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ADDRESSING THE HARMFUL EFFECTS OF DANGEROUS DRUGS IN NATIVE COMMUNITIES

FIELD HEARING

BEFORE THE

COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE

ONE HUNDRED FOURTEENTH CONGRESS

FIRST SESSION

MARCH 31, 2015

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ADDRESSING THE HARMFUL EFFECTS OF DANGEROUS DRUGS IN NATIVE COMMUNITIES

TUESDAY, MARCH 31, 2015

U.S. SENATE,
COMMITTEE ON INDIAN AFFAIRS,
Ethete, Wyoming.

The Committee met, pursuant to notice, at 10:31 a.m. in the Wyoming Indian High School, Hon. John Barrasso, Chairman of the Committee, presiding.

OPENING STATEMENT OF HON. JOHN BARRASSO, U.S. SENATOR FROM WYOMING

The CHAIRMAN. Welcome everyone. I'm John Barrasso, Senator from Wyoming, and I would welcome all of you here to Central Wyoming, to Ethete.

We will start with an invocation, and Ivan Posey is here, who is going to lead us in that invocation. We'd like everyone to stand up before we start the official hearing. Do you want to lead the invocation?

Mr. POSEY. Well, everyone can probably hear me. I just want to thank the senator here and our Chairman Darwin for asking me to say a prayer. And I know that there's some older people in the crowd that are not much older than I am, but I'd like to welcome the senator here and all the people that are interested in the subject. We know the health and well-being is what I wish for everybody here. We have a lot of issues that face us, and I'll go ahead. Help me out, please.

Hail, we approach you this morning and thank you once again for this wonderful life and all the blessings you bestow upon us. We thank you for the opportunity to get together to discuss issues, and give us the strength and guidance to help one another out. Watch over our older people, our families and the young people in our communities.

We thank you for the food and the beautiful earth you have given us and the people you place in our lives. We ask your forgiveness for the many times we've failed to please you. Watch over us. Watch over this meeting. Help everybody to have safe travels home after this meeting, and we send our love and our prayers in Jesus Christ's name. Amen.

The CHAIRMAN. Well, good morning. I call this hearing to order. I want to welcome everyone to the Senate Committee on Indian Af-

fairs Oversight Hearing on Addressing the Harmful Effects of Dangerous Drugs in Native Communities. As Chairman of the Committee, I call this important oversight hearing to examine these problems and, even more importantly, to find solutions, solutions which could address the problems and help people live healthier lives.

I'd first like to thank the Wyoming Tech Center at the Wyoming Indian High School and the Wind River Indian Reservation and Superintendent Michelle Hoffman for hosting today's Committee hearing. I think it's important to bring this hearing right here to Wind River Indian Reservation. It is the home of two Indian tribes, the Northern Arapaho and the Eastern Shoshone.

So I want to welcome and recognize the leaders in attendance here today. From the Northern Arapaho Tribe, Chairman Dean Goggles is here, Rich Brannan is here, David Ron McElroy, Forest Lightman, Norman Willow and Darrell O'Neal.

And from Eastern Shoshone Tribe, Chairman Darwin St. Clair, who's going to be testifying in the second panel, Robert Nick Harris, Jr., Bob Herford, Jodie McAdams and Ivan Posey. If I could ask all of you to stand and be recognized.

[Applause.]

The CHAIRMAN. We also have with us some elected officials from the State, State Senator Cale Case, State Representatives Jim Allen and Lloyd Larson, and former State Representative Patrick Goggles. If you could stand, and we'd recognize you as well and thank you.

[Applause.]

The CHAIRMAN. You know, about a decade ago, this community was targeted by criminal drug trafficking organizations. The meth brought in by those criminals had devastating effects. Due to the efforts of the tribal government as well as the federal, state and local law enforcement agencies, these organizations were successfully dismantled.

The former U.S. Attorney in Wyoming, then Matt Mead, who is currently the governor, testified before our Indian Affairs Committee in 2006 that having the support of tribal leaders was the key to the success of those efforts. Now, I believe that support is still key, and their presence today is encouraging.

I also want to thank the law enforcement officials here today for their special dedication and their hard work. Even though unseen and without recognition, their efforts positively impact Indian communities.

A little over a week ago, Navajo Nation Police Officer Alex Yazzie was shot and killed while serving his community, so I want you to please join me in a moment of silence as we honor Officer Yazzie and his sacrifice.

The CHAIRMAN. Thank you.

Throughout Indian Country, drugs affect communities in unfathomable ways. Both the Wyoming Division of Criminal Investigation and the Bureau of Indian Affairs have generally noted to my staff that the drug abuse often leads to other crimes, including theft, burglary, assaults and even homicide.

For far too long, the Wind River Reservation had one of the highest rates of violent crimes in Indian Country. In 2009, I worked

with tribal leaders and then Secretary of Interior Salazar to improve law enforcement services on the Wind River Reservation. As a result, the Wind River Reservation was selected for the Bureau of Indian Affairs law enforcement pilot program to reduce violent crime. It was called the High Priority Performance Goals Program.

According to the Bureau of Indian Affairs, from 2009 to 2013, the Wind River Indian Reservation had a 60 percent reduction, a 60 percent reduction in violent crime. It's a remarkable accomplishment and perhaps a template that other tribal communities could model.

We do not want the success of this pilot program to be diminished. A key contributing factor in the continued success is the multi-jurisdictional and the interagency approach. Service providers play a key role in preventing and treating addictions, in supporting families and protecting children. The Committee is looking for solutions to improve responses to these problems and the emerging trends in substance abuse.

We will hear today from multiple witnesses, incredible individuals, Panel I: The Honorable Christopher Crofts, U.S. Attorney for the District of Wyoming, Cheyenne; Mr. Darren Cruzan, the Director of Office of Justice Services, the Bureau of Indian Affairs, Washington, D.C.; Mr. Andrew Hanson, Special Agent, Wyoming Division of Criminal Investigation from Cheyenne; Ms. Barbra Roach, Special Agent in Charge for the Denver Field Division of the U.S. Drug Enforcement Administration in Denver; and Mr. Thomas Ravenelle, who is Special Agent in Charge, Denver Field Office of the Federal Bureau of Investigation.

At the end of the witnesses' testimony, we will have questioning. I will tell you, those testifying today, your full written testimony will be made part of the official hearing, so I'd ask you to please try to keep your statements to five minutes so that we have time for questions and discussions. I look forward to hearing the witnesses' recommendation, so please proceed.

STATEMENT OF HON. CHRISTOPHER A. CROFTS, U.S. ATTORNEY. DISTRICT OF WYOMING, U.S. DEPARTMENT OF JUSTICE

Mr. CROFTS. Thank you, Mr. Chairman. We welcome you home to Wyoming and particularly thank you for holding this hearing on this very important topic on the Wind River Reservation.

I'd like to briefly introduce some people that I brought with me today. Right behind me is Bob Murray. Bob is the chief of our Criminal Division. As such, he supervises all criminal cases in our office and throughout the District of Wyoming, and he has many years of legal and prosecutorial experience. But more important today, he is also an enrolled member of the Eastern Shoshone Tribe, was raised here on the Wind River Indian Reservation, so he has a good understanding of the people and the issues, and we use him all the time for advice on issues here.

Secondly is Stephanie Sprecher over my right shoulder. Stephanie is the supervisor in our Casper office. She's here today because she's also OCDETF, Organized Crime Drug Enforcement Task Force, coordinator, and as such, she oversees all the drug prosecutions in our office throughout the state.

Lastly is Jason Conder down on the right. We formerly handled our Wind River Indian Reservation cases from Cheyenne and then Casper when I was first hired in the office in 1990, and then in 1995, Dave Freudenthal, the U.S. Attorney at the time, in order to better serve Wind River, to be closer to victims and witnesses and agents for the crimes here, opened our office in Lander. In 1995, myself and one paralegal were the only staff in that Lander office. We now have four AUSAs there, and they work almost exclusively on Wind River cases. Jason is one of those four.

Kerry Jacobson is our supervisor in the Lander office, a wonderful young woman, but she's in Denver today with her daughter who needs a serious medical procedure, so she apologizes for not being here. They will not make formal statements, but they're available for questions if you have them, Mr. Chairman.

Getting to the subject of the hearing, the harmful effects of dangerous drugs at Wind River, it is our belief that by far, the most dangerous and most harmful drug is alcohol. It has many bad effects on the health of the people, the life expectancy, family structures, children, the Indian culture itself, but I'll talk only about what we see directly in our prosecutorial capacity prosecuting violent crimes on the Wind River Reservation.

We believe alcohol causes and is involved in almost all of the crimes of violence, including sexual crimes against both adults and children that we see and prosecute. What we see on a regular basis is a group of people drinking to excess, someone gets mad about something, picks up the nearest object that will serve as a weapon and strikes out at the nearest person, who often is a friend or a relative, and too often serious injury results from that. Often the next day no one remembers what the argument or fight was about. It's just irrational, senseless violence that is fueled by far too much alcohol.

We prosecute those cases, but upon conviction, they get a fairly lengthy federal prison sentence in a place other than Wyoming, which is kind of a problem because local friends and relatives can't visit, and in prison, they likely don't get any alcohol treatment.

There is a treatment program in the Bureau of Prisons, but there's an incentive for drug offenders. If they complete that, then they can get up to a year's reduction in sentence. That's not available for people convicted of violent crime.

So too often when they're released from prison, upon supervised release from three to five years, again, there is no satisfactory treatment facility back home, no halfway house, no residential treatment facility. There are some small outpatient programs, usually based on 12 Step, wonderful people here who do the best they can with the resources they have, but they can't cope with this sort of thing.

And so what we think is needed is a comprehensive residential treatment facility for drugs and alcohol, a staff of medical personnel with training in addiction, with a lockdown capacity for those persons that are under tribal or federal court order for criminal supervision, to do a better job of moving those people, transitioning them back into society and making them successful.

One result of that deficiency is that more than half of the defendants who are released from prison on supervision are revoked and

sent back to prison. Almost always the revocation is for more alcohol abuse. So this is an endless and vicious cycle, and we need to do something to break it, which we think should be treatment and prevention programs.

Our second concern about effects of alcohol and drugs on the reservation is primarily pharmaceutical drugs, the improper and unlawful use of those. We had a horrible case here a few years ago where three young girls had a painkiller that one of the grandmothers had, and three children died. One of the cases more recently, some kids took pills from home to school. Fortunately, no one was injured. That's a big problem we're seeing statewide.

We do not treat those—sometimes those overdose deaths are just called unfortunate accidents. We see them as a crime, unlawful distribution of a drug that results in death. And so we and then Bob has been instrumental and has fairly rigorously prosecuted those, but that obviously does not help the dead or disabled victim. Kids seem to be particularly vulnerable because of the pills, because they see they're safe. They see they're prescribed by a doctor or dispensed by a pharmacy, so they abuse those, and then sometimes they switch to heroin.

Mr. Chairman, my time is out, so I'll just say we remain convinced that treatment and prevention is—we need prosecution, but we need treatment and prevention.

[The prepared statement of Mr. Crofts follows:]

PREPARED STATEMENT OF HON. CHRISTOPHER A. CROFTS, U.S. ATTORNEY. DISTRICT OF WYOMING, U.S. DEPARTMENT OF JUSTICE

Good morning. Welcome home, Senator Barrasso, and welcome to Wyoming to the other Committee members who are here today. I very much appreciate your willingness to come here to the Wind River Reservation to hold a field oversight hearing on this very important topic that is having such an impact on the people of the Wind River Reservation.

I would like to recognize a few people with me today from my staff. I brought my Chief of our Criminal Division who is located in our main Cheyenne office. He is responsible for the general supervision of all the criminal cases we consider and prosecute in the District. He is also an enrolled member of the Eastern Shoshone Tribe and was raised on the Wind River Reservation, so he has a special understanding of the people and issues here. The Supervisor of our Casper office and OCDETF (Organized Crime Drug Enforcement Task Force) coordinator is also in attendance. She is the supervisor/coordinator for all of the drug cases we consider for prosecution in the District, including those from the Wind River Reservation. I have also brought an Assistant U.S. Attorney from our Lander Office, which handles many of the criminal matters in the Wind River Reservation.

One additional introductory statement I wish to make is to say that I will generally refer to the people who live on the Wind River Reservation as "Indians" rather than "Native Americans." I mean no disrespect in doing that. The reason I do it is that all of the Statutes that we work with daily refer to Indians. To prosecute a case under the Major Crimes Act we must prove as elements of the case both that the Defendant is an "Indian" and that the case occurred in "Indian Country." Obviously this is a meeting of the "Indian Affairs Committee." I have discussed this with many members of the Eastern Shoshone and Northern Arapaho tribes who reside here, and believe that mostly they are not offended by that, and tend to call themselves "Indians." But I know some people think it is more polite or appropriate to use the term "Native American." To those people I apologize, and ask that you understand my reasons.

As you probably know, we share jurisdiction on the Reservation with the Tribal Court. It is an oversimplification, but generally the United States Attorney's Office prosecutes the more serious felony cases in Federal Court and the Tribal Prosecutor prosecutes the misdemeanor cases in Tribal Court. Our office continuously communicates with the Tribal Prosecutor as to which court is the most appropriate in a given situation, usually depending on the weapon used and the degree of injury in

violent crime cases. For example, unarmed assaults will generally go to the Tribal Court. Using our prosecutorial discretion and in line with Department policy, we have always said that we will prosecute any drug case-referral from Indian Country, if the circumstances indicate that we should do so.

Reservation cases represent a significant part of our caseload in Wyoming. Last year they comprised about 25 percent of our total criminal workload. To better deal with these cases, and to be closer to the place where the crime occurred, the victims, the witnesses and the investigators, the U.S. Attorney opened an office in Lander in 1995. Lander is a town about ten miles from here that was within the original Wind River Reservation created by the Fort Bridger Treaty of 1868. That southern part of the Reservation was ceded back to the United States in the 1872 Brunot Cession—but Lander is still very close to the Reservation and much more convenient for our purpose than our offices in Cheyenne and Casper. Our staff in Lander occasionally prosecutes cases from other places in northwest Wyoming, but the majority of their time is spent on Reservation cases. As the sole AUSA in this branch office when it opened in 1995, I handled nearly all the criminal matters from Wind River with the assistance of one paralegal. We now thankfully have four lawyers in that office. The Lander staff continues to handle almost all the criminal cases from Wind River. Our Civil Division is located in Cheyenne, but they represent the United States on the Civil cases that come from the Reservation. As you know our Federal District Courts are located in Casper and Cheyenne. Unfortunately, the Federal Courthouse in Lander closed at about the same time we opened our Lander office.

Getting to the subject of your hearing, "Addressing the Harmful Effects of Dangerous Drugs in Native Communities," I will start by saying that there are many harmful effects, and they need to be addressed far better than we have done in the past, so once again I appreciate the Committee's interest and attention to this subject.

It is my belief that by far the most damaging drug on the Wind River Reservation is alcohol. I will speak primarily about the impact of alcohol on crime, but obviously it has many more negative effects—on health, families, Indian culture, and quality of life on the Reservation in general. I have observed during my twenty five year long career, that alcohol abuse is a contributing factor in most of the violent crimes committed on the Reservation. I have been personally involved, directly or indirectly, in the prosecution of far too many crimes of violence on the Reservation for about twenty-five years. I have seen very few cases of violent crime in Indian Country that did not involve alcohol abuse. Given this trend, prevention and treatment of alcohol abuse must play a significant role in an overall strategy to reduce the rate of violent crime, including sexual crime, at Wind River.

Not only does alcohol abuse correlate with criminal conduct in the first place, but too often we cannot deter further alcohol—fueled recidivism and break the cycle of violence and incarceration. Federal prison inmates may enroll in the substance abuse program operated by the Bureau of Prisons pursuant to the Violent Crime Control and Law Enforcement Act of 1994; however, violent crime offenders are not eligible for the sentence reduction given to drug offenders under 18 U.S.C. § 3621(e)(2). I am told that this can cause a disincentive for the persons convicted of violent crimes to seek treatment in prison because it uses treatment space otherwise used by a person with a drug conviction who can get a sentence reduction. This leads to peer pressure for the violent offenders to avoid the treatment program. Then, when they are released from the prison component of their sentence for a violent crime, there is no half-way house on the Reservation that focuses on re-entry and transition back into the Reservation community. This is reflected in a very high revocation rate among Indian defendants convicted of violent crimes who get sent back to prison for violating the terms of their supervised release. Almost always the revocation results from alcohol abuse.

Our office and representatives of the two tribes at Wind River have been selected to attend an "Intergovernmental Re-entry Workshop" at the end of May 2015. There will be an opportunity to talk to people from the Bureau of Prisons at that workshop, and I'm hopeful we can achieve some better integration of their programs, with the local programs that exist on the Reservation, and do a better job of preventing the revocation of release. Effective prevention and treatment of alcohol and drug abuse is far from easy, even with adequate resources available, but I believe it is worth the effort. Ideally, better alcohol (and drug) treatment and prevention programs would prevent the crimes of violence from occurring in the first place.

There are some local alcohol and substance abuse programs on the Reservation, including Sunny Goggles of White Buffalo Recovery. The services offered by this recovery program and others are essential to the overall strategy to reduce crime and recidivism. An endless cycle of felony prosecutions, revocation of release and re-im-

prisonment, is clearly not the answer. Mostly the local programs are outpatient programs, however, inpatient facilities where a tribal court judge or federal judge can order the individual to complete treatment prior to release back into the community may help to end the cycle of abuse and incarceration.

Although alcohol abuse primarily fuels violent crime, Wind River is not immune from the harmful effects of other drugs as well. Methamphetamine, which is used to a much lesser extent than alcohol, damages families and communities throughout Wyoming and my office takes seriously any case involving this dangerous drug. Marijuana is commonly found, however our observation is that it does not generally contribute to violent crimes. In my opinion, the diversion of pharmaceutical drugs, and overdose deaths are the next most serious problem after alcohol. Kids are especially vulnerable because they see these drugs as "safe" compared to street drugs, since they are prescribed and dispensed by a pharmacy. We had a tragic case several years ago in which three young girls died after ingesting pain medicine taken from a grandmother's house on the Reservation. We learned of another case recently where kids were taking pills from home to school and sharing them. Fortunately this was discovered before anyone was injured. We agreed with the Tribal Prosecutor that they should handle the prosecution in that case since no one was injured. Those two cases exemplify our strong relationship with our Tribal law enforcement and Tribal Court partners, where responsibility is shared.

We have had too many of these cases across Wyoming in recent years. Sometimes these are considered to be tragic accidents and there is no enforcement action. Our office has been very involved in many of these cases, and we have taken the position that when prescription drugs are unlawfully dispensed and someone dies as a direct result, these are not "accidents", but in fact criminal acts. In our experience, when pills become difficult to obtain, young people may turn to heroin as a cheaper and more available alternative. Fortunately we have not heard of such a case on the Reservation. In my opinion, this may be due to the distance of the Reservation from major urban centers, such as Denver or Salt Lake City. We remain vigilant for trends related to prescription drug abuse and heroin. DEA has indicated that they are exploring the option of placing a Tactical Diversion Squad (TDS) in Wyoming to address the diversion of pharmaceutical drugs. I welcome a TDS that focuses on the Wind River Reservation, as well as other parts of Wyoming.

Alcohol and the diversion of pills, in my view, present the most serious problem for the Wind River Reservation. In short, I believe we need better prevention and treatment options to supplement enforcement and prosecution in order to reverse the abuse of these substances and lower violent crime on the Wind River Reservation.

Mr. Chairman, this concludes my statement. I would be happy to answer any question you or other members of the Committee might have.

The CHAIRMAN. Well, thank you so much for the testimony. And if anybody knows this community, you were born in Lander, grew up here, went to the university, then to Vietnam, then back to the university for a law degree, all of the time with DCI and then with Governor Freudenthal and then sent to Iraq in 2005 as part of the efforts there, now back home and is U.S. Attorney. But obviously your heart and your love is right here in Fremont County where you reside. Thank you so much for being here. Your words mean so very much.

Mr. Cruzan.

STATEMENT OF DARREN CRUZAN, DIRECTOR, OFFICE OF JUSTICE SERVICES, BUREAU OF INDIAN AFFAIRS, U.S. DEPARTMENT OF THE INTERIOR

Mr. CRUZAN. Thank You, Chairman. It is an honor to be here. I appreciate the opportunity to speak about this very important issue.

I would also like to introduce a few folks that I have brought with me. And behind me are a number of our special agents. One is our Deputy Associate Director Charles Addington, who basically supervises our national drug enforcement program. With him are

four supervisor special agents from across the country, Algin Young from Bismarck, Mr. Gary Cunningham from Oklahoma. We've got Casey Hix from Phoenix and Tony Larvie from Billings, who was assigned here as drug agent sometime back.

Also with me are Special Agent In Charge Doug Noseep, who is also a Shoshone tribal member. He is our special agent in charge out of our Billings district, covers Montana and Wyoming, and then Chief Will Matthews. And then as you can see, there are a number of law enforcement professionals here as well that are very interested in this hearing, and they have to excuse themselves, they're working, a good number of them.

So my perspective is a little bit different maybe than some that are here just in Wyoming. Our view of Indian Country is it's a national approach. As I travel around, as I'm sure you hear when you speak to tribal leaders, they're very concerned about drugs and alcohol on the reservation, and I think they're more concerned that it seems to be getting worse than better.

And so what I'd like to do here in the few minutes that I have is to speak to you about how we are addressing the problem and then some of the solutions, some of the things that we've seen that tend to be working well, and we're very excited about some other opportunities. And I appreciate you mentioning the High Priority Performance Goal Initiative. It was a success, and it has given us an opportunity to dive into some other things that we think are equally important in ensuring its success.

But in 2009, we were given some additional appropriations to move from seven drug agents across the United States to 27, so now we have 27 funded positions. When we were funded for that, we began to strategically think about where we would place those so they could be in high drug activity areas, and then we decided to place them on either DEA or FBI or state and local task forces to be a force multiplier because it's unrealistic to think that 27 could have an impact, but we placed them on these task forces, which is phenomenal. And in fact, one of the things that we are going to point to is the relationship that we have here with DCI and the task forces. It's been effective for a long time, and we do want to replicate that across the country. We are better when we work together as law enforcement, and we know that.

As we placed agents on these task forces, one of the things that we did find is that a lot of times task forces were focused on these larger investigations, these drug trafficking organizations that would come in and bring the drugs in—very important, and those things need to be investigated and worked—but the challenge with that is sometimes those are year or year and a half long investigations, and at the conclusion of that, they will come in, law enforcement will come in and do sort of a roundup and take 20 or 30 people and put them through the federal system, and that's good. But during that year and a half timeframe, we still have drugs come on the reservation. We have more folks becoming addicts.

And so my experience from this—I was the Chief of Police at Crow Agency for the BIA, and I would regularly have the chairman bring me into his office, and he would point out his window, and he said, "Darren, you know this, I know this and everybody in the community knows who's selling these drugs. Why aren't we arrest-

ing these people?" And I would have to explain to him, "Chairman, we've got investigations going on. It's very difficult for me because of the confidentiality of it to explain that, but you have to trust me." And that was very frustrating to him and frustrating to me as well.

And so I guess maybe in the last two years, we've changed our focus just a little bit. We still strongly believe in the task force approach, but we have changed our focus to our agents staying on the reservation, working these cases. And we know that the large amounts that come into big cities, we don't see that necessarily, but the smaller amounts of drugs that we do see have a tremendous impact on these smaller communities. And so we have really focused our efforts over the last few years to look in on the reservation, primarily keep our agents there and helping our patrolmen, who are really where we ended up initially seeing these drug cases, from car stops or these kinds of things.

So that is the enforcement side of what we're doing, and we will keep our foot on the gas pedal there without question, but it's not likely—and I think this has been said a lot, so I'm not—this isn't mine, but we're not going to arrest our way out of the drug problem that we've got.

So now what we're doing through this initiative that we were allowed to do because of the HPPG's success, we were approached, and they said, "Can you duplicate that?" And we said, "Yes, we can." So we were given an opportunity to reduce violent crime, and we did it again. They came to us again, says, "Can you do that again?" We said, "We believe that we can. However, what we would like to do is to focus an initiative on recidivism, the number of people that come back into our jail."

I say this a lot, and people look at me strange until I clarify it, but what we have in Indian country is not violent criminals first. What we have are alcohol and substance abuse issues first who commit violent crimes under the influence. So you can't always say it wouldn't happen, but you can say it probably wouldn't have happened if it wasn't for alcohol, this sexual assault or this aggravated assault.

So what we did is, working with three pilot program—tribes, tribal partners, similar to HPPG, we said we would like to identify habitual offenders, and rather than strictly—or simply incarcerate, we want to pour services into those people, rehabilitation treatment, as opposed to just sitting in a jail watching TV.

[The prepared statement of Mr. Cruzan follows:]

PREPARED STATEMENT OF DARREN CRUZAN, DIRECTOR, OFFICE OF JUSTICE SERVICES, BUREAU OF INDIAN AFFAIRS, U.S. DEPARTMENT OF THE INTERIOR

Good morning Chairman Barrasso, Vice Chairman Tester and members of the Committee. I would like to thank you for inviting the Department of the Interior (Department) to provide testimony before this Committee at this field hearing on the topic of "Addressing the Harmful Effects of Dangerous Drugs in Native Communities." My name is Darren Cruzan, and I am an enrolled member of the Miami Tribe of Oklahoma. I am currently the Director of the Office of Justice Services (OJS) in the Bureau of Indian Affairs (BIA) at the Department.

I would like to introduce several people I have brought with me today. Mr. Charles Addington is the Deputy Associate Director of our Division of Drug Enforcement, and oversees BIA's national drug enforcement efforts. Along with Charlie are the four Supervisory Special Agents who manage the BIA's day to day drug oper-

ations across the country. Mr. Algin Young (Bismarck, ND), Mr. Casey Hix, (Phoenix, AZ), Gary Cunningham (Muskogee, OK), and Mr. Tony Larvie (Billings, MT). Also with me is Mr. Doug Noseep who is the BIA's Special Agent in Charge of our District Five Office located in Billings, MT. Doug is an enrolled member of the Eastern Shoshone Tribe, and grew up on the Wind River Reservation

Tribal communities continue to express grave concern regarding the high rates of alcohol and drug use in their communities, and are even more concerned that it seems to be increasing rather than decreasing. Alcohol and drug use is the primary contributing factor to increased involvement in the justice system, violence toward women and children, and a diminishing sense of overall community safety. In Indian country, what we most commonly see are community members who are dependent on alcohol or other substances and whose actions are influenced by these substances. I firmly believe our focus should be less on simply incarcerating people and more on alternatives to incarceration and prevention, treatment and recovery opportunities.

In response to the concerns raised by tribes, as well as law enforcement and tribal courts who are encountering unusually high rates of alcohol and drug related repeat offenders that are dominating the resources of the justice system, the Bureau of Indian Affairs (BIA) Office of Justice Services (OJS) has created the Diversion and Reentry Division (DRD) within our Tribal Justice Support Directorate. The purpose of creating the DRD is to work toward transforming current institutional practices and approaches specific to recidivism into solution-focused sentencing Initiatives, which we believe will create alternatives to incarceration. The goal is to build on existing treatment service continuums in tribal communities by providing access to long-term detention-based treatment for all direct-service tribes. These initiatives are intended to strengthen the efforts being made by tribes and the BIA to expand options and ensure that justice, safety, alcohol and substance use disorder interventions, treatment and recovery issues remain the topic of consistent focus in our efforts to effectively serve the needs of Tribal Nations.

In 2010, the BIA–OJS began implementing an effort known as the "High Priority Performance Goal" (HPPG) [Safe Indian Communities] Initiative to reduce violent crime in Indian country. Based upon an analysis report that showed violent crime rates in tribal communities above the national average, four reservations were selected as sites for implementing the initiative; the Wind River Reservation was one of them. The goal of the initiative was to achieve an overall reduction in criminal offenses (violent crime) by five percent within a 24-month period. I am pleased to report that the current (2014) violent crime statistics shows a 22 percent decrease in Part I (violent crimes) below the 2007–2009 starting baseline.

The success of the Violent Crime Reduction Strategy gave us the opportunity to implement a new Agency Priority Goal (APG) specific to reducing recidivism. Locally, recidivism fueled by substance use creates a huge drain on already overtaxed tribal economies. Individuals who are repeat offenders, fill court dockets and are more likely to require expensive incarceration, and, in many cases, leave behind families without an adequate means of support. The Office of Justice Services believes that by implementing a comprehensive strategy involving better screening, alternative courts, increased treatment opportunities, probation programs, and critical interagency and intergovernmental partnerships between tribal, state and federal stakeholders, we and our tribal partners will succeed in further reducing recidivism on these reservations. The recidivism reduction initiative (APG) is actively moving forward with three tribes participating in building the necessary infrastructure to ensure the success of addressing tribal community safety, health and wellness. My hope is that the success we are experiencing with this current APG initiative will provide an excellent opportunity for replication, and be considered for expanding further into Indian Country.

The specific type of illicit drugs found in Indian Country varies by region and is largely influenced by what drugs are readily available in larger cities near reservations. While marijuana and methamphetamine are the illicit substances we see most widely abused, prescription drugs and heroin use have increased in many Tribal communities. It has been our experience that most illicit drugs available throughout Indian country are not manufactured on the reservations, but rather transported into Indian country by independent dealers who travel to nearby cities, also known as bordertowns, to purchase the drugs, primarily from well-organized Drug Trafficking Organizations (DTO's). Mexican DTOs, the principal wholesale suppliers and producers of most illicit drugs available in Tribal communities pose the greatest "organized" threat. Mexican DTOs have also played a prominent role in producing cannabis at outdoor grow sites in remote locations on reservations, particularly in the west coast region.

The primary illicit drug threats on the Wind River Reservation are marijuana, methamphetamine and prescription pill abuse. However, alcohol abuse continues to be the significant challenge we see. It has been the BIA's experience that the majority of the methamphetamine on the Wind River Reservation is coming from neighboring communities that have historically been supplied by sources in the Denver, Colorado and Salt Lake City, Utah areas.

The use of illicit drugs can lead to impaired behavior that results in violence and other criminal behavior. Drug traffickers often engage in violent crimes to facilitate their operations, while persons with substance use disorders generally engage in property crimes to support their addiction. Most reservations remain economically depressed and thus lack the resources necessary to affect the overall drug threat they are experiencing. In Fiscal Year (FY) 2014, Indian country law enforcement programs (Division of Drug Enforcement (DDE), BIA, and Tribal) had an overall increase of approximately 38 percent in drug cases worked in Indian country.

The BIA–OJS supports 190 law enforcement programs, including 25 BIA-operated and 157 tribally-operated programs. Eighty two percent of the total BIA–OJS programs are under contract as authorized under Public Law 93–638 or compacted to a Tribe. Many tribes supplement BIA funding with money from their treasuries, grants from the Department of Justice (DOJ), or other sources. Public safety and justice resources in the Indian Affairs budget fund all three fundamental components (law enforcement, corrections, and courts) of effective justice systems, and fully support the Secretary's commitment to the protection of Indian country. The FY 2016 President's Budget request maintains public safety resources in key areas, while targeting funding increases to address needs identified by tribes on a nationwide basis.

As Assistant Secretary Kevin Washburn noted in his recent budget testimony, the Tiwahe Initiative was launched in FY 2015 to address the interrelated problems of poverty, violence, and substance abuse in tribal communities by coordinating social service programs, increasing family cohesiveness, providing job training to increase work opportunities, and providing rehabilitative alternatives to incarceration for family members with substance use disorders. It is a comprehensive and integrated approach to support community and cultural awareness in Indian country. Strengthening public safety components of the Tiwahe Initiative in FY 2016, the President has proposed increases of $4.0 million for BIA Law Enforcement Special Initiatives and $5.0 million for tribal courts to seek alternatives to incarceration and improve treatment opportunities across Indian country. In addition, the 2016 budget includes a $1.0 million increase from the FY 2015 appropriation to provide training to tribes pursuant to new provisions of the recent Violence Against Women Act reauthorization. In total, the FY 2016 IA budget request provides $364.4 million for the operation of public safety programs throughout Indian country, including $9.7 million to continue drug enforcement efforts. Pursuing our mission through collaborations with the tribes and our Federal partners, Indian Affairs remains at the core of the President's vision for self-sustaining, thriving tribal nations.

Generally, our twenty-eight (28) BIA Drug Agents are assigned to federal or state law enforcement Drug Task Forces across the United States. These partnerships allow us to employ a force multiplier approach to combat illicit drugs in Indian communities. In a few areas, Tribal law enforcement has the ability to assign officers to these task forces. Teaming up with other law enforcement groups has played a significant role in increasing our ability to address this issue. From 2004 to 2008, the BIA and Wyoming Division of Criminal Investigation (DCI) worked together to combat the methamphetamine problem on the Wind River Reservation. Law enforcement successfully prosecuted a large number of people in federal court for distributing methamphetamine on the Wind River Reservation. As a result, for several years the methamphetamine problem had been effectively addressed and drug related incidents decreased significantly.

In 2013, issues involving methamphetamine began to reemerge on the Wind River Reservation. At the time, the BIA had a vacant drug investigator position in Riverton, Wyoming. In September of 2013, the BIA hired an Agent whose primary duty is to provide drug enforcement for the Wind River, Fort Hall, and Uintah and Ouray Reservations. The BIA Agent is currently assigned to the Wyoming DCI taskforce which is located in Riverton, Wyoming. The DCI taskforce consists of investigators from several area law enforcement agencies including Wyoming DCI, FBI, Lander Police Department, and the Fremont County Sheriff's Department.

Several of the taskforce members have been issued Special Law Enforcement Commissions (SLECs) by the BIA.

In FY 2014, the BIA utilized crime statistics submitted by BIA and Tribal law enforcement programs to analyze current drug trends throughout Indian country. BIA Drug Enforcement then used the identified crime trends to focus on 20 specific

reservations with high drug statistics. The BIA–OJS developed and implemented initial deployments of a Mobile Enforcement Team (MET) to these identified reservations to specifically address illegal drug activity. The MET teams were designed to gather intelligence, develop informants, identify criminal drug enterprises operating in Indian Country and provide basic and specialized drug training to Tribal officers. This effort has already derived very substantial drug related intelligence and was successful in the prosecution of drug and alcohol related crimes on numerous reservations. BIA Drug Enforcement continues to evaluate new drug trends and develop action plans to investigate the illegal drug sources and provide training to local law enforcement staff.

Mr. Chairman, thank you for the opportunity to testify on how we address the drug problems in Indian country. The Department will continue to work closely with you and your staff, tribal leaders, and our Federal partners to not only address this issue but all of our public safety issues in Indian country, and we appreciate your continued commitment to Indian country law enforcement.

I will be happy to answer any questions you may have.

The CHAIRMAN. Well, I appreciate your testimony. I just noticed as you talked, you've gotten actually an award for customer service excellence award, award details, you as a hero of citizens' centered service, a champion of government excellence, and an ambassador of creative partnerships. So I appreciate that commitment. It's been a well-deserved award, and it seems that every day you're trying to live the life and put through your agency the fastest solutions.

Mr. CRUZAN. And I so appreciate that. It was during our Crow time. I picked the award up, but I wasn't the one responsible for doing it. So I appreciate that.

The CHAIRMAN. Thank you.

Mr. CRUZAN. So just to wrap this up for you. That's what we're doing. I'm happy to answer any questions you have about that. We're seeing tremendous success. We're almost at the two-year mark with that, and I think everybody will be happy with what we're seeing. We're not waving the victory flag, but we are optimistic about what we're seeing. So thank you again.

The CHAIRMAN. Thank you.

Next is Mr. Andrew Hanson, Special Agent for the Wyoming Division of Criminal Investigation. Mr. Hanson, thank you for joining us.

STATEMENT OF ANDREW HANSON, SPECIAL AGENT, WYOMING DIVISION OF CRIMINAL INVESTIGATION

Mr. HANSON. Chairman Barrasso, it's an honor to be here.

I'm your boots-on-the-ground guy. I've spent my entire life and law enforcement career working on and around native communities, specifically the Wind River. In October 2006, I was assigned to the DCI Northwest Enforcement Team, and it's the DCI Northwest Enforcement Team that conducts the majority of the drug investigations on the Wind River Indian Reservation.

The distributors of controlled substances do not recognize or respect borders, tribal sovereignty or state and federal laws. However, as law enforcement officers, we must, and it is because of this the jurisdictional issues arise.

State agents and law enforcement officers are often unable to conduct criminal investigations on the Wind River Indian Reservation because they don't possess the proper authority. For example, right now on my team, there's only two of us that have authority to conduct criminal drug investigations on Wind River, and we

need to get that changed. We also require any federal agents that are assigned to our team to get state credentials so they could conduct drug investigations of the crime. For example, the BIA drug agent that's on our team now, he carries state credentials. We do this because we know that drug crimes are not going to stay exclusive to the native community. It's a fluid thing. They move on and off of the native communities.

I also want to tell you that through the course of our investigations, we've determined that the majority of the methamphetamine that's been coming to the reservation is generally from Denver, Colorado and Salt Lake City, Utah. We do not believe at this time that there's any major drug cartels that are currently focused on the reservation, but instead, the methamphetamine that ends up on the reservation is typically transported here by individuals who typically have a loose affiliation with some smaller drug organization.

And this is a phenomenon that's explained by supply and demand. There is sufficient demand on and around the Wind River Indian Reservation that supports this market. And despite the market's distance from metropolitan areas where the supply originates, suppliers nevertheless continue to serve this market because they're aware of the issues that we as law enforcement have with making an apprehension in these cases. These issues include the jurisdictional problems noted above as well as the low population density, which we encounter issues conducting surveillances, as an example. Even though the casinos have brought revenue, growth and jobs to Wind River, they are providing a safe haven for those involved in the distribution of controlled substances.

Please make no mistake, prescription controlled substances and heroin, as well as marijuana, are having a significant impact on our native communities. Methamphetamine, although also significant, is not the sole dangerous drug being trafficked on the reservation. Prescription controlled substances such as methadone, hydrocodone, oxycodone and OxyContin are, like heroin, they're all opioids. In our communities, we have seen a link between the addiction of these prescription controlled substances and heroin abuse as well as alcohol abuse. As the price increases for prescription controlled substances, the demand for heroin in our Indian communities has also been increasing.

As you mentioned, on April 5, 2006, the former United States Attorney for the District of Wyoming and the Governor of Wyoming Matthew H. Mead presented this Committee with what he called The Wyoming Example. It should be noted that Wyoming's approach to drug enforcement is unique and that local, state, federal and tribal officials communicate regularly and work closely together to conduct investigations into drug crimes. The Wyoming Example for combined drug enforcement on the Wind River Indian Reservation has proven time and time again to be successful. Wyoming DCI in conjunction with BIA, FBI, DEA, and our local officials work together and we conduct drug investigations, and it is through this type of interagency cooperation that we continue to combat the drug problem.

Challenges surrounding the lack of personnel are certainly not unique to us. That's typical for every law enforcement agency and

every law enforcement organization. Some things we can do, besides socioeconomic improvement, to help with the drug problem, can be addressed with providing funding for additional agents, perhaps a DEA Diversion Task Force to help us out occasionally assigned to the Wind River Reservation or to Wyoming for that matter. We don't have one assigned to Wyoming. Those are some unique problems that we have, and I attribute most of them to our distance and our remoteness.

And it's been a pleasure to speak to you. If you have any question, I'd be happy to answer them.

[The prepared statement of Mr. Hanson follows:]

PREPARED STATEMENT OF ANDREW HANSON, SPECIAL AGENT, WYOMING DIVISION OF CRIMINAL INVESTIGATION

Chairman Barrasso, Vice Chairman Tester, and Members of the Committee, it is truly an honor to appear before you today to discuss the ever growing issues surrounding "Dangerous Drug" use, sales, and distribution in Native Communities, specifically the Wind River Indian Reservation. I am Andrew Hanson, a Special Agent for the Wyoming Division of Criminal Investigation, Wyoming Attorney General's Office. I have spent my entire life and law enforcement career working on or near Native Communities, specifically Wind River. I have friends and family members that live in or near Native Communities. In the fall of 2005 I was assigned to the Northwest Enforcement Team as a Task Force Officer for a local law enforcement agency. In October 2006, I was hired as a full time Special Agent by the Wyoming Division of Criminal Investigation and was assigned to the Northwest Enforcement Team. As a Special Agent assigned to the Northwest Enforcement Team my duties and responsibilities include investigating violations of both State and Federal Controlled Substances Acts.

What is the Wyoming Division of Criminal Investigation?

The Wyoming Division of Criminal Investigation (DCI) provides criminal investigative assistance and services throughout the State of Wyoming through our five Regional Enforcement Teams. These teams are comprised of full time Wyoming Division of Criminal Investigation Special Agents, and Task Force Officers who are temporarily assigned to the Regional Enforcement Teams from local agencies within the boundaries of the Regional Enforcement Teams. A typical Task Force Officer assignment to a Regional Enforcement Team is from three to five years, though some have been much longer. There are twenty eight Special Agents from the Division of Criminal Investigation and thirty one Task Force Officers from local law enforcement agencies currently working on Regional Enforcement Teams across Wyoming.

The Division of Criminal Investigation has original jurisdiction to conduct investigations involving violations of the Wyoming Controlled Substance Act and violations involving organized criminal activity across jurisdictional boundaries. The Division of Criminal Investigation will also investigate violations of computer crimes and suspected violations involving the sexual exploitation of children. When other crimes are involved, the Division of Criminal Investigation must be requested to investigate by a municipal, county, state or federal law enforcement agency, county or district attorney or upon the direction of the Governor.

The Division of Criminal Investigation, Regional Enforcement Team whose area of responsibility encompasses the Wind River Indian Reservation, is the DCI Northwest Enforcement Team. The DCI Northwest Enforcement Team provides services in a five county region in the northwest corner of Wyoming that covers 23,507 square miles, with a combined population of 94,892 people. The DCI Northwest Enforcement Team has two offices, one in Powell and one in Riverton. The team is currently comprised of four Division of Criminal Investigation Special Agents, four Task Force Officers (with an additional Task Force Officer position currently under consideration in the Riverton office), one Intelligence Analyst, and one Bureau of Indian Affairs Special Agent assigned to the team. There are three special agents and two task force officers staffing the Powell office and one special agent, two task force officers, and the Bureau of Indian Affairs Special Agent currently working in the Riverton office. It is the DCI Northwest Enforcement Team, Riverton office that conducts the majority of the investigations into drug crimes on the Wind River Indian Reservation.

Scope of the Problem

Drug enforcement continues to be behind the trends when it comes to keeping up with the ever changing skills, tactics and methods that are being utilized by those who are distributing controlled substances. This is because of the fluid nature of the "drug business". This is not a problem that is unique to native communities, but rather it holds true anywhere that a market, and appetite, exists for illicit controlled substances.

Having worked a significant number of drug cases on and around the Wind River Indian Reservation, I have obtained a unique perspective that I would like to share with the Committee. Our society is very mobile. It is because of this mobility that we must look at the drug problem as not being just on the Wind River Indian Reservation, but also present in the communities of Lander, Riverton and others nearby. The distributors of controlled substances do not recognize or respect borders, tribal sovereignty or state and federal laws; however law enforcement officers must. And it is because of this, that jurisdictional issues arise. State agents and law enforcement officers are often unable to conduct criminal investigations on the Wind River Indian Reservation because they do not possess proper authority. Currently, the Northwest Enforcement Team has only two Agents located in Riverton, myself included, who have this authority. However, there have been times in the past that every member of the DCI Northwest Enforcement Team was in possession of the proper credentials. Unfortunately, Agents and Task Force officers sometimes transfer or return to their home agencies where they are no longer able to keep up with the renewal requirements for the necessary credentials. We also require that federal agents with the Bureau of Indian Affairs who are on the team to obtain State of Wyoming law enforcement credentials so that they have state jurisdiction off of the reservation as well. This is because we recognize that it is nearly impossible to conduct a criminal drug investigation that remains exclusively in native communities.

Recent Trends and Tactics

Due to combined federal, state and local law enforcement efforts from 2004 through 2006, the presence of Methamphetamine had diminished substantially for several years. During that time, we would occasionally have cases that involved Methamphetamine, however we focused most of our investigations primarily upon Marijuana and prescription narcotics due to the lack of Methamphetamine trafficking. In 2012, Methamphetamine began to return to the communities on and around the Wind River Indian Reservation and this time, it was available in significantly larger quantities. In order to clandestinely gather evidence for drug investigations, we often purchased dangerous drugs from distributors. Before the past year, these transactions to gather evidence could be accomplished at a cost of no more than five thousand dollars. However, during this past year, these transactions have escalated in cost to upwards of twenty thousand dollars.

Through the course of our investigations, we have determined that the majority of the Methamphetamine has been coming to the reservation from the Denver, Colorado and Salt Lake City, Utah areas. We do not believe that any major "drug cartels" are currently focused on the reservation, but instead, the Methamphetamine that ends up on the reservation is transported there by individuals who may or may not have loose affiliations with smaller criminal organizations.

This phenomenon is explained by the forces of supply and demand. There is sufficient demand on and around the Wind River Indian Reservation to support a market. And despite that market's distance from the metropolitan areas where the supply originates, suppliers nevertheless serve the market because they are apparently aware of the issues that make apprehension difficult. These issues include the jurisdictional problems noted above and the low population density which sometimes makes surveillance difficult. Even though the casinos have brought revenue, growth and jobs to Wind River, they also provide a "safe haven" for those involved in the distribution of controlled substances. This "safe haven" is not only used by locals, but often times, individuals that travel from other nearby Wyoming communities to distribute controlled substances. Please make no mistake, prescription controlled substances and Heroin, as well as Marijuana, are having a significant impact on native communities. Methamphetamine, although also significant, is not the sole dangerous drugs being trafficked on the reservation.

In June of 2008, three young women lost their lives to overdoses. They had been given a prescription controlled substance called Methadone, which is a very powerful narcotic pain killer and is also prescribed on occasion for Heroin dependency. In this case, two of the young women crushed the Methadone and snorted it, and the other ingested the drug orally. According to public reports of the incident, nearly twenty four hours passed before anyone noticed or reported the deaths.

Prescription controlled substances such as Methadone, Hydrocodone, Oxycodone and OxyContin are, like Heroin, opioids. In our communities we have seen a link between the addiction to these prescription controlled substances and Heroin abuse as well as alcohol abuse. As the price increases for prescription controlled substances, the demand for Heroin has been increasing. According to the National Institute on Drug Abuse, deaths due to prescription controlled substance abuse in the Denver region rose from approximately five to eleven persons per one hundred thousand in 2012. According to the Fremont County Coroner's office, opioids are the most common drug found in drug related deaths in Fremont County.

"The Wyoming Example"

On April 5, 2006, former United States Attorney for the District of Wyoming and the current Governor of Wyoming, Matthew H. Mead, presented this committee with what he called "The Wyoming Example". In Governor Mead's testimony he provided details on two successful investigations that highlighted the partnership between state, federal and tribal agencies in Wyoming. It should be noted that Wyoming's approach to drug enforcement is unique in that local, state, federal and tribal officials communicate regularly and work closely together to conduct investigations into drug crimes. The "The Wyoming Example" for combined drug enforcement on the Wind River Indian Reservation has proven time and time again to be successful. The Wyoming Division of Criminal Investigation, in conjunction with the Bureau of Indian Affairs, the Federal Bureau of Investigation, the Drug Enforcement Administration and local law enforcement agencies still continue to work together and conduct drug investigations. It is only through this type of inter-agency cooperation that we can continue to combat the drug problem successfully.

Recently, Eastern Shoshone Tribal Officials have approached the Wyoming Division of Criminal Investigation for the purpose of adding an additional Task Force Officer to the DCI Northwest Enforcement Team. Should this happen, the State of Wyoming would likely fund a portion of this position along with the Eastern Shoshone Tribe. It is our understanding that this will be the first time a tribal officer would be a part of a state sponsored drug enforcement task force. This officer will have law enforcement authority statewide, through the task force. This clearly demonstrates the level of commitment that Wyoming and the Eastern Shoshone Tribe have to continued support of "The Wyoming Example" and drug enforcement in our communities.

Challenges Faced by Law Enforcement

During the day to day drug enforcement operations on the Wind River Indian Reservation, law enforcement is faced with many challenges. Some of these challenges include lack of personnel and jurisdictional issues.

The challenges surrounding the lack of personnel are certainly not unique to law enforcement in native communities. Even though the majority of the drug investigations that occur on the Wind River Indian Reservation are led by the Wyoming Division of Criminal Investigation, that agency has other areas of responsibility throughout the state. The Bureau of Indian Affairs Agent that is assigned to the Wind River Indian Reservation also has other areas of responsibility in Idaho and Utah native communities. This means that even though we do as much enforcement activity as possible on the Wind River Indian Reservation as we can, it is by no means a "full time" endeavor.

Often times, when an investigation requires additional personnel for officer safety reasons, we are required to wait until the additional personnel can be brought into this area to assist the agents that are working the case. This can be problematic due to the dynamic and fluid nature of a drug transaction. Unfortunately, often times we are unable to have personnel in place and our opportunity to conduct the transaction is lost. As is the nature of any for-profit business, the first person through the door with the money gets to purchase the product. If it is not law enforcement clandestinely making that purchase, then evidence is lost. The particular drugs are, of course, consumed by users.

The lack of available personnel is exacerbated by the fact that we simply do not have enough law enforcement agents who have jurisdictional authority to engage in enforcement actions and conduct criminal investigations in native communities. In order for a state law enforcement officer or agent to work cases in Native Communities they must obtain a Special Law Enforcement Commission (SLEC) through the Bureau of Indian Affairs. This process requires that the officer or agent attend a three day training conducted by the United States Attorney's Office in conjunction with the Bureau of Indian Affairs. At the conclusion of the training, the officer or agent then must pass an examination. After successfully passing the test, the officer or agent must then undergo an adjudicated background check. This process often

takes several months to complete. Last year we had a task force officer attend the SLEC training in Idaho. As of today, his background is not complete, and he does not have authority on the Wind River Indian Reservation. Additionally, the officer has since left the Northwest Enforcement Team and is working on another team, in another part of Wyoming and no longer has Indian Country responsibility.

When a new task force officer is assigned to the Northwest Enforcement Team he or she must wait until the first available SLEC class is held. Again, this can often be months or years before the task force officer can attend the class because the classes are simply not held very often. Keep in mind, the typical task force officer assignment is from three to five years. The SLEC process can effectively hamper a task force officer's effectiveness on the team for a year or more.

What Can Be Done to Help Eliminate the Drug Problem on the Wind River Indian Reservation?

Besides demand reduction through socio-economic improvements, the drug problem on the Wind River Indian Reservation can be addressed with additional success through supply interdiction by law enforcement agents. Additional agents, tasked specifically with drug enforcement duties on the Wind River Indian Reservation, would help. One way to obtain such additional agents would be through funding to allow the Drug Enforcement Administration (DEA) to establish resident agents assigned to the Wind River Indian Reservation area. In lieu of, or addition to, resident agents, a DEA Tactical Diversion Unit to help combat prescription medication crimes could periodically be assigned to the reservation. The Federal Bureau of Investigation has Resident Agents that are assigned to work cases on the Wind River Indian Reservation. But their primary focus is violent crimes. The nearest Drug Enforcement Administration Post is over one hundred twenty miles away from the Wind River Indian Reservation and is manned by only two resident Agents. Unfortunately, these two DEA Agents are spread thin and do not have the time or the resources to work in native communities full time.

As I stated earlier, the agents and task force officers of the Division of Criminal Investigation, would be more effective if they all had the necessary jurisdictional authority to fully participate on reservation operations. Improvements in credentialing could be made a cost-effective priority.

Conclusion

It has truly been my pleasure, and privilege to speak before you today.

The CHAIRMAN. We'll sure do that. Thank you very much. Thank you for your service to the people of Wyoming and people of the United States. Thanks.

Our next witness, Barbra Roach, is a Special Agent in Charge for the Denver Field Division of the U.S. Drug Enforcement Administration, the Department of Justice and from Denver. Thanks so much for joining us today.

STATEMENT OF BARBRA ROACH, SPECIAL AGENT IN CHARGE, DENVER FIELD DIVISION, U.S. DRUG ENFORCEMENT ADMINISTRATION, U.S. DEPARTMENT OF JUSTICE

Ms. ROACH. Thank you for the opportunity to come and speak today.

Basically I want to talk about the drug threat of what we're seeing in this region. The most common drugs illegally trafficked in and around the community of Wind River Indian Reservation are marijuana, pharmaceuticals and methamphetamine.

Marijuana is basically the most commonly abused illicit drug, and it's been challenging to address, especially since Colorado legalized marijuana both medically and recreationally under our state law there. DEA has observed the availability has become more widespread throughout the region. DEA is aware that Wyoming residents often will come in to Colorado to purchase marijuana either in—usually in user amounts. Sometimes it's smaller amounts and take it back with them.

The illicit drugs that are also abused are pharmaceuticals. These products are a significant concern here in Wind River. As with marijuana, the prescription drugs are very popular with our youth, and they doctor shop and they go to pharmacies outside the reservation to get their pills, and then they resell them.

Methamphetamine trafficking and abuse also remains a challenge for us in this area. Most of the methamphetamine that's distributed throughout this region is almost always going to be Mexican based. Our methamphetamine either comes through Salt Lake or Denver but ultimately is from Mexico.

So DEA feels that the most important thing we can do is work cooperatively with our law enforcement partners, and we've been very successful in doing that over the last several years. We had the one phenomenal case, but we have continued that model since 2010 to current.

We had in 2010 a methamphetamine/cocaine trafficking organization that was supplying this area out of Phoenix and Salt Lake. That's where they were based. That one, we used every resource in our ability, from the legal wiretaps, the undercover purchases, and in the one in 2010, 58 arrests. We got 10 pounds of methamphetamine and assets.

We also did this in 2011. Again, it was methamphetamine and cocaine coming from Mexico to Wyoming. That one we were able to successfully dismantle the organization, again using all resources at our disposal, and we arrested 30 individuals out of that organization. We did it again in—you know, several others, in 2011, 2012. Again, it's almost always methamphetamine based. And then in 2013, we had another one that we were working on, and there's one that's ongoing as we speak. And we always dismantle the entire organization and basically take out its roots.

In 2011, our diversion squad came up and met with the Indian Health Services that—they basically service this area providing health care for the residents. And, you know, we came up with some basic on-site inspections, and we provided recommendations to strengthen the compliance. And as of right now, that's still been successful, and the compliance has still been very strong.

Looking ahead, DEA wants to establish a Tactical Diversion Squad here in Wyoming. We have put this forward. This is something that appears to be wanted by all the state and local, tribal law enforcement. This would expand our TDS program into this state.

And basically what a Tactical Diversion Squad does is it uses all of the tools that are available to it to attack the diversion of pharmaceutical drugs. The TDS incorporates what we do with law enforcement in attacking the problem, the skills that the agents would bring and task force officers, diversion investigators, and they'd use that as their focal point to take out any kind of issues we have as far as the diversion.

So, bottom line, we want to continue to work together with all of our partners, and this Tactical Diversion Squad will be on our budget in 2016.

The CHAIRMAN. Thank you so much, and thank you for your service as special agent in Florida, California, Texas, Philadelphia, and now in this situation, you are in charge of the largest land

mass in the United States for the—which it is your current division out of Denver. So thank you very much.

Ms. ROACH. Thank you.

[The prepared statement of Ms. Roach follows:]

PREPARED STATEMENT OF BARBRA ROACH, SPECIAL AGENT IN CHARGE, DENVER FIELD DIVISION, U.S. DRUG ENFORCEMENT ADMINISTRATION, U.S. DEPARTMENT OF JUSTICE

Distinguished members of the Committee, on the behalf of Administrator Leonhart, I appreciate your invitation to submit testimony today regarding the drug trafficking threats to the Wind River Indian Reservation along with efforts to assist our federal, state, local and tribal partners.

Introduction

The mission of the U.S. Drug Enforcement Administration (DEA) is to enforce the controlled substances laws and regulations of the United States and to bring to the criminal and civil justice system, those organizations and principal members of organizations, involved in the growing, manufacture, or distribution of controlled substances appearing in, or destined for, illicit traffic in the United States.

DEA currently has over 307 offices around the world, including 221 domestic offices and 86 foreign offices. Wherever DEA operates, we build relationships with other law enforcement agencies, including at the federal, state, local, and tribal level. If we are to be successful in accomplishing our mission, it is essential that we work together, share information and coordinate available resources to ensure that they are deployed in the most effective manner possible.

Within the Denver Field Division, we have over 200 employees comprised of Special Agents, Diversion Investigators, Task Force Officers, and individuals assigned to Administrative Support. These personnel are distributed between the Division Office in Denver, a District Office in Salt Lake City, four Resident Offices, and five Posts of Duty. This division covers 433,868 square miles consisting of the states of Colorado, Montana, Utah, and Wyoming. In Wyoming, DEA specifically has one Resident Office in Cheyenne, one Post of Duty in Casper and is staffed with 23 individuals which cover the entire state, which includes the Wind River Indian Reservation.

Wind River Reservation Drug Threat

Currently, the most common drugs illegally trafficked in and around the communities of the Wind River Indian Reservation are marijuana, pharmaceuticals, and methamphetamine.

Marijuana is both the most commonly abused illegal drug as well as the most challenging to address. Since the State of Colorado legalized marijuana for medical and recreational use under state law, DEA has observed that its availability has become more wide spread throughout the region. DEA is aware of instances of Wyoming residents traveling to Colorado to obtain user amounts of marijuana. The illicit use and abuse of pharmaceutical products is also of significant concern for the Wind River area. As with marijuana, prescription pills are also popular with youth. Through doctor shopping and using pharmacies outside of the reservation area, it is not uncommon for individuals to obtain hundreds of pills at a time for illicit resale.

Methamphetamine trafficking and abuse also remain a significant challenge for the Wind River area as well as Wyoming in general. Most of the methamphetamine distributed throughout the Wind River Reservation and surrounding area is of Mexican origin. Methamphetamine distributors on the reservation routinely travel to Lander, Casper, Riverton, Rock Springs, Salt Lake City, and even as far as Denver to obtain ounce or multi-ounce quantities.

DEA Response

Working in close cooperation with our law enforcement partners, many of whom are represented at this table, DEA's Denver Field Division has conducted numerous investigations which have positively impacted the Wind River Reservation. Some of the more notable efforts are the following:

In 2010, DEA Casper, Wyoming's Department of Criminal Investigations (DCI), the Bureau of Indian Affairs (BIA), the Department of Homeland Security (DHS), the State of Wyoming's Office of the Attorney General (OAG), and the U.S. Attorney's Office (USAO) in Wyoming conducted an investigation into a methamphetamine-cocaine drug trafficking organization supplying Phoenix and Salt Lake City.

The drug trafficking organization was identified as distributing narcotics on the Wind River Reservation. Thirteen judicially authorized telephonic intercepts were conducted during the investigation which resulted in 58 arrests, the seizure of ten pounds of methamphetamine, and $190,000 of trafficker assets.

In 2011, DEA Casper, working in conjunction with DCI, BIA, Federal Bureau of Investigation (FBI), the United States Marshals Service (USMS), Wyoming OAG and the Wyoming USAO, investigated the illicit distribution of cocaine and methamphetamine being sent to Wyoming from Mexico. The targets of this investigation were identified as sources of supply of narcotics to several individuals in and around the Wind River Reservation. DEA investigators along with our law enforcement partners conducted seven judicially approved telephonic intercepts and made numerous undercover purchases of narcotics from the primary sources of supply. This investigation resulted in the arrests of 30 members of the drug trafficking organization, including the sources of supply along with the seizure of methamphetamine, cocaine, and related assets.

In 2011, a Mexican-supplied drug trafficking organization based in the State of Washington was identified as distributing methamphetamine and marijuana on the Wind River Reservation. DEA's Casper office, working in coordination with DCI, BIA, FBI, Wyoming OAG and the Wyoming USAO conducted 16 judicially authorized telephonic intercepts against the leadership of this criminal organization. The investigation culminated with 56 arrests, the seizure of five pounds of methamphetamine and $60,000 in assets.

In 2011, DEA Denver met with the Indian Health Service clinics located on reservation at Fort Washakie and Arapahoe, both of which provide healthcare services to residents of Wind River. DEA Diversion Investigators also met retail pharmacies and conducted several on-site inspections which resulted in recommendations to strengthen regulatory compliance. Additionally, investigators met with off-reservation law enforcement to coordinate efforts and raise drug diversion awareness.

From 2011 to 2012, DEA Casper worked alongside DCI, BIA, FBI, Wyoming OAG and Wyoming USAO to target and dismantle a methamphetamine distribution network being supplied by individuals in Nevada and California with ties to the Wind River Reservation. In this instance, investigators utilized an array of investigative techniques to include telephonic intercepts, undercover agents and physical surveillance to gather evidence for prosecution. As a result, 41 members of the organization were arrested.

In 2013, DEA agents from Cheyenne and Casper, along with investigators from DCI, BIA, FBI, Wyoming OAG and Wyoming USAO conducted an investigation of a Mexican drug trafficking organization based in Lander. This organization was responsible for distributing narcotics statewide, to include the Wind River Reservation. During extensive use of judicially authorized telephonic intercepts, the highest levels of the organization in Wyoming were identified for prosecution. At the conclusion of this investigation the organization was fully dismantled, ten subjects were arrested, significant amounts of methamphetamine and more than $100,000 in assets were seized.

Looking ahead, the Denver Field Division has met with the Wyoming U.S. Attorney and Director of the DCI to discuss the establishment a Tactical Diversion Squad (TDS) in Wyoming. As a result of these meetings, DEA is considering an expansion of its TDS program into Wyoming. Tactical Diversion Squads are DEA's primary tool to investigate the diversion of pharmaceutical drugs containing controlled substances. A TDS incorporates the enforcement, investigative, and regulatory skill sets of DEA Special Agents, Diversion Investigators, as well as creates a focal point for partnerships with other Federal law enforcement, and state and local Task Force Officers. The establishment of a TDS based in Wyoming would increase DEA's capability to conduct criminal investigations and could lead to more prosecutions of violators throughout Wyoming, to include the Wind River Reservation.

Conclusion

In conclusion, DEA will continue to investigate the most significant drug trafficking organizations affecting the state. These investigations will continue to identify-disrupt and dismantle foreign, regional, and local networks most responsible for illicit distribution of controlled substances, to include the area in and around the Wind River Reservation. DEA has an outstanding working relationship with its federal, state, local and tribal partners in Wyoming and will continue to work in partnership with them.

Thank you for the opportunity to testify here today before the Committee. I look forward to answering any questions.

The CHAIRMAN. Next we'll hear from Thomas Ravenelle.

STATEMENT OF THOMAS RAVENELLE, SPECIAL AGENT IN CHARGE, DENVER FIELD OFFICE, FEDERAL BUREAU OF INVESTIGATION

Mr. RAVENELLE. Good morning, Chairman Barrasso. Thank you for the opportunity to appear before you today and discuss the impact of drugs and violent crime on native communities.

High rates of violent crime on Indian reservations continue to drive the Indian Country threats as we see them. Uniform Crime Report 2012 data indicates violent crime rates on certain Indian reservations are up to 15 times higher than the national average. The average violent crime rate of Indian Country as a whole is almost three times higher than the national average, which is driven largely by aggravated assaults.

The FBI has played a role in ensuring safety and security in Indian Country since our establishment in 1908. With agents here, victim specialists assigned in Lander and our resident agency, we work in concert with the Bureau of Indian Affairs. Our local partners are the Wyoming Division of Criminal Investigation, the DEA and the Wyoming United States Attorney's Office. The Lander RA currently has a pending caseload of approximately 150 cases related to the Wind River Indian Reservation. Without question, the most prevalent substance associated with these crimes is alcohol.

Drug activity which has been identified in the Wind River Reservation includes the distribution of marijuana, diverted prescription drugs and meth. Currently, drug-related issues on the reservation are handled primarily by the Wyoming DCI Task Force and the DEA. The DCI Task Force also includes FBI and the BIA. Through daily interaction and consistent teamwork, the FBI, DCI and DEA are strong and collaborative partners.

Denver FBI has five agents assigned to the Lander RA full time, and all work Indian County almost exclusively. By comparison—those are all violent crime bodies, and by comparison in the metropolitan Denver area, we have four people working violent crimes. We have the greatest share of partners with our local agencies there, so that helps out, but we are taking this very seriously. Again, almost 150 cases of a violent crime nature. Almost all of our cases are violent crimes.

Current case load in 2015, we've had 44 serious assaults, 33 sexual abuse of a child case, 20 rapes, 12 assaults on a federal officer and 11 death investigations, and that's only literally half the year since the fiscal year started.

The FBI also participates in the Northwest Enforcement Team, with one part-time agent. The agent was full time for approximately two years but had to be scaled back to address the serious violent crimes.

Just as a point of reference, the Fremont County Coroner's Office reported there's been 229 non-natural deaths in the county since the start of 2011. Of those, 152 involved alcohol or drug substances in the system when the autopsies were conducted. That's not to say that that was the cause of death, but it was in the system. So 71 of those 152 involved drug use only, and of that, 50 involved prescription pills and 25 involved marijuana and three involved meth.

One of my seniors agents with me today, Paul Swenson behind me, who's been in Lander 15 years, in the last five years, he's only

aware of one death that was caused as a result of a meth overdose in this area. However, there's no way to tell what drug use, meth use, has done to cause these violent crimes which may have caused other deaths.

During the summer of 2014, you may be aware there was a lawsuit to pay off the tribal members. Each Eastern Shoshone member got approximately 13,000, and each Northern Arapaho tribal member received approximately 8,000. Our agents seemed to perceive a brief uptick in the meth use at that time, but except for what's going on in the DCI Task Force, we haven't seen it otherwise in our cases. We see—during search warrants on violent crimes, we see the packaging of small amounts of meth, but we haven't seen ounce quantities ourselves during our work on our violent crime cases.

I will say in 2010, the number of BIA officers surged from five to more than 30, and my agents believe it led to a rise in arrests, which some people say the crime problem went up, but I think you're going to see it's the amount of law enforcement officers. I think if the staffing could remain steady, it would have a very positive impact on crime reduction on the Wind River Reservation. I agree, though, we can't arrest our way out of it. There needs to be social programs as well.

Chairman Barrasso, I thank you for this opportunity to testify concerning some of the challenges which face our Native American communities. The FBI takes its responsibility in Indian Country very seriously. We appreciate your interest in these matters. I'm happy to answer any questions you have.

[The prepared statement of Mr. Ravenelle follows:]

PREPARED STATEMENT OF THOMAS RAVENELLE, SPECIAL AGENT IN CHARGE, DENVER FIELD OFFICE, FEDERAL BUREAU OF INVESTIGATION

Good morning Chairman Barrasso. Thank you for the opportunity to appear before you today to discuss the impact of drugs and violent crime on native communities.

High rates of violent crime on Indian Reservations continue to drive the Indian Country (IC) threat. Uniform Crime Report (UCR) 2012 data indicates violent crime rates on certain Indian Reservations are up to 15 times higher than the national average. The average violent crime rate of Indian Country as a whole is almost three times higher than the national average, which is driven largely by aggravated assaults.

The FBI has played a role in ensuring safety and security in Indian Country since our establishment in 1908. Within the FBI's Criminal Investigative Division, the Indian Country Crimes Unit (ICCU) is responsible for developing and implementing strategies to address the most egregious crime problems upon tribal reservations. ICCU supports the joint investigative efforts of the Bureau of Indian Affairs Office of Justice Services (BIA OJS) tribal law enforcement and Safe Trails Task Forces (STTFs). ICCU manages IC personnel resources, procures services, funds specialized equipment to enhance FBI investigations, and acts as a liaison with the Department of Justice Office of Tribal Justice (DOJ OTJ), BIA OJS, the Executive Office for the United States Attorneys (EOUSA), and FBI Office of Victim Assistance (OVA). ICCU also provides high quality training to Indian County law enforcement to ensure investigations are conducted in a consistent manner. Currently, the FBI has investigative responsibility for approximately 200 Indian Reservations, and investigative priorities include Death Investigations, Child Sexual/Physical Abuse, Rape, Assaults Resulting in Serious Bodily Injury, Domestic Violence, as well as Gang and Criminal Enterprise Investigations.

As you know, the Wind River Reservation is located in western Wyoming near Lander. The reservation is home to over 3,900 Eastern Shoshone and 8,600 Northern Arapahoe enrolled tribal members, and contains approximately 2,268,000 acres of land within its exterior boundary.

With Agents and Victim Specialists assigned to our Resident Agency (RA) in Lander, Wyoming, the FBI works in concert with the Bureau of Indian Affairs (BIA), our local partners, the Wyoming Division of Criminal Investigation (DCI), the Drug Enforcement Administration (DEA), and the Wyoming United States Attorney's Office. The Lander RA currently has a pending caseload of approximately 150 cases related to the Wind River Reservation. Without question, the most prevalent substance associated with these crimes is alcohol.

Gang affiliation in Indian Country is often described as an "imitation" of urban street gangs, and is usually determined by neighborhood or family connections. Individuals who reside on the Wind River Reservation have claimed tenuous affiliations with a small number of gangs. The gangs lack hierarchal structures and are loosely organized. Gang members may claim affiliation with multiple, even competing gangs and change membership frequently. Violent or major crimes committed in furtherance of gang objectives are rare.

Drug activity which has been identified on the Wind River Reservation includes the distribution of marijuana, diverted prescription drugs, and methamphetamine. Currently, drugrelated issues on the reservation are handled primarily by the Wyoming DCI Task Force and the DEA. The DCI Task Force also includes FBI and the BIA. Through daily interaction and consistent teamwork, the FBI, DCI, and DEA are strong and collaborative partners.

There has been mention of several partnerships when it comes to Indian Country and there are two which I would like to highlight. First, it is important to recognize the FBI's OVA. The OVA plays a vital role in Indian Country investigations and has victim specialists dedicated specifically to Indian Country. They represent approximately one-third of the entire FBI victim specialist workforce. These victim specialists are heavily involved in our cases, assisting victims throughout the process.

Another important partnership we have is with the people who live and work on or near the reservation. Federal, State, and Local law enforcement officials rely on ongoing relationships with local communities to help identify and address problems before they become more serious issues. It is important that these partnerships and local trust are formed long before a crime is committed and must be preserved long after.

Chairman Barrasso, I thank you for this opportunity to testify concerning some of the challenges which face our Native American Communities. The FBI takes its responsibility in Indian Country very seriously. We appreciate your interest in these matters. I am happy to answer any questions you might have.

The CHAIRMAN. And I appreciate your testimony as well as your service, starting 30 years ago, with the SWAT team, in this current capacity, and as a supervisor special agent to oversee domestic and international terrorism squads, so you've seen it all, been there. I appreciate your efforts here, too. Thank you.

Just a couple of questions. We can start with Mr. Crofts. You said the number one issue is alcohol, and a lot has to do with preventing someone on their release from prison to end up back there, with recidivism being a big concern. You talk about comprehensive rehab treatment as part of the prevention component of that. Would you like to just add a little bit more to that in case we can actually specifically do better here?

Mr. CROFTS. Well, Mr. Chairman, it's clear that Indian Country everywhere, especially in the west, has suffered from alcohol on the Indian reservations. And I certainly didn't mean to say that we don't have other controlled substance problems. I think part of it is economic. You know, meth costs more than alcohol, and people can always scrape together a few dollars and make a run to Lander or Riverton to buy alcohol, so that's predominantly what we see.

I have been frustrated for the 25 years that I've been working here that we just can't find inpatient, comprehensive, long-term treatment programs available anywhere in Wyoming or on this reservation. We can't find money to pay for them. We can't find a bed. I certainly don't mean to tell the Indian Health Service what to do,

but it seems to me that it's part of our responsibility, all of us, to provide good health care for the Indian people. We need to address that component of it, and I would just love to see a facility that people could walk in when they needed help, but we could also direct people into from the criminal justice system.

The CHAIRMAN. We do have the acting director of the Indian Health Services here who's going to testify in the next panel. I know he's been listening very attentively to what you had to say.

And then the other question is what you suggested isn't just unique to here. We're talking Indian reservations around the country, similar problems; could that model be used successfully to help reduce violent crime in other locations?

Mr. CROFTS. Absolutely, yes, sir.

The CHAIRMAN. Well, I appreciate that answer.

Mr. Cruzan, your written testimony that states in 2013, issues involving methamphetamine began to reemerge in Indian Country. Reemergence has occurred despite the increase in law enforcement. What do you think led to this reemergence of problems involving methamphetamine, and what are some successes that you've seen, too?

Mr. CRUZAN. Well, you know, Senator, I don't know what led to the—one of the things, and it was brought up by one of the other panelists here, is that what we did see during our High Priority Performance Goal initiative was more police officers equaled a greater sense of security by the community, and that's right. We saw a tremendous increase in violent crime at the 12-month mark—it was a 24 month initiative—and it was concerning, but what we realized is we weren't seeing more crime committed. There was more crime reported.

And quite frankly, Senator, one of the challenges that we do have is keeping funded vacancies filled. We are working with our human resources on some very creative ways to hire, but it continues to be a struggle. So I think it probably is in some degree, probably a great degree, related to the visibility of law enforcement being able to address it both from our uniform capacity and from our drug investigations.

The CHAIRMAN. So the money is there. It's in terms of finding individuals who are qualified and capable and ready to live in the location where you necessarily need them. That's one of the challenges because there are open spots right now?

Mr. CRUZAN. That's correct, Senator.

The CHAIRMAN. Mr. Hanson, you talked about The Wyoming Example as a successful model for the cooperation of the different agencies. You also indicated this approach is somewhat unique. I wonder how this type of approach could be expanded to other jurisdictions because it's important from the Committee's standpoint that we can find the best models that work, best practices, and then try to use them elsewhere.

Mr. HANSON. Quite frankly, from my perspective, the reason it works so well is our administration is behind us a hundred percent. DEA's administration is behind them a hundred percent, BIA, FBI. It goes on.

I think from talking to agents and drug investigators across the country about what we do and how we do it, the number one thing

I hear is, "Our bosses wouldn't go for that." I don't know the answer. I don't know why they won't go for it. But I think if it comes from the top down, if people are directed that this is a good example, this will work and this is the type of interagency cooperation, it happens.

I know that the federal agencies I mentioned, of course, they're behind the task force. I think when it gets to a lower local level—and again, I told you I'm your boots-on-the-ground guy. I'm going to give you my perspective from that. Sometimes I think egos get in the way, and this becomes a territorial thing. That's not going to work. That's not going to solve the problem. And I think administrators need to get through that and develop—and then work together as well as we have.

The CHAIRMAN. Ms. Roach, in terms of cooperation, you're in charge of the largest land mass in the United States in terms of what you're doing, so it's working here. Hopefully it can work in other Indian communities as well, as you have oversight.

I want to talk a little bit about your written testimony that the DEA is considering expanding the Tactical Diversion Squad in Wyoming. You know, these squads are the primary tool for investigating the diversion of pharmaceutical drugs. How can these squads be expanded in other parts of the Indian Country?

Ms. ROACH. They've been expanding throughout the United States. We just got one last year in Missoula, Montana. I think that in the end, it would be nice to have at least one per state. When you live in areas—I have a four-state region. When you have an area that is so large in land mass or weather can permit a group from going and maybe responding to the other side of their state, that's when you have to make an exception and have one of these squads. Maybe you could have two in one state, you know. And like in the case with Wyoming, we don't have one at all. It's an easy argument for us to make. And, you know, to be honest, we have the buy in from everybody at this table.

The CHAIRMAN. It sounds like you do. I have a sense that there's great cooperation here.

Mr. Ravenelle, your written testimony as opposed to your oral testimony, you talked about some Indian reservations up to 15 times higher than the national average in terms of violent crime. We've heard some other witnesses on this panel indicate alcohol, substance abuse, significant contributing factors in the crime. Do you have some specific additional recommendations on how we could be doing better at reducing the crime rate?

Mr. RAVENELLE. That's a tough one. I mean it's a whole-community approach, I think. We're not in the business of dealing with people with alcohol abuse and trying to get them off of alcohol abuse, but there needs to be a partnership where we work collaboratively with the health people, the counselor people. To be honest, some people—I mean people have to want to get help, too, and there has to be—somehow create a culture of people wanting to get help because if they don't want help, anything you do for them is probably not going to work.

The CHAIRMAN. All right. I think we're going to try to address that in the next panel. So let me just, one, thank each of you for being here. Thank you for your commitment and your efforts to

deal with a very important problem facing our country. As Chairman of this Committee, I'm especially appreciative of the ideas that you come up with that we can use certainly here in Wyoming but also across the United States. So you're welcome to stay for the next panel.

I'm going to ask our next panelists to come to the table, and they are folks that have significant information to share with the Committee about things that may be working and suggestions on how to deal with those.

We have the Honorable Darwin St. Clair, who is a council member of the Shoshone Tribe of the Wind River Reservation here in Fort Washakie, Wyoming. We have Mr. Robert McSwain, who is the Acting Director of the Indian Health Service, Department of Health and Human Services, here from Washington, DC. We have Ms. Sunny Goggles who's here, who is the Director of the White Buffalo Recovery Program for the Arapaho Tribe of the Wind River Reservation. And, also, Mr. Claullen Tillman, who is a young man, member of the Eastern Shoshone Tribe from Fort Washakie, and he and I had a chance to meet not that long ago in Washington, DC. He is the Rocky Mountain representative for the United National Indian Tribal Youth.

So I'm appreciative of each of you being here as the second panel today, and as I mentioned to the first panel, your full written testimony, which you've already submitted, will be made part of the official hearing record, so I ask that you please try to keep your statements to five minutes so that there's still time for questions at the end of the testimony. I'll look forward to hearing the testimony from each of you.

So, Chairman St. Clair, at any time that you're ready, we'd appreciate hearing from you. You may want to pull that microphone in a little bit closer. Thank you, Mr. Chairman.

STATEMENT OF HON. DARWIN ST. CLAIR, JR., CHAIRMAN, EASTERN SHOSHONE TRIBE

Mr. ST. CLAIR. First, Senator, I'd like to thank you for being here. Good morning. My name is Darwin St. Clair, Jr., Chairman of the Eastern Shoshone Tribe.

First I'd like to thank you and welcome the Senate Select Committee on Indian Affairs for having a hearing in the Eastern Shoshone Country and the Wind River Reservation. This reservation was established by the Fort Bridger Treaty of 1868 between the Eastern Shoshone Tribe and the United States Government, with the Eastern Shoshone Tribe being the aboriginal inhabitants in the state and area since time immemorial. However, currently the reservation is occupied by two federally recognized Indian tribes, the Eastern Shoshone and Northern Arapaho, and it is the only reservation in the state of Wyoming.

Located here in west central Wyoming, the reservation is comprised of 2.2 million acres and is spread out upon a large rural geographical area consisting of 3,500 square miles of pristine mountain ranges, abundance of wild game and fishing, developed and undeveloped natural resources, and the most precious resource, water.

The Eastern Shoshone Tribe is comprised of 4,276 enrolled members. The Northern Arapaho Tribe is comprised of around 10,000 enrolled members. The majority of the reservation residents however live in the small communities of Crowheart, Fort Washakie, Ethete, Arapahoe and Boulder Flats. The majority of the Fremont County is comprised of Wind River Reservation and bordering towns of Dubois, Lander, Riverton and Shoshoni.

As you stated, Senator, it has been over a decade since the Wind River was systematically attacked by the drug ring from 2000 to 2005 before a coordinated law enforcement effort broke up the ring in 2005. I will intentionally not use the cartel's name in this testimony since I don't believe in giving them any credit for their efforts or publicity in their efforts to subject our people of the Wind River Reservation to the drug trade.

At the time, the Wind River—like many reservations, the Wind River at that time suffered from high unemployment, poverty, some from public aid, substandard housing and substance abuse. Their plan was very simple, introduce a drug that was highly addictive to our population, the allure of easy money, and become entrenched in a community through family and interpersonal relationships. Further examination of the drug trafficking and gang activity in Indian Country systematically translates into identification of social, economic and justice vulnerabilities that each tribal nation has.

In the years following the bust, the reservation and the surrounding area seen an influx of the funding for substance programming, most notably an annual conference on methamphetamine education and awareness. In addition, the Wind River Reservation was selected as one of four reservations for a presidential initiative called the High Priority Performance Goal, which was to reduce violent crime by 5 percent. This initiative lasted approximately two years and began October 1, 2009 and ended September 30, 2011 and was successful in reaching its goal.

During this time, police officer staffing levels were increased to the national rates of 3.5 persons per 1,000 of the service population. Wind River peaked at 26 of the 32 police officers projected for the area and were able to shift the paradigm of being reactive to a more proactive policing agency. However, due to the hiring process, the background, training, and retention issues, the BIA police force has faced a decline in the numbers, in the number of patrol officers, and as of today, we're looking at 50 percent decrease in 2014, from 24 patrol officers to 12 patrol officers, and in 2015, we're looking at even dwindling numbers of possibly only nine officers. When you look at the number of people that we have here and the miles we have on our reservation, it's far beyond only nine officers.

There is absolute need for tribal courts, and our prosecutor's office to beef up our standards as far as prosecuting these offenders, as well as the substance abuse and the use is a critical challenge to the community. And it does not discriminate by gender, does not discriminate by age. There are young people lining up for dialysis. There's fetal exposure issues, developmental and behavioral issues, many times which then affect our health care issues as far as funding and by caring for million dollar babies that are a result of this

behavior. There have been reported instances that youths, adults or seniors have been so addicted to pain medication that they purposely hurt themselves in order to feed their addictions.

The risks are much more dangerous today, and the meth has gotten stronger and more prevalent, from 40 percent purity now to a hundred percent purity, and has created many of the issues that we have, social ills and social issues that we have that get people into the court system.

Lastly, there is issues here on the Wind River Reservation and in Indian Country that need to be looked at from a holistic approach involving all aspects, to address these issues from all angles. Funding programs in recovery, rehabilitation, education, employment and training are vital to addressing these serious issues. Thank you, sir.

The CHAIRMAN. Well, thank your for your testimony. Thank you for your leadership. It was interesting to comment about people intentionally hurting themselves so that they could get prescription drugs to feed the addictions. So thank you. We'll get to the questioning in a little bit.

[The prepared statement of Mr. St. Clair follows:]

PREPARED STATEMENT OF HON. DARWIN ST. CLAIR, JR., CHAIRMAN, EASTERN SHOSHONE TRIBE

Zant Seekum Bae chu (Good Morning) My name is Darwin St. Clair Jr., Chairman Eastern Shoshone Tribe

First I would like to thank you and welcome the Senate Select Committee on Indian Affairs for having this hearing in Eastern Shoshone Country and the Wind River Reservation. This reservation was established by the Fort Bridger Treaty of 1868 between the Eastern Shoshone and the United States Government. With the Eastern Shoshone Tribe being the aboriginal inhabitants in the state and area since time in memorial. However currently the reservation is occupied by two federally recognized Indian Tribes, the Eastern Shoshone and the Northern Arapaho and is the only reservation in the State of Wyoming. Located here in west central Wyoming, the reservation is comprised of 2.2 million acres and is spread out upon a large rural geographical area consisting of 3,500 square miles of pristine Mountain ranges, abundance of wild game & fishing , developed and undeveloped natural resources and the most precious resource water. The Eastern Shoshone Tribe is composed of 4,276 enrolled members The Northern Arapaho Tribe is composed of around 10,000 enrolled members. The majority of the reservation residents however live in the small communities of Crowheart, Fort Washakie, Ethete and Arapaho. Majority of Fremont County is comprised of The Wind River Reservation and bordering towns of Dubois, Lander, Riverton and Shoshoni.

It has been over a decade since Wind River was systematically attacked by a drug ring from 2000 to 2005 before a coordinated law enforcement effort broke up the ring in 2005. I will intentionally not use this cartels name in this testimony since I don't believe in giving them any credit for their efforts to subject our people of the Wind River Reservation to the drug trade. The drug ring was able to identify the vulnerabilities of the reservation and used them as strengths in their attack. Like many reservations, Wind River at that time suffered from high unemployment (75 percent), poverty (68 percent some form of public aid), substandard housing, and substance abuse. The primary law enforcement serving Wind River during the drug ring era was the BIA and operated with an average patrolling force of seven officers in the 2000–2005 time span. These areas in addition to the large land base and the complicated maze of legal jurisdictions created the basis in which the ring leader admitted himself he used to write a "drug distribution" business plan. The plan was simple, introduce a drug to a highly addictive population, the allure of easy money, and become entrenched in the community through family and interpersonal relationships. Further examination of the drug trafficking and gang activity in Indian Country systematically translates into identification of the social, economic and justice vulnerabilities that each tribal nation has. If those vulnerable areas are left to the status quo they can be viewed as targets to outside organized activities. In essence the targeting can be viewed in terms of guerilla warfare. The strategy and

tactics of guerrilla warfare tend to focus around the use of a small, mobile force competing against a large, unwieldy or vulnerable one. The guerrilla focuses on organizing in small units, dependent on the support of the local population.

In the years following the "Bust" the reservation and the surrounding area seen an influx of funding for substance programing most notably an annual conference on Methamphetamine education and awareness. In addition the Wind River Reservation was selected as of one of four reservations for a Presidential Initiative called the "High Priority Performance Goal" which was to reduce violent crime by 5 percent. This initiative lasted approximately two years and began on October 1, 2009 and ended on September 30, 2011 and was successful in reaching its goal. The Tribal Court Services budget was increased to allow for updated equipment and staffing and along with the public defenders and adult probation programs they were able to curtail some of the revolving door offenders. During that time police officer staffing levels were increased to the national ratio of 3.5 person per one thousand of the service population. Wind River peaked at 26 of the 32 police officers projected for the area and were able to shift the paradigm of being reactive to a more proactive policing agency. However, due to the hiring process (background and training) and retention issues, the BIA police force has faced a decline in the number of patrol officers. In 2012 the BIA police force operated with 24 patrol officers and has decreased 50 percent during 2013 and 2014 to 12 patrol officers. In addition it is projected that the BIA police force will be reduced by 9 during the first quarter of 2015 due to transfers/promotions. Currently we are seeing dwindling numbers in staffing our BIA police force with many officers working large amounts of overtime and possibly creating burnout for individuals.

The Shoshone and Arapaho Tribal Court and Prosecutors Office report that 98 percent of all criminal, juvenile, minor-in-need of care (abuse/neglect), and involuntary commitment for mental health treatment cases are substance abuse related. The primary offenses that the BIA Police cite and arrest are for, but are not limited to, the following: Unlawful Possession of Drugs, Unlawful Sale of Drugs, Unlawful Manufacture, Illegal Possession or use of Alcohol, Open container/furnishing alcohol, Public Intoxication, and Driving Under the influence. In 2012 of the 3,316 total arrests, including juvenile, 2785 or 84 percent were primarily drug and alcohol related. In 2013, there were 3968 arrests; 3412 or 86 percent involved drugs or alcohol. In 2014, there were 2348 arrests; with 2026 or 86 percent being drug or alcohol related. The statistics for the years 2012–2014 do not include the offense of Disorderly Conduct because the offense does not necessitate substance use, however, the BIA Police use this charge as a lesser offense for alcohol and drug use and possession charges. The average arrests for disorderly conduct average 579 for the 2012–2014 timeframe. The most telling statistic is the dramatic increase of 130 drug possession charges in 2013 to 296 in 2014 that the tribal court processed with only 10 percent being investigated further by law enforcement.

Substance abuse and use presents a critical challenge to the community, one that doesn't discriminate by age or gender. There are young people lining up on dialysis, fetal exposure issues, developmental and behavioral issues. Which many times effects our Health Care Issues with funding, by caring for the Million Dollar babies which are the result of this behavior. There have been reported instances that youth, adults or seniors have been so addicted to pain medication, that they purposely hurt themselves in order to feed that addiction or even worse to make money to purchase there drug of choice. In the past year the reservation has lost a lot of family members in the 30–45 year age bracket due to health related issues from years of alcohol and drug use.

The risks are much more dangerous today as the purity of such drugs as Meth have increased from 40 percent ten years ago to 100 percent. The local media dubbed this high purity drug as "Monster Meth" as its effects caused the user to have hallucinations, extreme mood swings, and unpredictable violent tendencies. This injection of behavioral altering attitudes into the reservation increases the risk to individuals, families, and even public entities of being victims of violence, accidents, and property destruction. This is quantified with the tribal court processing 59 property damage cases in 2013 and 78 in 2014 as well as 74 Battery cases for both 2013 and 2014 and 89 Aggravated Assaults in 2013 and 58 in 2014. Not including the countless incidences that go unreported. The tribes do not want to idly standby as their tribal members are taken through addiction or suffer thru victimization by association of the drug trade. The tribe is currently taking steps to address this situation through our Recovery Program, Rehabilitation program, Sho Rap lodge, Juvenile Probation, ESCAPE program, Unity, and Drug court are a few programs that assist in addressing these issues but not enough.

These issues here on the Wind River as well as in Indian Country need to be looked at from a holistic approach, involving all the aspects to address these issue

from all angles. Funding programs in recovery, rehabilitation, education, employment and training are vital in addressing these serious issues. While increased funding for public safety is welcomed, there are still deficiencies in employment opportunities, housing, and health care that need to be address equally.

Next is Robert McSwain, Acting Director of Indian Health Service, Department of Health and Human Services. Welcome.

STATEMENT OF ROBERT G. MCSWAIN, ACTING DIRECTOR, INDIAN HEALTH SERVICE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. MCSWAIN. Chairman Barrasso, thank you so much for inviting us to this session today. I want to share with you the Agency's efforts on addressing the harmful effects of drugs of American and Alaskan Natives.

I'm accompanied by Dr. Susan Karol and Dr. Beverly Cotton, who are in behavioral health, and of course the acting Area Director for this region, Dorothy Dupree.

They are really the critical part of our team, if you will, that is actually helping this community, but helping communities across the country, as you know, IHS plays an important role. We're one of the players and one of the main players that work directly with tribes, and I think that that unique role is the trust responsibility that we have for health care delivery to 2.1 million American Indians, Alaska Natives throughout the system. The system includes IHS, tribal and urban programs.

The whole idea of illicit drugs has been well documented by the first panel. The numbers jumped out at me as I was coming in here preparing for this hearing and I was really struck by some of the numbers. But the fact is that a national survey on drug use and health, by Substance Abuse and Mental Health Administration, 4.9 percent of self-identified Americans Indians and Alaska Natives 12 years of age or older were found to have substance dependence or abuse of illicit drugs in 2013. That was 223 percent higher than non-Hispanic whites, a striking combination.

A review of the literature reveals the problem with methamphetamine used in American Indian countries is not widely known. It's been shared by Chairman St. Clair that we get that information from the tribes. They tell us what's really happening. They report regularly whether it's an epidemic or whether it's a serious occurrence in their communities.

In fiscal year 2014, there were over 31,000 methamphetamine-related encounters in the Indian health care system. As a health care provider, they hit our system, whether it's a tribal system or an IHS system. Funds to address the methamphetamine problem were appropriated by Congress—thank you very much—in 2008 to allow IHS to develop pilot programs and potential larger scale interventions for Indian Country.

In September 2009, the IHS began the Methamphetamine/Suicide Prevention Initiative, pilot demonstration programs across Indian Country and tribal urban programs, and I think that we're making some real progress in that area. And let me just point out that the reason why it's working, it's money that's provided to the communities, and they determine how they're going to deal with the issue. It's not us telling them, proscribing what they do, but

whatever works for each community. And as mentioned earlier, there are 566 tribes in the country, and there's probably twice that many Indian communities that must provide their own measures.

Currently we support 130 programs across the country. The tribes on the Fort Washakie Reservation here; the Eastern Shoshone Tribe works to increase access to methamphetamine through their program prevention, while Northern Arapaho provides support to the White Buffalo Recovery Center, which my colleague here will be discussing shortly.

The whole thing is—of course, the other one is prescription drugs. As a health system, we're the ones that are prescribing, and we're the ones that have to have a strategy to control the use. And we've had a number of measures that we're—it's in my statement—that we're working on that will in fact try to control the opioids and such. We have partnered with the BIA on some activities as well, and the National Drug Control Strategy, we're a member of that, and one of those is the YRTCS.

We have ten youth regional treatment centers, and we're building two more in California. And the whole measure there is to get our youth into a place where we can really help them recover. And I believe that kind of effort with our youth is another way to really get things done. The Tribal Law and Order Act, we're very much involved in that as well.

And I just want to say that I guess in closing, I'll close my statement now, but the fact that I find that our biggest success is going to be the fact that the Indian Health Service is working closely with communities and tribal leadership because it's the tribal leadership and us, being able to provide our science with their leadership, that we can begin to address these very difficult challenges. Thank you.

[The prepared statement of Mr. Mcswain follows:]

PREPARED STATEMENT OF ROBERT G. MCSWAIN, ACTING DIRECTOR, INDIAN HEALTH SERVICE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. Chairman, Mr. Vice Chairman and Members of the Committee:

Good morning. I am Robert McSwain, Acting Director of the Indian Health Service (IHS). I am accompanied by Susan V. Karol, M.D., IHS Chief Medical Officer, and Beverly Cotton, DNP, Director of the Division of Behavioral Health. I appreciate this opportunity to appear before the Committee on behalf of the IHS to offer the Agency's efforts on addressing the harmful effects of dangerous drugs in American Indian and Alaska Native (AI/AN) communities.

As you know, the IHS plays a unique role in the U.S. Department of Health and Human Services (HHS) to meet the Federal trust responsibility to provide health care to AI/AN people. The IHS provides comprehensive health service delivery to 2.2 million American Indians and Alaska Natives through a system of IHS, Tribal, and urban Indian 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 AI/AN people to the highest level, in partnership with the population we serve. The agency aims 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 AI/AN people, communities, and cultures, and to honor the inherent sovereign rights of Tribes.

Two major pieces of legislation are at the core of the Federal Government's responsibility for meeting the health needs of American Indians and Alaska Natives: The Snyder Act of 1921, P.L.67–85, and the Indian Health Care Improvement Act (IHCIA), P.L.94–437, as amended. The Snyder Act authorized appropriations for "the relief of distress and conservation of health" of American Indians and Alaska Natives. The IHCIA was enacted "to implement the Federal responsibility for the care and education of the Indian people by improving the services and facilities of

Federal Indian health programs and encouraging maximum participation of Indians in such programs." Like the Snyder Act, the IHCIA provides the authority for the provision of programs, services, functions and activities to address the health needs of American Indians and Alaska Natives. The IHCIA also includes authorities for the recruitment and retention of health professionals serving Indian communities, health services for people, and the construction, replacement, and repair of healthcare facilities.

The IHS, in partnership with Tribes and Urban Indian health programs, provides essential medical and mental health services. These services include medical and surgical inpatient care, ambulatory care, mental health and substance abuse treatment and prevention, and medical support services such as laboratory, pharmacy, nutrition, diagnostic imaging, medical records, and physical therapy. Other services include public and community health programs to address issues such as diabetes; maternal and child health; communicable diseases such as influenza, HIV/AIDS, tuberculosis, and hepatitis; suicide prevention; substance abuse prevention; women's and elders' health; domestic violence prevention and treatment; and regional trauma/emergency medical delivery systems.

The widespread use of illicit drugs is staggering nationwide. In 2013, an estimated 24.6 million Americans aged 12 or older were current illicit drug users.[1] Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics (pain relievers, tranquilizers, stimulants, and sedatives) used non-medically.[2] Among persons aged 12 or older, the rate of current illicit drug use was 12.3 percent among American Indians or Alaska Natives.[3]

A review of the literature reveals the problem of methamphetamine use in AI/AN communities has not been widely studied by the academic and scientific community. However, Tribes and AI/AN organizations report regularly on the seriousness of the epidemic in AI/AN communities. Methamphetamine is a low cost, highly addictive stimulant drug. Its introduction to already at-risk AI/AN communities destabilizes and disrupts entire health and social systems. Chronic methamphetamine abusers may display psychotic manifestations, including paranoia, visual and auditory hallucinations, and delusions.[4] Persons abusing methamphetamine are at higher risk of contracting HIV, hepatitis, and other sexually transmitted diseases.[5] In Fiscal Year (FY) 2014, there were over 31,000 methamphetamine-related encounters in the Indian health care system.[6] Funds to address the methamphetamine problem were appropriated by Congress in 2008 to allow IHS to develop pilot programs and potential larger scale interventions for Indian Country.

In September 2009, Congress appropriated funds to IHS to address the dual crises of methamphetamine abuse and suicide in AI/AN communities. As a result, the IHS began the Methamphetamine and Suicide Prevention Initiative (MSPI), a pilot demonstration project for IHS, Tribal, and Urban Indian health programs. Funded projects focused the scope of their activities on the issue facing their communities. Approximately 20 percent of MSPI projects address methamphetamine use and abuse and 80 percent of MSPI projects focus on suicide prevention. The MSPI supports the use and development of evidence-based and practice-based models which are culturally appropriate prevention and treatment approaches to methamphetamine abuse and suicide in a community driven context. The MSPI supports 130 programs across the country. The seven guiding principles of the MSPI are to effectively prevent, reduce, or delay the use and/or spread of methamphetamine abuse; build on the foundation of prior methamphetamine and suicide prevention and treatment efforts to support the IHS, Tribes, and Urban Indian health organizations in developing and implementing Tribal and/or culturally appropriate methamphetamine and suicide prevention and early intervention strategies; increase access to methamphetamine and suicide prevention services; improve services for behavioral health issues associated with methamphetamine use and suicide prevention; pro-

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[1] Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings. NSDUH Series H–48, HHS Publication No. (SMA) 14–4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

[2] *Ibid.*

[3] *Ibid.*

[4] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2014). *The DAWN Report: Emergency Department Visits Involving Methamphetamine: 2007 to 2011.* Rockville, MD.

[5] *Ibid.*

[6] U.S. Department of Health and Human Services. Indian Health Service, Division of Behavioral Health. (2015). *Methamphetamine Encounters Report for Fiscal Year 2014.* Behavioral Health Data Mart and Reporting System.

mote the development of new and promising culturally and community relevant services; and demonstrate efficacy and impact. From 2009 to 2014, the MSPI resulted in over 9,400 individuals entering treatment for methamphetamine abuse; more than 12,000 substance abuse and mental health encounters via telehealth; over 13,150 professionals and community members trained in suicide crisis response; and more than 528,000 encounters with youth provided as part of evidence-based and practice-based prevention activities.[7] Tribes on the Fort Washakie reservation in the State of Wyoming have contributed to the success of the MSPI. The Eastern Shoshone Tribe works to increase access to methamphetamine prevention and treatment services, while the Northern Arapaho Tribe provides support to the White Buffalo Recovery Center for methamphetamine addiction treatment. The IHS is thankful to both of these Tribes, and the many others participating in the MSPI, for their continued work and support to serve the people of their communities in substance abuse treatment.

The FY 2016 Budget includes key investments to launch Generation Indigenous, an initiative addressing barriers to success for Native American youth. This integrative, comprehensive, and culturally appropriate approach across the Federal Government will help improve lives and opportunities for Native American youth. The HHS Budget Request includes a new Tribal Behavioral Health Initiative for Native Youth with a total of $50 million in additional funding for IHS and SAMHSA. Within IHS, the request includes $25 million to expand the successful Methamphetamine and Suicide Prevention Initiative to increase the number of child and adolescent behavioral health professionals who will provide direct services and implement youth-based programming at IHS, tribal, and urban Indian health programs, school-based health centers, or youth-based programs. The Budget includes a $25 million increase for SAMHSA to support mental health promotion and substance use prevention activities for high-risk Native youth and their families, enhance early detection of mental and substance use disorders among Native youth, and increase referral to treatment. These activities will both fill gaps in services and fulfill requests from tribal leaders to support Native youth.

The non-medical use of prescription drugs and its consequences have been a major public health problem for the Nation and in Indian Country. Recognizing that prescription drug abuse and deaths due to overdose from prescription medications are national public health concerns, the IHS convened a national Prescription Drug Abuse, or PDA, workgroup at the IHS National Combined Councils meeting in Rockville, MD, on July 11, 2012. The workgroup developed a number of recommendations that were grouped around six focus areas: patient care; policy development/implementation; education; monitoring; medication storage/disposal; and law enforcement. The IHS PDA workgroup supports the HHS Assistant Secretary for Planning and Evaluation (ASPE) action plan to address the opioid and heroin related overdose, death, and dependence. This initiative has identified three priorities: providing training and education resources, including updated prescriber guidelines, to assist health professionals in making informed prescribing decisions; increasing use of naloxone; and expanding the use of medication assisted treatment (MAT).

Significant prevention strategies were developed as a result of the IHS PDA workgroup. Those strategies included improving medical practice in prescribing opioids by establishing a national IHS Chronic Non-Cancer Pain Management Policy in the Indian Health Manual and standardizing pain management formularies. The majority of healthcare providers receive minimal education regarding addiction. Therefore, IHS developed a plan to require mandatory prescriber education. The mandatory training focuses on safe prescribing habits and treatment of chronic pain to reduce prescription drug diversion and deaths due to opiates.

IHS partnered with the Bureau of Indian Affairs to make naloxone, a drug for opiate overdose reversal to prevent deaths, available to first responders such as police officers and fire and emergency medical personnel working in Indian communities as a part of our overdose or "harm reduction" program. Additionally, IHS sponsors participation in state-based Prescription Drug Monitoring Programs to make data available to assist in reducing and preventing the misuse, abuse, and diversion of prescription controlled substances. IHS provides basic information for its healthcare providers about managing chronic pain—including opioid prescribing—through its IHS Pain Management website. The IHS also supports proper medical disposal through community outreach and "Prescription Drug Take-Back" events. The IHS PDA workgroup continues to be progressive by anticipating needs and developing best practices in advance of agency requirements. One example is an interagency PDA subgroup formed in 2014 by the IHS PDA workgroup. The subgroup

[7] U.S. Department of Health and Human Services. Indian Health Service, Division of Behavioral Health. *http://www.ihs.gov/mspi/aboutmspi/*

consisted of representation from SAMHSA, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, National Institute on Drug Abuse, and other stakeholders. The subgroup developed a cross-agency approach to addressing prescription drug abuse in AI/AN communities. The resources developed in the cross-agency approach will be disseminated through SAMHSA to Tribes and key stakeholders involved in the work to combat prescription drug abuse.

Nationally, IHS participates as a Federal partner in the White House Office of National Drug Control Policy's Interagency workgroups and its *National Drug Control Strategy* to ensure that strategy implementation is informed by IHS and Tribal healthcare systems. IHS assists in specific objectives to support the *National Drug Control Strategy,* and IHS accounts for its drug control funding through annual Accounting and Performance Summary reports for National Drug Control Activities.

One performance measure supporting the National Drug Control Activities is the accreditation of IHS and Tribal Youth Regional Treatment Centers (YRTCs). To help youth battling substance abuse, IHS administers ten YRTCs that provide inpatient treatment for substance abuse and co-occurring mental health disorders among AI/AN youth. Compared with other racial/ethnic groups, AI/AN tend to use alcohol and drugs at a younger age, use them more often and in higher quantities, and experience more negative consequences from them.[8] One recent analysis of the 2005 and 2007 Youth Risk Behavior Survey found that 10.3 percent of AI/AN youth reported methamphetamine or heroin use at least once in their lifetime.[9] This has serious implications for disease prevention, as injection drug users have high rates of viral hepatitis C (HCV) infection with an estimated 64 percent chronically infected with HCV.[10]

The YRTCs provide a range of clinical services to provide treatment services rooted in culturally relevant, holistic models of care including group, individual, and family psychotherapy, life skills development, medication management, aftercare relapse prevention, and post-treatment follow up. YRTCs also provide education, culture-based prevention activities, and evidence- and practice-based models of treatment to assist youth in overcoming their challenges and to become healthy, strong, and resilient community members.

IHS has also recognized an increasing prevalence of intrauterine drug exposure, Neonatal Abstinence Syndrome (NAS) and associated pediatric adverse childhood experiences (ACE) across Indian Country. NAS is a treatable syndrome which results after exposure to many prescribed drugs and heroin. This can happen whether these drugs are used non-medically or by prescription. In 2012, 44 percent of infants born in one AI/AN community were reported to be exposed to drugs and/or alcohol in utero: 37 percent involved opioids, with 50 percent of those exposures due to buprenorphine, and 15 percent of newborns were exposed to methamphetamine.[11] As a result of staggering figures such as these, IHS has instituted programs that promote positive and protective resiliency for early identification of childhood trauma for AI/AN children. IHS in partnership with the Committee on Native American Child Health developed recommendations on organizational practices to shape and improve the health and safety of AI/AN children. Also, IHS developed a local strategy on workforce development for healthcare providers and developed recommendations on the community education IHS should promote to reach people with information and resources to promote health and safety to reduce childhood trauma and toxic stress. To improve maternal and child health, a team comprised of healthcare professional representation from obstetrics, pediatrics, nursing and behavioral health instituted best practices, policies and procedures for screening during the prenatal period, screening at birth, and treatment of NAS. Although NAS is costly to treat and unpleasant to witness when untreated, NAS should be regarded as an expected consequence of medication assisted treatment for women with substance use disorder. Moreover, NAS resulting from such treatment is highly preferable to pregnant women remaining untreated and unmonitored.

Alcohol is a teratogen, and alcohol consumption during pregnancy can cause significant birth defects, including Fetal Alcohol Syndrome Disorders (FASD). FASD can include abnormal facial features, brain damage, impaired growth, and cognitive and behavioral abnormalities. Individuals with FASD may have neurodevelopmental

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[8] *http://www.cdc.gov/hiv/risk/racialethnic/aian/*

[9] Ramisetty-Mikler, S. and Ebama, M. S. (2011), Alcohol/Drug Exposure, HIV-Related Sexual Risk Among Urban American Indian and Alaska Native Youth: Evidence From a National Survey. Journal of School Health, 81: 671–679. doi: 10.1111/j.1746–1561.2011.00643.x

[10] Grebely and Dore. Prevention of Hepatitis C Virus in Injecting Drug Users: A Narrow Window of Opportunity J Infect Dis. (2011) 203 (5): 571–574.doi: 10.1093/infdis/jiq111

[11] American Academy of Pediatrics Committee on Native American Child Health. (2013). *Child Health Consultation Visit Report, Blackfeet Service Unit.* Washington, DC.

abnormalities, but no observable physical abnormalities. There is no known safe amount of alcohol, type of alcohol, or safe time during pregnancy to drink. To prevent FASD, a woman should not drink alcohol while she is pregnant, or when becoming pregnant is possible. [12] Other actions taken by IHS to prevent FASD include access to all FDA-approved contraceptives, pregnancy testing, prenatal care and alcohol use counseling. Health education on the dangers of fetal exposure to alcohol and the fact that alcohol is a teratogen are provided during pregnancy testing, medical visits for contraceptive care, prenatal care, and at other appropriate encounters. All prenatal patients receive a verbal alcohol screening for alcohol use and are informed about the dangers of prenatal alcohol consumption during their prenatal care.

The Tribal Law and Order Act of 2010, or "TLOA" outlined important steps toward improving the delivery and administration of public safety in Indian country. The IHS has worked hard to implement both the spirit and the letter of the law. In my testimony this morning, I will address the sections of the Act that have most directly assisted the IHS and its Federal partners in addressing the harmful effects of dangerous drugs.

The purpose of the TLOA is to institutionalize reforms within the Federal Government so that justice, safety, education, youth, and alcohol and substance abuse prevention and treatment issues are on the forefront of Federal efforts. Section 241 of the TLOA amends the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986, expanding the number of Federal agencies required to coordinate their efforts on alcohol and substance abuse issues in Indian Country. Specifically, TLOA directs the Secretaries of HHS and the Department of the Interior (DOI), together with the Attorney General, to develop and enter into a Memorandum of Agreement (MOA). IHS is an active member of the Interdepartmental Coordinating Committee on Indian Alcohol and Substance Abuse (IASA) and the MOA workgroups tasked to carry out the TLOA activities through collaboration with Federal partners.

In 2014, the Phoenix IHS Area and Billings IHS Area funded two two-and-a-half day sessions to provide training and technical assistance resources for Tribes in those IHS Service Areas to develop tribal action plans which address alcohol and substance abuse issues in their communities. The regional sessions were held in partnership with SAMHSA, Department of Justice, and DOI and support the work of the TAP workgroup.

Chairman Barrasso, Vice Chairman Tester, members of the Committee, we at the IHS fully recognize the profound impact of dangerous drugs in Indian country. While our public health approaches to establish comprehensive policies, programs, funding, training, and partnerships to promote a multifaceted range of activities for the prevention of the harmful effects of dangerous drugs continue, we recognize IHS bears a deep responsibility for ensuring AI/AN people live in healthy communities free of the dangerous impact these drugs have on their physical, mental, social, and spiritual health.

On behalf of the Department, I personally want to thank the Senate Committee on Indian Affairs for recognizing this important issue. I look forward to continuing to work with you on these vitally important issues. This concludes my remarks, and I welcome any questions that you may have. Thank you.

The CHAIRMAN. Thank you, Mr. McSwain.

Next is Sunny Goggles, the Director of the White Buffalo Recovery Program for the Arapaho Tribe, the Wind River Reservation right here in Ethete. Thanks so much for being with us.

STATEMENT OF SUNNY GOGGLES, DIRECTOR, WHITE BUFFALO RECOVERY PROGRAM, ARAPAHO TRIBE OF THE WIND RIVER RESERVATION

Ms. GOGGLES. Hello. My name is Sunny Goggles. I am the director of the White Buffalo Recovery Program, which is an Indian Health Service 638 Contract for Substance Abuse Services for the Northern Arapaho Tribe. I've been designated to speak, and am honored, on behalf of the Northern Arapaho Tribe regarding the issue of dangerous drugs on our reservation.

[12] *http://www.fasdcenter.samhsa.gov*

The White Buffalo Recovery Center provides outpatient treatment services to adults and adolescents. The program currently provides adult intensive outpatient treatment, adult outpatient treatment, adolescent outpatient treatment and recovery support programming. The program is a State of Wyoming certified program with three certified or licensed providers at the Arapahoe site and three certified or licensed providers at the Wind River Hotel and Casino site. The program refers to residential treatment centers with limited funding to assist with client costs, which limits clients to State-funded beds in Wyoming.

In 2014, the program served 109 adults and five adolescents with Level III inpatient treatment recommendations. The program assisted 34 of these individuals into placement at this level of care, but several people are on three- to six-month waiting lists for beds.

Out of the 2014 population, the program serves a total of 92 percent court-involved cases, including tribal court, Fremont County court systems, federal court systems and local off-reservation city justice systems. The funding does allow for prevention services, and this program is being developed.

Two youth mentors have been hired, and they do after-school programming for Riverton Middle School. This has a tribal population of 116 youth ages 11 to 14, and they do this four days a week. They focus on drug and alcohol prevention, American Indian Life Skills Curriculum and leadership.

The Wind River Reservation has a crime rate five to seven times the national average and a long history of ghastly homicides, according to the New York Times in 2012. Like many reservations, we suffer from high unemployment at 76 percent, poverty at 68 percent, some form of public aid, substandard housing and substance abuse. The reservation makes up most of Fremont County, and Fremont County leads Wyoming in substance use, violent crime and substance abuse effects, including morbidity and mortality. Substance abuse costs lives, hurts children and families, and places a burden of expense on police, courts, jails and public expenditures.

On the reservation, the social effects of substance abuse are vast. Families are torn apart, lives are lost, and personal injury is the result. In addition, private and public property is destroyed, thus creating a reflection of the community's lack of self-esteem and pride. Substance abuse effects are directly related to the mortality of the tribal population in our community. The majority of the accidents and other adverse effects are alcohol and drug related. This includes car accidents and unintended injury. Cancer, heart disease, cirrhosis and diabetes are all directly related or contributed to by substance abuse.

I share this information with you so you can reflect on where our community has been in ten years because I know our issues will get better. I know we are taking strides down the right path, and I know that there is hope.

The Business Council has established meetings among the elders, schools and tribal programs to discuss the increase in methamphetamine on the reservation in the last couple of years. In 2005–2007, there were a series of federal drug busts that sent several tribal members to federal prison for distribution, manufac-

turing and human trafficking. In the last four years, many of these individuals have returned to our community. With the lack of reentry services and minimal treatment services in prison, the community has seen an increase in methamphetamine abuse. This is combined with the high rate of alcohol use, underage drinking, and other drug use in our community.

This newly formed group meets monthly and is working to update the Tribal Action Plan, and this will include Department of Family Services, law enforcement, school districts, programs, elders, and most importantly, our youth. The Business Council has required attendance by tribal programs and are pushing for programs to collaborate for a unified effort to combat substance abuse.

The Business Council and the tribe are dedicated to reducing crime, decreasing substance abuse and creating a healthy environment for our families. The Northern Arapaho Tribe does not want to be known for living on the most depressing and dangerous place, as described in the Business Insider in 2013, but rather for the efforts it took to overcome and survive these disparities. Thank you.

[The prepared statement of Ms. Goggles follows:]

PREPARED STATEMENT OF SUNNY GOGGLES, DIRECTOR, WHITE BUFFALO RECOVERY PROGRAM, ARAPAHO TRIBE OF THE WIND RIVER RESERVATION

Tous', nineeninoo nii'eihii hoonobetouu. Hello, My name is Sunny Goggles, I am the Director of the White Buffalo Recovery Program which is a Indian Health Service 638 Contract for Substance Abuse Services for the Northern Arapaho Tribe. I have been designated to speak today on behalf of the Northern Arapaho Tribe regarding the issue of dangerous drugs on our reservation.

TheWhite Buffalo Recovery Center provides outpatient treatment services to adults and adolescents. The program currently provides adult intensive outpatient treatment, adult outpatient treatment, adolescent outpatient treatment and recovery support programming. The program is a State of Wyoming certified program with three certified or licensed providers at the Arapahoe site and three certified or licensed providers at the Wind River Hotel and Casino site. The program refers to residential treatment centers with limited funding to assist with client costs, which limits clients to state funded beds in Wyoming. In 2014 the program served 109 adults and 5 adolescents with Level III, inpatient treatment recommendations. The program assisted 34 individuals in placement at this level of care, several people are on three to six month waiting lists for beds. Out of the 2014 population the program serves a total of 92 percent court involved cases including tribal court, Fremont county court systems, federal court systems and local off reservation city justice systems. The funding does allow for prevention services and this program is being developed. Two youth mentors have been hired and they do afterschool programming with Riverton Middle School which has tribal population 116 youth, ages 11 to 14, four days a week. They focus on drug and alcohol prevention, American Indian Life Skills Curriculum, and leadership.

The Wind River Indian Reservation has a crime rate five to seven times the national average and a long history of ghastly homicides according to New York Times, 2012. Like many reservations, the Wind River Reservation suffers from high unemployment (76 percent), poverty (68 percent some form of public aid), substandard housing, and substance abuse. The reservation makes up most of Fremont County and Fremont County leads Wyoming in substance use and violent crime and substance abuse effects (morbidity and mortality). Substance Abuse costs lives, hurts children and families and places a burden of expense on police, courts, jails and public expenditures.

On the Wind River Reservation the social effects of substance abuse are vast. Families are torn apart, lives are lost, and personal injury is the result. In addition, private and public property is destroyed thus, creating a reflection of the community's lack of self-esteem and pride. Substance Abuse effects are directly related to the mortality of the tribal population in our community. A majority of the accidents and other adverse effects are alcohol and drug related, this includes car accidents and unintended injury. Cancer, Heart Disease, Cirrhosis and Diabetes have are directly related to or contributed to by substance abuse.

I share this information so that you can reflect on where our community was in ten years. Because I know our issues will get better. I know we are taking strides down the right path. I know there is hope.

The Business Council has established meetings among, elders, schools and tribal programs to discuss the increase in Methamphetamine on the reservation in the last couple of years. In 2005–2007 there were a series of Federal drug busts that sent several tribal members to federal prison for distribution, manufacturing, and human trafficking. In the last four years many of these individuals have returned to the community with a lack of reentry services and minimal treatment services in prison the community has seen an increase in methamphetamine abuse. This is combined with the high rate of alcohol abuse, underage drinking and other drug use in the community. This newly formed group meets monthly and is working update the Tribal Action Plan that will include Department of Family Services, Law Enforcement, School Districts, Programs, Elders and Youth. The Business Council has required attendance by Arapaho Tribal programs and are pushing for programs to collaborate for a unified effort to combat substance abuse.

The Business Council and the tribe are dedicated to reducing crime, decreasing substance abuse and creating a healthy environment for our families. The Northern Arapaho Tribe does not want to be knows for living on the "Most Depressing and Dangerous Place to Live" as described by Business Insider in 2013 but rather for the efforts it took to overcome and survive with these disparities.

Background information

The Northern Arapaho Tribe of Wyoming is one of four groups of Arapaho who originally occupied the headwaters of the Arkansas and Platte Rivers. After signing the Treaty of 1851, the Arapaho and Cheyenne then shared land encompassing one-sixth of Wyoming, one-quarter of Colorado and parts of western Kansas and Nebraska. Later, when the Treaty of 1868 left the Northern Arapaho without a land base, they were placed with the Shoshone in west central Wyoming, on the Wind River Reservation. The Northern Arapaho are a federally recognized tribe with 50 percent ownership with the Eastern Shoshone Tribe over the Wind River Indian Reservation in Wyoming. Extending over two million acres from the Wind River Range of the Rocky Mountains east onto the Plains, it is the fourth largest reservation in the United States. The Arapaho residences and communities of Beaver Creek, St. Stephens, Arapahoe, and Ethete extend along the Little Wind River in the southeast section of the reservation. The city of Riverton, which is mainly non-tribal land ownership, has a 20 percent Native population. Current Northern Arapaho tribal population is 9,976 enrolled members. The Eastern Shoshone tribal population is nearly 4,800 and the reservation is home to thirty three other tribes according to U.S. Census Data, 2010.

Tribal administration and governance is centralized in the town of Ethete, with several tribal programs located in the Arapahoe Area which is 20 miles east of Ethete, while Shoshone tribal offices and federal government agencies are located in Fort Washakie about seven miles to the west. The Northern Arapaho have resisted adopting a constitution since it was first proposed by the Bureau of Indian Affairs (BIA) in the 1930s. The Business Council is elected every two years and is composed of six members over the age of eighteen years old. Besides the Business Council, Northern Arapahos govern through resolutions passed in General Council, a meeting in which all present and eligible tribal members discuss and decide issues facing the tribe.

The NIDA (2015) states that scientific research since the mid-1970s shows that drug abuse treatment can help many drug abusing offenders change their attitudes, beliefs, and behaviors towards drug abuse, avoid relapse, and successfully remove themselves from a life of substance abuse and crime. It is true that legal pressure might be needed to get a person into treatment and help them stay there. Once in a treatment program, however, even those who are not motivated to change at first can eventually become engaged in a continuing treatment process. The problem is the lack of appropriate levels of treatment services for the tribal population. This is evident by the 2014 report by the White Buffalo Recovery Center.

Adult program 2014: Assessments are conducted by licensed and certified staff utilizing the Addiction Severity Index (ASI). A provider will visit Fremont County Detention Center and Wind River BIA Correctional Facility once a week for assessments. Total of 327 Adults assessed. The program offers Level II.1 Intensive Outpatient Program which is 9 hours of treatment a week for 12 weeks. This allows clients to be home and still get an intensive level of treatment currently the program has 10 slots for this program. Total of 49 Adults. The program offers Level I Outpatient Programs including Basic Alcohol and Drug Education (BADE), Relapse Prevention and Parenting this includes group or individual sessions. This is a minimum of one hour a week for 12 weeks. Total of 104 Adults. The program of-

fers Level 0.5 Adult DUI Education Class once a month. This class is a total of 12 hours and is a state approved curriculum. Total of 62 Adults. Individuals who need a Level III Residential placement are referred to local inpatient facilities and the program will provide transportation as needed. Total of 109 Adults. Due to a lack of funding the program utilizes facilities within the State of Wyoming and clients are on waiting lists for state funded beds. The program then assists with the clients' portion of payment. The program receives $79,000 a year for inpatient placement. In the past the program has paid $15,000 for 30 days of treatment which means 5.3 clients could attend this level of care. With the use of state funded beds the program has been able to send 32 clients to inpatient for 90 days or more. The problem is many individuals have a 3 to 6 month wait before they get a bed date, during this time many clients loose contact with the program, get re arrested or lose their life. With only one facility 32 miles away, with limited capacity, utilizing a transitional program awhile awaiting a bed date is infrequent. The closest adult inpatient facility is two hours away and the program has referred people to centers in California and Nevada also. For those that do return from Level III treatment there is only one place for reentry and that is in Fort Washakie at Sho Rap Lodge, otherwise many people go back into the housing situation that they left. Their change for continued sobriety is decreased due to the lack of transitional housing.

Adolescent Program 2014: Assessments are conducted by licensed and certified staff utilizing the Adolescent Addiction Severity Index (AASI). Total of 13 Adolescents assessed. Many clients get an assessment with another program and come to White Buffalo Recovery for services. The program offers a Level I Outpatient Adolescent Education Program for a minimum of one hour a week for 8 weeks. Total of 12 Adolescents. The program offers a Level 0.5 Minor In Possession (MIP) Education course once a month. This is an 8 hour course and is a state approved curriculum. Total of 8 Adolescents. Individuals who need a Level III Residential placement are referred to local inpatient facilities and the program will provide transportation as needed. Total of 5 Adolescents. Facilities utilized are Central Wyoming Counseling Center in Casper, WY (2 hours one way), Northwest Counseling in Powell, WY (2 hours one way), 4 Dances Treatment Center (5 hours one way) and Cathedral Home in Laramie, WY (3 hours one way). Currently the program does not offer Level II.1 Intensive Outpatient Program but is planning to offer this level of care in June 2015. The program currently refers out for this Level of care. Total of 10 Adolescents. The program is waiting to move into a new modular office that will have space for group counseling. The only place to get Level II.1 care is through the Wellness Court in Fort Washakie (32 miles away). The program offers youth prevention this includes school presentations, youth conferences, mentoring services, community events and sober activities. Total of 300 Adolescents served.

Causes of Death 2001–2010 of Tribal population in Wyoming, Vital Statistic Data

- 1st ACCIDENTS AND OTHER ADVERSE EFFECTS (INJURY)
- 2nd CANCER
- 3rd HEART DISEASE
- 4th CHRONIC LIVER DISEASE (CIRRHOSIS)
- 5th DIABETES

Mortality Rates 2001–2011 for the Tribal Population in the State of Wyoming

The number of deaths that occur in the population per unit of time (usually one year)

- Cancer 185.70 per 100,000 (whites 173.1/100,000)
- Heart Disease 170.28 per100,000 (whites 164.07/100,000)
- Accidents and Adverse Effects 121.01 per 100,000 (whites 61.75/100,000)
- Diabetes 90.01 per 100,000 (whites 23.22/100,000)
- Chronic Liver Disease 87.00 per 100,000 (whites 9.85/100,000)

The life expectancy for the general population is 78.7 years.

The life expectancy for Native Americans in the US is 71.1 years.

Native Americans in SD can expect to live only to their 64th birthday.

The average of death for Native Americans in Wyoming is 53.1 years old.

The CHAIRMAN. Well, thank you. Thank you for your leadership and for your commitment, and we'll have some additional questions.

Mr. Tillman, thank you so much for being with us today.

STATEMENT OF CLAULLEN TILLMAN, EASTERN SHOSHONE TRIBAL MEMBER; ROCKY MOUNTAIN REPRESENTATIVE, UNITED NATIONAL INDIAN TRIBAL YOUTH

Mr. TILLMAN. Good morning, Chairman Barrasso and members of the Committee. Thank you for having me speak on behalf of the UNITY as well as, you know, my role as the Rocky Mountain Regional Representative for the states of Montana and Wyoming.

UNITY is the largest youth-led program in the country. We have 140 different youth councils in 37 different states. We focus on different issues that affect Indian Country, but the most, I guess, vital one that we go on is healthy lifestyles, whether that's eating healthy. It also goes into being sober.

I've never touched alcohol. I've never touched anything, any drugs, any tobacco, nothing like that, but attending school on the reservation, it is very prevalent. You see your peers using it. And the sad thing to think about is, it is the norm. Tobacco, drinking, all of that is seen as a right of passage, and it's truly sad seeing our young people have to go through that, especially having to go through that at school when they already see it in most of their homes.

My work with UNITY is expands. It's all volunteer work. I focus on the youth in my region as well as youth across the country, and we focus on trying to use prevention services to prevent drug use and all that before they start. It's a whole lot easier to stop it instead of trying to get them off of it, that they already use.

With that, I do a lot of volunteer work with parents conferences program and ESCAPE is the Eastern Shoshone Cross-Age Peer Education. We partner with NIDA, the National Institute on Drug Awareness, and last year we went into the schools for Red Ribbon Week, and we were able to talk to many different classes, from kindergarten all the way up to seniors in high school, and with that, we were able to I guess connect with youth on a more personal level.

The prevention programs and stuff do a great job of stopping and prevention, but I believe that if it comes from someone their own age coming into the school to talk, the information sticks with them a whole lot more than someone in a director role or higher up. It's better seeing it come from someone their own age. So being with that, I see success within the ESCAPE program, as well as UNITY.

Going in to Mr. Robert McSwain's testimony, I serve as a student ambassador for the Generation Indigenous Program—that's a new, recent program that the Obama Administration just launched. It's going to take the prevention programs by a storm. It's going to allow all this Federal Government spending and all this money to go into a budget to give back to our Indian Health Services and help with prevention a whole lot better.

With that, I'd like to thank Chairman Barrasso as well as members of the Committee for allowing me to speak here this morning. Thank you.

[The prepared statement of Mr. Tillman follows:]

PREPARED STATEMENT OF CLAULLEN TILLMAN, EASTERN SHOSHONE TRIBAL MEMBER; ROCKY MOUNTAIN REPRESENTATIVE, UNITED NATIONAL INDIAN TRIBAL YOUTH

Good afternoon, Chairman Barrasso, Vice Chairman Tester, and members of the Committee. Thank you for the opportunity to provide a statement on behalf of the United National Indian Tribal Youth organization on the harmful effects of dangerous drugs in native communities such as my own.

The United National Indian Tribal Youth or U.N.I.T.Y is the largest Native American youth led organizations in the country. In my role as the Rocky Mountain Regional Representa-tive I represent both the states of Montana and Wyoming as a voice for the youth in this region. I serve on a 12 person executive committee where we have one male co-president, one female co-president, and ten different regional representatives who serve in the ten different regions (Northwest, Northeast, Southeast, etc.). Every Executive Committee member belongs to their own respective UNITY affiliated youth council and my youth council is named the Wind River UNITY Council, and I work with them very closely. U.N.I.T.Y's mission is to foster the spiritual, mental, physical, and social development of American Indian and Alaska Native youth and to help build a strong, unified, and self- reliant Native America through greater youth involvement. In order to uphold our mission the executive committee will facilitate different conferences, workshops, or trainings and invite other Native American youth to attend these different events so they can take back the information to their respective communities and serve as advocates to help battle whatever issues that may come up. The executive committee may be asked to focus on different issues to present at these events and the topics could be any issue such as suicide prevention, healthy relationships, leadership and empowerment, or many other issues but the one that I have been asked to testify on is the topic of drug prevention and the harmful effects that come with the use of illegal drugs.

Drug Use on the Reservation

Drug use and use of other harmful substances are a major problem on the Wind River Reservation. I can remember growing up while attending school on the reservation and by the time I had reached eight grade many of my peers were already using illegal marijuana. Seeing this not only in my own home but in the school I attended was pretty tough to witness because, there was always that pressure that was put on me to try these harmful substances. I finished out the school year mostly in isolation because I made a promise to myself that I would never drink alcohol, use tobacco, or experiment with any illegal drugs and to this day that's a promise I have kept. I never felt like I fit in among the crowd because of this promise so I made the decision to attend high school off the reservation so I would have a better learning environment and less pressure from my peers to use these drugs. During my transition from a junior high school to a high school of the reservation I seen that there was more drug use then just marijuana, there were students that I knew from grade school that were using Methamphetamine. At the time i didn't know how bad or what effects meth had on a person until one day our SRO came in and talked about meth and how deadly of a drug this was. It was scary knowing how close I was to it because many of my peers from the reservation who were using marijuana had moved on from this onto meth. Just by seeing how it was ruining their lives and how negatively it was affecting their families i knew that something needed to be done.

The Effect of Positive Youth Organizations

When attending Lander Valley High school I participated in the Native American club that the school offered and through that club I was introduced to the UNITY organization. While attending the different meetings I met many Native American youth who like me, wanted to lead a clean life and do whatever it took to help better our community by decreasing the drug use among minors. Since 2009 I've been actively working for UNITY. Within the UNITY organization they have different workshops and trainings that give us a blueprint on how to effectively battle these issues back home. This ultimately led to my involvement with a different youth program E.S.C.A.P.E (Eastern Shoshone Cross Age Peer Education) as well as NIDA (National Institute on Drug Abuse) and their drug facts week. Through my involvement with these two programs our youth were able to go into the schools and present the different types of illegal drugs that are on our reservation and how dangerous they are. The ESCAPE program has different mentors from the ages of 13–18 who are trained on the material for illegal drug prevention and ESCAPE believes that if this presentation is done by kids who are the same age as the mentors, they are more likely to retain this information. I was able to be one of these presenters while in high school so I traveled around to the different schools within Fremont

County and would give these drug fact presentations to classes anywhere from 1st grade all the way to high school seniors. Through doing this I became well informed on the Material and got to see first hand that this prevention method was working, less students from 8th grade on up were no longer using these drugs and most of the younger students weren't being exposed to these harmful drugs.

Possible Solutions

After my involvement with UNITY and doing these presentations I do know that the drug use within the Wind River Reservation has declined but there needs to be more action done whether it be by SROs, prevention programs, or even Wind River UNITY's involvement. I believe that in order to be successful at lowering the amount of drug users under the age of 18, there needs to be more incentive programs that look at rewarding youth who don't use these drugs. Every school should reserve the right to drug test any student at random and with that reward students for passing these drug test. It can be something like an end of the year trip for every student who can make it a full school year not testing positive, or just small little prizes for students who pass their UA's. I believe that if the different schools adopted this policy or a similar drug testing policy we would see a major decrease in youth under the age of 18 using illegal drugs.

For drug users over the age of 18 I think that every employer should be required to drug test every current employee as well as new hires before they are allowed to work but instead of firing an employee who tests positive the employer puts them through a recovery program where the employee has to go to classes that help them get off of the drug they test positive for using. Many workplaces will put new hires through a drug test and if the hire fails a UA they immediately move onto the next applicant but by giving the new hire a chance to redeem themselves by stopping this illegal use would help lower the amount of drug users. These are just a couple ideas that i feel would really help lower this high rate of drug use on our reservation.

Conclusion

The use of dangerous illegal drugs will always remain a problem no matter where you go especially on the Wind River Reservation but I feel that if there were more creative incentive programs that were free to the public we would see a major decline of drug users. This is one of those issues that will take some time to handle but it is not entirely impossible to decrease this. If there was a way to stop drug use among youth 18 years and younger before they started drug use would no longer be a problem in native communities but it does take a lot of work. I hope that the Committee takes what I said into consideration and starts more prevention programs to help stop this issue.

Thank you for the opportunity to appear before you today. I am happy to answer any questions the Committee may have.

The CHAIRMAN. Well, thank you for your testimony.

Let me start with you, Chairman St. Clair. You talked about cooperation, interagency, intergovernmental, law enforcement, service providers engaged with tribal leaders. I was wondering how first responder could work more closely with tribal leaders to more effectively address and prevent some of the problems that we're seeing, are there things that we could be doing all collectively better helping the community that you see firsthand?

Mr. ST. CLAIR. And I'll get to your question. One of the things, I would like to introduce, and I do have some people——

The CHAIRMAN. Please.

Mr. ST. CLAIR.—that I would like to introduce, is Clarence Thomas, who is our Juvenile Delinquency Prevention Probation Officer, as well as he's the Eastern Shoshone Director of our state program that Claullen talked about. Ms. Kellie Webb, who is the Director of our recovery program, and Ms. Janet Weed, who is our Vocational Rehabilitation Director, as well as Ms. Cathy Keene is our Tribal Health Director. And then also I would like to introduce this gentleman that's recently just came in, Mr. Starr Weed, who is our

eldest tribal member and also a World War II veteran and a former council member.

The CHAIRMAN. Welcome. Thank you for your service to the country in World War II, tremendous. Welcome all.

Mr. ST. CLAIR. And so back to your question, how can we work together.

I think a lot of the issues that we need to develop—or that we need to continue is communication, sharing information, being a little more honest with each other, whether with good news or bad news, and I think sometimes we don't always do that.

I know with some of our agencies, as tribal leaders, we request for information a lot of times from some of our federal partners, and we don't always get that information in a timely manner, and I think there really should be. I think there are some initiatives out there and we should be getting some of this information on a quarterly basis, not only so that we can understand or know the issues, but also that we can make directives to address those issues, and especially with some of our programs that we have, especially with the court, especially with our officers.

We do have some things in place to assist our people, but a lot of times, as a lot of things are, it has to do with funding, but also we need to know the information so that we can develop and address those issues in a proactive way. I know in our chambers, we're always talking about being reactive in what we have to do. Well, if something happens, then we have to react, but a lot of times, we'd really like to be more proactive, and we can actually provide those directives providing we have the information.

The CHAIRMAN. Well, I guess that does lead into the next question for Mr. McSwain from the Indian Health Service, helping recovery versus prevention in the first place and any thoughts that you have on the best ways that we can work with prevention. We've heard from the student, we've heard from Ms. Sunny Goggles is doing here with recovery. You are working on prevention and seeing how the Indian Health Service can most effectively and efficiently and successfully help with prevention as well as treatment.

Mr. MCSWAIN. I think on the prevention side, we need to continue the kind of work we're doing but broaden it and focus it on training and awareness training. For providers, for example, we've got a system, and we want to make sure that our providers are aware of what they're seeing when patients come in. I'm sort of reflecting on a wide range of things, certainly being able to recognize when young people come into the clinic or the health center and they're in a state and either—they're either high or they're on drugs or they're depressed. And we can train our providers to be more alert and aware of that.

The other part of it is certainly working with the communities, as we are. We're working diligently with the communities about what kind of tools can we give the communities to help them with the awareness as well. So I think that's on the preventative side.

We haven't done as much as we're really focused on prevention, we just need to focus a little more particularly on this particular topic we're talking about today because on the other side—we're doing it on the other side. We're taking care of patients and we're

hospitalizing them and we're—unfortunately, in talking with the tribal leaders this morning, there's too many people that are dying as opposed to being cured, and recidivism occurs with the illicit drugs and drug diversion and certainly methamphetamine. We as a system can help on both ends, but we've got to do more on the prevention side.

The CHAIRMAN. It does seem that people living on reservations live sicker lives and die younger, and things we can do to help with the prevention and treatment I think are critical.

I appreciate you coming all the way from Washington to visit. I know you've had other meetings this morning. Hopefully you'll have a chance to go to the clinic. I don't know if you've done that yet or not, to visit the clinic. You can see the facility where these folks are working, which there have been issues. I think it was built before statehood, and we were a state in 1890, so facility-wise, so all of those things, so I appreciate you coming to see first hand. You have a long history with the Indian Health Service, a significant commitment to so many individuals, so I hope that this is a way to help you see firsthand and maybe come up with some ideas with specific plans for helping address the issues right here on the Wind River Reservation, and not just for here, but for all Indian Country.

Mr. MCSWAIN. My meeting this morning was actually a tour of the facility and, of course, meeting with the tribal leaders. And we're going to be meeting this afternoon to talk about the Joint Venture Program that they're very interested in, and we hope to find a way forward on that as well. And that will even increase the ability to provide—because one of the things about facilities is providing access to the care, and it's larger access. It was very clear to me that the more of the care we can provide, the less we have to buy or fly them out of here, which is a huge expense. Thank you.

The CHAIRMAN. Thank you.

Sunny, thank you for what you're doing. It's remarkable work.

When you say that there are people waiting three to six months for beds, you worry about what could happen to them in that six-month period, and you talk about adults as well as adolescents. Can you talk a little bit about your program and how it incorporates the families of children as you're working with young children as well?

Ms. GOGGLES. One of the biggest issues for our program is the lack of residential in the area. The closest place that we can send them is two hours away, and so for families to go and participate in family therapy, a lot of that is a hardship on them because they have to drive those distances.

For adolescent services, our closest facility is usually either in Casper or Powell, but if we want a Native-based facility, then we're looking at Arizona, South Dakota or Montana. And so a lot of that is a big deterrent for people to go to residential because they know that they can't have that communication with their families, and it's really hard for them to make that trip up to those facilities when they can go for that necessary family treatment. That's a big component.

We're moving into a new facility, and we'll have a Level III–1 transitional housing facility in the Great Plains area, which will be

the first time that there's actually going to be that level of care in the Arapahoe area. Our closest facility is Sho-Rup Lodge, which is 32 miles from our facility right now, and they were driving back and forth bringing people to our area.

I think the distance between our communities also makes it a big issue, even for people to come to outpatient services. A lot of times they're driving, you know, 20, 30 miles, and they do that every day. I worked in Fort Washakie for nine years. I drove 42 miles to work every day. It's a long drive. But those are the things that we expect our clients to do, where if they're just getting back on their feet, sometimes they're not working, but yet we expect them to drive those distances back and forth.

The lack of funding, the lack of residential nearby is a big, big issue for our community. We want our community to heal and be better, but it's really difficult to send those people for that level of care. And yes, between three to six months, we lose people, literally lose them. They lose their lives while they're waiting for a bed.

You know, we're really trying to work together. I think there's good relationship between our program, Eastern Shoshone Recovery, Sho-Rup Lodge. I think with the tribal programs, they're really trying to come together because we see those issues, we see those problems, and we just don't want to see any more of our community members lose their lives. But those are some of our biggest issues.

In all of our outpatient programs, we incorporate the families, so we have a family night. Part of our intensive outpatient treatment program, we're actually doing a substance abuse parenting class. There's an article that came out that talks about positive parenting is a really good deterrent for substance abuse, so we're encouraging people to be good parents as well as building themselves up, getting over their substance use.

So those are some of the things that we're doing, really trying to incorporate the families and then really bring a lot of our youth in and work a lot more with our adolescents toward prevention. You know, culture is a great tool for prevention because in the traditional sense for both the Eastern Shoshone and Northern Arapaho Tribes, drugs and alcohol were not a part of who we were the culture, and so we're trying to utilize that, bring back our identity so we don't believe those social norms that we are all alcoholics and drug addicts. So that's something that we're absolutely trying to do.

And we utilize the UNITY Council, we utilize local use, we utilize the ESCAPE program, and they're great resources out there that are very helpful to us.

The CHAIRMAN. Thank you for your response.

Mr. Tillman, first of all, congratulations. You're 19. We visited in Washington, and you earned the Hathaway Scholarship. You're finishing at the Community College, and then you go on to an advanced degree beyond that. So you're obviously a role model.

I wanted to ask you about the ESCAPE program a little bit more. You kind of went through pretty quickly what the E-S-C-A-P-E stands for. Would you kind of go over that so that everybody in the audience and the recording secretary can get that down? It's the Eastern Shoshone——

Mr. TILLMAN. Yes, it's the Eastern Shoshone Cross-Age Peer Education Program. They all have certified mentors, and when we talk about certified mentors, they're anybody between the ages of 11 all the way up to 18.

A certified mentor needs to complete 300-some hours of training, and when that comes down to it, we designate an area in spring, which is currently this week. When most of the schools are in spring break. We get the mentors out there. We provide the transportation. We'll train them on issues like suicide prevention, drug prevention, healthy lifestyles, and so when we get them into the schools, we make sure they're really knowledgeable about the information that they're presenting.

So with that, it's a really good program. It's headed by Clarence Thomas. He's right here behind me. He came to me when—I think it was right when I was getting out of high school—or getting out of grade school going into high school and talked to me about the program and what it was going to be. And when I was a senior in high school, I was one of the first to be a part of this program. He'll send us out to different areas. We get to visit different colleges around the country, and we really get to see what kind of opportunities are out there for youth. So in fact, I'd like to a thank Clarence Thomas for everything he's done for me.

The CHAIRMAN. We had talked a little about cross-age. Where do you find the best age peers but also looking up to somebody for their leadership and say, "He's done this, and I want to be like him when I grow up"?

Mr. TILLMAN. Yes, I guess when you look at the age, when we go into the schools and we have younger mentors. We have mentors who are certified and are 11 years old. They go in, and some of the people we present to are their classmates, and yet they seem to react to them more than someone like me who's, you know, eight years older than them. So it kind of just varies on the classes that we go to, so I guess that's—if that answers your question.

The CHAIRMAN. Well, because earlier Mr. McSwain talked about treatment and addiction as early as age 12, and it's a matter of getting the young people to set up these peer relationships and these cross-age relationships even earlier on so that they don't find themselves in a situation where they need the treatment, but rather, to prevent it in the first place.

But we look to you for additional leadership, additional answers. Maybe someday you'll be the one holding the hearings. But we appreciate your continued leadership and wish you every success.

I want to thank all of you for being here to testify and to contribute. I want to thank everybody here in the audience. We've had some students coming and going during the hearing. If anyone here wants to provide any additional written testimony for the record or follow-up information, the hearing record will remain open for another two weeks.

I appreciate all of you coming here. It has been good to have so many of the panelists from the first panel stay to hear the second panel find some solutions to some of the problems that we're facing.

And I think it was important to have this hearing here in Ethete—where we brought people from Washington, D.C. to see as well as from Denver, from Cheyenne. You know, Kip knows this

from his whole life being here in Fremont County, born and raised here, but for many others that haven't had that exposure, that experience. And I think that there will be many positive things coming out of this hearing today, learning the best practices, what works here in the Wind River Reservation and what we can use throughout the country.

So thank you all very much for your participation. This meeting is adjourned.

[Whereupon, at 11:54 a.m., the hearing was adjourned.]

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