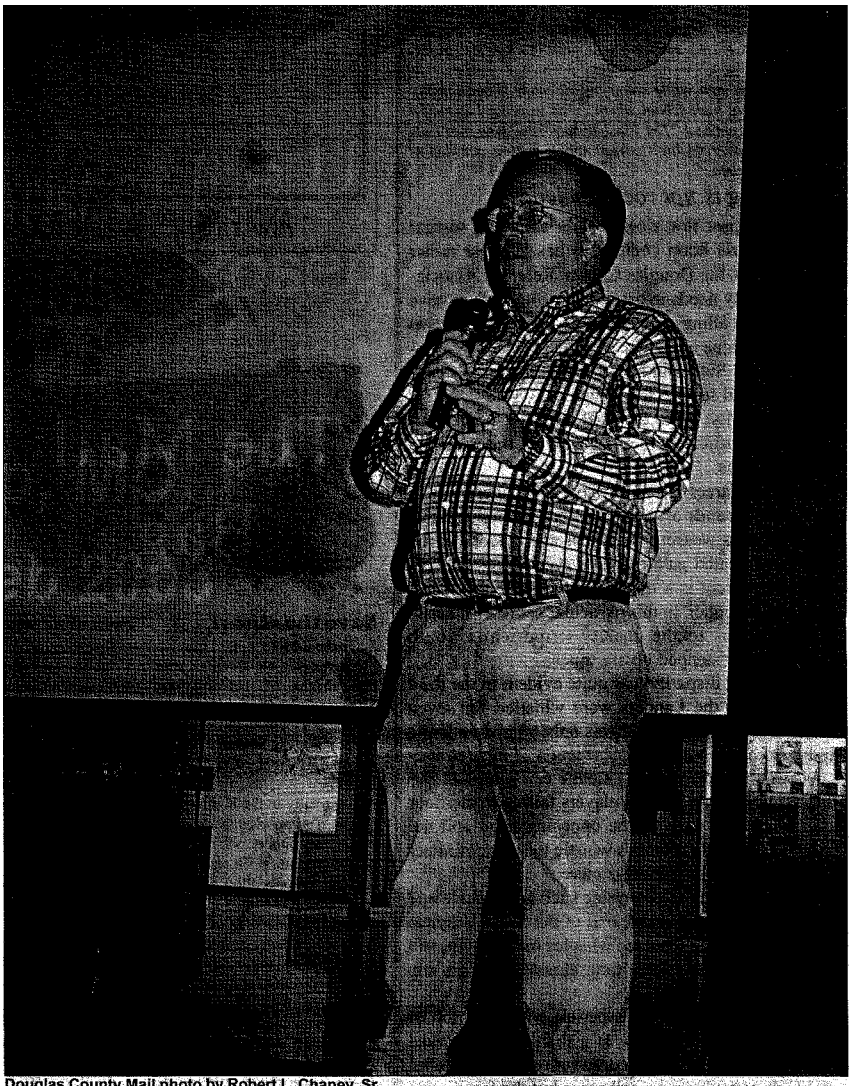
THE TRIBE & DR. JACK STUMP
INVITE YOU TO JOIN THE FIGHT
AGAINST METH

February 28, 2006
7 pm
Roseburg High School Auditorium
Free

Find Out What You Can Do About it!

Jack Stump, MD will speak on the history and development of methamphetamine abuse in the United States and Oregon. He outlines the biological and physical effects of methamphetamines, the cycle of addiction, and his experience in treating individuals who are using methamphetamines. Dr. Stump is on staff at the Southwest Washington Medical Center and spent many years as an emergency room doctor in Southern Oregon.

EVERYONE INVITED.
PARENTS ARE ENCOURAGED TO BRING CHILDREN OF AN APPROPRIATE AGE.



Douglas County Mail photo by Robert L. Chaney, Sr.
EXPERT ADVICE -- Emergency room physician and methamphetamine expert Dr. Jack Stump spoke Tuesday night, February 28, at Roseburg High School on the growing epidemic of meth use in society and how a community can go about attempting to rid itself of the problem. He provided a history of the problem and why it has become so prevelant in society today. He also spoke about the clinical side of the addiction. The presentation was sponsored by the Cow Creek Band of the Umpqua Tribe of Indians.

leth seminar raws large crowd

ROSEBURG — Over 1,300 citizens Douglas County gathered Tuesday ht, Feb. 28, at Roseburg High School isten to methamphetamine expert Dr. k Stump's presentation on how to deal h and get rid of meth use.

Master of Ceremonies Dan Hern wel- ned everyone and introduced Cow ek Tribe's chair Sue Shaffer.

"The mission of the group of individu- who have put this program together meth free Douglas County," said ffer. "Tribal government is willing to p out in any way we can against this ible epidemic so let's work together nd this epidemic in Douglas County."

Stump, a native of Oregon, has worked emergency rooms throughout the rthwest and has seen firsthand the ects that meth use has on users.

"This drug is by far the most addictive g and the most dangerous drug," said mp.

Methamphetamine is what Stump calls chemistry set" drug. It is produced ctly from chemicals and depends solely the "cook" as to whether it is a "good ch" of drug. It is not like the plant pro- s drugs such as nicotine, alcohol, co- ne and marijuana said Stump. These gs have been produced by the plants millions of years at the same stan- d not altered from cook to cook as hamphetamine can be.

The reason that meth has become so ular as a drug is the "high" it pro- es the user. It triggers the release of amine into the system at a very high and creates Super Natural Pleasure. rate is higher than any other and it ns up the ability to produce dopamine that is why users crash and become able following use.

Stump said the medical problems as- iated with the use of meth are by far away the worst of any drug.

"Meth use changes the chemistry of brain," said Stump. "It has to or you 't get high."

Oregon is one of the frontrunners in slation that has made it harder for the ducers to get the ingredients needed ook the drug and as a result the num- of the small operations have almost sed to exist, However, the big pro-

3/06 See METH on Page 6A

METH:

Continued from Page 1A

ducers of the drug are in Mexico and have a continuous supply of the materials needed thus making it hard to regulate.

"The first step in trying to get rid of methamphetamine use in the community is exactly what you are doing here tonight," said Stump. "Realizing there is a problem and gathering together to unite in the fight to eradicate the use within the community."

Stumps presentation, which included videotapes, discussed the four types of victims of methamphetamine use: the user, family and friends of the user, victims of crimes and society in general. According to Stump societal effects include, besides the impact on victimized families, the toxic assault on the environment and use of tax dollars for legal and health issues related to meth use.

He said that people use meth for four basic reasons: One, they seek escape; two, they respond to peer pressure; three, they want to control their weight; and four, they have personal historical factors that may lead to addiction including genetics, sex abuse and depression.

Stump pointed out that the problem is complicated because anyone with cooking experience can cook up a batch of the drug and the recovery from the addiction to the poison take a long time. Some users never recover, he stated. Stump said that the only way to try and limit or even eradicate the drug is through communities working together. Law enforcement and education/treatment must be equally strong. He suggested that communities target everyone with the truth about meth use and to try and get everyone involved . He added that people also need to apply constant pressure such as drug testing and that communities need to support public and private agencies.

"Tonight you have recognized that there is a problem in your community. Continue to work together to end the epidemic," concluded Stump.

EDITORIAL 3/2/06

METH FIGHT

Community involvemen builds as shocking effect of drug hit home

Experts in dealing with the effects of methamphetamine abuse say that one the important keys to combating the d scourge is community involvement.

A meeting Tuesday showed that Douglas C ty residents are committed to that step. More 1,000 people crowded into Roseburg High School's Student Center to listen to and see th graphic testimony of the drug's effects on hur

It wasn't pretty. A former user, now a local dent, talked of his friend dying in his arms fr an injected overdose that stopped his heart. A noted researcher showed videos of a man on who couldn't do much but twitch and stick ou tongue and roll his eyes.

It was good to see many young people at th meeting. It would be a great public service if videos of meth addicts at their worst could be shown in every classroom in the country.

It's no secret that methamphetamine contin to be a major problem here and elsewhere. La enforcement officials say that most of the thef and property crimes are tied back to people in need of drug money. Home drug labs have lo been a problem since they can leave a toxic w behind. Child neglect and abuse often follow of the drug.

Recent efforts by Oregon and some other sta limit availability of the common chemicals that into meth's manufacture have helped somewh

Experts say the keys are education — like T day's meeting — and treatment programs. It's long fight to shake off an addiction to meth, b it's being done. Richard Brown, the man who fied about his friend dying, said he's been clea since his drug rehabilitation program 15 years

A number of others aren't as lucky, spiralin downward into illness and poverty.

Society pays for such addictions in many w Drug rehabilitation programs may be the leas expensive.

Kudos go to the Cow Creek Band of Umpq Tribe of Indians for sponsoring the education session this week. It was the talk of the town days afterward, and provided a tremendous c munity service in spreading the word. Methan phetamine is putting Douglas County and Ore at tremendous risk. It will take continued, str across-the-board action to beat it back.

We can further educate ourselves on the dru and its effects, do all we can to persuade your people to shun it, lobby for increased funding state and national level, and support commun programs that preach prevention and offer reh itation to those already bitten.

TALKING ABOUT

Meth Abuse

Reaction: Marlee Hollamon of Glide reacts as she watches a video of a methamphetamine addict in a psychotic episode during a presentation about meth abuse at Roseburg High.

Nearly 1,000 adults, teens attend event educating community about meth's destructive power

Discussion leader: The Cow Creek tribe brought Dr. Jack Stump to Roseburg High School Tuesday night to talk about methamphetamine abuse.

By **DANIELLE GILLESPIE**
The News-Review

It was 1991 and Richard Brown, then 21, had just scored some methamphetamine.

Excited, he invited his buddy, Jason Bailey, over to his one-bedroom apartment in Eureka, Calif., so they could shoot up together.

"He shot up more than I did and his heart couldn't take it. I was holding him in my arms watching him take that last breath," said Brown of Roseburg.

As Brown, now 36, watched his friend die of an overdose, he decided he didn't want to head down that same path. He had started using methamphetamine at age 14. After Bailey's funeral, he moved to Douglas County, where his sister lived, and entered a drug rehabilitation program. Ever since, he has stayed clean.

"I don't want no one to go down my road," Brown said.

That's why Brown attended a presentation about methamphetamine abuse on Tuesday night at Roseburg High School. He figured if he had the chance to tell at least one youth in the audience about his experience, he might be able to help.

The Cow Creek Band of the Umpqua Tribe of Indians entertained similar hopes in hosting Tuesday's event, which featured a speaker, Dr. Jack Stump, who has worked with patients addicted to methamphetamine.

The tribe wants the community to learn more about the methamphetamine problem that some are calling an epidemic, and begin to work together to solve this issue, said Cow Creek Chairwoman Sue Shaffer to a crowd of about 1,000 adults and teenagers in the high school's Student Center.

Stump, a consulting physician for the Department of Emergency Medicine at the Southwest Medical Center in Vancouver, Wash., talked about the biological and physical effects of the drug. He discussed the history of methamphetamine abuse and how the drug affects users and everyone around them.

He first discovered the methamphetamine problem in the 1990s, when he

Please see **METH**, page 7

CONTINUED FROM PAGE 1

worked in the emergency room at Rogue Valley Medical Center in Medford and saw a number of patients come in with health issues related to using the drug.

To draw attention to the issue, he videotaped his meth-addicted patients going through hallucinations and seizure-like episodes. His videos have aired on several national programs including "60 Minutes" and "Inside Edition." He has shown his videos in more than 500 presentations.

On Tuesday, he showed a video of a man who had used methamphetamine a few days before and couldn't stop moving. The man's entire body twitched as he rolled his eyes around in his head, stuck out his tongue and constantly wiggled his feet and waved his hands.

The man had taken a bad batch of methamphetamine and no sedative helped, Stump said. He was burning 5,000 calories a day and couldn't use the bathroom or eat.

Methamphetamine is a dangerous drug because it's made in a lab and is not plant-derived such as nicotine, caffeine or alcohol.

"You're at the mercy of the cook," Stump said, adding that these manufacturers aren't chemists and many don't even have a high school education.

Methamphetamine is highly addictive and causes people to stay awake for days without eating or drinking, and they feel excited or paranoid. The drug raises their blood pressure and heart rate.

People also have an extreme tolerance for pain. Stump knows of a 17-year-old who took methamphetamine and stared at the sun for eight hours, which caused the teenager to go blind. People may experience depression from taking the drug, while others have psychotic tendencies.

Some users are left with permanent brain damage. They have a horrible memory, and it's hard for them to learn, Stump said. It takes at least two years to recover from using, and relapse is always a possibility.

Stump believes there are ways to handle the methamphetamine epidemic. The first step is coming together as a community to talk about it. Law enforcement has to keep the drug off the streets. There must be drug treatment programs, and parents need to communicate with their children.

"If you don't talk to your kids, someone else will," Stump said.

Brown has experienced the physical effects of methamphetamine. He now has a bad memory because of his usage.

"I wish someday this epidemic will come to a stop," he said.

• You can reach reporter Danielle Gillespie at 957-4202 or by e-mail at dgillespie@newsreview.info.

County meth facts

- The largest methamphetamine seizure in Oregon history occurred in Douglas County.
- About 70 percent of child abuse and child welfare cases are directly related to parental methamphetamine use. Such cases have increased by 50 percent in the past 20 months.
- Eighty-one percent of heavy local meth users say they started using the drug to alleviate feelings of sadness, anger and boredom.
- Of 239 county probationers surveyed in 2002, 192 admitted meth use and 154 noted they use the drug a lot.

Source: Douglas County Sheriff's Office, ADAPT and Douglas County Health Department.

NATIONAL INDIAN EDUCATION ASSOCIATION
110 MARYLAND AVE., SUITE 104
WASHINGTON, DC 20002
(202)544-7290 (PHONE), (202)544-7293 (FAX)
WWW.NIEA.ORG

April 26, 2006

The Honorable John McCain
Chairman
Senate Indian Affairs Committee
United States Senate
836 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Byron Dorgan
Vice Chairman
Senate Indian Affairs Committee
United States Senate
836 Hart Senate Office Building
Washington, D.C. 20510

RE: Oversight Hearing on the Problem of Methamphetamine in Indian Country

Dear Chairman McCain and Vice Chairman Dorgan:

The National Indian Education Association is extremely appreciative of the Committee's efforts to address the methamphetamine (meth) crisis in Indian Country and commends the Committee for holding its Oversight Hearing on the Problem of Methamphetamine in Indian Country on April 5, 2006. The hearing was extremely helpful in showing the dramatic effects of meth in Indian communities as well as the jurisdictional and resource problems facing tribal communities in tackling the problem. Meth use and addiction are impacting our Indian children and, correspondingly, their education as evidenced by the testimony from the hearing. We stand with you and with our brothers and sisters in Indian Country to do everything we can to solve this problem. If this problem is not contained, then Indian children and their communities will be further harmed as well as future generations, especially given the tragic reality that the standard of living in Indian communities continues to be far lower than any other group in the United States. Indian communities continue to experience the highest rates of poverty, unemployment, morbidity, and substandard housing, education and health care.

According to IHS's testimony at the hearing, statistics show that meth use for Indian children can begin as early as twelve years of age and is most prevalent in the pre-adolescent to adolescent years. We are greatly concerned that, without better prevention and enforcement efforts, more children will begin using meth at an earlier age. Indeed, Chairwoman Kitcheyan of the San Carlos Apache Tribe testified that the San Carlos IHS clinic recently treated a child as young as 9 years old for hallucinations and violent behavior from meth use.

As set forth in the testimony at the hearing, meth is disastrous to families in Indian country. Many parents are addicted or battling drug use and are unable to take part in the education of their children. Indian children are victims of child abuse and neglect at alarming rates. We share the concern of tribal leaders across the country that a whole generation of Native American youth is at risk to losing their lives to meth use.

A 2001 study by the Department of Health and Human Services reported that, due to various factors such as long term economic and social distress, American Indian/Alaska Native youth are repeatedly exposed to destructive and illegal behavior and have higher rates of participation in high-risk behaviors, which included illicit drug use, heavy and binge alcohol use, driving under the influence of drugs or alcohol, cigarette use, carrying firearms, and fighting at school or at work. Further, the study reported that suicide is the second leading cause of death for American

Indian/Alaska Native youth in the 15-24 age group and that the suicide rate for American Indian/Alaska Native youth is 2.5 times higher than the combined rate for all races in the United States. Also, this study reported that illicit drug use for American Indian/Alaska Native youth between the ages of 12 to 17 years in 1999-2000 was more than twice as high (22.2%) as the national average (9.7%).

The combination of high-risk behavior, drugs and alchohol, poverty, unemployment, substandard school facilities, substandard homes, substandard health care, domestic violence, and cultural incongruity in school coupled with an educational system that is already failing our children has profound effects. Indeed, in 2005, the National Center for Education Statistics, based upon Census Bureau information from 1990 to 2003, reported that 15% of American Indian and Alaskan Native students dropped out of school compared to the 6% drop out rate for Whites and the 4% drop out rate for Asian/Pacific Islanders. Also, the BIA, in its FY 2007 Budget Justifications, reported that 2/3 of BIA schools **failed** to achieve their targets for Annual Yearly Progress under the No Child Left Behind Act for school year 2004-2005. Our children are already facing tremendous odds, and the meth problem severely exacerbates the problems faced by Native children in succeeding academically. With meth, our children lose and our communities lose. Our children's education impacts their roles as productive members of society. We must do all that we can to eradicate meth and to provide our children with the proper skills to seek or maintain employment as well as to empower them to become productive members of their communities.

NIEA would like to work with the Committee and Indian Country to educate our students, teachers, parents, and other members of Indian communities on the dangers of meth. We commend the National Indian Housing Council for its work in launching a meth training program that educates community members about meth and explains how to clean up property destroyed by meth labs. More training is needed. Therefore, NIEA is launching an effort to promote awareness about the dangers of meth and to encourage educators to provide information about meth to students and their communities. If we can eliminate meth as an obstacle for our children as well as other obstacles, then our children have a better chance at achieving in school, which, in turn, enhances positive self-esteem and emotional well-being.

NIEA welcomes the opportunity to work with you to address this problem. Thank you for allowing us to express our views to the Committee. We respectfully request that the Committee include this letter containing our views in the hearing record.

Sincerely,

Ryan Wilson
President

○