

**OPIOIDS IN THE HOMELAND: DHS COORDINATION
WITH STATE AND LOCAL PARTNERS TO FIGHT
THE EPIDEMIC**

FIELD HEARING

BEFORE THE

**SUBCOMMITTEE ON
OVERSIGHT AND
MANAGEMENT EFFICIENCY**

OF THE

**COMMITTEE ON HOMELAND SECURITY
HOUSE OF REPRESENTATIVES**

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CONTENTS

	Page
STATEMENTS	
The Honorable Scott Perry, a Representative in Congress From the State of Pennsylvania, and Chairman, Subcommittee on Oversight and Management Efficiency:	
Oral Statement	1
Prepared Statement	3
The Honorable Bennie G. Thompson, a Representative in Congress From the State of Mississippi, and Ranking Member, Committee on Homeland Security:	
Prepared Statement	4
The Honorable Glenn Thompson, a Representative in Congress From the State of Pennsylvania:	
Oral Statement	5
WITNESSES	
Mr. Marlon V. Miller, Special Agent in Charge—Philadelphia, U.S. Immigration and Customs Enforcement, U.S. Department of Homeland Security:	
Oral Statement	6
Prepared Statement	8
Ms. Casey Owen Durst, Director of Field Operations—Baltimore Field Office, U.S. Customs and Border Protection, U.S. Department of Homeland Security:	
Oral Statement	14
Prepared Statement	16
Mr. David W. Sunday, District Attorney, York County, Pennsylvania:	
Oral Statement	22
Prepared Statement	24
Mr. Raymond Singley, Director, Bureau of Records and Identification, State Police Department, Commonwealth of Pennsylvania:	
Oral Statement	26
Prepared Statement	27

OPIOIDS IN THE HOMELAND: DHS COORDINATION WITH STATE AND LOCAL PARTNERS TO FIGHT THE EPIDEMIC

Tuesday, June 19, 2018

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON HOMELAND SECURITY,
SUBCOMMITTEE ON OVERSIGHT AND
MANAGEMENT EFFICIENCY,
Harrisburg, PA.

The subcommittee met, pursuant to notice, at 12:35 p.m., in room 205 of the Speaker Matthew J. Ryan Building, The Pennsylvania Capitol Complex, North 3rd Street, Harrisburg, Pennsylvania, Hon. Scott Perry [Chairman of the subcommittee] presiding.

Members present: Representative Perry.

Also present: Representative Glenn Thompson.

Mr. PERRY. The Committee on Homeland Security, Subcommittee on Oversight and Management Efficiency, will come to order. The subcommittee is meeting today to examine the role of the Department of Homeland Security's coordination with State and local law enforcement and the opioid crisis.

Before we proceed any further, as Chair I need to make a few important announcements. I would like to thank the Pennsylvania State Capitol staff for hosting us today, and for allowing us to use their excellent facility, and from my standpoint particularly, it is just great to be here and to be back here.

Because this is an official Congressional hearing as opposed to a town hall meeting, we must abide by certain rules of the Committee on Homeland Security and the U.S. House of Representatives. I kindly wish to remind our guests today that demonstrations from the audience, including applause and verbal outbursts, as well as use of signs or placards, are a violation of the Rules of the U.S. House of Representatives. It is important that we respect the decorum and the rules of this committee. I would also like to remind everyone that photography and cameras are limited to accredited press only. Without objection, Mr. Glenn "G.T." Thompson will be allowed to sit in on the dais and participate in today's hearing, and it is ordered.

The Chair now recognizes himself for an opening statement.

Our Nation is in the midst of a deadly epidemic. Since 1999, the Center for Disease Control estimates that overdose deaths in the United States from opioid substances, like prescription painkillers, heroin, and fentanyl have more than quadrupled. In 2016 alone, 67 percent of all drug-related overdoses Nation-wide involved prescrip-

tion and illicit opioids, totaling an estimated 42,000 deaths. This is a crisis that has affected the entire American homeland. No State or community has been spared from devastating impacts of opioid abuse.

In my home Commonwealth of Pennsylvania, where today we meet in this historic State Capitol Building, the epidemic has hit especially hard. In 2016, over 4,600 Pennsylvanians lost their lives due to drug overdoses. Moreover, in that same year, Pennsylvania had the fourth-highest rate of deaths due to opioid-related drug overdoses out of all 50 States, tallying 37.9 deaths for every 100,000 people. While I am usually proud to tout statistics about how Pennsylvania is leading the Nation, this is one instance I wish I could say Pennsylvania is not at the forefront.

Despite this disheartening reality, I am proud of my Commonwealth for taking a strong and unified stance in its response to the opioid crisis. Since January, Pennsylvania has been operating under a State-wide disaster declaration in response to the epidemic. The disaster declaration has allowed the Commonwealth to mobilize State resources, improve coordination between State agencies with the establishment of the Opioid Command Center, and increase access to treatment for those most in need. As a result of this unified effort, 3,660 calls have been made to the Drug and Alcohol Program hotline, and 29,208 doses of naloxone have been distributed across the State resulting in 1,436 overdose reversals. Additionally, Pennsylvania's Prescription Drug Monitoring Program is accredited with helping to reduce the number of opioids prescribed. From 2016 to 2017, the number of opioids prescribed in Pennsylvania decreased by 14 percent, which is the second-highest reduction rate across the country. Pennsylvania can certainly be proud of this statistic.

In addition to State and local efforts, the Federal Government also plays a major role in fighting the opioid crisis. For example, the Department of Homeland Security's Immigration and Customs Enforcement Homeland Security Investigation coordinates with local law enforcement on investigations regarding narcotics smuggling and helps provide training to State and local officials. DHS's Customs and Border Protection works to interdict the flow of opioids from places like China and Mexico at ports of entry and international mail facilities. In addition, CBP officers provide support to the Pennsylvania Criminal Intelligence Center, one of Pennsylvania's three information-sharing fusion centers, which I had an opportunity to visit earlier today.

The opioid epidemic poses a unique challenge for Federal, State, and local officials. Opioids are often more readily available than other types of drugs, with CDC estimating that in 2016, 40 percent of opioid-related overdose deaths involved prescriptions that can be obtained by—from a physician. Additionally, e-commerce in the modern world and the high value of small doses of synthetic opioids like fentanyl have allowed transnational criminal organizations and drug dealers to distribute opioids in nontraditional ways by exploiting the internet and postal service and cutting out the middlemen normally targeted by law enforcement during drug investigations.

These challenges underscore the importance of understanding and reinforcing the relationship between Federal entities and the State and local officials in order to create a force multiplier to tackle this devastating and deadly epidemic. This is a complex crisis that calls for a multifaceted response from public officials at all levels.

Last week, my colleagues in the U.S. House of Representatives and I passed a multitude of bills aimed at fighting the opioid epidemic that is crippling our communities. For example, one bill requires the United States Postal Service to transmit advanced electronic data to CBP on certain international packages in order to enhance the targeting of suspicious packages. Numerous other bills also offered solutions to this crisis by addressing treatment, recovery, and prevention efforts.

I want to thank our panel for appearing before the subcommittee this morning on this very important issue. I look forward to learning more about the Department of Homeland Security's coordination with State and local officials in the Commonwealth in order to combat the opioid epidemic and protect the homeland.

[The statement of Chairman Perry follows:]

STATEMENT OF CHAIRMAN SCOTT PERRY

JUNE 19, 2018

Our Nation is in the midst of a deadly epidemic. Since 1999, the Center for Disease Control (CDC) estimates that overdose deaths in the United States from opioid substances, like prescription painkillers, heroin, and fentanyl have more than quadrupled. In 2016 alone, 67 percent of all drug-related overdose deaths Nation-wide involved prescription and illicit opioids, totaling an estimated 42,000 deaths. This is a crisis that has affected the entire American homeland. No State or community has been spared from devastating impacts of opioid abuse.

In my home State of Pennsylvania, where today we meet in the historic State Capitol Building, the epidemic has hit especially hard. In 2016, over 4,600 Pennsylvanians lost their lives due to drug overdoses. Moreover, in that same year, Pennsylvania had the fourth-highest rate of deaths due to opioid-related drug overdoses out of all 50 States, tallying 37.9 deaths for every 100,000 people. While I am usually proud to tout statistics about how Pennsylvania is leading the Nation, this is one instance I wish I could say Pennsylvania is not at the forefront.

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In addition to State and local efforts, the Federal Government also plays a major role in fighting the opioid crisis. For example, the Department of Homeland Security's (DHS) Immigration and Customs Enforcement's Homeland Security Investigations (HSI) coordinates with local law enforcement on investigations regarding narcotics smuggling and helps provide training to State and local officials. DHS's Customs and Border Protection (CBP) works to interdict the flow of opioids from places like China and Mexico at ports of entry and international mail facilities. In addition, CBP officers provide support to the Pennsylvania Criminal Intelligence Center, one of Pennsylvania's three information-sharing fusion centers, which I had an opportunity to visit earlier today.

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These challenges underscore the importance of understanding and reinforcing the relationship between Federal entities and State and local officials in order to create a force multiplier to tackle this devastating and deadly epidemic. This is a complex crisis that calls for a multi-faceted response from public officials at all levels.

Last week, my colleagues in the U.S. House of Representatives and I passed a multitude of bills aimed at fighting the opioid epidemic that is crippling our communities. For example, one bill requires the United States Postal Service (USPS) to transmit advance electronic data to CBP on certain international packages in order to enhance the targeting of suspicious packages. Numerous other bills also offered solutions to this crisis by addressing treatment, recovery, and prevention efforts.

I want to thank our panel for appearing before the subcommittee this morning on this very important issue. I look forward to learning more about the Department of Homeland Security's coordination with State and local officials in the Commonwealth in order to combat the opioid epidemic and protect the homeland.

Mr. PERRY. Other Members are reminded that opening statements may be submitted for the record.

[The statement of Ranking Member Bennie G. Thompson follows:]

STATEMENT OF RANKING MEMBER BENNIE G. THOMPSON

JUNE 19, 2018

Each day, more than 115 people die in America from opioid-related drug overdoses, and the number of deaths is on the rise. In 2016, more than 15,000 drug overdose deaths involved heroin and more than 19,000 involved synthetic opioids such as fentanyl. The opioid epidemic is truly a National problem affecting people of all races, income levels, and ages.

The impact of the epidemic is felt not only by families and communities who have lost loved ones, but it also negatively affects the country's health care system and economy.

Unfortunately, President Trump has not implemented a National drug control strategy to stem the flow of opioids across America's borders. Rather, Trump has cobbled together bad policies aimed at reducing opioid prescriptions and increasing prison sentences. These policies ignore the fact that most fentanyl misuse is attributed to illicitly-produced fentanyl being trafficked from China. Also, as demonstrated in the 1980's during the crack cocaine epidemic, tougher prison sentences don't result in less access to drugs.

History tells us that ramping up law enforcement as a response to a health crisis disproportionately affects minority communities. Under the "war on drugs" approach—which Attorney General Jeff Sessions has alluded to bringing back—the Nation's prison population rapidly multiplied, filling America's prisons mostly with first-time offender, African American men facing harsh sentences. Those struggling with drug abuse, regardless of their demographics, ought to be given the proper treatment and rehabilitation services.

Moreover, President Trump's zero-tolerance immigration policy and obsession with building a border wall has distracted him from the real need to increase resources at ports of entry and mail facilities to detect and seize opioids. The vast majority of all opioids entering the United States are seized at ports of entry across the United States. Prioritizing the border wall over ports of entry will impede our ability to end the opioid crisis.

Today, the House voted on H.R. 5762, the "Joint Task Force to Combat Opioid Trafficking Act," a Democratic measure introduced by my colleague Mr. Langevin, to help prevent the trafficking of opioids into the United States. The "Joint Task Force to Combat Opioid Trafficking Act of 2018" authorizes the Department of Homeland Security to establish a Joint Task Force to better coordinate the interdiction of fentanyl and other opioids. This important bill was reported by the Committee on Homeland Security on a bipartisan basis.

Fusion centers can play a critical role in ending America's opioid epidemic. Originally created to gather and share intelligence following the attacks of 9/11, fusion centers have started collecting data on drug overdoses and seizures to identify emerging trends to reduce the severity and prevent overdoses all together. Therefore, I look forward to today's hearing highlighting what fusions centers composed of Federal, State, and local officials can accomplish when they work together, especially to save lives.

Mr. PERRY. We are honored to have witnesses with a broad range of experience on the front lines and the fight against opioids before us today. The witness' entire written statements will appear in the record. The Chair will introduce the witnesses first, and then recognize each of the witnesses for their testimony.

But before I do that, I just want to recognize my colleague, G.T., if he has any opening comments.

Mr. GLENN THOMPSON. Thank you. Chairman Perry, thank you for your leadership on this issue.

This is the public health crisis of our lifetime. There is not a zip code in Pennsylvania or across this Nation that is not impacted by this. It is stealing lives, stealing potential, stealing work force from our economy. It is—the impact on families is just tragic, and it is so complex. That is the difficulty with this. There are so many different pathways that people can find themselves in these dire situations where they wind up as addicts and perhaps overdosing and losing their lives.

So like any epidemic—and this is certainly what I consider this to be—the best way to deal with an epidemic is to surround it and look at all the root causes and the different contributing factors, and you are doing that with your leadership. So first of all, thank you for allowing me to sit in as a—on this—as a part of this committee for today.

It is an all hands on deck. I know in my areas of responsibility, specifically two of my committees, we are also very involved in this fight against substance abuse. Specifically today, opioids and heroin—although I do always like to caution that the drug may be the flavor of the day based on economics and access, and we need to be looking at substance abuse behaviors if we truly are going to be successful in this.

I know with the Agriculture Committee—and we are going to be hopefully voting into this week on a farm bill. The farm bill has resources in it for rural communities to be able to deal with this issue. The Education Workforce Committee that I serve as a senior member of, we have a number of bills that are part of the plethora of bills that were—came out of the Education Workforce Committee.

So that is why I am so appreciative that you have brought this to a place that is very familiar with this fight. I am appreciative of what our colleagues here in Harrisburg, State House, and State Senate have done on this issue. We just know that there is a lot of work left to be done, and so I am appreciative of you bringing this opportunity, this hearing here to Harrisburg to the State Capitol, and thank you for the folks here in Harrisburg that made that happen.

Mr. PERRY. Well G.T., we are privileged to have you here. Thanks for taking the time and—you know, we were just at the Fusion Center looking at and getting briefings, but one of the things,

looking at the map, you know, of course I was very interested in the area that I am privileged to represent, but I also couldn't help but take notice of your area and how things—how it is affecting that area, which you know, if you look at the area that I represent and the area that G.T. represents, it is very different. But one thing unfortunately it has in common is this is prolific throughout. So we are happy to have you here. Thanks for making the time.

The Chair will now recognize the—our witnesses. Mr. Marlon Miller is a special agent in charge of ICE's Homeland Security Investigation, or HSI's, office in Philadelphia. Special Agent Miller joined the Customs Service in 1991 and has served in front line and leadership capacities at postings across the country. Mr. Miller, we are privileged to have you. Thank you.

Ms. Casey Owen Durst is the director of field operations at CBP's Baltimore field office and is responsible for field operations in mid-Atlantic—in the mid-Atlantic, including Delaware, Maryland, Pennsylvania, Southern New Jersey, and Northern Virginia. The DFO—DFO Durst has served in a variety of positions at key ports of entry during her time with CBP, and she talked in the previous briefing about the breadth and the scope and the scale of what she has to deal with, and I hope she can impart some of that to the rest of the audience today so you can see what we are dealing with here.

The Honorable David Sunday is the district attorney for York County, Pennsylvania. Mr. Sunday worked in both the district attorney's office and private practice prior to being sworn in as the district attorney in January 2018, and just as an aside, he—you know, with the Heroin and Opioid Drug Task Force in York County has kind-of really set the bar, not only for the area, but across Pennsylvania, and maybe even across the country, which is one of the reasons we asked him to be here today, and we are really proud to have him.

Mr. Raymond Singley is the director of the Bureau of Records and Identifications for the Pennsylvania State Police Department. Mr. Singley has spent most of his career in counter-narcotics work, including serving as the director of Drug Law Enforcement Division. Mr. Singley was promoted to Major just last month, so we congratulate you, and we are privileged to have you.

Thank you all for being here today. At this time, the Chair will recognize Special Agent Miller for your testimony, sir.

STATEMENT OF MARLON V. MILLER, SPECIAL AGENT IN CHARGE—PHILADELPHIA, U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT, U.S. DEPARTMENT OF HOMELAND SECURITY

Mr. MILLER. Good afternoon, Chairman Perry, Representative Thompson. Thank you for this opportunity to appear before you today to discuss the opioid epidemic in Pennsylvania and around the United States, and the efforts of the U.S. Immigration and Customs Enforcement to target, investigate, disrupt, dismantle, and bring to justice the criminal elements responsible for the manufacturing, smuggling, and distribution of dangerous opioids.

As the largest investigative agency within the U.S. Department of Homeland Security, Homeland Security Investigations inves-

tigates and enforces over 400 Federal criminal statutes. Each of our special agents use their broad authority to investigate all types of cross-border criminal activity.

In Pennsylvania, HSI is working closely with the U.S. Customs and Border Protection, Drug Enforcement Administration, U.S. Postal Inspection Service, State and local law enforcement like Pennsylvania State Police, in a unified effort to target transnational criminal organizations that are supplying dangerous opioids to the United States.

Today I would like to highlight our efforts to reduce the supply of illicit opioids such as heroin and fentanyl from entering in the United States for delivery in Pennsylvania, as well as operational challenges we encounter. Based on our collaborative efforts in the— with U.S. law enforcement, we have identified China and Mexico as primary sources fueling the illicit opioid threat. Once in the Western Hemisphere, often in Mexico, fentanyl, or its analogs, are prepared, mixed with other narcotics and fillers and pressed into pill form and then moved to illicit U.S. markets where the demand for prescription opioids and heroin remain at epidemic levels.

In Pennsylvania, HSI's primary concern is simultaneously addressing two unique but related threats: The inundation of highly pure Chinese China-sourced fentanyl being delivered through U.S. mail in small quantities to the U.S.-based suppliers, re-shippers, and ultimately end-users, and No. 2, Mexican-sourced fentanyl in bulk quantities but with less purity being smuggled across the Southwest Border for cross-country transportation and delivery into the Pennsylvania region.

Regardless of the smuggling method or whether these opioids are ultimately being sold on the street corners or over the dark net, the reality is that once in Pennsylvania, fentanyl is most frequently marketed by drug dealers as heroin and a prescription opioid, and the end-user may not be aware of the presence of fentanyl.

HSI special agents in Pennsylvania are battling this head-on. In 2017, I created an HSI Cybercrimes Investigative Task Force in Philadelphia to tackle the unique challenges posed by Chinese-sourced and dark net-enabled synthetic opioids in Pennsylvania. This task force works closely with CBP, Pennsylvania State Police, DEA, U.S. Postal Inspectors, and the Pennsylvania National Guard's Drug-Counterdrug Program and is using every advanced technological and law enforcement tool available to address this growing problem.

The task force's mission is to—it has adapted to now prioritizing more than ever investigations of the dark net vendors whose illicit opioid trafficking activities have resulted in identified overdose and overdose deaths in our region. In the western part of Pennsylvania, HSI has developed a collaborative relationship with the Allegheny County Medical Examiner's Office drug laboratory. HSI special agents encounter suspected fentanyl and fentanyl analogs through partial interdictions and enforcement actions. The substances are turned over to the lab for identification and analysis. The lab is able to provide the results of their testing back to the agents and prosecutors within 24 hours, which is key to enabling HSI agents and law enforcement partners the opportunity to rapidly progress opioid smuggling investigations for arrests and prosecutions.

Tackling this complex threat involves a unified, comprehensive, and aggressive approach across law enforcement and collaboration with experts in the medical, science, and public health communities. HSI will continue to work with our State and local and Federal partners to improve the efficiency of information sharing and operational coordination to address the challenges and threats posed by illicit narcotics smuggling into the United States.

Thank you for the opportunity to appear before you today, and I will be pleased to answer the questions you have. Thank you.

[The prepared statement of Mr. Miller follows:]

STATEMENT OF MARLON V. MILLER

JUNE 19, 2018

Chairman Perry, Ranking Member Correa, and distinguished Members: Thank you for the opportunity to appear before you today to discuss the opioid epidemic in the United States, particularly in Pennsylvania, and the efforts of U.S. Immigration and Customs Enforcement (ICE) to target, investigate, disrupt, and dismantle the criminal networks responsible for the manufacturing, smuggling, and distribution of dangerous opioids.

As the largest investigative agency within the U.S. Department of Homeland Security (OHS), ICE Homeland Security Investigations (HSI) investigates and enforces more than 400 Federal criminal statutes to include the Immigration and Nationality Act under Title 8, U.S. customs laws under Title 19, general Federal crimes under Title 18, and the Controlled Substances Act under Title 21. HSI Special Agents use this authority to investigate all types of cross-border criminal activity and work in close coordination with U.S. Customs and Border Protection (CBP), the Drug Enforcement Administration (DEA), the U.S. Postal Inspection Service (USPIS) and our State, local, Tribal, and international partners in a unified effort, to target the Transnational Criminal Organizations (TCOs) that are supplying illicit substances, to include opioids, to the United States.

Today, I would like to highlight our efforts to reduce the supply of illicit opioids, such as heroin and fentanyl, coming into the United States and the operational challenges we encounter.

INTRODUCTION TO ILLICIT OPIOID SMUGGLING

The United States is in the midst of an opioid epidemic that was created by licit prescription opioids and is exacerbated by the smuggling and trafficking of heroin and illicit fentanyl. Based on investigative efforts, U.S. law enforcement has identified China as the primary source, and Mexico as the primary transit country, of the U.S. illicit fentanyl threat.

Illicit fentanyl, fentanyl analogues, and their immediate precursors are most often produced in China. From China, these substances are shipped through mail carriers or express consignment carriers (ECCs), such as OHL, FedEx, or UPS directly to the United States, or alternatively shipped TCOs in Mexico. Once in the Western Hemisphere, fentanyl or its analogues are prepared and mixed with other narcotics and fillers and/or pressed into pill form, and then sold to consumers in the U.S. market, where the use of prescription opioids and heroin remains at epidemic levels. The opioid epidemic in Pennsylvania is not dissimilar to the epidemic in the rest of United States. Recent statistics show that Pennsylvania has the fourth most opioid-involved overdose deaths in the country; and ranks 12th in opioid-involved deaths per 100,000. CDC's National Center for Health Statistics documents that Pennsylvania is among the States that have overdose death-rates statistically higher than the average U.S. rate per 100,000. Some of these deaths are being caused by the abuse of illicit synthetic opioids sourced in China and transiting Mexico. In some cases, regional distributors smuggle industrial pill presses and components into the United States to operate fentanyl tableting operations domestically.

Due to the convenience of the internet and the anonymity of the dark net and crypto-currencies, Pennsylvania is also seeing a substantial inflow of synthetic opioids and other dangerous drugs direct from China, and transiting Mexico. These substances are of particular concern because they are primarily synthetic and can have potency rates of 90 percent and higher. These extremely high potency rates cause a two-fold problem for law enforcement. Not only does this mean that officers need to understand how to protect themselves from exposure in the field, but drug

trafficking organizations can create exponentially larger profits and significantly larger quantities of final product from a very small amount of raw substances. For example, 10 grams of 90 percent pure synthetic Chinese-sourced fentanyl can be used to produce over 10,000 illicit oxycodone pills resulting in dramatically higher death rates than medical-grade oxycodone pills. Mexican TCOs have seized upon the profit potential of synthetic opioids, and seem to have invested in growing their share of this illicit market. For example, one kilogram of fentanyl can be purchased in China for \$3,000–\$5,000 and can generate upwards of \$1.5 million in revenue on the illicit market. We are even seeing some instances in which precursors originating in China and smuggled into the United States have traveled through the United States, destined for Southwest Border locations. The Mexican TCOs have then smuggled the precursors out of the United States, synthesized them into fentanyl, and imported the finished product back into the United States for distribution and consumption. The final product can be advertised as heroin, and the end-user may not be aware of the presence of fentanyl.

ILLICIT OPIOID SHIPMENTS VIA INTERNATIONAL MAIL AND EXPRESS CONSIGNMENT FACILITIES

Seizures of illicit fentanyl and other opioids at international mail facilities and express consignment facilities have significantly increased over the last 2 years. Though fentanyl seizures made at land border ports of entry are higher in number and larger in volume, the fentanyl seizures from mail and ECC facilities are much higher in purity and are therefore much more deadly. Laboratory results of tested fentanyl has identified that the majority of illicit fentanyl seized in the international mail and ECC environments is shipped in concentrations of over 90 percent, whereas the majority of fentanyl in the land border port of entry environment is seized in concentrations of less than 10 percent. Purchasers can also access open-source and dark web marketplaces for illicit opioids like fentanyl, where they can be easily purchased.

Just as TCOs attempt to hide illicit smuggling at the land border ports of entry by blending into the voluminous daily legitimate cross-border traffic, TCOs are exploiting the great volumes of mail and parcels entering and crossing the United States as a means to conceal their criminal activity. The challenge for law enforcement is to find the resources to target, identify, interdict, and investigate every prospective 10-gram parcel of fentanyl, which is approximately the size of 2½ packets of sugar. In an effort to combat opioid trafficking through the mail and express consignment shipments, HSI is drawing on advance data, targeting supply chain networks, coordinating with domestic and international partners, and providing field training to highlight officer safety, trends, and collaboration benefits with partners such as CBP, the DEA, and the USPS.

In Philadelphia, for example, HSI is leading a Cyber Crimes Investigations Task Force with full participation from the key law enforcement agencies mentioned above. This task force, which I will address in more detail in a few moments, targets overseas and domestic dark net vendors perpetuating the Nation's opioid crisis through the sale of fentanyl analogs and other dangerous synthetic narcotics. A few of the task force's recent law enforcement actions speak to impact furthering this effort can have on addressing our local epidemic.

For example, in May 2017, HSI's Cyber Crimes Investigations Task Force in Philadelphia arrested a narcotics trafficker near Philadelphia who acted as a large-scale domestic reshipper for a Chinese drug trafficking organization. This individual operated a clandestine distribution operation out of a storage facility where he received hundreds of international mail shipments containing small quantities of synthetic opioids direct from China. HSI's investigation revealed the trafficker then re-distributed those drugs to users throughout the United States using U.S. domestic mail parcels. To date, HSI special agents have attributed at least 39 overdose deaths to this drug trafficking organization.

On an unrelated case later in 2017, HSI's Task Force dismantled a dark net drug trafficking organization that operated what are believed to be two of the largest-ever clandestine fentanyl tableting laboratories in Pennsylvania. This dark net operation sourced fentanyl and other dangerous drugs directly from China using the international mail; purchased pharmaceutical grade manufacturing equipment including automated pill presses capable of producing 40,000 pills an hour; and rented commercial warehouses in parts of Eastern Pennsylvania to operate their clandestine laboratories. Although HSI has not attributed any overdose deaths to this operation to date, it is believed that HSI interdicted this operation before its products were fully distributed. In fact, HSI seized enough product and drugs from these two clandestine fentanyl tableting laboratories to ultimately produce millions of fentanyl-

laced pills that could have inevitably resulted in mass overdose deaths. While this investigation remains on-going, the intelligence developed from the enforcement actions has provided law enforcement with insights into the means and methods of establishing such dark net vendor accounts.

While HSI's efforts in Philadelphia have led to increased seizures and prosecutions of illicit opioid traffickers, more needs to be done. HSI is fully engaged with the DEA Special Operations Division (SOD) and the CBP National Targeting Center (NTC) to identify shipment routes and leverage advance data to target parcels that may contain illicit opioids and manufacturing materials and to conduct full financial and investigative analyses. While this is a good start, we recognize much more needs to be done.

Recognizing the need for greater action, HSI, CBP, and the USPIS are collaborating in the development of a more robust, Nation-wide effort to identify illicit opioids in mail facilities and interdict them. HSI is expanding the number of its trained investigators assigned to international mail facilities. These additional investigators will be seeking to conduct long-term, complex criminal investigations into opioid trafficking activities, with the goal of achieving additional significant seizures and arrests. These seizures and arrests will help disrupt the movement of illicit opioids and opioid precursors transiting through the mail and express consignment shipments, and will aid in the dismantling of distribution networks. The ultimate goal of course, is to reduce overdose deaths in the United States.

SMUGGLING OF BULK FENTANYL AND HEROIN INTO PENNSYLVANIA

A significant quantity of bulk Mexico-sourced heroin, and Chinese-sourced fentanyl transiting through Mexico, entering or transiting Pennsylvania is smuggled across the shared border with Mexico via the land border ports of entry. Like other narcotics supplied by Mexico, heroin and fentanyl loads are often smuggled utilizing deep concealment within passenger vehicles, as the TCOs exploit the high volume of cross-border traffic at our ports of entry as part of their smuggling efforts. Heroin and fentanyl loads are also smuggled by pedestrians entering the United States at ports of entry, often concealed on their person, or in their bags or backpacks.

Loaded vehicles often contain multiple types of illicit drugs, which we refer to as "poly loads" or "mixed loads," diversifying their illicit product inventory to include increased amounts of heroin and fentanyl while also continuing to source methamphetamine, cocaine, and other drugs. HSI, as the investigative agency responsible for investigating smuggling at the ports of entry, works closely with CBP, to ensure that smuggling incidents with a nexus to Pennsylvania are vigorously investigated, and expanded to the networks behind the smuggling attempt.

Additionally, intelligence developed through HSI's investigative efforts is shared with CBP to enhance and refine their targeting and interdiction efforts at the ports of entry.

All of the drug supply entering the United States via the Southwest Border can be attributed to transnational criminal organizations. HSI continues to investigate and identify the leadership of these organizations to attack the critical organizational nodes of smuggling facilitators and financial networks that sustain their operations.

ICE'S COLLABORATIVE LINES OF EFFORT IN PENNSYLVANIA

There is no single entity or solution that can stop the flow of dangerous illicit drugs such as fentanyl into the United States or keep them from harming the American public. Tackling this complex threat involves a united, comprehensive strategy and aggressive approach by multiple entities across all levels of government. Therefore, ICE, through its investigative arm, HSI, has long had inter-agency collaboration as one of its operational pillars. Law enforcement partnerships in Pennsylvania are uniquely strong, and all agencies are committed to doing everything they can to defeat the heroin and fentanyl crisis that is gripping our Nation. Through partnerships across Pennsylvania, across the Nation, and across the globe, HSI's commitment to collaboration is having a significant and positive impact.

Cyber Crimes Task Forces

To that end, and as I briefly mentioned earlier, my office in Philadelphia recently established the Cyber Crimes Investigations Task Force to take on the unique challenges posed by Chinese-sourced and synthetic opioids sold through the dark net in Pennsylvania. HSI leads this task force in partnership with the Pennsylvania State Police, USPIS, the DEA, and the Pennsylvania National Guard's Counter Drug Program. The goal of the Task Force is to use every advanced technological law enforcement tool at our disposal and leverage HSI's strong State and Federal partnerships

to address this growing problem. Specifically, the strategy of this group is to target both the source of supply as well as the financial chokepoints of this criminal activity. This HSI-led task force is uniquely positioned to target dark net vendors using HSI's robust undercover platforms; leveraging its extensive foreign law enforcement partnerships through its attaché offices in China, Canada, and Europe; exercising its unique customs authorities and expansive cyber expertise and capabilities; and using the most advanced technical analytical capabilities to target crypto-currency money launderers that enable the dark net transnational drug trafficking activities. This group has invested in the necessary resources, the latest technologies, and leveraged all possible partnerships to address the issues. However, more funding and resources are needed as we attempt to stay one step ahead of narcotics traffickers who continue to exploit and adapt new technologies to mask their illicit operations.

Border Enforcement Security Taskforces (BESTs)

Border Enforcement Security Taskforces (BESTs) are DHS's primary platform to investigate opioid smuggling domestically. ICE currently operates BESTs in 62 locations throughout the United States. During fiscal year 2017, the number of BESTs increased 30 percent in response to the President's Executive Order 13773, *Enforcing Federal Law with Respect to Transnational Criminal Organizations and Preventing International Trafficking*. BESTs leverage the participation of more than 1,000 Federal, State, local, Tribal, and foreign law enforcement agents and officers representing over 100 law enforcement agencies to target opioid smuggling. In Pennsylvania, HSI oversees two BESTs, one that covers Philadelphia's sprawling seaport facilities and another at the Philadelphia International Airport. BESTs leverage the abilities and authorities of the participating agencies by unifying all under a single law enforcement effort.

These unifying efforts are critical for combatting the TCOs that smuggle fentanyl and other drugs from land borders for distribution in our heartland. This real-time sharing provides HSI optimal opportunity to efficiently initiate investigations of the distribution networks in Pennsylvania. To cite a real-world example, in May 2017, Special Agents of HSI Cincinnati, in cooperation with State and local law enforcement in Ohio, conducted a narcotics interdiction operation. The Ohio State Highway Patrol employed a narcotics detection K-9, which alerted to the odor of narcotics. A search of the vehicle uncovered 6 tape-wrapped bundles containing approximately 7 kilograms of fentanyl and heroin. The driver informed investigators that he was provided the drug-laden vehicle in California to make drug deliveries to a number of locations, including Philadelphia, Pennsylvania. HSI offices in Ohio and Pennsylvania rapidly coordinated to continue the enforcement operation to Philadelphia, where my BEST program initiated an investigation that resulted in the identification of a drug-trafficking organization in Philadelphia. Upon arrival in Philadelphia the driver of the subject vehicle was directed to a specific location by members of the organization, resulting in the arrests of two suspected drug traffickers. This case, though certainly not an infrequent occurrence within HSI, speaks to the level of seamless coordination that occurs between HSI BEST programs to ensure opioid investigations are conducted as comprehensively as possible.

Partnership with the Allegheny County Medical Examiner's Office

In the western part of Pennsylvania, HSI has developed a collaborative relationship with the Allegheny County Medical Examiner's Office drug laboratory. As HSI agents encounter suspected fentanyl and fentanyl analogues through parcel interdiction and enforcement actions, these substances are turned over to the laboratory for identification and analysis. Often, the laboratory is able to provide the results of their testing back to agents and prosecutors within 24 hours allowing for controlled deliveries and prosecutorial charging decisions.

In May 2017, after HSI seized an international parcel, the Allegheny County lab determined the contents to consist of 100 grams of cyclopropyl fentanyl, representing the first known identification of this analogue in the United States. HSI agents conducted a controlled delivery which led to the identification of an individual who was known by local authorities to be a street-level dealer. Further investigation by HSI determined that the individual had received multiple parcels from China and that he was more than likely one of the major importers/distributors in western Pennsylvania. During the execution of a search warrant at a residence, one subject who was at the time in the process of packaging fentanyl and cutting compounds for resale overturned the table in front of him and attempted to flee, causing the substances to become airborne. Several law enforcement officers were exposed to the airborne substance and one officer subsequently exhibited symptoms, including a tingling sensation and shortness of breath; resulting in on-site treatment by EMTs. The officer was transported in an abundance of caution to a local hospital

for evaluation of possible exposure. Fortunately, HSI had followed the agency safety protocol and had an emergency medical technician and clandestine laboratory response team on standby near the scene of the search warrant.

This investigation highlights some of the major challenges law enforcement faces in the fight against opioids. The relationship with the Allegheny County Medical Examiner's Office has been beneficial in identifying these substances. The Medical Examiner's Office shared the information about the identification of cyclopropyl fentanyl within the medical examiner community and learned that this fentanyl analogue was the cause of overdose deaths in one midwestern State and one State in the Pacific Northwest. This case also highlights the risk of exposure to agents, officers, and first responders who may encounter these dangerous substances during the course of their duties.

High-Intensity Drug Trafficking Areas (HIDTAs)

Created by Congress through the Anti-Drug Abuse Act of 1988, and led by the Office of National Drug Control Policy, the HIDTA program provides assistance to Federal, State, local, and Tribal law enforcement agencies operating in areas determined to be critical drug trafficking regions of the United States. Like the BESTs, the HIDTA Task Forces ensure that the concerns of all the participating agencies, to include the State, local, and Tribal agencies, are included in investigative priorities; which certainly includes the impact of heroin and fentanyl on their communities. HSI works very closely with all Pennsylvania HIDTA member agencies. In Philadelphia, HSI leads and houses the Liberty Mid-Atlantic's Money Laundering and Asset Forfeiture Task Force.

ICE'S USE OF COLLABORATION CENTERS OUTSIDE OF PENNSYLVANIA TO ATTACK THE THREAT IN PENNSYLVANIA

National Targeting Center—Investigations (NTC-I)

ICE HSI participates in CBP's NTC program through the National Targeting Center—Investigations (NTC-I), which leverages intelligence gathered during HSI investigations and exploits it using CBP advance data to target the flow of drugs into the United States. The NTC-I works to share information between CBP and ICE HSI entities world-wide.

ICE HSI has assigned special agents to work within the NTC Cargo (NTC-C) Narcotics Division. These special agents serve as liaisons between the NTC and ICE HSI personnel in both domestic and international posts. HSI investigative case data is fused with CBP targeting information to bolster investigations targeting illicit opioid smuggling and trafficking organizations. HSI and CBP in Pennsylvania share heroin and fentanyl seizure data and intelligence with the NTC to ensure the maximum exploitation of our combined efforts, more complete targeting, and more robust and impactful investigations. HSI in Pennsylvania receives training from the NTC to ensure our investigators and analysts are apprised of the latest narcotics smuggling and trafficking trends and tactics utilized by TCOs.

NTC-I conducts post-seizure analysis based on ICE seizures in the field and CBP seizures at the ports of entry. The analysis is critical to identifying networks that transport illicit opioids throughout the United States. The resulting products are then shared with the affected HSI offices in the form of investigative leads. Another key component of the post-seizure analysis is the financial investigation. The NTC-I focuses on the financial element of the smuggling organization by exploiting information gathered from multiple financial databases.

Cyber Crimes Division

The ICE HSI Cyber Crimes Division provides support and assistance to field cyber investigations targeting dark net illicit marketplaces, where fentanyl and chemical precursors proliferate. This includes significant support to our efforts in Pennsylvania to stand-up a fully-functioning and adequately-equipped Cyber Crimes Investigations Task Force. Recognizing the need to proactively target on-line opioid trafficking, the ICE HSI Cyber Crimes Division is identifying on-going investigations and facilitating the coordination of on-line and in-person undercover operations conducted in furtherance of dark net illicit marketplaces.

As criminal activity, and especially the trade of illicit opioids, continues to migrate to the on-line world, ICE HSI faces growing demand for cyber investigative assistance. Through the Human Exploitation Rescue Operative (HERO) program, the Cyber Crimes Division is training military veterans and transitioning service members to continue their service to the Nation in the field of computer forensics. HSI in the Philadelphia area recently employed one HERO intern a full-time computer forensic agent following completion of his internship in Philadelphia, bolstering our ability to fight cyber-enabled crimes.

Special Operations Division (SOD)

The DEA's Special Operations Division (SOD) Heroin and Fentanyl Task Force (HFTF) is supported by ICE, CBP, DEA, USPIS, and several other Federal agencies. The SOD-led, interagency task force exploits electronic communications to proactively identify, disrupt, and dismantle the production, transportation, and financial networks behind heroin and illicit fentanyl distribution organizations that impact the United States.

The HFTF leverages the collaborative use of each agency's authorities and unique capabilities in order to better share and deconflict information. The HFTF works together to target international and domestic organizations by proactively working with field offices. The task force also assists in coordinating and linking investigations from the street-level dealer to the international supply source.

In Pennsylvania, HSI sends special agents and analysts to SOD, where they coordinate and deconflict investigative data and share best practices with law enforcement partners. HSI personnel advance the mission of SOD through their unique and in-depth knowledge of cartels and prolific dark net vendor sites. This expertise, honed through their investigative experience in Pennsylvania combined with the resources of SOD and the HFTF, contributes significantly to investigations, not only by HSI, but by other agencies, in Pennsylvania and beyond.

Financial Division

Identifying, analyzing, and investigating the payment systems that facilitate the purchase and smuggling of opioids is critical to the disruption and dismantlement of networks that smuggle fentanyl and other illicit opioids into the United States. HSI conducts proactive investigations that focus on the two key payment systems, which support illicit procurement of opioids: Money service businesses (MSBs) and cryptocurrencies. Generally, illicit opioids that are purchased on the "indexed" internet are paid for through licensed mainstream MSBs. On dark net marketplaces and other "unindexed" websites, purchases are often paid for with cryptocurrencies such as bitcoin. In support of its diverse financial investigative efforts, HSI uses undercover techniques to infiltrate and exploit peer-to-peer cryptocurrency exchangers who typically launder proceeds for criminal networks engaged in or supporting dark net marketplaces. Furthermore, HSI leverages complex Blockchain technology exploitation tools to analyze the digital currency transactions and identify users. A number of HSI Philadelphia Special Agents are recognized as experts on the subject of cryptocurrencies. They now provide training to our State and local law enforcement partners, thereby enabling a wider array of officers the training on the tools necessary to pierce the anonymity relied upon by dark net users.

HSI created the Money Service Business Initiative to enable the application of advanced data analytics across large amounts of MSB data to isolate criminal networks, highlight suspicious transactions indicative of illicit activity, and provide predictive intelligence.

With support of its headquarters Financial Division and NTC, HSI in Pennsylvania regularly pursues complex investigations of the drug traffickers' exploitation of our legitimate financial systems, and the laundering and movement of their illicit proceeds via trade-based money laundering and the exploitation of cryptocurrencies. HSI's targeting of these types of illicit money laundering networks has been successful in Pennsylvania; since May 2017, my office has seized well over \$1 million worth of cryptocurrencies from dark net opioid traffickers and have arrested several individuals that act to launder their illicit profits.

Collectively, efforts in the HSI Philadelphia area of responsibility have resulted in the seizure of approximately 267 pounds of opioids in connection with HSI cases; and resulted in 154 criminal arrests, from the beginning of fiscal year 2017 to the present.

Nation-wide, our efforts have resulted in the seizure of over 15,000 pounds of opioids in connection with HSI cases; and resulted in 7,889 criminal arrests, from the beginning of fiscal year 2017 to the present.

INTERNATIONAL COLLABORATION

HSI in Pennsylvania concentrates on investigations that reveal an international nexus. With HSI's international presence of 67 offices in 50 countries, we are constantly looking to push our investigations beyond our borders. In Pennsylvania, this means daily collaboration with our HSI attaché and assistant attaché offices in Mexico and Asia to systemically target overseas sources of opioids and synthetic narcotics. Through strategic and targeted intelligence sharing, and joint investigative efforts, the impacts of our investigations are magnified. Whether through binational operations to arrest TCO leadership, or through sharing a piece of intel-

ligence that may illuminate a previously-unknown network, the building and strengthening of these partnerships is key to our efforts to combat the cartels and to stop threats, to include illicit opioids, before they reach our borders.

CONCLUSION

Thank you again for the opportunity to appear before you today and for your continued support of HSI and its law enforcement mission. HSI is committed to battling the U.S. opioid crisis. This includes HSI's collaborative efforts to reduce and ultimately stop the flow of these dangerous drugs across the border here in the Commonwealth of Pennsylvania. HSI will continue to vigorously pursue the cartels that bring not only heroin and fentanyl to the United States, but other narcotics that have a dangerous, and too often deadly, impact on our communities. The opioid crisis is an epidemic that demands continued urgent and immediate action across law enforcement agencies and in conjunction with experts in the scientific, medical, and public health communities. I appreciate your interest in this important issue and look forward to your questions.

Mr. PERRY. Well, thank you, Special Agent Miller.

The Chair now recognizes Director Durst for her testimony.

STATEMENT OF CASEY OWEN DURST, DIRECTOR OF FIELD OPERATIONS—BALTIMORE FIELD OFFICE, U.S. CUSTOMS AND BORDER PROTECTION, U.S. DEPARTMENT OF HOMELAND SECURITY

Ms. DURST. Chairman Perry and Representative Thompson, thank you for the opportunity to appear before you today.

In my 21 years with the former U.S. Customs Service, and now U.S. Customs and Border Protection, I have had the privilege to work at some of the largest airports in the United States, along our borders, and at headquarters securing our Nation's borders while facilitating legitimate trade and travel.

I have seen and experienced first-hand the challenges we face in the passenger, trade, express consignment, and international mail environments. I have also witnessed the dedication of my colleagues in protecting this Nation.

U.S. Customs and Border Protection Office of Field Operations interdicts drugs and other dangerous items at our ports of entry, including mail and express consignment facilities, by leveraging advanced data, automated targeting, intelligence, and the use of detection technology.

Front-line operations at ports of entry, including drug interdiction activities, are extremely hands-on and we train and equip our officers with personal protective equipment. Further, we have deployed naloxone across the country to ensure a swift response if an employee or a K-9 is exposed to overdose levels of opioids.

Nationally in fiscal year 2018 to date, the efforts of U.S. Customs and Border Protection has resulted in the seizure of more than 545,000 pounds of narcotics, including over 38,000 pounds of methamphetamine, 35,000 pounds of cocaine, 2,700 pounds of heroin, and 1,200 pounds of illicit fentanyl.

At our ports of entry and in the international mail and express consignment environments, U.S. Customs and Border Protection utilizes technology such as nonintrusive inspection, X-ray, and gamma ray imaging systems to detect illicit narcotics hidden on people, in cargo containers, and in other conveyances entering into the United States.

CBP has also deployed innovative technologies to presumptively identify illicit narcotics within minutes. This enhances officer safe-

ty and allows immediate coordination with Immigration and Customs Enforcement, Homeland Security Investigations for possible controlled delivery and prosecution.

In addition to technology, K-9 operations play an invaluable role in U.S. Customs and Border Protection's counter-narcotic operations. Concealed human and narcotic detection K-9s are trained to detect concealed people and narcotics, including marijuana, cocaine, heroin, methamphetamine, hashish, ecstasy, fentanyl, and fentanyl analogs. In fact, CBP was the first Federal law enforcement agency in the United States to train K-9s to detect fentanyl, and our K-9 teams have helped to detect over 240 pounds of fentanyl since their training was completed.

For opioids and fentanyl specifically, transnational criminal organizations attempt to smuggle large quantities of low purity opioids through the Southern Border, and small quantities of high purity opioids via mail and express consignment. In the international mail arena, shipments have increased 200 percent over the past 5 years. This increase presents challenges as even small packages of these substances can threaten the health and safety of the American people.

U.S. Customs and Border Protection is meeting this challenge head-on. Recent bilateral agreements regarding advance electronic data between United States Postal Service and foreign postal operators have increased our ability to target high-risk shipments. U.S. Customs and Border Protection and the United States Postal Service have partnered on an operational targeting program at five of our main international mail facilities, with plans for further expansion, and we continue to work with foreign postal operators to highlight the benefits of providing advance data.

Collaborations such as this with our Federal, State, and local partners yield results that enhance the security of our borders and our communities. Last year, U.S. Customs and Border Protection at the area Port of Philadelphia led a multi-agency investigation that included Federal task force officers, the Pennsylvania Attorney General's office, and the Philadelphia Police Department that resulted in Federal indictments against six defendants for possession with intent to distribute more than 990 pounds of cocaine within a school zone. This collaborative effort was an exceptional multi-agency narcotics and money laundering case where the lead CBP officer was recognized with an outstanding police performance award bestowed upon him by the Pennsylvania Narcotics Officers' Association.

In coordination with our partners and with the continued support of Congress, U.S. Customs and Border Protection will continue to work to prevent the entry of illicit opioids and other narcotics into the United States.

Chairman Perry and Representative Thompson, thank you for the opportunity to testify today, and I look forward to your questions.

[The prepared statement of Ms. Durst follows:]

PREPARED STATEMENT OF CASEY OWEN DURST

JUNE 19, 2018

INTRODUCTION

Chairman Perry, Ranking Member Correa, and distinguished Members of the subcommittee, thank you for the opportunity to appear today to discuss the role of U.S. Customs and Border Protection (CBP) in combating the flow of opioids, including synthetic opioids such as fentanyl, into the United States. The opioid crisis is one of the most important, complex, and difficult challenges our Nation faces today, and was declared a National Emergency by President Donald Trump in October of last year.¹

As America's unified border agency, CBP plays a critical role in preventing illicit narcotics, including opioids, from reaching the American public. CBP leverages targeting and intelligence-driven strategies, and works in close coordination with our partners as part of our multi-layered, risk-based approach to enhance the security of our borders and our country. This layered approach reduces our reliance on any single point or program, and extends our zone of security outward, ensuring our physical border is not the first or last line of defense, but one of many.

OPIOID TRENDS, INTERDICTIONS, AND CHALLENGES

In fiscal year 2018 to-date, the efforts of Office of Field Operations (OFO) and U.S. Border Patrol (USBP) personnel resulted in the seizure of more than 545,000 lbs. of narcotics including over 38,000 lbs. of methamphetamine, over 35,000 lbs. of cocaine, and over 2,700 lbs. of heroin.² CBP seizures of illicit fentanyl have significantly increased from approximately 2 lbs. seized in fiscal year 2013 to approximately 1,131 lbs. seized by OFO and USBP in fiscal year 2017.³ Approximately 1,218 lbs. of illicit fentanyl have already been seized in fiscal year 2018.⁴ Fentanyl is the most frequently seized illicit synthetic opioid, but CBP has also encountered 18 unique fentanyl analogues, and 9 unique synthetic opioids that are not from the fentanyl class.⁵

Illicit drug interdictions in the border environment is both challenging and complex. Drug Trafficking Organizations (DTOs) and Transnational Criminal Organizations (TCOs) continually adjust their operations to circumvent detection and interdiction by law enforcement, quickly taking advantage of technological and scientific advancements and improving fabrication and concealment techniques.

International Mail and Express Consignment Couriers

The smuggling of illicit narcotics in the international mail and express consignment courier (ECC) environments poses a significant threat. Dozens of different types of illicit synthetic drugs, also called "designer drugs," are currently being sold and shipped to end-users in the United States, including synthetic opioids such as fentanyl and its analogues, synthetic cannabinoids,⁶ and synthetic cathinones.⁷ Illicit fentanyl and fentanyl analogues are the most frequently-seized synthetic opioids; although CBP seizures of illicit fentanyl and fentanyl analogues remain relatively small compared to other opioids, such as heroin, the amounts seized have significantly increased over the past several years, from approximately 2 lbs. in fiscal year 2013 to approximately 544 lbs. in fiscal year 2016,⁸ and approximately 1,476 lbs. in fiscal year 2017.⁹

¹ <https://www.whitehouse.gov/briefings-statements/president-donald-j-trump-taking-action-drug-addiction-opioid-crisis/>

² <https://www.cbp.gov/newsroom/stats/cbp-enforcement-statistics>.

³ <https://www.cbp.gov/newsroom/stats/cbp-enforcement-statistics>.

⁴ <https://www.cbp.gov/newsroom/stats/cbp-enforcement-statistics>.

⁵ These include: acetylfentanyl, butyrylfentanyl, β -hydroxythiofentanyl, α -methylacetylfentanyl, p-fluorobutyrylfentanyl, p-fluorofentanyl, pentanoylfentanyl (a.k.a. valerylfentanyl), 2-furanylfentanyl, p-fluoroisobutyrylfentanyl, n-hexanoylfentanyl, carfentanil, benzodioxolefentanyl, acrylfentanyl, 2,2'-difluorofentanyl, methoxyacetylfentanyl, benzoylfentanyl, cyclopropylfentanyl, and hydrocinnamoylfentanyl.

⁶ Synthetic cannabinoids are drugs that do not contain marijuana but are pharmacologically similar to tetrahydrocannabinol (<https://www.cdc.gov/mmwr/volumes/65/wr/mm6527a2.htm>).

⁷ Synthetic cathinones, more commonly known as "bath salts," are synthetic drugs chemically related to cathinone, a stimulant found in the khat plant (<https://www.drugabuse.gov/publications/drugfacts/synthetic-cathinones-bath-salts>).

⁸ This includes approximately 440 lbs. seized at POEs (including mail and ECC facilities) and 104 lbs. seized at U.S. Border Patrol checkpoints.

⁹ <https://www.cbp.gov/newsroom/stats/cbp-enforcement-statistics-fy2017>.

Illicit narcotics can be purchased from sellers through on-line transactions and then shipped via the United States Postal Service (USPS) or ECCs. DTOs and individual purchasers move drugs such as illicit fentanyl and fentanyl analogues in small quantities, making detection and targeting a significant challenge. Follow-on investigations, which are conducted by U.S. Immigration and Customs Enforcement Homeland Security Investigations (ICE-HSI), are also challenging because these shippers are often not the hierarchically-structured DTOs we encounter in other environments. Purchasers can also access open source dark web marketplaces for the tools needed for the manufacturing of synthetic drugs.

In the ECC environment, shipments are processed at 25 established facilities located throughout the United States. Prior to arrival of the express parcels, CBP reviews the manifest information transmitted by the ECC operators and targets those high-risk packages requiring examination. All parcels presented to CBP for examination are subjected to Non-Intrusive Inspection (NII) to include X-ray and gamma ray imaging. CBP operates in all 25 facilities Nation-wide.

CBP also operates within 9 International Mail Facilities (IMF), inspecting international mail arriving from more than 180 countries. Upon arrival in the United States, all international mail parcels are screened for radiological threats. International mail requested for inspection by CBP is then turned over to CBP by USPS. Subsequently, CBP X-rays international mail packages that it requests from the USPS for inspection, and physically examines those deemed to be high-risk.

CBP has seen a nearly 50 percent increase in express consignment shipments over the past 5 years. In fiscal year 2013, CBP processed over 76 million express bills; in fiscal year 2017, CBP processed approximately 110 million bills. International mail shipments have increased an astonishing 200 percent over the past 5 years. In fiscal year 2013, CBP and the USPS processed approximately 150 million international mail shipments. By fiscal year 2017, the number of international mail shipments had swelled to over 400 million shipments.

Along the Southern Border

DTOs seek to smuggle opioids, most notably heroin, across our Southwest Border and into the United States at and between our POEs,¹⁰ and Mexican manufacturers and traffickers continue to be major suppliers of heroin to the United States. The reach and influence of Mexican cartels, notably the Sinaloa, Gulf, and Jalisco New Generation Cartels, stretch across and beyond the Southwest Border, operating through loose business ties with smaller organizations in communities across the United States. The threat of these cartels is dynamic; rival organizations are constantly vying for control, and as U.S. and Mexican anti-drug efforts disrupt criminal networks, new groups arise and form new alliances.

Along the Northern Border

Reporting indicates that cocaine and methamphetamine move north into Canada after transiting the United States from Mexico, while smaller quantities of marijuana, and ecstasy flow south from Canada into the United States. While Northern Border POE seizures of methamphetamine and heroin are low, ICE investigative case reporting indicates that trafficking of these drugs are still responsible for significant social harm and public health and safety consequences at the individual and community levels in specific Northern Border communities such as Massena, New York.

CBP RESOURCES AND CAPABILITIES TO TARGET OPIOIDS

CBP, with the support of Congress, has made significant investments and improvements in our drug detection and interdiction technology and targeting capabilities. These resources, along with enhanced information sharing and partnerships, are critical components of CBP's ability to identify and deter the entry of dangerous illicit drugs in all operational environments.

Advance Information and Targeting

An important element of CBP's layered security strategy is obtaining advance information to help identify shipments that are potentially at a higher risk of containing contraband. Under section 343 of the Trade Act of 2002 (Pub. L. No. 107-210), as amended, and under the Security and Accountability for Every Port Act or SAFE Port Act of 2006, (Pub. L. No. 109-347), CBP has the legal authority to collect key cargo data elements provided by air, sea, and land commercial transport compa-

¹⁰Heroin is also sometimes transported by couriers on commercial airlines. Heroin intercepted in the international commercial air travel environment is from South America, Southwest Asia, and Southeast Asia.

nies (carriers), including ECCs and importers.¹¹ This information is automatically fed into CBP's Automated Targeting System (ATS), a secure intranet-based enforcement and decision support system that compares cargo and conveyance information against intelligence and other enforcement data.

The National Targeting Center

At CBP's National Targeting Center (NTC), advance data and access to law enforcement and intelligence records converge to facilitate the targeting of travelers and items of cargo that pose the highest risk to our security in all modes of inbound transportation. The NTC takes in large amounts of data and uses sophisticated targeting tools and subject-matter expertise to analyze, assess, and segment risk at every stage in the cargo/shipment and travel life cycles. As the focal point of that strategy, the NTC leverages classified, law enforcement, commercial, and open-source information in unique, proactive ways to identify high-risk travelers and shipments at the earliest possible point prior to arrival in the United States.

To bolster its targeting mission, the dedicated men and women of the NTC collaborate with critical partners on a daily basis including ICE-HSI, the Drug Enforcement Administration (DEA), the Federal Bureau of Investigation (FBI), members of the intelligence community, and the United States Postal Inspection Service (USPIS). Investigative case data is fused with CBP targeting information to bolster investigations targeting illicit narcotics smuggling and trafficking organizations. Moreover, NTC works in close coordination with several pertinent task forces including the Organized Crime Drug Enforcement Task Force, the High Intensity Drug Trafficking Areas, and the Joint Interagency Task Force–West, as well as the Department of Homeland Security's (DHS) Joint Task Forces (JTF).

Advance Electronic Data

In the postal environment, recent bi-lateral agreements regarding advance electronic data (AED) between USPS and foreign postal operators have increased CBP's ability to target high-risk shipments. CBP and USPS now have an operational AED targeting program at five of our main IMFs with plans for further expansion. USPS is responsible for locating the shipments and delivering them to CBP for examination. Thus far in fiscal year 2018, CBP has interdicted 186 shipments of fentanyl and fentanyl analogues at the John F. Kennedy International Airport (JFK) IMF, a participant in the AED program. One hundred and twenty-five of those interdictions can be attributed to AED targeting. CBP and USPS continue to work with foreign postal operators to highlight the benefits of transmitting AED.

CBP, in close coordination with USPS and FDA, provided technical assistance on the pending Synthetics Trafficking and Overdose Prevention (STOP) Act to address these challenges in a multi-phase process, which emphasizes risk assessment, technology, and collaboration across the Federal Government and with our international partners. We support efforts to expand the ability of USPS to collect fees to help offset the additional cost associated with building the capacity of foreign postal operators to implement AED collection, to develop new scanning technology, and increase the availability of AED for international mail.

Targeting Precursors

Many of the precursor chemicals that can be used to synthesize synthetic opioids such as fentanyl are currently non-regulated and many have legitimate uses. However, CBP has sufficient authority to seize precursors if they can be identified as having illicit end-use intentions, including the production of illicit drugs. CBP targets precursor chemicals transiting the United States with destinations to Mexico and other countries. When these shipments are identified through interagency collaboration as having illicit end-use intentions, the shipments are offloaded for further inspection and enforcement action by external agencies such as the DEA and ICE-HSI.

¹¹ Under TSA requirements, international mail destined for the United States is treated similarly to other cargo and subject to security controls. These security controls, are applied to international mail prior to transporting on aircraft at last-point-of-departure locations to the United States. 49 U.S.C. 44901(a) states: "The Under Secretary of Transportation for Security shall provide for the screening of all passengers and property, including United States mail, cargo, carry-on and checked baggage, and other articles, that will be carried aboard a passenger aircraft." Under 49 C.F.R. 1540.5, "Cargo means property tendered for air transportation accounted for on an air waybill. All accompanied commercial courier consignments whether or not accounted for on an air waybill, are also classified as cargo. Aircraft operator security programs further define the term 'cargo.'" These requirements are not dependent on advance electronic manifest data, as provided by ECC operators and other participants in the Air Cargo Advance Screening (ACAS) pilot program.

In addition to targeting illicit substances directly, CBP also targets related equipment such as pill presses and tablet machines. DEA regulates pill press/tablet machines and there is an ICE Diversion Coordinator assigned to the DEA Special Operations Division (SOD) who oversees the investigations of pill press/tablet machine imports being diverted for illicit uses. The Diversion Coordinator works closely with the NTC to identify and target individuals importing and diverting pill press/tablet machines to produce fentanyl and other synthetic drugs. In fiscal year 2014, 24 seizures of pill presses and tablet machines were made by OFO. The number increased to 92 in fiscal year 2017.

CBP RESOURCES AND CAPABILITIES TO DETECT AND INTERDICT OPIOIDS

CBP, with the support of Congress, has made significant investments and improvements in our drug detection and interdiction technology and targeting capabilities. CBP officers utilize a variety of technologies and narcotics detection canines to detect and presumptively identify illicit drugs, including illicit opioids, at international mail and express consignment carrier facilities.

Non-Intrusive Inspection Equipment

At our POEs and in the international mail and express consignment environments, CBP utilizes technology, such as non-intrusive inspection (NII), X-ray, and gamma ray imaging systems to detect the illegal transit of synthetic drugs hidden on people, in cargo containers, and in other conveyances entering the United States. CBP currently has 304 large-scale NII systems and over 4,500 small-scale systems deployed to, and between, POEs. These systems enable CBP officers to examine cargo conveyances such as sea containers, commercial trucks, and rail cars, as well as privately-owned vehicles, ECC, and international mail parcels for the presence of contraband without physically opening or unloading them. This allows CBP to work smarter and faster in detecting contraband and other dangerous materials. Between October 1, 2003 and April 30, 2018, CBP conducted more than 87 million NII examinations, resulting in more than 20,000 narcotics seizures and more than \$79.2 million in currency seizures.

Canines

Canine operations are an invaluable component of CBP's counternarcotic operations. The CBP Canine Training Program maintains the largest and most diverse law enforcement canine training program in the country. CBP officers utilize specially-trained canines for the interdiction of narcotics, firearms, and undeclared currency, as well as in support of specialized programs aimed at combating terrorism and countering human trafficking. OFO Concealed Human and Narcotic Detection Canines are trained to detect concealed humans and the odors of marijuana, cocaine, heroin, methamphetamine, hashish, ecstasy, fentanyl, and fentanyl analogues.

The use of canines in the detection of narcotics is a team effort. CBP's Laboratories and Scientific Services Directorate (LSSD) produces canine training aids and provides analytical support to the CBP Canine Training Program, including controlled substance purity determinations, training aid quality analyses, and research on delivery mechanisms that maximize safe vapor delivery during training exercises. Most recently, OFO's National Canine Program, in coordination with LSSD, assessed the feasibility of safely and effectively adding fentanyl and fentanyl analogues as trained odors to deployed narcotic detection canine teams. On June 23, 2017, the Office of Training and Development's CBP Canine Training Program successfully completed its first Fentanyl Detection Pilot Course. This added the odors of fentanyl and fentanyl analogues to six OFO canine handler teams in the international mail and ECC environments. Beginning October 1, 2018, all new OFO canine handler teams graduating from the CBP Canine Training Program will have successfully completed a comprehensive CBP Canine Detection Team Certification to include the odors of fentanyl and fentanyl analogues. Today, all OFO Concealed Human and Narcotic Detection canine teams across all of OFO's operational environments have completed fentanyl training.

During fiscal year 2017, OFO canine teams were responsible for \$26,813,863 in seized property, \$1,905,925 in fines, \$36,675,546 in seized currency, \$29,674,839 in Financial Crimes Enforcement Network (FINCEN) actions, 197 firearms and 22,356 rounds of ammunition, 79 concealed humans, and 384,251 lbs. of narcotics. In fiscal year 2018 to-date, OFO canine teams have been responsible for \$7,322,522 seized property, \$411,073 in fines, \$7,951,376 in seized currency, \$9,178,971 in FINCEN

actions, 150 firearms, 5,418 rounds of ammunition, 105 concealed humans, and 187,409 lbs. of narcotics.¹²

Laboratory Testing

As the narcotics seized through the international mail and at ECC facilities usually have a very high purity, CBP officers at IMFs and ECC facilities use various field testing devices to rapidly screen suspected controlled substances and obtain presumptive results. Using CBP's Laboratories and Scientific Services Directorate (LSSD) Field Triage Reachback Program, CBP officers can transmit sample data directly to LSSD for scientific interpretation and identification. When any synthetic opioids are detected by the reachback program, LSSD notifies key CBP personnel at the NTC, as well as our liaisons at the DEA. CBP is working to expand the field testing program, along with the scientific assets and personnel who are able to provide real-time chemical composition determinations.

In 2016, CBP pilot tested four handheld tools and a new reagent test kit to provide immediate presumptive testing for fentanyl and fentanyl analogues. Based on the results of the pilot, OFO procured 12 systems for further testing across San Diego, Tucson, El Paso, and Laredo Field Offices. Last year CBP purchased over 90 handheld analyzers for deployment. Handheld analyzers improve officer safety, and provides a near real-time capability to increase narcotic interdiction.

Workforce Protection

CBP's front-line operations, including drug interdiction activities, are extremely hands-on. The potential for contact with dangerous substances—especially illicit synthetic opioids—is a very real health and safety risk to law enforcement personnel and canines. For example, in its pure powder form, fentanyl is approximately 50–100 times more potent in its intensity, speed of action, and effect than morphine, and, at first glance, it is often mistaken for other drugs, which appear as white powders such as cocaine or heroin. Due to the risk of unintentional exposure and subsequent hazardous drug absorption and/or inhalation, the confirmatory testing for the presence of synthetic opioids such as fentanyl and its analogues is best executed in a laboratory by trained scientists and technicians.

Explicit instructions, including guidance to canine handlers, have been distributed to the field regarding the safe handling of fentanyl and fentanyl analogues. Additionally, in response to increased seizures at LPOEs and the upsurge in the use of heroin across the Nation, in October 2015 CBP completed Phase I of a pilot program to train and equip CBP officers with naloxone, a potentially life-saving drug for the treatment of opioid exposure. During Phase I, CBP officers at seven participating POEs¹³ received training on recognizing the signs and symptoms of opioid exposure, administering naloxone, and were certified as CPR instructors. In February 2016, CBP initiated Phase II of the Naloxone Initiative Pilot Program, expanding the pilot to an additional eight POEs and deploying 602 dual-dose Narcan Nasal Spray® kits to the field.¹⁴ To date, OFO has deployed 1,119 two-dose boxes of naloxone to the field. Additional naloxone is being deployed to field offices upon request, as additional personnel are trained in its administration. The naloxone program has also expanded to LSSD to help protect its scientists in both its main and satellite laboratories. CBP was the first Federal law enforcement agency to implement such a program.

INFORMATION SHARING AND OPERATIONAL COORDINATION

Substantive and timely horizontal and vertical information sharing is critical to targeting and interdicting illicit drugs. CBP works extensively with our Federal, State, local, Tribal, and international partners and provides critical capabilities toward the whole-of-Government approach to address drug trafficking and other transnational threats at POEs, in our IMFs and ECCs, and along the Southwest Border, Northern Border, and coastal approaches. Our targeting, detection, and interdiction efforts are enhanced through special joint operations and task forces conducted under the auspices of multi-agency enforcement teams. These teams are composed of representatives from international and Federal law enforcement agencies who work together with State, local, and Tribal agencies to target drug and

¹² Effective 4/24/18.

¹³ Phase 1 Naloxone Pilot Program POEs include El Paso; Laredo; Fort Lauderdale International Airport; John K. Kennedy International Airport; San Luis; San Ysidro; and Seattle/Blaine.

¹⁴ Phase 2 Naloxone Pilot Program POEs include Miami Int'l/Miami Seaport; Boston; Buffalo; Detroit; Newark; Chicago; Houston Int'l/Houston Seaport; and Dallas.

transnational criminal activity, including investigations involving National security and organized crime.

For example, CBP officers assigned to the Area Port of Philadelphia work extensively with the Pennsylvania State Police and Delaware State Police. For example, CBP officers recently collaborated with the Pennsylvania State Police, Eddystone Police Department, DHS's Border Enforcement Security Taskforce, and the Transportation Security Administration to conduct an operation at Penn Terminal. Container cargo, warehouses, and port grounds were scrutinized and several individuals were identified as being in possession of fraudulent identity documents. Previously-removed criminal aliens and a known gang member with an active warrant of arrest were also identified and taken into custody.

The OFO Tactical Operations Division directs special enforcement operations, in concert with ICE-HSI and other law enforcement partners, to identify and disrupt drug smuggling at targeted POEs, IMFs, and ECC facilities. These operations involve NII technology, canine enforcement teams, Antiterrorism-Contraband Enforcement Teams, Special Response Teams, and other law enforcement partner resources. Baltimore Field Office CBP officers also provide support to the Delaware Valley Intelligence Center, Delaware Information and Analysis Center, and the Pennsylvania Criminal Intelligence Center (PaCIC). The mission of PaCIC is to support the decision-making process of Pennsylvania's law enforcement agencies through collating, analyzing, and disseminating intelligence and investigative information pertaining to criminal and terrorism activity.

CBP hosts monthly briefings/teleconferences with Federal, State, and local partners regarding the current state of the border—the Northern Border and Southwest Border—to monitor emerging trends and threats and provide a cross-component, multi-agency venue for discussing trends and threats. The monthly briefings focus on drugs, weapons, and currency interdictions and alien apprehensions both at and between the POEs. These briefings/teleconferences currently include participants from: The government of Canada, the government of Mexico, DHS Headquarters, ICE, U.S. Coast Guard (USCG), DEA, FBI, U.S. Northern Command, Joint Interagency Task Force-South, Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF), U.S. Attorneys' Offices, Naval Investigative Command, State and Major Urban Area Fusion Centers, and other international, Federal, State, and local law enforcement as appropriate.

CBP is a key partner in the implementation of the Office of National Drug Control Policy's (ONDCP) Heroin Availability Reduction Plan (HARP). CBP also utilizes the Department of Justice's Nation-wide Deconfliction System operated by the DEA, conducting interagency deconfliction and coordination, and is working with the Heroin and Fentanyl Working Group at the DEA Special Operations Division, alongside ICE-HSI. The Baltimore Field Office also contributes to the High-Intensity Drug Trafficking Area program (HIDTA), run by the United States Office of National Drug Control Policy, by sharing intelligence and contributing marine unit and other support to local joint operations.

Collaboration with our partners yields results. For example, a CBP-led multi-agency team seized fentanyl-laced heroin and marijuana, and arrested three during a compliance examination at the Port of Wilmington, Delaware on April 18, 2018. In addition to CBP, the multi-agency team consisted of ICE-HSI, U.S. Coast Guard, Transportation Security Administration, Alcohol Tobacco Firearms and Explosives (ATF), Delaware State Police, and Delaware National Guard Counterdrug Task Force. Authorities arrested a man near one warehouse who was in possession of a distributable amount of fentanyl-laced heroin, and discovered two additional men in possession of marijuana near another warehouse. While inspecting Transportation Worker Identification Credential (TWIC) cards of arriving port workers, authorities detected two men with outstanding Delaware arrest warrants. Delaware State Police troopers took custody of the two men.¹⁵

International Collaboration and Cooperation

Because DTOs are also known to use legitimate commercial modes of travel and transport to smuggle drugs and other illicit goods, CBP partners with the private sector to provide anti-drug smuggling training to air, sea, and land commercial transport companies (carriers) to assist CBP with stopping the flow of illicit drugs; to deter smugglers from using commercial carriers to smuggle drugs; and to provide carriers with the incentive to improve their security and their drug smuggling awareness. Participating carriers sign agreements stating that the carrier will exercise the highest degree of care and diligence in securing their facilities and convey-

¹⁵ <https://www.cbp.gov/newsroom/local-media-release/multi-agency-team-bags-heroin-marijuana-3-arrests-during-port>.

ances, while CBP agrees to conduct site surveys, make recommendations, and provide training.

The trafficking of opioids is a global problem, and CBP continues to work with our international partners to share information and leverage resources to combat this threat. CBP's Office of International Affairs (INA) Technical Assistance Division (ITAD) conducts International Border Interdiction training, coordinated and funded by the Department of State, for various countries world-wide. These courses provide instruction on multiple aspects of border security, including targeting and risk management, interdiction, smuggling, search methodologies, analysis, canine enforcement, and narcotics detection identification. Within the last 6 months, INA/ITAD has conducted anti-smuggling training in opiate source countries such as Panama, Guatemala, Columbia, Ecuador, Peru, Mexico, Indonesia, India, Thailand, Afghanistan, Kenya, Cambodia, and the Philippines. CBP also provides an Identification of Drugs and Precursor Chemical training course to Mexico and other drug source and transit countries to provide key insight to foreign Customs Officers on the vast resources of precursors available to narcotics producers and traffickers world-wide.

Through the 21st Century Border Management Initiative, the U.S. Government and the government of Mexico are working to strengthen our collaborative relationship and efforts to secure and facilitate the cross-border flows of people and cargo. We receive information from Mexican authorities on a daily basis that helps us better target drug smugglers at the border and continue to work closely to expand joint efforts to combat illicit drug cultivation, production, and trafficking, and sharing more information on smuggling routes and networks. This information sharing, facilitated by the CBP attaché office in Mexico, has allowed for an unprecedented exchange of real-time information through deployments of personnel between our countries. Today, CBP personnel are assigned to Mexico City under the Joint Security Program where we exchange alerts on suspicious DTO movements through the monitoring of our Advance Passenger Information System. This information sharing has also led to numerous seizures and cases within Mexico that serve to disrupt the activities of DTOs throughout the Western Hemisphere.

CONCLUSION

In coordination with our partners and with the support of Congress CBP will continue to refine and enhance the effectiveness of our detection and interdiction capabilities to prevent the entry of opioids and other illicit drugs into the United States. Chairman Perry, Ranking Member Correa, and distinguished Members of the subcommittee, thank you for the opportunity to testify today. I look forward to your questions.

Mr. PERRY. Thank you, Director Durst.

The Chair now recognizes Mr. Sunday for his testimony.

STATEMENT OF DAVID W. SUNDAY, DISTRICT ATTORNEY, YORK COUNTY, PENNSYLVANIA

Mr. SUNDAY. I talk pretty loud. How is that? Chairman Perry, thank you so much for having me today. I look forward to not only providing some testimony, but also answering any questions you have.

York County has approximately 434,000 people, citizens in York County. We have 22 municipal police departments. Every day they work with the Pennsylvania State Police, the DEA, the FBI, the ATF, the postal inspectors on occasion, and sometimes Secret Service and the IRS. I tell you that because everyone here knows how devastating this epidemic is, and what I want to talk about is how unbelievably destructive this is with regard to local law enforcement, and what we are dealing with on a county level.

That being said, there was a statement—part of Mr. Miller's testimony involving fentanyl, and in 2013, zero percent of the opioid deaths in York County involved fentanyl. However, now in 2018, that number is over 90 percent, and that is a very important statistic to know. I wanted to make sure that everybody is aware of

that, because that can't be more telling. The reason that I am saying that it is telling is because with regard to the police and local law enforcement, we did as much as we could, and we are going to continue to do as much as we can. So in 2015, we started a Heroin Task Force. The purpose of the Heroin Task Force was to bring into the mix and into the—I will say the fight, everybody throughout our community. Because obviously, we have limited resources and so we have to do everything we can to attack it. Again, this was in 2015. We have on our Heroin Task Force medical doctors, we have treatment providers, we have parents who have lost their loved ones, we have police chiefs, we have EMTs, and we pretty much have anyone in the community who is willing to lend a helping hand.

Because we have a total of about 8 police officers working in a pure—I will say narcotics law enforcement capacity in a county of 434,000 people, we do have to find other ways to do everything in our power to stem the death. As a district attorney in York County, I get an email every time someone dies of a heroin overdose death. At this point, it is about every other day. What people need to understand is it is not just the felony drug crimes. It is not just the deaths. I will tell you that close to 80 percent of all the crime in York County—all the crime—is either directly or tangentially related to this epidemic and drug abuse, and that includes retail thefts, thefts, domestic violence, robberies, aggravated assaults, murders, DUIs—over half the DUIs in York County we know now are not just alcohol. Over half the DUIs are also either alcohol and drug, or just purely drug-related. That is critical to understand because we have a tremendous amount of accidents in York County that kill people.

So oftentimes the focus is on the actual drug itself and the felony arrest that comes with it, which is obviously an absolutely critical component to the long-term solution. That being said, it is important to understand the wide-ranging devastating effects that go throughout the entire community, and one thing I want to state that is very important for everyone to understand is this is decimating our local resources. The opportunity costs of this epidemic will be devastating, and it will be destructive to our community for a generation to come.

Our hospital in York County, the NICU, is full of babies that are born addicted to heroin. The Children, Youth, and Family Services are absolutely destroyed because they can't keep up with the amount of calls they receive to go check on homes. We have children who are being raised by their grandparents because the—all the parents are in prison. York County Prison in particular is ahead of the curve with regard to working on our opioid collaborative, so they also are on our task force. What we are doing, in addition to doing everything possible with regard to law enforcement, we are doing everything we can to work with our Federal partners. We are also working every day with the Pennsylvania State Police as well, and I wanted to make sure that everybody understood that, that this epidemic, this all hands on deck could not be more accurate. We are working every single day with every single partner that will possibly lend a hand, and that is something we want to continue to do.

Along the same lines, we have gone into schools. We found a non-profit that put together a curriculum to go discuss what heroin abuse means to junior high school students, and the York County District Attorney's Office also has led the Commonwealth in prosecuting a case called—a charge called drug delivery resulting in death when someone deals drugs that causes someone to die. So we are working with our community on the community side of this, and we are also doing everything in our power with regard to law enforcement, and we look forward to continued collaboration.

I look forward to your questions.

[The prepared statement of Mr. Sunday follows:]

PREPARED STATEMENT OF DAVID W. SUNDAY

Chairman Perry, Ranking Member Correa, and distinguished Members of the committee: It is a privilege to appear before you today to discuss the threat posed to our community by the opioid epidemic and ways in which all levels of government have come together to fight it.

OVERVIEW

York County is a Class III county which encompasses 911 square miles and has a population of 434,972 as of the 2010 census. While the county seat of York County, York City, is an urban center with a population of 43,859, our county is primarily a rural and agricultural locale. Halfway between Philadelphia and Baltimore, York County is easily accessible from any direction. Both Interstate 83 and Route 30 dissect York County and Interstate 81 skirts its western border.

Like so much of our Nation, York County has suffered greatly from the opioid epidemic. This epidemic has been one of continual change. Heroin, once primarily accessible in York City, has now fully infiltrated our suburban and rural communities. This has been reflected in the great multitude of county-wide drug arrests and fatal overdoses. Unfortunately, because York is a smaller metropolitan area, heroin dealers are able to maximize their profits by selling to our county's residents. For the inconvenience of transporting the drug to this market, dealers are able to double their profits. Two thousand dollars (\$2,000) worth of heroin in Philadelphia can be sold in York County for \$4,000 after it has been cut by local dealers.

Fueled in part by the relative low cost, heroin use and overdoses have exploded over the past decade. In 2011, York County reported 47 fatal drug overdoses with 13 being heroin-related. Within 3 years, these numbers spiked to 110 fatal drug overdoses with 62 being heroin-related. This horrific trend continued and during the year 2016, York County suffered 123 fatal drug overdoses with an astounding 116 being heroin-related. Overall, between 2011 and 2016 the number of heroin-based drug overdoses increased nearly ten-fold.

The rapid explosion of the heroin epidemic in our county has resulted in York being the 25th out of 67 Pennsylvania counties for drug-related overdose deaths per 100,000 people. However, in raw numbers, York ranks 9th out of 67 Pennsylvania counties for drug-related overdose deaths. Since 2016, the York County District Attorney has received notification of 299 suspected overdose deaths from the York County Coroner. As of early April 2018, the District Attorney was already notified of 40 suspected overdose deaths since the start of the year. Sadly, this places York County on track to surpass the 167 suspected overdose death notifications received throughout 2017. Of the 391 deaths caused by drug overdoses in York County between 2015 and 2017, 279 have been caused by an opioid overdose.

IMPACT ON LAW ENFORCEMENT

While drug overdoses and related deaths are horrific consequences of the opioid epidemic, they are not the only consequences. This crisis has generated a hefty caseload of secondary offenses which has greatly burdened the county's criminal justice system. It is estimated that at least 80 percent of all crime in York County is either directly or tangentially related to drug abuse.

York County has fought hard against the opioid epidemic, striving to be at the forefront of the battle. In 2014, recognizing that the evolving issue required major policy changes, the York County Coroner and York County District Attorney united to implement a more global and comprehensive response. Prior to 2014, fatal drug overdoses were rarely treated as crime scenes. Moreover, while toxicology reports

were completed, autopsies were not. These conditions presented difficulties in prosecuting drug-related deaths.

York County now conducts an autopsy for every suspected heroin overdose. If paraphernalia is discovered at the scene or there are suspicious circumstances, the coroner will automatically request that an autopsy be conducted. Suspicious circumstances can include track marks, the decedent having wet clothing, evidence of the decedent being moved, the decedent being found slumped over in a seated position, or the decedent was recently clean from drug use. Ultimately, an autopsy is able to confirm an overdose death and rule out other possibilities. This greatly aides the county in establishing its evidentiary burden for prosecuting drug-related death crimes.

As of May 2014, all 23 police jurisdictions in York County as well as the Pennsylvania State Police have transitioned to treating heroin-related overdoses as crime scenes. Furthermore, phones at the scene are collected to aide in the apprehension of the victim's dealer. Additionally, the York County Coroner's office is now able to provide suspected overdose death notifications to the York County's District Attorney's Office. This collaborative process has enabled York County to lead the State through the prosecution of 46 counts of Drug Delivery Resulting in Death (DDRDR) since 2013. This effort has resulted in 4 guilty by jury trial, 4 pleas to DDRDR, 1 plea to criminal conspiracy of DDRDR, 3 pleas for involuntary manslaughter, 5 pleas for felony drug offenses, 1 plea to a misdemeanor drug offense, 1 abatement because of Defendant's death, and 27 remaining active cases. Overall, the County has achieved a 44 percent success rate in obtaining DDRDR convictions where a disposition has been reached.

That being said, this operational pace has begun to take its toll on the entire local government infrastructure and in particular our police, prosecutors, and first responders. Stated plainly: This epidemic is decimating our resources and the opportunity cost will be devastating to the health and safety of our community.

Regardless, York County Law Enforcement prides itself on our ability to work together to achieve the common good. This ideal is real and it is the reason that we have had such positive results. At any given time, there are local, State, and Federal law enforcement agencies seamlessly collaborating to achieve a given result. This concept is mission-critical and any other approach would be unacceptable.

COMMUNITY EFFORTS

In addition to criminal justice initiatives, the York DA's office and York Coroner's office formed a community group of volunteers to further combat the heroin epidemic. In fact, York was the second county in PA to form a community-based Heroin Task Force. This task force has dedicated its time to increasing awareness in York County and educating our residents on the heroin crisis. By the spring of 2014 our task force began its educational outreach in the community's schools and by August 2014 the task force developed a community educational presentation. Since the education initiative began, our County has presented the educational program over 120 times to church groups, fire/EMS personnel, 9-1-1 dispatchers, prison staff, school parents, students, township managers, police departments, colleges, church youth groups, and senior citizen groups.

Over time, as numbers grew and we identified the need for specialization in unique areas, the York Heroin Task Force morphed into the York Opioid Collaborative (YOC). The YOC is led by an executive director and counts amongst its members: Law Enforcement, Treatment Providers, Educators, Clergy, Concerned Citizens, Medical Doctors and College Professors, to name a few.

In addition to our aggressive prosecution of drug dealers and educational initiatives, York County has heavily utilized and dispensed the life-saving drug Narcan across the county. Similar to the use of AED's, Narcan can now be found in many schools and workplaces. This has resulted in over 100 saves from April to December 2015. Further, this number has spiked to 232 saves in 2016, which was one of the highest number of saves across all Pennsylvania counties.

York has had tremendous success in making the battle against the heroin crisis a collaborative effort. Groups such as Not One More, I Will Recover, York Harm Reduction Project, and Byrnes Health Education Center have created a large unified front in York County. As the county moves forward, it would like to leverage this collaborative approach to continue to improve access to rehab and detox programs. Recently, the treatment center White Deer Run's York location has increased its number of detox beds from 7 to 17, in addition to adding a second location. York County is also working to provide appropriate and timely access to Methadone maintenance treatment programs in the York/Adams area. This effort has led to

Pyramid increasing their program's capacity from 175 people to 420 people, effectively alleviating waiting lists.

Furthermore, York/Adams Health Choices Management unit, in conjunction with YADAC, opened a Methadone clinic last summer in Hanover through Pinnacle Health. YADAC has also implemented the Jail Project at York County Prison in order to ensure that individuals who meet intensive treatment recommendations receive expedited managed care enrollment and treatment access. Vivitrol is also being utilized in this program. The RASE project successfully implemented buprenorphine coordination and recovery support services in York and Adams County. Finally, the York/Adams County Drug and Alcohol Commission, in conjunction with York/Adams Health Choices Management Unit has opened a 16-bed male halfway house in York County in order to ensure client access to a critical level of care that was previously absent in the community.

CLOSING

York County's leaders, through necessity, work daily to increase the efficacy of the criminal justice system; provide drug education for its residents, and support the efforts of the York Opioid Collaborative.

Accordingly, it is critical to understand that the aggressive prosecution of drug dealers is only one part of the overarching collaborative process. We must employ every weapon in our arsenal if we are to turn this crisis around.

Thank you again for the opportunity to appear before you today.

Mr. PERRY. Well thank you, Mr. DA. We appreciate your input. Now we will take the testimony from Mr. Singley.

STATEMENT OF RAYMOND SINGLEY, DIRECTOR, BUREAU OF RECORDS AND IDENTIFICATION, STATE POLICE DEPARTMENT, COMMONWEALTH OF PENNSYLVANIA

Mr. SINGLEY. Good afternoon, Chairman Perry and Representative Thompson. Thank you for allowing the Pennsylvania State Police to participate in this field hearing and address the opioid epidemic that the Commonwealth is experiencing. Opioid abuse and addiction occurs in every cross-section of Pennsylvania. No one is immune.

The PSP began in 1905, with just 228 officers. Today, PSP is the 10th-largest police department in America, with an enlisted complement of over 4,700 sworn, and a civilian complement of about 1,800. We are the primary police agency for over 60 percent of the Commonwealth's 1,200 municipalities. We patrol 100 percent of the interstate highways and the turnpikes. We also oversee a variety of things, such as the State crime laboratories, the State radio system, Municipal Police Officers Education and Training Commission, liquor enforcement, and that is just to name a few. We provide specialized support to all law enforcement, such as the Pennsylvania Criminal Intelligence Center, or PaCIC, computer crime investigations, tactical teams, air supports, K-9, polygraphing, Amber alerts, and the list goes on and on.

PSP is comprised of 16 different troops, and they provide police service to their respective areas of responsibility, and we have 12 bureaus that support those troops and augment their capabilities. The Bureau of Criminal Investigation is just one example, and contains both the intelligence division and the drug law enforcement division, which I will refer to as DLED. There are approximately 100 members that are assigned to the DLED, and focus solely on investigating and disrupting significant drug trafficking organizations. Efforts include both uniform and plainclothes interdictions, long-term undercover investigations, financial investigations, asset forfeitures, and clandestine laboratory responses.

While marijuana is an ever-present problem for us, and both cocaine and methamphetamine are on the rise, opioids remains our greatest concern. There has been a substantial increase in the availability of fentanyl and fentanyl-related substances over the last few years. The entire Commonwealth has been affected, although as you pointed out, some portions of the State have been more impacted than others. The synthetic opioids are far more dangerous than other drugs, and PSP has had to respond to this increased hazard by procuring personal protective equipment for all of our members. We have also obtained through a Cops Anti-Heroin Task Force grant high-tech field drug testing devices, known as TruNarcs, and strategically deployed those 15 units across the Commonwealth to reduce exposure to these drugs. All members of the Pennsylvania State Police have also been trained with and carry the opioid overdose reversal drug, naloxone.

We work closely with the Governor's Unified Coordination Group, which is a group of over 15 State agencies that was developed through Pennsylvania's Opioid Disaster Declaration in January of this year, and again renewed in April. Through the joint efforts, PSP has installed 15 prescription drug takeback boxes throughout the Commonwealth. Our PSP intelligence division was a leading developer of the Overdose Information Network, also known as ODIN, which is a database developed to collect data on fatal and non-fatal overdoses, naloxone administrations, identifiable markings on drug packaging, and so on. It provides real-time critical information to aid in drug investigations.

PaCIC works with multiple Federal, State, and local law enforcement agencies, and they are part of the Overdose Task Force that is comprised of law enforcement, medical professionals, coroners, and the Department of Health. PSP also works closely with Federal entities as well. Reactive in the Liberty Mid-Atlantic HIDTA, the Northeast Counterdrug Training Center at Fort Indiantown Gap. We have full-time troopers with the FBI, DEA, and we have a great working relationship with HSI, Homeland Security.

We have sent deputized troopers as far away as Alaska to go with them to work joint investigations. They are also mentoring us with the dark web, the crypto-currency investigations too. They provide a lot of training for us. We have 12 troopers that are—have Title 19 CFR training and can act under its authority. We have a good relationship with U.S. Customs and Border Patrol, and they are also a further liaison to help us with Federal resources.

In conclusion, we believe the opioids and the synthetic drugs will continue to pose a threat for the foreseeable future, and any actions taken to assist in decreasing the volume or the attractiveness of these substances, as well as removing people from society who deal in this poison will help us in our efforts to protect all Pennsylvanians. Thank you for the opportunity to provide input, and I look forward to the questions.

[The prepared statement of Mr. Singley follows:]

PREPARED STATEMENT OF RAYMOND SINGLEY

JUNE 19, 2018

Good afternoon. Thank you for allowing the Pennsylvania State Police (PSP) to participate in this field hearing to address the on-going opioid epidemic that the

Commonwealth is experiencing. Opioid abuse and addiction occurs in every cross-section of Pennsylvania; leaving no one unaffected or immune. The solution to this epidemic is complex and requires a multifaceted approach with community, Government, and law enforcement working together to educate and treat.

The PSP began in 1905, with just 228 officers and was the first uniformed organization of its kind. Today, the PSP is the 10th largest police department in America, with an enlisted complement of 4,719 members (15 percent of all sworn officers in the Commonwealth) and a civilian compliment of 1,791. The PSP is a full-service Police Agency whose duties include uniform patrol, crash investigation, criminal investigation, and response to all types of incidents.

The PSP is the primary police agency for 1,200 municipalities, or 62 percent of the Commonwealth. We patrol 100 percent of the interstate and Turnpike highways, 85 percent of the Commonwealth's land area, and 66 percent of the Commonwealth's highways. Additionally, the PSP oversees the State Crime Laboratories, State-wide Radio System, Municipal Police Officers' Education and Training Commission, the Pennsylvania Access to Criminal History, the Pennsylvania Instant Check System, Liquor Control Enforcement, and Megan's Law to name just a few. Furthermore, the PSP provides specialized support to all law enforcement such as the PA Criminal Intelligence Center (PaCIC), drug law, computer crime, tactical teams, air support, K-9, polygraph, Amber Alerts, and Missing and Endangered Persons Advisories.

The PSP is comprised of 16 troops that provide police service to their respective areas of responsibility and 12 bureaus that support those troops and augment their capabilities. The Bureau of Criminal Investigation is just one example and contains the Intelligence Division and the Drug Law Enforcement Division (DLED), which are germane to this hearing.

Approximately 100 members are assigned to the DLED and focus solely on investigating and disrupting significant drug trafficking organizations. Efforts include both uniform and plain clothes interdictions, long-term undercover investigations, financial investigations, asset forfeitures, and clandestine laboratory response. When fully staffed, the DLED is comprised of members who perform Safe Highways Initiative through Effective Law Enforcement and Detection (SHIELD), clandestine laboratory response, undercover account administration, financial investigation, asset forfeiture, and interdiction and strike force functions. While those members are assigned to a particular function, they frequently assist other details within the DLED and Troops throughout the Commonwealth. The DLED takes full advantage of cutting-edge training, advanced surveillance and tracking tools, wiretaps, and grand juries.

While marijuana is an ever-present problem, and both cocaine and methamphetamine use is on the rise, opioids remain our greatest concern. There has been a substantial increase in the availability of fentanyl and fentanyl-related substances (FRS) over the last few years. Across the Commonwealth, forensic crime laboratories are reporting a major increase in fentanyl in drug samples submitted for analysis this year. Results from drug chemistry analysis that were conducted by State, local, and Federal forensic laboratories reported an approximate 65 percent increase in fentanyl or fentanyl derivatives. In 2017, the PSP, comprising only 15 percent of the Commonwealth's law enforcement, seized nearly 70 kilograms of heroin, over 65 kilograms of fentanyl/FRS, and made over 12,500 drug-related arrests (misdemeanor and felony combined).

The entire Commonwealth has been affected; some portions of the State more so than others. This scourge has affected areas beyond our boundaries as well, including most of the Appalachia area and many of the New England States.

These synthetic opioids are far more dangerous than other drugs. Fentanyl is 50 times more potent than heroin and carfentanil is estimated to be 10,000 times more potent. The manner in which these drugs can enter the body is of special concern to law enforcement and first responders. Beyond traditional ingestion and intravenous induction, it can be inhaled and absorbed dermally as well. That makes accidental exposure a real danger to narcotics officers, canines, first responders, and the public in general who may inadvertently encounter the substances. The PSP has responded to this officer safety issue by changing the way drugs are handled and by procuring personal protective equipment. We have also obtained high-tech drug field testing devices known as "TruNarc" and strategically deployed the units across the Commonwealth to reduce the likelihood of accidental exposure to these drugs by law enforcement officers.

The PSP Clandestine Laboratory Response Team (CLRT) has also seen a remarkable spike in fentanyl-related lab call outs. These responses range from decontaminating police officers who were exposed to suspected fentanyl, through actual fentanyl labs producing counterfeit pills. The CLRT responded to one such case in

2015 and one case in 2016. In 2017, they were activated on ten occasions; 7 related to fentanyl and 3 for carfentanil.

All members have been trained and have carried the opioid overdose reversal drug naloxone since April 2015. All marked Patrol Units are outfitted with naloxone (1,105 marked cars in fleet), and all members assigned to drug work are individually issued kits. Thus far in 2018, we have deployed naloxone 56 times resulting in 9 lives lost and 47 lives being saved. This is a marked increase with year over year comparisons in 2017.

Fentanyl is also being turned into counterfeit pharmaceutical pills and sold to unwitting users. This is of special concern since Pennsylvania passed legislative measure Act 191, the Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP) in October 2014. This Prescription Drug Monitoring Program (PDMP) captures Schedule II-V prescribed substances, is searchable by prescribers and pharmacies, and requires prescribers to check the PDMP the first time they prescribe an opioid or if they suspect a patient is suffering from an opioid addiction. While this is a significant step in the right direction in our battle against opioid addiction, an unintended consequence is that "pill shoppers" now must obtain their pills in a more underground manner. It makes this group of addicted people especially vulnerable to counterfeit fentanyl pills.

Fentanyl can cause a much higher rate of overdose than heroin due to its potency; despite its lower usage rates. Drug overdoses resulting in death have been well publicized. In 2015, the State recorded 3,383 drug overdose deaths, that jumped to 4,642 drug-related overdose deaths in 2016 (a 37 percent increase), and in 2017, there were more than 5,000 deaths (data analysis is continuing). This number would make Pennsylvania the fourth-highest ranked State in overdose deaths.

We realize that combatting drugs requires the efforts of many and work closely with the Governor's Office Unified Coordination Group (approximately 15 State agencies) that was developed through Pennsylvania's Opioid Disaster Declaration in January of this year. Through joint effort, 65 prescription drug drop boxes were installed at stations throughout the Commonwealth. This provides the public with access to the boxes 24 hours a day, 7 days a week, 365 days a year; to properly dispose of legally prescribed medication. Thus far in 2018, over a half ton (1,147 lbs.) were collected. The PSP Intelligence Division was the leading developer of the Overdose Information Network (ODIN), which is a database developed to collect data on fatal and non-fatal overdoses, naloxone administrations, and identifiable markings on drug packaging that is available to all law enforcement agencies and Emergency 9-1-1 Centers throughout the Commonwealth. The database provides law enforcement with real-time critical information needed from an enforcement perspective to aid in drug investigations. It also provides leadership in law enforcement, Government officials, community leaders, and policy makers reliable information in order to make informed decisions when combating drug issues that could compromise public safety and health. While some of the information is law enforcement-sensitive, it does provide some critical information to the Department of Health, county coroner, and other social service entities to assist them in fighting this epidemic as well.

PaCIC works with multiple Federal, State, and local law enforcement agencies on many levels of narcotics related investigations to include biographical workups, case assistance with charting, mapping, toll analysis, etc. PaCIC, Drug Analysis Unit (DAU) is part of the Overdose Task Force that is comprised of law enforcement, medical professionals, coroners, PA Department of Drug and Alcohol Programs (DDAP), the Department of Health, etc.

PaCIC, DAU provides presentations on drug trends to law enforcement and private-sector agencies. The unit has created pamphlets/brochures on the dangers of one-pot methamphetamine labs and drug identification awareness for law enforcement and private-sector agencies. PaCIC, Critical Infrastructure and Key Resources Unit disseminates the Monthly Drug Overdose and Identifiable Marking Analysis Report to public and private-sector partners to share information regarding lethal drugs contributing to fatal and non-fatal overdoses in their counties. Federal, State, and local law enforcement agencies provide data to be included in the report in addition to the mandatory reporting by the PA State Police.

PaCIC, DAU members are on the staff for Top Gun and SHIELD Programs. The details of the Top Gun Training were provided by Captain Raymond S. Singley. Associated to our Fusion Center, the DAU has a full-time analyst assigned by the PA National Guard/Counter Drug Program. Also associated to the Fusion Center are the DEA, FBI, ATF, DHS, State DOC, PA Office of Attorney General, and Harrisburg Bureau of Police, all who have a liaison assigned to PaCIC and have requested drug-related information or case assistance from PaCIC.

PaCIC has an Intelligence Liaison Officer program which consists of approximately 450 law enforcement partners that provide and receive information from PaCIC for investigations to include narcotics related investigations.

The PSP works closely with Federal entities as well, with the Commissioner serving on the Executive Board of the Liberty Mid-Atlantic High Intensity Drug Trafficking Areas, by providing guidance in budget and finance matters, overseeing internal initiative reviews, formulation of policies and procedures, and development of the intelligence program. Similarly, we are engaged with Northeast Counterdrug Training Center at Fort Indiantown Gap. The board of directors is comprised of military and senior law enforcement officials within the region.

Through the board and partnerships with anti-drug organizations, associations, community coalitions, and emergency responders, training gaps are identified, curriculum is developed, and exceptional training made more accessible to reduce the availability and use of illicit drugs. An example of this is the highly touted "Top Gun" school which provides drug investigation/prosecution training to students made up of municipal officers, Troopers, and prosecutors.

The PSP works closely with Federal law enforcement too. It is essential that we pool our knowledge across the agencies, engage in intelligence and resource sharing, and collaborate. Doing so provides seamless transitions of investigations to prosecutions, whether at the State or Federal level. To that end, the PSP dedicates six troopers full-time to the FBI's Joint Terrorism Task Force, and five troopers full-time to the Drug Enforcement Administration Task Forces. We maintain great working relationships with Homeland Security Investigations and have sent deputized troopers as far as Alaska to conduct joint investigations with them. As "dark web" and "crypto currency" investigations developed, they provided specialized training and equipment to specific troopers and continue to mentor them. Earlier this year HSI traveled to our training academy and provided several days of crucial training on these areas to many investigators and their command staff. The U.S. Customs and Border Protection works closely with the PSP as well. Twelve troopers have received Title 19 Code of Federal Regulation training and can act under its authority. They too provide support to us and liaison for further Federal resources.

In conclusion, we believe opioids and these synthetic drugs will continue to pose a threat for the foreseeable future. Production levels appear to be consistent, new forms of fentanyl are emerging, and the distribution is becoming more diverse with the "dark web" market places and cryptocurrencies. Significant resources are being expended to combat the havoc that the abuse of these drugs has wreaked upon Pennsylvania. Any actions taken to assist in decreasing the volume and attractiveness of these substances, as well as remove people from society who deal this poison will help us in our efforts to protect all Pennsylvanians. Thank you for the opportunity to provide input on this very important matter.

Mr. PERRY. Mr. Singley, I—and all the witnesses, we thank you for your time and your testimony. We will—each of us will spend 5 minutes, we will ask questions, and we will volley back and forth since it is G.T. and I, and we have time constraints so we probably won't get all our questions answered. We are going to do a pretty good—try and do a pretty good job here of getting as much as we can in. There is so much to talk about, right?

I am going to start with Special Agent Miller. In your testimony, you cite China and Mexico as the main producers and transit hubs for synthetic opioids. One of the things we dealt with in Washington is when we target one synthetic opioid, they just change the formula a little bit and then that is not illegal because it is something new, right? That is a challenge for us, keeping in our—you know, maintaining our rights but also getting after the people that produce this stuff and use it and sell it.

Just out of curiosity, to what extent are synthetic opioids entering the United States via the Northern Border with Canada? Do we—do you have any indicators or can you inform us at all about that? Because I think our perceptions are most of them either come in international mail or across the Southern Border.

Mr. MILLER. For the most part, we have our Border Enforcement Security Task Force teams that are up there that are actually collo-

cated and working well with our State and local departments, and also with our foreign partners. In specifics about amounts coming across, I can't get into the specific amount but I would venture to say that small amounts would be coming across.

Mr. PERRY. But you would characterize it at this point as small amounts?

Mr. MILLER. Yes.

Mr. PERRY. I mean, where is the nut of the issue, Mr. Miller? Do you think—is it the Southern Border and—

Mr. MILLER. It is the Southern Border.

Mr. PERRY. It is the Southern Border.

Mr. MILLER. That is what is really damaging areas. There's the boats coming in from Mexico, and then the amounts coming in in small doses but high potency coming in through the mail that's from China. That is what is really getting us.

Mr. PERRY. Are there any countries that you expect to become major producers in the next 5 years, other than the countries already enumerated? Do you see a trend? Are we going to start producing it locally? Do you see that trend at all, or—

Mr. MILLER. Right now, I'm sorry, I don't see that.

Mr. PERRY. OK, that is great.

How does HSI coordinate with State and local law enforcement to conduct secure deliveries of packages that contain opioids? I don't want you to give any intelligence away, but you know, what factors such as prosecutorial constraints may impact a Federal, State, or local law enforcement agency from participating in a secure delivery? I ask that because people like G.T. and I, we want to enable you to be able to do as much as you can. If there is some hindrance regarding you and our DA, State Police, et cetera, we want to know what that is so we can try and help solve the problem.

Mr. MILLER. So, so far I can kind-of give you the rundown from seizure from JFK International Airport, the international mail facility, you know. CBP will make a seizure, will work with our HSI office in JFK. JFK will alert us to say there is a package destined for Pennsylvania, for some part of Pennsylvania. We will most likely go meet them halfway so we can have a hand-off of the package itself, and at that point we would hook up with PSP and have it analyzed or have their crime guys take a look at it as well. But we find that having PSP working with us is easier for State prosecution, and if it develops into anything more, we will go Federally.

Mr. PERRY. Thank you. Let me see here. I think this will be for Ms. Durst.

CBP reports that in 2013 it seized approximately 2 pounds of illicit fentanyl. This is in 2013. So far this year, you folks have seized approximately 1,218 pounds. Can you just let us know from your perspective what you think is driving—I mean, that is a remarkable increase. What is driving that?

Ms. DURST. So first of all, we are able to do presumptive testing now at our international mail facilities and at the express consignment facilities.

Mr. PERRY. So can you explain presumptive testing so we all know?

Ms. DURST. Yes, sir. Presumptive testing means that right there on-site in our facilities, we are able to make a determination as to what the item that we have encountered is.

As you have heard from SAC Miller, we are receiving at the international mail facilities small quantities of illicit fentanyl and fentanyl analogs. You know, they obviously don't come with a tag on them, and when we have technology that has been supported by the Congress to right there in our facility make an immediate determination as to what that item is, and then pass that onto Homeland Security Investigations, that is something that didn't exist in 2013. So with the onset of the interdict DAC we were able to obtain these presumptive testing mechanisms, that assists us at the ports of entry.

Mr. PERRY. I don't want to put any words in your mouth, but I am just trying to make sure I understand and make sure everybody in the hearing understands. I get the perception that the timing of these things is as important as anything else in pursuing who the perpetrators are and where it is going, and so on. So that is a tool that you almost have to have or it would slow you down to the point where they would get it somewhere else. They would be suspect because it didn't show up or whatever. That is a tool that has probably—and like I said, I don't want to put words in your mouth, but I want you to characterize maybe if you could how—if that is important and how important it is.

Ms. DURST. It is absolutely critical to have the presumptive testing devices on-site at our ports of entry. Really, it does get down into the timing. The transnational criminal organizations know how they have shipped their goods and they know where they are going and approximately when they are going to arrive. If we can intercept and then presumptively test and then turn the item over to our law enforcement partners in HSI to then move forward with either controlled delivery and then ultimately possible prosecution, it really does bode well, I think, for the entire governmental community and the American people.

Mr. PERRY. Excellent, thank you.

G.T.

Mr. GLENN THOMPSON. Chairman, thank you, and thank you for—each of you for your service and for making such a difference on, you know, keeping us safe. Safety and security and really trying to address this public health crisis that we have—District Attorney Sunday, thank you. Thank you for your service. You are in the trenches, you and your colleagues, our district attorneys in Pennsylvania are on the front lines, and you are surrounded by great people and great resources to draw upon. I had an opportunity to speak about one of your colleagues out in Armstrong County and I know, you know, the district attorneys really can make a difference in terms of your focus and your commitment. I want to thank you for what you do for York County.

This morning, we did—as the Chairman said, we had an opportunity to go out to, you know, PaCIC and what a great opportunity that was to learn about what our Pennsylvania State Police are doing. Helping them to be effective and helping to be a resource, and such collaboration.

So my question is how does your—the York County DA's office, your office benefit from working with the Pennsylvania Criminal Intelligence Center, and what type of information does PaCIC have that your office would not have access to without that partnership?

Mr. SUNDAY. OK. Thank you, sir. There are two points I want to make in answering that question. The first one is local DA's office—county DA's offices more now than ever have become reliant upon expert areas within their own county versus where years ago there would be certain experts, for example, at the Pennsylvania State Police, and that is because of the overwhelming and changing environment with regard to crime. So what I mean by that is PaCIC is a tool that our drug task force uses every single day, literally every single day. One of the things that has allowed us to leverage that asset very successfully has been I entered into a Memorandum of Understanding with the Pennsylvania State Police that allowed a county intel analyst to be trained by PaCIC and to work at PaCIC 1 or 2 days a week. So that gave us the ability to have someone who knows everybody in York County, knows all the police departments in York County, is familiar and works with our drug task forces that physically 1 or 2 days a week is actually located in the PaCIC office. He sits beside—you know, I have to be careful. He sits beside the other people that work up there as well, and they share information on a daily basis. He has the proper clearances, and so that actually speeds up the flow of information to us.

PaCIC provides a lot of different types of information. For us on the ground level, on the day-to-day fight, the information that is most helpful from PaCIC is the assistance in identifying individuals, identifying vehicles, who may be driving a certain vehicle, who someone's associates might be, and that type of information is absolutely critical to successful drug prosecutions on the street level. That is something, again, that is used every single day, every day.

Mr. GLENN THOMPSON. Thank you for what you do, and all your colleagues and district attorneys across—Major Singley, thank you for your service. Congratulations on your recent promotion.

You know, we know we are talking about data and data is essential for combatting the opioid epidemic as it can identify the trends and allow resources to be deployed most effectively, especially with this real-time data, it seems to me as things change, you know, back before where we are at today with ODIN, I mean, there was a delay and a delay unfortunately that really impacted effectiveness.

So what efforts are the Pennsylvania State Police taking to harness opioid-related data, and how does the use of this data impact the Pennsylvania State Police resources?

Mr. SINGLEY. Well the ODIN network itself, sir, is basically taking a paper system and making it electronic. So what was unusable data in the past becomes now usable. It helps us understand, I hate to say, what a bad batch of fentanyl or bad batch would come through, and you start having numerous overdoses. That is going to show up through ODIN, and then our partnerships, we can notify EMS, maybe start—maybe even put out a message saying that

we have a bad batch of drugs out there, that if hopefully people wouldn't take it.

It helps us—we can pull resources from—fairly quickly, so if we need to pull them off certain investigations and put them on others, it helps us. If we see long-term trends, again, working with our Federal partners we can pass along that information and hopefully maybe shut down the drugs that are actually coming into the country or from certain areas of the country.

Mr. GLENN THOMPSON. Very good. Thank you. Mr. Chairman.

Mr. PERRY. So just continuing on with the conversation, I hate to, you know, have an informal conversation here. As much as I hate to bring it up, it is just something that occurred to me. Maybe we ought to discuss the impact, especially for local folks, Pennsylvania State Police I consider some local as you listed the statistics of how much you cover Pennsylvania and DA Sunday, you know, you are working in a county, just like G.T. said, in the trenches.

How has this impacted budgets, your budget? We have been in the war on drugs for a long time, so this is not a drug that—at least for heroin, it has been around for a long time, but of course the spike in usage is different. But fentanyl is new. Is there—has this made it markedly different and has it strained your budgets, particularly because of the opioid portion of the epidemic? Have you had to do things differently than you have in the past that come down to cost at some point?

Mr. SUNDAY. I mean, I can speak—and I am going to tailor this answer specifically to the district attorney's office versus other county entities. What I can tell you is this epidemic has put us in a position where, first of all, we do not have the resources to do this the right way. Because of that, there is an opportunity cost to many, many other types of crimes and other programs that are not getting the attention they should receive. I am not saying that because people aren't doing their jobs. It has nothing to do with that.

I spoke with the detective today on my way up here and I said one last thing. What do you want me to tell the Congressman if he asks me, and he said tell him every day we are trying to drink water out of a fire hose. This is from a 30-year law enforcement veteran who knows multiple people on this panel, and he said every day I am drinking water out of a fire hose.

So specifically what that means is in my office, we have had to—I created a grant writing position, which just came into effect like 4 months ago. So we are trying to find every grant humanly possible because what people need to understand is in the Commonwealth and in York County—so we have 22 municipal police departments. Okay I apologize if I am talking very fast, but I am staring at the clock ticking, so—

Mr. PERRY. It is all good.

Mr. SUNDAY. So we have 22 municipal police departments, and those police departments are primarily driven by answering 9-1-1 calls, OK, and so what that means is they—it is very difficult for smaller police departments to dedicate one person solely to investigating drug crime. So, the way we are able to do that is leveraging our relationships with other people, and that affects our budget because with the DA's office has to take people and make

them special county detectives and give them the ability to have that—to have the entire jurisdiction—

Mr. PERRY. Relationship.

Mr. SUNDAY [continuing]. Of York County. So that is very stressing to us. There is next to no money in the county budget for it. We pay for a portion of it through the proceeds of drug seizures, and we don't have people that are—they are basically borrowed by the DA's office to do this type of work for a time period, and then they go back to their department.

OK, and so that being said, we need full-time drug investigators. We don't have it. The crime drug delivery resulting in death that we now prosecute, the only way that we were able to prosecute that, about 4 years ago what we did was we started to autopsy—

Mr. PERRY. Every single one.

Mr. SUNDAY [continuing]. Every potential drug or opioid-related overdose death. That is a tremendous financial impact on the county budget, on the coroner's budget. In addition to that, in York County as of 2015, we started treating every single drug overdose scene as a crime scene, like we would any other homicide case. So because of that, we are asking so much more from law enforcement officers and that is time that they are not spending on other things. That is overtime that has to be paid. That is the cost of prosecution that comes with this. Right now we have over 125 pending investigations for drug delivery resulting in death cases, which is very difficult and it is very overwhelming.

So that being said, you know, our budgets are completely blasted by this, and it is going to cause problems for years and years, if not decades, to come.

Mr. PERRY. Well that is not encouraging, but we came to get the information, right, so that is what we are doing here. So I appreciate your candor.

Mr. Miller, this—and anybody can chime in here, but—and we can continue the conversation because this is, I think, going to require more than the time available. But would you talk about the dark web and how that plays into this, and kind-of how maybe people that aren't involved in the drug culture, like can they recognize anything? You think there are plenty of parents out there who their kids get involved and they might not know they are getting involved. Are there signs they could see, or you know, are there things to point to to be aware of? What can you tell us about the dark web and how it is included—well, my time is up, but if you keep that—

Mr. GLENN THOMPSON. You are the Chairman.

Mr. PERRY. He will—G.T. will indulge me, so if you—yes.

Mr. MILLER. So we do our best to give out information to kind-of educate the public about internet, dark web, as well as the crimes that exist on there. Like around this time when kids are out of school, we kind of put out a PSA or talk to the media about getting a message out to the parents about, you know, your kids are out of school, you know, be kind-of aware of what they are doing on the internet and who they are talking to or chatting with. So that is one aspect.

But with regard to the dark net, I mean, from our agency perspective, you know, we are tracking the packages that are coming

in from JFK, the international mail facilities, and 95 percent of what we receive in the Pennsylvania area is coming out of China and out of JFK. So we get the package, we work the case, and the delivery to the suspect, we are able to, you know, get them in their confidence and have them work with us as far as, OK, you are going to help yourself and help law enforcement, kind-of tell us, OK, how did you acquire this? That is kind-of the key to figuring out where the other—the specific vendors are on the dark net is talking to the suspects that we arrest.

Mr. PERRY. How do you even know—like I got to be truthful. I don't know—I don't even know how to get to the dark net. How does something—does it look different? Is the address—how do—how will parents know? How can you know?

Mr. MILLER. That is the thing. I am not as technically savvy, but I know that there is a program you use, a TOR—that you use to get into the dark net, and it is not query-able like Google, so you specifically have to know how to navigate that. You know, kids these days are really very resilient, and they've really got a lot of knowledge.

I know from my knowledge that I have given a lot of talks to schools at career day, and just throw it out to the kids, you know, high school, do you know about the dark net, and a small percentage raise their hand. I say well tell me a little bit more about the dark net, and they talk about “yeah you go through TOR, you know—URLs to kind-of get to where you need to go. You can buy anything on there.” I'm like, “Wow.” So I mean it's, you know, the kids these days know. They are pretty smart, but definitely it is a totally different way to get into it. It is not just dialing up and going into Google. I mean, you have to have a specific program to get into that.

Mr. PERRY. Anybody else familiar?

All right. It seems like something probably Congress needs to become more informed on from a policy standpoint, but I yield to G.T.

Mr. GLENN THOMPSON. Thank you, Chairman. Thank you.

Well Director Durst, I wanted to—I mean, exactly how does the Baltimore Field Office coordinate with the Pennsylvania Criminal Intelligence Infusion—Fusion Centers?

Ms. DURST. So we have a DHS representative that is embedded within the Fusion Center here in Pennsylvania, and we work with that individual. That person prepares intelligence reports and bulletins and coordinates across really the full scope of Federal, State, and local law enforcement entities here within Pennsylvania. That individual really is a DHS direct link into the State law enforcement intelligence community, and with that comes reciprocity. That means that the State and all of the State's resources have at their fingertips the Federal resources.

So we share information. We collaborate, you know, when there are intel alerts and bulletins, they are distributed at the Federal level and/or the State level. It really is information sharing.

Mr. GLENN THOMPSON. Yes, it seems like—my impression, it has been amazing where one of the criticisms we had on 9/11 was sort-of the silos that we—everybody operated in. I mean, we had great qualified people with good information, but there were these silos. There was—the collaboration was limited, I guess, at best. But

today, I mean, just today the picture that you all are painting is one of really effective collaboration. I am impressed the DA's office has somebody embedded for a couple days a week here at PaCIC and just seems that that is incredible. We have learned our lessons maybe the hard way that it is incredibly important strategy for effectiveness when it comes to law enforcement across the board, sharing resources, collaborating, sharing information, and you have all painted a pretty impressive picture of that.

I have got your testimony, and it is timely. You mentioned our K-9 friends that we employ, our K-9 officers, I consider them. We just lost a K-9 officer up in Warren County to just a really sad training incident, and he was laid to rest with honors recently. You had made mention of the measures that are taken, because these dogs are being exposed to—as they perform their duties—they use that all powerful nose to be able to sniff out things. But if you had made reference that you—you know, part of your procedures is to have resources to be able to protect these K-9s and keep them well?

Ms. DURST. Yes, sir. So all of our K-9 handlers carry naloxone, and they have an injectable version of naloxone so that if our K-9s do encounter fentanyl or fentanyl analog, we are able to provide that immediate care to our K-9.

You know, we have been carrying naloxone. All of our K-9 handlers have been carrying that for over 20 years. It really is something that we are very concerned about. Those are our partners, and they work side-by-side us to help secure our country. You know, the K-9 teams and the carriage of the naloxone really is critical, but I also want to point out that in the international mail environment, one of the things that goes to the safety of the K-9s is the manner in which the fentanyl, fentanyl analogs, and opioids in general are packaged. As we discussed earlier, coming through the international mail facilities, the narcotics are tightly concealed in an effort to evade detection. So that also bodes well for our K-9s. So what they are smelling is a residual odor and not actually getting into the substance. Our K-9s are also trained to passively alert, meaning that they don't tear into the goods. They will sit down and passively alert, which is certainly something that bodes well for their health and well-being.

Mr. GLENN THOMPSON. Absolutely. Special Agent Miller, speaking of ports of entry, I guess, I wanted to just ask briefly about how the Homeland Security Investigations agents are working at the Border Enforcement Security Task Force are best at the Philadelphia International Airport, and how do you coordinate with State and local law enforcement agencies to investigate opioid smuggling?

Mr. MILLER. So we have actually two Border Enforcement Security Task Forces, one at the airport and one at the seaport, and our primary partner is CBP. We can't really get our job done without Customs and Border Protection. They know the seaport, they know the airport, the international area, and so it would take a holistic look at who are the players in the area. Philly PD is basically the security of the airport, and also with TSA and even the surrounding local townships in that area. So we are not only looking at what is going on at the airport, but also we are looking at sur-

rounding townships, and even the hotels, because sometimes drug dealers or narcotics smugglers are utilizing the local hotels to bring in and drop off loads or exchange money, so we have, you know, connections with the hotels as well. So that is working with the hotels, the airport, and in collaboration with the State and local as well, and again, the seaport and the airport are primary partners and CBP.

Mr. GLENN THOMPSON. Thank you. Thanks, Chairman.

Mr. PERRY. Mr. Singley, you mentioned something I hadn't really thought about, but by—procure, what have you, additional protective—personal protective equipment for your officers who are dealing with it, because—and you know, it was kind-of new to me, but a person that comes into contact with fentanyl can become immediately incapacitated, I guess. That is my understanding, right? So I am just wondering in that vein, you know, because fentanyl is put into so much of the heroin, and not only is the user not aware of it, but maybe people around the user are not aware of it. Are, for lack of a better phrase, civilians or other people who just aren't involved in the drug situation and the using situation, are they at jeopardy, are they at risk? Is there anything being done to inform them of, you got to be—if you touch this stuff, you could be in the same problem as your loved one or the person that you know?

Mr. SINGLEY. Yes, it is not quite immediate.

Mr. PERRY. OK.

Mr. SINGLEY. It wouldn't be, if you touch it, you drop. It would, through transdermal, it may take 15, 20 minutes to start feeling the effects. If you know you have it on yourself, you certainly could wash it off as a person, but I don't believe the situation you are describing the person is going to know, so if they have a loved one who is using and they come in contact with it, certainly it could impact them.

We are doing everything we can to educate—

Mr. PERRY. Sure.

Mr. SINGLEY [continuing]. People and I think we discussed here a little bit, I don't know what else we do to get the education out.

Mr. PERRY. What is the answer for somebody that comes into contact on an ancillary basis? Is it naloxone for them as well? Is that the answer?

Mr. SINGLEY. Yes.

Mr. PERRY. OK.

Mr. SINGLEY. That is just a temporary fix.

Mr. PERRY. Sure.

Mr. SINGLEY. That's not, you know, hopefully follow up and go to, you know, the emergency room or something like that. But yes—and every law enforcement officer I know, every EMS, everybody carries naloxone.

Mr. PERRY. Right.

Mr. SINGLEY. Even off-duty, in my backpack I have a tourniquet and naloxone.

Mr. PERRY. Right, and we know now that for people that are receiving prescribed opiates, they have access to naloxone, and so I, you know, with this thing seemingly spiraling further and further, it is just, I think, important for people to know if, you know, if you have somebody that is using, however they got there, you poten-

tially are in jeopardy too and to be prepared to use it on yourself if you have to. It is just something to think about.

Mr. Sunday, York County DA's office has the most drug delivery resulting in death charges in the State based on your program. I am just wondering, do you think that is—using the charges deters future drug dealers? Do you think that they think about those things? Is that a consideration for them? Do you think it is a deterrent?

Mr. SUNDAY. Well, I think—well first of all—thank you. A few different points I want to make to answer that question, and the first one is with regard to it being a deterrent. I would say that it is too early to tell if it really is a deterrent. What I can tell you is based on our investigations, without going into great detail, I know that there are street-level dealers and mid- to lower-level dealers who are cognizant of, believe it or not, the—what they are doing and the knowledge that they may want to make sure that it is not something that kills an individual. So we have had that through investigations come out. Is that a deterrent in a material way? I would say most likely not; however, drug delivery resulting in death as a charge is something that is one of a thousand arrows in the quiver that law enforcement and everyone in the community has to use to solve this problem.

With that being said, it is important to remember that for—we have over 10,000 criminal cases a year in York County, and of those 10,000 cases, I would say on average maybe only 9 or 10 are the charge of drug delivery resulting in death. Over the last 4 years, we have had 4 jury trials. They have all been convictions. We have had 4 people plead guilty to drug delivery resulting in death. We have had conspiracy to drug delivery resulting in death, involuntary manslaughter, third-degree murder conviction for this, and a point I want to make very quickly is, you know, necessity is the mother of invention, and through this awful, terrible crisis that we are in, there has been some positive points that I want to make. One of the main positive points I am going to say is the collaboration and the daily work that our local law enforcement does with our Federal partners all throughout this table and all throughout the country. I mean, they work together almost like they are coworkers in different buildings, and so that is something that is very positive that has come out of this that hopefully will certainly continue.

Mr. PERRY. Pennsylvania—thank you. Pennsylvania enacted a Good Samaritan law which provides immunity to a person who calls 9-1-1 on behalf of someone suspected of overdosing. Do you think that has—does that make a difference? Do you think that—I would like your thoughts on that.

Mr. SUNDAY. So that is a very controversial topic, and I am glad you asked that question because when we first—so when the Good Samaritan Act was first passed, the Good Samaritan law does not mandate—it does two things. No. 1, it allows for limited immunity for some of the calls to 9-1-1, but it also allows for police officers to carry naloxone. So York County jumped right on board. Delaware County was first. They had everybody with naloxone. We were shortly right after that, and so all the police officers carry naloxone.

Now with regard to the immunity part of this, the whole goal at that point—you have to remember 4 or 5 years ago, some people threw the red flag and they were saying this crisis is coming. It is coming. It is coming. So the legislature, I believe, rightly acted to create this immunity because I have personally had cases—we had a case in York County where someone was dying of a heroin overdose and the people with him threw him in a snowbank and let him die in a snowbank, because they didn't want to call 9-1-1 because they knew they were going to get charged. So, as a result of the Good Samaritan Act, there are many, many more calls to emergency medical services for people that are overdosing.

The issue, however—and all it is tangentially—I would say well more directly related to that is the use of naloxone and whether or not those two things combined has made a difference. So without taking your potential thunder on another question, the Good Samaritan Act itself, in my opinion, certainly has saved lives without question, because many, many more people call 9-1-1. You can't save or fix dead, and so saving a life is Step 1. So that certainly, in my opinion, has achieved—has helped to achieve that, because York County law enforcement have saved over 400 lives with naloxone in 3 years, so—

Mr. PERRY. Yes. Well, I appreciate your candor and I think the people who care for those lives, family members, friends, or whatever, they are appreciative of the action as well because like you said, at least there is another opportunity to try and get on the straight and narrow and not be afflicted with it, but you lose that opportunity once the person is gone. So I know it is controversial, but you can see the tangible effect for family members and loved ones, and it is important, so—G.T.?

Mr. GLENN THOMPSON. One final question from me just broadly to everyone, we—you know, I am so appreciative of the fact that we have gotten to a point with the—ODIN, the electronic data to be able to take what was overwhelming individual data points and not really benefit from it, and with this new system, it seems like we have moved beyond, you know, perhaps making decisions, tactical decisions, preemptive decisions based on gut instinct, experience, all good things, anecdotal information.

So it was interesting at PaCIC the chance to see the heat maps of—and it was just PSP, obviously, but I was just wondering based on the data we have so far—and I know that that is relatively new, but impressive—any thoughts in terms of what the root causes of some of those more intense areas are? Is it travel corridors, is it—you know, this problem cuts across all socioeconomic classes, obviously all levels of education or lack of education. It seems like it is—doesn't discriminate in terms of how it impacts all kinds of folks. I was just wondering have we been able to begin to identify any of the root causes where we have the—certainly some of the most intensive density of occurrence?

Mr. SUNDAY. I mean, I would say it is supply and demand. In York County, if you look at the drug over—the heroin or opioid-related deaths in York County and you would put a heat map over York County, you would see that about 40 percent are within the city of York itself, which is in the very middle of the county, and then a few other areas, maybe 20 percent here, 15 percent there,

and all of the areas where the majority of the deaths are, are the areas where there is more heroin available. So—and although that sounds like a simplistic answer, very simply, you know, the areas where the most deaths are the areas where the most heroin is.

Mr. GLENN THOMPSON. We started to see—and maybe not yet, but the question is why are more people seeking it there? What is the root cause that causes that behavior? Maybe we are not there yet, but I think with this data that we are using today—we have to get to the root cause of our problem and you know, the why is the decision made to be able to seek that, and once the market—then market forces kick in. The more people seek it, the more the market will provide.

Mr. SUNDAY. You have to kind-of look back in time because, for example, York City, like a lot of other third-class cities in the Commonwealth, have had a similar issue with regard to becoming basically like—and this happened over the last decade where they have become almost like treatment meccas.

Mr. GLENN THOMPSON. Yes.

Mr. SUNDAY. What I mean by that is there are several living homes that have popped up throughout a lot of these third-class cities. So there are over 100 in the city of York, and of those 100—I mean, they are not regulated. That has happened over the last decade, and so people have gone on-line to find a place to go recover. They see York, Pennsylvania. They will come to a home there, and again, they are not regulated. They are located right in the same area where a lot of the drug dealers are, and so it is sort-of a self-fulfilling prophecy because you have people going to get treatment where the drug dealers are, and that in itself has created the catalyst through which those market forces have occurred.

Mr. GLENN THOMPSON. I have watched that evolution. I practice health care in Lycoming County, Williamsport, and that had its roots in, you know, what was—a decision was made to really, as you described, make it be a mecca for treatment. Unfortunately, not all treatment is effective.

Mr. SUNDAY. Exactly.

Mr. GLENN THOMPSON. Yes, and it had a lot of consequences as the decades went on.

Thank you, Chairman. I yield back.

Mr. PERRY. Yes, sir. I am going to get one last one in as well in the interest of time, but you know, each of you have a unique perspective about what maybe some of the whole-of-community and whole-of-Government solutions could be, and it is not going to end overnight, but I just want—you know, from your position, what efforts do you think would be most effective to end this or to seriously curb it? How should such—these efforts be measured, you know, if you have a thought on that? You know, like I said, just kind-of pick your brains a little bit. I mean, you are on the front lines, each of you, from your own perspective, so while things that are important to the DA might be wholly different than yours, you are worried about a huge influx of packages both on the, you know on the—I forget how you characterized those contract carriers as opposed to the mail, but each of you have a different perspective. Can you impart to us what you think would be—because we, you know, whether it is prescribing, whether it is availability, whether

as G.T. says—and I happen to agree with him—whether it is just the addictive—the nature of addictions. If we could solve that, this is just the flavor of the day, right, but if we could solve that—but each of your perspectives I think add to the equation here of a solution, and I would like to just get your final thoughts on that.

Mr. MILLER. Looking at—I really value the work relationship we have with the Allegheny County laboratory. It seems that not only do they help us in our—turning over our—the drug analyses, but also with educating us on what the analogs are that they are finding day to day. Also, they are coordinated across the country to kind of educate us on what they are seeing in different areas of the country and what is popping up that is new.

So you know, I think one aspect of that is continuing that work relationship with them, and another aspect is, you know, regionally we kind-of get together within a month HSI SACs, talk about JFK International mail facility. One key there is that the cases that we work, the information that we glean, intel that we gather needs to go back up there to, for the help of the targeting of these packages, and that is another key that kind of helps them to tie up the flowing into our area. So those are the two key aspects.

Mr. PERRY. Thank you. Ms. Durst.

Ms. DURST. Yes, sir, thank you. So first of all, again, I just wanted to say that CBP appreciates the instrumental support of Congress on the interdict and stop acts. Those things have been absolutely critical. Thank you very much on those. Know that we are going to continue—as you have heard from SAC Miller, we will absolutely continue to work with our partners in the Federal, State, and local arena. We have found that the best way for us to interdict fentanyl and—illicit fentanyl and fentanyl analogs is those three elements of our K-9 assets, our X-ray technology, and the advanced targeting. In those arenas, it really does become very important, as you also heard from SAC Miller, that advanced information we can really do tremendous amounts of law enforcement analysis and study on it prior to the packages arriving at the United States.

What we can also do is upon interdiction, we can then share that information with our law enforcement partners through our National Targeting Center and through these regionally established relationships, such as the Fusion Center here in Pennsylvania, to ensure that law enforcement entities at all levels of government have the information that they need in order to successfully combat this opioid epidemic.

Mr. PERRY. We had a conversation earlier. Tell me again the volume of—by weight or packages that you deal with annually?

Ms. DURST. It is 1.7 million per day approximately. Last year we saw—and those are packages with goods in them. That excludes letter class mail. Last year, we saw 501 million packages with goods.

Mr. PERRY. How many K-9 officers do you have, ma'am?

Ms. DURST. So at the express consignment courier facility in Philadelphia, we receive 3.8 million parcels annually, and we have three K-9 assets at that facility.

Mr. PERRY. So 3.8 million parcels and three K-9 officers, and that has been a sticking point for the Committee and the Depart-

ment of Homeland Security for some time. We feel that they need to have more resources in that regard because they are very effective. So thank you for your testimony.

Mr. District Attorney.

Mr. SUNDAY. First of all, I want to thank you sincerely for coming here and for having this hearing. This is obviously very, very important, and there are just a few final, brief notes here.

The first one is we currently—if you look at this epidemic, we have people who are currently in the throes of addiction. Those individuals who are in the throes of addiction, we have to do everything we can to mitigate the addiction they are going through. All the individuals who have not become addicted, we have to do everything we can to keep that from happening. Both of those parts of this equation are completely contingent, in some ways, on the flow of drugs in our communities.

So with that being said, you know, we local DAs, we are sort-of at the bottom of the valley and everything sort-of comes down into the valley, and we find ways to deal with it to keep our heads above water, you know, to work with everyone we can to come up with ideas and—but for that to ever start to work, the flow down the valley has to slow down. So I would very simply ask you to provide Mr. Miller and Ms. Durst everything they need to do their job to help turn the hose down, for lack of a better term, so that local authorities can even catch their breath to be able to do the things that we should be doing for our communities.

So that is it.

Mr. PERRY. Thank you. I think I got it. I appreciate it.

Mr. Singley.

Mr. SINGLEY. I like what Representative Thompson said at the beginning about this is all hands on deck.

I see a lot of times people put efforts or money into the community or into prevention or treatment or law enforcement, and the fact is we are all together. You know, speaking from a trooper's point of view, we are from the community. We are just people serving people, and you know, we took off 34 million or more dosage units last year. I think that would be preventative. We helped walk people into treatment, you know, and of course if all else fails, you know, we are there to keep law and order and arrest people.

But I think when we concentrate on, you know, we can't arrest our way out of this. Well, we can't prevent our way out of this. It is sort-of—it separates us as opposed to putting us together, and I think we—as we are sitting here and as you are here with us today—and thank you—we need to come together.

Mr. PERRY. We are mindful that the people that are addicted don't—they don't want to be addicted, and you said it well, they've, you know, they got people that are and people that are using that may be, and we got to do all we can to save these from being and those from getting. We appreciate more than you know your input today, and your willingness to leave your posts, so to speak, and come up here and provide the information to us. It is important as policy makers that we are informed.

You know, I—from my standpoint, I learned a lot, but I still have some outstanding questions. I think this dark net thing is something that—and as a parent, I think we have to figure a way to

be informed so we know what kids are doing, and they are getting it somehow, and maybe we are not tech savvy enough to know what it is, but if we care about our kids and we want them to stay alive and stay away from this stuff, then we are going to have to get in the fight on that. So information is powerful, and it is just one of the many things that we—I think personally I got out of today is just more of an awareness of that, and my lack of information on it. So I have to do a better job myself with that.

In any case, in the interest of time, the Chair thanks the witnesses for their valuable testimony and the Members for their questions. Members may have some additional questions for the witnesses, and we will ask that witnesses respond to those in writing, if you should get any questions from us that we lacked—failed to get to you today.

Pursuant to Committee Rule VII(D), the hearing record will remain open for 10 days, and without objection, this committee stands adjourned.

[Whereupon, at 1:55 p.m., the subcommittee was adjourned.]

