

**THE FENTANYL CRISIS IN AMERICA:
INACTION IS NO LONGER AN OPTION**

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIME AND FEDERAL
GOVERNMENT SURVEILLANCE

OF THE

COMMITTEE ON THE JUDICIARY
U.S. HOUSE OF REPRESENTATIVES

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THE FENTANYL CRISIS IN AMERICA: INACTION IS NO LONGER AN OPTION

Wednesday, March 1, 2023

HOUSE OF REPRESENTATIVES

SUBCOMMITTEE ON CRIME AND FEDERAL GOVERNMENT
SURVEILLANCE

COMMITTEE ON THE JUDICIARY
Washington, DC

The Subcommittee met, pursuant to notice, at 9 a.m., in Room 2141, Rayburn House Office Building, Hon. Andy Biggs [Chair of the Subcommittee] presiding.

Members present: Representatives Biggs, Gaetz, Tiffany, Nehls, Moore, Kiley, Lee of Florida, Fry, Lee of Texas, McBath, Dean, Bush, Cohen, and Cicilline.

Mr. BIGGS. [Presiding.] The Subcommittee will come to order.

We have asked Congressman Barry Moore of Alabama to lead us in the Pledge of Allegiance.

ALL. I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one Nation, under God, indivisible, with liberty and justice for all.

Mr. BIGGS. Thank you, Representative Moore.

Without objection, the Chair is authorized to declare a recess at any time.

Everyone, we welcome you to today's hearing on the fentanyl crisis in America.

I will now recognize myself for an opening statement.

I thank the Members and witnesses for coming today.

As you know, this is the first hearing of this Subcommittee this Congress, and I welcome our new and returning Members.

The business before us today is this hearing which is entitled, "The Fentanyl Crisis in America: Inaction is No Longer an Option." I hope my colleagues will agree that inaction is truly no longer an option concerning this crisis.

The first wave of opioid deaths began in the late 1990's with an increase in overdose deaths involving prescription opioids. The second wave began in 2010 with a noticeable rise in overdose deaths involving heroin. The third, most recent, and deadliest wave began in 2013 with a sharp increase in overdose deaths involving synthetic opioids, particularly illicitly manufactured fentanyl, and related substances. Just two milligrams of fentanyl, the amount that fits on the tip of a pencil, is considered a potentially lethal dose.

As a Committee, we began looking at this crisis years ago. We have heard from too many parents who have tragically lost their children to this poison. Between 1999 and 2020, approximately 564,000 people died from overdoses involving an opioid prescription or illicit. In 2021, however, overdose deaths surpassed 100,000, with 67 percent of those deaths involving fentanyl. Let that sink in. It took 20 years to record a total of 564,000 opioid overdose deaths, and in just one year, we saw over 100,000 opioid overdose deaths.

You will hear today how communities across this country are suffering from this poison. During the last four years, while we have seen these overdose deaths rise, our colleagues across the aisle have been presented with opportunities to permanently schedule fentanyl-related substances in a bipartisan manner. Instead, they have punted the problem by temporarily scheduling fentanyl-related substances. It is long past time for Congress to permanently schedule fentanyl analogs and other related substances.

Unfortunately, my home State of Arizona has become the entry point for much of the illicit fentanyl entering our country. Over half of the fentanyl pills seized by the DEA last year were seized in Arizona.

Two weeks ago, law enforcement seized enough fentanyl to kill nearly 800,000 people.

If we can roll that video?

[Video.]

This was seized in the Tempe suburb of the Phoenix metro area. This was found in just one pickup truck.

An individual traveling nearly 150 miles from the border was involved in a single vehicle accident, an auto accident, not a drug bust. When law enforcement arrived, they found 286 pounds, 1.3 million pills, of fentanyl.

Just this week, another 232 pounds of fentanyl worth \$3 million was seized by San Diego Border Patrol from a car in San Clemente, California—75 miles from the border—most of which were pills.

I commend that these drugs were seized, but this just makes me more concerned about how many more of these hundreds-of-pounds hauls we never identify that reach their point of distribution—the point where it can enter American towns, often through the mail via sales that occur on social media.

Now, I know our Democrat friends want us to believe that farcical notion that all the fentanyl crossing our borders is coming in through our ports of entry. They have said as much in recent hearings. They want you to believe that we are doing a good job detecting and seizing it before it can enter the country and destroy and take American lives. That is simply not true.

I remind them that it is the fentanyl that is actually seized that is found at legal border-crossing points or interior checkpoints. That does not account for fentanyl that is not seized. In fact, in talking to CBP and other DEA officials, I have been told that the actual amount seized is estimated to be somewhere between 10–15 percent of the overall amount of fentanyl that is being introduced into the United States.

If we are being honest, it is the fentanyl that is not seized, obviously, that is killing and endangering our children and other mem-

bers of our society. To ignore the smuggling that occurs between our ports of entry is simply irresponsible and dangerous.

Just last month, Chief Patrol Agent John Modlin of the Tucson sector testified that, quote,

Last year, we seized about 700 pounds of fentanyl. To give you an idea, that's enough to kill everyone in Arizona 21 times or half the population of the United States.

Fifty-two percent of that was encountered, so the majority of that was encountered in the field, predominantly being backpacked across the border. I'm going to emphasize that: Fifty-two percent came across being backpacked across at the border. The other 48 percent was caught at the administrative check point.

Will you roll the other tape, please?

The video you are about to see takes place in Arivaca, just a few miles off Nogales, about 70 miles as the crow flies southwest of Tucson—nowhere near a port of entry, you can see. This is ranchland.

[Video.]

Those backpacks are not because they are going to go camping in the desert. They are bringing in illicit drugs.

According to CBP statistics, December was the worst month in our Nation's history for illegal migration, as measured by encounters of people, and a huge percentage of the drugs apprehended that month were between the ports of entry.

When we talk about being between the ports of entry, we refer to drugs not found at a port of entry. In fact, nearly 9,000 pounds of drugs, or 44 percent of that month's seizures, were found between the ports of entry—contrary to what you hear from our colleagues across the aisle.

Jobe Dickinson, president of the Border Security Alliance, hit the nail on the head when he said that the cartels have, quote,

... developed a multi-pronged approach as to how to smuggle illegal drugs into this country. They don't just use one avenue, such as the ports of entry. They also use established smuggling routes and remote parts of the borders to get more drugs across.

Cartels are smart enough to avoid sending their inventory through our X-ray and drug-sniffing dogs at the border. They walk it through the gaping, unguarded holes in our border. The No. 1 sector for opioid smuggling is the Tucson sector.

Combating this poison and those who smuggle, manufacture, and sell it should be a bipartisan issue. We need to act together to stop this scourge.

I recognize in our audience today, Mr. Donald Holman. He previously testified on this topic more than three years ago. Tragically, like the Rachwals and too many parents across America, he and his family have been forever impacted by this crisis. Mr. Holman lost his son Garrett in 2017 after he took a synthetic opioid delivered through the mail. Since then, Mr. Holman has courageously been a tireless advocate to keep these dangerous drugs out of our communities.

I ask unanimous consent to enter a statement from Mr. Holman into the record, and I thank him for his presence here today.

Entered into the record.

Mr. BIGGS. At this point, I now recognize the Ranking Member, the gentlewoman from Texas, Ms. Jackson Lee, for her opening statement.

Ms. JACKSON LEE. Good morning, Mr. Chair, and good morning to my colleagues.

This is a very important moment, a very serious moment, and a moment of reasoned bipartisan to fight the scourge of fentanyl.

Let me, as I begin, take this opportunity at the outset to express my condolences, Ms. Rachwal, for the tragic loss of your son Logan. Thank you for courage of being here. It is not easy for a mother to speak of the loss of her son.

It is not the same thing, but I spent time with the mothers in Uvalde, and it is simply painful. So, your presence here today is a stark reminder, as I said as I walked into this room, that we must be determined to fight the scourge of fentanyl. We must break the cycle as well of drug addiction, and we must stop the loss of life from this deadly and terrible plague. Thank you for your presence here today.

We must also, as we go forward in this illicit fentanyl, work with our families, work with the Nation, on drug demands fueled by addiction. We must require the Federal Government to acknowledge the lessons that they have previously learned, and they must embrace and work bipartisan and include and embrace inclusive strategies that involve aggressive interdiction and community-based treatment. We should not leave families alone. They must have support.

The unprecedented COVID-19 pandemic contributed to the rise in fentanyl-related overdoses beginning in 2019, as treatment, recovery, and prevention services were interrupted and schools, jobs, and mental health support halted, especially for those suffering from substance abuse disorders.

While the previous administration was focused on China and building a wall on the southern border, fentanyl came in through the front door and exploded in this country. It is recognizable that China has a major involvement with fentanyl, communicating with Mexico. That is, of course, a response that we have to deal with as it relates to that interaction.

In 2021, fentanyl was linked to more than 1,600 fatal overdoses in Texas, with African Americans becoming the face of a second national wave of fentanyl-related overdoses. Around the country, many faces were the faces of fentanyl overdoses.

Newly released data shows a heightened rate of overdoses in our minority communities, especially among seniors, disproportionately affected by fentanyl addiction, despite an overall decline of overdose rates.

Far from the inaction, as they hearing title implies, the Biden Administration and Congress have both taken decisive steps to address the scourge of fentanyl. To disrupt the supply chain of fentanyl, Democrats passed the Fiscal Year 2023 omnibus spending package, which included \$60 million to hire 125 additional CBP officers and support personnel at ports of entry and \$70 million to strengthen nonintrusive inspection systems to scan vehicles.

I have just come back from the border, and talking to our very fine officers, they are working without ceasing. They are going

more than the extra mile. We need to give them the resources they need to be the Superman, Batman, and Mighty Man at the border, to be able to assure that fentanyl has a stop sign before it comes into this country.

This investment in interdiction resources is critical because the fentanyl supply chain crosses an ocean and several international borders, as I have said. China, and increasingly, India, export most of the chemical precursors to Mexico that are used in the early stages of fentanyl production, where Mexican cartels produce illicit fentanyl products for smuggling to the United States.

That is why the Biden Administration is working with the Mexican government through several initiatives and redoubling diplomatic efforts to engage China to interrupt the deadly supply chain.

Contrary to some expressed opinion, the Mexican cartels primarily use U.S. citizens to drive vehicles and trucks filled with hard-to-detect packages of synthesized fentanyl through lawful ports of entry, while couriers carry and send packages through the U.S. mail and private carriers. We have got to stomp that out.

There is one major danger posed by the illicit supply of fentanyl that is particularly troubling: Production of fake or counterfeit pills which have been found in every State and hold an often deadly secret. It has to be a collective effort.

Last year, DEA agents said four out of every 10 pills on Houston's streets were laced with fentanyl, leading users, including teenagers, to die without knowing what they took. That is why I intend to introduce a bill that will provide grant funding for teachers and other schools to have the necessary adverse drugs that help and other overdose reversal drugs on hand and receive training to administer them properly. My bill will also provide enhanced penalties that do not include mandatory minimums for online sales for the manufacturers of fake pills if death or serious bodily injury occurs.

To educate the public, particularly young people and their parents, the Biden Administration launched the One Pill Can Kill public awareness campaign to raise awareness of the dangers of fake prescription pills laced with fentanyl.

Because the cartels mass produce fake pills to resemble other Schedule II prescription opioids, such as OxyContin and Percocet; depressants such as Xanax, or stimulants like Adderall. Even careful users of illegal drugs can be drawn into the web of the fentanyl trade with deadly consequences.

The hard truth is that we can only temporarily disrupt the supply of illicit fentanyl temporarily before another cartel trafficking method or analog moves in to take over the market that addiction creates. There is scientific basis to this. We are well aware of this chain of events.

We can disrupt the flow, but we must also reduce the demand. For far too long, our country has chosen the wrong approach in fighting drug abuse alone. We have left parents and families and communities alone.

Criminalizing addiction, when people need treatment, is a difficult and challenging pathway, and it impacts all our communities—young and communities of color. That is why in the last Congress we passed the Rural Opioid Abuse Prevention Act, which

several Republicans who sit on this very Subcommittee voted against. That legislation provided funding to rural communities to combat the fentanyl crisis that they were facing, in addition to \$104 million in grants and assistance the Biden Administration allocated to a Rural Communities Opioid Response Program. I can assure you that those rural communities welcomed this help that they had not gotten before.

It is important to stress that we must not make the same mistakes with fentanyl and the now related substances of the synthetic opioids that we have seen happen before and have not gotten the job done. We have got to get the job done. We cannot have mothers coming to tell us the story of their beloved and beautiful child.

As we learned through the crack epidemic of the 1980's, followed by amphetamine in the 1990's, and prescription drugs, and back to heroin once again, we cannot incarcerate our way out of this, out of the scourge of fentanyl and synthetic opioids.

I am concerned that banning the entire class of fentanyl-related substances without safeguards significantly may impact what we have to do in research and finding a way to stop this addiction.

I am really opposed to the expansion of mandatory minimums—penalties that prevent judges from considering the unique facts and circumstances of that addicted person who comes before them. According to the most recent statistics from the U.S. Sentencing Commission, there are already significant racial disparities in the prosecution of fentanyl trafficking cases for people of color, comprising more than 78 percent of those sentenced in 2021. The same is true for Federal convictions involving fentanyl analogs, of which 86 percent of those people were people of color. We must also be reminded that people who are young are the victims, and we must save them because they must have a future.

Of those prosecuted for fentanyl trafficking, less than five percent received a guideline increase for a leadership or supervisory role, and less than 10 percent of those prosecuted for fentanyl analog trafficking received a leadership or supervisory increase.

There is no doubt that we are currently experiencing a crisis, but it is a crisis that Congress and the Biden Administration have responded to with urgency and clear eyes. I would certainly like to emphasize that we should do so on this Committee.

Just a statistic: In the past year, CBP seized over 260,000 pounds of illicit drugs at the border, including more than 13,000 pounds of fentanyl. In December 2022, as we passed the fiscal year, as reported, we did \$60 million and supported another \$70 million to strengthen nonintrusive inspection systems that scan vehicles and cargo to disrupt the flow of drugs.

We are working intensely. Of course, the Customs and Border Protection data shows that, since fiscal 2020, more than 90 percent of fentanyl, heroin, and amphetamine seizures occurred at U.S. ports of entry, with almost 97 percent of all fentanyl seizures happening at ports of entry this fiscal year.

We are working to stop the death. In 2021, U.S. citizens accounted for 86.3 percent of fentanyl trafficking convictions compared to just 8.9 percent of undocumented migrants.

Let's get the facts to save lives. Therefore, let's work together.

I look forward to hearing from our witnesses today, and I hope to have an earnest discussion about solutions to reduce the supply of fentanyl and combat and prevent addiction and overdoses. We must save lives.

I yield back.

Mr. BIGGS. The gentlelady yields back.

Without objection, all other opening statements will be included in the record.

Oh, I'm sorry. I'm sorry, Mr. Chair—Mr. Ranking Member. Mr. Nadler, the former “Mr. Chair,” I now recognize you for your opening statement.

Mr. NADLER. Thank you, Mr. Chair.

Mr. Chair, according to the Centers for Disease Control and Prevention, over 100,000 Americans are dying of drug overdoses each year. Most of these deaths are from fentanyl.

The seriousness of the fentanyl crisis cannot be denied. That is why Democrats have been working on solutions to address fentanyl trafficking, addiction, and overdose since it emerged as a threat to our communities.

Last Congress, under a Democratic majority, we passed multiple bills to address the opioid epidemic. We passed the Rural Opioid Abuse Prevention Act, which expanded grant eligibility to fund pilot programs in rural that focus on reducing overdose deaths.

We passed the bipartisan FENTANYL Results Act, which authorizes two State Department program that combat global drug trafficking.

As part of the Consolidated Appropriations Act, we enacted two bills that make it easier for providers to offer addiction treatments that combine medication with other services.

We passed the Infrastructure Investment and Jobs Act, which included \$430 million to modernize our ports of entry and help improve CBP's ability to detect illicit drugs.

Much of these legislations were bipartisan, but the Republicans on this Subcommittee seem to have forgotten that work, and some of them actively opposed it. They titled this hearing, “The Fentanyl Crisis in America: Inaction is No Longer an Option.” Republicans suggest that there has been no action to address this crisis, but they could not be more wrong.

There has been action in Congress and by the Biden Administration. Some Republicans would prefer different actions. Some Republicans want to incarcerate our way out of this problem, but we know from past experience that this simply does not work.

Drug prosecutions generally catch low-level dealers, but very rarely reach the leaders of trafficking organizations. Since cartel leaders can often recruit new dealers, more arrests and longer sentences for low-level dealers does not stop the flow of drugs into our communities.

Other Republicans say tough immigration policies and a border wall will stop fentanyl, but the facts are not on their side. While it is true that a great deal of fentanyl comes into the United States from Mexico, it is overwhelmingly U.S. citizens, not migrants, who are bringing it in.

Fentanyl is not carried across the border in the middle of the desert generally. It is driven in commercial trucks and passenger

vehicles passing through legal ports of entry. That's why Democrats have supported investments in more law enforcement tools to detect illicit drugs.

The fentanyl crisis cannot be used as another justification for mass incarceration or an excuse for harsh immigration policies that do nothing to prevent addiction. While fentanyl is especially deadly, addiction and overdose are not new. We must learn from the failures of our past to treat the fentanyl crisis not as a crime problem, but as a public health problem. We must get to the root causes of addiction and substance abuse, or we will end the war on fentanyl, only to have a war on the next, even deadlier drug.

We have begun to better understand the nature of addiction, and the public health approach is beginning to take hold. We have shifted the focus from how we lock more people up to how do we save more lives. This shift has led us to get overdose prevention drugs, like naloxone or Narcan, to more first responders, to more community members. These drugs are saving hundreds of thousands of lives.

We are also making sure that those who do come into the criminal justice system because of their addiction receive appropriate treatment, whether through diversion programs that help people rejoin the community without incarceration or through treatment while incarcerated.

These programs are not just about helping individuals suffering from addiction. They improve our communities because those who receive treatment are less likely to commit crime and more likely to find employment.

Fentanyl continues to be a crisis, but it is a crisis that Members of both parties are working to address. Today, I hope we can explore more actions that we might take together to prevent addiction and get to the root causes of drug abuse. I welcome my colleagues' concern about this issue, and I hope they are sincere in their interest in joining this effort.

Thank you, Mr. Chair, and I yield back the balance of my time.
Mr. BIGGS. Thank you, Ranking Member Nadler.

Without objection all other opening statements will be included in the record.

Mr. BIGGS. We will now introduce today's witnesses.

Today, we will first hear from Dr. Tim Westlake, who is an emergency room physician, the immediate past Chair of the Wisconsin Medical Examining Board, a former member of the Wisconsin Controlled Substance Board, and former member of the Governor's Task Force on Opioid Abuse.

Thank you for being here, Dr. Westlake.

After Dr. Westlake, we will hear from Ms. Erin Rachwal, who, tragically, lost her son Logan to fentanyl poisoning on Valentine's Day 2021. Since then, she and her family have founded the Love Logan Foundation, which seeks to raise awareness and educate on drug addiction and mental health.

We appreciate you and your husband being here today. Thank you for coming.

We will, then, hear from Dr. Jeffrey Singer, who is a senior fellow at the CATO Institute, president emeritus and founder of Valley Surgical Clinics, Ltd., the largest and oldest group private sur-

gical practice in Arizona, who has been in private practice as a general surgeon for more than 35 years.

Then, he will be followed by Mr. Derek Maltz, a former Special Agent in Charge at the DEA, the Drug Enforcement Administration. He is a national security and public safety expert who retired from the DEA after 28 years of service, including 10 years overseeing the Department of Justice Special Operations Division. He also previously served as chief of the New York Drug Enforcement Task Force.

We welcome all our witnesses here today. We thank you for appearing.

We will begin now by swearing you in; if each of you would please rise and raise your right hand.

Do each of you swear or affirm, under penalty of perjury, that the testimony you are about to give is true and correct to the best of your knowledge, information, and belief, so help you God?

The record will reflect the witnesses answered in the affirmative.

Thank you. You may be seated.

Please know that your written testimony will be entered into the record in its entirety. Accordingly, we ask that you summarize your testimony in five minutes.

The microphones in front of you have a clock and a series of lights on them. When the lights turn yellow, you should begin to conclude your statement. When the light turns red, your time has expired.

If you hear me tap just a little bit, that means you are getting close, and we want to respect your statement and your time, but we do also want to make sure that we stay within that five minutes, if possible.

Our first witness will be Dr. Tim Westlake.

Dr. Westlake?

STATEMENT OF DR. TIMOTHY WESTLAKE

Dr. WESTLAKE. Chair Biggs, distinguished Members of the Subcommittee, thank you for inviting me to testify and for your leadership.

Let me start by clarifying what fentanyl-related substances are and why scheduling them as a class is a critical policy tool.

Fentanyl-related substances, or FRSs, are highly active opioids almost identical to fentanyl, except for a tiny difference in their chemical structure created by changing a single chemical ingredient during synthesis in Chinese labs. The result of this tweak is a new, potent opioid with the same deadly effects as fentanyl and, without FRS class scheduling, would be legal, until causing numerous deaths, raising them on the radar to be scheduled reactively by DEA.

Strong FRS scheduling penalties will not stop users from using or traffickers from trafficking. The only thing it does is stop chemical companies from legally producing them, which has, in fact, halted the very existence of new FRSs.

For me, an emergency physician, telling parents, tragically, on more than one occasion, even friends, that their child will never come home is the worst part of my job. Inspiration for FRS class

scheduling reform arose out of the tragedy of my friend Lauri Badura's son Archie.

Archie was an altar server with my daughters. It started with prescription opioids, then snorting heroin, and unknowingly, fentanyl. I resuscitated Archie on his second-to-last overdose. At that time, I pulled out a body bag, laid it down next to him, and warned him that that is where he would end up if he didn't accept help. He stayed clean for six months, until illicit fentanyl ended his life. One of the last things my friend Lauri saw of her son Archie was him being zipped up into a body bag.

Motivated to act by hundreds of such deaths, FRS scheduling legislation which is proactive and not reactive, as had previously been the case, came together quickly and was enacted with a unanimous vote in the Wisconsin State Legislature in 2017. Almost immediately, DEA adopted it as national policy, but only temporarily.

Before that, scheduling new fentanyls was like a lethal game of Whac-A-Mole. We literally had to wait for people to die before action could be taken.

So, why isn't the Wisconsin law permanent Federal law yet? Some who oppose point to the recent spike in deaths from illicit fentanyl as proof that it doesn't work. In reality, this is a misunderstanding and confabulation of the facts.

FRS scheduling does not address illicit fentanyl. It was never designed to do so. Rather, it removed the incentive for legal Chinese chemical companies to create new FRSs; thus, stopping them from ever existing in the first place.

There is no quick and easy solution to the scourge of illicit fentanyl. The solution to FRSs is a simple legislative fix. At its core, it is not an extension of the war on drugs, or a law enforcement tool designed to put criminals in jail. There has been a total of eight Federal prosecutions under the language, half of whom already had known ties to drug cartels.

However, if Schedule I penalties were removed for FRS trafficking, then it would reincentivize their creation and significantly weaken the law's most powerful, proactive, and preventative effects. It truly is the ultimate form of overdose prevention and harm reduction.

To be clear, there has never been a prosecution for a non-bioactive FRS. Why is this? It's because there are no non-bioactive FRSs. All fentanyl-related substances encountered and researched to date have been found to have potent opioid activity. One of them that was recently investigated is 7,000 times more potent than morphine.

It is interesting to note that the major groups opposing scheduling are, in fact, mainly criminal justice reform and drug-legalization-based activist organizations. There is a time and a place for criminal justice reform, but FRS scheduling is neither.

Concerns raised about negative impact on research are purely theoretical and have already been addressed by discussions with stakeholders. These proposed research accommodations that have been signed off on are supported by the very agencies and organizations representing academic scientific research in the U.S., including the National Institutes of Drug Abuse, the National Institutes of Health, the Department of Health and Human Services,

and the FDA. These agreed-upon accommodations would significantly loosen researchers' directions into studying all Schedule I substances, not just FRSs, and open promising areas of substance abuse research.

In conclusion, for five years now, FRS class scheduling has been Federal policy, albeit temporary. I could not be more pleased about that and the big impact my small ideas had. According to NFLIS, the National Forensic Laboratory Information System, in a matter of a few short years, the creation and distribution of new FRSs from China has ground to a halt. For comparison, in New York City alone in 2016–2017, there were 900 deaths from FRS poisons. In the devastating battle we are in against the scourge of fentanyl, the elimination of related substances that had previously escaped our scheduling and made their way to devastated communities across the Nation is surely one bright spot.

Fentanyls are so toxic and lethal that they can be classified and actually have been used as chemical weapons. The lethal dose is merely two milligrams, which is the equivalent of five grains of sand. This means that one teaspoon can kill 2,000 people. That is the amount that's in this packet of sugar. This is why our kids are dying. Imagine trying to have a lab in a basement or in a garage to mix this into 4,000 doses and have it been effective.

FRS schedule reform is only temporary until Congress takes action to make it permanent. It's imperative we work together to deploy every successful harm-reduction tool in our arsenal. I urge you to permanently close the spigot of FRSs. The fact is you can't die from ingesting something that wasn't created—

Mr. BIGGS. Dr. Westlake, thank you.

Dr. WESTLAKE. —nor can you be incarcerated for trafficking something that does not exist. That is the beauty and simplicity of FRS scheduling.

Thank you for your time, and I look forward to answering questions.

[The prepared statement of Dr. Westlake follows:]

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STATEMENT

OF

TIMOTHY W. WESTLAKE, M.D., FFSMB, FACEP

FORMER WISCONSIN MEDICAL EXAMINING BOARD CHAIRMAN

FORMER WISCONSIN CONTROLLED SUBSTANCES BOARD MEMBER

BEFORE THE

COMMITTEE ON THE JUDICIARY

SUBCOMMITTEE ON CRIME AND FEDERAL GOVERNMENT

SURVEILLANCE

U.S. HOUSE OF REPRESENTATIVES

THE FENTANYL CRISIS IN AMERICA: INACTION IS NO LONGER AN
OPTION

MARCH 1, 2023

RELEASE UPON DELIVERY

Dear Members,

Thank you for the opportunity to testify at this hearing and contribute to the discussion on this topic.

THE ISSUE

What Congress Can Do

As Congress grapples with how best to address opioid poisoning deaths, it should start by making permanent a proven strategy to eliminate the creation and supply of all new deadly fentanyl related substances (FRSs) by passing the SOFA Act or HALT Fentanyl Act. After FRS Class Scheduling was enacted in Wisconsin in 2017, the U.S. Drug Enforcement Administration enacted temporary FRS class scheduling federally in 2018, authorization of which has been extended multiple times since (including 6 times by the current administration, the most recent being a 2-year extension passed in the omnibus). In short, these efforts have resulted in shutting down the creation and flow and very existence of new fentanyl related substances into the U.S. It's why Congress must act to finally make permanent this temporary policy. **The fact is, no one can die from ingesting something never created or be incarcerated for trafficking something that does not exist.**

Background on Fentanyl Class Scheduling Legislation

By design, FRS class scheduling is preventative, not punitive. As the primary architect of current FRS class scheduling policy, my goal was to stop the creation and spread of deadly new fentanyl related substances from transnational drug trafficking organizations. It was not to incarcerate people with substance use disorder.

I am a full-time emergency physician and recent part-time medical regulator in Wisconsin. I provide medical direction for a statewide peer-to-peer recovery program that provides naloxone training and I also prescribe medication-assisted treatment when needed. I'm the immediate past Chairman of the Wisconsin Medical Examining Board and a former member of the Wisconsin Controlled Substances Board (responsible for controlled substance scheduling at the state level) and was architect of the State of Wisconsin prescription opioid reform strategy. Since 2016, I have testified four times before the US House of Representatives and Senate in hearings focused on opioid reforms.

As well, I have been on the front lines in the opioid battle for more than 30 years. One of the most heartbreaking aspects of my job is to inform parents and other family members that their loved one is never coming home due to an opioid poisoning. Inspiration for the fentanyl class scheduling reform arose out of the tragedy of my friend Lauri Badura, whose son Archie died of an overdose. Archie was an altar server with my daughters. He got hooked on prescription medicine and then snorting heroin. I was able to resuscitate Archie on his second to last overdose. On that occasion, I showed him a body bag and warned he would end up in it if he didn't accept help. He attended rehab and stayed clean for six months. Sadly, fentanyl caught up with him once more. One of the last memories my friend Lauri has of her son Archie is his lifeless body being zipped up into a body bag.

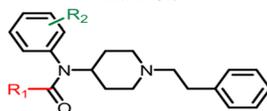
At the time I originated FRS class scheduling legislation over six years ago, doctors and other health care professionals -- in Wisconsin alone -- were battling more than nine nearly identical fentanyl variants. While each was responsible for dozens or more poisoning deaths in our state and across the U.S., they were still considered "legal" substances, having not yet been scheduled federally by the DEA or at the state level by the Controlled Substance Board (CSB). In Wisconsin, when deaths result from new novel substances, the CSB can use its emergency scheduling authority. It was like a lethal game of "Whack a

Mole". We literally had to wait for the body count to pile up before we could find and schedule new fentanyl variants individually.

I knew something had to change, thus my idea to selectively schedule likely bioactive fentanyls as a class and remove the incentive foreign transnational drug trafficking organizations and chemical/ drug manufacturers had in modifying the fentanyl molecule. Knowing these entities could simply add or delete one minor chemical group and stay ahead of U.S. scheduling, my calculus was simple: stop the drugs at their source. If we could get it done in Wisconsin, we could then scale it nationally and impact global production, with the end game of stopping it in China and elsewhere where these lethal fentanyl variants have largely been manufactured.

Working with the DEA, FRS class scheduling language was created. In part, the Stopping Overdoses of Fentanyl Analogues (SOFA) Act, or Wisconsin Act 60, which passed unanimously in the state legislature, memorialized Archie Badura. It was named after the Saving Others For Archie organization (SOFA) that his mom Lauri created after his death to help other families in crisis. State Senate Leader, now Wisconsin Congressman Scott Fitzgerald (R-WI), shepherded the bill through the state process. It was signed into law on November 9, 2017. Within its first week on the books, the DEA published its intent to use emergency scheduling powers to temporarily schedule FRSs as a class federally. This took effect February 2018. The results have been incontrovertible: the creation of new fentanyl related substances has ground to a halt internationally.

Table 1. Examples of recent structural modifications to fentanyl observed on the illicit market.



Substance	R ₁	R ₂
fentanyl ¹⁴	-CH ₂ CH ₃	H
acetyl fentanyl	-CH ₃	H
butyryl fentanyl	-CH ₂ CH ₂ CH ₃	H
furanyl fentanyl	-furan-2-yl	H
4-fluoroisobutyryl fentanyl	-CH(CH ₃) ₂	<i>para</i> -F
acryl fentanyl	-CH=CH ₂	H
<i>ortho</i> -fluorofentanyl	-CH ₂ CH ₃	<i>ortho</i> -F
tetrahydrofuranyl fentanyl	-tetrahydrofuran-2-yl	H
methoxyacetyl fentanyl	-CH ₂ OCH ₃	H
cyclopropyl fentanyl	-cyclopropyl	H
valeryl fentanyl	-CH ₂ CH ₂ CH ₂ CH ₃	H
isobutyryl fentanyl	-CH(CH ₃) ₂	H
<i>para</i> -chloroisobutyryl fentanyl	-CH(CH ₃) ₂	<i>para</i> -Cl
<i>para</i> -methoxybutyryl fentanyl	-CH ₂ CH ₂ CH ₃	<i>para</i> -OCH ₃
cyclopentyl fentanyl	-cyclopentyl	H
ocfentanil	-CH ₂ OCH ₃	<i>ortho</i> -F
<i>para</i> -fluorobutyryl fentanyl	-CH ₂ CH ₂ CH ₃	<i>para</i> -F

To date, DEA has found 36 new FRSs found to have caused thousands of poisoning deaths in multiple states across the country. Since 2018, 12 new fentanyl related substances were found and with significantly fewer deaths attributed; it is suspected that many of these new FRSs may have already been in development prior to the temporary scheduling. The NFLIS (National Forensic Lab Information System) data show 7,058 encounters for FRSs in 2016-2017, and a decrease in 2018-19 to 758 encounters [a 90% decrease], and of these, the vast majority were for previously scheduled FRSs. Most importantly, the fentanyl/FRS flow from China has ground to a halt, and reports to NFLIS of overdose deaths related to new fentanyl-related substances have essentially ceased.

CONCERNS RAISED AND CONSIDERED

Increased Incarceration?

The goal of fentanyl class scheduling is singularly laser focused: to remove the incentive for the creation and therefore halt development of deadly fentanyl poisons at their origin, namely, in drug labs overseas. Those opposed to fentanyl class scheduling initially suggested there would be a large increase in societal costs due to increased incarceration of people suffering from substance use disorder, but that has not proven to be the case. According to a 2021 GAO report, in the three years since FRS class scheduling was placed into regulation, there have been exactly eight prosecutions in the U.S. using the temporary scheduling language and half of these defendants had known ties to transnational criminal organizations. **It is important to note that removing the schedule I penalties for FRSs would actually incentivize their creation and significantly weaken the law's most powerful proactive and preventative effects.**

Opposition also mischaracterizes FRS scheduling as a partisan matter at the federal level given the years in which the policy has taken hold. I beg to differ. I have talked with federal and state policymakers across the political spectrum who care deeply about this issue and are determined to do what they can to help fix it. Plain and simple, by halting the creation and existence of new fentanyl variants, there has been significantly less availability and supply, causing a reduction in harm, overdose deaths and incarceration.

This underscores the primary strategy of overdose prevention and harm reduction. When considering societal effects, we must also consider the impact on mortality rates. In New York City alone, in 2016 and 2017, there were over 900 deaths from FRSs. Since 2018, FRS related deaths in the US have been almost nonexistent. As such, those who have opposed this policy because of concerns related to incarceration, now suggest it is unnecessary because of the low number of prosecutions. Their pivot proves the policy is working. We have already witnessed the positive societal impacts of the fentanyl class scheduling including that thousands more Americans are alive today who would otherwise not be had new fentanyl related substances been created and trafficked in the U.S. Not only are people with opioid use disorder not being incarcerated as a result of FRS scheduling, they are alive today, in part, because of this policy.

Other false claims used by opponents of FRS class scheduling include that deaths and incarcerations due to fentanyl and FRSs have sharply increased in recent years. As mentioned previously, deaths and incarcerations from new FRSs have ground to a halt. Increases are due to illicit fentanyl which FRS scheduling is not designed to stop. Rather, it is to prevent overdoses at the hands of new FRSs by removing the incentive for their creation and distribution at foreign points of origin. **FRS class scheduling is the ultimate form of harm reduction and overdose prevention: you can't die from ingesting something never created, nor can you be incarcerated for selling something that doesn't exist.**

Effect on General Research

Concern about not wanting to impede general research was thoughtfully considered, and great care was given to ensure the language would be specific and narrowly crafted. We looked at more than structural similarity when arriving at the definition of fentanyl related substances. Structure-Activity Relationship (SAR) considers the relationship between changes in chemical structure relative to changes in pharmacological activity; it was the basis of the definition to make sure substances meeting this definition have a high probability of retaining opioid-like pharmacological and psychoactive activity. The detailed scheduling language includes specific modifications to only those portions of the fentanyl molecule with documented high likelihood of bioactivity. The language is the equivalent of a surgical scalpel, not a hand grenade.

Concerns raised about the potential negative impact of FRS scheduling on research are **purely theoretical** and have already been addressed by discussions with stakeholders. These proposed research accommodations have been signed off on and are supported by the agencies and organizations representing academic scientific research in the US - including the National Institute of Drug Abuse, the National Institutes of Health, HHS and the FDA. Why would they all support FRS class scheduling if it would harm research? The agreed upon accommodations would significantly loosen research restrictions on all schedule 1 substances (not just FRSs) and open up wide areas of substance abuse research.

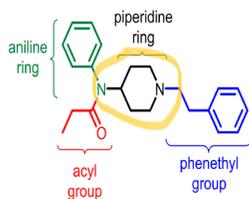
- Those who oppose FRS scheduling point to increased numbers of illicit fentanyl deaths as reason for why FRS scheduling is not working. Some have said that “Temporary scheduling is a failed experiment that hasn’t curbed the devastation of the opioid crisis.” At best, this is disingenuous and a misunderstanding of the issue. In fact, the opposite is true. FRS scheduling has accomplished the one and only thing it is designed to do: stop the creation and very existence of new FRSs and therefore shut down all new FRS related deaths.
- Tragically, poisoning deaths from illicit fentanyl have skyrocketed, but deaths from illicit fentanyl are a separate issue from FRSs and FRS scheduling, and one that could never be impacted by FRS class scheduling. Arguing that FRS class scheduling has not worked because illicit fentanyl deaths have risen is a complete confabulation and misrepresentation of the facts on the effects of FRS scheduling. The correct question should be about what has been the effect on deaths and trafficking arrests from new FRSs, which have ground to a halt, exactly as intended.
- Opponents of permanent FRS scheduling have said that “Temporary scheduling has preemptively criminalized potentially life-saving antidotes to fentanyl overdoses and impeded the medical, research and scientific community’s ability to develop solutions we need to effectively tackle this crisis”, and that “One FRS has been shown to have similar properties to naloxone.” But this is a misrepresentation and is based on one FRS (Mirfentanil) that was studied in the early 1990s that had antagonistic properties at low levels, but agonist effects at high levels and has never passed beyond phase 2 studies. Again, a purely theoretical argument about a theoretically negative effect on research when weighed against the actual death of thousands of Americans from FRSs when they were left to be reactively scheduled individually. The fact is, academic scientific research would actually be significantly advanced if research accommodations similar to the ONDCP proposal in the HALT Fentanyl Act were to be enacted allowing easier access to research on all controlled substances.

Others have held up that FRS scheduling would impede research into new opioid versions of fentanyl. But seriously, is anyone arguing we need a new opioid more powerful than fentanyl?

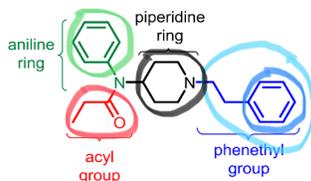
Similarly, some suggest research into new lifesaving treatments such as a FRS reversal agent or medication assisted treatment would be impeded.

- The scientific basis for this argument seems to be based on one line in testimony by Dr. Throckmorton, Deputy Director of the Center for Drug Evaluation and Research at the FDA, at a December 2021 Energy and Commerce Committee hearing, “The Overdose Crisis: Interagency Proposal to Combat Illicit Fentanyl-Related Substances”: “Among the individual FRS for which pharmacological activity has been studied, FDA has identified examples of substances lacking in mu-opioid agonist activity, the presumed pharmacology that would lead to opioid-related harms.”
- While it is true there is a single FRS that is a predominant kappa receptor stimulator at low levels (which are thought to have lower abuse potential and theoretically beneficial antagonistic properties) as cited by Dr. Throckmorton, however at high levels it does stimulate mu receptors which cause euphoria and the respiratory suppression that kills.
- However, when reviewing research into FRSs, every substance studied and classifiable under the FRS class scheduling language has been found to have opioid receptor bioactivity. Almost all are dozens to hundreds and even thousands of times more potent than heroin and morphine. More complete information is forthcoming from federal chemists at DEA conducting FRS research. It is my understanding this research will show that as of August, 2022 the DEA has encountered 36 FRSs and completed preliminary pharmacological investigations on 27 of them, with additional testing ongoing. It was found that all FRSs studied to date bind and activate at least one opioid receptor with varying affinities and efficacies. In short all FRSs are bioactive.
- To date, and over the past 60 years of exhaustive structure-activity relationship studies on fentanyls, research has failed to highlight any activity leading to the development of a fentanyl based antagonist/ reversal agent or medication assisted treatment.
- In contrast, prior to FRS class scheduling, legal FRSs pouring across our borders took the lives of countless Americans.

Fentanyls fall into the 4-anilino-piperidine class (defined by the aniline ring in the 4-position of the piperidine ring). By definition, in order to structurally classify as a fentanyl related substance under the FRS language, the base chemical structure must be that with Nitrogen at the 4-position of the piperidine ring (highlighted in yellow below).



Any chemical without that exact base structure and without any of the specified modifications would not be included in the scheduling. All elements of the basic fentanyl molecular chemical scaffolding must be present. If there are any deletions from the scaffold, the chemical wouldn't be included, and if there are any substitutions not specifically included in the specific language, those chemicals would also not be included in scheduling. FRS Class Scheduling Language: must include one or more of the following-



- (A) By replacement of the phenyl portion of the phenethyl group by any monocycle, whether or not further substituted in or on the monocycle;
- (B) By substitution in or on the phenethyl group with alkyl, alkenyl, alkoxy, hydroxy, halo haloalkyl, amino or nitro groups;
- (C) By substitution in or on the piperidine ring with alkyl, alkenyl, alkoxy, ester, ether, hydroxy, halo, haloalkyl, amino or nitro groups;
- (D) By replacement of the aniline ring with any aromatic monocycle whether or not further substituted in or on the aromatic monocycle and/or
- (E) By replacement of the N-propionyl group by another acyl group.

The targeted language was intentionally designed to capture only the modifications [already well described in the scientific and medical literature] being used by transnational criminal organizations to exploit the legitimate research information on structure activity relationships. By staying one step ahead of the CSA and Analogues Act, they continued the spread of these deadly poisons in the U.S. and internationally. There is an excellent detailed discussion on the chemistry and history of fentanyl and fentanyl related substances in a statement from Michael Van Linn, PhD taken from testimony before the United States Sentencing Commission in December, 2017: <https://www.uscc.gov/sites/default/files/pdf/amendment-process/public-hearings-and-meetings/20171205/Van-Linn.pdf>

Fentanyl was first created in 1960 and has been studied extensively since then. As noted in the Van Linn testimony, many of the new FRSs responsible for recent overdose deaths in the U.S. are well described in the patent and scientific literature, often accompanied by pharmacological data and detailed instructions on synthesis. Essentially, these are precise maps or recipes that guide legal -- as well as illicit -- drug labs and chemical manufacturers in creating new FRSs that are almost certain to be bioactive.

The pathway to synthesize fentanyl and FRSs is relatively straight forward and well-defined, and creation of a new FRS is as simple as plugging in or removing a different chemical at one step or another in the process of synthesis. The path to create new bioactive FRSs is easy straightforward to medicinal chemists and, unfortunately, also illicit chemists.

Reversing Overdoses and Medication Assisted Treatment

Some opposition in the research community suggest FRS class controls would hamper research into possible chemicals that could be used to reverse poisonings or treat opioid use disorder. To date, in over 60 years of extensive research done on fentanyls during which exhaustive structure activity relationship studies have been conducted, registered researchers and published research have failed to highlight any activity in developing a fentanyl based antagonist/ reversal agent or medication assisted treatment.

It should also be noted that the pharmacological and poisoning effects including lethal respiratory depressant effects of fentanyl/FRSs are similar to those of other all other opioid agonists. Naloxone (Narcan) has been shown to be effective in reversing the respiratory depression that leads to death caused by opioids like heroin, as well as semisynthetic and synthetic opioids including fentanyl. In other words, Naloxone is a very effective reversal agent/ antagonist. Deaths do not occur because naloxone doesn't work or isn't strong enough. Rarely it can wear off and if it does, the solution is to give more. Poisoning deaths occur because of the ingestion of lethal doses of highly potent and toxic opioids, and not due to lack of potency or effectiveness of naloxone in reversing opioid toxicity when given in time.

With regard to medicinal treatment of opioid use disorder (medication assisted treatment/ MAT), relapse rates have no correlation with current MAT options. Relapse or drop-out rate of patients is attributed to many factors such as cost, access to doctors/ treaters and/ or lack of behavioral treatments among other factors, and are not related to the specific opioid being abused. Nor have there been discovered or created any fentanyl/FRS based medication assisted treatments. **To recap, not one reversal agent/antagonist or MAT has been found or investigated in the six decades of research done into fentanyls.** All current research is focused on detection, analysis and understanding the harm of these substances. The fentanyl class is not being researched as a possible therapeutic prior or since the DEA emergency control in 2018.

Sufficient Oversight & Collaboration Across Agencies

In the normal sequence of scheduling, DEA reviews and investigates chemical compounds individually, then collaborates with HHS and the FDA in making a final decision in the scheduling process. Concerns about bypassing consultation with HHS and the FDA in this circumstance by which the DEA can schedule certain fentanyl-related substances based on the specific, limited, targeted criteria were thoughtfully considered. As a result, the language was narrowly crafted to only include likely bioactive modifications based on the already well known fentanyl structure activity relationship body of research.

Proactively, and also in response to research concerns raised by the Department of Health and Human Services (HHS) and other stakeholders, DEA has already addressed and significantly simplified the research requirements for FRSs including, for example, requiring a single registration for all chemicals in the fentanyl class instead of separate registrations for each individual substance like it does for all other substances. It is significant to note that the majority of research registrants for the new FRS class were for DEA subcontractor chemical analysis or submitted through the Department of Defense. Ultimately, research is driven by funding and there does not appear to be a current investment in FRS research after 6 decades of studying the class. A final point on this: nearly all development of new fentanyl-related substances has been done overseas [in China mostly] and not by American scientists and researchers.

The following table is a representation of the precise level of lethality [how much is required to kill an average human] of common narcotics and chemical weapons agents. It is almost incomprehensible how small a dose of fentanyl will kill someone: **2mg or approximately the equivalent of 4 grains of sand.**

Lethal Doses of Chemical Warfare Agents and Narcotics

Chemical Agent/Drug	Lethal Dose	Route
Botulinum Toxin	.00007mg	Inhaled/Ingested/Injected
Tetanus Toxin	.0001mg	Inhaled/Ingested/Injected
CARFENTANIL	.02mg	Inhaled/Injected
Tabun Nerve Agent	1-1.5mg	Inhaled/Ingested/Percutaneous
Ricin	1.78mg; 10mg	Inhaled/Injected;Percutaneous
FENTANYL	2mg (approx. equal to 4 grains of ..)	Inhaled/Injected
VX Nerve Agent	2.1mg; 10mg	Inhaled/Injected; Percutaneous
Strychnine	70-140mg	Ingested
HEROIN	70mg	Inhaled/Injected
Cyanide	100-200mg	Ingested
MORPHINE	200mg	Inhaled/Injected
Methamphetamin	200mg	Inhaled/Injected
Cocaine	200mg	Inhaled/Injected
MDMA (Ecstasy)	1000mg	Ingested
THC/Marijuana	4000mg (pure THC)	***Not realistically achievable in humans by all methods of marijuana consumption per the WHO
	One teaspoon of Fentanyl is enough to kill 2,000 people	

Lethality and Potency, as Deadly as Chemical Weapons

The most accurate way to view fentanyl-related substances is as weapons of mass destruction, not as recreational drugs or intoxicants like marijuana, cocaine, and even heroin. In a 2019 paper by John P. Caves, Jr., a Distinguished Research Fellow in the Center for the Study of Weapons of Mass Destruction (CSWMD) at the Institute for National Strategic Studies at the National Defense University, called "Fentanyl as a Chemical Weapon" covers the topic well. <https://www.hsdl.org/?view&did=832803>. Opposition to fentanyl class scheduling has likened it to cocaine legislation in the 1980s and as an extension of the war on drugs, but this perspective fails to account for the chemical weapon-like level of lethality that exists with fentanyl and FRSs.

In September 2018, 52 members (including all 50 states) of the National Association of Attorneys General (NAAG) sent a letter urging Congress to adopt the Wisconsin law on scheduling FRSs. When Congress failed to act, in December 2019 a second unanimous letter from all 56 members of the NAAG was sent urging Congress to adopt FRS class scheduling showcasing the strong bipartisan support for this policy. <https://1li23g1as25g1r8so11ozniw-wpengine.netdna-ssl.com/wp-content/uploads/2020/10/Letter-to-Congress-SOFA-Act-8.23-1.pdf>, <https://1li23g1as25g1r8so11ozniw-wpengine.netdna-ssl.com/wp-content/uploads/2020/10/NAAG-Support-for-FIGHT-Act-Letter.pdf>.

A signatory of both letters included HHS Secretary Xavier Becerra in his capacity as California Attorney General, who actually signed them both. This speaks to the importance of this matter as a critical national public safety measure which is completely non-partisan at its core.

Theoretical Research Concerns

It is interesting to note that the main groups opposing FRS scheduling for reason of theoretical negative effects on research are in fact mainly criminal justice reform and drug legalization based activist organizations. These are the same organizations who initially opposed FRS scheduling due to concerns of theoretical effects of mass incarceration preferentially affecting of people of color. This did not happen. A report by the GAO in 2021 said there were eight prosecutions for drug trafficking in the U.S. in the 3 years FRS scheduling had been temporarily enacted, four of which were known cartel traffickers. As designed, **"No one can die from ingesting something never created or be incarcerated for trafficking something that does not exist."**

Targeted control of specific fentanyl-related substances as a class and not as discrete chemicals is not a minor change to the U.S. Controlled Substance Act (CSA). It has been carefully and thoughtfully crafted and wouldn't even be considered, but for its significant impact already seen in the worst drug epidemic in the modern era. Annualized deaths caused by illicit fentanyl and known analogues now surpass heroin and are responsible for the overdose/poisoning death spike and lowering of the average life expectancy for Americans for the first time since development of immunizations and antibiotics.

Analogues Act of the CSA is Not Sufficient

Some suggest the Analogues Act of the CSA is sufficient to give DEA and DOJ the power needed to act against fentanyl-related substances. That is simply not accurate. In order to use the Analogues Act, a substance must be proven *substantially similar* to a listed schedule I or II, and also must be proven to be *intended for human consumption*. This is highly problematic because those findings must be adjudicated (and re-adjudicated) in court in each and every case, even when the substance has been proven to be an analogue in a previous case. In addition, the usual threshold to trigger looking at a substance as an analogue is purely reactive when it is found to be killing people, usually many people across multiple states. It is simply not preventative or proactive in any way. If the Analogues Act was sufficient, then the

thousands of Americans killed by FRS poisoning would be alive, and there would have been no need for me to come up with FRS class scheduling in the first place.

Between 2017 and 2018 in **New York City alone** there were over 900 deaths from FRSs. According to the 2019 Florida Medical Examiners Commission Report, deaths in the Sunshine State directly attributable to FRS overdose rose 65 percent in just one year: 965 in 2016 to 1,588 in 2017, that is over 2,500 lives lost in just 2 years from FRSs...in just one state. Untold thousands have already died due to the existence and availability of fentanyl related substances. It's why the former Governor of New York called for fentanyl class scheduling language in NY and why other states and nations including our neighbors to the north in Canada are following Wisconsin's lead. We cannot go back to the way it was before fentanyl class scheduling was put in place.

Concerns over Prosecutions for Non-Bioactive FRSs

Concerns raised about increased prosecution of people distributing non-psychoactive FRSs that would be inappropriately classified as schedule I is an extremely unlikely scenario for the following reasons:

1) First and foremost - **every substance classifiable under the FRS class scheduling language (all 27 studied to date) has been found to have potent opioid bioactivity - dozens or more times more potent than morphine.**

2) Simple charges of possession and lowest level dealing of FRSs are simply not aggressively prosecuted by federal prosecutors.

3) FRSs do not exist naturally. They are synthesized in illicit clandestine overseas labs by chemist suppliers to transnational criminal organizations. The process of FRS synthesis is intentional and based on researched and readily available information of the roadmaps of the Structure-Activity Relationships: it isn't grown in a backyard; there is no bathtub lab manufacturing occurring; and, there is never going to be accidental synthesis, manufacturing and distribution of a new FRS.

4) The low likelihood of transnational criminal organizations/ drug cartels synthesizing, manufacturing, and distributing new FRSs that aren't bioactive/ psychoactive. It's simply not plausible they would decide not to test their product lest they put new FRSs in their distribution networks that were duds [non-psychoactive]. How long would they be able to sell them if they didn't have potent opioid bioactivity?

Due to the specific and targeted nature of the SOFA language based on stopping the exploitation of known fentanyl/FRS structure activity relationships, it is almost certain that a newly developed FRS covered under this fentanyl related substance class scheduling language that is then manufactured and internationally trafficked would be bioactive. If the bioactivity were similar to fentanyl, it would be at the level of chemical weapons lethality: one teaspoon deadly enough to kill 2,000 people.

Those opposed to enacting permanent fentanyl class scheduling suggest a drug trafficker could be incarcerated for distributing a FRS that was actually beneficial or an antagonist like naloxone. This is simply not the case. As previously mentioned, in the over 60 years of research done on fentanyls, not one substance with antagonistic properties has ever been researched. Of importance to note, if Congress were to enact the rapid de-scheduling pathway proposed by President Biden in his ONDCP FRS scheduling recommendations (also in the HALT Fentanyl Act), rescheduling could be done rapidly in the highly unlikely circumstance of a substance being trafficked turns out to be non-psychoactive.

Sentencing Guidelines

Under current federal guidelines, the sentence is 5 years for 10 grams of fentanyl/ FRS, and 10 years for more than 100 grams. On first glance, that may seem harsh, but it is important to remember the lethality and consider that 10 grams of a FRS is enough to kill 5,000 people, and 100 grams of a FRS could kill 50,000. I would venture to guess that most, if not all, physicians [and Americans too for that matter] would agree: if you could have only one class of drug with associated mandatory minimums, it would be fentanyl and FRSs. **As mentioned above, it is important to note that removing the schedule I mandatory minimums for FRSs would actually incentivize their creation and significantly weaken the law's proactive and preventative effects.**

There is information being disseminated that there have been prosecutions for FRSs that are not bioactive. This is not correct. As mentioned previously, every FRS researched to date under the FRS language has been found to have opioid effect bioactivity far more potent than heroin and morphine. The most recent new FRS studied was found to be four to eight times more potent than fentanyl.

Benzyl fentanyl has often been pointed to as an example of a fentanyl analogue that was scheduled under emergency order and then unscheduled [in 1985 and 1986 respectively]. In fact, it would not have qualified under the fentanyl class scheduling language as a FRS. The benzyl fentanyl modification and similar modifications were specifically excluded from the scheduling language because of their known non-bioactivity. It is also misstated by opposition that since 2018, prosecutions of the List 1 precursor benzyl fentanyl have occurred under FRS scheduling. In fact, they have occurred under precursor controls. [This is because benzyl fentanyl can be easily modified to create fentanyl, therefore it was controlled as a List 1 precursor]. **There have been Zero prosecutions for FRSs that are not bioactive.**

In addition, on several occasions, substances that do not fall under the FRS class scheduling language have been misclassified as such by those arguing against FRS Class Scheduling: benzyl fentanyl, remifentanyl, Imodium and AT202 adding to the confusion on the issue of impact on research. In fact, all are not classifiable as schedule 1 under the FRS scheduling language.

International Coordination (with China Especially)

In trade negotiations with the Chinese government, the U.S. included targeted FRS class scheduling among its priorities. As a result, China permanently enacted similar scheduling language in May 2019. The United Nations includes it in its toolkit of model opioid legislation for member nations. Several other countries [including Canada] and many American states have adopted similar scheduling language. In this case of harm reduction to benefit American citizens, even China sees the value in permanent FRS class scheduling. It is not inconceivable -- and many would say likely -- that if the U.S. doesn't permanently enact FRS class scheduling, China may not continue its prohibitions on fentanyls. The incentives for the creation and distribution of new FRSs would re-occur and that some of the thousands of chemical companies in India could/would start on the FRS creation pathway that would re-open if FRS scheduling were to sunset.

CONCLUSION

It is incontrovertible that temporary targeted fentanyl class control has already been an extremely effective harm reduction tool and has eliminated the incentive for traffickers to create new FRSs, closing the FRS loophole at home and overseas and saving countless lives in the process. If Congress allows the

FRS-class scheduling to expire, it's only a matter of time before other countries like China and India could restart the fentanyl-related substance creation machine and unleash the devastating consequences.

My roles as an emergency physician, parent of young adult daughters and a medical regulator, drove me to design a legislative solution to prevent the development of new FRSs by illicit overseas chemists, but at the same time not incarcerate people with substance use disorder or impede critical research. The FRS class scheduling language that has been embraced by the Biden Administration/ONDCP and the HALT Fentanyl Act threads that needle.

I first testified on FRS scheduling at an HJC hearing 5 years ago, and my wife keeps asking me why it is necessary for me to keep coming out to Washington to get this simple legislation locked in place. I can't really give her an answer that would make sense to most Americans. Congress has in its power the ability to permanently enact this important FRS class scheduling legislation and continue to save countless lives. There is no question, if we turn our collective backs on the progress that's been made to stem the tide of the creation of new FRSs in America, thousands more deaths will occur annually from the reemergence, existence and widespread availability of these deadly chemical agents. **Now is the time to make this crucial reform permanent and pass the SOFA Act or HALT Fentanyl Act.**

Thank you for the opportunity to contribute to the discussion and thank you for your leadership on this critical public health issue.

Timothy W Westlake, MD, FFSMB, FACEP
Wisconsin Medical Examining Board, Immediate-Past Chairman
Wisconsin Controlled Substance Board, Former Member

Mr. BIGGS. Thank you. Thank you so much, Dr. Westlake. We appreciate your testimony.

Now, Ms. Rachwal, I recognize you for five minutes.

STATEMENT OF ERIN RACHWAL

Ms. RACHWAL. Good morning, Chair Biggs and distinguished Members of the Subcommittee.

Thank you for providing me to share our views on permanently scheduling FRSs and how it relates to our story.

My husband and I are here today because we are grieving parents walking through an unimaginable experience. We are founders of the Love, Logan Foundation and we reside in Wisconsin. I'm a mom of two beautiful boys and I'm also a licensed clinical therapist, and I've built a thriving private practice working with families and children in mental health.

Through our advocacy, we have hopes for change and actions, so that other families will not have to suffer the needless and grievous loss of child or loved one to fentanyl poisoning. We recently established this 501(3)(c) [sic] nonprofit after losing our oldest son, Logan, forever 19, to a fake pill containing fentanyl.

Logan died on Valentine's Day. We received the call that no parent ever wants to get. Logan was found dead in his dorm room at the University of Wisconsin, Milwaukee, in his freshman year. His toxicology report showed three different forms of fentanyl—three different forms. He was poisoned.

Even though my profession is so focused on helping people in various areas of mental health, I, as his mom, did not even know about fentanyl poisoning or the severity or lethality of it until his tragic death.

Unfortunately, we have met way too many parents who have lost children to this deadly poison. They were all unaware, as we also were.

Logan, he was a kind, caring, smart, and creative young man who had his whole life ahead of him. He had a great sense of humor. He loved animals and played baseball for many years.

Being a mom of two beautiful boys was the most important thing in the world to me. We raised Logan and younger brother Caden in a nurturing and loving home. We vacationed and we camped. We celebrated birthdays. We went to church. We played sports. We spent consistent time together.

I tell you these things about our family to make the point that no family is immune to this danger. This could happen to your family. Fentanyl does not discriminate. It is a poison.

Logan went to college in the fall of 2020 and he, tragically, never finished out his freshman year. His brother Caden, just 14 months younger, experiences daily battles of depression and trauma and side effects from his death. For all of us, losing Logan was like a bomb going off in the middle of our family that we had built our life around. This explosion killed our son and killed Caden's brother. The aftermath of a completely unexpected and devastating death like this is unexplainable until you actually experience it. This problem, this weapon is called fentanyl.

Through our grieving process over the past two years, we have realized the impact this crisis has had on our Nation. Today, I sit

here, not only on behalf of Logan and our family, but also for every single family in this country that has suffered the loss of this tragic drug.

There is an urgent need to confront the growing threat of fentanyl from every angle in our country. According to the DEA, fentanyl is now the leading cause of death in the United States for people ages 18–45, and the kids are getting younger. These are the ages when young adults, when Logan should have been thriving and excelling, but, instead, thousands of them are dying with increasing numbers. Death leaves no opportunity to recover. These kids are not able to learn from their mistakes, as they once used to.

We have connected with families all over the country through our devastation, and we have learned that coming together is a powerful way to change lives and change laws and take political action against those who are killing our children.

The temporary scheduling of FRS has shown to deter the creation of new FRSs, which is one clear way in protecting our country. Therefore, we know permanent scheduling of these substances is a solid shield we have to fight the fentanyl crisis. If you are questioning whether this bill should be passed, I'm going to ask you: How can you focus on theoretical rights of criminals over the rights of our children—children just like my son Logan?

Permanent scheduling symbolizes a proactive and bipartisan approach to this crisis. United we stand; divided we fall. “United we stand; divided we fall”—this is a phrase that has been used for hundreds of years to inspire unity and collaboration. Its once concept lies in the collectivist notion that, if individual members of a group work on their own instead of together, they are doomed to fail, and we all will be defeated.

Do you believe in any way that our country is being defeated by this poison developed in Chinese and cartel labs? I'm going to ask that question one more time. Do you believe in any way that our country is being defeated by this poison developed in Chinese and cartel labs?

Mr. BIGGS. Ms. Rachwal, if you could please—

Ms. RACHWAL. I can tell you that I believe we are, and many other—many others do as well. Wisconsin parents of Cade, forever 18; Ryan, 23; Nick; Sylvia; Katrina; Tyler, Archie, Miguel; Sam; McKenzie; Ryan.

To connect with a young adult around Logan's age, most parents simply go out to dinner, visit, call, text, Facetime, vacation, or spend a holiday. To connect with our son Logan, we have to look at a sunset, a rainbow, listen to a song, look at a picture, or wear his fingerprint around our neck. This is what fentanyl does. It changes everything—our past, present, and future.

In conclusion, our family's story, Logan's story, is just one of tens of thousands that have occurred and will keep occurring if we do not take action to slow down and, ultimately, stop the explosion of this deadly poison.

We hope by sharing our experience we can give meaning to Logan's ultimately untimely loss and honor his life and leave a significant legacy to protect other families from this devastation.

Thank you for your time and opportunity to tell our story.

[The prepared statement of Ms. Rachwal follows:]

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WRITTEN STATEMENT
OF
ERIN RACHWAL, MSW, LCSW

**GRIEVING MOTHER OF SON, LOGAN RACHWAL, FOREVER 19
CO-FOUNDER OF LOVE, LOGAN FOUNDATION, 501c3 NON-PROFIT**

BEFORE THE
COMMITTEE ON THE JUDICIARY
SUBCOMMITTEE ON CRIME AND FEDERAL GOVERNMENT
SURVEILLANCE
UNITED STATES HOUSE OF REPRESENTATIVES

THE FENTANYL CRISIS IN AMERICA: INACTION IS NO LONGER AN OPTION

MARCH 1, 2023

Dear Members,

Thank you for the opportunity to testify at this hearing and share our personal story as it relates to this topic.

Why we are here

My name is Erin Rachwal. My husband, Rick, and I are invested in this discussion because we are grieving parents walking through an unimaginable experience. We are the founders of the Love, Logan Foundation residing in Wisconsin. I am also a Licensed Clinical Therapist and have built a thriving private practice working with families and children in mental health. We are thankful you have provided us the opportunity to share our views that strongly support permanently scheduling Fentanyl-Related-Substances, (FRS) as a class – in the hopes that other parents and siblings will not have to suffer the needless and grievous loss of a child or loved one.

We recently established our 501c3 nonprofit organization after tragically losing our 19-year-old son, Logan, to a fake pill containing fentanyl. His toxicology report showed **three different forms of fentanyl** in his system. Even though my profession is focused on helping people in various areas of mental health, I didn't even know much about fentanyl poisoning or the severity or lethality of it until Logan's tragic death. Unfortunately, hundreds of other parents we have personally met who have lost children to this deadly poison were as unaware as we were.



Fentanyl doesn't discriminate- Logan's story

As a young boy, Logan was generally happy but did struggle with some anxiety. He found making friends extremely challenging and often felt like he was the one left out.

We had him in counseling very early on and throughout most of his life. He was always our boy who seemed to be sad, and we made countless attempts to help him. While he had his struggles, as many children do, Logan was also kind, caring, smart, and creative. He had a great sense of humor and would have done anything for anyone. He loved animals – especially his cats - and he played baseball for many years. Being a mom and having a family was the most important thing in the world to me. We raised our two boys in a nurturing and loving home. We vacationed, camped, celebrated birthdays, went to church, played sports, and spent quality time together. I tell you these things about our family and son to make the point that **NO** family is immune from this danger – it could happen to any family.



Logan went off to college in the fall of 2020 and tragically never finished out his freshman year. He had his whole life ahead of him. On Valentine's Day, 2021 we received the call that no parent ever wants to get. Logan was found dead in his dorm room at the University of Wisconsin – Milwaukee. The year prior (2019-2020), our relationship with Logan became very strained. Looking back, we are now able to piece together what was missing information to help us understand what was happening at that time. Logan was using pills to self-medicate for his anxiety and became irritable, dishonest, secretive, angry and extremely difficult to deal with.

There are no words to describe what it's like coping with a child who can technically make his own decisions at age 18, yet as a parent you see destruction and turmoil taking over. It is clear that at some point he was buying pills from friends and we will never really know when he may have crossed that invisible line of addiction. The availability of fake pills that are potent and driving addiction in young adults is far and

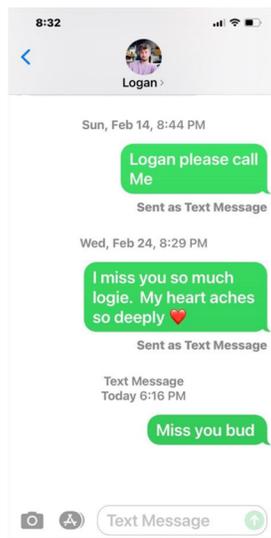
wide. I remember a recent conversation with a Wisconsin DEA Agent that sat down with us and said “that ship has sailed” regarding the drug cartels and numerous analogues / forms of pills that they are making and distributing all over the United States. Cartels are driving addiction – on purpose – for their business. Logan was being used to increase sales in their business and he didn’t even know it.



Once Logan’s first semester of college started in fall 2020, we were working very hard repairing the relationship with him. Logan was coming home for dinners, laundry, visits, etc. Things felt better; not perfect, but much better. For the first time in a long time, I was a mom with hope. Covid prohibited a few planned visits and celebrations over the holidays that year. The day before Valentine’s Day, Logan texted us both and said “Hey Mom and Dad, Happy Saturday! I just wanted to say I love you and I am at work”. We both replied to him that day unbeknownst to us, that would be the last time we would ever “speak” to our 19-year-old son.

The following evening, Valentine’s Day, at 8:37 pm, I received a phone call from Logan’s best friend. He was frantically telling me to call the University Police Dept. I attempted to call and text Logan from my cell at 8:44 pm immediately with no answer or reply. It was at this point I knew in my gut that something was terribly wrong – I looked at my husband and said, “he’s gone, I can feel it”. The connection a mom has to her child is like no other. My body could actually *feel* his absence. We called our other son home and the three of us drove down to the university with no additional information

other than a few social media posts that all seemed to point to his (possible) death. Walking into the police station in the same building Logan's dorm was is a memory I will never forget. I was physically holding my other son up so he didn't collapse on the ground. The gripping fear and pain was the most indescribable thing I have ever been through. Logan was gone. They told us he was found an hour prior, by a friend, laying in his lofted bed. It was estimated that he had been laying there for at least 12 hours. He had taken a pill while over Face Time with his girlfriend around 7:30 am earlier that morning. She told the police that within he "started snoring and fell asleep". The three of us went up to the 11th floor to his dorm room to see him that night. I can't put into words the guttural pain and emotion I felt when looking at him in his bed, his right arm half red and half blue and knowing I would NEVER see him again.





The aftermath of an untimely death

As invested parents, you never expect to be burying your child. This untimely death brings up significant, life-long losses. Loss of the past, loss of the present and what would be, and loss of the future. We often wonder what Logan would have accomplished in his life. Would he have had a family? Children? Would we have been grandparents? So many unfinished details of a life gone way too soon.

Logan leaves behind a younger brother, Caden, who now experiences daily battles of depression and side effects from seeing his family broken and forever changed. Having lost the 4th family member is like a table leg being broken off and trying to still eat and use the table as if. Losing our child, and a brother, to this poison, was like a bomb going off in the middle of everything we had built our life around – this explosion killed our oldest son; Caden's only brother. The aftermath of a completely unexpected and devastating death like this is unexplainable until you experience it. This bomb – the weapon – FENTANYL.

Three months later, we received a phone call with the results of the toxicology report only to find out that Logan had **THREE different forms of fentanyl** in his system. Logan was murdered – poisoned. He *thought* he had bought a “perc 30” and instead received a fake pill, made to look real, containing fentanyl and it killed him - instantly.



Why this is important

Through our grieving process over the past 2 years, we have realized the impact of the loss of a child will never go away. Two weeks ago, marked two years since Logan's death. We find ourselves still in shock, still pushing through each day, breaking down unexpectedly. But this grief has given us a deeper compassion for others and especially for those suffering from losing a child to fentanyl poisoning. We are not only representing Logan's tragic death, rather every family across this nation suffering from being a victim of a horrible crime related to Fentanyl.

Our pain reminds us of the need to confront the growing threat of fentanyl from every angle in our country. According to the DEA, Fentanyl is now the leading cause of death in the U.S. for people ages 18-45. These are the ages when our young adults should be thriving and excelling, but instead, thousands of them are dying in increasing numbers. Death leaves no opportunity to recover – these kids aren't able to learn from their mistakes. Logan isn't here to learn from his mistakes because fentanyl took that opportunity away from him. We have connected with families all over the country through our devastation. Through this trauma and loss, we have learned that coming together is a powerful way to change laws and take political action against those who are killing our children.

Temporary scheduling of FRS

The temporary scheduling of Fentanyl Related Substances (FRS) has shown to deter the creation of new FRS's which is one clear avenue protecting our country. Therefore, we know the **permanent** scheduling of Fentanyl Related Substances is a **solid** shield we have to fight the fentanyl crisis. If you are questioning whether this bill should be passed, I'd ask **how can you focus on the theoretical rights of criminals over the rights of our children?** Children just like my son Logan.

Permanent scheduling of FRS

Permanent scheduling symbolizes a proactive and bi-partisan approach to this crisis. **"United we Stand, divided we fall"** is a phrase that has been used for hundreds of years to inspire unity and collaboration. It's core concept lies in the collectivist notion, that if individual members of a group work on their own instead of together, they are doomed to fail and will all be defeated. **Do you believe in any way that our country is being defeated by this poison developed in Chinese and cartel labs?**

To connect with a young adult Logan's age, most parents simply go to dinner, visit, text, call, FaceTime, vacation or spend time on Holidays together. Well, to connect with our son Logan, we have to look at a sunset, a rainbow, a picture, listen to a song, wear his

sweatshirt or keep his thumbprint necklace around our neck. This is what Fentanyl does. It changes everything; our past, our present and our future. Our family's story – Logan's story - is just one of **tens of thousands** that have occurred and will keep occurring if we do not take action to slow down and ultimately stop the flood of this deadly poison. We hope by sharing our experience we can give meaning to Logan's untimely loss and – in honor of his life – leave a significant legacy to protect other families from this tragedy.

Thank you for your time and the opportunity to tell our story.

Erin Rachwal, MSW, LCSW
Logan's mom



Logan Case number 21-01270



Rachwal, Logan A.



Mr. BIGGS. Thank you, Ms. Rachwal.
Dr. Singer, you are recognized for five minutes.

STATEMENT OF DR. JEFFREY A. SINGER

Dr. SINGER. Thank you, Chair Biggs.
My deepest condolences to the Rachwals.

Members of the Committee, I've submitted written testimony which I'll summarize here.

Leaders and commentators often refer to the fentanyl overdose crisis as an epidemic or an invasion, but these are inappropriate metaphors. Fentanyl is not a viral pathogen that jumps from host to host or a hunter seeking a defenseless prey. The influx of fentanyl is a response to market demand.

More crucially, fentanyl is just the latest manifestation of what drug policy analysts call "the iron law of prohibition." The shorthand version of the law states, the harder the law enforcement, the harder the drug. Prohibition incentivizes the creation of more potent drugs that are easier to smuggle in smaller sizes and can be subdivided into more units to sell. The iron law is why cannabis THC concentration has grown over the years. It is what brought crack cocaine to the cocaine market. It is why fentanyl replaced heroin as the primary cause of overdose deaths in the United States.

Fentanyl-related overdose deaths started rising in 2012. By 2016, they eclipsed deaths from heroin and diverted prescription pain pills. By 2017, fentanyl was found in more than 50 percent of opioid-related overdose deaths, and by 2022, as we know, it was involved in roughly 90 percent.

Now, we are getting troubling reports about the veterinary tranquilizer xylazine, which users call "tranq," becoming an additive to fentanyl and other illicit narcotics. This tranquilizer greatly potentiates the opioid's effects, producing powerful highs. Adding this potentiator, again, enables illicit opioids to be smuggled in smaller sizes and be subdivided into more units.

Xylazine makes blood vessels constrict, and if it gets into the tissues surrounding blood vessels, it can cause tissue death and deadly soft tissue ulcers. Some ulcers become so severe, so severely affected, that surgeons must perform lifesaving limb amputations. What makes xylazine even more deadly is that it's not an opioid, and overdoses from it which make people stop breathing cannot be reversed with naloxone.

The iron law hasn't stopped with tranq. In 2019, health departments in Europe and the U.S. began seeing the synthetic opioid nitazene in overdose toxicology studies. Last fall, the Tennessee Department of Health reported nitazene-related overdose deaths increased fourfold between 2019 and 2021.

Ciba-Geigy developed nitazenes in the 1950's, but never brought them to market. They're estimated to be roughly 20 times more potent than fentanyl. Fortunately, naloxone reverses nitazene overdoses, but it might require multiple doses.

Because most health departments haven't been testing for nitazenes, we're unaware if nitazenes are becoming more prevalent among black market drugs. I wouldn't be surprised if two or three

years from now we're talking about the nitazene crisis instead of the fentanyl crisis.

Border closures, lockdowns, and other pandemic policies made it more challenging to transport opium to drug dealers to process into heroin. Pandemic-related supply chain problems created shortages of the commercial chemical acetic anhydride that is used to complete the process.

On the other hand, fentanyl and fentanyl analogs can be easily made in clandestine labs by modifying its fundamental ingredient, piperidine, which is in abundant supply. Because fentanyl and its analogs are entirely synthetic, drug cartels don't need to rely on growing and transporting opium.

All these factors made it an easy business decision for the drug cartels to switch out heroin for fentanyl. With pandemic policies relaxed, it still makes sense for the cartels to stick with what works.

Adding fentanyl analogs to Schedule I is ill-advised. First, many fentanyl analogs are medically used to control pain and assisting anesthesia, such as sufentanil, alfentanil, and remifentanil. An outright ban on developing a category of fentanyl analogs will stifle advances in therapeutic research. Besides, placing a drug on schedule will not deter drug cartels. Heroin has been on Schedule I for more than 50 years and it's not deterred heroin trafficking. There's no evidence that placing fentanyl analogs on Schedule I drugs will work any better to reduce overdose deaths.

Threatening drug dealers with life in prison or the death penalty is also unlikely to deter the drug trade. Most drug dealers already factor in the risk of death when they get into the business and are, correctly, more afraid of getting killed by rivals than by the U.S. Department of Justice.

Prohibition makes the black market dangerous because people who buy drugs can never be sure of the drug's purity, dosage, or even if it is the drug they think they are buying. As a parent and grandparent, my heart breaks whenever I hear stories of teenagers who thought they were buying Percocet, or something like that, on the black market, and died because of an overdose because the pill contained fentanyl. Those young people were not seeking and did not know they were buying fentanyl. The black market killed those youngsters.

I urge the Subcommittee to avoid doubling down on policies that will not only fail to stem the flow of illicit fentanyl, but will fuel the development of even more deadly replacements.

Thank you very much.

[The prepared statement of Dr. Singer follows:]



Statement

of

Jeffrey A. Singer, MD, FACS

**Senior Fellow
Cato Institute**

before the

**Subcommittee on Crime and Federal Government Surveillance
Committee on the Judiciary
United States House of Representatives**

March 1, 2023

RE: "The Fentanyl Crisis in America: Inaction is No Longer an Option"

Chairman Biggs, Ranking Member Jackson Lee, and distinguished members of the subcommittee:

I want to thank the Subcommittee on Crime and Federal Government Surveillance for the opportunity to provide my thoughts on the fentanyl crisis in America.

My name is Jeffrey A. Singer. I am a Senior Fellow in Health Policy Studies at the Cato Institute. I am also a medical doctor specializing in general surgery and have been practicing that specialty in Phoenix, Arizona, for over 40 years. The Cato Institute is a 501(c)(3) non-partisan, non-profit, tax-exempt educational foundation dedicated to the principles of individual liberty, limited government, free markets, and peace. Cato scholars conduct independent research on a wide range of policy issues. To maintain its independence, the Cato Institute accepts no government funding. Cato receives approximately 80 percent of its funding through tax-deductible contributions from individuals. The remainder of its support comes from foundations, corporations, and the sale of books and other publications. The Cato Institute does not take positions on legislation.

Leaders and commentators often refer to the fentanyl overdose crisis as an “epidemic” or an “invasion.” But these are inappropriate metaphors. Fentanyl is not a viral pathogen that jumps from host to host or a hunter seeking defenseless prey. The influx of fentanyl is a response to market demand.

But more crucially, fentanyl is just the latest manifestation of what drug policy analysts call “the iron law of prohibition.”¹ A variant of what economists call the Alchian-Allen Effect, the shorthand version of the iron law states, “the harder the law enforcement, the harder the drug.” Enforcing prohibition incentivizes those who market prohibited substances to develop more potent forms that are easier to smuggle in smaller sizes and can be subdivided into more units to sell.

During alcohol prohibition, bootleggers and dealers were not smuggling beer and wine but whiskey and other hard liquors. At football games, tailgaters drink beer and wine but smuggle flasks of hard liquor into stadiums that prohibit fans from bringing alcoholic beverages.

The iron law of prohibition is why cannabis THC concentration has grown over the years. It is what brought crack cocaine into the cocaine market. And it made fentanyl replace heroin as the primary cause of overdose deaths in the United States.

The Centers for Disease Control and Prevention began seeing fentanyl-related overdose deaths rise in 2012. By 2016 fentanyl-related deaths eclipsed deaths from heroin and diverted prescription pain pills. By 2017 fentanyl was found in more than 50 percent of opioid-related overdose deaths. By 2022 it was involved in roughly 90 percent of deaths.²

The iron law of prohibition cannot be repealed. Already we have been getting troubling reports of the veterinary tranquilizer xylazine—drug users call it “tranq”—becoming an additive to fentanyl and other illicit narcotics. This tranquilizer greatly potentiates opioids’ effects, producing more powerful “highs.” Adding this potentiator again enables illicit opioids to be smuggled in smaller

¹ <https://filtermag.org/infographic-the-iron-law-of-prohibition/>

² <https://usafacts.org/articles/are-fentanyl-overdose-deaths-rising-in-the-us/>

sizes and subdivided into more units to sell. Xylazine causes blood vessels to constrict, and if it gets into the tissues surrounding blood vessels, it can lead to tissue necrosis and deadly soft tissue ulcers. Some users' ulcers have become so severely infected that surgeons must amputate limbs to save their lives.³ What makes xylazine more deadly is that it is not an opioid, and overdoses from it that cause people to stop breathing cannot be reversed with naloxone.

And the iron law hasn't stopped at "tranq." In 2019, health departments in Belgium, Canada, Estonia, Germany, Latvia, Sweden, the United Kingdom, and the United States began seeing the synthetic opioid nitazene in overdose forensic toxicology studies. Last fall, the Tennessee Department of Health reported that nitazene-related overdose deaths increased four-fold between 2019 and 2021.⁴ Nitazenes were developed by Ciba-Geigy in the 1950s but never brought to market. Nitazenes are estimated to be roughly 20 times more potent than fentanyl. Fortunately, naloxone reverses nitazene overdoses, though greater doses of naloxone are required. Because most health departments have not been testing for nitazenes, we are unaware if nitazenes are becoming more prevalent among black market drugs. Yet, I wouldn't be surprised if two or three years from now, we are talking about the "nitazene crisis" instead of the fentanyl crisis.⁵

The Covid pandemic accelerated fentanyl's prominence among black market drug users. Border closures, lockdowns, and other pandemic policies made it more challenging to transport opium and opium gum to drug dealers to be processed into heroin. Pandemic-related supply chain problems created shortages of the commercial chemical acetic anhydride—used to make cigarette filters, aspirin, and other products—which is necessary to convert the morphine in opium to diacetyl-morphine, which Bayer branded as heroin when it developed the drug in the 1890s.⁶

On the other hand, fentanyl and fentanyl analogs can be easily synthesized in clandestine labs by modifying its fundamental ingredient, piperidine. Piperidine is a chemical used to make numerous pharmaceuticals and is in abundant supply. And because fentanyl and its analogs are entirely synthetic, drug cartels don't need to rely on growing and transporting opium.

These factors, plus the tighter border controls in response to the pandemic, made it an easy business decision for the drug cartels to switch out heroin for fentanyl. With pandemic policies relaxed, it still makes sense for the cartels to stick with what works for them.

University of California, San Francisco medical school professor Daniel Ciccarone, MD told the audience at a 2019 Cato Institute harm reduction conference that most IV drug users prefer heroin to fentanyl. The fentanyl experience differs significantly from the heroin experience. In 2019, most heroin users considered fentanyl an unwanted contaminant.⁷ Today, however, heroin is much less available as the cartels have moved to supply fentanyl instead. Therefore, IV drug users have resigned themselves to using fentanyl, and many have come to prefer it.

³ <https://www.cato.org/blog/iron-law-prohibition-introducing-tranq>

⁴ https://www.cdc.gov/mmwr/volumes/71/wr/mm7137a5.htm?s_cid=mm7137a5_w

⁵ <https://www.cato.org/blog/nitazene-overdose-deaths-rise-iron-law-prohibition-cannot-been-repealed>

⁶ <https://www.unodc.org/documents/data-and-analysis/covid/Covid-19-and-drug-supply-chain-Mai2020.pdf>

⁷ <https://cdn.cato.org/archive-2019/cc-03-21-19-05.mp4> and also <https://www.cato.org/events/harm-reduction-shifting-war-drugs-war-drug-related-deaths>

Adding fentanyl analogs to the Drug Enforcement Administration's Schedule I is ill-advised. First, many fentanyl analogs are used medically to control pain and assist in anesthesia, including sufentanil, alfentanil, and remifentanil. An outright ban on developing fentanyl analogs will stifle advances in therapeutic research. Second, placing a drug on Schedule I will not deter drug cartels. Heroin has been listed on Schedule I for more than 50 years, and it has not deterred heroin trafficking or heroin use. There is no evidence that placing fentanyl analogs on Schedule I works any better.

Threatening drug dealers with life imprisonment or the death penalty is also unlikely to deter the drug trade. Most drug dealers already factor the risk of death into their decision to get into the business and, correctly, have a greater fear of being killed by rival cartels and dealers than by the United States Department of Justice.

If policymakers double down on the same prohibitionist policies they have employed for over 50 years, deaths from illicit drug overdoses will continue to rise. Doing the same thing repeatedly, with even more vigor this time, will not yield a different result.

Prohibition makes the black market dangerous because people who buy drugs on the black market can never be sure of the drug's purity, dosage, or even if it is the drug they think they are buying.

Policymakers learned how alcohol prohibition failed and came to their senses when they repealed it in 1933. Today, when I go to my legal drug dealer to purchase whiskey, it never enters my mind that it might be adulterated with fentanyl or have a greater concentration of alcohol than it says on the bottle label. That is because it is legal and regulated.

As a parent, my heart breaks whenever I hear stories of teenagers who thought they were buying a diverted prescription drug like oxycodone and then died from an overdose because the pill contained fentanyl. Those young people were not seeking and did not know they were buying fentanyl. The black market killed those youngsters.

Short of ending prohibition, federal and state lawmakers can help reduce overdose deaths by repealing drug paraphernalia laws that make it illegal to distribute fentanyl test strips, which mitigate the dangers of fentanyl consumption. The Canadian company that makes fentanyl test strips has also developed strips that can test for xylazine.⁸ Xylazine test strips are likely to grow in importance as "tranq" becomes more prevalent.

I urge the Subcommittee to avoid doubling down on policies that will not only fail to stem the flow of illicit fentanyl but will fuel the development of more deadly replacements.

Thank you and I look forward to answering your questions.

⁸ <https://www.cfsre.org/nps-discovery/drug-checking/characterization-of-xylazine-test-strips-for-use-in-drug-checking>

Mr. BIGGS. Thank you, Dr. Singer.
Now, we recognize Mr. Maltz for your five minutes.

STATEMENT OF DEREK MALTZ

Mr. MALTZ. Chair Biggs, Ranking Member Jackson Lee, and distinguished Members of the Committee, thank you very much for the opportunity to speak today on the fentanyl growing crisis that is killing our kids at record levels.

I'm not here representing DEA. I'm a private citizen who cares deeply about the private people in America and our national security.

The President should immediately declare a national security and public health emergency. Let's make that clear. Because we have chemical substances all over our streets. These are not overdoses. This not a red or a blue issue. It's a red, white, and blue issue. Every American should care.

As the leader of DEA's Special Operations Division for the last 10 years of my career, I had really nice optics on the growing Mexican cartels and, also, the growing role of the Chinese criminal networks that have been doing a bombing campaign on our country with synthetic drugs. They are being made in labs in China. They're also being made in labs in Mexico at record levels.

This is a game-changer for America. This is different. This is not the same opioid crisis. The Chinese criminals are providing critical money-laundering services, and they're also providing the mass amount of chemicals to make the poison. The Cartel Jalisco New Generation and the Sinaloa Cartel are the enemy of our children.

In my view, fentanyl is a chemical weapon, and the narco-terrorists in Mexico are destroying our country. They need to be held accountable, even if it means using our U.S. military. The cartels are taking total advantage of weak security at the porous border, killing more Americans than any terrorist organization in the history of the country.

After my DEA career, I've been supporting law enforcement agencies and working closely with families like the Rachwals. We are working hard to spread awareness and save lives.

I teamed up with the Lost Voices of Fentanyl, and you'll see the collages of all the dead kids that we've made over the years—in all an effort to get awareness and save lives.

I teamed up, also, with other people in America that care about our country.

As highlighted earlier by the Chair, and also, the work done last week in Phoenix, Arizona and throughout Arizona, 4.5 million fake pills—remember what the DEA Administrator said—six out of those 10 pills have a potentially fatal dose of fentanyl. Sheila Jackson Lee, Ranking Member, the four pills, that's outdated. She updated it to six.

So, according to the DEA, this is a crisis like we've never seen. We cannot expect to end this poisoning crisis with law enforcement alone. Addicted people need help. Mental illness is on the rise, and kids are, sadly, turning to these pills for help. They're using social media platforms to get what they need. It's as simple as ordering food. The cartels have invaded our homes. They are supposed to learn from mistakes, not die from mistakes.

So, the question to everybody in America: Where the hell is the Department of Education? Where are the public service announcements? Why can't the White House team up with professional athletes and celebrities to get video reels to the kids on social media, because that's what they'll see and that's what they'll respond to? Protecting the kids must be No. 1.

There are armies of families who are dedicating every day working throughout America, spreading awareness, presenting at schools, starting nonprofits with their own money, making billboards of their deceased loved ones.

There must be a true coordinated U.S. task force using authorities and capabilities with accountability for results. You can't just give them money; you've got to ask them: Where are the results? Are the death rates going down? If not, you have to change.

The cartels in Mexico have evolved quickly from drug cartels to transnational criminals, to now terrorists like we've never seen ever. Al Qaeda, ISIS, Hezbollah, they're not killing this amount of Americans.

There's positive movement from families and State attorney generals and congressional Members to declare cartels terrorists and, also, fentanyl, a weapon of mass destruction, which I fully support.

The cartels use the latest technology, weapon systems. They take total advantage of antiquated laws. They control the government of Mexico—infiltrating, intimidating, placing the highest-ranking officials on their payroll.

Look what happened last week in the Eastern District of New York. The FBI equivalent in Mexico convicted, sent to life. He's going to be sent to life—prison for life because of his role with the cartels. Sorry, ladies and gentlemen, you can no longer rely on the corrupt, soft-on-crime leaders in Mexico to save our kids.

What keeps me motivated is the courageous, selfless, inspiring families like the Rachwals, who lost loved ones, but they fight daily. Look at the amazing work of the Families Against Fentanyl. They're the ones going through the CDC data. They're the ones telling America about the rising rates of these kids dying. Isn't that the job of the U.S. Government? What am I missing?

CDC, where are the accurate and timely stats on fentanyl deaths? During COVID, we saw it every night on TV. The crisis needs an Operation Warp Speed.

Kings County, Washington, the medical examiner, 35 dead in the first 21 days. They don't have enough cooler space out there.

San Diego, 25 percent increase in fentanyl-related deaths in five years.

As the younger kids are dying, every parent is wondering: Why is there a sense of urgency from the White House? Where's the leadership on this fentanyl poisoning crisis? Why are social media companies able to get away with killing the kids on their platforms? Why is it that this continues?

Dr. Gupta—almost done—Dr. Gupta: This is the worst drug crisis in the history of the country. He said it's unacceptable to him and the President. He also said it's a direct and surging threat to national security and public health—public health.

So, I ask, if it's a new era of drug trafficking, where's the new era of aggressive action to destroy the production labs?

Thank you very much, Chair, and I apologize for going over, but it's a very important topic.
[The prepared statement of Mr. Maltz follows:]

*UNITED STATES HOUSE OF REPRESENTATIVES**HOUSE COMMITTEE ON THE JUDICIARY**SUBCOMMITTEE ON CRIME AND FEDERAL GOVERNMENT SURVEILLANCE**HEARING TITLED, "THE FENTANYL CRISIS IN AMERICA:
INACTION IS NO LONGER AN OPTION."**STATEMENT OF DEREK S. MALTZ**MARCH 01, 2023***INTRODUCTION:**

Chairman Jim Jordan, Ranking Member Jerrold Nadler, Chair Andy Biggs, Ranking Member Sheila Jackson Lee and distinguished members of the committee, I would like to thank you for this opportunity to speak today about America's devastating and escalating fentanyl poisoning crisis. I am grateful for the opportunity to share my experience and thoughts as America faces complex challenges with this unprecedented national security and public health disaster. I had a long rewarding 28-year career as a Special Agent in the Drug Enforcement Administration (DEA). I retired from the DEA in July 2014 but remain actively involved in the private sector supporting law enforcement agencies around the world as they aggressively target Transnational Criminal Organizations (TCOs). I'm also very engaged in supporting families around the country who have lost loved ones to the devastating substance fentanyl entering America at historic levels.

During the last 10 years of my career, I was the Agent in Charge of the DEA's Special Operations Division (SOD) in Northern Virginia. In that capacity, I ran the SOD operational coordination center with 30 participating agencies, to include representatives from Canada, Australia, and the United Kingdom. SOD's primary mission is to support and synchronize the investigative efforts of federal, state, local and international law enforcement agencies. Since the Mexican cartels are one of the biggest threats to the United States, SOD focused substantial resources on the Mexican cartels. SOD was instrumental in supporting the Mexican government and the U.S. agencies to capture the former leader of the Sinaloa Cartel, El Chapo Guzman, on two occasions, and coordinating the worldwide investigations against the cartel. SOD also has a long history of coordinating the efforts of agencies around the world disrupting and dismantling major criminal networks.

Unfortunately, I watched the threat of the Mexican cartels grow over the years from drug cartels to transnational organized criminals to currently narco-terrorists. In my view they remain the greatest daily threat to the citizens of this country. They control the importation and distribution of heroin, cocaine, methamphetamine, and now deadly fentanyl. They work closely with Chinese Criminal Networks (CCN) and together they are destroying communities and families throughout the United States and are killing historic numbers of our future generation. I remain committed to work with Congress, my colleagues in the government agencies and

fellow citizens who have lost their loved ones to the drug crisis to help develop recommendations and solutions to build more effective approaches to eliminate the current threats. Too many Americans are dying from fentanyl poisoning and citizens all over the United States are impacted by the Mexican cartels and the CCN. It is time to work together and put politics aside. **“The current unprecedented fentanyl poisoning crisis that’s killing our kids at record levels is not a Red or Blue Issue. It’s a Red, White and Blue issue. We need all Americans to work together now to save lives”.**

We must utilize the best and brightest patriots serving the country and combine the arsenal of capabilities and authorities to decimate the cartel’s deadly production operations in Mexico. We must simultaneously dismantle their importation and distribution networks to eliminate the growing threat to the United States. The U.S. agencies must also work harder and smarter to shut down the flow of precursor chemicals shipped to Mexico from China, India and other countries around the globe that are used in the production of dangerous synthetic drugs. The evolving sophisticated money laundering schemes offered by the CCN to the cartels must also be shut down. Law enforcement has the important responsibility to enforce the laws of America to keep our citizens safe and needs the full support of Congress. However, this national security threat requires a true “whole of America approach” While we must continue to treat those with mental illness and drug addiction, the Mexican cartels and the CCN must be held accountable for their devastation and damages. **They can no longer operate with impunity, and we need Congress and government leadership to step up their efforts.**

According to the recent provisional overdose data published by the Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics (NCHS), it reflects approximately 106,840 predicted drug overdose deaths in the 12-month period ending September 2022. This alarming amount equates to losing almost 293 people per day (CDC, 2023). When you look at the death statistics in San Diego, California, there was a 2375% increase in fentanyl related deaths in the 5-year period 2016-2021. (Galindo, 2022). In King County, Washington, according to the Prosecutor there were 35 fentanyl-related overdose deaths in the county in the first 21 days of the year. (Swaby, 2023). There are so many stories around the country that highlight the unprecedented nature of the fentanyl poisoning crisis so **please see the attached PDF document.** (Walters, 2023) (Hocker, 2023)

“The King County is experiencing a grim indicator of how bad the opioid crisis has become. Dr. Faisal Khan, director of Public Health – Seattle & King County, laid out one of the issues stemming from rising overdose deaths during a county Board of Health meeting last week. “The Medical Examiner’s office is now struggling with the issue of storing bodies because the fentanyl-related death toll continues to climb,” Khan said. The examiner’s office has finite space in the coolers they use, and that space is being exceeded on a regular basis. The number of overdose deaths in King County involving fentanyl have skyrocketed in the past few years.” King County Public Health Director Dr. Faisal Khan also stated that many major metro areas across the country are dealing with a lack of space in morgue coolers.

According to the Families against Fentanyl who have analyzed CDC statistics and have done a tremendous job educating the public on the troubling trends involving fentanyl, they revealed the following in the recent report “The Changing Faces of Fentanyl Deaths” (The Changing Faces of Fentanyl Deaths, 2023):

- Synthetic opioid (fentanyl) poisoning was still the leading cause of death among Americans 18 to 45 in 2021.
- Synthetic opioid (fentanyl) fatalities among children are rising faster than any other age group.
- In just two years, synthetic opioid (fentanyl) deaths among children ages 1 to 4 more than tripled, and increased fourfold among infants less than one, and children ages 5 to 14.
- Since 2015, deaths among infants increased nearly 10-fold; among children ages 1 to 14 deaths increased 15-fold: an increase of more than 1400%.

These are staggering statistics, and all Americans should be alarmed and demanding accountability from the leaders.

Over the last few years while actively supporting law enforcement in the private sector, I participated in the production of documentaries, national media segments, congressional, think tank and educational sessions, and rallies with grieving families and non-profits from around America to help educate the public and bring needed awareness to the dangerous and evolving synthetic drug crisis. As a patriotic American who lost his brother Michael, fighting for America during Operation Enduring Freedom in the U.S. Air Force, I am familiar with the pain and suffering of losing a loved one. However, nothing is more difficult in life than losing a child and I remain committed to this fight.

I will continue to engage with families who lost children from these poisonous substances hitting our communities like a tsunami. It's hard to imagine the lack of engagement and action from our national leaders in Washington especially on the education for young Americans. I have worked tirelessly with families to recruit celebrities, professional athletes, role models and social media influencers to help create a movement to get specific messages to the kids. Sadly, these efforts to date haven't been very successful. I believe if the right celebrity pushed out short social media videos and reels, the kids would get the important messages. We must all accept that most children are not watching congressional hearings, mainstream media, cable news or listening to podcasts so it's critical to have role models step up in a big way to fill the educational void.

In addition to the troubling news on the fentanyl poisoning crisis, there are also dangerous connections between the criminal activity of the Mexican cartels and terrorist groups like Hezbollah. The cartels are also working in close partnership with CCN, operating with impunity and killing our citizens at historic levels. The threats posed by the cartels is growing rapidly as they make billions of dollars, especially benefiting from human smuggling with the porous Southern Border. The topic of narco-terrorism has been a priority of mine for many years, and the United States Government must use all tools of national power to combat and decimate these complex threats.

As the former Special Agent in Charge of SOD in Northern Virginia, the Chief of the New York Drug Enforcement Task Force in New York City and DEA Special Agent working investigations around the globe, I had the privilege of collaborating with numerous local, state, federal and international law enforcement agencies. I have witnessed the incredible results and positive impact to communities when law enforcement works together in a professional

manner enforcing the controlled substances act of the United States. It's very impressive when you look at the seizure statistics of the Customs and Border Protection (CBP), the DEA and law enforcement agencies around the country, but also rather alarming.

The DEA Administrator Anne Milgram last week testified at a Senate hearing and told the committee that DEA seized in 2022 over **57,000,000** fake prescription pills, over **13,000** pounds of illicit fentanyl which is equivalent to **410 million** deadly dosage units. Ms. Milgram advised that according to the CDC, the majority of the drug poisoning deaths in the United States involve synthetic opioids, such as fentanyl. In many instances, the fentanyl is being hidden in and being mixed with other illicit drugs such as cocaine, heroin, and methamphetamine. Drug traffickers are also flooding our communities with fentanyl disguised in the form of fake prescription pills. These fake pills are made and marketed by drug traffickers to deceive Americans into thinking that they are real, diverted prescription medications. **DEA lab testing revealed that 6 out of 10 of these fentanyl-laced fake prescription pills contain a potentially lethal dose.**

Ms. Milgram was very clear that the **Sinaloa and Jalisco Cartels pose the greatest criminal drug threat the United States has ever faced.** These ruthless, violent, criminal organizations have associates, facilitators, and brokers in all 50 states in the United States, as well as in more than 40 countries around the world. The DEA Administrator also provided testimony that the Sinaloa Cartel and the Jalisco Cartel and their affiliates control the vast majority of the fentanyl global supply chain, from manufacturing to distribution. The cartels are buying precursor chemicals in the People's Republic of China (PRC); transporting the precursor chemicals from the PRC to Mexico; using the precursor chemicals to mass produce fentanyl; pressing the fentanyl into fake prescription pills; and using cars, trucks, and other routes to transport the drugs from Mexico into the United States for distribution. The Administrator further indicated that drugs manufactured by the cartels often end up being marketed by dealers using social media platforms to relentlessly expand their business and deceptively sell fake prescription pills directly to young people and teenagers. Drug traffickers operate on multiple platforms simultaneously, and often drive traffic between platforms. (FULL COMMITTEE HEARING, 2023).

CBP reports the staggering seizure statistics on their website, and they reported in fiscal year 2022 CBP seized **14,700** pounds of fentanyl and **175,000** pounds of methamphetamine. (US Customs and Border Protection, 2023) Although, I appreciate the incredible work and I'm totally impressed with the dedication of the men and women on the front lines, these large seizures of deadly drugs should be a "wake up call" for all Americans. It's obvious and alarming to anyone who works in drug enforcement or border security that if this is what agencies are seizing, then everyone should be concerned on how much is imported, and now on the streets in America.

To be clear, the drug crisis can't be solved with law enforcement alone. This complex and emerging problem requires that all Americans unite. The U.S. needs more focus and resources on drug education, treatment and rehabilitation in addition to law enforcement. This is an unprecedented public health, national security and community safety matter that also has huge mental health ramifications for the addicted as well as their families. There are many great American patriots working in the medical, education, addiction, science, technology, financial, and other private sector industries that can help develop comprehensive strategies and plans to

deal with this matter. **The status quo is an unacceptable option as too many lives are on the line.** There must be accountability on all resources provided to these initiatives since it's not good enough to just provide funding. We need to see the death rates decline across the country.

OVERVIEW:

Over the last 37 years, I have been honored to be an active participant as a Special Agent in the DEA and now in the private sector to work with some of the best and brightest public servants. I have been committed to DEA's mission focusing enforcement efforts on the entire criminal organization. I remain very concerned that our collective efforts have many significant challenges. The Mexican cartels are taking total advantage of our current border polices, weaknesses and vulnerabilities. I have watched the cartels evolve from drug cartels to transnational criminals to substantial narco-terrorists.

Based on the growing and devastating fentanyl poisoning disaster in the United States caused by the Mexican cartels and their partners from China, I am pleased to be here at this important national security and public health hearing to discuss the historic threats to the United States. The Mexican "terror" cartels are a tremendous threat to public health, safety and national security and way more aggressive action is needed. In my view based on experience, the Mexican syndicates are one of the greatest current threats to America and we need bold leadership to combat this very dangerous threat causing devastation to communities and families across the country.

Former Attorney General William Barr articulated correctly in my view during an interview on Newsmax in July 2022 when he stated, "*The United States has been relegated to working through Mexico to try to deal with the cartels, and I think that's a losing proposition. We have to be more active against the cartels. In my mind, we have to approach the cartels more like ISIS and less like the mafia.*" Barr compared the current policy of attempting to prosecute Mexican drug gangs and affiliated organizations as about as ridiculous as "going after ISIS in Syria on the same basis." "*They are effectively terrorist organizations. They are increasingly building their connections with terrorists. Their paramilitary can take on the Mexican military, and they have so much money they can corrupt any system,*" the former attorney general further emphasized that with the ongoing fentanyl and migrant crisis, "*the United States cannot have these cartels operating on our border, poisoning our country — over 100,000" deaths. Barr condemned the Biden administration's response to the cartels, proclaiming they "have essentially abandoned the border to them."* (Cacciatore, 2022)

America has outdated technology and laws, limited resources directed at these national security threats, deceptive political leadership and huge morale issues across the agencies who are responsible for keeping the country safe. There is a concerning movement involving experienced law enforcement personnel retiring rapidly. This is happening as the cartels are building up their capabilities, enhancing their weapons systems, expanding their product line and unfortunately after forming a lethal partnership with CCN. Sadly, this has resulted in increased violence and escalating deaths in the United States.

As a DEA supervisor for many years, the Agent in Charge of SOD for almost ten years and as an huge supporter of law enforcement and grieving families since retirement, I learned so much about the evolution of the opioid addiction crisis, the “bombing of America” from synthetic drugs coming from China and Mexico, the growing role of CCN in drug trafficking and money laundering and the increased threats posed to our country from the Mexican “terror” cartels.

From 2006- 2014, as reported in a comprehensive Washington Post investigative story, more than 100 billion opioids were provided to Americans (Steven Rich, 2020) by the “corporate cartels” with no significant accountability despite the widespread and lasting impacts throughout the United States. Starting in the early 1990’s, the Colombian cartels and then later the Mexican cartels, sold very pure white heroin all over America to maximize profits and take advantage of the addicted population. In my opinion, it was all about the money and greed that was driving the business opportunities. The American public didn’t receive adequate education about the consequences of using and abusing these powerful and addictive opioids.

From my perspective as a new Director of SOD commencing my senior leadership assignment in 2005, I was alarmed to hear about hundreds of deaths in the Midwest, Northeast and Mid-Atlantic regions of the United States during late 2005 and 2006 from clandestinely produced illicit fentanyl. This was a new drug trend to me as the leader of SOD. The Department of Justice, National Drug Intelligence Center, produced a valuable intelligence report at that time. It was later determined from great work by DEA in Chicago, working with their U.S. law enforcement partners along with counterparts in Mexico, that the Mexican cartels had a deadly fentanyl laboratory in Toluca, Mexico. Thanks to the outstanding work, in May 2006 the Mexican authorities seized the lab and many lives were saved. (Fentanyl: Situation Report, 2006).

Former Drug Czar John Walters made a very astute comment about this matter when he stated, ***“In effect, to be quite clear, the drug traffickers have substantially poisoned the drug supply in the United States.”*** (News Drug Lab Shut Down, 2006).

In my opinion and based on the investigative developments at that time, the Mexican cartels recognized the profit potential of producing illicit fentanyl for distribution to the robust opioid addicted market in America. Since they were greedy and ran a growing global business enterprise, they were looking to maximize profits by producing this powerful synthetic drug.

**CHICAGO TRIBUNE NEWS ARTICLE BELOW ON HUGE FENTANYL LAB
SEIZED IN TOLUCA, MEXICO IN 2006.**

Drug lab shut down



By Chicago Tribune

CHICAGO TRIBUNE

JUNE 4, 2008

A clandestine laboratory in Mexico capable of producing millions of doses of the potent, sometimes lethal, drug fentanyl has been shut down, the U.S. drug czar announced Monday in Chicago, but not before it may have contaminated supplies of street drugs here and across the country.

Heroin mixed with the powerful painkiller has been blamed for hundreds of deaths across the U.S. in the last year, including at least 60 in Chicago. The synthetic narcotic is being added to heroin to give a more powerful high to users, authorities have said.

Just over the weekend in Cook County, there were 13 fatal overdoses that now are being investigated for connections to fentanyl, the county's chief medical examiner said Monday.

John Walters, director of the White House Office of National Drug Control Policy, said it is too soon to know if the Mexican lab was the biggest source of the illicit drug.

But authorities believe it may have been running long enough to push a major amount of fentanyl, used legally for pain management, into the illegal drug market.

"In effect, to be quite clear, the drug traffickers have substantially poisoned the drug supply in the United States," Walters said.

The U.S. Embassy in Mexico City reported the lab was located May 21 by Mexican authorities in Toluca. Federal investigators said five Mexican nationals were arrested.

Investigators are working to determine how much fentanyl could have been made at the production site before it was discovered. Agents are seeking records on the site that might provide clues as to its production capacity and distribution channels.

An epidemic of illicit fentanyl deaths in Cook County, Illinois: September 2005 through April 2007

Deaths have been reported in Illinois, Michigan, Ohio, Missouri, Pennsylvania, New Jersey, Delaware and Maryland.

Testing is under way to find a common chemical signature in samples from those states that might link them to the Mexican lab, Walters said.

Investigators said they are working to determine if Chicago street gangs are moving the drug locally. Walters said no clear national picture had emerged that would explain which criminal networks are transporting fentanyl around the country.

Cook County Medical Examiner Edmund Donoghue said blood from 13 victims of fatal overdoses in the county over the weekend would be tested for fentanyl.

Fentanyl-associated fatalities among illicit drug users in Wayne County, Michigan (July 2005-May 2006)



Keep in mind that for more than 30 years, the Mexican cartels had a long standing partnership with Chinese chemical brokers. They benefited in a huge way as their production and distribution of methamphetamine skyrocketed throughout the years of doing business together.

To illustrate the magnitude of the methamphetamine business, look at the seizure of **\$207 million** dollars in Mexico City in 2007. This record-breaking money seizure was reported as the largest ever in the world. The subject in Mexico related to the seizure was identified as a wealthy Chinese national chemical broker who was providing precursor chemicals to the Mexican cartels as they manufactured methamphetamine in Mexico for importation into the U.S. (dea.gov, 2007)

There was another game changer for U.S. drug law enforcement commencing around 2008 and 2009 when the Chinese chemical companies started producing synthetic cannabinoids and cathinones in China. These drugs were commonly called K2, Spice and Bath Salts on the streets and were surfacing around the country. The CCN initiated a very profitable business on the internet and were selling these dangerous chemicals on websites to U.S. consumers. This trend exploded rapidly causing SOD and law enforcement partners in the Department of Homeland Security and other countries to unite and attack this developing problem. As the head of SOD, I received intelligence about the increased emergency room visits and Poison Control hotline contacts. As a result, SOD synchronized several successful enforcement operations under the

names Operation Log Jam and Project Synergy to address this emerging public health threat. There were many successful law enforcement investigations around the country which exposed the global nature of this threat emanating from China that was harming and killing Americans. (Operation Log Jam Press Conference, 2012) (DEA News Huge Synthetic Drug Take Down, 2014) (Press Release Top China-Based Global Designer Drug Trafficker Arrested In U.S., 2015)

During 2012, DEA and other law enforcement agencies had investigations in America resulting in drug overdose deaths. Initially, they were reported as heroin overdoses. However, in many of these instances, specifically in the Northeast and Southeast, the medical examiner reports revealed that fentanyl was the actual cause of death. While at SOD, to address this deadly trend, we subsequently initiated a focused intelligence and enforcement program named Operation Deadly Merchant. The DEA offices in West Palm Beach (Palmer, 2019) and Gulfport Mississippi (Press Release First in the Nation Criminal Indictment of a Chinese National for Manufacturing and Distributing Fentanyl and Other Opiates, 2017) and the Immigration and Customs Enforcement in North Dakota (Chinese manufacturers indicted in deadly Fentanyl case, 2017) had very productive operations exposing the role of Chinese criminal networks and their deadly new endeavor to manufacture fentanyl analogues in Chinese labs for distribution in the United States. As the deaths started to drastically increase, DEA leadership became very concerned and briefed the former Attorney General Eric Holder in 2014 about this deadly and concerning trend emanating from China and involving Mexican and Dominican drug trafficking groups in the United States.

During the initial years of the illicit fentanyl crisis, most of the deadly substance was being shipped to the country via mail services after Chinese websites received the orders from America. The DEA produced a “Fentanyl Threat Overview” pamphlet and distributed it to federal, state and local law enforcement around the country. The law enforcement community and first responders started to become overwhelmed because of this escalating threat. CBP, DEA, ICE, FBI and foreign partners worked collaboratively to further identify the extent of the threat. There were massive amounts of these synthetic drugs being seized at the ports of entry and throughout the country.

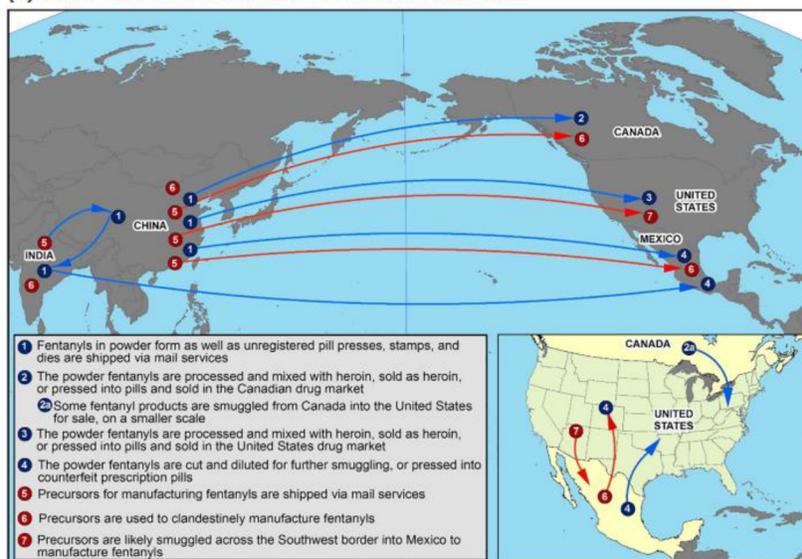
Around 2019, officials from the United States Government applied significant pressure on the Chinese government regarding the fentanyl analogue exports killing Americans at alarming rates. As a result of U.S.G. engagement, on May 1, 2019, China officially controlled all forms of fentanyl as a class of drugs. This fulfilled the commitment that President Xi made during the G-20 Summit. The implementation of the new measure included investigations of known fentanyl manufacturing areas, stricter control of internet sites advertising fentanyl, stricter enforcement of shipping regulations, and the creation of special teams to investigate leads on fentanyl trafficking. The hope was that the new restrictions would severely limit fentanyl production and trafficking from China. (Fentanyl Flow to the United States, 2020). DEA further reported at that time that the Mexican organizations were producing increased quantities of fentanyl and illicit fentanyl-containing tablets, with some cartels using increasingly sophisticated clandestine laboratories and processing methods.

DEA, working in conjunction with Mexican officials, seized and dismantled numerous fentanyl pill pressing operations and fentanyl synthesis laboratories in 2018 and 2019, highlighting the role cartels started to play in supplying the US fentanyl market. Fentanyl was being smuggled

across the U.S.-Mexico border. In December 2018, Mexican officials in combination with DEA authorities seized an illicit pill mill in Azcapotzalco, Mexico City. Law enforcement officials seized illicit fentanyl-laced oxycodone M-30 pills, suspected fentanyl powder, precursor chemicals and multiple other items related to the production of fentanyl-laced illicit pills. DEA reported during this critical time frame that the Sinaloa and the Cártel de Jalisco Nueva Generación (CJNG) cartels were likely the primary trafficking groups responsible for smuggling fentanyl into the United States from Mexico.

It was very apparent that the Chinese criminal networks changed their primary method of operation and turned over most of the illicit fentanyl production to the Mexican cartels. The cartels leveraged their existing relationships they had for years with the chemical brokers in China and increased their orders of critical precursor chemicals to make the fentanyl in clandestine laboratories in Mexico. The cartels dominate the country of Mexico and had the existing infrastructure to add fentanyl to their ongoing methamphetamine production operations. From their perspective this was another cost-effective way to generate massive amounts of profits.

(U) FIGURE 1. FENTANYL FLOW TO THE UNITED STATES 2019



Source: DEA

Unfortunately, many Americans got addicted to the powerful pharmaceutical opioids and the Mexican cartels took advantage of this greater business opportunity with a larger customer base throughout America. The cartels are now working closely with companies in China and

India to acquire massive amounts of precursor chemicals to make fentanyl in large scale operations in Mexico. In a recent trip to Texas, Congressman Latta Ohio learned that it cost less than 10 cents to make a fake pill in Mexico and the pills are being distributed for \$30.00 each. (Jr., 2023). Based on my discussions with DEA officials, in places like Montana on the Indian reservation, a pill is being sold for as high as \$150.00. The profit potential for not only the Mexican cartels is so significant that we are also seeing pill pressing operations inside the United States. As an example, in October 2022, the York County South Carolina Sheriff's Office made a record-breaking drug bust and seized around 30 kilograms of fentanyl and 7 pill presses after a highly successful investigation into a drug trafficking organization responsible for the manufacture and trafficking of fentanyl-based pills and powder. (Snipes, 2022).

Most recently, law enforcement in Houston, Texas seized a fentanyl lab which was disguised as a car rental. Texas Department of Public Safety raided a building on Jan 30, 2023 finding pill press machines, more than 17lbs of possible fentanyl precursors from China, over 1 kilogram of suspected counterfeit Xanax pills laced with fentanyl and 0.3 lbs fentanyl-laced Oxycodone. The authorities also found cocaine, ecstasy, methamphetamine pills, a stolen vehicle, three pistols and a rifle. (Adam Shaw, 2023).

There was also a disturbing report from South Texas revealing a Nueces County traffic stop turned into the largest liquid fentanyl drug bust in U.S. history. It was reported that law enforcement located a compartment built in the gas tank of the vehicle, and inside the gas tank was a modified tank, which contained approximately 25 pounds or 3 gallons of liquid fentanyl. In my view, this is another serious trend to see the cartels importing liquid fentanyl into America. This could result in the cartels following their successful model of establishing conversion labs in the U.S. for fentanyl just like they have done successfully for years with methamphetamine. (Wes Wilson, 2022)

CHINESE MONEY LAUNDERING SCHEMES SUPPORTING THE CARTELS

During the recent testimony of DEA Administrator Milgram referenced above, she explained that the Sinaloa and Jalisco Cartels utilize U.S.-based Chinese Money Laundering Organizations around the world to facilitate laundering drug proceeds. These networks use trade-based money laundering and bulk cash movement to facilitate the exchange of foreign currency. The use of Chinese networks by the cartels simplifies the money laundering process and streamlines the purchase of precursor chemicals utilized in manufacturing drugs.

Based on my discussions with law enforcement officials, the Chinese money laundering activities with the Mexican cartels started to really expand around 2015. The innovative and complex schemes established a very efficient way to move money effectively reducing the risk of losing proceeds. The wealthy Chinese businessmen benefit big time by having the ability to receive huge amounts of cash in America. This enables them to bypass the restrictions related to China's capital flight laws of transferring large sums of money held in Chinese bank accounts for use abroad. The Chinese targets in the United States, in many cases, use the cash they receive from the cartel operatives inside America to buy, real estate, land, property and make other investments.

I have received significant intelligence that the CCN's often use young Chinese nationals in America here on student visas to pick up large amounts of currency from the cartels. The cash

is then turned over by the couriers throughout the country to wealthy Chinese businessmen. Subsequently, the businessmen frequently transfer the exact amount of money using their Chinese banking apps and other encrypted apps to China. In many cases they then use the traditional trade-based money laundering schemes to buy consumer goods in China and ship them to Mexico for huge profits. This is a very effective way for the cartel leadership to get paid. In many cases, they use the funds in China to make purchases of massive quantities of precursor chemicals to keep the deadly cycle of production of their synthetic drugs moving quickly.

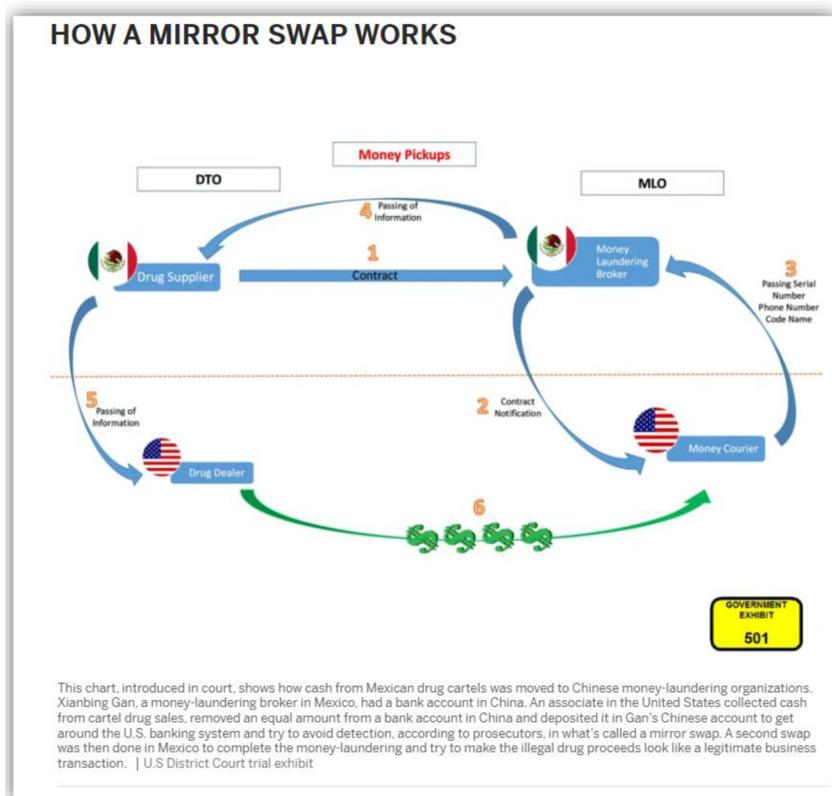
One important point to highlight knowing this growing partnership between the CCN's and the cartels, is there are numerous press reports about the very large purchases of land and real estate in the U.S. by Chinese nationals. According to the Washington Examiner release in July 2022, China is the top foreign buyer of US housing at \$6.1 billion last year from April 2021 to March 2022, which the report said was up 30% from the prior year. The article further states, "Chinese buyers flooded the American housing market with more than \$6 billion last year, more than purchasers from any other foreign country and 58% of Chinese buyers made all-cash purchases."

In my view, the United States must examine this alarming national security trend of the cartels working with the CCN since there is so much cash being transferred in America from the drug business. This is even more critical when you look at the totality of the intelligence and evidence to include FBI Director Christopher Wray's statement that "**we consistently see that it's the Chinese government that poses the biggest long-term threat to our economic and national security.**" (Dunleavy, July)

The Chicago Sun Times on April 30, 2021, did a comprehensive analysis, based on law enforcement sources and court files, on one of the popular and elaborate money laundering schemes used by the Mexican cartels and the CCN to move millions of drug proceeds in a very efficient manner. (Seidel, 2021). The Chinese criminals brilliantly offered these services to the cartels and undercut the other traditional money launderers by charging much less in commissions.

The latest scheme depicted below avoids a traceable paper trail and presents a huge obstacle for U.S. law enforcement infiltration. **They also capitalize on the use of advanced technology to beat law enforcement who's forced to deal with antiquated laws and policies to overcome encrypted communications.** The below chart was introduced in U.S. District Court and was marked as a government exhibit. The chart depicts how the cash was moved from the cartels to the Chinese money laundering organization. Based on information from law enforcement, this advanced and complex scheme is extremely difficult to penetrate and provides the cartels and the Chinese criminals a huge advantage to beat the system of Justice in America. This creative scheme also enables the cartels to produce more deadly drugs and build their business enterprise.

SEE THE BELOW MIRROR TRANSACTION SCHEME PUBLISHED IN THE THE CHICAGO SUN TIMES ARTICLE REFERENCED ABOVE.



A great illustration of the substantial money laundering involving the Mexican cartels and their Chinese partners was documented in a New York Post article dated April 3, 2022, titled **“How a crew laundered millions in cartel cash across New York City”** (Feuerherd, 2022). The DEA in Atlanta, working with their law enforcement partners, were targeting a known and significant Mexican drug trafficker. During a court authorized intercept investigation, the

agents established surveillance to watch a money transfer from the cartel operative. They observed the transfer of \$350,000.00 in cash made to two Asian males, who were members of a large-scale money laundering network based in New York. The money was seized in August 2018 and the investigation continued. During the sentencing process in November 2021 the federal prosecutor wrote in a memo about one of the Asian targets, “By engaging in this conduct, the defendant and others played a critical role in laundering millions of dollars in drug money.”

NARCO-TERRORISM AND SYSTEMIC CORRUPTION

Another disturbing aspect involving the Mexican cartels is their role as narco-terrorists and their advancement with the use of technology and weapon systems to enhance their deadly business enterprise. They are not typical crime groups as they conduct acts of terrorism not solely in furtherance of drug trafficking but for the purpose of instilling fear in the public and influencing. They are responsible for utilizing terror tactics to silence, torture and kill civilians, government officials, Catholic priests, and news reporters, who publicly speak out against the violence inflicted by the cartels. The Mexican cartels have become Mexico’s insurgency’s and have utilized terror tactics. They have corrupted the system and undermine the Mexican government and the rule of law. The Mexican cartels have recruited hundreds of trained law enforcement and military personnel who now carry out executions and assassinations on behalf of the cartels. The cartels routinely conduct beheadings, in which corpses and heads are hung on public display. The cartels also indiscriminately killing to scare the general population into submission and subservience.

The recent conviction of Genaro Garcia-Luna, former Director of Mexico’s Public Security, in federal court in New York and the DEA arrest of Salvador Cienfuegos, former Defense Secretary of Mexico, reflects the level of corruption at the highest level of the Mexican government. (Eastern District of New York Press, 2023) (Justice News, 2020). Having the top government officials on the Mexican cartel’s payroll, help the cartels operate with impunity moving tons of drugs around the world and make billions. One of the biggest obstacles for U.S. law enforcement is overcoming the presence of high-level corruption in Mexico.

In my view, the United States Government mistakenly views the Mexican cartels as only transnational crime organization, and its current strategy and policies are insufficient to end the Mexican cartels chaos and massive deaths to Americans. Look at the amounts of young Americans dying daily from their poisonous substances. The production is on the rise and the supply of these poisonous drugs are vast. The United States must accept and come to the realization that the cartels are terrorist organizations. As far as I know, there has never been a terrorist organization like Al Qaeda, Hezbollah or ISIS, that has killed this many Americans. There must be a great sense of urgency to decimate the cartels and hold them responsible for the havoc they are causing communities and families around the country. The U.S. government assessment of the cartels must be updated.

The U.S. and Mexico efforts and strategy against the Mexican cartels have been proven to be ineffective in its ability to curtail and significantly reduce the level of drug trafficking and violence inflicted by the cartels. The purpose of reclassifying Mexican drug cartels as terrorist organizations is to not only address the problem of drug trafficking, but to ultimately confront the level violence and terror carried out by the cartels. A designation would also provide the

U.S. government with additional options when combating the Mexican “terror” cartels that would not be limited to the capabilities of law enforcement. Instead, it would help bridge the gap between the law enforcement, military, and intelligence community, thus providing more resources and capabilities to combat the Mexican drug cartels. The cartels utilize military grade weapons and C4 explosives and have been found to be in possession of weapons such as assault rifles, pistols, grenades, RPG rocket launchers, claymore anti-personnel mines and man portable air defense systems. The Mexican cartels have taken control of Mexico through active means of terrorism. During my recent trip to the Rio Grande Valle, Texas, I was extremely concerned to learn about the 9000 drones used by the cartels for surveillance inside America especially knowing how the cartels are now dropping C4 explosives on their adversaries in Mexico. It’s a threat growing daily on our Southern border and the use of drones and explosives is a huge risk to our brave men and women of CBP who are fighting daily to keep us safe.

SOME RECOMMENDATIONS TO ADDRESS CURRENT CRISIS:

(This is certainly not a complete list)**

- Immediately declare a national health and security emergency from the White House based on the historic number of deaths from fentanyl and the escalating growing lethal relationship between the Mexican “terror” cartels and the CCN.
- Declare fentanyl a weapon of mass destruction.
- Declare the Sinaloa and CJNG cartel’s terrorist organizations and apply the appropriate U.S. authorities, resources and capabilities to this growing threat.
 - Work with Mexico to provide support to decimate the production labs in Mexico.
 - Hold high level security meetings with the Mexican counterparts to accurately assess their commitment to shut down the cartel’s ability to kill at record levels.
 - Increase U.S. Treasury designations and sanctions to target people and businesses facilitating the deadly criminal enterprises and flooding America with poisonous drugs.
 - Develop task forces to target the supply of precursor chemicals from China and other countries to the Mexican cartels.
 - Strengthen border security with the polices that work and always place the interest of American citizens first.
 - Need additional scanning resources at border.
 - Implement border walls with appropriate technology where necessary based on Homeland Security expertise not based on political motives.
 - Develop robust strategies to attack the money laundering schemes and networks as well as seize the assets derived from criminal activity.
 - Apply pressure on Mexico for increased information sharing and bilateral investigations.
 - Increase operations to arrest and extradite the highest members of the

- cartels to face justice in the U.S.
 - Increase operations in Mexico to identify and destroy fentanyl and methamphetamine manufacturing labs.
- Mandate the U.S. Department of Education to commence drug education in the schools throughout the country about the increased threats from the illicit drug supply.
 - As part of the education campaign, must develop partnerships with celebrities, role models, social media influencers and professional athletes, (NFL, MLB, NHL, NBA, WNBA, MLS, WMLS as examples) to develop videos and reels to push all over social media platforms to hit the target audience of young Americans.
- Have the Department of Education work with the Office of National Drug Control Policy of U.S. to develop Public Service Announcements immediately and establish close partnerships with grieving families and nonprofits who are fighting daily to spread awareness and save lives.
- Hold social media companies accountable for facilitating the movement of deadly drugs and other serious criminal activity like “sextortion” on their platforms.
- Increase resources for mental health, treatment and rehabilitation for drug addiction and apply strict accountability for the resources. Need to articulate the results and progress.
- Demand that the CDC provide updated and timely reporting on the synthetic drug deaths across the country.
 - Provide resources for lab analysis and medical examiners to expedite the process.
- Set up fentanyl death task forces like Task Force 10 in San Diego to aggressively prosecute fentanyl dealers who are killing citizens.
 - Increase resources and prosecutions of synthetic drug violators.
- Create an Operation Warp Speed for Fentanyl like we had for COVID and apply the best practices and lessons learned for the current fentanyl poisoning crisis.
- We need a “real opioid/ Fentanyl/ task force” set up to operate with a multi-agency SOD like model using existing resources at the National Targeting Center at DOD, National Targeting Center at CBP, DOJ OCDETF Fusion Center, DEA’s Special Intelligence, HIDTAs, HHS, FDA, USPS, Treasury and other key elements.
- Must address the outdated laws and polices especially related to criminal communications.
 - Work with technology companies and law enforcement to collaborate on the growing concern of encrypted communications and the impacts to national security.
 - Must address the DOJ policy regarding the December 16, 2022, memorandum to all federal prosecutors on charging, pleas and sentencing on drug crimes.
 - The perception from law enforcement around America is their own DOJ is way to “soft on criminals”. The dedicated law enforcement is working hard to keep citizens safe are feel strongly they are being undermined. There are huge moral issues developing.
- Must engage with mail services companies like UPS, FEDEX, DHL and others to

address the movement of deadly substances into America.

- Need updated technology at mail facilities to screen and identify contraband moving around the country.

CONCLUSION:

Mexican cartels, Sinaloa, and CJNG, currently operate throughout the U.S. and around the globe. They are working with CCN and are flooding America with deadly synthetic drugs. They are operating with impunity and the current enforcement focus alone is not enough to stop the death and destruction. The United States must enhance the strategies to shut down the cartel's ability to operate. We must use all authorities and capabilities of not only law enforcement but the Intelligence Community, the Department of Defense and Treasury Department as one force to decimate the cartels. They are taking advantage of the porous Southern and Northern borders and overwhelming our CBP daily. The country is inundated with crime, drugs and violence fueled by the Mexican cartels. The cartels are taking advantage of the massive addiction and the demand for opioids and methamphetamines all over the United States.

During his Senate testimony on February 15, 2023, Dr. Rahul Gupta, Director, Office of National Drug Control Policy of U.S., stated the following related to the current drug situation:

- “Worst drug crisis we have ever seen.”
- “Unacceptable to me”
- “Unacceptable to the President”
- “Direct threat to public health and national security”
- “New era of drug trafficking”

Based on these statements, the American public and specifically the families who have lost loved ones to poisonous fentanyl, deserve full transparency and way more action. Solving this unprecedented national security and public health crisis won't go away from just words. We need new strategies and way more action. We must recognize this is something America has never faced before and we are losing the future generation rapidly.

Terrorists will continue to tap into the incredible amounts of money generated from drug trafficking and many other criminal activities such as human trafficking, counterfeiting, weapon sales and sex trafficking so it's imperative that our hard-working law enforcement and other U.S. government personnel get the resources and support to enforce the laws and keep Americans safe.

We need the leadership of the Attorney General, the Secretary of the Department of Homeland Security, Executives from the Department of Defense and the Intelligence Community to unite and battle these growing adversaries. We also need to work closely with our state and local counterparts who are under resourced trying to deal with this crisis on the front lines. We need to unite our agencies as the complexity of the threats continues to grow. The threats to this great country are moving at lightning speed and we need a sense of urgency at this point. It's evident that the Mexican cartels are moving extremely fast while our investigators and assets are getting “stuck in the mud” of politics, bureaucracy, and antiquated laws. **In my view, fentanyl is a chemical weapon and the narco-terrorists' Mexican cartels are destroying**

our country as their work closely with the CCN.

Thanks to the relentless efforts of the Families against Fentanyl and others around the country, we now have congressional and a multi-state movement to declare fentanyl a weapon of mass destruction, and “21 states call on Biden to label Mexican drug cartels terrorist organizations.” (Gans, 2023) (Paxton Signs Multistate Letter Urging Joe Biden to Declare Fentanyl a Weapon of Mass Destruction, 2022)

We need to step up the game with a sense of urgency. Law enforcement will continue to do their best in enforcing the laws, but America needs congress to further engage on these growing issues. The death rates are spiking and impacting Republicans, Democrats and Independents. We must come together and develop updated strategies to combat these threats.

Thank you for the opportunity to speak on these important topics impacting our national security and public safety.



(Chart made by Derek Maltz to depict the complexity of crime in America. The gap between “good and evil” is growing rapidly resulting in a more dangerous America)

SEE PDF ATTACHMENT WHICH HIGHLIGHT SOME OF THE MASS POISONINGS AROUND THE COUNTRY SINCE DEA ADMINISTRATOR ANNE MILGRAM'S ANNOUNCEMENT IN APRIL 2002 TO WARN AMERICA ON THIS ESCALATING CRISIS.

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**SOME SIGNIFICANT MASS
POISONINGS IN AMERICA
HIGHLIGHTING THE
SEVERITY OF THE THREAT**

DEA WARNING APRIL 6, 2022

DSM 030123



April 06, 2022
Contact: Media Relations
Phone Number: (571) 776-2508

DEA Warns of Increase in Mass – Overdose Events Involving Deadly Fentanyl

WASHINGTON – Today, the Drug Enforcement Administration sent a letter to federal, state, and local law enforcement partners warning of a nationwide spike in fentanyl-related mass-overdose events. Administrator Anne Milgram outlined the current threat and offered DEA support to law enforcement officers responding to these tragic incidents.

“Fentanyl is killing Americans at an unprecedented rate,” said DEA Administrator Anne Milgram. “Already this year, numerous mass-overdose events have resulted in dozens of overdoses and deaths. Drug traffickers are driving addiction, and increasing their profits, by mixing fentanyl with other illicit drugs. Tragically, many overdose victims have no idea they are ingesting deadly fentanyl, until it’s too late.”

Fentanyl-related mass-overdose events, characterized as three or more overdoses occurring close in time and at the same location, have happened in at least seven American cities in recent months, resulting in 58 overdoses and 29 deaths. Cities impacted include Wilton Manors, Florida; Austin, Texas; Cortez, Colorado; Commerce City, Colorado; Omaha, Nebraska; St. Louis, Missouri; and Washington, D.C.

Tragic events like these are being driven by fentanyl. Fentanyl is highly-addictive, found in all 50 states, and drug traffickers are increasingly mixing it with other illicit drugs – in powder and pill form – in an effort to drive addiction and attract repeat buyers. These mass-overdose events typically occur in one of the following recurring scenarios: when drug dealers sell their product as “cocaine,” when it actually contains fentanyl; or when drug dealers sell pills designed to appear nearly identical to legitimate prescriptions, but are actually fake prescription pills containing fentanyl. This is creating a frightening nationwide trend where many overdose victims are dying after unknowingly ingesting fentanyl.

DSM 030123

Police say 10 people died in fatal fentanyl overdoses in Northeast D.C.

Authorities have tied lethal drugs to a single batch sold in Trinidad and Ivy City

By Peter Hermand
April 12, 2022 at 5:21 p.m. EDT

The Washington Post



Ten people in two neighborhoods in Northeast Washington have now died from a lethal batch of fentanyl, police said, the second mass-casualty incident involving the deadly opioid in the District this year.

Police said at least 17 people overdosed on cocaine laced with fentanyl in Trinidad and Ivy City from Saturday morning through Monday evening, and seven of them survived.

In January, **nine people died** after taking a similar concoction in a neighborhood near Nationals Park.

On March 10, 2022, 6 individuals overdosed at a rental property in Wilton Manors, Florida after being exposed to a substance that they believed was cocaine, but contained fentanyl.

On March 4, 2022, 21 individuals overdosed, 3 of whom died, at a homeless shelter in downtown Austin, Texas after ingesting crack-cocaine and methamphetamine laced with fentanyl.

On March 3, 2022, 3 individuals overdosed and died in a hotel room in Cortez, Colorado after ingesting what they believed were 30mg oxycodone pills, but which were in fact fake prescription pills containing fentanyl.

On February 20, 2022, 6 individuals overdosed, 5 of whom died, in the same apartment in Commerce City, Colorado after ingesting a substance that they believed was pure cocaine but was in fact pure fentanyl.

On February 6, 2022, 4 individuals overdosed, 2 of whom died, in the same apartment complex in Omaha, Nebraska after ingesting a substance that they believed was cocaine, but contained fentanyl.

Between February 5-7, 2022, 8 individuals overdosed, 7 of whom died, at an apartment complex in St. Louis, Missouri after ingesting crack-cocaine laced with fentanyl.

On January 28, 2022, 10 individuals overdosed, 9 of whom died, within the same city block in Washington, D.C. after ingesting crack-cocaine laced with fentanyl.

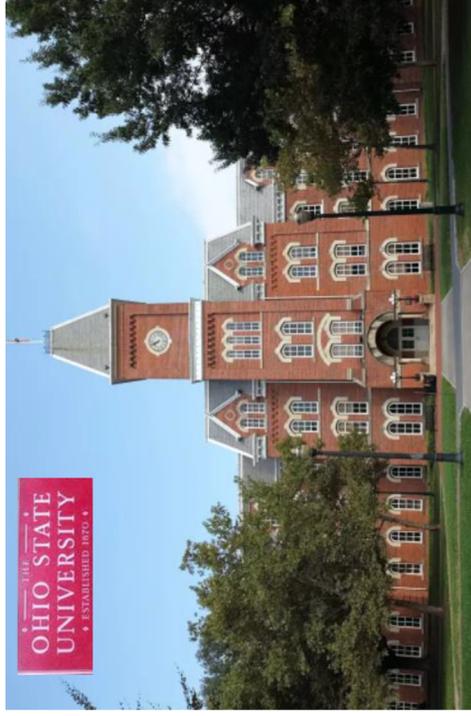


People

May 06, 2022

Ohio State Issues Warning About 'Fake Adderall' Pills Laced with Fentanyl After 2 Students Die

“While we strongly discourage any kind of drug misuse, if you, or someone you know, may choose to experiment with drugs,” the OSU statement continued, “...consider confidentially picking up a free Naloxone kit or fentanyl test strips...”



DSM | 03/01/23



El Paso DEA warns of an opioid epidemic after 9 overdoses in 36 hours a total of nine patients were taken to local hospitals after they experienced signs of drug overdose. Additionally, El Paso Police officials said two people died of an accidental overdose.

May 30, 2022



DSS1.030123



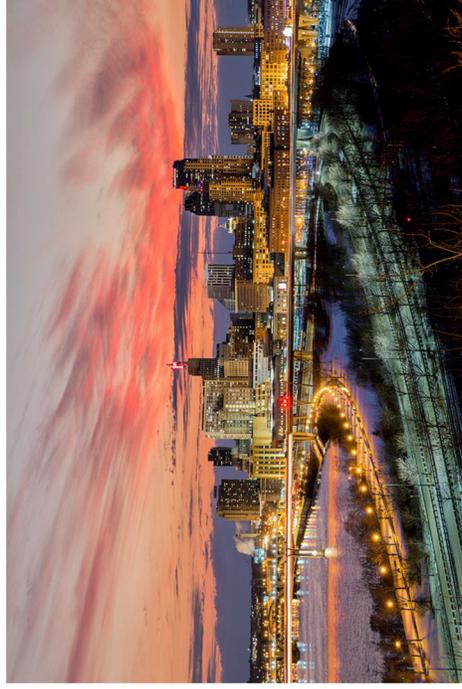
June 9, 2022

Police warn public after 9 opioid overdoses in St. Paul over 24 hours

Police are warning members of the public after they've responded to nine suspected opioid overdoses over the course of the past 24 hours.

The St. Paul Police Department issued an "OD Alert" due to the incidents. Officers say all nine recent overdose patients survived. However, over the past five days, the city has reported five overdose deaths.

The alert is a reminder of the dangers of using street drugs. If you have access to naloxone, the opioid antidote, police say you should carry it with you.



DSM 03/0123

10 dead from fentanyl: Number of fatal overdoses in Will County growing



June 10, 2022



Laurie H. Summers RN
WILL COUNTY CORONER

WILL COUNTY, Ill. — The Will County Coroner's Office says 10 deaths in 24 hours could be tied to overdoses, prompting a new warning about deadly drugs in the suburbs.

Will County Coroner Laurie Summers said a recent spike in drug overdose deaths linked to heroin on the market laced with lethal doses of fentanyl, a synthetic opioid up to 100 times more potent than morphine.

Coroner Laurie Summers is urging family members and friends of suspected abusers to READ this alert and to understand that there is likely street drugs that contain lethal doses of fentanyl.



Crime & Safety

Drugs Kill 3 More Joliet Residents: Coroner

Jun 13, 2022

Last week, Will County's Coroner reported at least 10 known probable drug overdose deaths that her office was called to investigate.



DSM1.03/0123



1 dead, 4 hospitalized after overdosing at Grand Rapids-area hotel

The Kent County Sheriff's Office says having five people overdose in one room together is "unique" and a very big concern.

June 21, 2022





Jun 28, 2022

One of 5 overdoses at Tryon International Equestrian Center was linked to fentanyl-laced lollipop

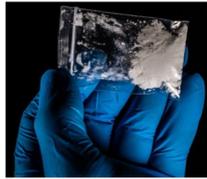
FIVE OVERDOSES REPORTED
NORTH CAROLINA



-One of the five overdoses was linked to Fentanyl-laced lollipop
-Happened at Tryon Equestrian Center



DSM | 03/01/23



Jul. 4, 2022

Death toll climbs to 9 from drug overdoses in Gadsden County

"We suspect that this was due to some type of opioid poisoning such as Fentanyl,"

Sheriff Morris Young.

Gadsden County sees a deadly spike in fentanyl overdoses



Drug Enforcement Administration

"Today we learned of another potential mass fentanyl poisoning event in Gadsden County, Florida. We send our deepest condolences to the multiple families involved. This tragedy demonstrates yet again the extreme danger of fentanyl, which we continue to seize in all 50 states, often hidden in other drugs or made into fake pills. The men and women of the DEA are committed to bringing to justice the criminal drug networks and dealers that are killing Americans by deliberately distributing fentanyl and deceptively mixing it into other substances and into fake pills."

**DEA ADMINISTRATOR
ANNE MILGRAM**



#DEA

www.facebook.com/DEADiv/ / Facebook

DEA Administrator Anne Milgram's statement about the Gadsden County fentanyl overdoses.



Preliminary findings suggest the deaths are due to drugs like cocaine and marijuana being laced with fentanyl, according to investigators.



DSM 030123

FOX 13

July 13, 2022

7 people found unresponsive after taking bad drugs laced with Fentanyl, Tampa police say



Seven people have been hospitalized due to consuming drugs laced with Fentanyl!

When officers arrived, they found six people on the ground, all of whom were having a difficult time breathing.

Several were unresponsive, police said.

Several of the victims needed to be revived with Narcan.

ARRESTED



ALBERT WYCZE

DSM1.03/0123



July 18, 2022

41 overdoses in 18 days: Metro Atlanta county is warning of a sudden overdose spike



**Gwinnett County
Police are
warning of an
overdose spike**



DSM 030123





Jul 22, 2022

HUNTSVILLE

Fentanyl suspected in at least 6 overdose deaths in Madison County

“We had literally 6 overdose deaths in less than 48 hours,” said Executive Director of the Partnership for a Drug-Free Community, Wendy Reeves.

She said those deaths were reported between 3:00 am on Sunday and 2:00 pm on Tuesday afternoon.

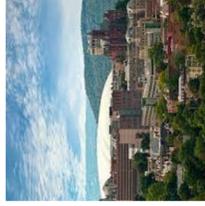
Madison County Coroner, Dr. Tyler Berryhill, said since then, two more overdose deaths have been reported. He said Fentanyl is suspected in those deaths, however, they are waiting on the results from a toxicology report.



“Nobody ever took these drugs this week with the intention to harm themselves or to cause death.”

DSM1.03/0123

Onondaga County sees 14 opioid overdoses in one day. Spike linked to fentanyl



Onondaga County is seeing a significant spike in opioid overdoses, including at least 14 overdoses that occurred over a 24-hour period Monday, according to the county Health Department.

The department reported its overdose tracking system shows there has been a rise in overdose activity over the past two months. The tracking system gathers data about overdoses from first responders.



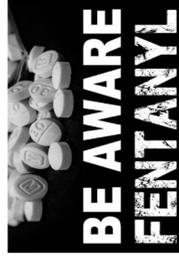
August 8, 2022



Fentanyl accounted for 89% of 2021 overdose deaths in Franklin County



Franklin County experienced a significant number of overdose deaths for yet another year. During the past few years, the county has seen a dramatic increase in overdose deaths, which mirrors what is seen in several other counties across the United States.



DSM1.0340123

Eight drug overdoses reported in Kankakee County

KANKAKEE — Kankakee County Coroner Bob Gessner said there were eight fentanyl overdoses reported during the weekend.

Of those eight, two victims died and a third is in critical condition in a local hospital

It is the second time there have been mass overdoses in the county this year.

In January, seven people overdosed with two dying





Oct. 6, 2022

16 possible fentanyl-related deaths in short span prompt public health alert

CINCINNATI (WXIX) - Hamilton County health officials are issuing a public health alert due to a possibly high level of fentanyl in drugs causing 16 overdose deaths in the span of a few days.

From Sept. 30 through Oct. 5, Hamilton County Public Health says there has been "abnormal changes in overdose-related activity."

During that six-day period, health officials say there were 16 preliminary overdose deaths.



DSM1.03/0123

3 dead from apparent fentanyl overdose in Stamford

Oct 13, 2022



DSM 03/0123

Oct. 23, 2022

THE WALL STREET JOURNAL



Three New Yorkers Ordered Cocaine From the Same Delivery Service. All Died From Fentanyl. Cocaine, long popular among New York professionals, is now often tainted with fentanyl, catching users unprepared and driving drug fatalities

DSM | 03/01/23

3 men who died in suspected drug overdose in Denver were brothers



DENVER — The three men who were found dead in Denver on Sunday after a suspected drug overdose were related, according to family.

Police were called to an apartment on Kittredge Street in northeast Denver around 5:30 p.m. Sunday. On Tuesday, the coroner's office identified the three men who died there as 28-year-old Darren King Jr., 30-year-old Terrance King and 31-year-old Jairon Jackson.



November 10, 2022

2 dead, 2 hospitalized in possible overdose in University Heights

First responders revived two of them with Narcan -- a drug used to counteract the effects of fentanyl -- and transported them to a hospital, SDPD said.



First responders revived two of them with Narcan -- a drug used to counteract the effects of fentanyl -- and transported them to a hospital, SDPD said.

San Diego Police Chief David Nisleit told CBS 8 that a man and a woman in their 30s were found dead in the home after someone called 911 about their roommates not waking up. He also said drugs were found in the home.

During a joint news conference Thursday with Mayor Todd Gloria on the fight against fentanyl, Chief Nisleit spoke about the overdose.

DSM 03/01/23

©CBS LOS ANGELES

5 possible overdose victims rushed to hospital in Granada Hills

NOVEMBER 13, 2022



DSM1 03/01/23

Four overdose deaths in 24 hours in Kershaw County



KERSHAW COUNTY, S.C. — Kershaw County Sheriff Lee Boan says his county is on pace to have the worst year on record of drug overdose deaths.

On Thursday the department posted an update that in a 24 hour stretch, 11 overdoses were called in, with four resulting in deaths.

2 students possibly overdose at Dekaney High School in Harris Co., officials say

By FOX26 Digital and Gabby Hart | Published November 17, 2022 1:25PM | Updated November 18, 2022 1:26PM | Spring | FOX 26 Houston

HARRIS COUNTY, TEXAS - On Thursday, FOX 26 received reports about a drug overdose at a local high school, videos circulating on social media show two students passed out at Dekaney High School

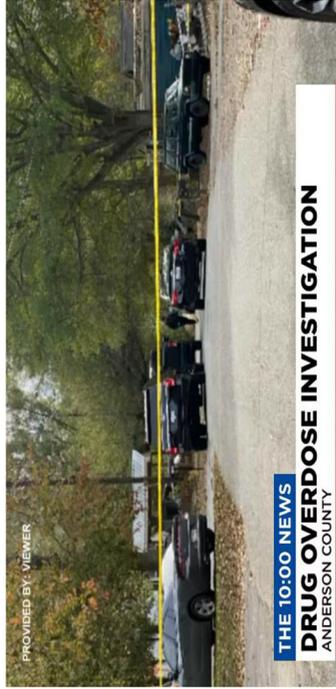


DEVELOPING STORY
TWO DEKANAY HS STUDENTS RUSHED TO HOSPITAL

The scare happened on Thursday morning when two female students passed out in the cafeteria, one video shows school personnel and EMTs giving them CPR.

DSM1.03/0123

Coroner: Investigation underway after 2 dead, 2 hurt in Anderson County following overdose



ANDERSON, S.C. (FOX Carolina) - The Anderson County Sheriff's Office is investigating after two people were found dead and one person was injured on Jones Street.

The Anderson County Coroner's Office said officials responded at around 2 a.m. on Sunday, Nov. 20 to a report of drug overdose. Deputies said at that time one person was taken to AnMed for treatment.

At around 6:44 a.m., the coroner said another call came and once on scene officials found two individuals were found dead outside a house and one person was found inside suffering from an overdose.

DSM1 03/0123

Montgomery County issues alert after 14 overdose deaths in week

Dayton Daily News

November 21, 2022

An overdose surge alert was issued Monday by Public Health - Dayton & Montgomery County after 14 people died in one week by suspected accidental overdoses.

The deaths occurred between Nov. 13 and Nov. 19, health department spokesman Dan Suffoletto said.

"Fourteen deaths in one week is a huge number, even taking into consideration what we've been through over the last couple of years," said Dawn Schwartz, project manager for the Montgomery County Community Overdose Action Team.

"You have to think about if we have that many deaths, think about how many overdoses we had both reported and not reported that didn't result in death in that same week. It's important for us to get out into the community that apparently there is some really, really bad stuff going on."

DSM1.03/0123

Broome overdose spike: 7 deaths in 11 days



Dec 9, 2022

BROOME COUNTY, NY – Broome County is once again experiencing a significant spike in drug overdose deaths.

According to the Broome County Health Department, there have been a suspected **7 deaths over the course of the past 11 days.**

The total number of deaths this year is already 75 compared to 54 last year.



DSM 03/01/23
DSM 03/01/23

BAY AREA

Six people treated in possible mass overdose on Christmas Day

by: **Tori Gaines**
Posted: Dec 26, 2022 / 12:56 PM PST
Updated: Dec 26, 2022 / 01:20 PM PST

SAN FRANCISCO (KRON) — Six people were treated for possible drug overdoses on Christmas Day, according to the San Francisco Fire Department. At 2:30 p.m., fire crews responded to the 1700 block of Post Street where they found six adult patients suffering from possible drug overdoses inside of a residence.



Onondaga County reports 25 fentanyl-related overdoses in last 24 hours



by Emma Misiaszek | Thursday, January 12th 2023

SYRACUSE, N.Y. — The Onondaga County Health Department reported at 4:30 p.m. Thursday that in the last 24 hours, approximately 25 overdoses have been reported in Onondaga County.

Initial information is showing a possible link to fentanyl-laced spike/spice, an illegal synthetic drug. Other substances that can potentially be laced with fentanyl include cocaine, molly, MDMA and other illicit drugs.

Crime & Safety

Onondaga County reporting 14 fentanyl overdoses in just 36 hours



Updated: Dec. 22, 2022, 5:30 p.m. | Published: Dec. 22, 2022, 1:35 p.m.

DSM 03/0123

6 hospitalized after fentanyl overdoses at Mount Greenwood bar in Chicago

BY CBS CHICAGO TEAM

UPDATED ON: JANUARY 24, 2023 / 8:20 AM / CBS CHICAGO

CBS NEWS
CHICAGO



CHICAGO (CBS) -- Six people were hospitalized after overdosing on fentanyl at a bar in Chicago's Mount Greenwood neighborhood.

The Chicago Fire Department was called to Lawlor's Bar in the 3600 block of West 111th Street Sunday afternoon.

According to CFD, two victims were transported to Advocate Christ Medical Center where they were stabilized. Three others were transported to Little Company of Mary Medical Center, where they were also stabilized.

DSM 03/01/23

Montana Department of Justice
on Monday

Drug Overdose Alert There appears to be a spike in Fentanyl-related overdoses in Cascade, Custer, Flathead, Gallatin, Lake, Lewis and Clark, Missoula, Ravalli, Silver Bow, and Yellowstone counties. Since January 11, there have been at least 28 opioid overdoses identified and at least eight fatalities. Please, do not use any pill or prescription drug you haven't been prescribed. Click the link for signs that indicate an overdose and call 9-1-1 if you suspect someone is experiencing a drug overdose.
<https://nbcmontana.com/.../10-montana-counties-see-uptick-in-...>

Fentanyl has been found locally in these substances:

M30 pills
These are the most common pills containing fentanyl in our area.

V48 & A215 pills
These pills, although less common, may also contain fentanyl.

Powders
Fentanyl can also be found in white powders.

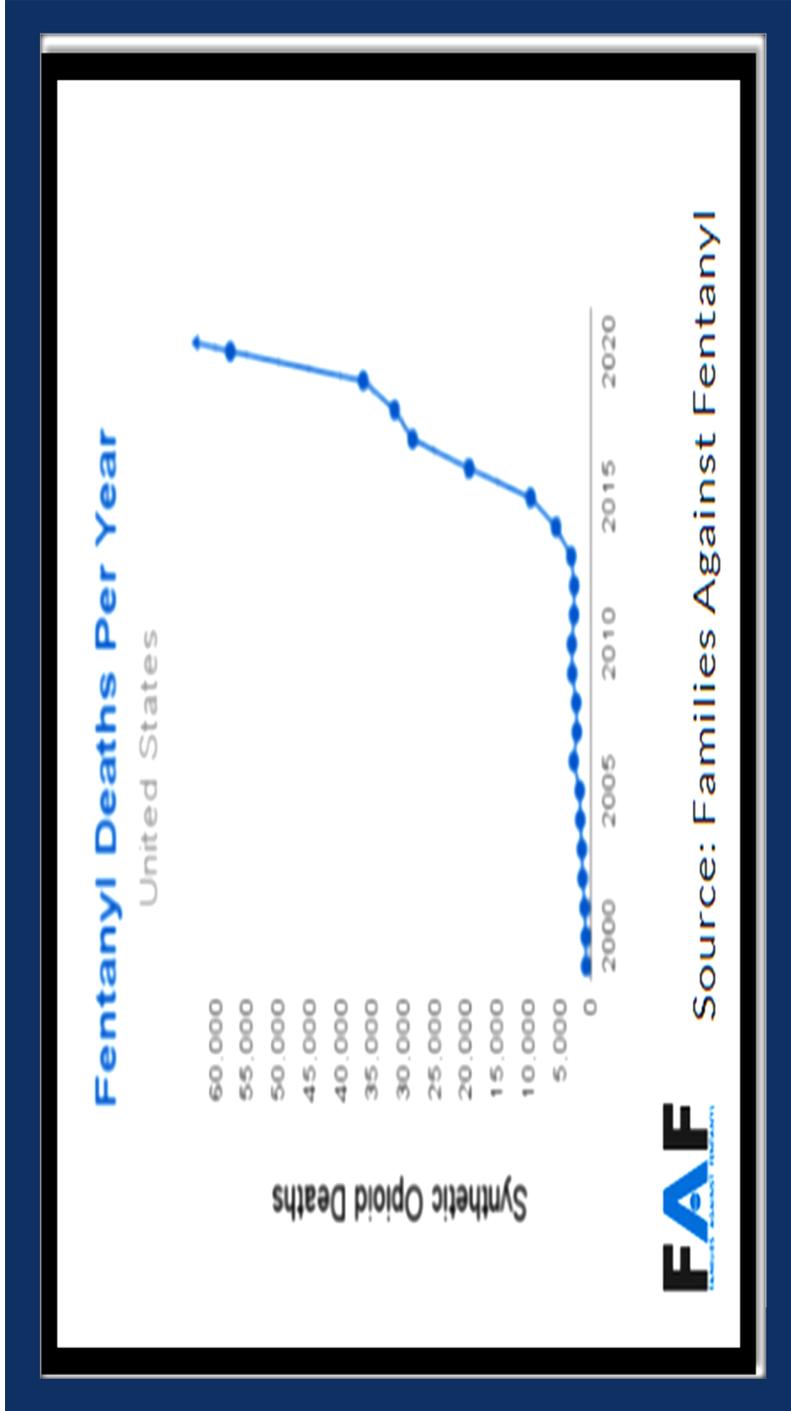
28 fentanyl overdoses, 8 deaths reported in Montana over 10 day period



Jan 24, 2023
MISSOULA - State health officials are again warning residents about fentanyl after nearly 30 overdoses were reported in a 10-day time frame this past month.

The Montana Department of Public Health and Human Services (DPHHS) reports **28 overdoses, including eight deaths**, occurred between Jan. 11 and Jan. 21.

Overdoses have been reported in 11 counties, including in Flathead, Lake, Missoula and Ravalli



**SOME SIGNIFICANT DRUG
SEIZURES IN AMERICA
HIGHLIGHTING THE
SEVERITY OF THE THREAT**

FOR IMMEDIATE RELEASE

Friday, November 19, 2021

Federal Charges Filed following Record-breaking Seizure of Fentanyl and Meth

NEWS RELEASE SUMMARY | November 19, 2021

SAN DIEGO – Acting U.S. Attorney Randy Grossman announced federal drug charges today, against Carlos Martin Quintana-Arias of Mexico, following the seizure yesterday of 17,584 pounds of methamphetamine and 388.93 pounds of fentanyl from a commercial trailer attempting entry at the Otay Mesa, California, Commercial Port of Entry. U.S. Customs and Border Protection (CBP) confirmed that both drug seizures would be the largest in each drug category, for both this year and last year, in the entire United States.

The Complaint alleges that on November 18, 2021, at approximately 8:18 p.m., Quintana-Arias, a Mexican citizen, applied for entry into the U.S. as the driver and sole occupant of a 2009 Kenworth Tractor pulling a 1996 Stong trailer. Quintana-Arias' manifest reflected the trailer contained automotive body parts. However, according to the Complaint, an X-Ray machine detected anomalies inside the trailer and a drug detection dog alerted to the rear door of the trailer.

Further inspection of the trailer's contents revealed a few automotive body parts among 6,266 packages of drugs. Of the total drug packages, 6,106 packages contained a substance that field-tested positive for methamphetamine; these packages together weighed approximately 7,976.2 kilograms (17,584.33 pounds). The other 160 packages contained a substance that field-tested positive for fentanyl and weighed approximately 176.42 kilograms (388.93 pounds).

"This is a staggering seizure that demonstrates the extent of our current fight against mass production of methamphetamine and fentanyl. But for the vigilance of our law enforcement partners, this record-breaking deluge of drugs would have caused incredible damage in our communities," said Acting U.S. Attorney Randy Grossman. "We commend our partner agencies for their tireless work and dedication to preventing these dangerous and deadly drugs from entering our country."

Record-breaking amounts of meth and fentanyl seized in San Diego

More than 17,500 lbs of meth and 389 lbs of fentanyl were seized from a tractor-trailer at the Otay Mesa Port last Thursday

Trucker arrested in record-breaking drug seizure at border



FILE - The U.S. Attorney's Office says more than 17,500 pounds of meth and 389 pounds of fentanyl were discovered last Thursday hidden inside a tractor-trailer at the Otay Mesa Port of Entry in San Diego. (Associated Press)

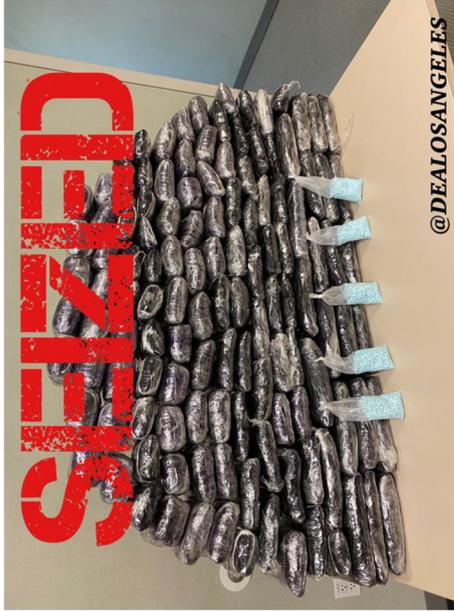
DSM 030123

OCIN
NEWS

July 15, 2022

DEA seizes record 1 million fentanyl-laced pills in California

It's the biggest seizure of fentanyl pills in California history and the pills have an estimated street value of between \$15 million and \$20 million



@DEALOSANGELES

This massive seizure disrupted the flow of dangerous amounts of fentanyl into our streets and probably saved many lives. The deceptive marketing coupled with the ease of accessibility makes these small and seemingly innocuous pills a significant threat to the health and safety of all our communities. A staggering number of teens and young adults are unaware that they are ingesting fentanyl in these fake pills and are being poisoned.

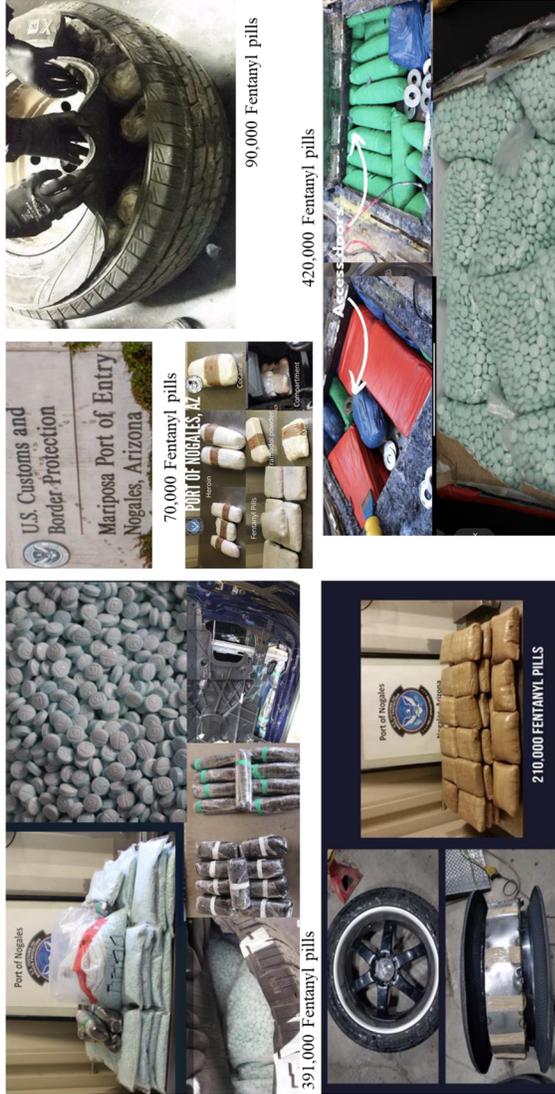


SPECIAL AGENT IN CHARGE
BILL BODNER

Los Angeles Field Division

DSM 030123

OVER 1.1 MILLION FENTANYL PILLS SEIZED IN THE LAST 7 DAYS AUGUST 6, 2022 AT THE NOGALES POE





DSM 030123

US Border Agents Seize 1.6 Million Fentanyl Pills In Big-Rig, Destined For US Cities

US CUSTOMS AND BORDER PROTECTION
PORT OF NOGALES, AZ
APPROXIMATELY 1.57 MILLION FENTANYL PILLS, 114 LBS OF HEROIN, AND 2 LBS FENTANYL POWDER CONCEALED WITHIN A FLOOR COMPARTMENT BUILT INSIDE OF A TRACTOR TRAILER, AND A FLOOR COMPARTMENT OF A VEHICLE



AUG 22, 2022

Drugs were discovered in an 18-Wheeler trailer floor compartment. The vehicle was attempting to cross into Arizona from Mexico at the Nogales Port of Entry when CBP agents stopped it for inspection.



DSM1 03/0123

Millions in cash, fentanyl seized in raid

It may be the biggest seizure of drugs and money in New Mexico history.

Federal search warrant returns unsealed Friday and revealed the discovery of up to \$4 million in bulk cash and what authorities said could be a record amount of fentanyl pills at one of 15 Albuquerque locations searched Thursday as part of an ongoing FBI investigation into a new evolving alliance among street and prison gangs in the state.

The deadly pills, believed to be destined for distribution in New Mexico, totaled more than 1 million. About 142 pounds of methamphetamine was also recovered, along with two hand grenades, ballistic vests, a bulletproof baseball cap, 37 firearms and thousands of rounds of ammunition.



DSM 03/0723

Over 1 million fentanyl pills seized by officers; single largest bust in Phoenix Police's history



DSM 03/01/23



DSM 03/01/23



Oct 25, 2022

South Carolina deputies seize 30,000 grams of fentanyl, arrest 6



During the execution of one search warrant on Golden Pond Dr. in Clover, investigators said they seized around **30,531 grams of fentanyl**, 2869 grams of cocaine, 704 grams of methamphetamine, 454 grams of marijuana, four firearms and seven pill presses used to manufacture illegal pills.



Port Director Michael W. Hump... @CBPPortDir... · Dec 29, 2022

CBP officers stopped two loads on Wednesday. First load contained approx. 541,000 fentanyl pills, 4 lbs fentanyl powder and 37.55 lbs of meth concealed in doors and rear panels of a car. Seven hours later, approx. 689,200 fentanyl pills were found hidden throughout a vehicle.



Port Director Michael W. Hump... @CBPPortDir... · Dec 21, 2022

On Wednesday, CBP officers working rail operations at the Nogales POE searched a train entering from Mexico and discovered a compartment in a spine rail car that contained approximately 736,200 fentanyl pills and 196 pounds of meth.



Port Director Michael W. Humphries @CBPPortDirNOG

On January 13th, CBP officers at the Nogales POE seized approximately 953,000 fentanyl pills and 2.65 pounds of cocaine concealed within commercial equipment in a vehicle. Most of the pills were the traditional blue color, some were green in color and some were "rainbow colored".



Nearly 1 million fentanyl pills prevented from reaching U.S. communities

In the first 3 months of FY23, the Nogales POE has already surpassed the total amount of fentanyl seized throughout all of FY22, which was already a record year.



DSM 03/01/23



Fentanyl seized by CBP at the port of entry in Nogales, AZ.

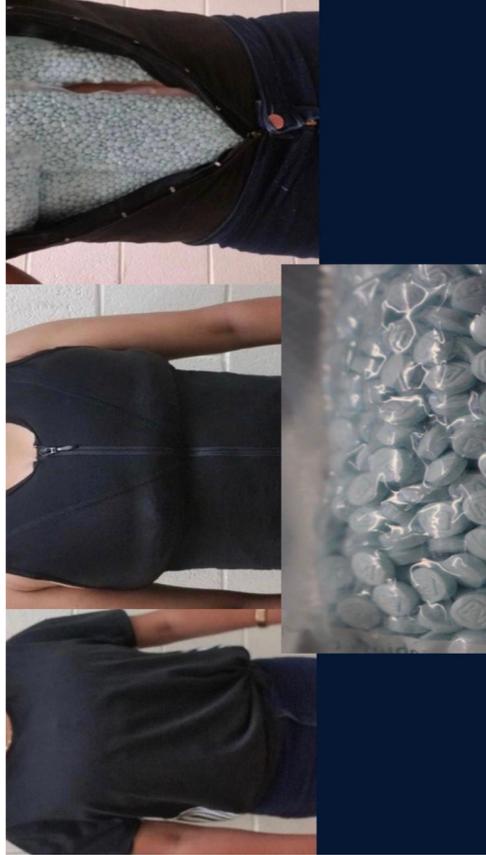


Bill Meighan
CBP Official

More than 40,000 fentanyl pills found in a vehicle's modified battery



More than 10,000 fentanyl pills found in a body shaping garment worn by a woman.



July 10, 2022

Man arrested in California for allegedly smuggling nearly \$3.7 million of fentanyl in his car tire and gas tank



July 20, 2022



US Border Patrol agents arrested a man allegedly attempting to smuggle approximately 250 pounds of fentanyl in his truck's spare tire and gas tank

DSM1 03/01/23

Men arrested for smuggling 91,000 fentanyl pills inside potato chip containers

NEW YORK POST

July 25, 2022

Two Washington men were charged in connection with smuggling 91,000 fentanyl pills inside potato chip containers

Investigation into the pair's connections to a transnational criminal organization that imports bulk quantities of fentanyl pills into Whatcom County, the Whatcom County Sheriff's Office said.



Homeland Security Investigations agents working with the sheriff's office received information that Hernandez-Hernandez arranged for 91,000 fentanyl pills to be delivered in Bellingham.

DSM/09/023



**US CUSTOMS AND BORDER PROTECTION
PORT OF NOGALES, AZ**



**APPROXIMATELY 14,000 FENTANYL PILLS CONCEALED INSIDE OF
CRUTCHES**



DSM1 03/01/23

***Biggest drug bust in Mesa PD history: 700K+
fentanyl pills, 15 lbs of hard drugs found***



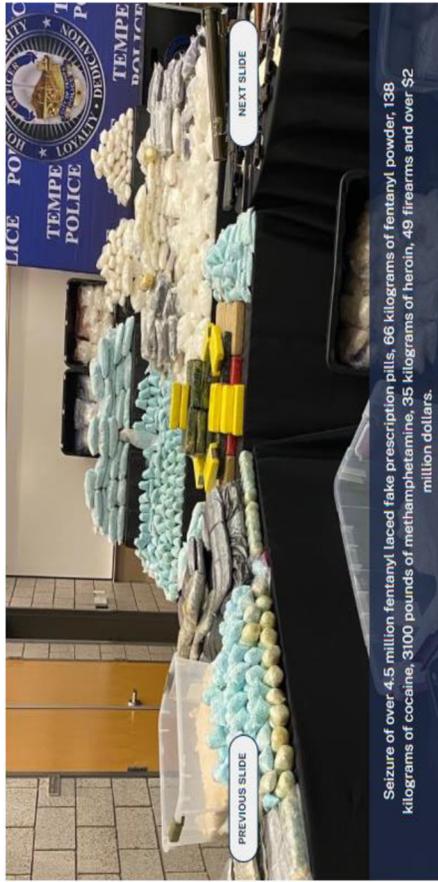
DSM 03/01/23

For Immediate Release
February 23, 2023
Contact: Jodie Underwood
Phone Number: (571) 387-3289

February 23, 2023
Contact: Jodie Underwood
Phone Number: (571) 387-3289

DEA, Arizona Attorney General & Tempe Police Announce 150+ Subjects Charged & Massive Quantities of Narcotics Seized

 **Drug Enforcement Administration**
Cheri Oz
Special Agent in Charge
Phoenix
@DEAPhoenixDiver



Seizure of over 4.5 million fentanyl laced fake prescription pills, 66 kilograms of fentanyl powder, 138 kilograms of cocaine, 3100 pounds of methamphetamine, 35 kilograms of heroin, 49 firearms and over \$2 million dollars.

DSM 030123

**NEW DRUGS EMERGING
AROUND THE
COUNTRY ALSO
HIGHLIGHTING
THE SEVERITY OF
THE THREAT**

DSM 03/01/23



Newsweek

7/22/22

New Drug About 10 Times Stronger Than Fentanyl Circulating in Colorado

NITAZENES

Pyro, the street name of a new drug that is stronger than the high-risk narcotic fentanyl, has been circulating in Colorado and recently reportedly killed at least one person in Denver.



The N-pyrrolidino **Etonitazene** drug is a high-potency synthetic opioid that is between 1,000 and 1,500 times stronger than morphine, while fentanyl is only around 100 times stronger than morphine, local news station KKCO reported on Thursday.

Detroit DEA warns of animal tranquilizer street drug 'Tranq' where Narcan has no effect

January 17, 2023



A new trend the agency is monitoring closely is the rise in use of a relatively easy-to-get animal tranquilizer called **xylazine**. It is known on the streets – as Tranq. We are hiring technologists now for the fintech of tomorrow. “We have seen xylazine within our field division, so Ohio and Detroit,” said Special Agent in Charge Orville Greene of the Detroit DEA

Florida leads the nation in overdose deaths related to new synthetic drug, CDC data shows

FLORIDA OVERDOSE CRISIS



August 13, 2022

Florida is leading the nation in overdose deaths with a new synthetic drug called eutylone.

Eutylone is a synthetic psychoactive bath salt. Just last year it was listed as the seventh most identified drug detected in over 8,000 cases.

GROWING AND ALARMING THREATS

DSM 030123

Flesh-eating drug ‘tranq’ meant for animals now linked to thousands of heroin, fentanyl ODs

September 25, 2022
NEW YORK POST

The flesh-eating animal tranquilizer xylazine has been linked to thousands of drug overdoses across the country as it inundates heroin and fentanyl supplies in places such as Philadelphia, Delaware and Michigan, reports say.

Known on the street as “tranq,” the sedative is now found in 91% of Philly’s heroin and fentanyl supplies, according to a report earlier this month in the peer-reviewed journal Science Direct.



DSM | 09/01/23

La Crosse police investigating 9 recent fatal drug overdoses

yesterday

January 25, 2023



Click to copy

LA CROSSE, Wis. (AP) — La Crosse police are investigating nine recent drug overdose deaths amid concerns that a powerful animal tranquilizer may be present in the local illicit opioid supply.

The La Crosse Police Department, the city's mayor, Gundersen Health System and Tri-State Ambulance warned the community Tuesday about the high number of fatal overdoses during 2023's first three weeks.

Toxicology reports on those overdose deaths are pending, and it may take weeks to complete, the La Crosse Tribune reported.

But the deaths have raised concerns that the animal tranquilizer xylazine, known as "trancq," may have entered local illicit supplies of fentanyl, heroin and cocaine. The tranquilizer can leave users in an hours-long stupor, and it also causes slowed breathing that interferes with the effectiveness of naloxone, a medication used to reverse opioid overdoses.

"We want those who are struggling with substance abuse to know there is possibly a dangerous mix here in our community," said Jason Melby, La Crosse's assistant chief of police.

The ineffectiveness of naloxone in treating the recent overdoses highlights the importance of emergency care, such as supportive breathing, that can keep overdose patients alive even if the medication fails, said Dr. Chris Eberlein with emergency medicine at Gundersen Health System.

DSM 03/0/23

**SEIZURES OF FENTANYL
REPORTED IN MEXICO
HIGHLIGHTING
THE SEVERITY OF
THE THREAT**

Mexico announces its biggest seizure of pure fentanyl



260 pounds

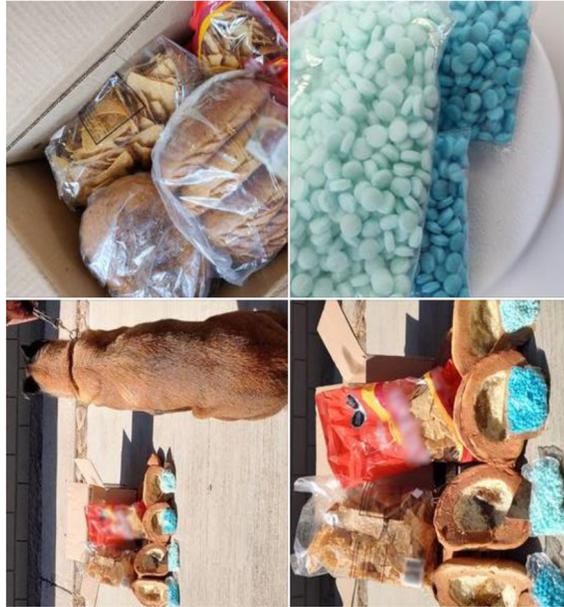


The Mexican army said the lab bursted on Oct. 28 in the northern city of Culiacan probably made about 70 million of the blue fentanyl pills every month for the Sinaloa cartel.

DSM 03/01/23

©CBS NEWS

Dog sniffs out 2,000 fentanyl pills baked into bread rolls in Mexico



NOVEMBER 16, 2022

Mexican National Guard intercepted around 2,000 pills of possible fentanyl hidden in pieces of bread.

DSM1.03/0123

Mexican police find 660 pounds of fentanyl in coconuts

Prosecutors in Mexico say police found 660 pounds (300 kilograms) of fentanyl pills packed into coconuts

By The Associated Press
December 2, 2022, 3:33 PM



MEXICO CITY -- Prosecutors in Mexico say police found 660 pounds (300 kilograms) of fentanyl pills packed into coconuts.

The coconuts were found in a truck traveling on a highway in the northern border state of Sonora.

Prosecutors said the truck was detected Thursday on a road that runs along the Gulf of California, also known as the Sea of Cortez.

According to photos of the bust, the coconut husks had been neatly split in half, and re-assembled with plastic bags of fentanyl pills inside. The road eventually leads to the border town of Sonoyta, across the border from Lukeville, Arizona.

Mexico produces most of the fentanyl that reaches the United States, using chemical precursors imported from China and elsewhere.

Fentanyl is blamed for tens of thousands of U.S. overdose deaths each year, because the extremely powerful synthetic opioid is pressed into counterfeit pills often made to look like Xanax, oxycodone or Percocet. Many people who take them do not know they are taking fentanyl.



DSM | 03/01/23

**DEVASTATING IMPACT TO
FAMILIES AND THE FUTURE
GENERATION IN AMERICA
FROM DEADLY DRUGS
IMPORTED INTO THE USA**

DSM 03/01/23









CARTEL DE SINALOA

CJNG





“The current unprecedented fentanyl poisoning crisis that’s killing our kids at record levels is not a **●** or **●** issue, it’s a **RED, WHITE** and **BLUE** issue. Need all Americans to work together **NOW** to **SAVE LIVES**”



Derek S Maltz



DSM1.03/0123

LOST VOICES OF FENTANYL



 Tiffany Forever 26	 Austin Forever 25	 Matthew Forever 20	 Nadia Forever 20	 Tyler Forever 23	 Taylor Forever 19	 Logan Forever 22	 Joseph Forever 19	 William Forever 29	 Dalton Forever 20	 Isaiah Forever 15	 Nikki Forever 23	 Jonathan Forever 19	 Jake Forever 25	 Julia Forever 18	 Brandon Forever 24	 Tyler Forever 19	 Eddie Forever 20	 Amanda Forever 24	 Melissa Forever 23	 Joshua Forever 23	 Zak Forever 15	 Lilliana Forever 19	 Jessica Forever 21	 Amy Forever 23	 Adrian Forever 19	 Logan Forever 19	 Zelaya Forever 17	 McKerpie Forever 19	 Carter Forever 20	 Elana Forever 15	 Damon Forever 18	 Boydlen Forever 19	 Jordan Forever 24	 Ryan Forever 23	 Spencer Forever 20	 Dejrece Forever 20	 Hannah Forever 17	 Maurice Forever 18	 Paul Forever 25	 Devin Forever 19	 Zachary Forever 17	 Angelina Forever 21	 Jordan Forever 21	 Sydney Forever 18	 Olivia Forever 15	 Lillie Forever 23	 Shannon Forever 22	 Ryan Forever 24	 Math Forever 16	 Drew Forever 25	 Kevin Forever 19	 Benjamin Forever 26	 Shelby Forever 26
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Mr. BIGGS. Thank you, Mr. Maltz.
 Now, we will proceed with the five-minute rule for questioning.
 I will recognize the gentleman from Texas, Mr. Nehls.
 Mr. NEHLS. Thank you, Mr. Chair.
 Dr. Singer, in your testimony you State, quote,

Fentanyl is just the latest manifestation of what drug policy analysts calls
 “the iron law of prohibition.”

“The harder the law enforcement, the harder the law.” Enforcing prohibition incentivizes those who market prohibited substances to develop more potent forms that are easier to smuggle.

Doctor, I was a law enforcement officer; served in it for 30 years. I was the sheriff of Fort Bend County for eight years, a large agency.

I can tell you, sir, in my humble opinion, you, sir, are wrong.

This here is Jose Alvarez. He is out of Mexico. Roadside investigation, Highway 59 North in my county, Hamilton, Texas, one of my officers located 10 bundles containing 10,000 tablets of fentanyl.

I want to explain something: That law enforcement across this country, we save lives. Two milligrams of fentanyl, one lethal dose. Five milligrams—look at the chart.

Are you telling me, sir, that we should not have saved those 25,000 lives that this fentanyl would have killed?

Dr. SINGER. I’m telling you that there’s another 25,000 lethal doses right behind that one—

Mr. NEHLS. I want to show you another example. This is Mr. Luis Garza. Garza was followed by my officers, Beasley, Texas, Highway 59 North. During this investigation, my officers located five containers of 10,000 Xanax tablets—Xanax tablets that were discovered to contain fentanyl.

Should law enforcement not have protected 25,000 lives that these tablets would have killed?

Dr. SINGER. I must say—

Mr. NEHLS. Just say yes or no.

Dr. SINGER. Yes, they should have.

Mr. NEHLS. In your testimony, you State, quote, “Threatening drug dealers with life imprisonment or the death penalty is also unlikely to deter the drug trade,” end quote.

Mr. Nadler was up here just a few minutes ago. I’m paraphrasing him. He says: We can’t incarcerate ourselves out of this problem.

I’m agreeing with you. I realize that individuals, these drug cartels, drug dealers, they are risking their lives being involved in this business. I understand that.

I support President Trump and his recent comments related to making the sale and distribution of fentanyl a capital crime and the use of the death penalty. I believe this strategy will address this serious problem. Maybe it won’t solve the problem, but I believe that, if you start strapping a few of these ruthless bastards to a gurney and start filling them with the same drug they were selling to kill Americans, it would me bring a great deal of satisfaction.

I want to thank those that are here. Ms. Rachwal, for Logan, I am so sorry.

I had dinner with a gentleman last night who lost his 27-year-old son—lost his 27-year-old son. He was shaking when I was having a conversation with him. I told him I'm going to be here today; I'm sorry for your loss.

I will do everything in my power to secure our southern border, to support our law enforcement, to make America first, to make America great again, and stop this deadly drug from making its way into our communities.

Thank you. I yield back. Oh, I yield my time.

Mr. BIGGS. Thank you for yielding and thank you for your questioning.

I want to make this point because I think it needs to be made, based on some of the statements from my friends about this issue, who I think are sincerely concerned as well.

The movement of illegal aliens across our southern border is unbelievably—I mean, we are talking over two million encounters last year, not to mention a million known gotaways.

The Border Patrol is distracted by dealing with those individuals that are surrendering. A million people, as I showed in the video earlier, coming across in camo and backpacks. They are not coming on holiday. They are coming to poison our children and our citizens.

The Border Patrol vacancy that occurs because we have—I know some of you are very familiar with Arizona, the Tohono O'odham Reservation, 62 linear miles on the border—62 linear miles. Basically, times where no one is there to patrol because they are dealing with the surrenders and gotaways.

Please remember that. This is coming and pouring across our southern border.

With that, the time is expired, and I will yield to the gentlelady, the Ranking Member from Texas, Ms. Jackson Lee.

Ms. JACKSON LEE. I will always say that we need to do this in a fully bipartisan-embracing way.

Ms. RACHWAL. I want to, as I listened to you, and as well in the other room, and as well read your statement, I think we should put on the record Logan was kind, caring, smart, and creative. He loved animals. The plight that he faced really should be something that we can find common ground. As I indicated, I am interested in the manufacturing, online, where it gets directly in the hands of a beautiful, young man like Logan.

So, you listened to Mr. Maltz, and I understand that you are a clinical therapist. What about the videos, the involvement of education, professionals? What about just getting on the airwaves and making a major campaign? Can that help?

Ms. RACHWAL. I believe that everything needs to be done to help this problem. Yes, we have to hit it at all angles. Absolutely education.

I spoke in front of about 120 young kids yesterday morning, and over half of the room had never even heard about fentanyl. Probably 95 percent never heard about Narcan or naloxone.

So, education is huge. It's important, just important as this and the border. I believe it has to be hit from all angles.

Ms. JACKSON LEE. Well, we need to take you up on the offer, and let me also offer my sympathy to your husband as well. We need

to take up the loud megaphone, and I think that is what I hear you saying.

Dr. SINGER, we need to do this in the right way. So, I need you to be as focused and precise on this question about dealing with fentanyl in a manner that is going to be effective.

The question of research and the medical use, can you explain how important? That is, even this scourge of the epidemic of attacking our Nation in terms of addiction and death. How do you interject the fentanyl research, so that we can be common-sense-focused to save lives, but to deal with the research that medicine needs to do?

Dr. SINGER. Thank you, Representative Jackson Lee.

Yes, actually, as we know from past experience, classifying a particular category of a fentanyl analog as Schedule I, meaning no accepted medical use, basically, cuts off any opportunity to do research on the drug going forward. I think nobody can ever know that there's not going to be something good discovered.

We cutoff psychedelics 50 years ago for research, and just now we're starting to realize them in many useful—there are many lives that could have been saved over the last 50 years, but research was completely suppressed. The FDA is about to finally legalize MDMA maybe this year.

Marijuana is still Schedule I. Could anybody with a straight face that it has no accepted medical use?

- (1) Just as a matter of principle, to completely block research into a certain area because you've decided in advance that it's not going to lead to anything positive, I don't know how anybody could ever know that. They probably laughed at people who suggested you can get penicillin from a bread mold, but we did.
- (2) I think it's a distraction to focus on permanently outlawing FRSs because, as Dr. Westlake himself admitted, it did nothing to lower the overdose crisis. We're here to be focused on why people are dying from fentanyl overdoses, and this is sort of like a little shiny object on the side.

So, we get rid of FRSs. Meanwhile, I think the next thing we're going to be dealing with is nitazenes or tranq. We're already hearing in the East Coast cities, we're hearing horrible stories about xylazine making its way into, into fentanyl and the other products.

Ms. JACKSON LEE. Let me pose some other questions.

Dr. Westlake indicated that the creation of new fentanyl-related substance had ground to a halt internationally. Do you agree with that proposition?

Dr. SINGER. I really don't know you could say that. Just like it's been said on this Committee that we don't know how many smugglers have smuggled in—

Ms. JACKSON LEE. Then, my last point is the drugs that provide the adverse reaction, I'll call it, and other drugs, how important it is that our communities have access to that—schools, police, et cetera?

Dr. SINGER. Are you talking about reversal?

Ms. JACKSON LEE. Yes.

Mr. BIGGS. The gentlelady's time has expired, but you can answer the question.

Ms. JACKSON LEE. Thank you, Mr. Chair.

Dr. SINGER. I think it's very important that drugs that block or are antidotes to the opioid-related overdose deaths are made readily available. Naloxone has been around since the 1960's. There's

good reason to believe from recent reports from the Food and Drug Administration they may actually make it available over the counter this coming month of March. So, let's hope they do.

Ms. JACKSON LEE. I will engage with you on that. Thank you so very much. I think it is very important.

Mr. BIGGS. Thank you.

The gentlelady's time has expired, but I am going to recognize her for a point of personal privilege to introduce a guest she has.

Ms. JACKSON LEE. I am delighted. I know that she will take this information and we will collaborate together. I am delighted to have Councilmember Carolyn Evans-Shabazz, who represents what we call District D, for destination, in Houston, Texas, who is here to advocate for children, for economic involvement or investment, and to represent the city of Houston.

Thank you so very much for being here.

Mr. BIGGS. Thank you and welcome.

[Applause.]

We are glad to have you with us today.

The Chair recognizes the gentleman from Alabama, Mr. Moore.

Mr. MOORE. Thank you, Mr. Chair.

Certainly, I appreciate all the witnesses being here today.

Ms. Rachwal, we are certainly—our condolences to you and your family for the loss of Logan.

Thank you all for being here.

It takes a lot of courage to do what you did today, but I think, more than anything, that is an opportunity from a person standpoint to reach so many children in this country who need to hear that story coming from a mom's mouth and telling it like it is out there. So, thank you again for being here and we appreciate that.

Mr. Maltz, I have been to the border a couple or three times. The one thing that I think that the Biden border policies have done, they have created—we have an invasion on the southern border, five million people since he has been in office, encounters.

The one thing that I noticed, and it kind of concerned me—I don't know if you have heard this—but there is a price now for human beings to be shipped across our southern border. They are dealing with the cartels. So, the prices we heard were about—well, this is a few years ago—but last week, the testimony in Yuma, Arizona, it is now \$6,000 a head, if you want to come into the U.S. from Mexico or Guatemala, any of the Triangle Nations. If you are coming from Russia, it is up to \$19,000. A hundred countries, I think 106 countries come through Yuma.

The thing now, you know, we talk about securing those points of entry on the border. I assume we are spending some money and doing that wisely, but the thing is the porous border between those ports of entry, the cartels have figured this out.

So, I was told—and I don't know if you have heard us, and maybe you can help shed some light—but many of these people don't have the money to come to the U.S. So, they cut a deal with the cartel, and there is one of two options. They either are going to be indentured servants or slaves; they are going to make payments to the cartel. The other option was backpacking heroin, cocaine, or fentanyl across the U.S. southern border.

Have you heard of any of those stories? We are just trying to get to the bottom of what these policies are doing and (1) why we are seeing such an influx of people, and (2) drugs.

Mr. MALTZ. Thank you for the question.

I mean, the cartels run a multibillion-dollar enterprise. As you pointed out, there are some experts that suggest they're making more money from the migrant smuggling now than drug smuggling.

They are doing whatever it takes to get their poisonous drugs into this country because they want to drive addiction, and they also want to make as much money as they can.

So, I have talked to Homeland Security experts that, obviously, are very concerned for the national security of the country, because we've never seen anything like this in the history of the country. I just want to make it clear to everyone in the room: This is nothing we've ever seen.

So, there are so many migrants coming in, and it's just unknown. We don't know what we don't know. That's why I get a kick out of this POE concept, because there's more deaths in America than we've ever seen. There are more seizures at the POE and the border that we've ever seen. There's more seizures throughout America by law enforcement than we've ever seen.

So, obviously, yes, putting some more X-ray machines at the POE is really awesome. I appreciate that. That's not going to stop the tsunami of deadly drugs coming into this country. That's why we've got to destroy those production labs and can't rely on Mexico to do it.

Mr. MOORE. That is a very valid point.

Richard Nixon, 50 years ago, he started the war on drugs with just over 6,000 deaths in this country. We had 107,000 people die last year from fentanyl poisoning. Unfortunately, many of them are young and they are getting younger, 18–45, I think.

So, you talk about they will stop at nothing. We actually at one spot on the border—do you all remember the two little girls they dropped over the border, the 3-year-old and the 5-year-old? They climbed up a ladder at the top of that wall—I don't know, it is 14–15 feet—and the cartel dropped those two children.

As the Border Agents—we went to that spot—as the Border Agents ran to that spot, there was an opening one mile away where they were shipping their drugs through. So, they used those children as decoys.

That is what they are doing with these migrants. They will send them in waves across the southern border. As the CBP, we are now—the CBP is now nothing more than a concierge service. They can't focus on stopping the drugs because they are too busy trying to process people in and get them to the points of entry, or wherever they have got to take them to get them shipped in a bus to somewhere in our country.

Anyway, I want to thank you for being here, sir; all of you for being here.

Mr. Chair, I will yield the remainder of my time to you.

Mr. BIGGS. Thank you, Mr. Moore.

So, we heard about that U.S. citizens are driving and bringing fentanyl up. They are coming through the ports of entry. Now, why

is that? Because the cartels are hiring U.S. citizens, because it is easier for a U.S. citizen to actually drive through a port of entry than a foreign national.

It is the cartel that is controlling it. Even our testimony last week said there is nobody that enters the U.S. without the cartel controlling it.

I will give you an example. We went out in this ridiculous caravan the other night to go to the border. As I got in that caravan, I said, "Nobody's coming because the cartel would see 30 cars coming and they're not going to allow anybody to come." Nobody came—not until everybody had gone, and then, they started to flow again.

Ladies and gentlemen, we don't even control our own southern border.

I regret to tell you that we have been called for votes on the floor.

I would ask our witnesses to please—you may take a recess. We will probably be back here in about 45 minutes. We are going to be in a recess for 45 minutes, and then, we will continue the hearing. Thank you.

We are in recess.

[Recess.]

Mr. BIGGS. Subcommittee is called to order.

Thank you for being back here. Our recess lasted a little bit longer than we anticipated due to votes.

I now yield five minutes to the gentleman from Florida, Mr. Gaetz.

Mr. GAETZ. Dr. Singer, in your testimony you talked about the market demand for fentanyl, for drugs generally, but specifically for fentanyl. I guess I wanted to assess the utility of that analysis in the context of a drug that is often spliced into other things that people are using.

Did your son seek out fentanyl? Was he part of the market demand for fentanyl?

Dr. SINGER. Absolutely not. He bought a pill on Snapchat, a blue perc 30, and it had fentanyl in it.

Mr. GAETZ. Mr. Maltz, in your extensive experience at DEA, do you find that fentanyl is being laced into what people believe to be Percocet?

Mr. MALTZ. A hundred percent, yes.

Mr. GAETZ. Xanax as well?

Mr. MALTZ. Yes, sir.

Mr. GAETZ. And marijuana?

Mr. MALTZ. There are cases of marijuana. Don't know the extent of that. There have been fatalities reported with fentanyl in marijuana, yes.

Mr. GAETZ. MDMA and ecstasy, do you see—

Mr. MALTZ. Not sure about too much of that. Definitely in heroin, cocaine, and methamphetamines. More importantly, it is the pure fentanyl that is in the pills and the powder.

They are making these pills, millions of them every day. There are pill press locations.

Mr. GAETZ. I get if someone, I get that you would think about something as an overdose if someone was seeking out fentanyl,

they believed they were taking a certain amount of it. They end up taking more and they end up overdosing.

If someone thinks that they are using a different substance, that doesn't strike me as an overdose, that strikes me as a poisoning.

Mr. MALTZ. Yes.

Mr. GAETZ. Dr. Singer, I would love your thoughts on it because—

Dr. SINGER. Yes.

Mr. GAETZ. —probably on the Republican side I am the easiest to concur that the war on drugs is one that has been won by drugs.

Dr. SINGER. Yes. Well, Congressman Gaetz, maybe you misunderstood me. There is, there are some people who actually want fentanyl. For the most part it is prohibition and the black market that it created that is responsible for this. Because as I mentioned about the iron law of prohibition, that is what incentivizes the cartels to come up with more potent forms.

So, initially, around 2012 or so we were seeing fentanyl appear as a mixture with heroin to increase, to boost its potency so that they could smuggle it in smaller amounts and sell it into more units.

Then it really got accelerated when the cartels realized it is easier to synthesize. You don't have to rely on the opium poppy being shipped. The reason why we are seeing so many innocent people who are, for example, buying a Percocet they think, even Prince, Prince he liked to use vicodin. His dealer, he thought his dealer got him vicodin but the toxicology reports showed he died of a fentanyl overdose.

It wasn't in those cases that people were seeking fentanyl, it is that this is what happens when you have a black market.

Mr. GAETZ. Sure.

Dr. SINGER. So, is that—

Mr. GAETZ. I wanted to ask you a little bit about those relationships between the dealers and the users. I found a tweet of yours from back in 2019 where you say when people cross political borders, they are not violating anyone's rights, given that they are simply exercising their natural God given rights of freedom of travel, economic liberty, freedom of contract, and freedom of association.

When you say freedom of contract are you talking about the contract between the drug traffickers and the users?

Dr. SINGER. No. I'm talking about a contract, for example, between a farmer and somebody who has, is offering to work on their farm and help pick crops, for example.

Mr. GAETZ. I am glad you mentioned the farmer, because we were just in Yuma, Arizona, and we met with a lot of the growers. These are, like, third, fifth generation growers. What they tell us about their freedoms and their property rights, property rights that I think Cato cares deeply about, is that they get violated by migrants who defecate in their fields, who create contamination for the food supply.

These are not insurable losses. So, they just have to eat these losses.

Does the violation of the property rights of the farmers you mention concern you?

Dr. SINGER. Of course, that would be trespassing on private property, so.

Mr. GAETZ. Right. Don't you think that the open borders policies that you have advocated for increase the frequency of that violation of people's property rights?

Dr. SINGER. People have no right to come on someone else's property without their permission.

I am not here as an immigration expert, but I can tell you as a libertarian, the overarching principle is that our fundamental, inalienable rights are not limited to people in the United States. It is a human phenomenon, all humans. All humans have the right to freedom of movement.

Mr. GAETZ. Not across somebody else's property; right?

Dr. SINGER. I beg your pardon?

Mr. GAETZ. Not across somebody's private property.

Dr. SINGER. Not private property, no.

Mr. GAETZ. Do you believe that everybody in the world has freedom of movement across our border?

Dr. SINGER. Unfortunately, no.

Mr. GAETZ. You would like that to be the case?

Dr. SINGER. Well, I think borders are for governments and not for people.

Mr. GAETZ. I don't know, Doctor.

Dr. SINGER. Borders define where—

Mr. GAETZ. See, I would observe that governments have to govern the conduct of people, and that the role of our government is to secure our border. That if it is open, it is the property rights we are concerned about and the life and health of our fellow Americans that continues to degrade.

I appreciate the colloquy and appreciate all the witnesses being here. I yield back.

Mr. BIGGS. The gentleman's time has expired.

I call upon and recognize the gentlelady from Pennsylvania, Ms. Dean.

Ms. DEAN. Thank you, Mr. Chair.

I want to thank all our witnesses for testifying today for this important discussion. First, let me extend my sincere sympathies to the Rachwal family for your indescribable loss of Logan, to you and your husband, and your son, I am very sorry for the loss of your beautiful boy.

You have lived a nightmare that many parents fear. My family faced the diabolical opioid crisis ravaging this country because our middle son was addicted to opioids. We went through an awful lot of trauma around that, and misunderstanding, misunderstanding him and what was affecting him. He is now 10 years in recovery.

I think it is really only but for timing, perhaps, that we didn't lose him to fentanyl, because 10 years ago it was not so prevalent.

So, God bless you, and God bless Logan. I want you to know that we have a bipartisan new caucus, and it is bipartisan, to work in a bipartisan way. It is called the Bipartisan Fentanyl Prevention Caucus. So, I am delighted to join Rep. Issa, Rep. Neguse, as well as Rep. Calvert to work on this issue to save lives.

During both the Trump and Biden Administrations the Federal Government noted increasing numbers of overdose deaths. People

have said it here today, 108,000 in 2021, 70 percent of those involving fentanyl poisoning.

So, treating fentanyl and related substances with severity, as the Biden Administration and the Trump Administration did, is one step. Just last year, Congress authorized \$60 million for additional CDP officers, and \$70 million for inspection technologies. All those things are what we must do. We know that much of these substances is coming through legal ports of entry.

The result of that investment was an additional 13,000 pounds of fentanyl seized.

So, I wanted to just ask you, Ms. Rachwal, if you would like to say just a little bit about Logan. Then I was going to ask Dr. Singer for some public health recommendations.

Ms. RACHWAL. Well, obviously Logan, thank you, Logan was very young when he passed. He was 19. So, he was our second, our oldest son. He was a real good kid. He was a vulnerable kid. We sort of felt like we, obviously, lost out on so much of his life.

Logan the night he passed he was upset, he was distraught. He was extremely upset. His girlfriend and him were fighting. He was on Facetime and took the pill while his girlfriend, was on Facetime with her.

He sought out the pill on social media. That is how he passed.

Ms. DEAN. I am very, very sorry. This Committee has heard from other parents who have lost the indescribable, heart-crushing loss.

Dr. Singer, in your testimony you talked about the natural, sadly, natural progression of this drug crisis. This one began with pharmaceuticals, evolved to heroin, then fentanyl, now synthetics. Now we're even talking about tranq and some other horrific substances.

What are the right public health solutions?

I really believe we have to think outside the box. We can't be afraid to embrace that this, that people, not just addicts, but those who are addicted and those who are just experimenting are at grave risk of death.

So, what are the public health things we should be doing?

Dr. SINGER. Thank you for that question.

In fact, what we need to do is instead of just focusing on the supply side, we need to focus on protecting people who are using drugs from the dangers of fentanyl and other even more deadly contaminants.

I have a chapter, actually, in the Cato Handbook for Policy Makers that was just released that dealt with this. Among the things that this Committee could do is, for example, our drug paraphernalia laws, make it illegal for a person to hand out a fentanyl test strip. Or now they make xylazine test strips for tranq because that is considered drug paraphernalia as testing equipment.

Many States are changing their laws to allow that, both Red and Blue States. South Dakota did last week. Arizona did a year ago. There are also Federal paraphernalia laws.

Another very important thing in my opinion is for this Committee to consider even repealing or amending 21 U.S.C. 856, also called the "Crack House Statute." I have a policy brief that came out yesterday about this.

Overdose prevention centers have existed throughout the developed world since 1986 when they first started in Switzerland. They are in 16 countries. There are 147 of them in 91 locations. We are an outlier. Thirty-eight are in Canada, 25 are in Germany, 14 in Switzerland. We are an outlier because our Federal law prohibits people from helping their neighbors by setting up centers, so they can be brought inside and use in a safe environment, and have people standing by with naloxone.

Ms. DEAN. I see my time has expired. I thank you both for the conversation.

I couldn't agree with you more. I have said to people in my district—

Mr. BIGGS. The gentlelady's time has expired.

Ms. DEAN. I agree with your recommendations. Thank you.

Mr. BIGGS. Thank you.

The Chair recognizes the gentleman from Wisconsin, Mr. Tiffany.

Mr. TIFFANY. Thank you very much.

Ms. Rachwal, you make all of us Wisconsiners proud.

Do you know the statistics from 2019–2021, there was nearly a doubling of the number of deaths in Wisconsin from fentanyl. Is any State exempt from this in your travels?

Ms. RACHWAL. I agree with you, Mr. Tiffany, what I believe in those two years, Wisconsin's percentage was about 97 percent increase. In my opinion, with the experience that we have, which I feel is probably early in its stages because Logan it has been very recent, but I think every single State is experiencing an increase.

Our kids are at risk. Every single kid is at risk. Even if there are kids that we are not seeing, some kids are not dying but they are dealing with addiction issues as well very young because these cartels, these pills are, they are being made to drive addiction. That is what they want, they want these kids to be addicted. It is a business.

So, but I do believe it is everywhere.

Mr. TIFFANY. Is this why you said everything has to be done to try to get this under control?

Ms. RACHWAL. Absolutely. If we miss one little loophole, that is why we are seeing numbers go up. There is some things being done, but everything has to be done. It has to be done at every angle.

Mr. TIFFANY. Dr. Westlake, it is also good to have you from the great State of Wisconsin here also. I want to thank you.

I voted for the Hope agenda in Wisconsin which you helped put together which was really groundbreaking, wasn't it in America?

Dr. WESTLAKE. Yes.

Mr. TIFFANY. First of its kind.

Dr. WESTLAKE. Yes.

Mr. TIFFANY. What does, you are an emergency room doctor, what does death look like from fentanyl?

Dr. WESTLAKE. Right. So, opioids just cause respiratory suppression, so it just, people just stop breathing, and then they pass out, and then they turn blue, and then they die if not resuscitated.

Mr. TIFFANY. So, it is almost like they are being smothered?

Dr. WESTLAKE. Or, right, or the same thing as an execution. It can be the same thing as a chemical execution.

Mr. TIFFANY. So, it is similar to a chemical?

Dr. WESTLAKE. Right.

Mr. TIFFANY. Many of the critics of FRS scheduling, Dr. Westlake, cite concerns with mandatory minimums and sentencing guidelines, insisting that this criminal justice framework will do nothing to prevent FRS market saturation.

Could you briefly explain why it is important to permanently keep this on Schedule I with the associated criminal penalties?

Dr. WESTLAKE. Great. Yes, thanks for the question.

So, this, so criminal penalties do not stop use of drugs. Drug users are going to use drugs. People with substance abuse disorder are going to use drugs.

Traffickers, as Dr. Singer said, are going to traffic drugs regardless of the penalties.

What this does and what—I know this is novel, and where I think this is not some shiny object that is distracting from the purpose—this closes up the spigot of fentanyl-related substances. So, this targets the legal chemical companies in China from stopping creating fentanyl-related substances.

According to the GAO report in 2021, it has accomplished that. There are relatively no new fentanyl-related substances being created.

So, you have this big, this big faucet of illicit fentanyl, which is a huge problem. Right now, the spigot for fentanyl-related substances is turned off, but it could reopen. I think the 2,500 people that died in Florida from fentanyl-related substances that were legal in 2016–2017 would disagree that fentanyl-related substances are a shiny object.

Mr. TIFFANY. Mr. Maltz, what we basically heard from the other side is that immigration is not a problem. We didn't hear that in the testimony from Sheriff Dannels, Cochise County, Arizona, and the sheriff from Yuma County over the last month.

Do you agree with the sheriffs that immigration has fostered this increase in fentanyl coming across the border?

Mr. MALTZ. A hundred percent. The country is being invaded. There are migrants coming from all over 160 countries. They are looking to get here for a better life, many of them. OK. We also have terrorists, we have rapists, we have sexual predators, we have criminals coming over that border every day. There over a million got-aways coming into the country.

Here is the problem, Congressman: The people in this town don't listen to the experts that know what they are talking about, that have been there on the border.

Chair Biggs goes down there, like many of you go down there, and talk to the experts, not reading it in the *Washington Post*.

Mr. TIFFANY. Sir, I just need my final 15 seconds here. Thank you for that.

If for no other reason, let's set aside the human trafficking, and the largest human trafficking network that has been set up in the history of the world. Set it aside.

We have the greatest number of people on the Terror Watch List come across our border, correct?

Mr. MALTZ. Yes.

Mr. TIFFANY. Set that aside. If for no other reason, for fentanyl we should be securing the border.

I yield back.

Mr. BIGGS. The gentleman's time has expired.

The Chair recognizes the gentleman from Tennessee, Mr. Cohen.

Mr. COHEN. Thank you, Mr. Chair.

First, is it Rachwal? Ms. Rachwal, I was here when you testified and was very sorry about your son and his circumstances, your husband as well.

Did the University of Wisconsin, Milwaukee, after your son's overdose do anything to start to inform students about drugs and have some type of a public interest program there, public information?

Ms. RACHWAL. Did we? I am sorry, did we do?

Mr. COHEN. Did Wisconsin, Milwaukee, do anything?

Ms. RACHWAL. The university?

Mr. COHEN. Yes. Yes, ma'am.

Ms. RACHWAL. They did after we respectfully pushed them and continued to push them. We were able to get naloxone boxes installed across the campus for safety. Then we were also able to have them instill a freshman program so that the students were aware of what to do, and the signs, had posters up, all those kind of things.

Mr. COHEN. Well, thank you for what you did.

Do you know if that has been done in other, other colleges?

Ms. RACHWAL. In Wisconsin specifically, 90 percent of the University of Wisconsin system does have the naloxone boxes and they are following suit with that, but every school is different.

Mr. COHEN. Right.

Ms. RACHWAL. So, it is there is not a uniform approach at this point.

Mr. COHEN. As far as they have an orientation, they tell them about drugs and warn them?

Ms. RACHWAL. Correct.

Mr. COHEN. Who do they have to do that, do you know? Is it a policeperson, or is it a community person, an athlete, or what?

Ms. RACHWAL. Not an athlete. The police are involved. In fact, actually as we speak today here right now, there is a program at the university today that we were supposed to speak at that our board is actually presenting for us. So, there are speaking events that we are involved in, being involved in, but also the substance department of the school and the police.

Mr. COHEN. Thank you. Thank you.

I don't know who to ask the question to. Maybe Mr. Maltz, we can go over the top with your problems, but whatever.

What works? Dr. Singer, you can answer this, too, or Dr. Westlake. What has proven to work to reduce?

Dr. Singer, you have an answer. Please.

Dr. SINGER. Well, in many other countries they don't have our overdose problem, even though there is a drug problem in a lot of Europe. So, for example, in Switzerland, Germany, Portugal, France, Spain, and Canada they put much more of an emphasis on harm reduction.

Harm reduction, the concept of harm reduction is to non-judgmentally do things for people that can make whatever choices they are making less dangerous. That comes natural to doctors because in this country, and in most of those countries, that is largely what they do. When I have a—

Mr. COHEN. How do you do that? Having Narcan around?

Dr. SINGER. When it comes to drugs, you can, again, make it easier for people to get the overdose naloxone. Allow people to get test strips to test to see if what they purchased on the black market is what they think it is, to see if that's fentanyl or xylazine.

Also, allow—there are many groups in this country that want to set up these overdose prevention centers, which have been proven. There has not been one overdose taking place.

There are two that are right now, in defiance of Federal law, operating in New York City. They started November 2021. By April 2022 they had already reversed 230 overdose deaths. Those are 230 people who would have been dead.

So, but they are not allowed to do that because it violates—

Mr. COHEN. That is the only place they have it is in New York City?

Dr. SINGER. I beg your pardon?

Mr. COHEN. The only place that has that program is in New York?

Dr. SINGER. Well, they, in November 2021, the mayor of New York, in defiance of 21 U.S.C. 856, permitted a nonprofit private harm reduction organization to operate two overdose prevention centers. They have been functioning. So far, the Justice Department hasn't acted on it.

Mr. COHEN. OK, thank you.

You know, I think all of us would like to see this reduced, eliminated if possible. Mr. Maltz, I appreciate your work in the past.

I don't know if the idea of the death penalty is a good idea because the reality is—and this is just, my guess—I don't think people who buy the fentanyl think they are going to overdose. So, they buy it. So, they have heard it is a fun trip, or a good trip, or whatever.

I suspect that the people that deal it don't think they are going to get caught. Even if you have the death penalty, they don't think I'm going to get caught. So, I don't know if that is the answer.

I think we have busted a lot of the cartels, have we not? I don't know their names. Is it Pablo Escobar or somebody we got and put away?

Mr. MALTZ. Sir, first, I apologize for yelling and screaming but, you know what, I have been dealing with the families for many years, and there is no action going on in this town.

I will tell you this—

Mr. COHEN. There will be action.

Mr. MALTZ. I will tell you this—

Mr. COHEN. There will be action.

Mr. MALTZ. Let me answer, let me answer the question.

First, I would appreciate it if you stop calling it an overdose. It is a poisoning, and it is a war against our kids. So, stop with the overdosing.

That is part of the problem. The American public thinks it is a substance that people want to take.

Mr. COHEN. My time is expired. I yield back.

Mr. BIGGS. Your time has expired.

Mr. GAETZ. Mr. Chair.

Mr. BIGGS. Are you finished answering the question, Mr. Maltz?

Mr. MALTZ. Yes, sir.

Mr. GAETZ. Mr. Chair.

Mr. BIGGS. Mr. Gaetz.

Mr. GAETZ. Mr. Chair, I move or I seek unanimous consent that Mr. Issa be permitted to sit on the panel for the purpose of accepting and yielding of time.

Mr. BIGGS. Without objection.

Ms. JACKSON LEE. Without objection I am ready to allow Mr. Issa to be on.

Mr. Issa, I am joining the caucus that you will be speaking of. So, hopefully, you and Congressman Dean will add me to that caucus. Thank you.

Mr. BIGGS. Thank you.

Now, I recognize Mr. Jordan.

Chair Jordan. Mr. Chair, I yield to Mr. Issa.

Mr. BIGGS. Mr. Issa.

Mr. ISSA. Thank you. Thank you, Mr. Chair. Thank you, Chair.

The title of this hearing should be, "Inaction Is No Longer an Option."

So, one of the questions that, you had said was you are tired of nothing happening in this town. That is because we have had inaction as we have gone from 0–108,000 deaths a year with fentanyl.

In San Diego we have a locker that has 147,000 pounds of deadly drug; a third of it is fentanyl. Ten years ago, zero was fentanyl and it was mostly marijuana and meth.

So, when we look at what we need to do, and I will just be brief and say what, what would you have us do on a bipartisan basis that would be the most effective single item?

We will start on the left.

Mr. MALTZ. So, Congressman, thanks for the question.

First, we have to declare this a public health and national security emergency from the White House, because it all starts at the top.

Then we have to get celebrities, and professional athletes, role models, to start making video reels to get to the kids on social media. Because right now on social media that is what they are doing all day, and that is why they are dying, because they are buying this stuff on social media.

By the way, sextortion is also very big on social media.

So, why are the social media companies allowed to facilitate the death and destruction of our communities?

Mr. ISSA. OK. I appreciate that because that is one of the areas that information simply has—certainly, is not equal to the 108,000 deaths.

From a standpoint of—and I will ask this, I will start at the far right here now—when someone knowingly produces a pill that looks like one kind of drug, but is, in fact, fentanyl, in California

they have had the novel attempt to, in fact, have, when someone dies of it, have it be considered murder because it is a knowing act.

Would you support a Federal law that made it, in fact, by definition, murder to produce deadly fentanyl pill that appears to be something else?

Ms. RACHWAL. Congressman, yes, absolutely.

If I took a drink and I got something poisoned in the drink and died, that would be murder. Correct?

Mr. ISSA. Correct.

So, those are two areas.

Third, of course, is we have two partners in this. We are the third partner because we are the buyer. Certainly, we have to do our part. This is where information and getting beyond just ignoring it is important.

Let me just ask you two questions: Mexico is currently enjoying a gain success of billions of dollars that is corroding the very ability of their government to manage their country, because the cartels have more money than the government. That is coming out of China where the precursors come out.

So, the question I have for all of you is, as we are advertising, as we are increasing the crimes, what actions should be taken to stem the flow from China through Mexico? Yes?

Dr. WESTLAKE. Again, so when you look at the spigot of illicit fentanyl, that is a huge issue. I am not here to really focus on that. I am focusing on fentanyl-related substances. One thing Congress can do tomorrow is permanently close that loophole.

Mr. ISSA. Yes, sir?

Dr. SINGER. Congressman Issa, we have been doing the same thing over and over again for 50 years, since President Nixon declared war on drugs, and expecting a different result each time. Doing it even harder and causing even more people to be imprisoned, and damaging relationships with even more countries is still not going to work. I guarantee you, because we will probably be here in a couple years talking about the nitazene crisis.

I think we should put the emphasis and focus on making it safer for the people who are going to continue to go to the black market and use drugs by getting the Government out of the way of groups that want to employ arm reduction strategies that save lives.

Mr. ISSA. I appreciate your view on that. I respectfully disagree. The countries that have tried it mostly have had other problems.

I do agree with one thing, which is that we have been fighting the fight for a long time. We have seen the drugs change.

Ma'am, I am going to close by saying I meet regularly with one after another parent, or sibling, or spouse of someone who has died from the, and whether they call it an overdose or a deadly poison, most of the time it is an amount that is deadly in a single pill.

That is not true of other drugs. It is true of fentanyl today. So, you have my deepest sympathies for your loss. We will, I promise, we will have action, not inaction.

Mr. Chair, thank you very much. Yield back.

Mr. BIGGS. Thank you, Mr. Issa.

The Chair recognizes Mr. Kiley.

Mr. KILEY. Thank you, Mr. Chair.

I would like to followup on a point raised just now by Mr. Issa.

First, I wanted to also say I thank you, Ms. Rachwal, for being here and sharing your story. I know how difficult it is and how much courage it takes.

I have had the chance to work with parents who, like yourself, have found themselves in an unthinkable situation, including two parents, Chris and Laura Didier, who were my guests at the State of the Union a couple weeks ago.

I think it is because of the power of your voice and the voices of people like the Didiers, and other parents who have had that courage that the President did at least acknowledge the scale of this problem in his State of the Union address, the largest platform that he has as President.

Mr. Chair, we heard from the Ranking Member that this is not a crime problem. I would have to take issue with that statement. After all, we are talking about a poison that largely originates with dedicated criminal organizations, and that is peddled in our communities by dealers to unsuspecting young people, under false pretenses, using social media or any other means at their disposal.

So, yes, there are multiple dimensions to this problem, first and foremost securing the border, raising awareness. Holding criminals accountable is a very important dimension.

In that respect, we actually have some very recent news out of my district. In the last two days there has been a preliminary hearing for a defendant, the drug dealer Carson Schewe. His victim was a 20-year-old soon-to-be-father named Cade Webb who died of fentanyl poisoning after consuming a fake pill. Some may actually have heard about his story because he is the cousin of Logan Webb, who is the star pitcher for the San Francisco Giants who, after the tragedy, used his position to share the story to raise awareness. Then other Major League baseball players did so as well.

So, yesterday the preliminary hearing concluded. This happened to take place in Placer County where the D.A.'s office, led by District Attorney Morgan Gire, has been very committed to using every tool at their disposal to get a handle on the fentanyl crisis.

They have been part of public awareness campaigns like One Pill Can Kill. They have been very aggressive in using the criminal laws to hold dealers accountable, under the belief that anyone who sells this lethal substance and doesn't care whether their customer lives or dies, is guilty of murder.

So, in the death of Cade Webb, and in prosecuting the dealer Carson Schewe, they decided to charge him with murder, because that is what this is.

Yesterday, there was a holding order in the case. It is now going to go to trial. This drug dealer will face murder charges for selling this lethal substance to this young man in our community.

So, I would just encourage prosecutors across the country to take a look at what the District Attorney's Office is doing under the leadership of Morgan Gire in Placer County because, yes, I think we need stiffer penalties. That does need to be legislated. There is a lot we can do under existing criminal laws.

Since Placer County started being more aggressive in prosecuting dealers, law enforcement is hearing about results on the street that dealers are now wary of selling in our community.

So, I would just ask the question to Mr. Maltz, we have heard that this isn't a crime problem. We have heard that having stiffer penalties for the dealers isn't going to really do anything.

Does that perspective resonate more with your experience, or does the perspective of the law enforcement in my district that this actually is serving as a real deterrent sound more realistic to you?

Mr. MALTZ. Well, there is leadership in California. I know in San Diego they have Task Force 10 with the DEA and Homeland Security, other agencies, and they are prosecuting defendants for the death of these kids that are dying.

I will tell you this: I talk to DEA agents every day. You know why they are upset right now? Because the Department of Justice is putting out more guidance, and more restrictions, and more requirements to charge minimum mandatory sentences for people that are killing our kids.

Like, it doesn't get any simpler: If they are killing our kids, they need to feel the pain and go to jail. It is not going to stop the problem because there are so many kids addicted. Because right now in America there is a lot of anxiety and social depression. COVID caused a lot of this. So, these kids are turning to these pills. They have no idea what they are getting.

My thing is, they have to be told that the pills will kill you. They don't know that because they are not getting the messages.

They are not watching this hearing. They are not watching mainstream media and cable news. That is why the athletes and celebrities have to be called to the White House and they have to participate. They have got to put China aside because of the big money they make, and they have to go, and they educate the kids and save lives.

Mr. BIGGS. The time of the gentleman is expired.

Mr. KILEY. Thank you, Mr. Maltz.

I yield back.

Mr. BIGGS. Thank you.

I would now recognize the gentlelady from Georgia, Ms. McBath.

Ms. MCBATH. Thank you, Mr. Chair.

First, I want to give my deepest condolences to the Rachwal family. I am so sorry for your loss.

I, too, have lost a child. It is just so heartbreaking because it is not the natural order of things. So, I do give you my deepest condolences.

For many across America this epidemic is a symptom of neglect. We have heard how far reaching and fast growing this public health crisis has become. What started as a plan by big pharmaceutical companies to profit on the pain of millions, a plan to shroud the addictiveness of these drugs in sales tactics and consultant speak, has changed the course of our country and the Americans who live in it.

We know the facts. They have been spouted all day. We have heard many of them here today. Millions of Americans addicted to opioids led us into an era of millions of Americans addicted to heroin, fentanyl, a drug up to 50 times stronger than heroin, pushed on our people by cartels most often supplied by the PRC, and it has only increased these deaths of despair.

We know the facts. We don't always know what goes on in the homes. When we go into a home and we see family, we see parents that are shattered by a loved one lost in the grips of a drug that has consumed them.

We see the wife in West Virginia whose husband came home in pain every night from work, that left them battered and bruised. The over-prescribed opioid that was supposed to be a cure for the pain became the cause of it. As addiction took hold, opioids were replaced with heroin, heroin laced with fentanyl. How two children are growing up without a father, supported now by a single mother who just saw the love of their life descend into darkness.

We see the father in Florida who just dropped his son off in his freshman dorm room. Since he was a little boy, he had always followed the rules. A quarterback on his high school team, he had always been the calm and quiet type. A concussion followed him to college.

Now, he was a child away from home, surrounded by his peers. He spent a night with his friends doing what many college kids do. It took one pill to overdose. Now, the father, who spent 18 years raising a son he could never be more proud of, would never see his boy again.

We see the daughter in Georgia bullied in her high school for being too fat 1 day, and too thin the next: For trying too hard in school, and not hard enough on her looks. When her friend promised an escape from the terror in her head and the pain in her heart, she accepts gratefully. Until the drug had a hold on her. Until the painkillers decided what she was doing and when she would do it. Her overdose on heroin was called a death of despair. That only scratched the surface.

Her mother and father are now forced to celebrate her birthday at her gravesite.

There is a heartbreak only reserved for those who question whether they have done, whether they had done more as a parent to save their child, a spouse, a child. When you focus in on a community, when you enter a home filled with that heartbreak, which I do understand, we can only begin to understand the human cost of this crisis.

These drugs have profited on pain and left only death and despair in their wake. This isn't a future for us as Americans. This isn't time for politics. This is a time for progress. What we do here must help to solve this crisis, not score political points.

So, please, Dr. Singer, what can we do right now that will give us the best chance of saving American lives, ending this epidemic, and keeping our families together?

Dr. SINGER. Well, Congresswoman McBath, thank you for that question.

As I said previously, and this is under the purview of this Committee, I think we should focus on trying to make the black market less dangerous for people who are going to go into the black market to purchase drugs by allowing them to be able to use, for example, test strips to test to see if they think they are buying a Percocet and it turns out it is fentanyl, we can help them by letting them know that and may avoid taking it.

Also, we should remove section, 21 U.S.C. 856 so that harm reduction organizations around the country could set up overdose prevention centers to prevent people from overdosing. Also, in those centers they would test their drugs before they use them and use them with clean needles and syringes which they have to return. It is outside of the public use, so people don't have to watch people use drugs.

So, these are things that this Committee could address.

Also, in many countries, Canada, U.K., Australia, since the Sixties primary care physicians have been able to prescribe take home methadone. In this country, we have this very burdensome process where to use methadone, which is a great and a very effective treatment for addiction, you have to go to a special clinic. You sometimes have to travel miles. You have to take it in the presence of a clinic staff because you are stigmatized as somebody who can't be trusted.

Whereas if you were able to—during the pandemic, actually, they allowed take home medication and saw no evidence of diversion or misuse of the methadone.

If we allowed primary care practitioners to prescribe methadone to treat substance use disorder, then there would be many more avenues where people can access methadone treatment.

Ms. MCBATH. Thank you. I yield my time.

Mr. BIGGS. Thank you.

The Chair recognizes now the gentleman from South Carolina, Mr. Fry.

Mr. FRY. Thank you, Mr. Chair. Thank you for holding this hearing. I appreciate your leadership in bringing attention of this.

To the panel, thank you for being here.

Ms. Rachwal, thank you. It is incredibly brave for you to address this Committee, to share that story.

When I was in the South Carolina General Assembly I chaired the House Opioid Abuse Prevention Study Committee. We had 18 bills, record funding, a lot of great things. We always started every field hearing with people who were in who were recovering, who had lost family members. To hear their stories, to hear your story today reminds me of that and how important it is to hear that story, that we start from the human element, and that we remember the families back home who have suffered the most.

The rise in fentanyl, I think the frustration that I have, at least up here, to the panel is that States have really, States and local governments have really tried to address this from an education campaign, to prevention, to treatment, and to law enforcement. That was not immune to the State of South Carolina either as we tried to pass legislation to address it.

The frustration that I have is that we can't actually deal, the States can't, as inventive as they are, and colleges and local government, they cannot actually deal with the problem until we deal with the source, which is fentanyl, which is China, which is the cartels.

To me, to look at the numbers in South Carolina, and of course this mirrors the country, in 2017 South Carolina saw a 312 percent increase in fentanyl-related overdoses. From 2019–2021 it was 178 percent. Nearly 69 percent, according to a South Carolina Depart-

ment of Health and Environmental Control, 69 percent of all overdoses are related to fentanyl. Those numbers back up. Those have been increasing dramatically. Whereas in 2017 only 36 percent of overdose deaths were related to fentanyl.

So, we have seen this problem exacerbated. We we just visited Yuma, Arizona, for a field hearing where we talked to hospital systems, and ranchers, and residents. They are seeing it in their communities.

Of course, as we know, we are, every State, every local government, every community is a border town at this point given the amount of fentanyl overdoses that are taking place.

Mr. Chair, at this point I would like to seek unanimous consent to put the South Carolina Department of Health and Environmental Control Overdose Report into the record.

Mr. BIGGS. Without objection.

Mr. FRY. Thank you, Mr. Chair.

I think from the perspective of the DEA, Mr. Maltz, what are some of the firsthand experiences that you have seen or heard of, of your agents, or the agents of the DEA dealing with drug smugglers? What are some of the experiences that they have had in the field?

Mr. MALTZ. Well, they are very frustrated for the lack of the support. Like I said, the Department of Justice putting added requirements to put people in jail that are killing our kids.

The real frustration that I have seen is kind of highlighted in the recent trial in New York and the conviction of Genaro Garcia Luna. He was the FBI equivalent in Mexico. The corruption is so systemic in Mexico that the cartels run the country. Now with the migrant smuggling, it is just overwhelming the resources on the border and throughout America.

So, the reality is if you have a water leak in your house, the plumber comes, he shuts the main valve down. We have a fentanyl disaster in America flooding the streets. We have got to shut down the valve in Mexico.

How do we do it? The best and brightest patriots in America, like some Congressmen have already said, and offer support to the Mexican Government to use technology to destroy these chemical production labs. Then we will see a disruption in the supply to this country.

The frustration is that law enforcement is out there putting their lives on the line. They don't get the proper support. More importantly is that it is just getting worse because the cartels are operating with impunity, working with China, that want to destroy America forever.

Mr. FRY. Thank you, Mr. Chair.

I yield the remaining balance of my time to you, sir.

Mr. BIGGS. Thank you.

So, some of the things that have been talked about today make me think of deterrence. What deters someone from taking a drug that has been laced with fentanyl?

What deters someone from producing and distributing fentanyl into this country?

Mr. Maltz, some people have said, that was an early talker, "cannot incarcerate our way out of this." Then they said but we need

to have tough penalties, including incarceration for those who deal the drugs.

Is that a tacit admission that there is a way to deter dealers, and that would include sentencing to incarceration?

Mr. MALTZ. Absolutely. You want to put these people in jail for the longest amount of time that are killing our kids.

We are not talking about putting couriers that are just moving product, they don't even know what they are moving. You have to deal with each case separately. For the organization that is destroying our country, they have to feel the pain.

Now, I will tell you this: You asked a question about the frustration. Right now, we have hundreds lined up in Mexico for extradition. The Administrator of DEA testified. We can't get them out. We want to hold them responsible for what they are doing. That is going to be a deterrent.

We saw that in Colombia for years when we went after the Norte del Valle Cartel, the Medellin Cartel, and everyone. So, we have to have these strong punishments.

Mr. BIGGS. Thanks. Thanks, Mr. Maltz.

I now recognize Ms. Lee from Florida.

Ms. LEE. Thank you, Mr. Chair.

Thank you to our witnesses for being here today.

Today's hearing has allowed us all an opportunity to see how the crisis of fentanyl is affecting every community in America. In my own community in Florida we recently seized, authorities seized more than 11 pounds of fentanyl. This amount alone was enough to kill 2.7 million people.

Agent Maltz, I would like to return to your testimony. As a former Federal prosecutor, I recognize the critical work that DEA agents are doing every day across America to fight the cartels and to keep America safe. One thing, a distinction that you have made here today that I think is important, I would like for you to share with us a bit about how this problem has grown in its scope, and the difference between organized crime and what you would categorize as narcoterrorists?

Tell us, what is a narcoterrorist? What has led you to that conclusion?

Mr. MALTZ. Great question. I really appreciate that because I lived this nightmare for many years, over 10 years.

When I was the head of the Special Operations Division I wasn't reading in the local newspapers, I was living it with my counterparts around the world. So, China started the synthetic bombing campaign around 2008–2009 with K2 spice and bath salts. Please go read about and you will see all the capacities in the country for no synthetic drugs.

Then around 2012 they started with the fentanyl analogs in the mail services, through the internet websites.

Then they diverted, started sending pure fentanyl to Mexico. They also started, of course, for years they have been sending precursor chemicals to make methamphetamine. That is why we have tons of methamphetamine in the country. We didn't even talk about that today. That is another whole hearing.

Now, in Mexico they are using all that money, they are building up capabilities. They are buying weapons systems. They are dropping C4 explosives on their adversaries.

I went down to the border and there were 9,000 drones coming into America surveilling our brave men and women in Border Patrol. This is unacceptable. We are at war with the cartels, but we are still treating it like they are drug traffickers.

They are not drug cartels. Please stop saying drug cartels. They are narcoterrorists like we have never seen. They run the country of Mexico, they intimidate, they corrupt, they are slaughtering people, chopping off heads, dismembering bodies. They have arsenals. They have weapons that we don't even have in certain countries around the world.

So, they have evolved. Everything is evolving. The problem is the Government is still using old talking points. This is not grandpa's opioid crisis. OK? The pills, that is years ago. Yes, kids got addicted because of big pharma. Somebody said that. Big pharma never got held accountable because it is all about the money.

Now, the cartels and China are the focus of our problem, so we need to deal with them.

Ms. LEE. So, Agent Maltz, in light of that changing landscape, in light of the escalation of the severity of this type of organization, how does that change what you need and what we should be doing here in Congress to equip DEA and our, and your law enforcement partners to fight this fight?

Mr. MALTZ. DEA needs resources, but so does all the agencies as far as manpower. You know why? A lot of them are quitting. They are running away. They are getting jobs in the private sector because they are sick and tired of lack of action.

The boss of the DEA right now, she is running around with a One Pill Can Kill campaign, spreading awareness like we have never seen.

I go back to this Committee can ask the Department of Education, what are they doing? Why is CDC not putting out timely and accurate stats on the greatest crisis to the history of this country? What is the answer to that? Because as a taxpayer, I would like to see the CDC director, because she has already fell on the sword on the lack of reporting on COVID, and the inaccuracies. How is that acceptable with all the technology we have?

There is no consistency across the country. The guy in King County, Washington, talked about no cooler space. They are not trained. They don't have the technologies.

So, there is a lot of accountabilities that needs to be brought to the table in this town. The DEA, they are going to continue to fight, just like Homeland Security, FBI, ATF, the Marshals, because they get paid to save lives.

The problem is it is much bigger than DEA and the law enforcement now. That is why we need to consider other options with the great patriots that work behind the scenes that could do some real good devastation. They could decimate the production labs.

Why is that a bad thing, decimate chemical production labs? I wish there were more people over here that would listen to this, but they are not interested. They are out there doing something

else. I don't know what is more important than the death of our kids.

Ms. LEE. Agent Maltz, another question. Can you tell us what it means when a substance is classified as Schedule I, Schedule II? How is that important? What would it mean to you all in terms of the work that you are going to try to combat this problem?

Mr. MALTZ. Well, a third grader can understand that you don't want to put deadly substances on the street. You want to at least categorize them as Schedule I drugs.

Fentanyl, the pharmaceutical grade fentanyl, is a Schedule II and needs to remain a Schedule II. The illicit fentanyl substances that are out there, it is like Whack-A-Mole. The DEA and all the agencies they can't keep up with the way these guys are changing the difficult chemical compounds. It is, like, it is just so common, you just need common sense to understand that argument, they are killing our kids. We need to classify fentanyl-related substances as Schedule I.

That is not going to solve this problem, but it is something that will help.

Ms. LEE. Thank you, Agent Maltz.

Mr. Chair, I yield back.

Mr. BIGGS. Thank you.

I yield five minutes to myself.

I appreciate all of you being here telling your story, and also bringing different perspectives on this very, very critical, I view it as a national security and national health issue.

When we look at this, we had several of my colleagues across the aisle talk about they gave \$60 million here and \$70 million there. When I go to the border and talk to Border Patrol agents, who are so concerned about this problem, they say, we don't need more money, we need to be able to enforce the law. We are being denied the capacity to enforce the law.

That includes and is because they are being overrun. So, we will go their whole shifts with entire CDP agency that is supposed to be watching our border are actually working as processors at a detention facility, where they won't be detained, Dr. Singer. They are not getting detained, they are being, they are being transported to wherever they want to be in the country, to the tune of over five million encounters, millions over the last two years.

Then you have over a million, about a million two known got-aways between the ports of entry. Anybody who watches will tell you it is at least one-to-one on the unknown got-aways. When we showed you the video earlier today these are young men and women bringing—dressed in camo. They don't want to be caught. They are port, transporting this drug across the border.

Comes up, I can tell you where it comes up from the Tohono O'odham, across the Tohono O'odham Reservation, goes up to I-8. There are load-up places there. Then from your crows, you're a crow's fly about 30 miles south of Phoenix.

From there it is going throughout the country. It is finding its way into the hands of college students who really they don't know anything about fentanyl because it has not been made a big deal.

We know about it because we talk about it.

So, when I hear people say 90 percent of it is interdicted through the port of entry; no. Ninety percent of what you catch may be in the port of entry. Of course, that data is old and out of touch. It is coming through between the ports of entry and being disseminated widely in this country.

Now, we have very little deterrence. Because I am going to tell you that if these people are caught; they are caught in the Tucson Sector. They have a backpack of fentanyl. All you have to do is take that backpack off and walk a step away and the Deputy Attorney General there, the U.S. Attorney there is not going to prosecute that case.

There is no deterrence whatsoever. Why are they not going to? They are going to say we need, for instance, if it is marijuana, they say we have to have 400 pounds of marijuana on the person. Well, nobody can carry 400 pounds of marijuana.

Same thing goes with fentanyl. Most of it is now coming in pills. It is coming in pill form because Americans want pills. They are pressing them down south of the border, and they are disguised as pain medication, Percocet, Perc 30, whatever it is.

So, that is the reality of what is happening. I appreciate, Dr. Singer, you said we want to make the black market less dangerous. One way you make this less dangerous for the black market is to make it more dangerous for the people who are producing and distributing this drug.

So, you may not be able to incarcerate yourself, your way out of this, but you better do something to either destroy the facilities, destroy the economic capacity of this group, or they are going to keep going.

I will just tell you that right now it is a multi-billion dollar per month industry. We need to, we need to call them what it is: They are terrorists. We need to declare them terrorists so we can get at their money stream. Because if we can get at their money stream, we will impede them and we will slow this down.

That is some of what needs to happen here.

As we wrap up this hearing, I hope that across the aisle we have found some comity on where we can go to start interdicting this horrific problem. That has to happen.

I just, again, thank you, our witnesses, for being here today.

You have some documents you want to put in?

Ms. JACKSON LEE. If you don't mind, yes.

Mr. BIGGS. Please, please.

Ms. JACKSON LEE. When you have had your concluding remarks.

Mr. BIGGS. Well, she wants to, not for concluding remarks, but I will recognize you for putting documents into the record.

Ms. JACKSON LEE. Thank you.

If I might, Mr. Chair, just make one or two points to answer you. Which is, that is the direction of the legislation that I hope you will look at that enhances and responds to the manufacturers and the distributors.

Obviously, our jurisdiction is here in the United States and, hence, penalties, and for those who wind up killing people because of the drug use. Their actions wind up killing people.

I just want to conclude on, Mr. Maltz, your patriotism and your enthusiasm. I work with DEA agents all the time, those based on

Houston. Know their work, as I do the FBI, the ATF. So, let me just say that you have been heard loudly and clearly.

Ms. Rachwal and husband have been heard very loudly and clearly.

So, legislation that I hope the Chair will look at answers all these questions, particularly your outreach, your focus, major campaign, the social media, and the megaphone. You want the megaphone while you are doing your work, you want the megaphone.

I do know that the DEA does some very dangerous work, particularly, those who are undercover. We want to appreciate them as well.

Dr. Singer, we need your voice. We thank you for that.

We thank Dr. Westlake for being here as well.

So, I hope the Chair and I will have an opportunity to engage.

I want to put into the record, ask unanimous consent, a letter from the Law Enforcement Action Partnership, signed by a coalition of current and former law enforcement officers, judges, and public safety professionals.

The statement of Jason Pye, Director, Rule of Law Initiative, Due Process Institute.

A letter from Jillian E. Snider, Policy Director of Criminal Justice and Civil Liberties at the R Street Institute.

A letter from Mazen Saleh, Policy Director of Integrated Harm Reduction at the R Street Institute.

A letter from a coalition of organizations in support of the Test Act. (ph.)

I want to thank Mr. Cohen, and Ms. McBath, and Ms. Dean for their presence here today.

Ask unanimous consent to place these in the record.

Mr. BIGGS. Without objection.

Ms. JACKSON LEE. Thank you, Mr. Chair.

Mr. BIGGS. Thank you.

Again, thanks to all the Members who attended. Thanks to those in the audience who came.

I appreciate each one of you, again, on the panel. You were heard. You are important. We are going to now thank you by adjourning.

We are adjourned.

[Whereupon, at 12:27 p.m., the Subcommittee was adjourned.]

All materials submitted for the record by Members of the Select Subcommittee on the Weaponization of the Federal Government can be found at: <https://docs.house.gov/Committee/Calendar/ByEvent.aspx?EventID=115371>.