

**TESTIMONY OF HON. DONOVAN WHITE, CHAIRMAN
SISSETON WAHPETON OYATE**

**Before the U.S. House of Representatives Committee on Appropriations
Subcommittee on Interior, Environment and Related Agencies
February 11, 2020**

Good morning, Chair McCollum, Ranking Member David Joyce, and Members of the Committee. I am Donovan White, Chairman of the Sisseton Wahpeton Oyate (“SWO”) of the Lake Traverse Indian Reservation in North and South Dakota. Thank you for inviting me.

Our Community Justice and Rehabilitation Center is our highest priority. SWO has suffers serious violent crime, drug crime, and juvenile delinquency. Fatal drug overdoses at SWO are staggering: 6 fatal drug overdoses in the past year. With almost 14,000 tribal members nationwide and 8,000 tribal members residing on our Reservation, fatal drug overdoses occur at 5X the national incidence among residents. North and South Dakota Governors recognize the importance of our Community Justice and Rehabilitation Center.

SWO Adult Detention Center. Our Senators and Congressmen understand that with our SWO Community Justice and Rehabilitation Center, the public safety of North and South Dakota will be improved. Governor Burgum said, our Detention Jail “will enhance regional law enforcement, criminal justice and the safety of our citizens.” The Sisseton Wahpeton Sioux Tribe worked very hard with Congress and our congressional delegation to restore Funds for the BIA Public Safety and Justice Construction Budget in FY 2018:

Public Safety and Justice Construction.-The agreement provides \$35,309,000 for public safety and justice construction and includes the following: \$18,000,000 to restart the facilities replacement and new construction program; \$4,494,000 for employee housing; \$9,372,000 for facilities improvement and repair; \$169,000 for fire safety coordination; and \$3,274,000 for fire protection. The Committees include funding for the replacement construction program, which has not received funding from the Bureau since fiscal year 2010, as other agencies have sought to build these facilities. The Committees also understand the Bureau currently has compiled a list of replacement facilities based upon the facilities condition index, inmate populations, and available space. It is the expectation the funding made available for this activity will utilize this list.

From among the FY 2018 Construction Funds, the SWO received a grant of \$5.175 Million for planning, design and construction of our 25 Bed Medium Security Adult Detention Center. That’s a first step. *Wopida Tanka*, Big Thanks to this Committee and Congress.

SWO has signed our 638 Contract with the Department of the Interior Facilities Management and Construction Division (“FMC”), and issued an RFP for our A-E Firm. SWO is participating in Bi-Weekly Conference Calls with BIA OJS, BIA Great Plains Region, and Indian Affairs Division of Facilities Management and Construction (FMC) to move the project forward and look forward to bringing our A-E Firm on board by the end of the

month. FMC is working to develop a model for construction of Adult Detention Center. FMC and SWO will use the Program of Requirements developed for the 2017 tribe, last month, with modifications to meet our site and reflect our Dakota culture.

Adult High Security Detention Cell Wing. For FY 2021, we urgently need to detain the most serious tribal offenders, including those offenders sentenced to longer terms under TLOA's enhanced sentencing authority, and our drug/alcohol rehabilitation to treat adult and juvenile alcohol and drug offenders. Drug/alcohol offenders are recidivists, so addressing the underlying causes of serious crimes restores community wellness.

In the FY 2020 Appropriations Report, the Congress directed BIA Detention Services to work with us on a report describing the original methodology for the size of our 25 Bed Detention Center, replacing our 1970s Jail and for our High Security Adult Detention Wing:

*"The Sisseton Wahpeton Oyate Tribe, and the surrounding area, is facing an increase in substance abuse and related violence. The Committee is aware the Tribe received funding to replace an old detention center in fiscal year 2018 that would allow the Tribe to replace its old detention center up to its previous capacity; however, the capacity of the prior facility does not account for the increase in population growth or the need to address rising violent crime issues on the reservation. The Committee recognizes the need for increased detention space is dependent upon supportive data. Therefore, **the Committee directs the Bureau to report back to the Committee within 60 days of enactment of this act with factors used to determine the appropriate size the of the detention center including the consideration of a high security adult detention block and a cost estimate.**"*

We ask that BIA OJS Detention and FCM consult with our Tribe concerning said report prior to sending to Congress, and a 30 day extension for file the report to allow for consultation with SWO. We estimate that a 20 Cell High Security Wing will cost \$4 Million.

For FY 2021, we ask the Committee to increase funding for Interior Public Safety and Justice Construction by \$10 Million to provide for construction of Adult High Security Detention Wing because Indian country's need is immediate and pressing:

\$10 Million for construction of high security adult cells at tribal detention centers to hold dangerous offenders convicted under tribal law of violent crime, drug related crime, drug dealing and other serious violence crimes against the peace and safety of tribal communities, offenders sentenced pursuant to TLOA enhanced sentencing; provided that funding shall be afforded to Indian tribes funded for Adult Detention Centers in FY 2017 and 2018 for construction of tribal or BIA detention facilities, and provided further that the BIA may enter into regional detention contracts with said tribes to ensure full utilization of high security detention cells.

Again, we have the support of our Governors, State Attorney Generals, and U.S. Attorney for our Sisseton Wahpeton Community Justice and Rehabilitation Center. SWO and the other

Indian nations building new Detention Centers will need staffing, and we ask Congress for \$4 Million for Tribal Adult Detention staff for new facilities.

In Patient Drug and Alcohol Treatment Center

Our Native People need alcohol and drug rehabilitation services at more than twice the rate of the national population. States with increased rehabilitation see reductions in alcohol and drug related crime. The IHS recognizes: “Disparities in health status are affected by access to health services. Health care services are constrained by the limited capacities of existing Indian Health Service and tribal health care facilities. There is a significant need for expansion or replacement of many buildings.” Our tribal members face life threatening health conditions because our facilities are lacking.

Mass incarceration and criminalization of alcohol/drug related behavior alone is not the answer, as Congress recently acknowledged with its passage of the First Step Act, Public Law 115-391 (2019). In South Dakota, one (1) in four (4) American Indian adults experience the trauma of having a household member incarcerated by the time they are 18 years of age. Treatment coupled with restorative justice is key to promoting recovery and healing for a community less than seven generations away from historically traumatic events. Drug rehabilitation yields long-lasting results as abusers return to work and family.

SWO operates a 12 Bed Dakota Pride In-Patient Drug and Alcohol Treatment Center now, but the Center is 45 years old and must be replaced. SWO plans a 32 Bed In-Patient Drug and Alcohol Abuse Rehabilitation Center. We estimate that the cost of our 32 Bed In-Patient Drug and Alcohol Treatment and Rehabilitation Center will be \$8 Million.

In the mid-2000s, a health planning effort identified behavioral health, and drug dependency, as SWO’s leading health problem. The criminal justice paradigm and medical model alone is not effective in our community. These efforts converged in the Community Justice Center: A holistic approach to dealing with individuals and families who exhibit co-occurring substance abuse, mental health, and anti-social/criminal behaviors. The goal of the proposed Community Justice and Rehabilitation Center is to provide for public safety, restorative justice and treatment to address the co-occurring crime and alcohol/substance use and abuse. The facility will incorporate Dakota cultural elements and provide a focus on substance abuse and addiction treatment. Co-occurring crime, drug abuse, and mental health issues are rooted in intergenerational trauma.

Treatment includes behavioral health therapy, counselling, nutrition and health, life skills, talking circle, Daily meditation, grief and loss, trauma groups, emotional regulation, medicine wheel 12-steps, men’s and women’s groups, dialectical behavior therapy and parenting groups. Dakota values and traditions, medicine wheel concepts, (mind body and spirit), cultural arts, red road to wellbriety, life skills and *Takoja Niwiciyape*-Giving life, and *Inipi* (Sweat Lodge) help our people recover focus and balance.

We need help to resolve these lethal and life-threatening community threats. At Sisseton Wahpeton, we need \$8 Million overall: \$4 Million in IHS Facility Funding for one

wing of our Rehabilitation Center, and \$4 Million in Third Party Private Insurance Collections now available at our Service Unit. The Great Plains Indian nations and tribes in North Dakota, South Dakota, and Nebraska suffer tremendously from Drug Traffic. We ask the Committee to include a Special Pilot Project for the Great Plains Region for In-Patient Alcohol and Substance Abuse Facility Construction, as follows:

From the IHS Budget for FY 2021, \$30 Million shall be provided as a pilot project for the Great Plains Region to construct at least one In-Patient Alcohol and Drug Abuse Rehabilitation facility per state in North Dakota, South Dakota, and Nebraska.

This will assist the SWO in building at least one wing of our Rehabilitation Center.

Indian Health Service: Third Party Revenue

By law, the Third Party Collections, derived from our Indian Health Service Unit, must be expended in our Community. 25 U.S.C. sec. 1621f. The funds may be expended “by the Service, by an Indian tribe, or tribal organization.” These funds are available for rehabilitation of existing facilities and modular facilities to ensure that the proper health care is provided to our tribal members relying on the Service Unit for “reducing health resource deficiencies” in our behavioral and physical health care. 25 U.S.C. sec. 1621(a)., the IHS is expressly authorized to fund health care deficiencies in the areas of: “Mental health, including community mental health services, inpatient mental health services, dormitory mental health services, therapeutic and residential treatment centers, and training of traditional health care practitioners.... Treatment and control of, and rehabilitative care related to, alcoholism and drug abuse (including fetal alcohol syndrome) among Indians.” At Sisseton Wahpeton IHS Service Unit, Private Health Insurance accounts for about 1/3 of our collections because our Tribe provides health insurance to tribal employees. If we had the Third Party Revenue Collections derived from Private Health Insurance, we understand that would be approximately, \$4 Million. The IHS wants to build administrative offices and limited out-patient behavioral health offices with these funds, but our Tribe does not approve its proposal as insufficient for our needs.

We asked IHS to enter a 638 contract with us to build our In Patient Center as an adjunct to our Service Unit. IHS said “No.” Please direct IHS as follows:

Notwithstanding any other provision of law, I.H.S. is authorized and directed to contract with Indian nations and tribes to plan and build necessary adjunct facilities to improve health care (including In-Patient Drug and Alcohol Abuse Treatment and Rehabilitation Centers) at their IHS Service Units using Third Party Revenue collected there and derived from IHS patients using Private Health Insurance.

We appreciate your thoughtful consideration of our requests because they will save lives.

Thank you for the opportunity to testify before this Committee. We look forward to working with you to address Indian Country’s epidemic drug and public safety crisis.