

**The Honorable Ben Shelly
Vice President of the Navajo Nation**

**Written Testimony
Subcommittee on Crime, Terrorism and Homeland Security
Committee on the Judiciary
United States House of Representatives**

**Hearing on H.R. 545
Native American Methamphetamine Enforcement and Treatment Act of 2007
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Introduction

Chairman Conyers, Ranking Member Smith, and members of the Subcommittee on Crime, Terrorism and Homeland Security, thank you for inviting me to testify.

My name is Ben Shelly, Vice President of the Navajo Nation. On behalf of the Navajo Nation, I am honored to testify concerning H.R. 545, the Native American Methamphetamine Enforcement and Treatment Act of 2007. The Navajo Nation appreciates the subcommittee's interest on the impact of methamphetamines in Indian Country. The Navajo Nation believes that it is in the best interest of Native American and Alaska Natives to amend the Omnibus Crime Control and Safe Streets Act of 1968 to provide opportunities for Tribes to receive grants to combat the use of methamphetamine.

Health Care Services

The Indian Health Service (IHS), an agency within the U.S. Department of Health and Human Services, is responsible for providing federal health services to Native Americans and Alaska Natives. The Navajo Area Indian Health Service (Service) is one of the IHS' 12 area offices, and is the principal health care provider on the Navajo Nation. The Service serves the Navajo Nation, the San Juan Southern Paiute Tribe, and other eligible beneficiaries through inpatient, outpatient, contracts for specialized care, Indian Self-Determination and Education Assistance Act contract providers, and an urban Indian health program.

The health care network includes six hospitals, six health centers, fifteen health stations and twenty-two dental clinics. The Service is responsible for providing health care services to nearly 237,000 users; spending \$1,600 per person per year for comprehensive health services in its hospitals and health clinics. This is about 50 percent below the per person expenditures by public and private health insurance plans. The Service receives funding that only meets approximately 54 percent of the health needs for the patient population it serves, and provides health care services at a level of only \$1,187 per person. As a point of reference, the federal government spends more than twice this amount on health care for federal prisoners.

Navajo Division of Health

In 1977, the Navajo Nation Council established the Navajo Division of Health (NDOH) to plan, develop, promote, maintain, preserve, and regulate the overall health, wellness and fitness programs for Navajo population. The NDOH operates with Federal, State and Tribal resources in the delivery of health services to the Navajo Nation. In fiscal year 2006, the NDOH had a budget of about \$61 million and employed 995 health professional, paraprofessional and technical personnel stationed throughout the Navajo Nation.

In addition to providing health care services to the Navajo people, NDOH advocates for enlarging health delivery capacity and improving public health concerns such as health promotion/disease prevention, alcohol and substance abuse, elder care, and diabetes prevention to name a few. NDOH promotes individual and family health, family unity and family support to prevent disease and promote health, wellness and fitness. An eight member Health and Social Services Committee of the Navajo Nation Council serves as the legislative oversight committee for NDOH.

Health Care Disparities

In spite of the ongoing goals of the US Department of Health and Human Services, Navajos and other Native Americans continue to experience tremendous disparities in health care distribution and funding. Federal funding for Indian health care has not kept pace with factors such as the rising costs of health care, increasing costs of pharmaceuticals, and competitive salaries for recruitment and retention of qualified health care professionals. The figure below depicts the impact of these disparities on the local Navajo Nation health care system.

Unfavorable compared to the U.S. population:	Navajo Area Rate (95% Navajos)	U.S. Rate
All Deaths	628.9	479.1
Diabetes Deaths	35.9	13.5
Cervical Cancer Deaths	4.6	2.5
Alcohol Related Deaths	49.8	6.3
Suicide Deaths	16.8	10.6
Homicide Deaths	19.7	8.0
Tuberculosis Deaths	2.4	0.3
Pneumonia/Influenza Deaths	30.8	12.9
Births	21.7%	14.5%
Teen Births (13-19 yrs)	16.9%	12.7%
Prenatal Care in First Trimester	56.4%	82.5%
Infant Deaths (under 1 yr. of age)	8.2	7.2
Post neonatal Deaths (28-360 days)	4.4	2.5

*Statistics from the Navajo Area Indian Health Service (9-25-03).

While Navajo people compare favorably in the following health areas, analysis of 30-year data indicates favorable Navajo rates are approaching the general population rates, and may surpass the U.S. rates over time as they have for other statistics.

Fared better than the U.S. population in the following:	Navajo Area Rate (95% Navajos)	U.S. Rate
All Cancer Deaths	87.5	125.6
Breast Cancer Deaths	11.5	19.4
Heart Disease Deaths	103.2	130.5
Low Weight Births	6.5%	7.5%

Impact of Methamphetamine in Indian Country

The escalating problem of methamphetamine is affecting the entire nation and has reached epidemic levels in rural communities including Indian Country. Methamphetamine use and production places tremendous burden on the already severely under-funded Indian health care system and law enforcement. While alcohol and substance abuse has been a chronic disease, the impact of methamphetamine is considerably greater due to the addictive and deadly nature of the drug.

In April 2006, the Senate Committee on Indian Affairs held a hearing on “The Problem of Methamphetamine in Indian Country” in which various Federal officials and Tribal leaders testified. At that hearing, the Indian Health Service described the situation as a crisis for individuals, families, communities, agencies, and governments across the country. The Indian Health Service referenced information from a September 2005 report by the Substance Abuse and Mental Health Administration’s National Survey on Drug Use and Health. That report revealed that in 2004 an estimated 1.4 million persons aged 12 or older had used methamphetamine in the past year, and 600,000 had used it in the past month. The highest rates of past year methamphetamine use were found among Native Hawaiians and Pacific Islanders. Methamphetamine use among Native Americans and Alaska Natives rated third highest at 1.7 percent. The Federal government has sufficient alarming data on methamphetamine abuse in Indian Country to declare a state of emergency and provide adequate resources and support to combat this devastating problem in partnership with tribes, states, local agencies and communities.

To combat the methamphetamine problem at the tribal level, in February 2005, the Navajo Nation Council enacted legislation prohibiting the manufacturing, distribution, sale, possession and use of methamphetamine. However, due to funding constraints and severe shortage of detention facilities, it is difficult to enforce the methamphetamine law and hold inmates who violate the tribal law. The Navajo Division of Public Safety (NDPS) is concerned with the lack of adequate jails and bed spaces needed to house the growing number of offenders. With over 30,000 annual arrests, the NDPS system could only house 100 inmates at one time. Many of these detention centers were built over 25 years and do not meet current building codes.

The Navajo Department of Law Enforcement (NDLE) was established to maintain law and order by enforcing applicable criminal laws and safeguarding the lives and property of people on the Navajo Nation. The NDLE apprehends and incarcerates all misdemeanor offenders in Navajo Nation detention facilities, and refers all felony offenders for prosecution through the Federal Judicial System. In fiscal year 2006, the NDLE employed 48 criminal investigators and approximately 373 uniform officers. The Department’s \$25 million budget covers three Law Enforcement Programs including Detention, Criminal Investigation and Police.

The NDLE had been combating methamphetamine related problems with the Navajo Nation’s limited resources until the U.S. Department of Justice awarded the NDLE an \$181,000 Community Oriented Policing (COP) grant. This COP grant provided the ability of the NDLE to purchase equipment and support operational costs. In addition, Arizona Governor Napolitano provided \$20,000 in funding to support the Coalition of the Navajo Nation. The Coalition works

with Arizona Navajo communities to encourage coordination between communities and programs to address methamphetamine problems

As an illustration of the impacts of methamphetamine on the Navajo People, in January 2006, a triple homicide in Hogback, New Mexico involved methamphetamine use in which the first victim had been shot 14 times, the second had been shot 9 times, and the third 7 gunshot wounds and a close contact wound to her head. Unfortunately, the tragedy of methamphetamine use does not discriminate based on age. In March 2006, an 81 year old grandmother, her 63 year old daughter, and her 39 year old granddaughter were all charged with criminal possession with intent to distribute methamphetamine, and other controlled substances, after police raided their home.

As a means to address the methamphetamine problems on the Navajo Nation, the Navajo Division of Health’s Department of Behavioral Health Services (DBHS) directed its personnel to find alternative methods to address the problems associated with the use and production of methamphetamine in Navajo communities. Subsequently, several methamphetamine task forces comprising of community members and various tribal programs were established to coordinate and address the methamphetamine-related problems. The DBHS initiated methamphetamine abatement activities including the use of media such as radio station and newspaper, and presentations at various communities throughout the Navajo Nation. These mass prevention activities lead to the production of a film “G: Methamphetamine on the Navajo Reservation.” These activities generated national attention such as a story entitled, On Navajo Reservation, a New Tool in the Fight Against Drugs, which was featured in *The New York Times* on February 21, 2005

The DBHS staff provided presentations on the effects of methamphetamine use at various locations around the Navajo Nation. At the conclusion of each presentation, the staff received stories from the audience regarding the effects of methamphetamine. In one case, an individual reported that her niece had begun hearing things one evening and claimed the walls were bugged. She tore down the walls of their home with a hammer and hatchet, and eventually crawled into the ceiling in search of the listening devices. Unfortunately, the ceiling was weak and she fell through to the floor below. Another individual reported an incident involving a teenager who did not know she was pregnant and had smoked methamphetamine until the ninth month of her pregnancy. After the teenager got sick, she ended up in the emergency room where doctors found her deceased unborn baby. The teenager later died from her ordeal.

From October 1997 through February 2005, Navajo Area Indian Health Service facilities reported 450 cases of “amphetamine-related” abuse in its facilities. (See table below). Generally, the majority of these are emergency room cases. Strikingly, during this period, 35 percent of the cases were reported by the Tuba City Indian Medical Center located in Arizona.

Service Unit	1998	1999	2000	2001	2002	2003	2004	2005	TOTAL
Chinle	2		1		2	14	42	14	75
Crownpoint			3	4	4	1	6		18
Ft. Defiance					2	25	30	11	68

Gallup	4	1	5	15	5	6	13	4	45
Kayenta	2			1	1	2	4	4	14
Shiprock	3		3	4	6	9	27	5	57
Tuba City	3	1	3	3	9	35	74	28	156
Winslow		1	2			4	6	4	17
Total	14	3	17	27	29	96	202	62	450

Additionally, the Navajo Area Indian Health Service reported that 2,167 individuals were treated for methamphetamine use in 2000, and 4,077 individuals were treated in eight months in 2004. The numbers unfortunately speak for themselves: this problem is growing exponentially.

The IHS is not currently coding methamphetamine-use or abuse resulting in a pack of concrete data on which to draw an accurate picture of methamphetamine use. Generally, Navajo Area Indian Health Service facilities code visits and/or hospitalizations involving methamphetamine-use or abuse with one or two ICD-9 codes. The 450 cases reported in the table above resulted from a query of all visits limited to only the two codes and there may additional cases that exist which due to the lack of adequate coding are not reported

According to the 2005 National Youth Risk Behavior Survey (YRBS) Report, 14 percent of Native American high school students used methamphetamine one or more times during their life. 10,691 Native American students participated in the survey. The National YRBS monitors priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. The National YRBS is conducted every two years and administered in public and private schools throughout the United States, including on Navajo Nation.

The Navajo DBHS uses an integrated multi-disciplinary approach model using Western 12-step Recovery, Alternative Treatment/Navajo Traditional and Faith Based Initiative components. Currently, the Navajo DBHS' services units include 13 outpatient treatment centers, 2 adolescent treatment centers and one adult residential treatment center with additional services provided through contract services. One of the Navajo DBHS treatment centers located in Shiprock, New Mexico reported methamphetamine-related cases from the total enrolled cases during 2004 to 2006. (See table below).

Several major Navajo communities have formed Methamphetamine Community Task Forces (MCTFs) involving community members, direct services providers and government entities to create coalitions that address the needs arising from methamphetamines use. The Navajo Nation was one of the first Native Nations to take a proactive stance to act upon policy issues, options and recommendations in the areas of prevention, treatment, enforcement, and to develop best practices to educate the population with culturally appropriate programs.

The MCTFs have developed various projects ranging from hosting expert forums, conducting audience interviews, facilitating group discussion to consider the full potential of strategies utilizing social marketing, media literacy or educational forums. Some of the other projects included:

- Printed brochures/facts sheets about methamphetamine.

- Newsprint and printed posters about the negative effects of Methamphetamine.
- Radio and television public service announcements in the Navajo language.
- News articles in local newspapers, health publications, and magazines at local and national levels.
- Power point presentations at community centers, schools and interested organizations
- Participated in the production of a film, “G: Methamphetamine on the Navajo Nation”.
- Legislative Policy Changes – Each methamphetamine task force provided overwhelming support to make methamphetamine an illegal substance on the Navajo Nation.
- Radio Forums. A local Radio Station KTNN hosted a series of one-hour educational program about methamphetamine for a period of two months spring 2006. The final program was broadcasted live for two hours in duration.
- Community conferences.

Throughout Indian Country and particularly the Navajo Nation, there is a need for not only an increase in funding but also access to federal and/or state funding for the development of prevention, education, intervention, treatment services and aftercare and maintenance programs. These programs are essential for those who use and abuse methamphetamine, and for families and communities who are affected by the production and distribution of methamphetamine. Any reduction in mental health and behavioral health services funding that are used to address this problem only increases the use, abuse, production and distribution of this drug. According to the FBI, about 40% of all violent crimes committed on the Navajo Nation are directly related to methamphetamine use and trafficking. In 2006, there were 32 federal indictments pending trial involving the distribution of methamphetamine on the Navajo Nation.

Conclusion

The Navajo Nation supports increased funding for Indian tribes across the United States. The enactment of H.R. 545 will provide opportunities for tribes to compete and access funds. The Navajo Nation recommends that an Indian set-aside provision based on the population, and incidence and prevalence rates be considered in the H.R. 545.

Thank you for providing the Navajo Nation the opportunity to testify and submit its written testimony on H.R. 545, Native American Methamphetamine Enforcement and Treatment Act of 2007. We look forward to expanding and strengthening our regional and national partnership opportunities so that the Indian Nations will receive much needed resources to eradicate the use of methamphetamine in Indian Country.