

THE MIDWEST METHAMPHETAMINE EPIDEMIC

HEARING

BEFORE THE
SUBCOMMITTEE ON CRIMINAL JUSTICE,
DRUG POLICY, AND HUMAN RESOURCES
OF THE

COMMITTEE ON
GOVERNMENT REFORM
HOUSE OF REPRESENTATIVES
ONE HUNDRED SIXTH CONGRESS

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THE MIDWEST METHAMPHETAMINE EPIDEMIC

MONDAY, JUNE 26, 2000

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY,
AND HUMAN RESOURCES,
COMMITTEE ON GOVERNMENT REFORM,
Sioux City, IA.

The subcommittee met, pursuant to notice, at 9 a.m., in room 6, Sioux City Convention Center, Sioux City, IA, Hon. John L. Mica (chairman of the subcommittee) presiding.

Present: Representative Mica.

Also present: Representatives Latham and Thune.

Staff present: Charley Diaz, congressional fellow; and Ryan McKee, clerk.

Mr. MICA. Good morning. I'd like to call this hearing of the Subcommittee on Criminal Justice, Drug Policy, and Human Resources to order. I'm John Mica, and I Chair this subcommittee of the Government Reform Committee of the House of Representatives.

The order of business this morning will be first I will begin our hearing with an opening statement, then I will yield to other Members for their opening comments.

This morning our subcommittee has three panels to hear from, and we will proceed in hearing those three panels and the witnesses assembled this morning. Just for information of those attending, this is an investigations and oversight subcommittee of the U.S. House of Representatives, and this is one of the hearings that we're conducting on the problem of drug abuse and illegal narcotics. The title of today's hearing is Midwest Methamphetamine Epidemic. We will proceed in that order.

As chairman of the Criminal Justice, Drug Policy, and Human Resources Subcommittee, it's my responsibility to help oversee our Nation's drug control efforts in the U.S. House of Representatives. We've come to Sioux City, IA, in the Heartland of America this morning to conduct an oversight field hearing in an effort to understand what's going on throughout the Nation and particularly here in the Heartland dealing with our Nation's drug crisis. Congressional field hearings are a very crucial part of our work because they allow us to gain a national perspective through the eyes of local citizens and local officials. Today, we'll learn about the manufactured use and trafficking of illegal drugs here in Iowa and the surrounding regions.

I had a little geography lesson this morning realizing how this is a tri-State area bordering South Dakota and also Nebraska and

the tremendous impact illegal narcotics have had on these communities in this region of our country. Our focus in this morning's hearing is the growing methamphetamine epidemic that's ravaging the Midwest.

We're privileged to have with us today a congressional leader who strongly supports efforts to protect our communities from the ravages of illegal narcotics. I am here foremost at the invitation of that Representative, Tom Latham, who during my year and a half as chairman of the Drug Policy Subcommittee has constantly reminded me about the need to pay attention to all of America, particularly this region, and the impact of illegal narcotics, and I thank him for his leadership in that regard and also for the invitation to be with you today and visit this community.

We're also joined by another leader in the House of Representatives, John Thune, who represents the adjacent district in South Dakota. He also has taken on a leadership role in trying to find answers to this plaguing question that we have a problem of illegal narcotics, and I thank him for joining us on our panel this morning.

Growing up in rural America used to be a shield against the seedier side of America's urban culture, including the problem of illegal drugs.

Unfortunately, all that's changed. The National Center for Addiction and Substance Abuse recently announced that the rate of drug use among teens in rural America is now higher than the Nation's large urban centers.

In a White Paper which was published last January, the center found that eighth graders living in rural America were 104 percent more likely to use amphetamines, including methamphetamines, 83 percent more likely to use crack cocaine, and 34 percent more likely to smoke marijuana than kids in the urban areas. These sobering statistics should serve as a wake-up call to parents and community leaders across the Midwest. Your kids are in fact at risk. Drugs are no longer just a big city problem.

Nationwide drugs directly killed 15,973 Americans in 1998. That's our last year of reported statistics. And many of those unfortunately are young people. The number of all drug-related deaths is much higher, and Barry McCaffrey, our national drug czar, testified before this subcommittee and said we've lost in the last year more than 52,000 Americans as a result of both direct and indirect causes related to illegal narcotics. This is in fact a staggering figure when you consider that in the whole of the Vietnam war we lost 58,000 Americans. We're losing that many almost every year in this battle with illegal narcotics. Additionally drugs cost our society, and the range is somewhere between \$110 billion and a quarter of a trillion dollars annually, \$110 billion to a quarter of a trillion dollars annually. Clearly much more must be done to combat the scourge.

We're honored to have testifying before us today a number of State and local officials as well as everyday citizens who are actively engaged here in responding to the drug crisis and its terrible consequence on the youth of this region. These individuals serve on the front lines in preventing, educating and treating illegal drug use, both in our schools and in our communities as well as enforc-

ing our laws. They are most in need of our support and assistance at the Federal level, and also in joining together in a cooperative effort.

This subcommittee is particularly interested in how many communities and how our communities and regions are dealing with the critical responsibilities of successfully implementing our national, I say a national drug control strategy, not just a Federal drug control strategy. It is important that this again be a cooperative and coordinated effort. After all, State and local officials have their finger on the pulse of the community and can best respond to threats like the illegal drug epidemic we're facing. In Congress we try to ensure that the Federal Government is doing everything possible to assist you, both in reducing the supply of illegal narcotics as well as the demand for illegal drugs.

Today, we're focusing on regional challenges and threats, like Iowa and again this tri-State region. As we'll hear, illegal drug production, use and trafficking pose special changes and dangers to the schools, communities, law enforcement agencies and officials in this region. The State of Iowa and the Midwest are increasingly becoming a primary consumption area for methamphetamine. While many of the methamphetamines are imported from large labs in Mexico and California, within the last several years this area has experienced a dramatic increase in the number of clandestine methamphetamine manufacturing labs. In fact in looking at the statistics that were provided to me by staff, from 8 meth labs that were seized in 1995, that's only 5 years ago there were 8, to I'm told more than 500 were seized in 1999, last year, a dramatic number, particularly given the population of this region.

These labs which use volatile precursor chemicals in dangerous combinations pose an added risk to the dealers, to law enforcement officials and to the entire community here.

In response to this terrible methamphetamine problem as well as the continuing problems with a host of other illegal drugs, Iowa along with Nebraska, Missouri, Kansas, North and South Dakota, has been designated by the Office of National Drug Control Policy as a high intensity drug trafficking area [HIDTA]. Our subcommittee is responsible for authorizing and overseeing the HIDTA program. We have 31 HIDTAs now across the Nation to help Federal, State and local law enforcement entities better coordinate investigations, share intelligence, resources and conduct law enforcement operations. Today, we'll learn more about the effectiveness and operations of the Midwest HIDTA, hope to have a report on that, including what progress it is making in combating illegal narcotics in this area.

I might say also that I'm extremely pleased at the leadership Mr. Latham has taken in helping create a regional training center here which I believe is the only center in the United States to provide free training assistance to the local agencies particularly dealing with the meth epidemic that you have had here. I salute him on putting that effort together and we'll hear a little bit about its success and challenges in this hearing.

Again, I applaud the continuing dedication and professionalism of the witnesses who appear before us today, their willingness to share their ideas, their needs, their recommendations with us. In

Congress we always find the best ideas from those that we represent, and we try to take those ideas back and incorporate them in our policy, and it is particularly important to our subcommittee that we find successful solutions and cooperative efforts to face this great challenge. And I might say too, I've been involved in many things in business, in my life and personally, and I have never seen a challenge like this that we face. It's just an unbelievable challenge. I'm here in the Midwest today. We've been in California. We've been in Louisiana, Texas. We've been in Baltimore, around the Nation. And you aren't alone. We are also facing an incredible challenge with this drug threat and the problems that it has caused for not only this community but our whole Nation.

I can assure you that the Representatives that we have here today will be working with our subcommittee and with the other committees involved in Congress to do everything we can to assist you in ridding your community and others of the deadly poison that is affecting our loved ones. I think all of us recognize that this drug crisis demands a full utilization of all available resources and very close cooperation in a comprehensive regional and national effort. After all that's what HIDTAs have been designed to do and it's our job in Congress to monitor and ensure their success. If obstacles are identified then we must move to decisively overcome them. This community, this State and this Nation really can't afford to wait. The drug crisis demands promising approaches and decisive action, and we must act now.

Again I want to thank the witnesses for appearing before us, and I want to thank my colleagues, Mr. Latham for the invitation to be here, Mr. Thune also for his leadership on this issue and both of them representing this area again on this tremendous problem.

With those comments I'm pleased at this time to yield to the gentleman from Iowa, Mr. Latham.

[The prepared statement of Hon. John L. Mica follows:]

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OPENING STATEMENT
Chairman John L. Mica

**Subcommittee on Criminal Justice,
 Drug Policy and Human Resources**

June 26th, 2000 Hearing:

"Midwest Methamphetamine Epidemic"

Good morning ladies and gentlemen. As Chairman of the House Subcommittee on Criminal Justice, Drug Policy and Human Resources, it is my job to help oversee the nation's drug control efforts for the House of Representatives. We have come to Sioux City, Iowa, in the Heartland of America, to conduct an oversight field hearing in an effort to better understand our nation's drug crisis. Congressional field hearings are crucial to our work, because they allow us to gain a national perspective through the eyes of local citizens. Today, we will learn about the manufacture, use and trafficking of illegal drugs here in Iowa and the impact of those illegal drugs on your communities. Our focus is the growing methamphetamine epidemic ravaging the Midwest.

We are privileged to have with us today a Congressional leader who strongly supports efforts to protect our communities from the ravages of illegal drugs. I know that my colleague, Representative Tom Latham, who invited us to his community today, has been very active in drug control policy issues in the Congress.

Growing up in rural America used to be a shield against the seedier side of America's urban culture including illegal drugs. Unfortunately, all that has changed. The National Center for Addiction and Substance Abuse recently announced that the rate of drug use among young teens in rural America is now higher than in the nation's large urban centers.

In a White Paper published last January, the center found that 8th graders living in rural America are 104% more likely to use amphetamines, including methamphetamines, 83% more likely to use crack cocaine and 34% more likely to smoke marijuana than kids in urban areas. These sobering statistics should serve as a wake-up call to parents and community leaders across the Midwest. Your kids are at risk! Drugs are not just a big city problem anymore.

Nationwide, drugs directly killed 15,973 Americans in 1998, and many of those were kids. The number for all drug-related deaths is much higher: over 52,000 deaths. This is a staggering figure when you consider that we lost some 58,000 Americans in the whole of the Vietnam War. Additionally, drugs cost our society over \$110 billion dollars annually. Clearly more must be done to combat this scourge.

We are honored to have testifying before us today a number of state and local officials, as well as everyday citizens, who are actively engaged in responding to the drug crisis and its terrible consequences on America's youth. These individuals serve on the frontlines in preventing, educating, and treating illegal drug use in our schools and in our communities, as well as enforcing our laws. They are most in need of our support and our assistance.

This Subcommittee is particularly interested in how communities and regions are dealing with critical responsibilities of implementing successfully our National (not just "Federal") Drug Control Strategy. After all, state and local officials have their finger on the pulse of the community and can best respond to threats like the illegal drug epidemic. In Congress, we try to ensure that the federal government is doing everything possible to assist you, both in reducing the supply of drugs, as well as the demand for drugs.

Today, we are focusing on regional challenges and threats facing Iowa. As we will hear, illegal drug production, use and trafficking pose special challenges and dangers to schools, communities and law enforcement officials in Iowa.

The state of Iowa and the Midwest are increasingly becoming a primary consumption area for methamphetamine. While many of the methamphetamines are imported from large labs in Mexico and California, within the last several years, this area has experienced a dramatic increase in the number of clandestine methamphetamine manufacturing labs.

These labs which use volatile precursor chemicals in dangerous combinations pose an added risk to the dealers, law enforcement officials and the entire community.

In response to this terrible methamphetamine problem, as well as continuing problems with a host of other illegal drugs, Iowa along with Nebraska, Missouri, Kansas, and North and South Dakota, has been designated by the Office of National Drug Control Policy (ONDCP) as a "High Intensity Drug Trafficking Area" (commonly referred to as a "HIDTA"). Our Subcommittee is responsible for authorizing and overseeing the HIDTA program. We have 31 HIDTAs across this country to help federal, state and local law enforcement entities better coordinate investigations, share intelligence and conduct law enforcement operations. Today, we will learn more about the effectiveness of the Midwest HIDTA, including what progress it is making in combating drugs in this area.

I applaud the continuing dedication and professionalism of our witnesses today, and their willingness to share their ideas and needs with us today. I can assure you that this Subcommittee and your local representative here today will do everything we can to assist you in ridding your communities of these deadly poisons and in protecting your loved ones.

I think all of us recognize that this drug crisis demands full utilization of available resources and close cooperation in a comprehensive, regional approach. After all, that's what HIDTAs are designed to do, and it is our job in Congress to monitor and ensure their success. If obstacles are identified, then we must move decisively to overcome them. This community, this state, and this nation cannot afford to wait. The drug crisis demands promising approaches and decisive action -- and the time to act is now!

I wish to thank all the witnesses for appearing before us today. I look forward to hearing your testimony today in our continuing effort to prevent, reduce and eventually eliminate drug use in America.

Mr. LATHAM. Thank you very much, Mr. Chairman. And I very much appreciate your taking special efforts to get here. We had the opportunity to have breakfast together this morning and to hear the saga of Mr. Mica making it to Sioux City yesterday coming from upstate New York yesterday and the various flights and challenges that you faced to get here. Very much appreciated. And what is most appreciated is your tremendous leadership in Congress on this most important issue I believe as far as the future for our young people, and really gets to the whole fabric of what our society believes it should be in maintaining the kind of society that we can all be proud of. I also want to thank John Thune, my very good friend and neighbor, for being here and his leadership in Congress on this issue.

We really became aware in the last 5 years of what is a tremendously changing dynamic and problem in this part of the country. As you stated before, back in 1995 there were eight meth labs. Last year over 500. I think that's just what the State officials found. In addition to that with the DEA records there's another several hundred actually in the State of Iowa. But this is an epidemic that has absolutely exploded before us.

With your leadership, Mr. Chairman, and efforts in Congress and the administration, I think we've made some very positive steps for, No. 1, looking at the interdiction problem, coming from other countries, No. 2, being of assistance to local law enforcement which has done a great challenge. There are differing ideas in Congress as to how to approach this problem, and who to support. I personally think that by supporting people on the ground, local law enforcement, that that is the way to go, because they are the ones that have to deal on a day to day basis with the problem.

The education programs that we're seeing today in the Siouxland area was 1 of the 12 original pilot programs as far as the education efforts, and what we found there was that with the media messages that were going out we had a great effect on young children. But when we got to the high school age there was much less effect. What the most important part of that effort is is to finally have parents become aware of the fact that if they will simply sit down and talk to their children about this problem, that is in fact the most effective method of influencing these children never to get involved in drugs. And it's something that I think we as parents today think someone else is going to talk to our kids. Unfortunately it's going to be the drug dealer. If we don't talk to them somebody else will, and that person doesn't have their best hope and aspirations in mind for them. They want to sell them drugs.

Treatment has also become a very, and is always a very important part of the four-pronged strategy that we're trying to put forward. And that is something that we in Congress are putting more and more money into, trying to make sure the treatment is available. But as people here in this district all know, and I've had 23 county-wide drug meetings, drug awareness meetings throughout this 30-county district. And it becomes more and more apparent that in fact what we have to do is to have all parents aware of what's going on, be a joint effort with communities, with the churches, with the schools, with the community groups involved to really approach this problem in a unified basis, to make sure that

there is a statement in our society about zero tolerance for drugs. And if we can do that I think we've set a standard in our communities. We do not want to destroy what is very, very good about the upper Midwest, about Iowa, South Dakota, Nebraska, and this I think is the biggest threat to the long-term well being and safety of this whole part of the country.

So again I want to thank you very much, Mr. Chairman, for being here and making extraordinary efforts to be here. And I really look forward to the testimony from great people who are devoting their lives to addressing this problem, and these are the folks here who are going to solve it. Thank you, Mr. Chairman.

Mr. MICA. Thank you. Driving tornadoes, thunderstorms, going through three different airports to get here, I don't think there's anything that would have kept me from this, because Mr. Latham has repeatedly brought this community and this region problem to my attention, and I was going to be here come hell or high water. Again thank you.

I'm pleased now to yield to the gentleman from South Dakota, Mr. Thune.

Mr. THUNE. Thank you, Mr. Chairman. Let me echo my colleague from Iowa and say welcome to Siouxland as we like to call it here. Thank you for coming in the summer. We would certainly welcome the opportunity to return the favor and attend a hearing in your State of Florida in January perhaps. I do appreciate the leadership you have taken on in this issue. I would also say to my colleague from Iowa, Tom Latham, who is as close to a delegation that I have since I am the only member from South Dakota, we work very closely on a number of issues, whether it's agriculture or water development or transportation funding or anything like that in this part of the country, we really do have to work as a team, so I appreciate very much the leadership that Tom provides to many of those issues and the impact that they have on my State of South Dakota.

I would just simply add to what has already been said and say that this is a personal issue for me. I have two young daughters, one of whom is in junior high and another who will be in junior high in a year, and nothing is more important to me as a parent than eliminating the scourge of illegal drugs that is destroying minds and ambitions of our young people.

We just don't have any alternative. We have to snuff this thing out. I think that my experience is in a lot of issues like this that our faith-based institutions, our families, our community-based organizations are much more successful in helping solve and address these issues. Obviously there is a national responsibility here in the area I think of interdiction and cutting off the supply at the source, but when it comes to prevention, when it comes to education, when it comes to treatment, there are a lot of good things that are going on out there, and we want to make sure that we are good partners with local law enforcement, with those who are involved in efforts to combat, fight illegal drugs, and we want to work closely with you to make sure the resources are there, the tools are in place and we can successfully put together strategies that will help us really attack this problem.

It is a great concern. I never would have thought, I grew up in the western part of South Dakota in a real small town, that we would be talking about this in the terms that we are today in a State like ours, and States like Iowa and Nebraska. But we are a high intensity drug trafficking area. That's a label, designation that is a concern, but it's also I think welcome in the sense that it helps us attack this problem and work collectively in putting together regional strategies that will help us address it.

I am here today to listen and to learn and to find out exactly what the dimensions of some of the issues and the problems are, and then to hear from people who care very deeply about this, about what we might do to better combat it.

So thank you for the opportunity to be here, Mr. Chairman. Thank you for being here. And, Tom, thank you for hosting us in Sioux City, and I want to work collectively.

I was noting in the testimony here too the number of deaths that are directly attributed to drugs, and those that are indirectly, and I would say that one is too many. We need to do everything we can to get to where we have this issue in hand to where we're not losing any of our young people to this problem.

Thank you for the chance to be here. I look forward to the testimony and I hope we have an opportunity to ask questions later. Thanks.

Mr. MICA. Thank you, Mr. Thune. I didn't get to see Mr. Thune earlier, but Tom and I did have coffee this morning together. I told him I feel a little bit like coming home. Actually my uncle who was the first Mica to go to college came to Iowa and received his degree here. My first job on graduating from college was in Iowa City where I worked for a little over a year, and actually my last business venture was in Aberdeen, SD. I started the cellular RSA service in Aberdeen, so I felt a little bit of a kinship to this area and pleased to be back, and to also conduct this most important field hearing.

We'll now proceed, and Mr. Latham moves that we keep the record open for a period of 2 weeks, and without objection that is so ordered.

I might just say for those visiting, we do have a limited number of witnesses who are testifying because it's impossible to hear from everyone in these official proceedings. However, the action which I just took and we passed by unanimous consent would allow anyone who would like to submit comments or statements for the record to submit them either to me as Chair of the subcommittee, or to Mr. Latham or Mr. Thune for inclusion and part of the official proceedings of today's hearing, and that will be open for a period of 2 weeks.

Now as we proceed, I would like to go to our witness panel, and we do have three panels today.

The first panel consists of Mr. Joe Frisbie, and he is the chief of the Sioux City Police Department. The second panelist is Marti J. Reilly, and Marti Reilly is with the Tri-State Drug Task Force. And then the third witness is Penny Westfall, and she is the commissioner of Public Safety for the State of Iowa.

Again let me explain, since I don't think you've testified before our subcommittee before, this is an investigations and oversight

subcommittee of the House of Representatives. In that regard we do swear in our witnesses. Additionally, in our proceedings we would ask that if you have a lengthy statement or statement beyond 5 minutes that you request and through the chair I will move by unanimous consent that we make an entire statement part of the record, a lengthy statement. We'll also include data information or background material upon similar requests to the Chair.

With those opening comments, if I could, would you please stand to be sworn. Would you raise your right hands.

[Witnesses sworn.]

Mr. MICA. The witnesses, the record will reflect, answered in the affirmative.

I'm pleased to welcome you before our subcommittee. Again pleased to be here with you this morning. I'll recognize first for his statement the chief of the Sioux City Police Department, Mr. Joe Frisbie. You're recognized, sir.

STATEMENTS OF JOE FRISBIE, CHIEF, SIOUX CITY POLICE DEPARTMENT; MARTI J. REILLY, TRI-STATE DRUG TASK FORCE; AND PENNY WESTFALL, COMMISSIONER OF PUBLIC SAFETY, STATE OF IOWA

Mr. FRISBIE. Mr. Chairman, Congressman Latham, Congressman Thune, thank you for being here today.

There's no question that the methamphetamine problem in the Midwest, specifically in Sioux City, has reached an epidemic proportion. We have a long history of addressing the drug problem as a local problem. Communities in our tri-State area have suffered jurisdictional problems in developing cases. We've suffered a shortage of resources that prevent us from addressing the problem beyond the street level.

In the past several problems have prevented us from conducting investigations in an organized manner, such as a lack of training funds, especially for smaller communities, a lack of collaboration between agencies, the absence of a highly organized sharing of information of intelligence systems, the lack of an organized task force to conduct collaborative investigations and a lack of Federal support beyond peripheral involvement. We have made some progress. While effort was made to address the problem in major metropolitan cities and ports of entry, the Midwest remained an open and lucrative market that offered little risk.

However, there have been some promising developments that have been made over the last 8 to 10 years that have helped us become more organized in our approach to dealing with the drug problem in our area. In 1992, the Federal Government brought in two DEA agents to Sioux City. In 1995, they formed a provisional task force with the DEA with the help of Congressman Latham. In 1997, again with the help of Congressman Latham, we were able to establish a resident office for the DEA here in Sioux City. In 1997, it had become apparent that a significant number of individuals driving the drug culture in our area were illegal aliens. Congressman Latham again helped us secure an INS agent for our task force. In 1998 Congressman Latham helped secure funds to build a facility in the Federal building to house the task force. In

1999 again Congressman Latham helped us turn the task force into a fully funded task force.

The task force today is made up of 18 sworn officers, 2 analysts, 3 of these are DEA agents, 6 are Sioux City police officers, and the remainder represent the States of South Dakota, Nebraska, Iowa DNE, the South Sioux City Police Department, the Woodbury County Sheriff's Office. Becoming a DEA-sponsored task force allowed us to deputize all officers in the task force giving them the jurisdiction to follow the cases anywhere in the country. All this was made possible by congressional help that we've received from such grants as the Byrne and the HIDTA funding. Thanks to this support we are able to address cases with as broad a scope as Sioux Falls, SD, Fort Dodge, Norfolk and Omaha, NE, Worthington, MN, and many other communities.

Recently HIDTA conducted a survey to assess the perceived strengths and weaknesses in law enforcement agencies today. Perceived strengths included a more cooperative approach to law enforcement with better communication, sharing of equipment and facilities, multi-jurisdictional task force which removed boundaries among jurisdictions, fueled a law enforcement cooperative effort and leading to the dissemination to not only drugs but property and violent crimes as well. And better prosecution has been secured by the U.S. Federal attorney's office who has increased the number of prosecutors dealing with the drug problems in our communities, specifically through HIDTA grants which help us tremendously.

Perceived weaknesses revealed in the responses included insufficient funding for equipment, investigations and training, and insufficient manpower, especially in smaller agencies to spare officers to attend training. Congressman Latham approached me several years ago about the idea of establishing a training center in Sioux City that would address these problems. The goal of the training center is to provide training to agencies previously not able to train effectively, either due to a shortage of funding or manpower, especially smaller agencies. Over the past 3 years we have provided training to over 5,309 students within a 150 mile radius of Sioux City. Training is offered in such courses as clandestine laboratories, drug awareness recognition, the Reid technique on interrogation for narcotics and many others.

Training through the center is offered free of charge to officers of law enforcement agencies of Iowa, Nebraska, South Dakota and a part of Minnesota. The response has been overwhelming, but we need to work harder to reach the small agencies that can't afford the loss of manpower to send officers even if the training is free. The training center and the seminars provide available opportunity for officers to share information and make contacts that can later help them develop cases in the future, and it's imperative that we receive congressional support in this endeavor, we plan to develop a multi-jurisdictional geographic information system [GIS], to coordinate drug intelligence information for agencies through the tri-State area.

In closing, you can see that where we came from and where we are today are light years apart, and yet we have to travel much further to eliminate the methamphetamine problem in our country.

I ask for your continued support for the programs such as the Byrne and HIDTA grants, the multi-jurisdictional task force that have provided proven methods for improving our approach. We thank you for the support and urge its continuation.

However, the drug problem does not exist in isolation. Other problems considered include the illegal alien problem that drives the drug trafficking problem and the need for demand reduction programs.

Also, we have become victims of our own success. By further contributing to the jails that are already filled beyond their capacity, and it's a terrible problem all across the country.

We urge Congress to keep all these issues in mind as they initiate and guide policy that guides both our local and our national fight against the problem of methamphetamine.

Again I'd like to personally thank Congressman Latham for his overwhelming support in this committee and Congress as a whole for their efforts. Thank you very much.

Mr. MICA. Thank you for your testimony.

[The prepared statement of Mr. Frisbie follows.]

COMMITTEE ON GOVERNMENT REFORM
SUBCOMMITTEE ON CRIMINAL JUSTICE DRUG POLICY
DRUGS IN THE SIOUXLAND AREA BY CHIEF JOSEPH FRISBIE

Information Provided by Witness: Joseph C. Frisbie

Joseph C. Frisbie, age 55, is a 32-year veteran of the Sioux City Police Department and has spent the past three and a half years as its Chief. He presently serves on the board of directors of the Midwest High Intensity Drug Trafficking Area, the Tri-State Sioux City Drug Enforcement Administration Drug Task Force, and the Iowa Law Enforcement Academy. Chief Frisbie holds a Bachelor of Science degree in Criminal Justice from Morningside College, a Masters in Public Administration Degree from the University of South Dakota, and is a graduate of the Southern Police Institute at the University of Louisville.

There's no question that the methamphetamine problem in the Midwest, specifically in Sioux City, has reached epidemic proportion. While there are several law enforcement personnel that will be addressing the gravity of this and related problems with you here today, I would like to focus my comments on some of the successes we've achieved in fighting the methamphetamine problem and urge your continued support of those successful initiatives.

Having been with the Sioux City Police Department for over 32 years, I have first-hand experience in leading investigative teams to combat drugs and related problems in our community and I have seen both the drug culture itself and our approach to fighting it change over this long history. Historically, local law enforcement agencies have treated drug problems as local problems—using their own drug units to work problems within their own community in an approach that has consistently proven ineffective in addressing even street level drug problems. Working as individual agencies, we lacked both the funding and the organization to address the much bigger problem of drug suppliers and therefore found ourselves helpless to keep pace with what we quickly came to realize was a global—not a local—problem. A border city in a tri-state area, such as Sioux City, faced the additional obstacle of extradition problems and lack of authority in adjoining jurisdictions. The result was that local agencies attempted to work together on a case-by-case basis while simultaneously juggling their own local drug problems in an approach that proved ineffective to all involved. The result is that we were barely, if at all, keeping pace with the street level drug problems in our jurisdictions and were having absolutely *no* impact on the larger-scale drug problems affecting our communities.

Several years ago, we started realizing that the drug problem in our area was not a local problem; it was a regional, perhaps global, problem that called for a different approach. The territoriality with which we guarded our information and our individual approaches proved ineffective. We found that you can't treat a regional and global problem with local solutions. It became obvious that we needed to organize ourselves, exchange information, and collaborate on investigations if we were to ever make a significant impact on the drug problem in the greater Siouxland area.

While we were growing to realize the value of a multi-jurisdictional approach, this realization was not without its problems. Sioux City is the largest community within a 100-mile radius; the agencies with whom we find it necessary to collaborate are often small agencies with insufficient manpower or resources to train or to handle the drug problems even within their own communities, much less to contribute significantly to a multi-jurisdictional anti-drug initiative. Therefore, our early task force efforts were less successful than we'd hoped. In addition to insufficient training, we lacked an organized intelligence information system and a collaborative approach to building investigations. Lastly, with the exception of only peripheral federal involvement, we lacked support from the federal government in making changes to our approach.

While we were attempting to mobilize our resources to combat the local drug problem, the drug culture itself was simultaneously outpacing us by becoming more highly organized and sophisticated than ever before. While much work was done on a larger scale to address the drug problem in the larger metropolitan cities and ports of entry the Midwest became a wide-open, lucrative market that offered little risk to drug dealers.

Realizing the value of a collaborative approach was a valuable first step in fighting the drug problem in our area. Over the past 8 to 10 years we have made significant progress in becoming more organized and adopting formalized, collaborative relationships. Another valuable step was the assignment of 2 Drug Enforcement Administration (D.E.A.) agents to Sioux City in 1992. Prior to that, Sioux City law enforcement was forced to work with agents out of the Sioux Falls office 100 miles away. Further assistance was provided when, with the help of Congressman Latham, we formed a provisional task force in conjunction with the D.E.A. in 1995. In 1997, again with the assistance of Congressman Latham, we were able to get a D.E.A. resident office established in Sioux City, formalizing a local presence for the D.E.A. and freeing them from working out of a satellite office in Sioux Falls nearly 100 miles away from the problem. In 1998, Congressman Latham helped secure funds to build a new facility in the federal building from which the task force could base its investigations. In 1999, again with help from Congressman Latham, we became a fully funded task force. When, in 1997, it became apparent that a significant number of the individuals driving the drug culture in our area were illegal aliens, Congressman Latham assisted us in securing an agent of the Immigration and Naturalization Service for assignment to our task force. This was, and remains, extremely valuable to the operation by providing assistance in identifying targets and information regarding alien status and document fraud.

Today, the fully funded Sioux City Resident Office Drug Enforcement Administration Tri-State Drug Task Force consists of 18 sworn officers and the support of two analysts. Three of the sworn officers are D.E.A. agents, 6 are Sioux City Police officers, and the remaining officers represent the states of South Dakota and Nebraska, the South Sioux City Police Department, the Woodbury County Sheriff's Office, Iowa D.N.E., and others. Through this D.E.A. sponsored task force, we were able to deputize all officers in the task force, thus giving them the ability to follow a case anywhere it went. *None* of this would have been possible without the Congressional help that we've received. Grants like the Byrne Grant and the High Intensity Drug Trafficking Area (H.I.D.T.A.) Grants are critical to financing our investigations.

The acknowledgement of Sioux City as a "hot spot" by H.I.D.T.A. is testimony to the depth of our problem and the need for a broad solution. We have cases involving Sioux Falls, South Dakota; Fort Dodge, Iowa; Norfolk and Omaha, Nebraska; and Worthington, Minnesota.

Recently, H.I.D.T.A. conducted a survey to assess the perceived strengths and weaknesses of law enforcement agencies. The identified strengths included a more cooperative approach to law enforcement, better communications, sharing of equipment and facilities, multi-jurisdictional task forces, and better prosecution. With regard to multi-jurisdictional task forces, this approach has removed the barriers between city limits, county jurisdictions, and state lines. This has fueled a cooperative law enforcement effort and has played a prominent role in leading to the gathering and dissemination of not only drug-related crime information but violence and property information as well. In addition to drug units, multi-jurisdictional task forces have become a resource for information valuable to other law enforcement investigative units. With regard to improved prosecution, we have witnessed this in our own area through U.S. Federal Attorney Stephen Rapp's increase in the number of prosecutors dealing with drug problems in our community. With the inception of the multi-jurisdictional task force and fresh cooperative law enforcement efforts, state and federal prosecutors have renewed their commitment to supporting our approach.

The survey conducted by H.I.D.T.A. revealed overtaxed manpower levels and insufficient training to be the primary weaknesses in law enforcement in addition to insufficient funding for equipment and investigations. In general, most drug units and task forces are operating on limited budgets and have limited opportunities to attend needed training at locations that require costly travel. Many of the surveys returned indicated the desire for training programs to be brought to a more regional or local area to afford the opportunity for more officers to participate. In addition, manpower problems inhibit training by leaving smaller agencies short-staffed to cover vacancies created by officers attending remote training. While most of the agencies surveyed were those that were affiliated with H.I.D.T.A., smaller agencies are even *more* exasperated at the total inadequacy of their training and their lack of funds to train or to man and sustain a major investigation in their communities.

Congressman Latham approached me several years ago with the idea of establishing a training center in Sioux City that would address these very types of training problems. In 1997, Congressman Latham was able to secure funds that enabled the Sioux City Police Department to build this country's first Regional Methamphetamine Training Center. Our goal and focus was to provide the necessary training for law enforcement agencies, especially small agencies with insufficient funding or manpower to effectively train previously. Over the past three years we have transformed an existing training center to a state of the art training center that has provided training to over 5,309 students within a 150-mile radius of Sioux City. Instructors of national prominence conduct classes in such topics as clandestine laboratory enforcement, drug awareness and recognition, the Reid technique of interrogation for narcotics, and clandestine laboratory hazardous materials training, to name a few. Training is offered free of charge to members of law enforcement agencies in Iowa, Nebraska, South Dakota, and part of Minnesota.

The response to this training initiative has been overwhelming, particularly by larger agencies. One problem that has come to the attention of both myself and Congressman Latham

is that, despite the fact that this training is offered at no cost, some small departments are still not able to take advantage of this opportunity due to a shortage of manpower. Small communities cannot leave themselves unprotected while their law enforcement officers attend training, even if that training is free. As a result, we will be working on a program to encourage local sheriffs to assist these small communities by backfilling manpower in small agencies while their officers attend class. We are hopeful that this can be done on a collaborative level by agencies helping one another out when manpower shortages arise. If this is not possible we will have to discuss the possibility of spending these earmarked funds to backfill positions while officers attend class. I believe this training is a crucial element in the fight against methamphetamine and other drugs in our communities, particularly in rural settings. It is imperative that all officers that have the desire to attend have the opportunity to do so, regardless of the size of their agency.

The other immeasurable value of this training opportunity is its ability to facilitate communication between members of agencies that might not have otherwise had the opportunity to meet. This training is the glue that binds all efforts together. At least once a year we sponsor a seminar in which members of our Tri-State Drug Task Force and the U.S. Attorney's office instruct attendees on the necessary elements of building a case that meets the level of federal investigation under a D.E.A. task force. This gives members of local agencies a chance to make contact with the Task Force and establish contacts that can be drawn upon for support in future investigations. These seminars also give participating agencies the chance to share information, thereby improving the quality of the intelligence network. *In the future, and it is imperative that we receive Congressional support in this endeavor, we plan to develop a multi-jurisdictional geographic information system to coordinate drug intelligence information for agencies throughout our Tri-State area. Through this information system, participating agencies can contribute information to a shared database and query that database through manipulation of interactive maps. Pooling our information in this manner will tie our efforts together and facilitate a sharing of information not previously possible. Most importantly, this will allow us to quickly identify and respond to problems in our area.*

In closing, you can see that where we came from and where we are today are light years apart, and yet we have far to travel to eliminate the methamphetamine problem in our country. However, I don't believe in just throwing money at problems. I ask, instead, for your continued support for these programs that have provided tried and proven methods of improving our approach to fighting methamphetamine. Congressional support for multi-jurisdictional task forces, H.I.D.T.A., and Byrne funding have been invaluable in helping us broaden the scope of our effort to more realistically face the scope of the problem. We thank you for this support and urge you to continue supporting these initiatives; we believe their full potential is just beginning to be realized. However, as you know, the drug problem does not exist in isolation. To be as efficient and effective as possible in impacting the drug problem, an increased effort must be made to impact the problem with illegal aliens that drives the drug trafficking problem. We must also focus attention on reducing the demand for illicit drugs. Lastly, we must not forget that as we succeed in our efforts we become victims of our own success by contributing to jails that are already crowded far beyond their capacity. All of these are issues we urge Congress to keep in mind as they initiate and guide policy that guides both our local and our national fight against the problem of methamphetamine.

Again, I'd like to personally thank Congressman Latham for his overwhelming support in this community and Congress as a whole for their support for our efforts. Thank you.

Mr. MICA. We'll withhold questioning until we have heard from all the witnesses.

I'll recognize now Marti J. Reilly who is with the Tri-State Drug Task Force. You're recognized.

Mr. REILLY. Good morning, gentlemen. My name is Marti Reilly. I'm a sergeant with the Sioux City, IA, Police Department. I have been a police officer for 19 years. My current assignment is the Tri-State Drug Task Force where I am the group supervisor.

The Tri-State Task Force is a multi-jurisdictional drug investigation group located in Sioux City. The task force was formed in 1995 to combat the ever-growing drug problem in Nebraska, Iowa, South Dakota area which we refer to as the tri-States. By 1995, it was obvious to those of us who worked drug investigations that we had a larger problem, primarily with methamphetamine, than we as individual agencies could handle alone. With Federal assistance through the Drug Enforcement Administration, local and State law enforcement agents could work together as deputized task force officers. This did allow us to operate without jurisdictional boundaries around us. That didn't stop the drug dealers, and instead it was stopping us.

Our group today has 18 agents and officers working together in a centralized office. The group receives funding from DEA, through HIDTA, and through the Gothic grants.

I worked drug investigations in Sioux City for 7 years over three different periods of time. I started working drug investigations in 1988. The drugs we were seeing available on the street at that time were powder cocaine and marijuana. I stopped working drugs in 1990 and then returned to working drug investigations in the fall of 1993.

In that 3-year period while I was gone the new drug that hit the streets of Sioux City was methamphetamine and it hit in a big way. The first seizure of methamphetamine that we had in the Sioux City area was 92 percent pure, and we discovered a pound at that time. That was controlled by a Mexican male subject who was not interested in cooperating with law enforcement on where his drugs came from.

This marked the beginning of a disturbing trend that continues to this day. While the Hispanic population has grown in our community, Mexican drug dealers have been able to blend into neighborhoods and communities. While attempting not to paint a picture with a wide brush, we have found that drug dealers at the top of the distribution network in our area predominantly are resident aliens or illegal aliens from Mexico.

New terms have sprung up in the drug community, terms like Mexican Meth and Mexican Mafia. The term Mexican Meth is due to the fact that in our investigations the higher up the source scale you seem to go, Mexicans seem to control the drugs. The term Mexican Mafia seems to identify the methods used by these drug dealers in the way that they conduct business.

We have very good Hispanic families in our community. Dealers, like I said earlier, try hard to blend in. We have a disproportionate number of Hispanics involved in drug trafficking in this area. Meth laboratories or lab manufacturing has somewhat increased in our area. It's not as overwhelming as it is in the rest of the State, but

our particular area has increased mostly due to the quality of the methamphetamine going down significantly and the prices remaining the same. Therefore, they're getting into manufacturing on small scales.

In the tri-State area we have approximately 120,000 people. We received intelligence information reports of much larger amounts than we could possibly support in this area. We in the area are referred to as the hub city, a title that we are working hard to change. One of the things that go hand in hand with large amounts of drugs are large amounts of money. The task force is working hard to interdict and intercept as many and as much methamphetamine as we possibly can.

An area that we could use help in is with financial investigations. Many drug investigations have a member of the Internal Revenue Service working with them who specialize in investigations. We do not have an IRS agent in our group. I believe the seizing process away from drug organizations hurts the drug organization more than seizing drugs.

Last, I request that this group seriously look into the problem of illegal immigration in this country. The problem facing us now is that we have to take the good with the bad. The bad control drug trafficking in our area. We deal with subjects who get arrested and flee back to Mexico. These subjects have several identities and are gone out of the area before their true identities are known. We also see many transient transporters who show up with multiple pounds of methamphetamine who know little of the organization or who are willing to tell us anything about their organizations or cooperating. We have found that only through cooperative approaches to investigating and information sharing from law enforcement has an impact on the problems that have been faced in the Midwest. Thank you.

Mr. MICA. Thank you for your testimony.

[The prepared statement of Mr. Reilly follows:]

COMMITTEE ON GOVERNMENT REFORM
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY
DRUGS IN THE SIOUXLAND AREA BY SGT MARTI J REILLY

Information Provided by Witness: Marti J. Reilly

Marti J. Reilly has been a police officer for nineteen years. I have worked narcotics investigations on three different occasions: from 1988 to 1990, from 1993 to 1997, and from 1999 to present. My current assignment is the Tri-State Drug Task Force group supervisor.

The Tri-State Drug Task Force is made up of officers from the following different areas of the community: the Sioux City Police Department; the Woodbury County Sheriff's Department; the South Sioux City, Nebraska Police Department; the Iowa Division of Narcotics Enforcement; the Nebraska State Patrol; the South Dakota Division of Criminal Investigations; with the Federal presence of officers from the U. S. Marshals Service; the Immigration and Naturalization Service; the Iowa National Guard; and the Drug Enforcement Administration which is the lead agency involved in our task force. The Drug Enforcement Administration deputizes the state and local officers to act as task force agents with the ability to investigate drug crimes throughout the Midwest without jurisdictional problems.

Also as a result of the Drug Task Force being formed, other changes have occurred. The U. S. Attorney's Office, which in 1993 had one prosecutor primarily for drug investigations, now has a federal contingency of five drug prosecutors: four with full case-loads and one who has a one-half case-load and supervises the other four. From 1993 until the present, we have gone from a part-time Federal magistrate to a full-time Federal magistrate. In 1993, there was one Federal District Court judge. Currently there are two judges: one senior Federal judge who hears cases on a part-time basis and a full-time Federal District Court judge.

From an historic perspective, in 1988, the Sioux City Police Department had three officers assigned to work drug investigations. The Woodbury County Sheriff's Office had no drug investigators; South Sioux City had no drug investigators; the Iowa Division of Narcotics Enforcement had one officer assigned to cover the northwest Iowa area; the Nebraska State Patrol had an investigator who worked drug cases as well as other criminal cases; the South Dakota Division of Criminal Investigations had no investigator in the Sioux City area; the Marshals Service, Immigration & Naturalization Service, Iowa National Guard and Drug Enforcement Administration had no drug enforcement presence in the Sioux City area.

In 1988, the drugs we were seeing most in Sioux City were powdered cocaine and what appears to be the ever-present marijuana. At that time, we would have considered a large seizure to be an ounce of powdered cocaine or several ounces of marijuana.

Prior to my starting to work drug investigations in 1988, the Sioux City Police Department was involved in the search and seizure of a methamphetamine lab. This was a P2P type lab that was being operated for and by outlaw motorcycle gangs in Sioux City. While that lab was seized in approximately early 1988, the product manufactured there did not seem to be a large-scale problem on the streets. We who investigated drugs in October 1988, were not seeing large quantities of methamphetamine available on the street for sale.

When I left drug investigations in 1990, cocaine that we were seeing on the streets was being made into crack cocaine and was starting to show a big presence in Sioux City. I left drug investigations from 1990 until 1993. What happened during this time was the arrival of what we refer to as "Mexican Meth". In 1992, the Drug Enforcement Administration assigned two agents to Sioux City to a post of duty position with their resident office being in Sioux Falls. The two agents were located in Sioux City, Iowa.

In 1993, I was again assigned to work narcotics investigations. In interviews with individuals who I will refer to as locals, the method of methamphetamine insurgence into Sioux City was done by a marketing strategy that proved to work extremely well. Individuals were drawn to the Sioux City area primarily for employment in the meat packing industry with two meat-packing plants in Sioux City. This appeared to be what drew them here. The drugs that followed seem to be marketed initially by almost grocery store marketing; free samples were given out to just about anyone who would take them. It appeared that dealers or subjects who were coming into the Sioux City area were able to receive drugs from counterparts in either California or Mexico. They were making the contacts here to feel out the market. What was happening on quite a large scale was that local individuals were fronted or consigned quite large amounts of drugs. A quarter pound to a half-pound of methamphetamine with no money would be fronted. They were to go out and sell to their friends and when they had sold the drugs, then to bring the money back. Because many of these Hispanics in the community could not speak English very well and did not know enough people to move this quantity of drugs, this appeared to be a very common method to befriend someone from a packing plant or from the neighborhood and consign out drugs. We were hearing a new term also, that was when individuals were getting drugs consigned or fronted and could not come up with the money to pay back the individual. We heard the term "Mexican Mafia". The threat was that if you didn't pay up, others from Mexico would come and threaten to kill them and then would disappear back into Mexico. This was not only a good motivator for individuals to pay up for the drugs, but because they owed money to these individuals, a strong allegiance was developed.

I recall executing a search warrant in 1994 and seizing one pound of methamphetamine which was sent to the lab for analysis. That amphetamine was 92% pure. What appeared to be happening was that the Mexicans of our area were taking over

all control of the methamphetamine trade in this area. Their product was highly pure, their marketing strategy was working and anyone else, who had been in the market at the time, was going to be pushed out due to the low prices and large amounts of highly pure product on the market.

What we saw then and what we continue to see now is that the drug dealers in our area answer to an organization not directly ran out of the Sioux City area. What we have in Sioux City is a very transient group of dealers who can speak Spanish; now they can also speak English. Many are undocumented aliens who use aliases so identification is difficult. They move around often within the community and also move back and forth to Mexico and California quite regularly. It appears that when they think that they may be sought after by law enforcement, they disappear out of the community.

Starting in the 1990's and continuing to this day, the primary source of methamphetamine in our community was what I have referred to as "Mexican Meth" or methamphetamine being controlled by Hispanics. This fact appears to us often when we begin to investigate a methamphetamine group and move up the food chain on who is the source of supply. It appears almost without fail that the higher we go, the more Hispanics are brought into the picture.

The goal of the Tri-State Drug Task Force is to investigate middle to upper level drug dealers, to target those groups and to try to disassemble their organization. At the time that I am compiling information for this report, I have received teletype information in regards to a Hispanic individual stopped in California who is transporting ten pounds of methamphetamine to Idaho. The subject did cooperate and was interviewed. He stated that in his next shipment, he was to take thirty to forty pounds of methamphetamine to Sioux City, Iowa.

Also, in the last two weeks, in search warrants executed by our Task Force, another phenomena to the methamphetamine business has been observed. We have gone in to execute search warrants and have found large quantities of stolen merchandise. This merchandise is being traded as though it was money for methamphetamine. The spin-off crimes continue to point a finger back to drugs; primarily the drug of choice in this community is methamphetamine.

In 1994, we were shocked to find a pound of methamphetamine at a search warrant. I recall a DEA agent at the scene saying how many pound dealers do you think that we have in Sioux City. He thought we had found the biggest drug dealer in town. In retrospect, there were probably several. Today, we hear of, and seize multiple pounds of methamphetamine. We receive information about shipments coming with staggering amounts of methamphetamine, on somewhat of a regular basis. Thirty to sixty pounds every week or two go to just one organization.

I mention organization because it does appear that some of these Hispanic groups are quite well organized. I believe that they are being operated elsewhere, it appears that

there are businesses in our community that are nothing more than store-front money laundering outfits for drug trafficking.

A request I would make in this report for the record is, if possible, an investigator be assigned from the Internal Revenue Service, a division that they refer to as CID, Criminal Investigation Division. I believe this investigator could assist in the investigations of money laundering and front businesses that exist in our community. This would be a definite aide in combating the profit being made by drug trafficking.

In controlling the market, which we have seen happening with the Mexican Meth, one of the other phenomena is the quality or the purity of drugs, though the prices have remained pretty much the same, the quality has diminished a great deal. With the appetite that the community has had due to the overwhelming amount available on the streets, individuals with the help of internet recipes, and the availability of space in the farming community away from the general public, have started methamphetamine labs on a very small scale. These labs are being operated out of houses and garages. We have not seen an overwhelming amount of labs in the Sioux City area, but the numbers have increased. Most of these methamphetamine labs are producing perhaps an ounce or less at a time or "at a cook".

In interviewing individuals who have been running these labs, we learned that the reason behind them getting into running their own lab was that they don't always trust dealing with Mexicans. They don't feel as though the quality and prices of their drugs are any good. The drug quality is poor and the prices too high for inferior drugs; therefore, they are producing their own for their own use and also for sale. Their own drugs are so much more pure and can be cut several times to turn quite a profit for a dealer/user.

To conclude, the Tri-State Drug Task Force has been involved in major conspiracy investigations that have had a major impact in our community. In 1995, the Tri-State Drug Task Force was formed. In 1997, the Drug Enforcement Administration opened a resident agent position in Sioux City which is a supervisory position. In 1998, we moved to a new location in the Federal Building. With the assistance of DEA, we were all put under one roof in an area large enough to facilitate our work. In 1999, we became fully funded as a fully funded task force. Fully-funded status means the Drug Enforcement Administration pays for overtime and assists in fuel costs.

With a task force of approximately twenty individuals working hard to combat drugs in our community, I believe at times we fear we cannot keep up the pace. Can we continue to do better than the year before knowing that Federal and State funding is getting tighter? Can we continue to keep our numbers up? What I have observed is that the same individuals who can supply methamphetamine, can also supply cocaine and marijuana. We hear the rumor that methamphetamine will be replaced as the major drug of choice by heroin. We have not seen any evidence of that in our community but I am quite confident that if that is the case, we will be dealing with the same drug trafficking groups that we are currently working on. It appears that we are not getting to the top of

organizations. When we take a dealer out of the mix, tomorrow he is replaced by someone else.

It appears obvious to me that demand reduction would have to take place in order for the drug epidemic that is hitting our particular area to truly stop or to slow down. What has definitely assisted us is having good Federal prosecution, sentencing guidelines that have teeth, and good cooperation through the agencies that we have involved in our Task Force. I believe that cooperation of agencies on a Federal, State, and local level have made a huge impact in our investigation of drug crimes in our community and that through this cooperation, it will continue.

Respectfully submitted,
Sgt Marti J. Reilly
Sioux City Police Department
Tri-State Drug Task Force

Mr. MICA. As I said, we'll withhold questions till we've heard from all of the panel.

On the panel the last witness is Penny Westfall and she is the Commissioner of Public Safety for the State of Iowa. You're recognized.

Ms. WESTFALL. Thank you, Mr. Chairman. We did bring along additional graphs and information that we would ask—

Mr. MICA. Without objection those graphs and that information will be made part of the official record. Please proceed.

Ms. WESTFALL. Over the last 5 years Iowa has been subject to dramatic increases in the number of meth labs that we have seized. Due to that the Department of Public Safety created a specialized team which is made up of members from different divisions within the department, the Division of Narcotics Enforcement, the Iowa State Patrol, the State Fire Marshal's Office and chemists from the Division of Criminal Investigation criminal laboratories. This team provides assistance to Federal, county and State law enforcement through the State of Iowa.

As you know, the labs have increased tremendously from a small number to over 500 seized by the State last year. In addition to that there were 300 seized by the city and county law enforcement agencies, so we were over 800 labs seized.

Two manufacturing methods are used in Iowa, the Nazi method and the red phosphorus. The primary one is the Nazi method. We have seen a change in clan lab operations. Labs are getting larger, capable of producing larger quantities of methamphetamine. The pooling of efforts and precursors by the smaller lab operators is occurring. The agents of the Division of Narcotics Enforcement are working major methamphetamine lab conspiracy cases involving multiple lab operators. Our intelligence gained through cooperating individuals indicates several out-of-state organizations view Iowa as a fertile ground to set up large-scale operations.

The locations of Iowa's lab sites tend to be seasonal in nature. As the weather warms, the clan lab operations move to the rural open areas, and as winter approaches they become more urbanized by migrating back indoors. We have found labs in major metropolitan areas and in most rural areas. They have been found in various locations, and we have several small farm communities along the Iowa-Missouri borders that have experienced a large number of labs.

The Department of Public Safety has sponsored four 40-hour OSHA certified lab certification schools during 1999 to assist local law enforcement agencies in combating the meth problem. Sixty-nine sworn city officers and 11 firefighters attended and were subsequently certified. We've also done several, four 1-day re-certification courses. The Division of Narcotics Enforcement, supported by the State Fire Marshal's Office, presented 90 classes on methamphetamine clandestine lab recognition to over 6,500 people. These classes were comprised of sworn officers and full and voluntary firefighters.

The Iowa State Patrol established a full-time 11-person highway interdiction team in July 1999 to deter the importation of meth. Approximately 85 percent of our meth is believed to be imported from outside States. The Iowa State Patrol has 48 troopers who are

clan lab certified. These troopers reside throughout the State and can respond to assist as needed.

Last year the Division of Narcotics Enforcement requested and received additional sworn officers, permitting the assignment of 11 agents to full-time meth lab enforcement efforts. The State Fire Marshal's Office has seven lab certified officers which respond to clan lab sites to assist in the identification and removal of explosive substances and devices when found. The State Fire Marshal's Office is responding to more fires that are the result of accidents occurring during the manufacturing of meth.

The Division of Criminal Investigation's crime laboratory is also severely impacted by the number of active labs and seizures. Prompt analysis of the evidence is critical to any prosecution. Many of the lab sites seized require the presence of a chemist. This in turn slows down the evidence analysis. The DCI has six certified clan lab chemists. Last year they earned over \$21,000 in standby time and over \$52,000 in actual overtime at lab sites. This total is just under what is expended for the remaining 40-member crime laboratory staff. The current crime laboratory is severely limited in space. New facilities are needed as soon as possible to meet the demand for prompt testing. The passage of the National Forensic Science Improvement Act is imperative.

These labs are extremely resource-demanding. Officers are diverted from their regular assignments, requiring overtime pay, the specialized equipment and physicals continue to rise. The clan lab related overtime costs to the department exceed thousands of dollars each quarter, including the recertifications.

The specialized equipment required to safely enter lab sites is cost-prohibitive to most agencies. Even a small lab may cost \$1,200 in expendable items. The actual cost of physicals is also quite costly. They are truly a safety concern. Lab sites are not only places where illegal substances are produced, but innocent people are subjected to possible explosion, fire and carcinogenic wastes. These labs are manpower and resource draining, costing thousands of dollars to clean up.

It is imperative that the DEA be funded for their lab site clean-ups and they help refund the States that had to cover the costs when they ran out of money.

In closing, the labs create a true public safety hazard that demands law enforcement response. We appreciate your being here to address that.

Mr. MICA. Thank you so much.

[The prepared statement of Ms. Westfall follows:]

METH LAB OVERVIEW

Over the past five years, Iowa has been subject to consistent and dramatic increases in the number of clandestine methamphetamine laboratories seized. To meet this threat, the Department of Public Safety formed the Clandestine Laboratory Emergency Response Team (CLERT), which is comprised of specially trained law enforcement officers from the Division of Narcotics Enforcement, the Iowa State Patrol, the State Fire Marshal's Office, and chemists from the Division of Criminal Investigation. This team provides assistance to federal, county, and city law enforcement throughout the state of Iowa.

The CLERT has responded to the following number of laboratories (calendar year):

1993 – 4
1994 – 2
1995 – 8
1996 – 31
1997 – 63
1998 – 320
1999 – 502 (with local enforcement responding to another 300 lab sites).

As of June 23, 2000, the DPS CLERT has responded to 199 lab sites.

Two manufacturing methods have been identified in Iowa: the "NAZI" method, which is a lithium ammonia reduction of ephedrine to methamphetamine, and the Iodine/red phosphorus method. The "NAZI" method is the predominant choice, with only a very few red phosphorus labs being utilized. Since approximately mid 1999, the Clandestine Laboratory Emergency Response Team has detected a change in clan lab operations. The labs are getting larger, capable of producing larger quantities of methamphetamine. The pooling of efforts and precursors by the smaller lab operators is occurring. The agents of the Division of Narcotics Enforcement are working major methamphetamine lab conspiracy cases involving multiple lab operators. Intelligence gained through cooperating individuals indicates several out-of-state Hispanic organizations view Iowa as a fertile ground to set up large-scale operations.

The locations of Iowa's clandestine lab sites tend to be seasonal in nature. As the weather warms, clan lab operations migrate to the rural open areas and as winter approaches, they become more urbanized by migrating back indoors. Methamphetamine labs have been found in the major metropolitan areas to the most rural areas of Iowa. Labs have even been found in empty grain silos. A number of labs have been found in and along the small farm communities along the Iowa/Missouri border.

The Department of Public Safety sponsored four (4) 40-hour OSHA certified clandestine laboratory certification schools during calendar year 1999 to assist local enforcement agencies in combating the methamphetamine lab problem. Sixty-nine sworn city and county officers and eleven fire fighters attended and were subsequently certified. The Department also sponsored four (4) 1-day re-certification courses, which were attended by a total of 92 sworn officers. The Division of Narcotics Enforcement, supported by the State Fire Marshal's office, presented 90 classes on methamphetamine clandestine lab recognition to 6,579 people. These classes were comprised of sworn officers and full and voluntary fire fighters.

The Iowa State Patrol established a full time 11-person Highway Interdiction Team in July 1999 to deter methamphetamine importation. The Iowa State Patrol has 48 Troopers, who are clandestine laboratory certified. These Troopers reside throughout the state and can respond to assist as needed.

Last year, the Division of Narcotics Enforcement requested and received additional sworn officers, permitting the assignment of 11 agents to full time methamphetamine laboratory enforcement. The State Fire Marshal Office has 7 clandestine laboratory certified officers, which respond to clan lab sites to assist in the identification and removal of explosive substances and devices when found. The State Fire Marshal Office is responding to more fires that are the result of accidents occurring during the manufacture of methamphetamine.

The Division of Criminal Investigation's crime laboratory is also severely impacted by the number of active labs and methamphetamine seizures. Prompt analysis of evidentiary material seized is critical to any prosecution. Many of the clandestine lab sites seized require the presence of

a chemist. This, in turn, slows evidentiary analysis. The DCI has only 6 certified clan lab chemists. Last year they earned \$21,323 in stand-by time and \$52,313 in actual overtime at lab sites. This total is just under what is expended for the remaining 40-member crime laboratory staff. The current crime laboratory is severely limited in space. New facilities are needed as soon as possible to meet the demand for prompt testing. The passage of the National Forensic Science Improvement Act is imperative.

Clandestine laboratories are and continue to be extremely resource demanding. Not only are officers diverted from their regular assignments, but also costs for overtime, training, specialized equipment and physicals continue to rise. Clan lab related overtime costs for the Department exceed thousands of dollars each quarter. OSHA required 40-hour clan lab certified training was provided by DEA at no cost, minus travel and subsistence. But due to the increasing nationwide demand for this training, DEA cannot accommodate all requests. The DNE is currently working with personnel of the Sioux City Training Center to provide this training without cost to enforcement and Hazmat team members.

The specialized equipment required to safely enter lab sites is cost prohibitive to most agencies. Even a small lab may cost \$1200 in expendable items. Annual OSHA required physicals for 93 sworn DPS officers cost approximately \$30,000 per year. These overall high costs impede or prevent local law enforcement from pursuing independent lab investigations.

Clandestine methamphetamine labs are a true safety concern, not only is an illegal substance produced, but innocent people are subjected to possible explosion, fire and carcinogenic wastes. These labs are manpower and resource draining, costing thousands of dollars to clean up. Iowa does not currently have a methamphetamine laboratory clean-up fund. The Federal Drug Enforcement Administration (DEA) was, and has been, historically responsible for these expenses. Approximately three months ago, DEA's clandestine methamphetamine laboratory clean-up fund was exhausted. The Department of Public Safety subsequently incurred \$349,799.00 in clean-up costs for 99 clandestine methamphetamine laboratory sites. DEA has recently received five million dollars to meet present and past clan lab clean-up costs and the Department is seeking reimbursement for those costs. Five million dollars will only address past and immediate needs. Congress must give DEA priority funding to maintain

their clean-up program. Iowa, along with other states, is not financially prepared to deal with the rising costs of methamphetamine laboratory clean-up.

In closing, clandestine methamphetamine labs create a true public safety hazard that demands law enforcement response. The Iowa Department of Public Safety continues to meet the challenge of the rising number of methamphetamine laboratories and imported methamphetamine. To better serve and protect the citizens of Iowa, the Department must have assurances that there will be continued funding for lab clean ups, and additional funds for overtime, OSHA required physicals and training, specialized equipment, and forensic laboratory enhancement.

Please note supporting attachments.

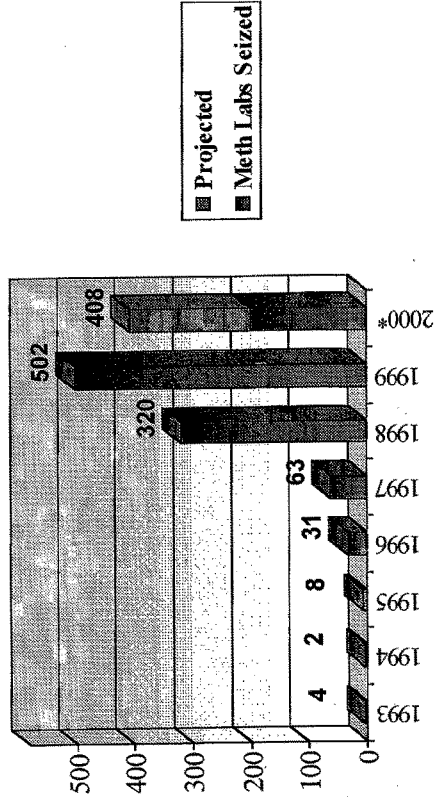
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Iowa Department of Public Safety



Number of Clandestine Methamphetamine Laboratories Seized by Calendar Year



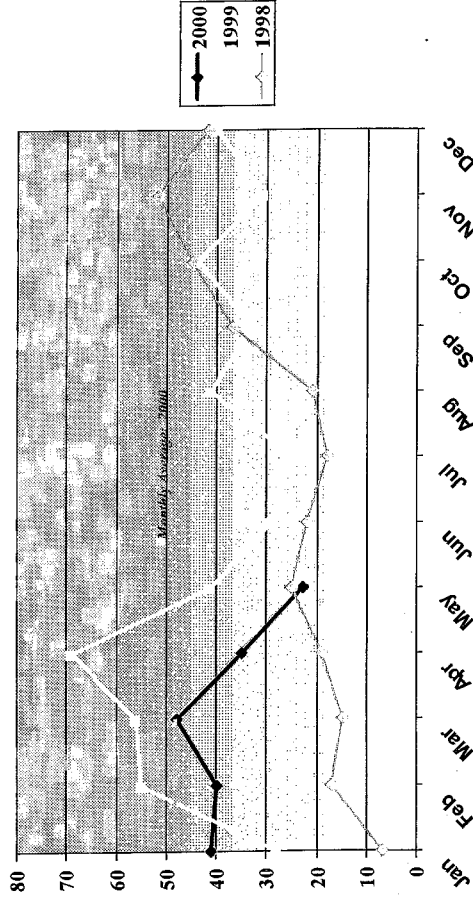
* Indicates a Source Date of: June 23, 2000
Prepared By: Iowa DPS - Intelligence Bureau
POC: CIA Huntsman





Iowa Department of Public Safety

Monthly Clandestine Methamphetamine Laboratory Seizures - 1998/1999/2000



Iowa DFS - Clandestine Emergency Response Team		2000
Methamphetamine Laboratory Seizures		Total
1999 Total	502	187
Date: May 31, 2000 // DFS Intelligence Bureau		

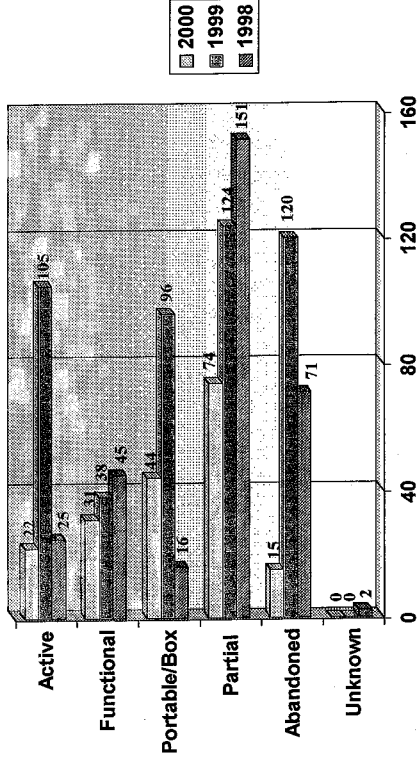




Iowa Department of Public Safety



1998/1999/2000 Clandestine Methamphetamine Laboratory Seizures By Type



1998 Total Labs Seized: 320
 1999 Total Labs Seized: 502
 2000 Total Labs Seized: 187

Prepared By: DPS Intelligence Bureau
 Source Date: May 31, 2000
 Source: DNE Statistics Database
 POC: CIA Huntsman



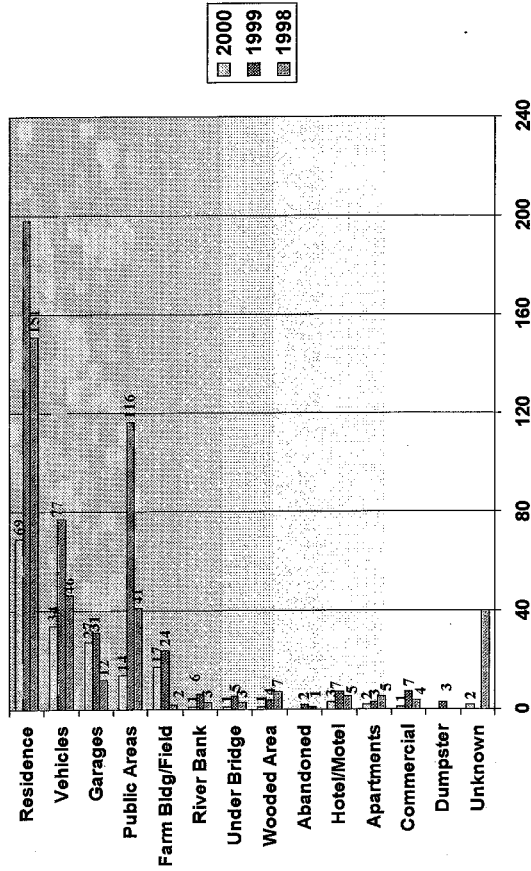


Iowa Department of Public Safety

Breakdown of 1998/1999/2000



Clandestine Methamphetamine Lab Seizures By Type of Location



2000
1999
1998

1998 Total Labs Seized: 320
1999 Total Labs Seized: 502
2000 Total Labs Seized: 187

Prepared By: DPS Intelligence Bureau
Source Date: May 31, 2000
Source: DNE Statistics Database
POC: CIA Huntsman

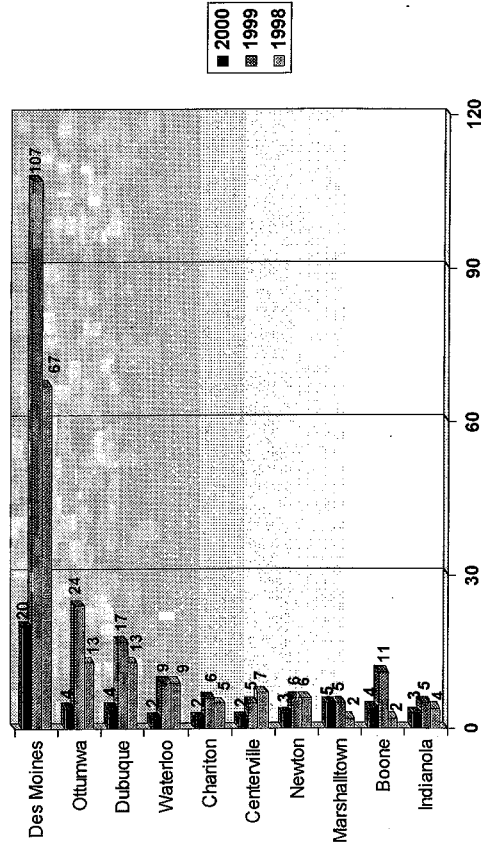




Iowa Department of Public Safety



Top 10 Urban Area Clandestine Methamphetamine Laboratory Seizures



Source Date: May 31, 2000
 Prepared By: DPS - Intelligence Bureau
 FOC: CIA Huntsman

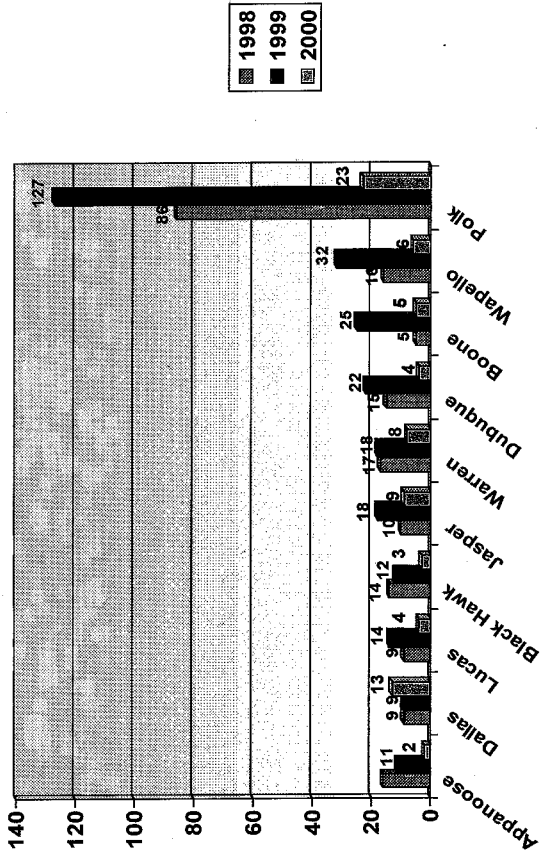




Iowa Department of Public Safety



Clandestine Methamphetamine Laboratories Seized by County (Top 10)



Source Date: May 31, 2000
 Prepared By: DES - Intelligence Bureau
 POC: CIA Huntsman

Mr. MICA. I appreciate all of the witnesses on the panel providing us with testimony this morning.

Let me start with a few questions if I may.

You've cited a couple of areas that are national responsibility, and that we need attention on this problem. One is the problem I guess of illegals coming into this area. What percentage of illegals of those who are involved in this meth production activity or criminal activity are illegals, is it a small percentage?

Mr. FRISBIE. I talked to Sergeant Reilly about this recently, and the figure we come up with is around 50 to 60 percent.

Mr. MICA. Fifty to 60 percent.

Mr. FRISBIE. Of the people that have been arrested in our community for the drug problems, methamphetamine, have been Hispanic, Hispanic individuals. They're highly over-represented.

Mr. MICA. I'm talking, they're illegals, they're not people who are here legitimately?

Mr. FRISBIE. That's right.

Mr. MICA. What about cooperation from INS, a Federal agency, in removing these individuals? I mean, if we have that many people who are here illegally to begin with, not to mention their criminal activity, it is a Federal responsibility to remove them. Are you getting proper attention from INS, or is there proper resources to deal with the illegal alien problem here?

Mr. FRISBIE. From the investigation standpoint, we have an INS agent in the task force, but, however, the removal I think is by justice, there has been a problem. And of course the housing, where to put these people, the length of time it takes to—

Mr. MICA. Process and move them out.

Are you also getting repeats now, are they coming back some of them? You talked about some use of aliases.

Mr. REILLY. We have illegal re-entry problems. The thing is that many times we have problems identifying them in the first place. We do have an INS agent within our task force. The thing is that they have to be convicted of a felony before deportation hearings generally take place. So jail space is becoming more and more burdensome toward beds available. I think the standard is going to continue to raise on what it takes to actually deportate.

Mr. MICA. That seems strange, because we get cases in Florida all the time where people who are here innocent and come in, they may have overstayed their stay, but they move them out in a hurry.

Mr. REILLY. You're a lot closer than we are.

Mr. MICA. So that's one of your problems, geographic.

You said you don't have an IRS agent as part of your effort here, and you said you can also go after these folks through either a tax evasion or some financial improper activity. Was that a recommendation?

Mr. REILLY. Yes, it was. IRS has a division called CID, Criminal Investigation Division, that they're law enforcement agents, not just accountants, who specifically work on money laundering, and that's the type of agent we would like to see assigned to our task force to assist us in the financial investigations of some of these organizations.

Mr. MICA. I'd like to come away from these hearings with something positive. Maybe we can do a joint letter from us to local members, and may get some others to IRS. When I was chairman of Civil Service, I had over 110,000 employees and thousands of criminal investigators. Maybe we can get one for this area. And if the staff will remind me, we'll initiate that good recommendation.

We know, and I've heard testimony among all three of you that we have Mexican illegals or Mexican traffickers involved which is kind of mind-boggling considering again the Heartland of America here. How far back are we able to trace these? I know that you probably have a certain number of people who immigrated here and worked here and conduct themselves very well. But you have got this illegal or criminal activity, and it must stem back to Mexico at least as far as supplies or finance. Is there a good connect here? Is this something that the DEA and FBI are following up on? And do we have the cooperation of Mexican officials in going after the bad guys? Chief.

Mr. FRISBIE. I wish I could answer that.

Mr. MICA. You're not seeing that?

Mr. FRISBIE. No.

Mr. MICA. Ms. Westfall.

Ms. WESTFALL. We work closely with the DEA and the FBI in trying to develop the conspiracies and working with the Federal drug task force. I can't speak directly as far as the cooperation from the Mexican Government, but we certainly are receiving the cooperation from our Federal agencies in reaching, trying to reach the conspiracies. It's difficult.

Mr. MICA. Are there specific cases that you have been able to go after and they're tracing them back to Mexican dealers, and are we seeing success, or was there some lack of resource or attention from the DEA or FBI to this area and your specific problems? Be candid. If you don't want to tell me publicly, I'll be glad, I don't want to embarrass anyone, and I know you work with these officials. But our purpose in being here is to get the resources here and to make certain that the Federal agencies are cooperating with the locals, and sometimes that doesn't always happen.

Mr. REILLY. Let me go ahead and explain a case to you to kind of give you some idea what we see. We had an organization that involved several family members that ran a business, an auto parts business. In that business there were two, there was one in Iowa, actually it was in Nebraska, and one in California. We continually received information that this group was responsible for large quantity shipments, 30 to 60 pounds methamphetamine coming into this area every 2 to 3 weeks. We intercepted through a courier that came out here without drugs with her, but she had a pickup ticket at a local common carrier. We went out and with her cooperation we seized that auto part and x-rayed it. That auto part contained seven pounds of methamphetamine, completely wrapped in fiberglass, painted up to look like a spoiler on a car. When we started working that conspiracy from that particular seizure, that business disappeared. We sent agents immediately out to California because we figured that that was where they were going, is to the other auto parts store. They disappeared from there also and were back in Mexico within days.

Mr. MICA. So the operation was linked to Mexican traffickers, and this operation was just a front. Did the part come in from California or from Mexico?

Mr. REILLY. From California. Most of what we see is it seems like the Hispanic groups that control the drug trafficking have their last setup in California. I believe the chemicals come into California, they're manufactured in California, they're shipped through the Southwest.

Mr. MICA. Being shipped through legitimate carriers, too?

Mr. REILLY. Not ordinarily. I would say a vast majority of what is shipped is in compartmentalized vehicles. The interdiction teams are seeing more and more hidden compartments in semi-truck trailers, in regular vehicles. They're using families to look like mom and pop and the kids in an RV that may contain 30 to 60 pounds of drugs hidden in the vehicle. I think our roadways are inundated.

Mr. MICA. You also testified that 80 percent of this stuff is coming in already produced and you have got the labs on top of it producing it here. You have described the transport and entry of the product and some of the routing. What about precursor chemicals that are being used in the local production, what are we finding here?

Mr. REILLY. That we have seen in our area, and I'll let Penny address the statewide, are mostly the meth labs where you could get the precursor chemicals at a local hardware store, more like a Wal-Mart type store.

Mr. MICA. So the precursors are not necessarily coming in from Mexico?

Mr. REILLY. No. In fact, what we see the most of are smaller labs that manufacture an ounce or less, and most of those precursor chemicals are purchased at local department stores.

Mr. MICA. Finally let me ask you about the HIDTA. We've put a lot of money in the HIDTAs. It's sort of a food fight, everybody going after the money. So many areas have such a tremendous problem right now. We have limited resources, and we're cutting the pie slices a little bit thinner. How is your money spent here, and do you feel it's effective?

What I'd like to know is that some places build their own little HIDTA bureaucracy. Some of them put money into different agencies. Some of them have cooperative efforts. Perhaps you could describe how your money is being spent and do you feel that that's the most effective way? Then if we had a few more dollars where would you target, Chief Frisbee?

Mr. FRISBIE. We have six members of our task force right now that are supported by HIDTA grants. Those, all six of those people are investigators. Most of the money we have in our task force at least is supporting investigative efforts. In fact it's almost all of it really.

Mr. MICA. How do you physically operate? Do you have a building? Some of these HIDTAs are buying buildings.

Mr. FRISBIE. That's an interesting question.

When we first got in the business, we actually built our own out of an old warehouse, and Congressman Latham came down and took a look at it 1 day and said we probably should have something

a little better than that. We actually built a center over in the basement of the Federal Building.

Mr. MICA. Using an existing Federal resource and converting it. What about administrative staff?

Mr. FRISBIE. One secretary. It's a fairly nice arrangement.

Mr. MICA. But the bulk of your money is going into personnel that are actively involved in investigating?

Mr. FRISBIE. Yes.

Ms. WESTFALL. Mr. Chairman, if I may, for the State, I think speaking across the State, the HIDTA funds are essential for continuing the enforcement efforts across the State. I know with the Department of Public Safety, ours goes to personnel, to overtime, to equipment. We just recently received, asked the State, what are you needing for interdiction, and we added equipment and items that they're needing also. So it's multi, it covers several of the divisions within the Department of Public Safety.

Mr. MICA. Your HIDTA money is really for multi-state efforts, too?

Ms. WESTFALL. Yes.

Mr. MICA. What ends up—like in Iowa, is there some kind of equitable distribution between Iowa, South Dakota and Nebraska? Is Missouri in this area?

Ms. WESTFALL. Yes.

Mr. MICA. Tell me how that's divided and is that a fair way to do it?

Mr. FRISBIE. Mr. Chairman, if I may, if we could recognize Tim Carter who is with us today from DNE, he was the chairman of the board of the Midwest HIDTA, who could really address these questions quite well, if that would be permissible.

Mr. MICA. I'll tell you what we'll do. We can add him to the next panel. He's not on it. Or the last panel.

Ms. WESTFALL. We believe that it is being equitably shared, although some of the States have not been as active as Iowa and Missouri has. So as other States become more active, then their requests are increasing for additional moneys, which means they will be taking it from the States that have been using it in the past. There are, I also understand, additional HIDTAs being formed that will also—

Mr. MICA. My final question was again, we'll put more money in this time. Fortunately, we're in a surplus position, and more money will end up in HIDTAs overall. But then you get down to the specific activity that should be supported. If you had to list your top choices, one or two, where we might put more funds, maybe you could, Chief Frisbie and Ms. Westfall, maybe you could tell us what you would do with that, the biggest need.

Mr. FRISBIE. Obviously always there's a need for more manpower for investigations.

Mr. MICA. So that would be the most effective use of our dollars if we add them would be for additional investigative staff.

Mr. FRISBIE. Yes. Followed by prosecution.

And again I'll tell you, one of the biggest problems that I see, I keep hearing about it on a national level, we have over 1 million people a year coming into this country illegally, which I think is fueling the entire problem. It's absolutely a huge problem. I don't

know that this exactly ties to HIDTA in any way. Something has to be done about the influx of people into this country illegally. I think everybody understands that.

The other problem is what bogs us down, some of the other problems we're having is the administration of handling these people once we do come up with them. When I said the jails are a problem here, it's not an exaggeration. Our jails are overflowing here to the point there's just no place to put anybody anymore.

Mr. MICA. How many of those are illegal?

Mr. FRISBIE. There's no solution to it. I'd have to ask the sheriff for a breakdown, but there's a lot. The fact of the matter is there's no relief anywhere for this. We've been all over. We've been to the State. We've been out to DC, here recently, talked about the problem, and quite honestly there isn't anybody anywhere. We're very exasperated by this problem. We just don't know what to do with it.

Mr. MICA. We also conduct oversight and investigations, have that responsibility over INS. Similar problem we've been hearing. We did a hearing north of Atlanta, GA. I think there were 20,000 illegals in this small county north of Atlanta. I couldn't believe those figures, but the same thing we're hearing. That may be something else we could weigh in and address. Did you want to comment in closing?

Ms. WESTFALL. We would use the additional moneys for personnel costs and equipment. The expendable equipment, the equipment that's routinely needed and is extremely costly, the physicals that are required to keep a certified lab person certified, all of that is very expensive. Those would be some of the personnel costs that we would be utilizing.

Would also note that in your earlier questioning with the INS, they have been very responsive to us. It's not unusual for the State patrol to stop vehicles and find maybe 15 people in a van, maybe 30 persons in a rental truck, the kind you don't know how people have survived in such tight, tight quarters. They try to be very successful. There was publicity in the last couple of weeks of a stop north of Des Moines in the Story County area where there were not enough INS personnel to respond, so two people, without really knowing who they were, had to be released because they couldn't come and take them. But they are really attempting to respond as much as their personnel can be allowed to.

Mr. MICA. Thank you. I'll yield now to Mr. Latham.

Mr. LATHAM. Thank you very much, Mr. Chairman.

I want to thank this panel very much for testimony. First of all, I want to say as far as bringing another IRS agent in here, I'll reserve judgment on that.

Mr. MICA. Maybe he can work on this.

Mr. LATHAM. To work specifically here, yes. I wish we had time for all the entities to be on the panel here. I will tell you the local law enforcement throughout the district, the sheriff offices, Sheriff Amick back here does a great job. I see the State patrol here, and the tremendous work that they have had, the tremendous job they do. The State DCI, the INS. I was going to say as far as INS, and we can get off into days of discussion, at the local level they do everything they can and I think do it very, very well. The people we

have on the ground here are outstanding, working with the Tri-State Drug Task Force. We have a quick response team here in Sioux City. And we have more than quadrupled the budget for INS. I am on one of the subcommittees that funds it. It's not a matter of money.

Mr. MICA. It's the resources.

Mr. LATHAM. Well, it's a dysfunctional agency. It's probably the most dysfunctional. As an organization, it's systemic in the INS. The Federal DEA does an outstanding job here in cooperation.

I do want to make one point about what we're seeing. We don't always identify people who are here illegally with intentions to sell the drugs and to destroy what we have in our community. Let's not in any way stereotype a group of people who I think are outstanding citizens and contribute greatly to this community. And it's unfortunate that there is this element who hides out in a tremendous part of our community. I'm always nervous when we kind of sometimes lump people together, because that simply is not the case. It's a tiny part of a community that are using them as cover basically for their illicit actions.

As you know, Mr. Chairman, back several years ago, and I've seen maps were the upper Midwest actually was targeted and a marketing plan put into place by the Mexican drug cartels for this, this is the only part of the country that wasn't already taken over by certain organized crime, so this is no accident of what's happening here. There is a marketing plan in place to kill our kids basically.

That's a statement again rather than ask questions here.

I would like to ask Penny, we talked a lot about law enforcement, the challenges they face, what have you seen, local fire departments, we have all these labs out here. We had a situation over in Cherokee a couple months ago, 6 weeks ago, with a house fire and basically they went in and found out there was something strange. They were basically told to back off. Found out later there were booby traps and things in place. What do we do to assist in that way? And they're toxic waste sites basically.

Ms. WESTFALL. We have 16 hazardous materials teams first, to respond to your question, that are made up of fire personnel across the State. They have a real interest in being able to come in and assist law enforcement in the clan lab sites that are not criminal sites. There are many that we find that there is just not much evidence there, and they're really not probably going to ever find somebody to charge with it. So we have been working with particularly the hazmat teams at this point to see about certifying them so that if it's not a crime scene, law enforcement arrives first, they find it's not a crime scene, allow them to remove themselves and go on with other investigations, and have the people from the hazmat team come in and clean up.

There's been a couple problems. One is a 40-hour DEA certification required for site certification. The hazmat material persons have an extensive amount of training on hazardous materials. So we have been able to work with them to get it to a 24-hour course, as I understand, 24-hour course for the hazmat people that will be taught here at the training facility, so that they will be certified, but without the cost of going through that 40 hours.

But we also have a problem with who can clean up. Right now there's only one or maybe a couple certified companies or companies that the DEA will pay for that they will come in and clean up. We are wondering if it wouldn't be possible, if it's not possible on at least some of the smaller sites, that the hazardous materials teams be allowed to clean them up and get paid for them at a lesser cost. At this point we're being told that can't happen, that it has to be the full group that comes in, and if somebody takes the risk of having someone else clean up hazardous materials, they will not receive the Federal funding for that cleanup. That's certainly a tremendous risk.

In addition to that there were several fire fighters trained as we went around looking at the hazardous, at the lab recognition. We'd like to do additional training on that. We don't have any plans at this time. We do have concern for firefighters' safety. We have had deaths now from fire scenes, where there has been an explosion or a fire. So we do have concerns for their safety.

Mr. LATHAM. Joe, do you want to comment as far as your training? And I want to publicly thank you for the tremendous job that you have done at the training center out here. It's been remarkable, the success you have had.

Mr. FRISBIE. Thank you, Congressman, I'll tell you, I think one of the problems that we'd like to address at the training center in the future is we're still finding that it's extremely hard to get the small communities to attend, the mom and pop operations, the one, two, three, four-man departments. A lot of that is even with the training being free, they have to have somebody watch the community when they're gone, and in these small communities that's a very hard problem. We're going to be looking at going out and trying to do some recruitment with these folks and encourage the sheriff's departments in their areas and the local police departments to help each other out, to backfill.

I talked to Sheriff Amick who has done that, where they backfill while officers from the small communities are in the training center. We're going to try to encourage some of that. In the absence of that we're going to have to figure out a way to pay for the backfill to get these officers in there. I think this is crucial.

The larger communities have a lot more capability of handling problems, because they have the investigative resources, a lot more at least than the small communities throughout the area. In the course of drug dealers realizing there's a lot of activity that goes on out in the rural areas, in the smaller communities—that's why we're trying to train the smaller departments on drug recognition and to be able to identify a lab when they see one.

And then we hold a seminar each year so that all of these small entities and all of these people that have been taking this drug training from us can get together with our task force, and our task force comes in and talks to them about how you actually set up a case, or what level you have to be at to start a Federal case with them, or how to get assistance from the drug task force, so that these small departments can go from a one or two-man department to overnight they can be a 20-man department if those resources are necessary to go out there to aid and assist these folks and take care of this problem, because this problem is no longer a local prob-

lem. It's a regional problem. What's going on out here in the regional area is affecting us as well.

So I think that's one area we have to put a lot more effort into. And I think this training is absolutely crucial. If the officers don't understand and cannot identify the drug problems in their community or what it takes to do these investigations, they're just basically out there doing their routine things and they just can't identify it and can't deal with it.

The other thing that we'd like to see come out of the training center is that the GIS system which I was talking about, which is global information system, see if we can develop that, which is another way of handling intelligence information, where it's doing layering mapping, where you can identify different places of whether they sell precursors, where you have had known drug houses, and you start doing these relationship maps and a much better system of intelligence sharing. We think that that can make a tremendous difference. We're trying to develop that right now. Hopefully in the future we can get some support on that. We'll be talking to you about that in the future.

Mr. LATHAM. Surprise.

Mr. FRISBIE. One thing I'd like to say is or encourage other locations or police officers or sheriffs or what have you, that one of the best things I think that has happened for us is being able to develop a relationship with the congressional office such as yours, to come in and take the time to talk to us, identify the problems. And I want you to know that we really appreciate it when you come to town. I never thought I'd see this in politics, but it actually happens that Congressman Latham will come to town, it's not a photo op, he actually comes in unannounced sometimes. We go in and look at the training centers; comes in and talks to the men on the task force to find out what's wrong.

We don't always need congressional hearings to get these things done. I think more work gets done directly through the Congressman's offices on individual bases, because we're continually taking our problems to him. We're inundating him with our problems.

Mr. MICA. He does the same thing to me.

Mr. FRISBIE. I think that's extremely important to have those lines of communications wide open. And we do hear, as you can see over the last 8 to 10 years the progress we've made, not even having a DEA office here. We worked out of a Sioux Falls office 8 years ago. Now we're a fully funded DEA task force here. That's tremendous progress. The only way you can do that is through constant collaboration between ourselves and Congress, not just in these kind of hearings here, but ongoing when these hearings are over. I think it's extremely important, because you're not going to hear it all here today.

Mr. LATHAM. Check's in the mail, Joe. We're going to run up against time here. We knew this was going to happen.

Mr. Chairman, I wanted to express, there is an initiative to help small local fire departments, have some resources. We do a lot with law enforcement. But it's something that I've been very supportive. I believe you have too. I think these people along with local law enforcement are on the front edge as far as danger, and the training that Joe can give them, and also some resources as far as

equipment for self-protection out there on the local level, and these volunteer fire departments are really stressed today. We really need to help there. Thank you, Mr. Chairman.

Mr. MICA. The gentleman from South Dakota is recognized. Mr. Thune.

Mr. THUNE. Thank you, Mr. Chairman.

Chief Frisbie, I was noticing in looking at your resume, you have a degree from that extraordinarily fine institution up the road, University of South Dakota.

Mr. FRISBIE. I also teach there, Congressman.

Mr. THUNE. Your stock's going up all the time.

Just a question. We had in South Dakota the biggest meth bust here in the last week, 8 pounds, some \$200,000 street value, and it was actually initially detected by the Postal Service, because it came in a package that they thought looked suspicious, and that's what prompted the investigation.

I'm wondering, you were using statistics here in part of your dialog earlier with the chairman, in talking about the amount of meth that is actually homegrown in labs and meth that is imported. I guess I'm wondering in your experience, your assessment of that, does a lot of this come from across the border, not just into Iowa or Nebraska or South Dakota, but is it coming from Mexico or outside the United States borders into this country, and percentage-wise how much of a problem is that relative to that that is grown locally?

Mr. FRISBIE. Talking to Sergeant Reilly here in the past about this, the southwest part of the United States and Mexico is my understanding where a lot of our meth is coming from. But I think you would be better to address that.

Mr. REILLY. It would primarily be coming from California. We still see large shipments of marijuana coming up that sometimes accompanies methamphetamine that I believe probably is grown in Mexico and brought up. But it seems as though primarily the methamphetamine is coming from the southwest United States.

Ms. WESTFALL. Our intelligence shows that about 85 percent is coming in from outside the State. That was a couple years ago at 90 percent, so it's decreased a small amount it appears by intelligence. Primarily it's coming from Mexico into California, then across. Of the people who are cooking meth here in Iowa, they're primarily Caucasian, primarily upper 20's, early 30's, you may get into the 40's.

Mr. THUNE. This is a question too, I guess, is how actually does this get into the hands of our kids, I mean what is it, the dealers, the distributors, once the supply comes in, how then is it making it out there to the kids?

Mr. REILLY. In my report that I submitted I kind of looked at the history of what we saw locally was almost grocery store marketing. When we initially saw methamphetamine coming in, it was extremely pure and it was given out pretty much, hey, I just met you, I don't know the people around here, I don't speak the language very well, here, have a half pound, go distribute to your friends, bring me back the money. That type of grocery store marketing, almost like free sampling started it.

That became a peripheral network. That dealer had several people then that he could deal down to, one person dealt to several people, and trickle down.

You have to be at quite a high level to actually be dealing with one of the bigger people in this community. You work through several layers, and mostly those layers go through what we have as a local population, Caucasian males, Caucasian females, hand to hand to hand several times before it gets down to a small level that's getting to your kids in the middle school. If you follow that up that seems to be where it's coming from.

Mr. FRISBIE. One of the problems that we're having with local law enforcement of course is we spend so much time and effort into the larger problem, trying to get to the sources. One place some of my investigators and other people tell me that is a bit of a problem is working the street level, because all our efforts and our manpower and resources are dedicated toward the larger cases, where the small cases, the street level stuff we need to pay a little more attention to in the future. And that usually will work its way into some of the larger cases.

Mr. THUNE. Sergeant Marti, I'm curious too as to the efforts of your task force, to what degree does South Dakota figure into those activities, I mean as far as what you're seeing activity in our State, and I have a followup question to that. But anyway if you could tell me.

Mr. REILLY. Many years we have attended meetings with the agents who work the Sioux Falls area, and we've been beat up by them for quite a long time saying all their dope problems are in Sioux City, and if they built a snow fence across the interstate they would have no problems. Quite honestly we work together with agents from South Dakota. We have a South Dakota agent now in our task force.

I don't think State lines have an effect on how a drug trafficker traffics his drugs. It only affects law enforcement really who has to deal with the jurisdictional boundary. I believe that right now a lot of the drug problems that they do have in Sioux Falls and throughout that little corridor between Sioux City and Sioux Falls are fed through us. We are kind of a hub city and I believe that a lot of the drugs are being filtered through Sioux City to Sioux Falls. So through that cooperative effort, and we deal with those agents coming down and working with our task force to identify people, they may be trained in their area but actually live as residents in our area. We have worked quite a few investigations together to combat the jurisdictional problem and the territorial problem between the two States.

Mr. THUNE. You talk about Sioux City-Sioux Falls corridor. I suspect probably over to Yankton and areas like that, are you seeing this going out into the rural areas, are you seeing much activity in the smaller towns? Like I'm thinking west of Yankton, you get to places like Tyndall, Tabor and up in Freeman, those areas surrounding Sioux Falls and Sioux City.

Mr. REILLY. I believe because we are kind of a hub city, and if you have a network distribution that the drugs probably are filtering that direction, there are dealer sources out there in the small communities who are getting their drugs from somebody that

would probably relate back to Sioux Falls, Sioux City, the major cities of the two. There is probably a nexus there. A lot of those people go undetected for quite a long time. Actually you would think in a small community they would be immediately identified, but people who traffic small amounts, and if they know and have known for years their clientele, people aren't willing to give them up as rapidly, especially in smaller communities, because they're actually relatives or friends.

So sometimes what would appear to be very opposite, it would be very, everyone would be very upset in a small community, I believe they are, but it goes undetected and unknown for long periods of time. I do believe our drugs probably filter into those smaller communities.

Mr. THUNE. I guess I'm interested, Chief, in what you said too about the whole training effort.

It would seem to me at least that part of the problem in our small towns is going to be detection, making sure you have people who understand what to look for. I think to me that would be, just from my observation listening to you all speak this morning, something that we are going to have to step up our efforts on.

Mr. FRISBIE. There is no question about that.

As a matter of fact, the intelligence sharing is going to be extremely important there as well. We're actually building our intelligence network by when those people come in to train. We establish relationships with these other communities where before they have been kind of isolated. We didn't see them much. I think it's going to make a big difference. But we need to step up our efforts in training those individuals in the smaller communities. They literally have no training funds and no capabilities, and that's a tragedy.

Ms. WESTFALL. Let me make a comment. One of the things that you need to keep in mind though, too, is that as you increase this training you will increase the amount of drugs being found and the need for more expendable equipment and equipment for the folks who are finding them.

When we did the training across the entire State, the 6,000 people, we wondered what impact that would have on the labs being found, and our numbers show it went from 320 up to 800 some. We think at least some of that if not a lot of that increase is due to what happens when you train the folks. You need to not only provide for the training, you also need to be willing to go further and provide those people with the equipment and the capability to respond to what will be an increase in found drug activity.

Mr. FRISBIE. Like I said before, we often become victims of our own success. This whole thing funnels to all kinds of support services that are required once you get into these things. When you start identifying more labs, you know, we start buying pounds rather than ounces. It's not that it wasn't out there, it's our efforts increased and our capability of getting into these areas has been increased. Then we start making more arrests. We're dealing with large conspiracy cases.

And I'll tell you a lot of our worries again, you look at the jail situation, the ability to process the drugs at the lab, different

things of this nature, all support services out there with the INS, if we can get that straightened out.

Mr. THUNE. Last question, Mr. Chairman. Last question I had on this is when you catch the bad guys what is the success rate with prosecutions?

Mr. REILLY. One of the things that we see on the task force level, we take many of our cases federally because a lot of the cases are large and the thresholds are met for Federal prosecution. The sentencing guidelines in the Federal system are much different than what we see in the State of Iowa. We have a problem in the State of Iowa with truth in sentencing. It's extremely poor. What sounds like a good deal, that you have got a drug dealer and he's going to get 10 years and he actually does 18 months, that's pretty disheartening. In the Federal system they will do 80 percent of their sentence.

And the sentencing is just a very good structure, and we are having very good prosecutions in the Federal court system in our area. To go along with that, and what Chief Frisbie just mentioned too, as far as the support services to that, the U.S. Attorney's Office in Sioux City in 1993 had one drug prosecutor. Now they have five drug prosecutors. They had a district, a Federal district court judge and a part-time magistrate. Now they have a full-time magistrate and two Federal district court judges.

One has taken senior status, but he's hearing full time cases primarily. It's working. The Federal system works slightly slower than the State system, but we are getting good sentences. And the Federal bite is a bigger dog than the State.

Mr. THUNE. Thank you, Mr. Chairman, and I thank the panel.

Mr. MICA. I'm pleased to hear the comments about Federal prosecutions. They were going down, down, down. We finally got them going up, up, up. We're under a tremendous amount of pressure to change the minimum mandatory, from which I hear all the local witnesses that we have before our panel, do not change that. It is very effective, and it's a deterrent, at least those that are active traffickers and we catch them and convict them.

I was just telling Congressman Latham that now we have the problem, we're getting prosecutions back up, but the administration now has, we've just got a report back that the sentencing is going down. So we're constantly trying to stay after the Federal enforcement prosecution and the judicial fuss to at least exercise the will of the Congress and the people I think in this case.

I thank all of you for your testimony this morning. Chief Frisbie, you had said that you wanted a HIDTA director to provide some testimony. Who is that?

Mr. FRISBIE. Ken Carter has been the past HIDTA director.

Mr. MICA. Rather than have him testify, we have to go through the swearing in and all of that, we have the panel, I'm going to ask unanimous consent that we submit questions to him. We'll do that so his testimony will be made a part of the record. And we'll have some specific questions that I already outlined to you that you said he could respond to without objection.

I do again want to thank each of you for coming forward. We look forward to working with you, your local Members of Congress, to

see that we can do a better job at addressing some of the problems you have outlined for us today. Thank you. We'll excuse this panel.

Let me call the second panel. The second panel consists of two individuals this morning. The first is Linda Phillips, and Linda Phillips is the executive director of Siouxland Cares. The second witness is Carla Van Hofwegen, and she is on the board of directors of Hava Java, a local, I guess, faith-based organization. And both of them are testifying before our subcommittee today. Again I don't know if they were here when I made the introduction or comments. We do ask you to limit your oral presentation to the subcommittee to 5 minutes. You can submit lengthy testimony or additional data or information upon request to the Chair and that will be granted and made a part of the record.

This also is an investigations and oversight subcommittee of the Government Reform Committee. We do swear in our witnesses. You will be sworn. If you will please stand, raise your right hands.

[Witnesses sworn.]

Mr. MICA. The record will reflect that the witnesses answered in the affirmative.

I would ask the record reflect that the Chair recognizes first Linda Phillips, and she is executive director of Siouxland Cares. You are recognized.

STATEMENTS OF LINDA PHILLIPS, EXECUTIVE DIRECTOR, SIOUXLAND CARES; AND CARLA VAN HOFWEGEN, PRESIDENT, BOARD OF DIRECTORS, HAVA JAVA

Ms. PHILLIPS. Thank you. I have been the executive director of Siouxland Cares for the past 10 years. And primarily what Siouxland Cares is is a community anti-drug coalition. That's probably the easiest way to define it.

First thing I want to do is thank Representative Latham. I think had he not stepped in years ago to really identify drug abuse as his No. 1 issue, we'd be talking about a lot of different things today than we are right now. The problem would be much, much worse. He has given us assistance as far as our community anti-drug coalition, as far as the meth training center, and the national anti-drug media campaign, he's also given support there and we would be talking about a much more serious problem, even though it is a serious problem that we're talking about today.

I've seen the devastation that alcohol and other drugs have caused to individuals, families, businesses. The one thing that I do as an executive director is to really try to promote the wonderful things that are going on in our community, and I will do that in just a moment.

But first I want to share some statistics with you. I think it's very, very important that you hear what's going on here locally as far as the methamphetamine issue. Approximately 12 percent of the clients who are in treatment programs across the State of Iowa have identified methamphetamine as their No. 1 drug of choice; 20 percent of those inmates have identified meth as the No. 1 drug of choice.

I have worked for about 8 years with a group who is working on drug-exposed infants in our community. In the past 3 years we have had 32 drug-exposed infants. Of those six were exposed to

methamphetamine, or 19 percent of the positive screens. One of those wonderful things that have happened once those ladies are identified and the babies are identified is we have an intervention team, and that intervention team is—their primary focus is to get help for that mom and that family. Of our students, 8 to 12 percent have used meth in the past.

We have taken several surveys over the past couple of years and that's what has been identified. Those surveys have identified that drugs and alcohol are available to most youths in Siouxland. Students are most likely to use alcohol or other drugs at a friend's house in the evening. Engaging in high risk behavior is associated with alcohol and other drug use. And we know that. We thought we made a dent on kids drinking and driving, using drugs and driving. Something we've got to take a major look at again, because they are using alcohol and other drugs and they are driving. About two-thirds felt that it would be difficult for them to get methamphetamine. That tells us that one-third think it's pretty easy to get meth. That's an extremely high number if a kid can go out and get meth on the street. I think there are a lot of adults who have no idea where they can get it; 92 percent of those kids thought that meth was harmful, yet 9 percent of the seniors had used meth. We know that increasing awareness efforts will change the attitudes of kids. If they believe that a drug is harmful, they will be less likely to use. We know that, it's research-based.

We do have several wonderful things going on in Siouxland. We have Siouxland Cares, community anti-drug coalition. We are part of a national youth anti-drug media campaign. We have a wonderful Website with lots of data available to us. We have a fairly new organization called the Siouxland Human Investment Partnership, and it is our local empowerment board.

They also have a group called Community Alliance Treating Substance Abusing Teens, which is an intervention team at the high school level. We have a Tri-State Drug Task Force which you've heard. We have the meth training center. We also have a women's and children's treatment center run by Gordon Recovery Center. Women are able to go to a treatment facility that is residential and bring the children with them. That was one of the barriers we had identified in getting women treatment, was not being able to take their children with them.

We have a wonderful new drug court that is both a juvenile and adult drug court. Community volunteers serve as panel members. Again, all about rehabilitation. The Air National Guard has in place a drug demand reduction program. The Iowa Poison Center provides information and consultation to emergency rooms about the toxic exposure such as methamphetamine. We have HIDTA. We have a Healthy Siouxland Initiative. We have identified drug abuse as the No. 1 concern in our community. And of course we work quite a bit with the Governor's alliance on Substance Abuse in Des Moines.

While we have many, many wonderful services, we need to expand and strengthen our current prevention, intervention and treatment program. We need to reduce the demand for drugs and its availability. We need to provide parity for substance abuse and mental health on both the Federal and State levels. We need to

provide a full array of treatment service options, especially in the rural areas. They're very lacking there. And we need to provide a continuum of care.

We've learned a lot of wonderful lessons from Representative Latham on what we can do. Getting the Federal Government behind us to assist us locally is absolutely wonderful. We need to continue that. Again alcohol is our No. 1 drug. I would be remiss if I did not state that. And that we need to take the lessons that we have learned from what we are doing as far as methamphetamine and apply those to other drugs as well. Thank you.

[The prepared statement of Ms. Phillips follows:]

**The Midwest Methamphetamine Epidemic
“Drugs-The Problems We See,
The Action We’re Taking, and the Help We Need”
Monday, June 26, 2000, 9:30 a.m. CST
Sioux City Convention Center
Sioux City, Iowa**

Thank you for allowing me the opportunity to speak with you today. My name is Linda Phillips and I have been the Executive Director of the Siouxland tri-state anti-drug coalition called Siouxland CARES about Substance Abuse (CARES) for the past ten years. Formed in 1987 to address adolescent substance abuse problems in our community, CARES has expanded its efforts to include all ages and added related violence issues to our mission. Our organization serves as a catalyst for increased citizen participation and greater collaboration among all systems and organizations in our community in an effort to eliminate the abuse of alcohol and other drugs in our community.

Throughout the time I have been involved with CARES, I have directly seen the devastation to individuals, families, schools, and our community caused by alcohol and other drug abuse. Many lessons have been learned and our community has developed plans and strategies that use research based, data driven collaboration in an effort to improve the quality of life in our community.

Over the last three years, the greater the Midwest has seen an enormous increase in the use, importation, distribution, and clandestine manufacturing of Methamphetamine. Methamphetamine, also known as speed, ice, chalk, Meth, crystal, crank, fire, and glass, is a toxic, addictive stimulant that affects many areas of the central nervous system. Because it can be manufactured from inexpensive over-the-counter ingredients, Meth is being used by diverse groups, including young adults. Methamphetamine is available in many forms and can be smoked, snorted, injected, or orally ingested. Associated with serious health consequences including memory loss, aggression, violence, psychotic behavior, and potential cardiac and neurological damage, the use of Methamphetamine is definitely a serious public health problem.

Statistics show the Methamphetamine trends in Iowa are cause for great and continued concern. Approximately 12% of the clients in treatment programs have identified Methamphetamine as their drug of choice, with 20.6% of inmates naming Meth as their primary abuse substance.

That concern is equally as great (if not more so) for us here in Siouxland as evidenced by the following local statistics:

- Our area Tri-State Drug Task Force seized 720 grams of Meth in 1995, compared to 21,671 grams in 1999. We have also experienced a rapid gain in marijuana seizures, from 6,237 grams in 1995 to 91,947 grams in 1999.
- Of those screened in the past three years, 32 infants born in our two Sioux City, Iowa, hospitals have tested positive for an illegal substance. Of those, 3 were exposed to Methamphetamine only, 2 to Methamphetamine and Amphetamine, 1 to Cocaine and Methamphetamine, 1 to Cocaine and Amphetamine, 6 to Amphetamines only, 8 Cocaine, 9 Marijuana, and 2 to other drugs.

- A total of 1,658 students in grades 6, 8, 10, and 12 participated in May of 1999 in the Greater Sioux City Metro Drug Survey, coordinated by Siouxland CARES about Substance Abuse and Comprehensive Strategy, in cooperation with Western Hills Area Education Agency. The conclusions from this survey are as follows:
 - Drugs and alcohol are available to most youth in Siouxland with the biggest gain in ease of access between sixth and eighth grade.
 - There is a clear indication that alcohol use is beginning at an earlier age with 27% of the 6th graders reporting they had their first drink in the fifth grade or earlier compared to 11% of the seniors.
 - Students are most likely to use alcohol or other drugs at a friend's house in the evening with 40% reporting use at a friend's house and 23% reporting use in a car or other vehicle.
 - Engaging in high-risk behavior associated with alcohol and other drug use is common. Over half had ridden in a vehicle whose driver had been using alcohol or other drugs and more than one-fifth had driven a car after using alcohol or other drugs; 16% of the seniors reported having done so ten or more times.
 - Overall, 66% felt it would be difficult to get Methamphetamine, with only 46% of the seniors reporting difficulty in obtaining Meth.
 - Overall, 92% felt Methamphetamine use is harmful; yet 9% of the seniors had used Meth in the past year and 22% of the seniors had been around other teens using Methamphetamine.
- In the recently released Iowa Youth Survey of 6th, 8th, and 11th graders (a total of 2,439 students responded), sponsored by the Iowa Department of Public Health:
 - Overall 4% of the students in the Sioux City Community School District responded they had ever used Methamphetamine, while an average of 2% stated they were current users. The current users are 0% of the 6th graders and 3% of the juniors.
 - 9% of the juniors reported they have used Methamphetamine, with 2% reporting they began using at age 13 or 14 and 5% reporting initial use at age 15 or 16.
 - Of alarming concern is the result that 10% of the juniors had used amphetamines (stimulants, speed, uppers).
 - As in the Greater Sioux City Metro Survey, about two-thirds of the students felt it would be hard or very hard to get Methamphetamine.

Our community feels very fortunate to have the following services in place to assist with the increase in Methamphetamine use, manufacture and distribution:

- **Community Anti-Drug Coalition**—Siouxland CARES About Substance Abuse. Efforts focus on raising awareness and increasing the community's knowledge about the negative effects of alcohol and other drug abuse; providing general substance abuse information and referral services for organizations and the community-at-large; maintaining a web site at www.siouxlandcares.org with a listing of resources, data, and calendar of trainings and events; serving as the local contact for the National Youth Anti-Drug Media Campaign; and, mobilizing the Siouxland community to address substance abuse.
- **Siouxland Human Investment Partnership (SHIP)/Comprehensive Strategy**—SHIP is a board of state, county, local officials and citizens who serve as Woodbury County's Empowerment board. They have obtained resources, both state and federal, to coordinate our community's Comprehensive Strategy planning process, an approach that seeks to reduce

identified risk factors and, at the same time, enhance protective factors in an effort to reduce adolescent problem behaviors including substance abuse. SHIP also coordinates the Community Alliance Treating Substance Abusing Teens (CATSAT), a community intervention team that confronts the availability of alcohol, tobacco, and other drugs to teens. Projects include drug dogs in the schools, development of a tip line, and fundraising to secure cameras in area high schools for safety purposes.

- **Alcohol, Tobacco, and Other Drug Exposed Infants Intervention Team**—Developed assessment of risk factors and protocol to identify newborn infants to be screened at birth, adopted by both hospitals. An Intervention Team is in place to create a case management plan for the family of babies that test positive.
- **Tri State Drug Task Force**—Task force formed to disrupt the illicit drug traffic in the Sioux City area by immobilizing targeted violators and trafficking organizations; gather and report intelligence data relating to trafficking in narcotics and dangerous drugs; and conduct undercover operations.
- **Methamphetamine Regional Training Center**—Under the auspices of the Sioux City Police Department, this Center's purpose is to increase the knowledge and effectiveness of law enforcement agencies within a 150-mile radius of Sioux City to eradicate Methamphetamine, poly drugs, and associated crimes.
- **Women's and Children's Treatment Center**—A 30 bed facility run by Gordon Recovery Centers and funded under a grant from the Iowa Department of Public Health. The Center provides residential, medically monitored treatment services to pregnant women and/or women with children suffering from substance abuse or dependence.
- **Drug Court**—Run by Juvenile Court Services, the Drug Court is both an adult and juvenile court that has 20-30 community volunteers who serve as panel members. Drug Court meets on a weekly basis. At this time, no violent offenders or drug dealers are allowed in the program.
- **Air National Guard**—The Guard has in place a Drug Demand Reduction Program and experiential Ropes Course.
- **Iowa Poison Center**—Provides community information and also education on drugs of abuse to medical personnel.
- **HIDTA (High Intensity Drug Trafficking Area)**—Provides awareness materials and resources to combat the use, manufacture and distribution of Methamphetamine in the Midwest.
- **Healthy Siouxland Initiative**—A collaborative community health effort whose goals are to collect and analyze health data; bring providers together to focus on the health of the community; coordinate health services; and create a "Health Report Card" for Woodbury County, Iowa. Drug abuse was identified as a priority health concern.
- **Iowa Governor's Office of Drug Control Policy (formerly the Governor's Alliance on Substance Abuse)**—Coordinates site visits for the METH (Mobile Education Training Headquarters) trailer, a traveling walk-through exhibit designed to educate adults on the perils of Methamphetamine, including information on how to recognize and prevent the manufacture and use of the illegal drug.

While many wonderful services exist in our community to attack the Methamphetamine problem, several identified gaps in service exist. Assistance is needed to:

- Expand and strengthen current prevention, intervention, and treatment programs by providing additional resources that would allow readily accessible and effective services. Current funding levels for prevention, intervention, and treatment are inadequate.
- Expand and strengthen current efforts to reduce the demand for drugs.

- Expand and strengthen current effort to reduce the availability of drugs.
- Provide parity for substance abuse and mental health on both the federal and state levels.
- Provide a full array of treatment service options, especially in rural areas.
- Increase the continuum of care, including halfway houses, aftercare, and long-term treatment.

Special thanks must be given to Representative Tom Latham for his past and continued efforts to eradicate drugs. He has assisted in the mobilization of the federal government to be a strong partner in making drug-free communities. He has supported and sponsored legislation to obtain resources to train law enforcement about Methamphetamine, gained business and media support for the National Youth Anti-Drug Media Campaign, as well as providing ongoing support to our local community anti-drug coalition.

What we must now do is learn from the actions that have been taken the past three years surrounding the Methamphetamine epidemic. One lesson learned is that we can make a difference if we all put our focus on a certain issue--but it takes time, energy, and resources to respond in a collaborative way.

Another wonderful lesson learned is that we must prevent substance abuse at a very early age through awareness, an increase in knowledge and skills to resist the pressures to use drugs, and through community collaboration. It has become quite evident that kids believe the greater the harm caused by a drug, the less likely they will use them. Such is the case with Methamphetamine. Through the current awareness effort, young people are learning the dangers. I believe this will greatly improve our survey results in the future and move toward its reduction in usage by all ages in the near future.

We must continue to focus on the reason that people use drugs in the first place and attack those problems. In my world we call those risk factors--conditions that increase the likelihood of a person becoming involved in problem behaviors. Only when we identify the risk factors and then build up protective factors--conditions that buffer people from exposure to risk by either reducing the impact of risks or changing the way people respond to risks--will we truly make a long-term impact; not only in the substance abuse problem, but many other problem behaviors as well.

And while we are waiting for our model prevention programs to have a true impact, we must have the vehicles in place (qualified treatment facilities) to assist those in need. We know treatment works. However, funding continues to be inadequate to make a huge dent in the problem. But those in the business know small steps are much better than no steps at all and so we continue providing the best treatment possible and know that we are making a positive difference in many people's lives.

I would be remiss not to state that the number one drug of abuse for adults and youth in Siouxland and the country is alcohol. Locally, our youth have also identified tobacco and marijuana as highly abused drugs. To take the lessons learned from our Methamphetamine campaign and apply them to other drugs of abuse would greatly enhance our community's ability to meet our goal of increasing the number of students who have never used alcohol or other drugs and reducing violence.

NOTE: Other local statistics attached for verification of my comments.

Sources: Iowa State Plan for Substance Abuse Treatment, May 2000 Iowa Youth Survey, 1999-2000
 Greater Sioux City Metro Youth Survey, 1999 Communities That Care/Comprehensive Strategy Manuals
 Siouxland CARES about Substance Abuse website at www.siouxlandcares.org

Siouxland Youth Survey Alcohol and Other Drug Statistics
 Prepared by Linda Phillips, Executive Director, Siouxland CARES
 June 26, 2000

The following charts show the number of students who have "never" used the following drugs:

Methamphetamine (1996-97 includes amphetamines)

	<i>Sioux City Schools 1996-97 IA Youth Survey</i>	<i>Sioux City Schools 1999-00 IA Youth Survey</i>	<i>Four School Districts 1999 Greater SC Metro Survey</i>	<i>Comprehensive Strategy 5 Year Goal</i>
Grade 6	100%	99%	98%	99%
Grade 8	97%	97%	94%	96%
Grade 10	88%	NA	88%	92%
Grade 11	NA	92%	NA	NA
Grade 12	91%	NA	88%	NA

Alcohol

	<i>Sioux City Schools 1996-97 IA Youth Survey</i>	<i>Sioux City Schools 1999-00 IA Youth Survey</i>	<i>Four School Districts 1999 Greater SC Metro Survey</i>	<i>Comprehensive Strategy 5 Year Goal</i>
Grade 6	76%	80%	67%	80%
Grade 8	47%	53%	41%	60%
Grade 10	23%	NA	23%	25%
Grade 11	NA	21%	NA	NA
Grade 12	13%	NA	15%	NA

Tobacco

	<i>Sioux City Schools 1996-97 IA Youth Survey</i>	<i>Sioux City Schools 1999-00 IA Youth Survey</i>	<i>Four School Districts 1999 Greater SC Metro Survey</i>	<i>Comprehensive Strategy 5 Year Goal</i>
Grade 6	89%	91%	83%	92%
Grade 8	66%	70%	61%	73%
Grade 10	39%	NA	37%	50%
Grade 11	NA	41%	NA	NA
Grade 12	23%	NA	30%	NA

Marijuana

	<i>Sioux City Schools 1996-97 IA Youth Survey</i>	<i>Sioux City Schools 1999-00 IA Youth Survey</i>	<i>Four School Districts 1999 Greater SC Metro Survey</i>	<i>Comprehensive Strategy 5 Year Goal</i>
Grade 6	98%	98%	95%	99%
Grade 8	83%	83%	80%	92%
Grade 10	61%	NA	53%	76%
Grade 11	NA	49%	NA	NA
Grade 12	52%	NA	53%	NA

For more Youth survey results, check out the Siouxland CARES web site at www.siouxlandcares.org

Methamphetamine

Slang or Street Names: Speed, Ice, Chalk, Meth, Crystal, Crank, Fire, Glass

- Methamphetamine is a toxic, addictive stimulant that affects many areas of the central nervous system. The drug is often made in clandestine laboratories from relatively inexpensive over-the-counter ingredients. It is being used by diverse groups, including young adults who attend raves, in many regions of the country.
- Available in many forms, Methamphetamine can be smoked, snorted, injected, or orally ingested.
- Methamphetamine is a white, odorless, bitter-tasting crystalline powder that easily dissolves in beverages.
- Methamphetamine is not sold in the same way as many other illicit drugs; it is typically sold through networks, not on the street.
- Methamphetamine use is associated with serious health consequences, including memory loss, aggression, violence, psychotic behavior, and potential cardiac and neurological damage.
- Methamphetamine abusers typically display signs of agitation, excited speech, decreased appetite, and increased physical activity levels.
- Methamphetamine is neurotoxic. Methamphetamine abusers may have significant reductions in dopamine transporters.
- Methamphetamine use can contribute to higher rates of transmission of infectious diseases, especially hepatitis and HIV/AIDS.

Mr. MICA. Thank you for your testimony.

We will withhold questions until we've heard the next witness. That's Ms. Carla Van Hofwegen, and she is president of the Hava Java board of directors. Welcome. You are recognized.

Ms. VAN HOFWEGEN. It is an honor for me to testify today before members of your subcommittee. I appreciate the opportunity to address both my concerns about and response to the methamphetamine epidemic in the Midwestern States of our country.

As a life-long resident of northwest Iowa, I have observed many changes in our society. Increased global communication has made nearly any information almost anywhere in the world accessible within a few seconds. Families comprised of a husband and wife and their children are no longer the norm. Close family ties that once connected three or even four generations have been severed by a highly mobile society. The combination of this availability of knowledge, the structural change of the nuclear family and the decrease of intergenerational ties has opened the door to many opportunities to explore and experiment during increased hours of free time with less individual accountability. Society is ripe for the picking by people who profit from those who purchase, use, and become addicted to methamphetamine and other illegal drugs.

The problem of illegal drug use inevitably affects the institutions of our society. School systems deal with those who are using, those attempting to free themselves of the addiction, recovering users, and those who choose not to use, but who live, learn, or work in environments influenced by drug users. During the 12 years from 1987 to 1999 I served on the board of directors of Spencer Community Schools the use of illegal drugs became increasingly evident. During the mid and late 1980's acceptability of underage cigarette smoking and alcohol consumption led to marijuana usage and eventually to experimenting with other addictive drugs. While pot smokers of the 1960's and 1970's looked on assuming that the reoccurrence of marijuana use wasn't really a problem, many of the teenagers of the 1990's progressed from smoking it to the use of other illegal drugs, one of them the highly addictive and readily obtainable methamphetamine, also known as meth, crank, crystal or ice. This experimentation and use by teens and other young adults has been further complicated by the fact that some users are also parents whose children's lives are shaped by their parents' unsafe choices. Thus, education systems find themselves dealing with the problem at the preschool and early childhood levels in addition to the middle, high school, and post-high levels.

Families whose members become addicted to meth see the most direct effects of the drug's stronghold on the users. As they observe behavior and personality changes, they also have concern for the user's safety. Perhaps most often they wonder how they can help. Committing their loved one to treatment can be very difficult, while waiting for the use to acknowledge the need for treatment can be extremely worrisome and dangerous. Research shows that a drug treatment program is most successful when the addicted person voluntarily commits him or herself and when the program helps the user realize his or her need to rely on a higher power for the strength necessary to overcome the addiction. Even the most

successful treatment programs are not always 100 percent failsafe after the initial treatment has been completed.

Considering the negative societal ramifications of illegal drug use and the tenuous results of drug treatment, the more insightful way of responding is to attempt to prevent the problem from occurring at all.

During the past 12 months I have been involved in the organization and opening of a not-for-profit coffeehouse in Spencer, IA, which welcomes people of all ages, but is especially inviting to teenagers and young adults. The Hava Java mission statement is: We will provide a comfortable coffeehouse atmosphere with the purpose of building relationships through Christian fellowship. In a non-threatening safe haven using beverages, food, music, art, actions and other means, we will convey the message of Jesus Christ and his saving grace.

Hava Java is guided by an 11-member board of directors comprised of community members from nine different churches in Spencer. It is staffed by nine high school students and two adults, which are part-time, paid employees, and one full-time manager. A student advisory team made up of high school students is being formed to give ideas and recommendations to the board of directors. The team will function under the supervision of two adults.

Many individuals, service clubs, churches, businesses and other groups helped to meet startup expenses and are assisting with ongoing costs as needed. Open for just 7 months, Hava Java is striving to attain its goal to become self-supporting. The only government dollars received have been in the form of a grant from the city of Spencer. The grant, designated for infrastructure needs, is made up of a small portion of the moneys collected from a local 1-cent sales tax made available to local not-for-profit organizations.

Hava Java is becoming known to our community and the Spencer area as a hangout and a haven, a safe place to meet friends, listen to good music, enjoy coffee, smoothies, sodas and snacks, read a book, play a game, or study. It is a place to have conversations about current issues or events, a place to discuss decisions or choices that must be made. Patrons may also appreciate live entertainment with a positive message and encourage local budding artists. Future events for Hava Java include improv nights, storytelling, poetry readings and other drama and visual arts presentations.

It is the hope and prayer of the Hava Java board and staff that its welcoming environment will nurture the development of personal skills and significance through connections made and relationships formed and strengthened within its walls, perhaps the personal skills, significance, connections, and relationships which are reason enough to help make the choice to be drug free.

Thank you for your attention to this serious issue and your consideration of how your subcommittee can aid our society.

[The prepared statement of Ms. Van Hofwegen follows:]

Testimony to the United States House of Representatives Government Reform Subcommittee
on Criminal Justice, Drug Policy and Human Resources
Iowa Field Hearing
Sioux City, Iowa, June 26, 2000

It is an honor for me to testify today before the members of the United States House of Representatives Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources. I appreciate the opportunity to address both my concerns about and response to the methamphetamine epidemic in the midwestern states of our country. Thank you for your attention to this harmful problem and your consideration of how your subcommittee can aid in decreasing its presence in and its impact on our society.

As a lifelong resident of northwest Iowa, I have observed many societal changes in the past 40 years. Increased global communication has made nearly any information from almost anywhere in the world accessible within a few seconds. Families comprised of a husband and wife, and their children are no longer the norm. Close family ties that once connected three or even four generations have been severed by a highly mobile society. The combination of the availability of knowledge, the structural change of the nuclear family, and the decrease of intergenerational ties has opened the door to many opportunities to explore and experiment during increased hours of free time with less individual accountability. Society is ripe for the picking by people who profit from those who purchase, use, and become addicted to methamphetamine and other illegal drugs.

The problem of illegal drug use inevitably affects the institutions of society. Educational systems deal with those who are using, those attempting to free themselves of the addiction, recovering users, and those who choose not to use, but who live, learn, or work in environments influenced by drug users. During the twelve years, (1987-1999), I served on the Board of Directors of Spencer Community Schools the use of illegal drugs became increasingly evident. During the mid and late 1980's acceptability of under age cigarette smoking and alcohol consumption lead to marijuana usage and eventually to experimenting with other addictive drugs. While "pot" smokers of the 60's and 70's looked on assuming that the reoccurrence of marijuana use wasn't really a problem, many of the teenagers of the 90's progressed from smoking it to the use of other illegal drugs, one of them the highly addictive and readily obtainable methamphetamine also known as "meth", "crank", "crystal", or "ice". This experimentation and use by teens and other young adults has been further complicated by the fact that some users are also parents whose children's lives are shaped by their parents' unsafe choices. Thus, school systems find themselves dealing with the problem at the preschool and early childhood levels in addition to the middle, high school, and post high levels.

Families whose members become addicted to methamphetamine see the most direct affects of the drug's stronghold on the users. As they observe behavior and personality changes, they also have concern for the user's safety. Perhaps most often they wonder how they can help to stop their family members from making these devastating choices. Committing their loved one to treatment can be very difficult, while waiting for the user to acknowledge the need for treatment can be extremely worrisome and dangerous. Research shows that a drug

treatment program is most successful when the addicted person voluntarily commits him/herself and when the program helps the user realize his/her need to rely on a higher power for the strength necessary to overcome the addiction. Even the most successful treatment programs are not always 100% failsafe after the initial treatment has been completed.

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Hava Java is becoming known to our community and the Spencer area as a hangout and a haven, a safe place to meet friends, listen to good music, enjoy coffee, smoothies, sodas, and snacks, read a book, play a game, or study. A place to have conversations about current issues or events and discuss decisions or choices which must be made. Patrons may also appreciate live entertainment with a positive message and encourage local budding artists. Future events for Hava Java include improv nights, storytelling, poetry readings, and other drama and visual arts presentations.

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Respectfully submitted by Carla Van Hofwegen, Hava Java Board of Directors President

Mr. MICA. Thank you, Carla, for your testimony.

Ms. PHILLIPS, how is your organization funded?

Ms. PHILLIPS. We are a United Way agency.

Mr. MICA. Do you receive Federal funds?

Ms. PHILLIPS. At this time we receive no Federal funds. The only Federal funds that we have received is through the K-Mart Foundation. That really isn't Federal funds, it's just designation.

At this time we do not. We have applied for the Drug Free Communities Support Program.

Mr. MICA. Your organization, Ms. Van Hofwegen, is strictly a private and community-based. We're certainly spending a tremendous amount of money and increasing it every year on this effort, and in a multi-faceted manner. The last several years we have started a \$1 billion drug education and media campaign. \$1 billion. The administration wanted to spend public money. We reached a compromise. The compromise was to have \$1 billion of Federal funds and then that matched by local donations. That campaign has been a little bit over a year underway. Mostly funding television, radio, some newspaper ads in a national campaign in an effort on education and prevention. I'd like both of you to tell me your candid assessment of what you have seen so far of that Federal program.

Ms. PHILLIPS. The national youth anti-drug media campaign, is that what you're talking about?

Mr. MICA. Yes.

Ms. PHILLIPS. We happen to be the local organization that is listed on the print ads for that. What I have seen, because I work with three youth groups around the community, probably almost 200 kids. We sat and had a discussion about this, and we said tell us about the ads, tell us about what you're seeing. The one thing they said was the meth ads scare me. Why would I be stupid enough to use meth. They scare me. They are very, very good. I think that's the one message that we need to get out. Again if they believe that it is harmful to them they will not use.

Mr. MICA. Well, that conflicts a little bit with your testimony, because you said 90 percent of them now believe that it's harmful, yet you're running 8 to 12 percent of the students have tried it in this locale.

Ms. PHILLIPS. Have tried it, that's right.

They have tried it in the past. The campaign has only been going for a couple of years.

Mr. MICA. Just about a year. Has there been any recent data on the number of students now? Unfortunately I just had the CDC report last week, the Center for Drug Control. The statistics were absolutely alarming. It did follow your pattern about 8 to 12 percent of the students nationally had tried meth, cocaine. In the Clinton administration I think it has doubled. Heroin is up dramatically, and not quite but almost a doubling of marijuana. And we had the folks in behind closed doors too to give us their assessment after they released this report. But since 1992-1993 we've seen an incredible surge, particularly among young people. Is this an effective use of your tax dollars?

Ms. PHILLIPS. I'm going to tell you that we now have the second annual survey that's being run right now probably to find out what the results are of that. I think that's going to tell us more on

whether the methamphetamine use has gone down or not and the kids' perception of harm, I think that's really going to tell us a lot in this last year. The kids are seeing the ads.

Mr. MICA. The meth ads are particularly effective. I guess they have been targeted for those kids because you have such a high incidence here. Maybe you could give me your assessment, Ms. Van Hofwegen.

Ms. VAN HOFWEGEN. To be honest, I'm not real familiar with your ads.

Mr. MICA. You haven't seen the ads. That's very revealing.

Ms. VAN HOFWEGEN. They may have been on the radio, I may have heard them on the radio.

Mr. MICA. That's one of the problems when people have not heard them. Some of them are targeted toward parents, specifically going out to parents, even grandparents. Then part of the problem is the intensity of the ads, have they reached, again you want to target and you want to have the saturation to have impact. We don't mind spending the funds on these programs, but we want them to be successful, and we have to have some measurement of their success. Finally if you were going to recommend that we put Federal dollars into some of these programs, education and prevention, how would you do that? And we have a problem a bit because your organization particularly is faith-based. We're trying to loosen some of the strings. Actually the most effective treatment programs have been in fact faith-based, and in most cases they run 60 to 70 percent success rates, where the public-funded programs run that percentage in failure. Are you inclined for us to use taxpayer dollars in that fashion or what fashion to be most effective? Either or both?

Ms. VAN HOFWEGEN. I would encourage the use of the tax dollars to be targeted toward parents. I feel having been on a school board for 12 years that I see that that's where the education is successful. If the parents are aware of what they need to do to prevent their children from experimenting with drugs, and if you can get that point across, the dollars won't have to be spent in the schools and elsewhere. I feel like there are so many parents that feel like they are powerless against what their kids are facing. If we can empower parents to remain parents through the high school years, I think that will be the most effective way to spend it.

Ms. PHILLIPS. I guess I'm one of these people that think real globally and I think that you have got to focus on the prevention, the education, the intervention, the treatment, the aftercare. It's not just a single focus. When you asked me before about the national youth anti-drug media campaign, that's one facet of what we need to be doing. Does it need to be stopped? No. It should be strengthened. Why? Because it's one facet of what we need to continue. We need to continue identifying model programs. We here in Woodbury County are using the comprehensive strategy process which is through the Office of Juvenile Justice and Delinquency Planning. It focuses on risk factors. What puts kids at risk?

One of those is substance abuse. What puts kids at those risks? Let's identify those and then build a community plan. Make us be responsible for what we think locally we need to do. So when you ask where would we put the money, I'd say empower the local com-

munities to take that funding and build a program that they need, using research-based, data-driven model programs. We will make that commitment to you that we will do that with funds that we receive. Yes, the media campaign is definitely one part of it.

Our community has been a tremendous advocate of public service announcements, media campaigns. We run two PSA contests now for youths, one for radio, one for television, and I had a person from the local Sioux City Journal say why aren't we doing that in the newspaper. So we've got a lot of support locally for those kinds of things. We've got to continue to focus on that prevention and education which we have not gotten money for in the past, the prevention programs.

Reducing the demand. The supply will be there as long as the demand is. We've got to reduce the demand. And we need to recognize at the same time, our treatment right now, the amount of dollars in treatment is very inadequate. We've got a lot of people, you know, we've got 12 percent admitting that meth is their No. 1 drug of choice, how many people aren't getting treatment who could admit that meth is their No. 1 drug of choice. We need to look at those issues. There are a lot of people not getting treatment just because of the cost of it.

I personally, again I'm a real global type person. If we could give treatment to any kid that needs it, any kid that needs treatment, we would be saving so many dollars down the road because we know that treatment works, and prevention works. And as a local community we are working very, very hard to identify risk factors to try to reduce those.

Mr. MICA. Thank you. The Chair recognizes Mr. Latham.

Mr. LATHAM. Thank you very much, Mr. Chairman.

I would like to first of all, as far as the drug education program, as I mentioned earlier, Siouxland was 1 of the 12 pilot areas in the country when this was first proposed. And we were unique here in a little program we call incidentally the Latham Project, but to go out—surprise, I know. We were the only ones who went out and solicited contributions from the private sector here. I am just so proud of this community and the region here. Gateway gave us \$100,000. UPS gave us \$30,000. And that was matched with the Federal dollars. Duluth, MN, was our control city, in comparison with Siouxland after 5 months of the program. And I think what Linda is talking about is there's hopefully a long-term effect. What we found was that there was a greater awareness with the parents, which is critically important, but the biggest impact that it had was on the fourth, fifth, sixth graders and lesser through the middle school, and very little effect, while it scared them it was only temporary in the high school age, in that class or that group.

I think it's going to be a long-term situation before we actually find out whether the message sticks with our young people, and with the impact that it has had. The most important thing we can do is wake up the parents and tell them to talk to their kids. I mentioned that earlier too. But statistically and everything else, the parents still have the greatest influence on that child. After having done 23 convoy drug meetings here in the district, we always set an hour and a half aside for the meeting. I can set my

watch. In 45 minutes someone will finally get to the point, is there a way to get to parents.

And my question would be to you, both of you, how do you do that? I mean, Linda, you do it with your organization, with your experience, Carla, on the school board and faith-based. If you had a meeting today you would have the best parents that talk to their kids come to the meeting. The people who you need to get to are staying home or they're off having their own marijuana, drinking beer some place. How do you get to them?

Ms. PHILLIPS. I'm a parent of three teenagers, going through all of these issues.

Mr. LATHAM. You're way too young.

Ms. PHILLIPS. I know. Way too young, right.

We had this in the late 1980's, early 1990's, the parent networking. I don't know about other parents, but I am told that I'm the only person out there asking questions. I'm the only person doing this, and I'll bet if you would talk to 10 parents they would tell you that their kid is telling you that they're the only ones.

I think what we need to do is we need to as parents figure out that we do have a role in this. I mean we need to be, and we can change behaviors based on what we do, which is exactly why kids are drinking a lot more now and we're seeing that number is because of the parents' influence. Oh, thank goodness, it's only alcohol. And that is the attitude that kids get. If we are much more strict with the kids, if we're talking to each other and we know what's going on, we know that someone's parent isn't home, we know what's going on, we're talking to each other and we quote catch them, it does make an impact. We are able to influence their behavior. Consequences are so important. Sometimes it's hard as a parent to give those consequences when you look around you and no one else is doing it.

What we need to do is switch what the norm is. Switch the norm to non-use. Switch the norm back to where it was before. We need to do that. And as parents we can do that. Takes a lot of energy, takes a lot of time, but it doesn't take very much money, and that's the one thing that we need to remember. That doesn't take money. That's talking. That's getting parents together. It takes people just to be empowered to do that.

Ms. VAN HOFWEGEN. I would agree with everything she said. I'm also the parent of two teenagers, and it is very important to keep the lines of communication open with your children. However, I do think there's sort of a hopeless feeling when you say that the parents are either at home smoking their own marijuana or in the bars. I think it's really important, and I don't know if there can be any government dollars that can help you do this, those of us who really care about kids in our community to become a parent, a father or a mother figure to kids, and become that person that's really important in their life, to make the communication and connection. I don't know if there's any special way to do that.

I think that for these kids, if their parents aren't going to take responsibility, then someone else does need to. Whether it be our churches or community organizations. I know in our town there is a Big Brother and Big Sister organization that is really doing a

good job at making an attempt. I think we as community members better take over.

Mr. LATHAM. I just wanted to say one additional thing about my pride of this community. When we got the money to run the ads on top of the PSA announcements, and incidentally our media here in Siouxland, in the State of Iowa did over half of the PSAs before. So that's a tremendous contribution. And what was really fascinating and something I never thought I'd hear a complaint about was the fact that our media people were somewhat offended that we would pay them and actually would not take the money. It was incredible. And it says a lot for this community.

Mr. MICA. Thank you. The gentleman from South Dakota, Mr. Thune.

Mr. THUNE. Thank you, Mr. Chairman. I just want to credit both of you for the things that you're doing, obviously some great efforts are underway. To say that it seems to me when you're talking about prevention of course the best prevention is a mom and dad that love their kids enough to spend time with them, to take them to church and subject them to the kind of influences that will keep them away from bad choices. You know, we're always looking for a government solution to something that's fundamentally a family oriented issue.

I guess I'd be curious to know, Carla, you mentioned here in your statement too that you have served on a school board for 12 years. What things in your mind could we be doing in the schools? I mean what activities could we do to help, the kids have their sort of communities, their family, hopefully their church and they spend an awful lot of time at school. From that aspect of it how do we, what can be done at the school levels to help deter them from getting involved in drugs?

Ms. VAN HOFWEGEN. I think a shift in the attitude of the schools toward parents. I was a teacher before I was a school board member. I remember in the late 1970's seeing signs on the doors of the middle school, please report to the office, visitors are welcome but please report to the office. It's sort of a stay out type of statement.

I think schools are really trying to let parents know they want to work with them. They know if they open up the lines of communication, especially in those homes where there are difficulties, that the students will see the families and the schools trying to work together. I also think that we discouraged groups like PTAs for sometime and now they're trying to resurrect interest in them again. At least in our community, they're trying to get a parent group in each of our schools in the community. And I think that will help. There again, you often get the parents who already, sort of have it all together that come to those meetings. But we need to encourage other parents to do that as well.

I do know the public school in Spencer is also getting involved more on the preschool level, which is the area that truly you're going to prevent problems. If you can get involved with the families at that point, that will help. The school doesn't have all the answers. I do see a big change from when I was a teacher until now. The teachers have a much bigger responsibility toward those kids. It's very important to include the families in the educational proc-

ess, and to encourage them to give their input, to let them know that you're working together to help the students.

Ms. PHILLIPS. Could I respond?

Mr. THUNE. Sure.

Ms. PHILLIPS. One of the things that we have here, it's just been started for a few years, so we don't know the long-term impact on it, but we do have what we call social health groups at our schools, and that is run through the Action programs and the SHIP, but what it is is where a team of parents—excuse me, a team of educators are meeting with Juvenile Court Services and meeting with the other various agencies, the Department of Human Services in our community and they are identifying at a very young age some of the problems, behaviors within these kids in the schools, and they are then basically forming a case management plan, bringing the family in and discussing what's going on. I think we're going to see a great impact in the future from really surrounding the resources and our whole thing with the comprehensive strategy is the right resource for the right youth at the right time.

That's what we're really trying to do, is to surround that kid and provide a safety net for them as they move up in the years. Because one of the things we've identified is academic failure beginning in early elementary school—in late elementary school, excuse me. If those kids are not going to get what they need at an early age they're going to fail. They're going to be a statistic to us and they're going to be in the community and we're going to have problems with them. Our school board and local agencies are really working hard for that.

Another thing I just have to say is I am an advocate of DARE. I know there are a lot of people who have knocked DARE down and drug it through the coals. I am an advocate. In that year that they are in DARE, whether it's 11 weeks or 16 weeks, talk to those kids, those kids are going to tell that you they're not going to use drugs and they're going to identify people who are using drugs and they're going to realize all those things. But then don't teach the kid anything else about it and expect them to remember it.

When we were in another hearing at one point they were talking about teach your kid math in the fifth grade and expect them to remember it when they get to high school? It's not going to happen. We need structured curriculum in our schools from kindergarten, preschool actually, kindergarten all the way through, curriculums that talk about it, that talks about methamphetamines. You can't expect the teachers to go out and research all of these things and bring them back to their classroom. Some do that. But it's going to be very inconsistent.

We need structured curriculum. We need to be telling these kids the same message, and it needs to be very clear and it needs to be very consistent. If we're not going to do that, there's not going to be the big hope at the end that they're all going to remember what's going on, because they're not going to remember it if we're not constantly telling them, which is one of the reasons that these ads are good. They're giving the same clear consistent message. And they're there all the time telling us that. We need to always be reminded, whether we're young people or adults.

Mr. THUNE. I appreciate that. Now there is going to be a follow-up question to my original question on what schools can do as to whether there ought to be a structured part of the curriculum that addresses that. In visiting with law enforcement people and even with kids themselves, these problems are cropping up at a much earlier age. A lot of times we used to think it was high school before you were subjected to all these temptations and pressures. But anymore they're saying they start to identify these trends not just in middle school but prior to that, and I do think there has to be an after DARE or something that reinforces that message as they move on into the higher grades too. And I'm a big fan of the faith-based approach and the things that are going on out there, it's a wonderful program and I want to credit both of you for the things that are happening. I think it's all part of the solution. But we definitely have our work cut out for us. It's a challenge, and I guess we're all obviously looking for anything that we can do to enhance the successful things that are already underway and to find out if there are things that we aren't doing that we ought to be doing. Thanks for your testimony.

Mr. MICA. Thank you, gentlemen. And I also want to thank both of these witnesses for coming forward today and providing our subcommittee with their insight and recommendations. And particularly thank you for the contribution that you're making in your communities and localities, in again what is one of the most serious challenges I think any one of us face as parents, Members of Congress or involved citizens. We thank you so much, and we'll excuse you at this time.

And I'll call our third panel. Our third panel consists of two witnesses this morning. The first panelist is Leroy Schoon. The second, and I'm sorry, he is with Schoon Construction. The second panelist is Jamey Miller, and he is with Rudy Salem Staffing Services. Both of these individuals I want to welcome also.

Again, this is an investigations and oversight subcommittee of Congress. If you have lengthy statements we'll make them a part of the material on request to the Chair. With that I'm also going to swear you in. If you will please stand, Raise right hands.

[Witnesses sworn.]

Mr. MICA. The witnesses answered in the affirmative. Let the record reflect that. I'd like to welcome both of you this morning.

At this particular time recognize Mr. LeRoy Schoon for his testimony and comments. I understand you have a drug testing program as part of your employment, and we're anxious to hear about your experience. Thank you, sir. You're recognized.

STATEMENTS OF LEROY SCHOON, PRESIDENT, SCHOON CONSTRUCTION; AND JAMEY MILLER, RUDY SALEM STAFFING SERVICES

Mr. SCHOON. Thank you, Mr. Chairman. Schoon Construction, Cherokee, IA. We specialize in fiber optics and general excavation construction. We work with municipalities and communication companies. We employ approximately 130 employees in our organization.

In 1999 our company implemented a 100 percent pre-employment drug screening. We were having trouble finding good employ-

ees, so we decided we have to do that. And we went first to a random drug screening of 50 percent throughout our entire company, and we were not getting results we needed. We went to 100 percent, and it has done tremendously well. We will spend approximately \$10,000 in the year 2000 for drug screening new applicants and random drug testing.

Drug screening has helped eliminate the illegal drug use in our workplace. But we feel it does not cure the drug problem in the work place and in the community. The reason for that is we have people that we have to come up, they come up with drugs, we have to terminate them or suspend them to get evaluated and get rehabilitated. They don't go to rehabilitation. They go down the street and go to another employment and find employment that they don't have to be drug screened. Our opinion is that we're just transferring our problems and confining it into one area.

I'd like to list below some of the problems the employers have with illegal drug users in the workplace. We've experienced these. Employees are injured or killed. Equipment gets damaged because of not being alert. Property damage claims rose tremendously high to people that you're working with. The quality of work goes down. Poor productivity is a big result. As a result of this, insurance costs skyrocket for all employers because the insurance costs are shared through everyone. So if one company does a good job and three companies don't, we still help pay for that. We feel the solution is that we need to have 100 percent drug screening for all employees. Our company has already seen an improvement in applicants. We've had better applicants come in the door because the other ones aren't going to come in because they aren't going to get through anyway. Reduction of property damage and workmen's compensation claims since we have run this program has been reduced. We have a better experience model for our insurance carrier.

If we can solve our problems, we need all sectors of business and government to work toward the same goal. Thank you.

Mr. MICA. Thank you for your testimony.

[The prepared statement of Mr. Schoon follows:]

LeRoy E. Schoon, Pres.
 Brenda Perrin, V.P.
 Judy Schoon, Secy. Treas.



1500 So. 2nd Street, P.O. Box 800
 Cherokee, Iowa 51012-0800
 Phone: (712) 225-5736
 FAX: (712) 225-6378

June 26, 2000

Government Reform Committee:

SUBJECT: DRUGS IN THE WORKPLACE

Schoon Construction, Inc. specializes in fiber optics and general excavation for municipalities and communication companies. We employ 130 employees in our organization.

Our company in 1999 implemented 100% pre-employment and random drug screening throughout the entire company. We will spend approximately \$10,000.00 in the year 2000 for drug screening new applicants and random drug testing.

Drug Screening has helped eliminate the illegal drug use in our work place, but it doesn't cure the drug problem in the community.

- I. Listed below are some of the problems employers have with illegal drug users in the work place.
 - A. Employees are injured/killed.
 - B. Equipment damaged.
 - C. Property damaged.
 - D. Low quality work.
 - E. Poor productivity.
 - F. As a result of all of this, insurance costs skyrocket for all the employers.

We feel the solution is that we need to have 100% drug screening for all employees. Our company has already seen an improvement in applicants, reduction of property damage and worker's compensation claims since we have implemented this program. To solve our problems we need all sectors of business and government to work towards the same goal.

Sincerely,

Schoon Construction, Inc.


 LeRoy E. Schoon
 President

EXCAVATING

UNDERGROUND CABLE CONSTRUCTION

TRENCHING

Mr. MICA. We'll now hear from Jamey Miller. He's from Rudy Salem Staffing Services. Mr. Miller, you're recognized.

Mr. MILLER. My name is Jamey Miller. I work with Rudy Salem Staffing Services. I also run a safety division out of that. Back in about March 1998 I was approached by Senator Steve King and asked if I would be interested in conducting onsite drug testing. I thought, hey, that's an opportunity for me to be, just getting out of the Navy and stuff, moving back to my home town, I felt it was a good opportunity for me to grow and stay in the community. That ended up branching out into stuff like what LeRoy's doing here.

The Drug Free Workplace Act was passed in April 1998, and I've been going on since then. I've seen firsthand what drugs can do to a person, their family, their bank account, their life and their future. I also know the extremes that people will go through in order to pass a drug screen. They try to adulterate their urine. They will put anything from bleach in there to dirt, whatever. If you can think of it they have tried it. There's all sorts of remedies out there. Some of them work, some of them don't. If you're trying to get a job and a good paying job, you have a 50-50 chance of passing or getting caught, it's really not worth the hassle.

If you already have a good job and you're doing drugs and they implement the random drug screen at your workplace you're going to get caught, so it's not worth losing your job.

I think the firsthand experience I've had has made me very knowledgeable in this field of onsite drug testing. In the past 26 months I've personally administered 1,396 onsite drug tests. I've had 1,107 negatives, and I've had 289 people walk out on me, or I could assume those would be positive. Basically that means to me that 289 people refused to take the test and deny themselves employment. I guess their bad habits are more important than feeding their kids and paying their bills.

I think that the new Drug Free Workplace Act has done some good, but I think right now the employers around here, I only have maybe two or three accounts or clients that are participating in this. I think they're afraid. Right now the unemployment rate in Sioux City, the last I heard was like 3 percent, so most of those people are either housewives or disabled people or they're retired or whatever. So the rest of the people around here are working. Basically I think about 74 percent of the population in Sioux City uses drugs, this is from my point of view. It's hard when you're trying to run a staffing service. Our business is helping people find a job, but how are you supposed to employ these people when they can't even walk through the door and pass a drug test. There's a definite problem here, and it's right here, right here in Sioux City.

Then we also have an office up in Spencer, IA. And as they were mentioning before, when I was hired by Salem Management to be the safety director they had a mod rate that was so high because of injuries due to accidents on the job and people not paying attention to what they're doing, it cost \$200,000 or \$300,000 a year for a small business to have work comp insurance. I also do OSHA compliance, EPA compliance and stuff like that. Since I've implemented my policies and stuff, we have dropped our mod rate down, just the corporate office, down to point 65 which is pretty good for a staffing industry.

However, the problem we're having now is that we opened up an office in Spencer about 5 years ago, Spencer, IA, and Sioux City's got quite a large, a lot more population here compared to Spencer, and now Spencer, their mod rate or their work comp claims are doubling what I have down here in Sioux City, and a lot of that has to do, I believe, with the drug abuse.

So I'd like to wrap it up by saying that's all I have to say.

Mr. MICA. Thank you for your testimony.

I compliment you both for the initiatives you've taken to try to ensure a drug free work place and work force. I think it's a model for other companies. If we had more private sector participation in this regard, we'd have a lot less drug abuse. One of the problems that we have is we do have people who use drugs, and we have the problem of trying to get them into some effective treatment. Have any of you had experiences, do you have any part of your program, Mr. Schoon, which puts these folks into treatment or gives them some opportunity to be treated if they're found with a positive result?

Mr. SCHOON. What we've tried to do, if we have a person come up we call hot, we will pay for the evaluation.

Mr. MICA. So you do give them an opportunity to clean up their act?

Mr. SCHOON. Yes. If it takes rehabilitation, if it's a real serious case, we'll try to find them some temporary work or if they succeed we'll offer them their job back.

Mr. MICA. What kind of success have you found with that treatment or rehabilitation?

Mr. SCHOON. What we have found is our success hasn't been good. They will go for rehabilitation maybe for 3 or 4 days, they leave and go find other employment, they say I have to make a living. We cannot pay them the salary while they're getting rehabilitated. In Iowa here just what happens, they will go down the street and find a job, and they will continue their habit.

Mr. MICA. So the lasting of effective treatment is a problem and then also getting individuals to stick to treatment or follow it through is part of the problem?

Mr. SCHOON. That's correct. We've had one case where a young man, he left employment, we suspended him, he was supposed to take 3 weeks of rehab.

He didn't continue that. He quit. He went to Des Moines to get a job. He said he had to make a living. He come back and about 9 months later, he said he had been cured, he straightened out. OK. You have got to take a new drug screen, we'll give you another chance to hire. I took him up, paid the fee at the hospital for drug screen, this is \$47 for us. Come up hot. The applicants will come in and they're first informed that we do drug screening. It's no problem, I'm not on it. We take them in, it will come back, they're hot. Or they will call back the next day and say I can't work for you, I'm going to come up hot. So we've already spent the money.

Mr. MICA. One of the problems we have, contrary to the perception out there, is actually Congress has more than doubled the amount of money for treatment if we take in all of the different programs since 1993, and the last 5 years under the Republican control, the Congress has increased the treatment some 26 percent.

I don't think any of us have a problem with increasing the money for treatment. The problem is getting effective treatment programs, one, and then also getting people to even go to the treatment. We held a hearing in Baltimore where people who have been sentenced for offenses met most of the requirements, and part of their sentencing is to go to treatment. Less than 50 percent show up even under court order.

Of course you're dealing with a situation where you have absolutely no control over these individuals, only the possibility of their being employed, and with a tight job market here and throughout the country, they just go somewhere else is basically what you're both testifying. Are you seeing the same thing? Mr. Miller.

Mr. MILLER. Yes, sir. In our line of work we deal with people, top executives all the way down to general laborers daily. I deal with the whole spectrum of the population. What we're finding out is—I opened up a day labor here in Sioux City about 2 months ago, and our building is located right next to the Federal building. In any given day, there are 10 people that come into my office and I can't put any of them to work because they're hot.

Mr. MICA. They have a drug problem.

Mr. MILLER. They're either drunk or—

Mr. MICA. Drugs or alcohol.

Mr. MILLER. Yeah, there's something wrong with them. We can't put them to work. They can't speak right, they stutter. Too much of a risk. But they have to eat. They have to live. So most of these guys sleep under bridges. They live at the Gospel Mission, things like that.

Mr. MICA. Is there anything that we're doing that we could do a better job at from the Federal standpoint or through, we're now block granting or sending money to the States, send money to local programs, is there something you see a greater need for that we aren't doing or that we can do in cooperation with local agencies to address this problem?

Mr. MILLER. I think part of the way to kind of fix this would be to let employers know that they have the option, the way the Drug Free Workplace Act, the way the law is written, you don't have to send a person to treatment. I mean just depends on what you want to do with that person. Right now the employment rate is so low that you're afraid, if we do this random thing, we're going to lose all these people. I think the biggest thing we need to do is educate employers as far as implementing drug testing. It's OK to do a random test. You're not going to lose your whole work force, I don't think. That's your choice.

Mr. MICA. Anything, Mr. Schoon?

Mr. SCHOON. I'd like to comment on that. We have found since we implemented the 100 percent drug screen and the pre-employment, we're finding a better rate of applicant coming in. I think it's scaring some of the other ones that are on drugs away. I went to different contractors, fellow contractors and said, hey, you know, you need to get on a drug screening program, you need to do a drug screening program. We're kicking them out of our place, they're coming down to you and going to work, and I said pretty soon you're going to have everybody hot. What's it going to do to your workmen's comp and your general liability. It's going to make your

risk higher. He said, well, what are we going to do, we need help. That's one of the problems they're faced with. They think, you know, money's not the issue I don't think. It's just an incentive for the employers to be able to go in and do this. Maybe the insurance companies need to offer more incentive for employers who are doing a good job with drug screening and that would help encourage the ones that aren't doing it, realizing there are a lot of smaller companies out than we are, but the resources are there. If there are only ten employees they can still get this done.

Mr. MICA. Thank you. Let me yield to the gentleman from Iowa, Mr. Latham.

Mr. LATHAM. I want to be very brief. We have both to be tonight in Washington, we cannot miss a flight here today. There's much debate and has been for years in Congress about the Federal role on funded mandates on States and small business. Are either of you suggesting from the Federal level that we should mandate drug screening in the workplace?

Mr. SCHOON. I think, Mr. Latham, it needs to come from our Iowa Legislature.

Mr. MILLER. I agree.

Mr. LATHAM. I would agree with you. I don't think—it is a State situation and based at that level and also at least allowing individual businesses to drug screen so there's no prohibition as some people would like to have. That was a debate that went on for several years. I know about the State legislature not even allowing you to screen in the workplace. I appreciate that. Thank you both very much for being here.

Mr. MICA. Thank you very much, Mr. Latham.

The gentleman from South Dakota, Mr. Thune.

Mr. THUNE. Thank you, Mr. Chairman. I'm glad to hear that in Iowa you are State's rights advocates as we are in South Dakota. I just have one observation or question. You mentioned the cost of drug testing. Have either of you done an analysis of what the lost productivity cost is? Can you quantify that as a percentage of your bottom line or dollar figures in any way?

Mr. SCHOON. I have not been able to do that. I do know we're tracking for costs and time spent in interviewing employees and taking them up for drug screening, but a factor of percentage of sales I don't have that at this time.

Mr. MILLER. Neither do I.

Mr. THUNE. I know it's probably rather difficult to come up with, to put a quantitative, attach that to it, but I think it's obviously a concern in the workplace, and it's got to be not just the cost of drug screening and all that, but I would think too just the loss of productivity as a result of the effects the drugs have on people who are using.

So anyway I again appreciate very much your testimony. I will yield back to the chairman as well in the interest of time, but appreciate you taking the time to do what you did.

Mr. MICA. I also want to thank each of you for coming forward and sharing with us your experience and the contribution you have made in the workplace, work force setting an example which you have done. That's to be commended. If every employer stepped in

and followed your lead, we would have a lot fewer problems, and we appreciate your insight.

I particularly appreciate the insight of all the panelists today, the law enforcement, the local community, both private and public, that have testified before our subcommittee. Each of these field hearings gives us better insight as to what's going on throughout the country, so we can do a better job in Washington trying to address some of the serious problems that we're facing.

Again, Iowa, South Dakota, this whole region is not alone being victimized by illegal narcotics. This is an incredible national challenge. I get to see it chairing the subcommittee, and it again is one of the greatest challenges I think we have ever faced in Congress, as parents, as community leaders or employers. So I thank you for the invitation.

Mr. LATHAM. I thank you, Mr. Thune, for joining us today. Both of you represent incredible geographic areas. Mr. Thune has a huge, huge, huge district. I can't even imagine representing an area that large.

I saw on the map this morning the size of Mr. Latham's district. You do an incredibly responsive job again in representing the people of this area, they're great people. As I said earlier, I had a chance to live among, work among and be part of the business community and have the greatest respect for you. So I thank each of you for allowing me to come here and hopefully learn and work with you as we move forward to meet this challenge.

Mr. Latham.

Mr. LATHAM. Yes. I just want to again thank you for making the extraordinary effort to be here.

Mr. MICA. It was.

Mr. LATHAM. And again I hope the folks here recognize the tremendous responsibility the chairman has, and the leadership in Congress that you have shown has been incredible on this issue, and it's been an honor and a real privilege for me to learn from you and to work with you, and I appreciate it, as well as my great friend and colleague here and my neighbor, John Thune. I just want to thank each of you.

Mr. MICA. Thank you again so much. There being no further business to come before the Subcommittee on Criminal Justice, Drug Policy, and Human Resources, this hearing is adjourned.

[Whereupon, at 11:40 a.m., the subcommittee was adjourned.]

[Additional information submitted for the hearing record follows:]

**HOUSE SUBCOMMITTEE ON CRIMINAL JUSTICE,
DRUG POLICY AND HUMAN RESOURCES
FIELD HEARING**

**SIOUX CITY, IA
JUNE 26, 2000**

**Submitted by: David H. Amick, Sheriff
Woodbury County, Iowa**

June 22, 2000

A fundamental cost of the meth problem in Woodbury County that cannot be overlooked is the cost of incarceration on property tax payers. In Woodbury County, as drug trafficking increased so did jail population.

In a report completed in September 1999 by Huskey and Associates of Chicago, Illinois, Group A (violent) arrests were identified as the majority (51.3%) of all arrests from 1994-1998 with larceny, simple assaults, drug charges, and aggravated assault accounting for 79.7% of the Group A category.

Group A statistics supplied by the Iowa Department of Public Safety, annual Iowa Uniform Crime Reports, further identified drug charges as comprising 27.2% of the numbers and as experiencing annual increases over the 5 year time period.

Population statistics of inmates reflect disturbing trends. Ninety plus percent of all inmates report substance abuse directly linked to the criminal activity associated with confinement. Women report dependencies on substances other than alcohol resulting in more aggressive behaviors and resistant to treatment methodologies.

The resultant effect on local taxpayers has been the placement of an order by the Iowa State Jail Inspector to cap the population of the Law Enforcement Center at 192 inmates. The cap reflects a population of 34 bodies over design capacity for a facility opened in the fall of 1987 with a projected population capacity capable of accommodating a jail population until the year 2025.

Woodbury County has implemented innovative alternatives to detention at the Law Enforcement Center to meet the current cap. Renovation of an existing County owned facility to accommodate non-violent offenders has provided 40 additional beds. The

minimum-security facility considerably lessens the period of time between conviction and serving of time thereby reducing the County's reliance on a "jail reservation" policy. The Huskey Report concluded by projecting a need for a minimum of 525 total beds by 2009 if system efficiencies and social programming were implemented. Without efficiencies and programming the bed count increases to 625. Costs associated for new construction/renovation are projected at \$60,000 per bed for a price tag of \$31,500,000 with social programming and criminal justice system improvements reflecting an annual expenditure of \$1,247,878.

Iowa counties and therefore property taxpayers have few avenues in which to access federal or state funds to assist in the resultant property tax increases.

Woodbury County has experienced the successful use and implementation of federally funded programs into our tri-state area. Funds have been utilized to place officers and deputies in the communities, provide training opportunities through the regional meth training center, increase federal prosecutors and agents that have been instrumental in the local battle with drug trafficking and provide acquisition of equipment for use in investigation and prosecution. We have additionally, however, experienced the downside of success – tremendous need for incarceration and treatment.

Congressional leaders must acknowledge local jails as the initiation of prosecution. With tougher sentencing laws, trial length and bed occupancy in local detention facilities increases. Federal funds have provided Woodbury County and the tri-state area opportunity to attain proactive enforcement and prosecution policies. The challenge before us now becomes the ability to recognize the need for incarceration to deter illegal

drug activity while providing innovative treatment opportunities to reduce the level of recidivism plaguing the correctional system as a whole.

November 18, 1999 Subcommittee letter to HHS (Shalala), Justice (Reno), Courts (Smith)

Following a subcommittee hearing on the National Vaccine Injury Compensation Program held September 17, 1999, a letter signed by the Government Reform Committee Chairman Dan Burton, Ranking Member Henry Waxman, Subcommittee Chairman John L. Mica and Ranking Member Patsy Mink was sent to HHS Secretary Donna Shalala, Attorney General Janet Reno and Chief Judge of the U.S. Court of Federal Claims Loren Smith. The letter requested a consideration of 4 specific administrative changes to the NVIC that would "improve the operation and fulfill the original intent" of the program.

The following proposals were outlined: HHS should be more aggressive in promoting public awareness of the program; DOJ and the Court should more fully utilize alternative dispute resolution; the Departments should investigate payment of interim fees and costs of litigation; the Departments and the Chief Special Master should develop and implement a comprehensive process improvement plan to expedite case processing.

DOJ Response December 22, 1999

On behalf of the Justice Department, Assistant Attorney General Robert Raben replied in a letter dated December 22, 1999.

Promoting Public Awareness

Assistant Attorney General Raben expressed the Department's agreement that "promoting public awareness of the NVICP should be a top priority" and cited a joint initiative with HHS whereby DOJ attorneys accompany HHS staff to professional conferences in the legal and medical communities. There was no mention of efforts to promote public awareness of the program, however, DOJ chose to "defer to HHS, the Program administrator, regarding the development of a specific plan to further educate health care professionals."

Utilizing Alternative Dispute Resolution

The DOJ was in agreement "that it may be appropriate to more fully utilize these methods in the Vaccine Program." They claimed to be "exploring opportunities to meet with the special masters of the U.S. Court of Federal Claims for the purpose of discussing ways to more fully utilize ADR in NVICP cases."

Payment of Interim Fees

The DOJ also concurred with the Subcommittee regarding the payment of interim fees and litigation costs citing their support of a proposal included in a draft bill submitted to Congress on June 14, 1999 entitled, "Vaccine Injury Compensation Program Amendments of 1999."

Expedite case processing

DOJ agrees that "certain aspects of the NVICP have not worked as effectively as possible." In response they urge Congressional support of the Vaccine Injury Compensation Program Amendments of 1999, which they claim, if enacted, "will further streamline the process." The Department also outlines the "tension inherent in a process that is both sympathetic to petitioners' evidentiary burdens and designed to achieve rapid case resolution," claiming that petitioners often need "significant additional time" to establish their case.

Court Response January 13, 2000 (Golkiewicz)

In a letter dated January 11, 2000 Chief Special Master Gary Golkeiwicz replied to Chief Judge Loren Smith of the U.S. Court of Federal Claims.

Promote Public Awareness

Responding on behalf of the Court, Chief Special Master Gary Golkiewicz pointed out that the Court and special masters, "are not formally involved" in the campaign to create public awareness. However, Mr. Golkiewicz expressed the desire of the special masters to take part in the informational conferences held in conjunction with HHS and DOJ and expressed dismay "they have not been approached regarding such conferences."

Utilize ADR

According to Golkiewicz, "The special masters wholeheartedly embrace ADR as a means of resolving cases quickly and less expensively" and "several components of ADR are woven into the everyday procedures." While not all entitlement cases are candidates for ADR, damages cases are very amenable and in fact, the special masters are currently developing the mandatory assignment of a settlement judge, a form of ADR, in every damages case. "Thus, even without the formal designation of ADR, the active 'inquisitorial' special masters routinely utilize ADR techniques in managing their dockets."

Payment of Interim Fees and Litigation Costs

The Court would support the payment of interim costs and attorneys' fees to provide petitioners some measure of financial relief while presenting their case. "The special masters believe that such a procedure would certainly be quite helpful to petitioners in at least some situations" and they would like to be given discretion to make those awards when appropriate.

Expedite Case Processing

The special masters agree that "all efforts should be made to resolve these cases as quickly as reasonably possible." They point out ongoing efforts to evaluate their rules and procedures, and consult with DOJ, HHS and the petitioners' Bar to elicit suggestions for improving the process. However, the special masters take care to point out "the structural aspects of the Act that result in the delays and frustrations" including the complex nature of the issues presented and the increasing number of causation-in-fact cases. According to Golkiewicz, "The decision-making system is driven by how the causation issues are decided: Table cases proceed quickly with relatively few issues, whereas causation-in-fact cases proceed in all aspects more slowly."

HHS Response January 28, 2000 (Shalala)

Health and Human Services Secretary Donna Shalala sent a response dated January 28, 2000.

Increase Public Awareness

According to Secretary Shalala, HHS focuses "great attention" on educating the physician and nursing communities as "the initial and principle contact" to assist them in educating the public. Shalala also outlines HHS efforts to target the legal community and ensure public access to appropriate counsel. HHS is said to be in the planning stages of developing a Program brochure to be printed in English and Spanish, they are revamping their entire website and allocating a "significant portion" of HRSA's administrative budget for the Program toward improving outreach efforts.

Interim Payments

HHS fully supports the interim payment of litigation costs and has included such a proposal in the Department's draft bill, the "Vaccine Injury Compensation Program Amendments of 1999."

Expedite Case Processing

Secretary Shalala maintains the draft bill submitted to Congress June 14, 1999 contains several improvements to case processing including "an established method for calculating lost earnings, allowance for payment by the Government of costs related to establishing a guardianship, and allowance for inclusion of family counseling costs in compensation packages."

March 16, 2000 Subcommittee letter to Secretary Shalala

In a letter dated March 16, 2000 Government Reform Committee Chairman Dan Burton, Ranking Member Henry Waxman, Subcommittee Chairman John L. Mica and Ranking Member Patsy Mink, requested the following information be provided. An explanation for the Secretary's decisions to: 1) remove residual seizure disorder following DTP vaccination from the Table and 2) revise the Qualification and Aids to Interpretation for encephalopathy, including comments on the effect of these revisions on the number of

petitions conceded as compensable, judged compensable and denied compensation. The Committee also requested the Department of Justice submit their view regarding the expansion of the permissible time for filing petitions.

HHS Response March 23, 2000 (Balbier)

Thomas Balbier, Director of the Division of Vaccine Injury Compensation under HHS, outlined the process whereby the Department chose not to accept the recommendations of the ACCV. According to Mr. Balbier, "The Final Rule was a result of a nearly 4-year, comprehensive, inclusive, and complex process" during which "the ACCV received detailed presentations on, and were very involved with, every proposed modification to the Table." He continues, "The ACCV voted on and concurred with each and every change to the Table through that time period. Therefore, the Final Rule did in fact reflect the ACCV's considered recommendations." As such, it is Mr. Balbier's contention and that of the Department that they were justified in declining to postpone implementation of the Final Rule when asked to do so by the ACCV because, "A new Chairman and a Commission consisting of one third new members had not been privy to any of the consensus building that had been completed."

On the question of the statute of limitations in compensation cases, Mr. Balbier expresses the Secretary's full support for expansion of the statute to 6 years in cases filed under the VICP. Included in the "Vaccine Injury Compensation Program Amendments of 1999," submitted by the Secretary for Congressional consideration is a proposal to expand limitations for filing claims from 3 years to 6 from the onset of the first symptoms for vaccine injuries and from 4 years to 6 from the onset of symptoms resulting in vaccine-related deaths.

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June 21, 2000

Mr. Sean Mcgraw
House Subcommittee on Criminal Justice, Drug Policy and Human Resources

Dear Gentlemen:

I thank you for giving me an opportunity to become part of the solution to the current methamphetamine problem in the Midwest. I hope that you would find my personal testimony as an ex-drug user and convicted felon of, (delivery of methamphetamine) beneficial to your goals.

My goal is to only offer my experience with methamphetamine, the events that led up to my usage, and how I was able to stop using methamphetamine. I will also include what I am able to do with my life now, thanks to a caring judge who, sentenced me to prison and also ordered treatment prior to my release from incarceration.

If anyone should have any questions, or would like anything in my testimony clarified please feel free to contact me at the above address and phone number.

Thank-you for your time.

Sincerely, Myron L. Dorsey

My name is Myron L. Dorsey, currently of Omaha, Nebraska. Until December of last year I was a life long resident of Iowa of thirty-two years. I have moved to Omaha to stay in the Midwest and take advantage of Omaha's higher education and living logistics.

In December of nineteen ninety-two I was convicted of delivery of methamphetamine and the usual parallel charges. At the sentencing I was very upset with the judge for sentencing me to prison, and I was upset with the prosecuting attorney for standing up three times to urge incarceration. It is with this letter I say thank-you to the judge, the prosecuting attorney and the judicial system.

In my life I had always felt different than the other kids at school and most other people in life, In short I did not always feel that I had connected with others. I was an underachiever in all of my school years and I couldn't stay focused in anything I did. I was first exposed to drugs in the fifth grade as some of my other friends older siblings were using them, at that time I did not feel that was for me, thanks to the prior warnings of my father. After my father died I no longer had someone holding me accountable to my life. When I entered the seventh grade there was more freedom and I was not dealing with my father's death and so the emotional pressure surmounted. I first found relief with RJ8's, Black Beauties, and Marijuana supplied to me by older kids in school. At that time cocaine was also popular but for that time I found the speed and pot enough, thankfully. Before I could finish Junior High I had been in trouble with the law and I would not listen to the forebodings of my mother, as a result I found myself in the Boys and Girls Home of Johnston, Iowa. I

was not cooperative there either, so they removed me from that institution to reside back home with my mother because I had not done enough to justify being sent to Eldora, Iowa. My life had continued in this very manner until I reached the age of eighteen.

I knew that my current life style was going to get me now-where but I didn't think I could go to college because I knew I still had trouble concentrating in school. I sought employment and continued using and selling drugs, first to support my own use of drugs, then later to make money. After a few years of that life-style I was getting sick of using and knew that it was keeping me from chasing my dreams. By the age of twenty-three I had tried to stop using drugs, but found I could not. It was then I had resided with the fact I would always be an addict, and that there was no use fighting that fact. Not only was I not fighting the fact of my addiction, but also I had started planning my life accordingly so that I would not have a hungry addiction pulling me down. Still I could not stay focused nor did I have the tenacity to stick with anything in my working life.

In June of nineteen ninety-two I was arrested by the tri-state task force following a short investigation. I had sold methamphetamine to an old friend who was working with the task force to lessen his sentencing. I am glad I was stopped then. Had I not been arrested at that time or had I not been incarcerated as a result of my arrest I would not have stopped and would have thought that I was infallible to the law, my life by now would be much worse, I am sure of that.

I was sentenced to ten-years incarceration in the State of Iowa which got cut in half immediately. At the time of sentencing while waiting shackled in the bailiffs cell I then decided I did not want to live in a manner that meant my freedom could be taken from me, it was then I decided that drugs got me into prison and the use of them would not quicken my release. After spending a year at the Fort Madison minimum security farm, I was sick of looking at myself in the mirror, and I was having problems getting along with the other inmates and guards. I was not using drugs and yet I was still having problems living life, even life in prison. I did not know what to do until one of the guards confronted my behavior.

The guard said "myself and most everyone else here (guards and inmates) are tired of you acting like a drug crazed maniac."

It was at that time I knew I had a problem I could not solve myself. It was soon after, that I was transferred to Newton Correctional Facility that offered treatment. Treatment at Newton consisted of four months of intensive treatment. At first I was just there to solve my drug problem but soon found out that I was also alcoholic. I found treatment beneficial to me, but within one year of my release from prison I found myself so miserable that I did not want sobriety if it was going to feel so bad. Thankfully I knew going back to drugs and alcohol would get me back in prison eventually, so I sought help from a well known self help group. I can now say that I am happy with out drugs or alcohol. After six years of sobriety I now have a mental capacity to make sound decisions and do something positive with my life.

My happiness and positive forward looking mental capacity is a direct result of a system that was willing to confront my behavior and provide much needed help.

I hope that this testimony is beneficial to yourselves as you try to confront a very perplexing social problem.

Sincerely,

MYRON L.DORSEY

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House Subcommittee on Criminal Justice
Drug Policy and Human Resources

Dear House Subcommittee on Criminal Justice,

I'm writing this to you as testimony for the hearing that will be happening in our town on June 26,2000. I'm a Community Activist, or they call me a Prevention Specialist with Gangs/Drugs. My speciality is Working with Juveniles,Parents, Neighborhoods, Law Enforcements. I have worked Iowa, Minnesota, Nebraska and I would love the opportunity to talk to you and submit my testimony that I have seen through Out are Heartland. I have been doing this since 1993, not as a paid employee but as a volunteer in our community. Educating parents and neighborhoods,communities and Law Enforcement agencies. I also Had elected officials come and ride along to educate them on their cities.

I look forward to our meeting on June 26,2000.
Please read my testimony, thank you

Respectfully,
Judy Darwin