

TESTIMONY
OF
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BEFORE THE

UNITED STATES SENATE COMMITTEE ON INDIAN AFFAIRS

OVERSIGHT HEARING ON THE PROBLEM OF METHAMPHETAMINE IN INDIAN COUNTRY

APRIL 5, 2006

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

I. METHAMPHETAMINE IS AN AMERICAN PROBLEM UNIQUELY AFFECTING INDIAN COUNTRY

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

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

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

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

II. METHAMPHETAMINE IMPACTS ALL FACETS OF TRIBAL LIFE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

III. CREATIVE STRATEGIES

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

LAW ENFORCEMENT

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

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

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

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

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

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

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

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

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

PREVENTION/TREATMENT

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

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

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

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

CLEAN-UP

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

IV. NEXT STEPS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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