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# APPALACHIAN ICE: THE METHAMPHETAMINE EPIDEMIC IN WESTERN NORTH CAROLINA

## HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED NINTH CONGRESS

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# APPALACHIAN ICE: THE METHAMPHETAMINE EPIDEMIC IN WESTERN NORTH CAROLINA

**TUESDAY, APRIL 11, 2006**

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY,
AND HUMAN RESOURCES,
COMMITTEE ON GOVERNMENT REFORM,
*Lenoir, NC.*

The subcommittee met, pursuant to notice, at 10:15 a.m., in the Commissioners Chamber, Caldwell County Government Offices, 905 West Avenue NW, Lenoir, NC, Hon. Mark E. Souder (chairman of the subcommittee) presiding.

Present: Representatives Souder, Foxx and McHenry.

Staff present: Jim Kaiser and Dennis Kilcoyne, professional staff members and counsels; and Scott Springer, congressional fellow.

Mr. SOUDER. The subcommittee will now come to order. Good morning and thank you all for coming.

This morning, this hearing continues our subcommittee's work on the growing problem of methamphetamine trafficking and abuse—a problem that has ravaged communities across the entire country. I would like to thank my fellow subcommittee members, including our Vice Chairman Patrick McHenry, who invited us here to his district, as well as Representative Virginia Foxx of North Carolina's fifth district. Each of them has been a strong advocate in the House for an effective bipartisan anti-meth strategy. I am looking forward to working with them on new legislation for this Congress, and I hope that the information we gather at this hearing will help us achieve that goal.

Meth is one of the most powerful and dangerous drugs available, and it is also one of the easiest to make. It is perhaps best described as a perfect storm—a cheap, easy-to-make drug with devastating health and environmental consequences, consuming tremendous law enforcement and other public resources, that is extremely addictive and difficult to treat. If we fail to get control of it, meth will wreak havoc in our communities for generations to come.

This is actually the 12th hearing focused on meth held by my subcommittee since 2001. In places as diverse as Indiana, Oregon, Hawaii, and Minnesota, I have heard moving testimony about how this drug has devastated lives and families. But I have also learned about the many positive ways that communities have fought back, targeting the meth cooks and dealers, trying to get addicts into treatment and working to educate young people about the risks of meth abuse.

At each hearing then, we try to get a picture of the state of meth trafficking and abuse in the local area. Then we ask three questions. First, where does the meth in the area come from and how do we reduce the supply? Second, how do we get people into treatment, and how do we keep young people from starting meth use in the first place? And finally, how can the Federal Government partner with State and local agencies to deal with this problem?

The next question, that of meth supply, divides into two separate issues, because this drug comes from two major sources. The most significant source, in terms of the amount produced, comes from the so-called "superlabs," which until recently were located mainly in California, but are now increasingly located in northern Mexico. By the end of the 1990's, these superlabs produced over 70 percent of the Nation's meth, and today it is believed that as much as 90 percent or more comes from Mexican superlabs. The superlabs are operated by large Mexican drug trafficking organizations that have used their established distribution and supply networks to transport meth throughout the country.

The second major source of meth comes from small, local labs that are generally unaffiliated with major trafficking organizations. These labs, often called "mom-and-pop" or "clandestine" labs or "Nazi" labs, in the lingo, have proliferated throughout the country, often in rural areas. The total amount of meth actually supplied by these labs is relatively small; however, the environmental damage and health hazard they create in the form of toxic chemical pollution and chemical fires make them a serious problem for local communities, particularly the State and local law enforcement agencies forced to uncover and clean them up. Children are often found at meth labs, and have frequently suffered from severe health problems as a result of the often hazardous chemicals used.

As a side point, I just got a Blackberry message that in my District we had a meth lab case, not too far from my house, outside of the major city of Fort Wayne, which is 230,000 people. And the guy got 45 years because the lab blew up, it killed his mentally handicapped sister; and the fire department, the local fire department, because there had not been a meth lab in that area, went charging in and the explosion occurred just as they were getting ready to enter, or the whole fire department, the volunteer fire group, would have been killed as well as the girl inside, because they did not know they were going into a meth lab case. So there are dangers associated with these mom-and-pop labs that are different than the crystal meth, the Mexican meth that is coming in.

Since meth has no single source of supply, no single regulation will be able to control it effectively. To deal with the local meth lab problem, many States have passed various forms of retail sales restrictions on pseudoephedrine products, like cold medicines. Some States limit the number of packages a consumer can buy; others have forced cold medicines behind the counter. We now have a national law that will affect every State with that.

However, these retail sales regulations will not deal with the large-scale production of meth in Mexico. That problem will require either control of the amount of pseudoephedrine going into Mexico, or better control of drug smuggling on our southwest border, or both. The Federal Government will have to take the lead if we are

able to get results. And we have started to do that in our major meth bill as well.

The next major question is demand reduction. How do we get meth addicts to stop using, and how do we get young people not to try meth in the first place? I am encouraged by the work of a number of programs at the State and local level, with assistance from the Federal Government, including the drug court programs, which seek to get meth drug offenders into treatment programs in lieu of prison time; the Drug-Free Communities Support Program, which helps the work of community anti-drug coalitions to bring drug use prevention education to young people; and the President's Access to Recovery treatment initiative, which seeks to broaden the number of treatment providers. But we should not minimize the task ahead; this is one of the most addictive drugs, and treatment programs nationwide have not had a very good success rate with meth.

The final question we need to address is how the Federal Government can best partner with State and local agencies to deal with meth and its consequences. Currently, the Federal Government does provide a number of grants and other assistance programs to State and local agencies. In addition to the programs I mentioned earlier, the Byrne Grants and COPS Meth Hot Spots programs help fund anti-meth law enforcement task forces; the DEA and other agencies assist State and local agencies with meth lab cleanup costs; and the Safe and Drug-Free Schools program and the National Youth Anti-Drug Media Campaign help schools and other organizations provide anti-meth education.

However, we will never have enough money at any level of government to do everything we might want to do with respect to meth. That means that Congress and State and local policymakers need to make some tough choices about which activities and programs to fund, and at what level. We also need to strike appropriate balance between the needs of law enforcement and consumers, and between supply reduction and demand reduction.

Fortunately, I believe a big step forward was taken last month when Congress passed and the President signed into law the Combat Methamphetamine Epidemic Act. This comprehensive law is designed to tackle meth trafficking at every State, from precursor chemical control to international monitoring, and from environmental regulations to child protection. There was strong bipartisan cooperation. The legislation moved through Congress quickly as Members got the message from the grassroots that meth does not respect State boundaries. We will be closely watching the implementation of this law and looking for new ways to thwart meth traffickers and help those individuals, families and communities that have been devastated by this drug.

Today we have an excellent group of witnesses who will help us make sense of these complicated issues. For our first panel, we are joined by Mr. John Emerson, Assistant Special Agent-in-Charge of the DEA's Charlotte Division Office.

On our second panel, we are joined by Mr. James "Jay" Gaither, District Attorney of the 25th Judicial District; Mr. Van Shaw, Director of the Clandestine Labs Program of the North Carolina State Bureau of Investigation; Sheriff Phil Byers of Rutherford County,

a veteran witness to our committee; and Sheriff Gary Clark of Caldwell County. We are also joined by Ms. Lynne Vasquez, who has a painful story to tell about her son's involvement with meth and how it has devastated her family.

We thank everyone for taking the time to join us and look forward to your testimony.

Now I will yield to Mr. McHenry.

[The prepared statement of Hon. Mark E. Souder follows:]

**Opening Statement**
**Chairman Mark Souder**

**"Appalachian Ice: The Methamphetamine Epidemic in Western North Carolina"**

**Subcommittee on Criminal Justice, Drug Policy, and Human Resources**
**Committee on Government Reform**

**April 11, 2006**

Good morning, and thank you all for coming. This hearing continues our Subcommittee's work on the growing problem of methamphetamine trafficking and abuse – a problem that has ravaged communities across the entire country. I'd like to thank my fellow Subcommittee members, including our Vice-Chairman Patrick McHenry, who invited us here to his district, as well as Representative Virginia Foxx of North Carolina's fifth district. Each of them has been a strong advocate in the House for an effective, bipartisan anti-meth strategy. I'm looking forward to working with them on new legislation for this Congress, and I hope that the information we gather at this hearing will help us achieve that goal.

Meth is one of the most powerful and dangerous drugs available, and it is also one of the easiest to make. It is perhaps best described as a "perfect storm" – a cheap, easy-to-make drug with devastating health and environmental consequences, consuming tremendous law enforcement and other public resources, that is extremely addictive and difficult to treat. If we fail to get control of it, meth will wreak havoc in our communities for generations to come.

This is actually the twelfth hearing focusing on meth held by the Subcommittee since 2001. In places as diverse as Indiana, Oregon, Hawaii and Minnesota, I have heard moving testimony about how this drug has devastated lives and families. But I have also learned about the many positive ways that communities have fought back, targeting the meth cooks and dealers, trying to get addicts into treatment, and working to educate young people about the risks of meth abuse.

At each hearing, then, we try to get a picture of the state of meth trafficking and abuse in the local area. Then, we ask three questions. First, where does the meth in the area come from, and how do we reduce the supply? Second, how do we get people into treatment, and how do we keep young people from starting meth use in the first place? And finally, how can the federal government partner with state and local agencies to deal with this problem?

The next question, that of meth supply, divides into two separate issues, because this drug comes from two major sources. The most significant source (in terms of the amount produced) comes from the so-called "superlabs," which until recently were mainly located in California, but are now increasingly located in northern Mexico. By the end of the 1990's these superlabs

produced over 70 percent of the nation's supply of meth, and today it is believed that 90 percent or more comes from Mexican superlabs. The superlabs are operated by large Mexican drug trafficking organizations that have used their established distribution and supply networks to transport meth throughout the country.

The second major source of meth comes from small, local labs that are generally unaffiliated with major trafficking organizations. These labs, often called "mom-and-pop" or "clan" (i.e., clandestine) labs, have proliferated throughout the country, often in rural areas. The total amount of meth actually supplied by these labs is relatively small; however, the environmental damage and health hazard they create (in the form of toxic chemical pollution and chemical fires) make them a serious problem for local communities, particularly the state and local law enforcement agencies forced to uncover and clean them up. Children are often found at meth labs, and have frequently suffered from severe health problems as a result of the hazardous chemicals used.

Since meth has no single source of supply, no single regulation will be able to control it effectively. To deal with the local meth lab problem, many states have passed various forms of retail sales restrictions on pseudoephedrine products (like cold medicines). Some states limit the number of packages a customer can buy; others have forced cold medicines behind the counter in pharmacies. Retail sales restrictions could have a major impact on the number of small labs.

However, retail sales regulations will not deal with the large-scale production of meth in Mexico. That problem will require either better control of the amount of pseudoephedrine going into Mexico or better control of drug smuggling on our Southwest border, or both. The federal government – in particular the Departments of Justice, State, and Homeland Security – will have to take the lead if we are to get results.

The next major question is demand reduction – how do we get meth addicts to stop using, and how do we get young people not to try meth in the first place? I am encouraged by the work of a number of programs at the state and local level, with assistance from the federal government, including drug court programs (which seek to get meth drug offenders into treatment programs in lieu of prison time); the Drug-Free Communities Support Program (which helps the work of community anti-drug coalitions to bring drug use prevention education to young people); and the President's Access to Recovery treatment initiative (which seeks to broaden the number of treatment providers). But we should not minimize the task ahead: this is one of the most addictive drugs, and treatment programs nationwide have not had a very good success rate with meth.

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However, we will never have enough money, at any level of government, to do everything we might want to with respect to meth. That means that Congress, and state and local policymakers, need to make some tough choices about which activities and programs to fund, and at what level. We also need to strike the appropriate balance between the needs of law enforcement and consumers, and between supply reduction and demand reduction.

Fortunately, I believe a big step forward was taken last month when Congress passed and the President signed into law the Combat Methamphetamine Epidemic Act. This comprehensive law is designed to tackle meth trafficking at every state—from precursor chemical control to international monitoring, and from environmental regulation to child protection. There was strong bipartisan cooperation. The legislation moved through Congress quickly as members got the message from the grassroots that meth doesn't respect state boundaries. We will be closely watching the implementation of this law and looking for new ways to thwart meth traffickers and help those individuals, families and communities that have been devastated by this drug.

We have an excellent group of witnesses today, who will help us make sense of these complicated issues. For our first panel, we are joined by Mr. John Emerson, Assistant Special Agent-in-Charge of the DEA's Charlotte Field Division.

On our second panel, we are joined by Mr. James "Jay" Gaither, District Attorney of the 25th Judicial District; Mr. Van Shaw, Director of the Clandestine Labs Program of the North Carolina State Bureau of Investigation; Sheriff Phillip Byers of Rutherford County; and Sheriff Gary Clark of Caldwell County. We are also joined by Ms. Lynne Vasquez, who has a painful story to tell us about how her son's involvement with meth has devastated her family.

We thank everyone for taking the time to join us today, and look forward to your testimony.

Mr. McHENRY. Thank you, Mr. Chairman. Thank you for coming to North Carolina and to our 10th District. As we were discussing before, you are not a stranger to Lenoir nor the furniture industry. Being a former furniture retailer, you have visited here a number of times. But welcome back. Thank you for bringing the subcommittee here. I am very proud to work with you on combating the methamphetamine use and epidemic that we are facing as a Nation.

I would first like to thank the County Commissioners here in Caldwell County for giving us the use of this chamber and providing us with the resources to be here today. So I would like to especially thank Chairwoman Faye Higgins, who is here today. Thank you, Faye.

In March of this past year, President Bush signed into law the Combat Methamphetamine Epidemic Act of 2005. This act underscores the importance and need to focus attention on the rise of methamphetamine production, use and distribution across the country. Today, national law addresses precursor products by putting pseudoephedrine and ephedrine behind the counter, enhancing criminal penalties, while also addressing prevention, health and environmental concerns of methamphetamine.

We have a number of experts on our panels today, I am so happy they are here today. We are being hosted today as well by Caldwell County Sheriff Gary Clark, who hosted a discussion among the 10th District sheriffs back about this time last year. Out of that discussion that Gary instigated, we were able to formulate some additional legislation that has been rolled into the Combat Meth Act. In particular, doubling the penalties for those that are producing meth or any type of controlled substance in the presence of a child. So thank you, Gary, for being here and being willing to testify.

I would also like to thank Sheriff Phil Byers of Rutherford County. Philip testified last year before this committee, but I know, because of the problems that he has faced as the sheriff of Rutherford County with the rampant use of meth and the production of meth there, the innovation that he is putting into force on the streets. I am looking forward to hearing an update from him.

I also appreciate Jay Gaither, who is our District Attorney here in Caldwell, Burke and Catawba Counties. Jay is going to discuss the impact of meth users on the court system. And as meth becomes more prevalent and, you know, our forces are put out into the streets to combat meth, he is going to relate to us how theft and other drug abuse and trafficking issues are affecting our local communities.

The debilitating mental and physical effects of this drug, the production process, the way it touches everyone, especially in rural communities, are not being overlooked. Over the past few years alone, we have seen a dramatic increase in the number of meth labs in North Carolina. Mr. Van Shaw from the North Carolina State Bureau of Investigation, on our panel today, can attest to the fact that SBI agents first discovered about nine meth labs here in North Carolina in 1999. That was working with local law enforcement as well. This number has grown to 328 found in 2005. You can see how rampant this increase has been.

Also with us is Mr. John Emerson, Assistant Special Agent-in-Charge with the Drug Enforcement Administration, who has worked with our local sheriffs and SBI and taken part in law enforcement operations within the past year targeting meth laboratory operators and traffickers here in western North Carolina.

I look forward to discussing the future initiatives that the Federal Government and local officials will undertake to eliminate the meth problem in our State. Not only do the courts and local law enforcement have a unique challenge when it comes to meth, but child service programs, families, they bear the unfortunate burden of this drug, greater than any government agency. And we are going to have a witness here today that can attest to this in very personal terms. So we also must be concerned with the welfare of children and families and make sure that they are not neglected and torn apart by this drug as well. Ms. Lynne Vasquez—thank you for being here, Lynne, I certainly appreciate you taking time out of your schedule. I know it is going to be difficult for you to speak in front of such a large crowd and before us, but it is an important story and we appreciate you coming to talk about how meth has affected your family and affected your life as well, and how it has touched your child and your grandchildren. So thank you for taking your time to be here, Lynne.

Let us just get down to it. Promoting awareness of this spreading problem, protecting our children, providing resources to those on the front lines are some of the key issues. And we need to solve this problem and learn more about how we can take innovative solutions that are happening here at the local level, with our sheriffs, with our district attorneys, with the SBI and DEA, working on the ground. Let us take this information and plug it back into what we can do at the Federal Government to have a comprehensive look at cracking this problem. Look, 25 years ago with crack cocaine on the rise, if the Federal Government had taken a comprehensive approach early, we would not be facing the severity of the problem that we are still facing with that drug.

Hopefully, with the fast response of the Federal Government to put a comprehensive anti-meth bill in place, we can put the resources on the ground to root out this problem before it truly takes hold of our communities. In an effort to combat meth, as I said, the President signed in March a bill that included the small provision that I put in there doubling the penalties for individuals who manufacture or traffic controlled substances in the presence of a minor. This legislation, as I said, comes directly from local law enforcement agents working on the ground. And the sheriffs today I hope can give us additional ideas so we can continue to root out the rising use of meth. And let us make sure that we focus on our children, our families and our communities in this whole process.

Mr. Chairman, thank you for bringing the committee here today. I thank the community for being here and being engaged and I appreciate the expert witnesses that we are about to hear from. I am also grateful that my colleague just to the north of us, Virginia Foxx, Congresswoman Foxx, who is also a first term Member of Congress, who I have enjoyed working with during my service both in the General Assembly in Raleigh and while in Congress. I appreciate Virginia being here as well. Thank you.

[The prepared statement of Hon. Patrick T. McHenry follows:]

**"Appalachian Ice: The Methamphetamine Epidemic in Western North Carolina"**

**Congressman Patrick McHenry**
**Government Reform Subcommittee Methamphetamine Field Hearing**
**April 11, 2006**

Mr. Chairman, thank you for coming to the 10th District of North Carolina to witness first hand the effects of methamphetamine in our communities. I appreciate your continued leadership in the fight to protect our country from the methamphetamine crisis. We will focus today on the spread of the methamphetamine epidemic in Western North Carolina and how small, rural, and mountainous towns are dealing with and fighting the spread of this horrible drug.

In March of this year, President Bush signed into law the Combat Methamphetamine Epidemic Act of 2005. This Act underscores the importance and need to focus attention on the rise of methamphetamine production, use, and distribution across the country. Today national law addresses precursor products by putting pseudoephedrine and ephedrine behind the counter, enhances criminal penalties, while also addressing prevention, health, and environmental concerns of methamphetamine.

We have a number of experts on our panel; members of the community that have seen first hand the staggering effects of the methamphetamine problem. I would like to welcome Sheriff Gary *Clark* of Caldwell County and thank him for hosting us today. I know that he has been fighting the methamphetamine crisis in the county and western North Carolina. I would also like to thank Sheriff Philip *Byers* of Rutherford County for participating today. We have worked closely with the sheriffs in the 10th district to combat the use of meth and the destructive effects of the drug.

I appreciate Mr. Jay *Gaither*, District Attorney for Burke, Caldwell, and Catawba County being on the panel today to discuss the impact that meth users have on the court system. As meth becomes more prevalent in our counties, there are related problems such as theft, other drug abuse and trafficking issues that are affecting local communities.

The debilitating mental and physical effects of this drug, the production process, and the way it touches everyone especially in rural communities are not being overlooked. Over the past few years alone we have seen a dramatic increase in the number of meth labs in North Carolina. Mr. Van *Shaw* with the NC State Bureau of Investigation, on our panel today, can attest to the fact that SBI agents first discovered a total of 9 meth labs in NC in 1999. This number has grown to 328 found in 2005. In addition, Mr. John *Emerson*, Assistant Special Agent-in-Charge with the Drug Enforcement Administration, has worked with our local sheriffs and taken part in enforcement operations within the past year targeting meth laboratory operators and traffickers in western North Carolina. I look forward to discussing future initiatives that the Federal Government and local officials will undertake to eliminate the meth problem in our state.

Not only do the courts and local law enforcement have a unique challenge when it comes to meth, but child service programs and families have the unfortunate burden of witnessing meth's destructive influence on the human level. In North Carolina in 2005, 100 children were residing in meth labs where the State Bureau of Investigation responded. We must be concerned with the welfare of the children and families who are being neglected and torn apart because of this drug. The problem is growing and is not a faceless one, as our witnesses will testify too.

Ms. Lynne *Vasquez*, I want to thank you for taking time out of your day to share your personal story of how methamphetamine is affecting you, your son, your grandchildren, and the rest of your family. I know that you are working, attending school, raising the two grandchildren

with the help of your family, and again, I just want to thank you for participating at this hearing today and sharing your story.

Promoting awareness of this spreading problem, protecting our children, and providing resources to those on the front lines are some of the key areas needed to solve this problem and what we need to learn more about today. In an effort to combat meth, I introduced a bill that was part of the legislation the President signed in March that doubles the penalties for individuals who manufacture or traffic controlled substances in the presence of minors. This legislation came directly from an idea discussed during a district-wide meth conference I organized with local law enforcement agencies in February of last year.

I would like to welcome all of our witnesses today and thank you for taking the time to be here, lending us your expertise so that we can better understand the problem and how this affects western North Carolina and our nation. I look forward to hearing from each of you and for the opportunity to discuss what needs to be done to protect our children, our families, and our counties. Thank you again Mr. Chairman and I look forward to a productive hearing.

Mr. SOUDER. As Congressman McHenry said, it is kind of like being home in more ways than one. Not only am I a furniture dealer, but I have a High Brighton dining room suite and High Brighton tables in our living room and my bedroom furniture is Broyhill, so I really do—and Hickory Tavern sofa—so I really do feel very much at home.

Cass Ballenger was a close friend of mine and we went, when he headed the Central American Subcommittee, we have been in Guatemala, El Salvador, Honduras, Venezuela multiple times and Colombia and elsewhere and he gave one of the greatest introductions ever to the Republican Conference when Congresswoman Foxx was running. He introduced her as a spirited mountain woman. So we are really glad she is here today too. And do you have an opening statement?

Ms. FOXX. Thank you, Mr. Chairman. You have a good memory.

I want to thank the Caldwell County Commissioners for allowing us the have the hearing here today. I represented Caldwell County in the State Senate for one term and I am always happy to be in Caldwell County.

I want to thank the chairman and the vice chairman for holding this field hearing in western North Carolina and thank you for listening to the successes and struggles of our communities with the scourge of methamphetamine abuse in our great State.

Mr. Chairman, your leadership on this issue in Congress has resulted in tremendous gains on the war on meth that have rippled throughout the communities I represent. I am deeply appreciative of the work you do and for the opportunity to build on our successes with this hearing today. And I am particularly appreciative to Congressman McHenry for inviting us to come so close to my district here today.

And I want to thank the members of the panel for the work that they are doing in their community, for collaborating with the subcommittee today in this constructive dialog on how to combat this crisis nationwide. I frankly was a little surprised when I got to Congress to learn what a nationwide problem this was. As a State Senator, I was quite aware of it and worked very hard to increase the penalties for dealing in meth and for having any involvement with it. And as the chairman mentioned, he had heard about a bust in his district and a fire, one of the reasons I got very involved with this was from a very personal situation also, in Watauga County where we had a volunteer fire department go to fight a meth fire in Deep Gap and Darien South, who was one of those firefighters, totally unaware of what was happening, is in the hospital now struggling for his life. The fire department responded, they did not know that this was a meth fire and he has lost most of the use of his lungs, as did some others have permanent injuries. So the people who are responsible for the meth lab only spent 2 years in prison, but our law enforcement people are going to spend the rest of their lives dealing with this. I was able to get an amendment in a meth bill in North Carolina to increase the penalties strongly for people who injure anybody involved with law enforcement.

We had a hearing also in Washington and I was very glad, as Congressman McHenry was, to bring one of my constituents and community leaders, Sheriff Mark Shook from Watauga County to

that hearing. He is a leader in this area and has done outstanding work in helping us reduce the number of meth labs in Watauga County. We have very little crime in Watauga County and most of it has been associated with drugs and with meth labs. But we have made great strides and the number of labs has gone down significantly and I am really pleased to have that.

Our law enforcement personnel have valiantly raided meth labs and driven mass production out of our area and we have delivered a strong blow to the supply side of the problem locally, but without a national response, it will only drive production of this drug elsewhere. And as the chairman pointed out, we have to worry about the giant labs, the superlabs, but we need to be concerned about it everywhere. The outstanding job Sheriff Shook, Sheriff Clark and all of our sheriffs have done in our area must be duplicated at the Federal level if we are going to eradicate meth from our communities.

We all agree that the response to the nationwide methamphetamine epidemic must be multi-faceted. If there were a quick and easy fix to the problem, we would have enacted it already, but the supply and demand intricacies are complex and our response needs to be an all-encompassing response. Some combination of controlling precursor chemicals, eliminating meth smuggling from Mexico, severely punishing offenders and empowering our law enforcement must be accomplished.

I am proud to have supported the anti-meth bills that we have had in the Congress that have passed, and especially the provisions in the PATRIOT Act that President Bush signed into law on March 9th. Among other things, the law will make it more difficult to obtain the ingredients necessary to manufacture the drug, crack down on meth cooks, traffickers and smugglers by strengthening Federal criminal penalties.

The challenge meth abuse poses is strong, serious and immediate, and so too must be our response. I look forward to receiving the testimony of our panelists and hope we can use that feedback to create a firm legislative response to the meth problem.

Thank you again, Mr. Chairman.

[The prepared statement of Hon. Virginia Foxx follows:]

**Rep. Virginia Foxx (NC-5) Opening Remarks**
Subcommittee on Criminal Justice, Drug Policy and Human Resources
Hearing entitled "Appalachian Ice: The Methamphetamine Epidemic in Western North Carolina"

**April 11, 2006**

Thank you, Mr. Chairman, for holding this field hearing in Western North Carolina. And thank you for listening to the successes and struggles our communities face with the scourge of methamphetamine abuse in our great State.

Mr. Chairman your leadership on this issue in Congress has resulted in tremendous gains in the war on meth that have rippled throughout the communities I represent. I am deeply appreciative for the work you do and for the opportunity to build on our successes with this hearing today. Thank you also to all the members of both panels for the great work that you do in your communities, and for collaborating with the subcommittee today in this constructive dialogue on how best to tackle this crisis nationwide.

I have seen the ravages of meth firsthand. Currently, there is a volunteer firefighter in my district named Darien South who is in the hospital struggling for his life. He responded to a house fire not realizing that it was a meth lab that eventually exploded while he fought the fire. He was just doing his job, but now he will suffer for the rest of his life. The people who are responsible the meth lab will only spend two years in prison. We owe our law enforcement officials much more than this.

This subcommittee addressed the meth issue during a hearing in Washington, DC on July 26. I was honored to bring one of my constituents and community leaders, Sheriff Mark Shook of my home county - Watauga County, to that hearing. Sheriff

Shook has truly become an expert and leader in this area through his outstanding work over the past several years.

Methamphetamine production and abuse had been a plague on the beautiful area that Mark and I care deeply about. Sheriff Shook and I have teamed up to minimize and eliminate the problem, and with his leadership and tireless efforts we have made great strides.

In my home county, we generally enjoy a very low crime rate. However, in recent years, we have had several methamphetamine-related homicides and violent robberies. This drug is wreaking havoc in our local neighborhoods and is endangering the lives of many, including our innocent children and our brave law enforcement officials.

Our local law enforcement personnel have valiantly raided meth labs and driven mass production out of the area. This delivered a strong blow to the supply side of the problem locally, but without a national response it will only drive production of this horrible drug elsewhere. While I am grateful that the problem has decreased in my district because of our intense efforts, I am not content if the problem has merely been displaced. The outstanding job Sheriff Shook has done at the local level must be duplicated at the Federal level if we are to eradicate meth from our communities.

We all agree that the response to the nationwide methamphetamine epidemic must be multi-faceted. If there were a quick and easy fix to the problem, we would have enacted it already but the supply and demand intricacies are complex and our response needs to be an all-encompassing approach. Some combination of controlling precursor-

chemicals, eliminating meth smuggling from Mexico, severely punishing offenders, and empowering our law enforcement must be accomplished.

I am proud to have supported the anti-meth provisions in the PATRIOT Act that president Bush signed into law on March 9th. Among other things, the law will make it more difficult to obtain the ingredients necessary to manufacture the drug, and crack down on meth cooks, traffickers and smugglers by strengthening federal criminal penalties.

The challenge meth abuse poses is strong, serious and immediate, and so too must be our response. I look forward to receiving the testimony of our panelists and hope we can use that feedback to create a firm legislative response to the meth problem.

With that I yield back.

Mr. SOUDER. Thank you. Before we hear testimony, we need to take care of some committee procedural matters first. I ask unanimous consent that all Members have 5 legislative days to submit written statements and questions for the hearing record and that any answers to written questions provided by the witnesses also be included in the record. Without objection, it is so ordered.

Second, I ask unanimous consent that all exhibits, documents and other materials referred to by Members and witnesses may be included in the hearing record and that all Members be permitted to revise and extend their remarks. Without objection, it is so ordered.

Let me briefly explain to those of you who may not be familiar with our subcommittee, a few things with procedural matters and what we do. This is an oversight committee. Congress is set up—and actually the oversight—the House was set up with funding, so appropriations has always been part of the House. The second group of committees that were established under the Constitution were oversight committees and then third were authorizing committees.

The way theoretically that this works is that an authorizing committee today, for example, would pass an education bill like No Child Left Behind, the appropriators would fund it and then the oversight would go to Government Reform. This committee also has oversight over education, for example.

We have oversight over all drug issues. Now we are also authorizing on drug issues. The drug czar office goes through our subcommittee, the Office of National Drug Control Policy goes through our committee as well as the Community Anti-Drug Act. So we are unique in the sense that we are the only committee that does oversight and authorizing on that issue.

Most people knew our committee when President Clinton was in through a lot of the investigations we did there, on everything from Indian gaming to Waco, to those type of things. Today, in particular, the vice chairman and I got quite a bit of publicity off the steroids hearings, so we do not want to hear anybody here say "we are not here to talk about the past," because in an oversight committee, that is what we do, we talk about the past and we try to figure out how to avoid in the future.

We swear all of our witnesses in. The penalty for lying under oath is death, so you just need to know that. Not really. But we have prosecuted people for perjury—so far, not from any of my subcommittee hearings. Mark McGwire, for example, spent 3 days trying to avoid a subpoena for the steroids hearings, went to several cities and did not want to testify the way he did because he knew he was under oath and that is why he did not want to testify because he could have been prosecuted based on some of what he said, which is why he did not want to talk about the past.

The third thing is that we have a light system here because we take testimony for 5 minutes. At 4 minutes, a yellow light comes on, then red. Now we are going to do that with the southern drawl today, so it will go a little past the 5-minutes that we do in Washington, but roughly. You heard me go through the procedures, all the written statements will be in the record, anything else you want to submit, that record will be published as a hearing book

that will be one of a series of this period. We have been doing a very thorough analysis of methamphetamine and there will be a published book. But so we can get to questions, if you can keep it close to that timeframe.

Now Mr. Emerson, if you could come forth. In oversight, we always by committee tradition, do the Federal first, because that is our primary, is the Federal. And our first panel is Mr. John Emerson, Assistant Special Agent-in-Charge, Charlotte District Office of the Drug Enforcement Administration.

If you will raise your right hand.

[Witness sworn.]

Mr. SOUDER. Let the record show that the witness responded in the affirmative.

Thank you for being with us today. As noted earlier, we have been together in Bolivia a number of times and Cocha Bomba and Santa Cruz and it is good to be in a place where we are less likely to get shot at—at least hopefully—and where we have a President different than Evo Morales. Thank you very much for coming today and we look forward to your testimony.

**STATEMENT OF JOHN J. EMERSON, ASSISTANT SPECIAL AGENT-IN-CHARGE, CHARLOTTE DISTRICT OFFICE, ATLANTA FIELD DIVISION, DRUG ENFORCEMENT ADMINISTRATION**

Mr. EMERSON. You are welcome. Thank you.

Chairman Souder and distinguished Members of Congress, before I start my testimony, I would like to take this moment to thank my other distinguished law enforcement panelists for their efforts in combating methamphetamine in western North Carolina. Sheriff Gary Clark of Caldwell County, Sheriff Philip Byers of Rutherford County and Assistant Special Agent-in-Charge Van Shaw of the North Carolina State Bureau of Investigation have been outstanding partners in this fight. It has been my pleasure and that of my agency to work closely with you. Thank you for your efforts.

In addition, I would also like to acknowledge the hard work of Mrs. Gretchen Shappert, U.S. attorney for the Western District of North Carolina and her staff of prosecutors who have been very supportive in the prosecution of methamphetamine lab cases.

Chairman Souder and distinguished Members of Congress, my name is John Emerson, I am Assistant Special Agent-in-Charge of the Drug Enforcement Administration's Charlotte District Office in the Atlanta Field Division. On behalf of DEA Administrator Karen Tandy, the Atlanta Field Division Special Agent-in-Charge Sherri Strange, I appreciate your invitation to testify regarding DEA's efforts in the North Carolina area to combat methamphetamine.

We have witnessed a rapid evolution of methamphetamine in North Carolina. While not new to the Atlantic southeast, we are now finding more meth than ever before. Law enforcement has been combating methamphetamine for well over 20 years and we have seen first hand its devastating effects. In the Atlantic southeast and across the Nation, we have led successful enforcement efforts focusing on methamphetamine and its precursor chemicals and have worked with our fellow law enforcement partners to combat this drug. Methamphetamine found in the United States origi-

nates from two general sources, controlled by two distinct groups. Most of the methamphetamine found in the United States is produced by Mexico and California-based Mexican traffickers whose organizations control superlabs. Current data suggests that roughly 80 percent of the methamphetamine consumed in the United States comes from these large labs.

The second source for methamphetamine in America is small toxic labs which produce relatively small amounts of methamphetamine and are not generally affiliated with major trafficking organizations. A precise breakdown is not available but it is estimated that these labs are responsible for approximately 20 percent of the methamphetamine consumed in America.

Methamphetamine is a significant drug threat in North Carolina, where demand, availability and abuse remain high. The market for methamphetamine, both in powder and crystal form, is dominated by Mexican trafficking organizations. Small toxic labs produce anywhere from a few grams to several ounces of methamphetamine and they operate within this State. These labs present unique problems for law enforcement and communities of all sizes. The DEA, both nationally and in the Atlanta Field Division, focuses overall enforcement operations on the large, regional, national and international drug trafficking organizations responsible for the majority of the illicit drug supply in the United States.

The Atlanta Field Division's enforcement efforts are led by DEA special agents and task force offices and State and local agencies who, along with our divergent investigators and intelligence research specialists, work to combat the drug threats facing North Carolina. During the last year, our efforts in North Carolina have resulted in significant methamphetamine-related arrests, some of which occurred as part of investigations conducted under the Organized Crime Drug Enforcement Task Force Program and the Priority Target Organization Investigations Program. The western portion of this State is a hot spot experiencing a surge in methamphetamine trafficking, but DEA is working with other law enforcement agencies in a campaign to fight its increased presence.

Training is vital to all law enforcement officers involved in this hazardous investigation and since 1998, DEA's Office of Training has provided training to over 12,000 officers from across the country. Since fiscal year 2002, our Office of Training has provided clandestine laboratory training to more than 154 officers from North Carolina.

In 1990, the DEA established a hazardous waste cleanup program to address environmental concerns from the seizure of clandestine drug laboratories. This program promotes the safety of law enforcement personnel and the public by using companies with specialized training and equipment to remove hazardous waste. The DEA's hazardous waste program with the assistance of grants to State and local law enforcement supports and funds the cleanup of a majority of the laboratories seized in the United States. In fiscal year 2005, the cost of administering these cleanups was approximately $17.7 million. Through our hazardous waste program since fiscal year 2004, DEA has administered nearly 552 lab cleanups in North Carolina at a cost of over $1.1 million.

The DEA is keenly aware that we must continue our fight against methamphetamine. Nationally and within North Carolina, we continue to fight on multiple fronts. Our enforcements are focused against methamphetamine trafficking organizations and those who provide precursor chemicals. We are also providing vital training in lab cleanups to our State and local counterparts who are outstanding partners with us in combating this problem. Law enforcement has experienced some success in this fight, but much work remains to be done.

Thank you for your recognition of this important issue and the opportunity to testify here today. I will be happy to answer any questions you may have.

[The prepared statement of Mr. Emerson follows:]

**Statement of**

**John J. Emerson**
**Assistant Special Agent in Charge**
**Charlotte District Office**
**Atlanta Field Division**
**Drug Enforcement Administration**

**Before the**

**House Government Reform Committee**
**Subcommittee on Criminal Justice, Drug Policy and Human Resources**

**April 11, 2006**

**"Appalachian Ice: The Methamphetamine Epidemic in Western North Carolina"**

Chairman Souder, and distinguished Members of Congress, my name is John Emerson and I am the Assistant Special Agent in Charge of the Drug Enforcement Administration's (DEA) Charlotte District Office in the Atlanta Field Division. On behalf of the DEA Administrator, Karen Tandy and Atlanta Field Division Special Agent in Charge, Sherri Strange, I appreciate your invitation to testify today regarding the DEA's efforts to combat methamphetamine in North Carolina.

## Overview

The DEA has witnessed a rapid evolution of methamphetamine in the North Carolina. The drug is not new to the Atlantic Southeast area. However, the higher levels at which the drug is now found is a new phenomenon. Law enforcement has been combating methamphetamine for well over 20 years and we have seen firsthand the devastating effects of this drug, which has spread eastward and is now impacting our communities in North Carolina and the entire Atlantic Southeast region of the country. Methamphetamine is a significant drug threat in the western North Carolina region and the DEA continues to combat this drug on multiple fronts.

The DEA aggressively targets those who traffic in and manufacture this drug, as well as those who traffic in the chemicals used to produce this poison. In North Carolina, and across the nation, we have initiated and led successful enforcement efforts focusing on methamphetamine and its precursor chemicals and have worked jointly with our federal, state and local law enforcement partners to combat this drug. The efforts of law enforcement have resulted in successful investigations which have dismantled and disrupted high-level methamphetamine trafficking organizations, as well as dramatically reducing the amount of pseudoephedrine entering our country.

Combating this drug requires a collaborative effort by all levels of law enforcement. An essential component of the DEA's efforts against methamphetamine involves the partnerships we

have developed with state and local law enforcement across the country. In addition to our enforcement efforts, we are using the expertise of the DEA's Office of Training to provide clandestine laboratory training to thousands of our state and local partners from all the over country. The DEA also provides cleanup assistance to law enforcement agencies across the country, as they battle this drug.

**National Methamphetamine Threat Assessment and Trends**

Methamphetamine found in the United States originates from two general sources, controlled by two distinct groups. Most of the methamphetamine found in the United States is produced by Mexico-based and California-based Mexican drug trafficking organizations (DTOs). These DTOs control "super labs" (a laboratory capable of producing 10 pounds or more of methamphetamine within a production cycle) and produce the majority of methamphetamine available throughout the United States. Current drug and lab seizure data suggests that roughly 80 percent of the methamphetamine used in the United States comes from larger labs, increasingly in Mexico.

Mexican criminal organizations control most mid-level and retail methamphetamine distribution in the Pacific, Southwest, and West Central regions of the United States, as well as much of the distribution in the Great Lakes and Southeast regions. Mexican criminal organizations trafficking both in powdered and "ice methamphetamine" are the dominant distributors within the North Carolina region. Outlaw Motorcycle Gangs (OMGs) also distribute methamphetamine throughout the country, and reporting indicates that they are particularly prevalent in many areas of the Great Lakes region, New England, and New York/New Jersey regions. Generally speaking OMGs have not been significant methamphetamine distributors in the Southeast region. However, there have been increased reports of their presence in the region.

The second source for methamphetamine in this country comes from small toxic labs (STL), which produce relatively small amounts of methamphetamine, and are not generally affiliated with major trafficking organizations. A precise breakdown is not available, but it is estimated that STLs are responsible for approximately 20 percent of the methamphetamine consumed in this country. Initially found only in the most Western states, there has been a steady increase and eastward spread of STLs in the United States. Many methamphetamine abusers quickly learn that "recipes" are easily accessible over the internet, that its ingredients are available in many over-the-counter cold medications and common household products found at retail stores and that the production of methamphetamine is a relatively simple process. These factors have helped serve as a catalyst for the spread of methamphetamine across the country.

**Threat Assessment – North Carolina**

Methamphetamine is a significant drug threat that the DEA and other law enforcement partners face in North Carolina, as well as the entire Atlanta Field Division.[1] Demand, availability, and abuse of methamphetamine remain high in all areas of the Atlantic Southeast. The market for methamphetamine, both in powder and "crystal" form, in North Carolina is dominated by Mexican

[1] The Atlanta Field Division covers all of Georgia, Tennessee, North Carolina, and South Carolina.

drug trafficking organizations. These organizations import it from sources in Mexico and California locations. "Crystal" methamphetamine is being trafficked in ever-larger quantities to meet a growing consumer demand and is primarily imported into the Atlantic Southeast rather than being converted within the region. The DEA has seen increasing evidence that the meth production and distribution networks are expanding throughout the region. For example, in February 2005 agents seized a "super lab" near Atlanta, capable of manufacturing 20 to 30 pounds of methamphetamine in one 24 hour cycle. This was the first "super lab" discovered in Georgia and one of only a handful discovered on the East Coast.

In North Carolina, STLs produce anywhere from a few grams to a few ounces of methamphetamine. The most commonly encountered production method for methamphetamine in the Atlanta Field Division is the Birch Reduction ("Nazi") method, while in the western portion of North Carolina the Iodine/Red Phosphorous (Red P) method is preferred. Most STLs are located in remote rural areas, but a small yet increasing incidence of labs are located in urban/suburban areas. Western North Carolina is considered a "hot spot" experiencing a surge in methamphetamine trafficking, with its close proximity to eastern Tennessee where there is high concentration of STLs. These STLs are a significant threat to the area where their numbers have been doubling over recent years.

The DEA in North Carolina purchases and seize quantities of methamphetamine ranging from ounces to multiple pounds. Traditionally, within the North Carolina area, the prices of uncut methamphetamine in powder form and "crystal" methamphetamine have been from $8,000 - $16,000 per pound. Purity levels of methamphetamine in North Carolina have continued to increase, with average purities of 70 percent (as of the end of the 1st quarter of FY 2006).

Methamphetamine lab-related seizures in North Carolina, as reported to the El Paso Intelligence Center for CY 2001 through CY 2005 are listed below (as of 03/21/2006). It should be noted that reporting is not mandatory, so some state and local law enforcement agencies do not report their clandestine laboratory numbers to EPIC in a timely manner, if at all.

| North Carolina | Chem/Glass/Equip | Dumpsites | Labs | Total |
|---|---|---|---|---|
| CY 2001 | 4 | 0 | 28 | 32 |
| | | | | |
| CY 2002 | 8 | 2 | 37 | 47 |
| | | | | |
| CY 2003 | 23 | 10 | 134 | 167 |
| | | | | |
| CY 2004 | 26 | 49 | 243 | 318 |
| | | | | |
| CY 2005 | 59 | 85 | 178 | 322 |

**Battling Methamphetamine – Labs and Precursor Chemicals**

As a result of our efforts and those of our law enforcement partners in the U.S. and Canada, we have seen a dramatic decline in methamphetamine "super labs" in the U.S. In 2005, 53 "super labs" were seized in the United States, the majority of which were in California. This is a dramatic decrease from the 246 "super labs" seized in 2001. This decrease in "super labs" is largely a result of DEA's enforcement successes against suppliers of bulk shipments of precursor chemicals, notably ephedrine and pseudoephedrine. Law enforcement has also seen a huge reduction in the amount of pseudoephedrine, ephedrine, and other precursor chemicals seized at the Canadian border. But with the drop in "super lab" activity in the United States, however, we have also seen an increase of "super lab" activity in Mexico.

In addition, the DEA has been working to ensure that only legitimate businesses with adequate chemical controls are licensed to handle bulk pseudoephedrine and ephedrine in the United States. In the past seven years, more than 2,000 chemical registrants have been denied, surrendered, or withdrawn their registrations or applications as a result of DEA investigations. Between 2001 and 2004, DEA Diversion Investigators physically inspected more than half of the 3,000 chemical registrants at their places of business. We investigated the adequacy of their security safeguards to prevent the diversion of chemicals to the illicit market, and audited their recordkeeping to ensure compliance with federal regulations.

The DEA is also working with our global partners to target international

methamphetamine traffickers and to increase chemical control efforts abroad. The DEA has worked hand in hand with our foreign law enforcement counterparts and has forged agreements to pre-screen pseudoephedrine shipments to ensure that they are being shipped to legitimate companies for legitimate purposes. An example of our efforts in this area is an operation worked with our counterparts from Hong Kong, Mexico and Panama, which prevented approximately 68 million pseudoephedrine tablets from reaching methamphetamine traffickers. This pseudoephedrine could have produced more than two metric tons of methamphetamine.

In addition, DEA recently coordinated meetings in Hong Kong and participated in the 49th annual Conference on Narcotic Drugs in Vienna, Austria. At both of these meetings, DEA discussed how best to share information with our law enforcement counterparts for countries that produce or are affected by the diversion of pseudoephedrine. The meetings were productive, providing a forum for attendees to present their different perspectives and develop initiatives toward curbing the diversion of precursor chemicals and international methamphetamine traffickers. The Vienna meeting, in particular, resulted in an international agreement to expand the sharing of information about exports of precursor chemicals, particular pseudoephedrine.

**DEA's Efforts in the Atlanta Field Division**

The DEA has offices located in North Carolina in Charlotte, Greensboro, Raleigh, and Wilmington, and also has 2 agents and 4 task force officers assigned to a Post of Duty in Asheville. These offices are part of the Atlanta Field Division, which includes all DEA offices located in the states of Georgia, South Carolina, and Tennessee.

The DEA's enforcement efforts in North Carolina are led by DEA Special Agents and Task Force Officers from state and local agencies, who are assigned to DEA offices. The Task Force Officers (TFO) are deputized by the DEA and have the same authority as DEA Special Agents. The Atlanta Field Division has TFOs in all our offices throughout North Carolina, and they work alongside our Agents, Diversion Investigators and Intelligence Research Specialists. Working in a task force setting brings together the expertise of the individual investigators and agencies and serves as a force multiplier, by which law enforcement can better attack the drug threats facing North Carolina.

The DEA focuses its overall enforcement operations on the large regional, national and international drug trafficking organizations responsible for the majority of the illicit drug supply in the United States. Within the Atlanta Field Division, we implement the same approach by focusing our investigative resources and efforts on the largest trafficking organizations operating within the respective areas of responsibility of our offices. The enforcement efforts our offices in North Carolina have resulted in increased methamphetamine-related arrests, which included investigations conducted under the Organized Crime Drug Enforcement Task Force (OCDETF) program and the Priority Target Organization (PTO) investigations program. Working closely with our local law enforcement counterparts we have combined our efforts not only investigating the methamphetamine related criminal activity, but by actively conducting public awareness forums with local citizen groups.

Several recent examples of these efforts in targeting methamphetamine trafficking

organizations and precursor chemical suppliers operating in North Carolina are highlighted below:

- **North Carolina Methamphetamine Offenders Sentenced to 40 Years:** In early February 2006, the DEA Charlotte District Office along with other federal, state and local law enforcement officials announced the sentencing of 6 individuals to more than 40 years in federal prison for methamphetamine related charges. The charges stem from 4 separate joint conspiracy investigations spanning from March to December 2004. The offenders carried out their methamphetamine conspiracies in part, in Ashe, Burke, Caldwell, Catawba, McDowell, Watauga, and Wilkes Counties.

- **Rutherford County Methamphetamine Lab Seizures and Indictments:** On February 15, 2006, the DEA with other state and local law enforcement officials arrested 11 individuals in Rutherford County, North Carolina on methamphetamine related conspiracy charges. During the investigation 14 clandestine labs were seized, with 64 pounds of methamphetamine allegedly manufactured by the group. Nine of the eleven individuals had prior methamphetamine related arrests. Additional charges for endangering a minor were also brought against 2 of the suspects.

- **Arrest for Selling Bulk Quantities of Red Phosphorous Matches:** In early September 2005, in two separate incidents a retail store clerk and a store manager were arrested in Rutherford County, North Carolina for selling bulk quantities matches containing red phosphorous on their striker plates to methamphetamine "cooks" in the region. This was an effort by DEA and local law enforcement officials to limit the availability of chemicals to "lab cooks" in the area.

**DEA's Clandestine Laboratory Training**

In response to the spread of labs across the country, more and more state and local law enforcement officers require training to investigate and safely dismantle these labs. Since 1998, the DEA has offered a robust training program for our state and local partners. The DEA, through our Office of Training, provides basic and advanced clandestine laboratory safety training for state and local law enforcement officers and Special Agents at the DEA Clandestine Laboratory Training Facility. Instruction includes the Basic Clandestine Laboratory Certification School, the Advanced Site Safety School, and the Clandestine Laboratory Tactical School. Each course exceeds Occupational Safety and Health Administration (OSHA)-mandated minimum safety requirements and is provided at no cost to qualified state and local law enforcement officers. As part of this training, approximately $2,200 worth of personal protective equipment is issued to each student, allowing them to safely investigate these clandestine labs and work in this hazardous environment.

Since 1998, the DEA has trained more than 12,000 state and local law enforcement personnel (plus 1,900 DEA employees), to conduct investigations and dismantle seized methamphetamine labs and protect the public from methamphetamine lab toxic waste. From FY 2002 through FY 2005, the DEA provided clandestine laboratory training to more than 154 officers from North Carolina. In addition, the Office of Training also provides clandestine

laboratory awareness and "train the trainer" programs that can be tailored for a specific agency's needs, with classes ranging in length from one to eight hours. During FY 2003 DEA's Office of Training provided this type of "awareness training" to 225 attendees who attended the North Carolina Methamphetamine Summit.

**Hazardous Waste Cleanup**

When a federal, state or local agency seizes a clandestine methamphetamine laboratory, Environmental Protection Agency regulations require that the agency ensure that all hazardous waste materials are safely removed from the site. In 1990, the DEA established a Hazardous Waste Cleanup Program to address environmental concerns from the seizure of clandestine drug laboratories. This program promotes the safety of law enforcement personnel and the public by using qualified companies with specialized training and equipment to remove hazardous waste. Private contractors provide hazardous waste removal and disposal services to the DEA, as well as to state and local law enforcement agencies.

The DEA's hazardous waste program, with the assistance of grants to state and local law enforcement, supports and funds the cleanup of a majority of the laboratories seized in the United States. In FY 2005, the cost of administering these cleanups was approximately $17.7 million

In North Carolina, from FY 2004 through FY 2005, the DEA administered 552 lab cleanups, at a total cost of $1,125,259.

**Conclusion**

The DEA, both nationally and in the State of North Carolina, is keenly aware that we must continue our fight against methamphetamine and stop the spread of this drug. Law enforcement has experienced some success in this fight, as is evidenced by the significant decrease in the number of "super labs" seized in this country and the huge reduction in pseudoephedrine seized at the Canadian border. To continue to combat this epidemic, we are fighting methamphetamine on multiple fronts. Our enforcement efforts are focused on both the large-scale methamphetamine trafficking organizations distributing this drug, as well as those who are involved in providing the precursor chemicals necessary to manufacture this poison.

Our DEA offices in North Carolina have been combating methamphetamine for many years and continue to work closely with our other federal, state and local law partners to combat the threat presented by this drug. The outstanding relationships DEA has with these law enforcement agencies has enabled us to more effectively and safely investigate and dismantle these labs, our Office of Training has provided clandestine laboratory training to many of our state and local partners. Additionally, through our hazardous waste program, since FY 2004, the DEA has administered nearly 552 laboratory cleanups in North Carolina.

Thank you for your recognition of this important issue and the opportunity to testify here today. I will be happy to answer any questions you may have.

Mr. SOUDER. Thank you very much for being here and for DEA's steady work. I have expressed a lot of frustration on the House floor and to the individuals involved about the drug czar office's lack of response on meth. They last week presented, the ONDCP, to the Hill, to the meth caucus, started to present their meth plan which they waited until we passed the bill and then decided to come up with a plan about 5 years late. DEA, on the ground, has been doing this, as you pointed out, for 20 years and in particular under Director Tandy has been very aggressive. But once again, it was kind of interesting because it appears it came from the bottom up. In other words, the DEA offices were dealing with the meth on the ground and the Washington headquarters was not even aware of how much DEA was immersed in the battle on methamphetamine because this is probably the first drug issue we saw, particularly in the small labs, where it was coming at Washington from the grassroots level rather than being defined as a national problem and going back down.

A lot of States had already put in the pseudoephedrine controls, the Federal control will not actually take effect until I believe October 1st, although some implementation starts to go through on June 30th on some types of drugs. Have you started to see in the zone that you are working some drop in the meth labs because of the feeling that there is a tightening up, local law enforcement being more aware of it and an increased move to crystal meth yet? Or how is it working in this zone?

Mr. EMERSON. Last year, in calendar year 2005, we saw what we are calling like a leveling off of the labs. They were roughly doubling each year from 1999 through 2004. They were anticipated to go somewhere near 600 at the end of 2005. The number was 328 and opposed to 322 the year before. So we saw some leveling off last year.

The pseudo law that North Carolina courageously passed last year and went into effect January 15th this year has been in effect for almost 3 months and the Attorney General just released information that the labs are down about 30 percent for this first 3 months of the year as opposed to the same period last year. So we have seen some effects, a leveling off last year and then with the law in effect this year, a slight decline for the first 3 months of the year.

Mr. SOUDER. When the pseudoephedrine law—this is just kind of a curious question, I have no idea what—there is always a danger in asking a question when you have no idea where this answer is going to go. But have you seen any direction out of either DEA or out of the drug czar's office or out of the FBI or anybody's office, DHS at the border, that now that we are going to do this federally on October 1st, but also that when a State pseudoephedrine law takes effect, that there is a strategy shift that says every other place that did a pseudoephedrine law in the United States, that crystal meth came in behind it within 6 months and that somehow there needs to be an adjusting to understand who is going to supply the meth in that region. There is no exception. In Oregon and Washington, Hawaii that were the first States that had the big meth problems, this happened. Oklahoma, which touted their law, is now overrun with crystal meth and the regulation of

pseudoephedrine, while it is better for local law enforcement, really is not better for the people who get addicted. In fact, it is cheaper and more potent.

Is there a strategy that says when we do this, this is how the drug dealers are going to react, and drug addicts?

Mr. EMERSON. We have certainly talked about it and certainly we have received information like that from our headquarters about shifts in patterns and trends. We do see that information out of headquarters. And we also, as you heard from my testimony, believe that 80 percent of the meth that comes into the States, including North Carolina, is from Mexican organizations. So we are already focused on identifying organizations, Mexican traffickers. We have been tracking them, arresting them when we have sufficient evidence for a number of years, and we plan to continue to do that.

But in a local sense, because the pseudo law is in effect, both statewide and federally, we, in planning our strategy for this coming year versus last year, I see us more working toward the Mexicans than we did with the labs last year. We took a lot of cases on regular local labs under Federal conspiracy laws, especially in Rutherford and McDowell Counties, which were the worse two counties hit by the labs. So we had a lot of emphasis on that last year. But we do expect to see more this year because of the pseudo laws to look at the Mexican organizations, a couple of particular areas that we know are hot spots for meth trafficking in the western part of the State.

Mr. SOUDER. One of the things that has been unusual in meth other than other drugs is that the mom and pop labs are not where the traditional drug trafficking organizations have been. In other words, if you take, in my district, Fort Wayne will have a coke problem, will have no mom and pop labs in Allen County except one rural town had one. Just north of it, there was a county that is getting anywhere from 70 to 100 labs in that county alone and yet 10 miles away, they do not have any meth. As the pseudoephedrine law takes effect in Indiana, what we are seeing is the crystal meth move into some of these small towns that, generally speaking, meth has been more of a white, blue collar drug, crystal meth has a slightly different variation. Cocaine has been more in the urban areas and you have got a different mix.

The question is OK, now, what do you do if in these rural areas where you have much less law enforcement resources, much less treatment resources, if their kind of mom and pop meth, Nazi lab meth, turns into crystal meth, how are we going to deal with a different mechanism. Now presumably it will still be coming—is this your assumption, still going to come through Charlotte or through Atlanta, Knoxville, into the mountains in this case, even if it is going into a different population? How do they develop a network to reach that market, because this traditionally would not be a market that is supplied through those organizations. That is what Oklahoma has run into and eastern Oregon.

Mr. EMERSON. The way we have done this traditionally is keeping good relations with our State and local partners. They see things first on the ground, the local sheriff's office, the local police departments, they are going to see those trends and they help us

identify targets, they bring information to us, intelligence. We have agents assigned to particular counties and their job is to coordinate with those local law enforcement officers to identify those trends and patterns and identify specific traffickers that we would target then for investigation. So I hope the answer to your question is that through intelligence, by having our agents doing what they are supposed to be doing out in the field, that they are going to gather the intelligence on who those traffickers are and try to cut-off that supply when we can.

Mr. SOUDER. Is there a regional DEA task force in this zone anywhere? What is the closest, Charlotte?

Mr. EMERSON. Yes there is a task force in Charlotte and there is a task force in Asheville, the Asheville post of duty.

Mr. SOUDER. And are these counties included in either of those?

Mr. EMERSON. Yes. Well, not every county participates because they do not generally have a lot of manpower and they cannot—you have to dedicate someone full time to a task force. But we do have agents assigned that are either part of the task force or not part of a task force, but they have a certain county assignment, so we would have an agent who works with, let us say, three counties with the sheriffs' departments, the police departments, in those counties. And his job is to be out there working with those officers and identifying the biggest traffickers in those particular counties and then making that case go from a local level case to a Federal level case, so we can take it into Federal court and have the best option for prosecution and length of sentence.

Mr. SOUDER. What is the closest meth hot spots for them, eastern Tennessee? Are there any in North Carolina?

Mr. EMERSON. I do not know.

Mr. SOUDER. You do not know. If you do not know the answer to the question, there probably is not one. And is the closest HIDTA—what is the closest HIDTA?

Mr. EMERSON. There's a small HIDTA in Atlanta. It is an urban two-county HIDTA, I believe. And then Tennessee has a couple of HIDTA offices and I believe they are a spinoff of the Appalachian HIDTA.

Mr. SOUDER. So nothing in North Carolina?

Mr. EMERSON. Nothing in North Carolina.

Mr. SOUDER. South Carolina either?

Mr. EMERSON. No.

Mr. SOUDER. So Baltimore/Washington would be the closest to the north and Atlanta is focused heavily on the airport and downtown?

Mr. EMERSON. That is right.

Mr. SOUDER. Thanks. Mr. McHenry.

Mr. MCHENRY. Thank you, Mr. Chairman.

The question I have for you, Mr. Emerson, you discussed the DEA has administered 552 lab cleanups in North Carolina. Do you see that—where do you see that trend going this year and next year?

Mr. EMERSON. Well, I think it is a little hard to say at this point because the Federal pseudo law, as Mr. Souder pointed out, is still going into effect, the State law just went into effect in January. If we look at other States that have passed the pseudo law, there has

been generally a 30–40 percent reduction in labs I believe and we have already seen a 30 percent reduction more or less in the first 3 months. So we hope this year with the aggressive prosecution federally that we did of traffickers, of meth cooks last year, along with enhanced North Carolina laws with increased sentencing, plus the pseudo law, both State and Federal, that there will be a reduction this year. Obviously we will not know that until the end of the year. But we hope that is the direction that the small toxic labs are going.

Mr. MCHENRY. Now you also mentioned the clandestine laboratory training that you provide to local law enforcement. I know some of our sheriffs' departments have taken advantage of that, not out of want but out of need and necessity. Where do you see this training going?

Mr. EMERSON. I see more classes coming out of Quantico. I think we have teletypes in now for three more classes very rapidly, May, June, and July, I believe there are new classes. And we have a certain amount of slots in the Atlanta Field Division for local officers to go, State and local officers, to go to those classes. It seems to me that the amount of classes increased this year from last year, from what I can tell.

Mr. MCHENRY. Part of the question I have from local law enforcement on a frequent basis, and I had a conversation to this effect with a sheriff in my district, was the staffing levels for the lab cleanups. It is just very difficult because of the size of North Carolina, the number of cleanups you have to administer, to get a very quick turnaround time for lab cleanup. So oftentimes you have to have a sheriff's deputy posted at a lab for 24 or 48 hours, 72 hours, just to make sure no one enters the lab. Where do you see the staffing levels go for this, and their response time?

Mr. EMERSON. Well, actually, with that program, DEA just administers the funds. The protocol in this State is the State Bureau of Investigation is the primary agency that responds to the lab, they are a great team, they have been around for years, they are well-equipped. They are the team that responds. Although DEA has people to do that, the protocol in this State has always been that SBI does that and it does such a great job, it is a big advantage for us. But then, through the COPS funds, private contractors come out and actually do the cleanup. So that is not a staffing issue for us. That is done through those contracts.

But the container program that has been established in Kentucky, which I believe is spreading through a number of other States, is a goal to help reduce that amount of time. Whereas certified law enforcement officers would go to the scene, clean up whatever evidence there is of the lab there, bring it to a container and that would happen in a short period of time and then the contractor would go to the container and pick up the waste and then dispose of it within a week's time. So that is DEA's goal, is to move that, to cut down that time period by spreading this container program and the costs are much more reduced that way. The average cost of a lab cleanup nationwide is $1,900 per lab. With the container program, it is $350 per lab. So that is the way DEA is looking to try to reduce that time and save money.

Mr. MCHENRY. When do you see that coming to North Carolina?

Mr. EMERSON. North Carolina is one of the States slated for it. The timeframe I am not sure of, but I saw that they are on the list for a visit to present the program in North Carolina.

Mr. MCHENRY. Thank you. And thank you for coming and thank you for your testimony.

Mr. EMERSON. You are welcome, thank you.

Mr. SOUDER. Thank you. Ms. Foxx.

Ms. FOXX. Last summer, the DEA concluded Operation Wildfire, which is described as the largest national law enforcement operation to target meth manufacturing and distribution to date. Can you tell us what the impact was in North Carolina? Did the operation meet its goals and what were some of the lessons that we learned from that?

Mr. EMERSON. Yes, ma'am. We were certainly, I think for those days, were more successful than we had planned. We had a number of targets that we were interested in. We went to our State and local counterparts looking for targets, people that had been involved in meth-related crimes, especially repeat offenders. Our goal was to have some impact to find labs and to—primarily find labs and to arrest people that there were warrants out for, to find out if there were any children in homes where meth was being cooked. So it was a surge operation to try to have some impact for a period of time in the western part of the State. I think we involved some 15 counties, other Federal agencies, Probation and Parole, Department of Social Services. We arrested 70 people in about a 3-day period, which was the highest number anywhere in the country of the 427 arrests that took place nationally.

So for that short period of time, I think it was an impact. We got a number of people off the street, especially some repeat offenders. Long-term, I am not sure if there was any really long-term impact from that, but at the time, we seized six labs, we seized about 64 grams of methamphetamine, I think 30 guns, some cash. So there was some impact for a period of time.

Ms. FOXX. Thank you.

Mr. EMERSON. You are welcome.

Mr. SOUDER. I had a few followup questions.

Are the main trafficking organizations, is the pattern coming from—is the primary point across the Mexican border or up through Florida here?

Mr. EMERSON. The Mexican border.

Mr. SOUDER. Laredo, El Paso, or Arizona, more to the southeast?

Mr. EMERSON. We have cases with Tucson, Phoenix, but primarily McAllen, Laredo are probably our biggest, but we have seen from Arizona and actually Los Angeles has been very active lately.

Mr. SOUDER. Do you see anything in this region coming from the Tri-Cities area or Washington State or where it goes up and across?

Mr. EMERSON. No, sir.

Mr. SOUDER. Is it mostly Mexican or is it Central American as well?

Mr. EMERSON. Mostly Mexican.

Mr. SOUDER. Any signs out of Charlotte in this region of the Salvadoran gang distribution or you do not have as much——

Mr. EMERSON. There is MS–13 presence in Charlotte and some other gangs and they are involved in drug trafficking, but we see much more street level and we have not really gotten involved in that that much, with so many other priorities on larger Mexican trafficking organizations that have moved into North Carolina. But there is gang activity for sure in Charlotte.

Mr. SOUDER. And have you seen any sign of meth moving into the African-American population in North Carolina?

Mr. EMERSON. I have heard of it, but we have not seen it that much as far as cases and arrests. But we have heard about it. But we do not see it as any growing trend at this point.

Mr. SOUDER. Are there any tensions between where the Mexican trafficking organizations are hitting the African-American trafficking organizations that traditionally have had cocaine?

Mr. EMERSON. We have not seen that at the wholesale level. The Mexicans dominate the trafficking situation here.

Mr. SOUDER. There is a mythology developing that the African-American population will not use meth. But in Minneapolis in one of our hearings, we heard that in one neighborhood, the African-American trafficking organizations started selling meth and within 3 months, 20 percent of the addicts in Minnesota, Minneapolis, were African-American meth addicts and it was just one neighborhood of the city. It had spread faster than crack. And it is something we are watching very closely because if crystal meth substitutes for cocaine, we just are not ready to handle it. And when it hits an urban area—because traditionally this has been more of a rural problem—in St. Paul, on the other side, which was a totally different thing in the Minnesota hearing—in St. Paul, the number of kids in child custody went from zero to 90 percent with meth addicts' kids with no labs, no labs at all, it was all crystal meth—90 percent in 6 months when it hit the city, much like the way crack takes over a city.

Omaha, I believe, and there is a little bit at the edge of Detroit, but very little even crystal meth in most cities. Is that true here too? Even in the crystal meth, does it tend to be out from the major cities a little bit more?

Mr. EMERSON. Meth is definitely our biggest problem in the rural areas, but there is no doubt, there is a good availability of meth in the urban areas of Charlotte particularly, more than other parts of the State or the bigger cities in the State. We see more meth coming into Charlotte. We still see that though with Caucasians mostly, the meth use. We have not seen that hit—there is a steady supply of cocaine that comes in here through Mexican traffickers, so there is still a good supply of cocaine coming in unfortunately for the Charlotte area and other bigger cities in North Carolina.

Mr. SOUDER. Winston-Salem and Raleigh?

Mr. EMERSON. Cocaine is primarily what we seize.

Mr. SOUDER. And what about on college campuses, have you seen any crystal meth around the college campuses?

Mr. EMERSON. Some, but again, we do not really deal that much at the retail level, so I cannot answer that question for you completely. We hear more about Ecstasy and marijuana on the college scene than we do with meth, but certainly, as you know, meth

knows no bounds. So it is there, we just do not see it at a level that has come to our attention.

Mr. SOUDER. Two weeks ago, the New York Times reported that—which we had been picking up at the edges of our hearings—that on the Indian Reservations in America and the Indian Nations, at least west of the Mississippi, meth has replaced alcohol as the No. 1 problem, which historically has been the problem. It has devastated in Arizona, Montana, upper Dakotas, just overwhelmed even the alcohol problem. Have you seen any of that in Cherokee or any of the Indian Nations here?

Mr. EMERSON. Meth is a problem on the reservation and we have met with Chief Hicks of the Cherokee Tribe and after meeting with them and their officers there, I think we have a consensus on the source of that meth. And instead of trying to work on that reservation at the retail level, we are familiar with the sources for the meth coming to the reservation and we have plans to work those cases.

Mr. SOUDER. Thank you.

Any other questions?

Ms. FOXX. I have one more question.

There is a lot in the news in the last few days about immigration and particularly illegal immigration. The journey from Mexico to North Carolina is a long one, especially for somebody with illegal drugs and probably someone who is coming here illegally. Do you have any suggestions on what we could do to interdict meth traveling from Mexico to North Carolina?

Mr. EMERSON. Certainly the more intelligence we have, the better off we are going to be. The best cases are always derived from the best intelligence. So any way that we can develop more intelligence, we are trying to do that all the time through all the sources and means that we have and working with our State and local partners. Certainly if there is any suggestion, the State and local interdiction teams on the highways have been a great asset to us, not only for interdicting drugs coming northbound, but money going southbound. But the intelligence that we derive to initiate Federal investigations or we see that there are ties into other ongoing nationwide or even global investigations has been a great help to us.

So certainly I think any help that could be done for improving the interdiction team situation would be a great help for us and for other States.

Ms. FOXX. Thank you.

Mr. SOUDER. Well, the good news is we are going to have the southwest border controlled in the next 60 days or so. [Laughter.]

Mr. EMERSON. That is good news.

Mr. SOUDER. Thank you for your testimony. We may have a few more written questions, but appreciate your leadership and work in this area.

Mr. EMERSON. Thank you very much.

Ms. FOXX. Thank you.

Mr. SOUDER. If the second panel could now come forward. Mr. Gaither, Mr. Shaw, Sheriff Clark, Sheriff Byers, Ms. Vasquez.

If you would remain standing while I give you the oath. Please raise your right hands.

[Witnesses sworn.]

Mr. SOUDER. Let the record show that each of the witnesses responded in the affirmative. I will now yield to Mr. McHenry for the introductions.

Mr. MCHENRY. Thank you, Mr. Chairman. I certainly appreciate the distinguished panel we have here today, and in order of testimony, I will introduce the distinguished panel that we have put together here for the committee's attention.

First, we have James C. "Jay" Gaither, Jr., the District Attorney for the 25th Prosecutorial District—that is a mouthful—encompassing Burke, Caldwell and Catawba Counties, a resident of Catawba County.

Jay graduated from Davidson College with a undergraduate degree, then graduated from law school from California Western. Has had extensive prosecutorial experience as well as law experience. In 2002, he was elected district attorney.

Mr. Gaither and his wife Beth live in Hickory and have four children.

In 2005, Mr Gaither was successful in drafting and helping pass Rachel's Law which increased the punishment for shooting into occupied dwellings and vehicles, an incident that involved someone that Mr. Gaither had been involved in helping their family.

So thank you for being here, Jay.

Mr. GAITHER. Thank you, Congressman.

Mr. MCHENRY. Next testimony will be from Mr. Van Shaw from the State Bureau of Investigation, he's the Assistant Special Agent-in-Charge. He has worked for the SBI for 19 years, including the last 4 as clandestine laboratory response unit supervisor. He helped initiate the Drug-Endangered Children Program and also in the State of North Carolina pseudoephedrine restrictions and increased penalties for meth production.

Thank you, Mr. Shaw, for being here.

Next, we have Sheriff Gary Clark, our host here today, with 22 years of law enforcement experience here in Lenoir. He was elected sheriff in 2002. He has gone on to be involved in a number of meth lab seizures, has been a real innovator in this area of law enforcement.

He is also a graduate of Law Enforcement Executive Training from UNC-Chapel Hill and he has over 4,000 hours of training in law enforcement.

Thank you, Mr. Clark, for being here.

Finally, we have Sheriff C. Philip Byers. Philip is the sheriff since January of this year in Rutherford County. Before that, he served for 15 years with law enforcement service and experience, including the previous 4 as chief deputy of Rutherford County.

He has an undergraduate degree from Appalachian State University and he has a masters of public administration from Western North Carolina University.

He and his wife, Sheila, reside in Rutherford County.

Finally, our last witness of the day, Ms. Lynne Vasquez. She has a personal story to tell of her son Chad, who got mixed up in meth, and because of that is now serving a sentence in jail. And Ms. Vasquez has been a wonderful grandmother to her two grandchildren and has since adopted them and taken custody of these

two grandchildren. She is going to tell a personal story today of how meth has affected her family. And this is a story that, Ms. Vasquez, unfortunately other people have the same story that you have. But I appreciate you being willing enough to be here today to tell the public what you have faced and how meth harms families, what it does to individuals. I am sure your son was a good young man and just got messed up in horrible, horrible, destructive drugs that just took hold of this fine young man.

I appreciate you being here and being willing to testify. Thank you, Lynne.

Mr. Chairman, I yield back.

Mr. SOUDER. Well, our first witness is Mr. Gaither, and the Indiana Gaithers would sing their testimony. We would appreciate it if you just would state it rather than sing it. [Laughter.]

**STATEMENTS OF JAMES C. GAITHER, DISTRICT ATTORNEY, 25TH PROSECUTORIAL DISTRICT OF NORTH CAROLINA; VAN SHAW, SPECIAL AGENT, NORTH CAROLINA STATE BUREAU OF INVESTIGATION, CLANDESTINE LABS RESPONSE PROGRAM; GARY CLARK, SHERIFF, CALDWELL COUNTY, NORTH CAROLINA; C. PHILIP BYERS, SHERIFF, RUTHERFORD COUNTY, NORTH CAROLINA; AND LYNNE VASQUEZ, MOTHER OF CONVICTED METH DEALER AND ADDICT**

**STATEMENT OF JAMES C. GAITHER**

Mr. GAITHER. Thank you, Chairman Souder. The information that the Gaithers were based in Indiana was not known to me. I knew they were from Tennessee and I do claim kinship. As long as they do not deny it, I will claim it. They are a great name to share.

I am Jay Gaither, the District Attorney for the 25th, Burke, Caldwell and Catawba County.

I want to thank Congressman Patrick McHenry for his concern regarding the methamphetamine epidemic in our counties and thank the Congressman for your part in introducing and passing new Federal laws protecting children threatened by the manufacture of this awful substance, and thank you for drawing attention to the growing crisis in our communities by calling this hearing today.

Chairman Souder, thank you for traveling from Indiana, this week in particular, where a lot of people like to be at home with their families. We appreciate you being here in North Carolina.

Congresswoman Foxx, when you were a State Senator, I recall when I would send you e-mails concerning issues regarding the drug trade in North Carolina, I could not hardly get up from my desk but that I had a response. You are one of the most responsive elected officials I have ever known and it is good to see you again. I have not seen you since you have been elected. Congratulations.

As a State prosecutor now for 3 years, one of the first things I realized was the quick response of the Federal Government far outpaced the State's abilities. The ability for the Federal Government to apprehend and incarcerate these individuals who manufacture and traffick methamphetamine was impressed upon me immediately. I met with Gretchen Shappert within the first month after my election and since that time have been working closely with the

Federal Government and am in awe of the men and women who put their lives on the line for the State of North Carolina and for the U.S. Government here in western North Carolina. It has been a privilege to work with each and every one of them and to watch how they work with my local law enforcement.

At the same time, North Carolina cannot abdicate its responsibilities, should not in my opinion be taking the relatively light steps that we are taking to address this epidemic. The punishment for selling and delivering methamphetamines or for possessing methamphetamines is woefully weak here in North Carolina. We need new prisons and we need tougher laws.

Probably the most important thing that can be addressed resources wise, and it has already been touched on, is the lab issue in the State of North Carolina. Our State Bureau of Investigation's lab is woefully under-funded; 9 months to 12 months is how long we have to wait in order to get a lab report back. The biggest problem for me there as a prosecutor is until I get that lab report back, my prosecution summary is not complete and I cannot go forward with a prosecution.

Oftentimes, these individuals are arrested in our communities and then they are released back into the community. The impression that people get is that they have been released and are not going to be prosecuted. For 9, 10, 11, 12 months, they continue to trade in drugs and they continue to flaunt our laws with no apparent repercussions for the arrest that has been made by the Sheriff's Department and the task force. And that just increases, I think, the likelihood of further criminal activity and the likelihood that our laws will be taken lightly when people are out there who have been arrested but not yet capable of prosecution because of the shortage of funding for the labs and the slow time that—or the long time that we have to wait for that SBI lab report to come back. We need increased funding for the lab and for law enforcement.

The final thing I want to talk about is my desire to see good things come out of this hearing today and also for local and State government to start looking at public safety, what I consider the third leg of the future of our economic prosperity. Schools and roads receive a lot of the funding, they also receive a lot of the attention. Public safety I believe is sometimes not focused on as a positive. I would like western North Carolina to go the further step rather than being in a defensive, to be in an aggressive, proactive posture where we can boast to other States and to other regions, listen, we have one of the safest communities—well, since we are in western North Carolina—in North Carolina and one of the safest States in the country.

So this is my perspective on the total picture of drug trade and specifically here on meth. Thank you for inviting me and I look forward to answering your questions.

Mr. SOUDER. Thank you very much.

Mr. Shaw.

**STATEMENT OF VAN W. SHAW**

Mr. SHAW. Thank you, Mr. Chairman, committee members.

The State of North Carolina has seen the abuse of methamphetamine rise dramatically during the past 5 years. The number of

methamphetamine laboratories, chemical and glassware seizures and related dump sites have nearly doubled every year from a total of 34 in 2001 to 322 in 2004. Through the hard work of the North Carolina Attorney General Roy Cooper, the North Carolina Department of Justice, State Bureau of Investigation, Drug Enforcement Administration and numerous local law enforcement agencies, we have begun to see a decrease in the number of laboratory seizures across the State.

The enhancement of methamphetamine manufacturing laws and restrictions on the sale of pseudoephedrine have been instrumental in bringing about this decline. The trafficking of methamphetamine by Mexican national drug organizations still remains a significant problem, and trends suggest that it will only increase in an effort to fill the demand for methamphetamine that is no longer being produced domestically.

The North Carolina Department of Justice, in conjunction with the State Bureau of Investigation and the Drug Enforcement Administration are formulating a Methamphetamine Trafficking Task Force that will seek to combat the flood of methamphetamine into western North Carolina. This task force will be modeled after the highly successful south and eastern Tennessee methamphetamine task force which has received Federal funding for its operation.

The task force seeks to organize local, State and Federal law enforcement efforts and methamphetamine trafficking investigation to maximize productivity and the utilization of funding. This task force would provide overtime funding to local law enforcement agencies, training for law enforcement officers, public education programs and drug intelligence dissemination throughout the State. Efforts would also be coordinated in the area of enforcing pseudoephedrine laws to ensure the continued decline of methamphetamine laboratories. Federal funding of this task force would provide the financial foundation to ensure its success in slowing the flow of methamphetamine into North Carolina.

Mr. SOUDER. Thank you very much.

Sheriff Clark.

[The prepared statement of Mr. Shaw follows:]

**To:** **The Government's Reform Committee's Subcommittee on Criminal Justice, Drug Policy and Human Resources**

**From:** **Assistant Special Agent-In-Charge Van W. Shaw**
**N. C. State Bureau of Investigation**
**11907 Sam Roper Drive**
**Charlotte, North Carolina 28269-7504**

**Subject:** **"Appalachian Ice: The Methamphetamine Epidemic in Western North Carolina"**

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**STATEMENT OF SHERIFF GARY CLARK**

Mr. CLARK. Good morning, Mr. Chairman, distinguished Members of Congress, colleagues, guests and visitors. Welcome to Caldwell County.

My name is Gary Clark, I am the sheriff of Caldwell County. Caldwell County is a semi-rural area consisting of a population of approximately 77,000 people. The primary industry in this county is furniture-based. However, with this industry quickly disappearing due to overseas manufacturing and the unemployment rate climbing, we are seeing a frightening increase in the production, sale, distribution and use of methamphetamine.

Known as crystal meth or ice, methamphetamine is an illegal narcotic that can be easily manufactured using recipes found on the Internet, raw materials readily available from the corner pharmacy, convenience store or the local hardware store. It is manufactured in makeshift labs that can fit into the trunk of a car or a duffel bag. The ease of production and relatively low cost of raw materials make it an illegal product for an industry that is driven by one motive, which is greed. The manufacturing process itself raises other serious concerns in that it produces toxic byproducts that pose serious environmental concerns. The process itself is highly volatile. Explosion and fire are common with illegal meth labs. Manufacturing meth involves a variety of toxic and explosive chemicals, solvents, metals, salts and corrosives.

The drug also poses a serious threat to children. Seventy-five percent of meth lab seizures in Caldwell County occurred at sites where children live of play. One such example in our county was in fact a day care for preschool children.

Meth attacks and breaks down all social barriers. We have found in Caldwell County that there is a direct correlation to meth and increases in violent and property crimes, computer crimes, identity theft and child neglect. I am sure that each person here today has their own personal horror story concerning meth addiction and abuse, but we are here for possible solutions.

Limited manpower is the No. 1 issue facing law enforcement in Caldwell County in keeping up with the growing number of clandestine labs and dealers. If a lab is found in our county, we sometimes have to wait hours or days due to limited number of State cleanup teams with those teams being stretched so thin across western North Carolina counties.

We have made great strides in combating this epidemic by stiffening laws and limiting accessibility of over-the-counter medications used for meth production. However, I believe that in order to effectively combat this problem, Federal, State and local law enforcement must come together to form task forces throughout the State. This would enable Caldwell County and other smaller jurisdictions with limited resources to address problems as they arise, as opposed to prioritizing problems based on severity.

Although we have somewhat inhibited the production of meth in the States, we must continue to look for ways to stop its transportation into our country through more aggressive interdiction and maximum penalties for those responsible for this type of violation.

The scope of drug awareness and resistance education must continue for our children and must be broadened into the high school

levels where the greatest potential for abuse exists. Education, I believe, is the No. 1 weapon in addressing any problem.

We should also address the abuser after rehabilitation. The limited number of centers designed to deal with this type of abuse and their easy accessibility are crucial in order to prevent a relapse of abuse.

The solution to this epidemic, as with any other epidemic, comes with a price. In order for these things to come to fruition, our representatives will have to find ways to funnel resources to Federal, State and local municipalities and continue to take a proactive approach.

I appreciate you, our representatives, taking the time to listen and I hope by informative sessions like this, we can help raise awareness about this issue and encourage all citizens to get involved in its prevention.

Thank you and I look forward to your questions.

Mr. SOUDER. Thank you.

Sheriff Byers, good to see you again.

[The prepared statement of Sheriff Clark follows:]

**Gary Clark**
**Sheriff of Caldwell County**

My name is Gary Clark and I am the Sheriff of Caldwell County. Caldwell County is a semi-rural area consisting of a population of approximately 77,000 people. The primary industry in the county is furniture based. With this industry quickly disappearing due to overseas manufacturing and the unemployment rate climbing, we are seeing a frightening increase in the production, sale/distribution and use of Methamphetamine.
Known as "speed, "meth," or "ice," Methamphetamine is an illegal narcotic that can be easily manufactured using recipes found on the Internet and raw materials readily available from the corner pharmacy or convenience store and the neighborhood hardware store. It is manufactured in makeshift labs that can fit into the trunk of a car. The ease of production and relatively low cost of raw materials makes it an illegal product for an industry that is driven by one motive – greed. The manufacturing process itself raises other serious concerns in that it produces toxic byproducts that pose serious environmental concerns. The process itself is highly volatile. Explosion and fire are common with illegal meth labs. Manufacturing "meth" involves a variety of toxic and explosive chemicals, solvents, metals, salts, and corrosives.
The drug also poses a serious threat to children as meth lab seizures in our county have routinely occurred at sites where children live or play. One such example in our county was in fact a daycare for pre-school children. Meth attacks and breaks down all social barriers.

We have found in Caldwell County that there is a direct correlation to meth and increases in robberies, burglaries, domestic violence, assaults, identity thefts, and child neglect.

Limited manpower is the number one issue facing law enforcement in Caldwell County in keeping up with the growing number of clandestine labs and dealers. We have made great strides in combating this epidemic by stiffening laws and limiting accessibility of over the counter medications used for Meth production, however I believe that in order to effectively combat this problem, Federal, State, and local law enforcement must come together to form "task forces" throughout the State. This would enable Caldwell County and smaller jurisdictions with limited resources to address problems as they arise as opposed to prioritizing problems based on severity. Although we have somewhat inhibited the production of meth in the States, we must continue to look for ways to stop it's transportation into our country through more aggressive interdiction and maximum penalties for those responsible for this type of violation. The scope of drug awareness and resistance education must continue for our children and must be broadened into the high school levels where the greatest potential for abuse exists. Education is the number one weapon in addressing any problem. The solution to this epidemic as any other epidemic comes with a price. In order for these things to come to fruition, our representatives will have to find ways to funnel resources to Federal, State, and local municipalities, and continue to take a proactive approach.

I appreciate you, our representatives for taking the time to listen.

I hope by informative sessions like this, we can help raise awareness about this issue and encourage all of our citizens to get involved in prevention.

**STATEMENT OF SHERIFF C. PHILIP BYERS**

Mr. BYERS. Thank you, Mr. Chairman.

The last time I was before this honorable committee and its members, you informed me I was sitting in a chair that Sammy Sosa had sat in a few days before when he was before your committee. I am not sure who has been in this one, but I am still honored to be before you today. Congressmen, Congresswoman, thank you so much for being here.

On July 26, 2005, I had the privilege of addressing the members of this Subcommittee on Criminal Justice, Drug Policy, and Human Resources. During the testimony, I made several recommendations to include: Restricting the sale of pseudoephedrine products nationally; tightening the Mexican border to help prevent traffickers from entering the United States; longer prison sentences for traffickers and methamphetamine producers and anyone who involved children in the trade or allowed children to reside in a home used for meth production; address pseudoephedrine black market, Canada and China being two of those; funding for interstate drug and criminal interdiction teams; and continue to prosecute methamphetamine cases in Federal court, due to the longer sentences.

We also discussed the fact that working with mental health care providers would be necessary for a recovery and treatment plan for those who were addicted.

With the passing of the Patriot Act legislation earlier this year, the Combat Methamphetamine Epidemic Act of 2005 became law and provided the following, or will provide the following as of October: Restricts the sale of medicines containing pseudoephedrine; creates a DEA classification for meth precursors; provides $99 million a year for the next 5 years for Meth Hot Spots Program which will train local and State law enforcement and also assist in investigating and locking up meth offenders; requires new reporting and certification procedures for the exporting and importing of pseudoephedrine products into this country; provides $20 million in funding in 2006 and 2007 for the drug endangered children response teams to promote work with Federal, State and local agencies; requires reports to Congress on designations of byproducts of meth labs; and enhances criminal penalties for meth production and trafficking.

As a result of the passing of the Combat Methamphetamine Epidemic Act of 2005 and the North Carolina Methamphetamine Lab Prevention Act of 2005, we have already witnessed a reduction in meth labs in western North Carolina. During the month of March 2006, 14 labs were discovered in North Carolina, compared to 40 in March 2005. And 33 labs in March 2004. First quarter lab seizures for North Carolina compares as follows: 2006, 73 labs for the first 3 months of the year; 2005, we had 108; 2004, for the same period of time, 81 labs.

Methamphetamine lab responses in western North Carolina in 2006 through March 31st by county: Unfortunately Rutherford reports 14; McDowell, 12; Madison, 2; Haywood, 2; Watauga, 1; Mitchell and Jackson both, 1 lab.

We are beginning to experience limited success in fighting local meth labs, but the overall methamphetamine trafficking and addiction problem continues to grow. In Rutherford County, we have

fewer meth labs, but increased methamphetamine trafficking and addiction. The majority of methamphetamine, or ice if you will, that we seize today is smuggled into this country from Mexico. The methamphetamine or ice that comes from Mexican superlabs is very potent and leads our users to a new level of addiction. As we continue to fight methamphetamine and the epidemic in this country, I once again wish to share my suggestions and recommendations to this committee.

First, we must tighten and control the Mexican border and reduce the amount of ice coming into this country from Mexico.

Second, we must continue to work with our Federal prosecutors to prosecute meth manufacturers and trafficking cases as the sentences are much longer.

We must continue funding interstate drug and criminal interdiction teams.

Work and provide additional funding for mental health care providers to develop a solid treatment and recovery plan. That is necessary.

And we also in North Carolina, along with John Emerson and Van Shaw, who I must say have been tremendous, without their help, we would not have survived the meth epidemic in Rutherford County. I thank them both here before this committee. We are working to get funds for the North Carolina Statewide Methamphetamine Task Force.

What we are seeing, if you look on a map, there are still a lot of counties in North Carolina, basically half the counties, with zero meth labs. We want it to stay that way. But if we do not work with those counties to let them know what is coming, then they will be much like we were in western North Carolina several years ago. We were not prepared, and they will not be prepared. So we hope we can get funding for that statewide task force.

This information is based on my experience in dealing with meth labs and struggles that I have witnessed. I hope a small portion of this information will help to develop a better system of fighting what continues to negatively impact local governments in western North Carolina.

I thank you for the work that you have done and continue to do, and will be happy to address any questions.

Mr. SOUDER. Thank you.

Ms. Vasquez, you are batting cleanup today. Thank you for being with us and being willing to share your testimony and you will have as much time as you need.

[The prepared statement of Sheriff Byers follows:]

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| To: | Members, Subcommittee on Criminal Justice, Drug Policy and Human Resources |
| From: | C. Philip Byers, Rutherford County Sheriff (North Carolina) |
| Date: | April 11, 2006 |
| Re: | "Appalachian Ice: The Methamphetamine Epidemic in Western North Carolina" |

On July 26, 2005, I had the privilege of addressing the members of the Subcommittee on Criminal Justice, Drug Policy and Human Resources. During my testimony, I made several recommendations to include the following:

1) Restrict the sell of pseudoephedrine products nationally
2) Tighten the Mexican border to help prevent methamphetamine traffickers from entering the United States
3) Longer prison sentences for methamphetamine traffickers and methamphetamine producers and anyone who involves children in the trade or allows children to reside in a home used for methamphetamine production
4) Address the pseudoephedrine black market (Canada and China)
5) Funding for "Interstate Drug and Criminal Interdiction Teams"
6) Continue to prosecute methamphetamine manufacturers in the Federal Court System (Longer Sentences)
7) Work with mental health care providers to develop a better recovery and treatment plan for those with meth addiction

With the passing of the Patriot Act Legislation earlier this year, the "Combat Methamphetamine Epidemic Act of 2005" became law and provides the following:

1) Restricts the sale of medicines containing pseudoephedrine, ephedrine, and phenylpropanolamine to make meth by placing the ingredients behind the counter and limiting how much one person can buy to 9grams/month and 3.6 grams/day.
2) Creates a new DEA classification for meth precursors while allowing legitimate consumers to access the medicines they need without a prescription.
3) Provides an additional $99 million/year for the next five years under the Meth Hot Spots program to train state and local law enforcement to investigate and lock-up meth offenders and expand funding available for personnel and equipment, prosecution and environmental clean-up.
4) Requires new reporting and certification procedures of the largest exporting and importing countries of pseudoephedrine, ephedrine, and PPA.
5) Provides $20 million in grant funding in 2006 and 2007 for Drug Endangered Children rapid response teams to promote collaboration among federal, state, and local agencies to assist and educate children that have been affected by the production of methamphetamine.
6) Requires reports to Congress on agency designations of by-products of meth labs as hazardous materials and waste.
7) Enhances criminal penalties for meth production and trafficking.

As a result of the passing of the "Combat Methamphetamine Epidemic Act of 2005 and the North Carolina Methamphetamine Lab Prevention Act of 2005, we have already witnessed a reduction in methamphetamine labs in Western North Carolina. During the month of March, 2006, 14 labs were discovered in North Carolina compared to 40 in March of 2005 and 33 labs in March of 2004. First quarter lab seizures for North Carolina compares as follows:

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|---|---|---|
| 2006 | January, February, and March | 73 labs |
| 2005 | January, February, and March | 108 labs |
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Methamphetamine lab responses in Western North Carolina in 2006 through March 31, by county:

| | |
|---|---|
| Rutherford | 14 |
| McDowell | 12 |
| Madison | 2 |
| Haywood | 2 |
| Watauga | 1 |
| Mitchell | 1 |
| Jackson | 1 |

We are beginning to experience limited successes in fighting local meth labs but the overall methamphetamine trafficking and addiction problem continues to grow. In Rutherford County, we have fewer meth labs but increased methamphetamine trafficking and addiction. The majority of methamphetamine (ice) that we seize today is smuggled into this country from Mexico. The methamphetamine (ice) that comes from "Mexican Super Labs" is very potent and leads our users to a new level of addiction. As we continue to fight the Methamphetamine Epidemic in this country, I once again wish to share my suggestions and recommendations to this committee.

1) We must tighten the control of the Mexican border and reduce the amount of meth (ice) that continues to pour into our country
2) We must continue to work with Federal Prosecutors to prosecute meth manufacturing and trafficking cases in Federal Court
3) Continue funding "Interstate Drug and Criminal Interdiction Teams"
4) Work with and provide additional funding for mental health care providers to develop a solid treatment and recovery plan
5) Fund the North Carolina Statewide Methamphetamine Taskforce

This information is based on my experience dealing with methamphetamine labs and the struggles that I have witnessed. I hope a small portion of this information will help to develop a better system of fighting what continues to negatively impact the local governments in Western North Carolina. I thank you for the work you are doing and I will be happy to address any questions or comments.

**STATEMENT OF LYNNE STARR-VASQUEZ**

Ms. VASQUEZ. I think I am somewhat the opposition here. Thank you for having me.

I am the mother of a 25-year-old sentenced on January 5th in Federal court—thank you, Jesus, for Federal court—for methamphetamine use, abuse and manufacture.

If I had anything to say that would be most important to me and my family and what we have experienced over the past 3, 3½ years, it would be time. Time has been a real element for us.

It was a year and a half after I turned my son in—I turned him in myself, and it was a year and a half after I turned him in before he got on the hot list that I could see, where they really pressured him. I have not done this without—I said I was going to be OK. I have not done this alone and I had the best backup that I could possibly have. I fought for my grandbaby, I fought for him over a year before I got him. I have no idea what he has been in, I do not know what he has seen, I do not know if he has been contaminated. But I got him, took me a long time to get him.

It is hard when you watch your child die, and that is what I was doing. And if I had steps to make over again, I would probably do the same thing that I did before. I called and I called and probably a lot at the Sheriff's Department think I am just crazy, you know, because I called them so much. And after I got that baby, in the morning, when I made sure he had his security blanket to go to school, I made sure I had my security blanket, which was the business card of this man that sits to the right of me. Never one time have I called him that he has not called me back and I really appreciate that—I really do.

I really appreciate getting on a first name basis with the narcotics agents in Rutherford County. I wanted them to do it quicker because I was losing him, and for every day that I went and I turned the key, I did not know if that was going to be the day that he was not alive. He got down at one time to 139 pounds. My son is a very handsome man, normal weight maybe 222, something like that. A long time to get him where he needed to be, a long time for them to do their job. Time is important here.

I say time, time over and over again. They indicted him into Federal court on December 17th, and attached to my papers, I have a picture of him 1 month before he was indicted. On the night that Detective Will Sisk, December 16th, he met me at the courthouse and my son turned himself in. I had not seen him in awhile, just talked to him on the phone, and I did not realize that his body was gone, he was deteriorating. I do not know how much he weighed, but his skeleton was all I could feel when he went to kiss me goodbye.

These people have stuck with me through all of this and when I called and I cried and asked for help, they were there. But they could not move up the time. They processed him and they put him under house arrest December 17th. They sent me home from Federal court without a support system. There was no counseling for him, there was nowhere for me to take him.

I have laid and held my son and I have watched him cry and beg, I have watched him have seizures, I have called the hospital and they told me he is playing with you, it has been too long. I have

taken him to as many as three hospitals in a night and when I finally found somebody, all the way down in Kings Mountain, they said he needed just something for his nerves and let him sleep. He had an allergic reaction and by the time I got back into Rutherford County, he had stopped breathing. Back into Cleveland County and they adrenalined him and I thought I was losing him.

I went through all these things for almost 4 months and then it started to lift off and he fought to be clean, he really fought to be clean. But he did not fight long and hard enough because it had him.

Over and over, I talk about Will Sisk because Rutherford County is a big county, but he got personal with me and I know he had a job and I know he has got a lot of jobs, but I would call Will and I would tell him, Will, Chad is using again, put the heat on him and Will would show up. He would talk to him, he would let him know I am here, he befriended Chad. And I think with the help of some of these things, I did not lose him all the way.

Struggling to stay clean is hard. The Federal court set him up with counseling agencies, counseling agencies turned down the contracts. He would go to another counseling agency, they would keep him in a week or two, they turned down the contract. They would withdraw contracts, one place to another to another and time goes on.

He got straight through the summer last year. He had a baby born and I thought that he was going to be OK after she was born because methamphetamine took everything from my son. He lost his home, his car, his wife, his children. And he had no reason—he had no reason to keep going and he had a little girl July last year. And he had a reason to fight for the first time in almost 4 years. And she passed away on October 29th. And my son fell harder than he had ever fell before and I was back to the phone calls.

These people have stood by me and they have helped me. But they did not do it quick enough. The law process is not quick enough. Getting my children, my grandbabies out of danger was not quick enough. I needed them home with me when their mom and dad first started using. I did not get it, I had to fight. There was nowhere for me to go, when I had used all money to take care of legal expenses and bail him out of jail, and that is what a mom does to start with. Unfortunately some of them do it continuously.

I did not have the money to go get an attorney to get my grandchildren. I did not have the money. I finally found an attorney in Rutherford County and I owe that man today, but he got my kids. DSS did not have a part in it. Not even when my son and his wife sat in the Rutherford County jail for a full blown meth lab in their home, guilt or innocence is irrelevant when they sit in the county jail accused, DSS still would not help me.

We need help. We need to target—I feel we need to target people who have not used, because people that have used, they know. We need to talk to mothers and tell them the hardest thing that you will ever do in your life is go on a back street somewhere behind a church and talk to the SBI and tell them come and get your child—it is hard, but we have a choice, we have a choice. If we turn our back, we are going to watch them die. We turn them in and

maybe they will have a chance to live. And I know what the percentage rates of recovery are.

I thank these people here for being with me, for sticking with me for all those calls. It has been a long, hard road—a long road. He is in a U.S. Penitentiary in Atlanta, GA today. I have not talked to him in almost 3 weeks. You know, there is something different about me and my son, bad, good or indifferent, he tells his momma what is going on. This is why Detective Sisk helped me. And I remember always, I remember. Go get your baby, he will come home.

They have cut me off from him, and every day a part of me is gone, every day. Every day a part of him is gone. Thirty days does not seem like a long time, it is a real long time to an addict. It is a real long time when you have lost everything that you had and then you are losing everything else. It is a real long time.

So anything and everything I could tell you would come back to the same thing. It is time. We need to change the time elements, time is what we are working with from the beginning to the end. I almost lost my son, but I did not.

I am a student at the University of South Carolina and for almost 2 years, I pull up into that parking lot and I step out of my car and I say OK, God, you got it, because I cannot carry this no more. And through the grace of God and these people that are here today, they got him and he is alive.

And that is all I have to say.

[The prepared statement of Ms. Vasquez follows:]

**Lynne Starr-Vasquez**
**Re: Family of, Travis Chad Coggins**

**Lynne Starr-Vasquez**
**P.O. Box 627 – 148 Beason Road**
**Cliffside, North Carolina**
**28024**
**Telephone: 828-657-9778**
**Cellular: 704-300-8405**

**Re: Travis Chad Coggins**

I, Lynne Starr-Vasquez have prepared the following statement, I am the mother of Travis Chad Coggins, who is currently incarcerated and being held at the United States Penitentiary in Atlanta, Georgia for the use, abuse and manufacture of methamphetamine. To the best of my knowledge, and believing so, this statement is true.

**To whom it may concern:**

If I were to ponder exactly what part of our lives has been the worst for the past three (3) years, the process would entail too much time and devastation. It is because of this statement; I will try, at best, to keep the forgoing statement brief, however, matters of grave importance to me may not allow briefness.

Today and everyday, for the past (at least) three (3) years, my grandchildren remain my priority. It is for their safety, I struggle. It is for their livelihood, I continue. It is for their future, I live. Therefore, as many of these issues are important to me, please understand, securing and maintaining the stability of my "kids" is above all else.

When I think about 'Chad' and I do constantly, the first thing that comes to mind is: "He is alive"...this I prayed for, throughout the duration of his time consumed with methamphetamine and now traveling through the Federal Prison System. I will continue to support him, wherever he goes I will go also, whatever help he needs, I will as in the past search for. Travis Chad Coggins is my son, my only child, however, if God had afforded me multiple children, for each I would feel as I do for Chad. Today I am proud that God granted me the child, I call mine. You must understand, before methamphetamine: he was reared in church, he was a very descent, respectable, clean and mannerable person. To the best of my knowledge he had never had a harmful word with anyone; he had rather walk away from any confrontation, a heart as big as the world and was willing to share the world with anyone. What my son became while using methamphetamine is a totally different person. The drug consumed him, taking him apart, like dismantling a machine; it left him alone, homeless, afraid of the dark and in some sense of the matter, like a small child. He cried for help, unendlessly... "we had nowhere to turn."

The past years have plagued me, like walking through a war zone...it is my belief that we, as concerned human beings and law-abiding citizens of the United States of America, become involved in the war against methamphetamine. "To educate, stabilize and maintain a better tomorrow for our children, they are our future!"
Lynne

**I. Life before Methamphetamine:**

Chad met the woman who would become his wife at a diner in Cliffside, North Carolina. Her name: Jennifer Marie Goodman, who along with her two (2) siblings resided with a foster mother. Several months before Jennifer's 18th birthday, Chad called me and informed me: he was taking Jennifer out of the home and reporting the foster care family to the Department of Social Services, for drug abuse and use in the home. The Department of Social Services took the remaining children from the home and gave Jennifer the option to emancipate, thereby leaving the custody of DSS in North Carolina. As to my knowledge, no formal charges were filed against the foster mother.

Chad and Jennifer started to live together in December of 1999. They both were working hard to accomplish material stability in their home. Their first child was born on December 8th, 2000 and shortly after his birth they married. It seems as though Jennifer never bonded with the baby. She returned to work when he was three (3) days old, and left him with my mother days and weeks at a time.

**Until this point in life, they were both straight.**

It became important for them to socialize. In Rutherford County there are no clubs, music halls, etc. for younger people to frequent, therefore, they started to make regular trips to Charlotte. I started to see considerable changes with both Chad and Jennifer and I confronted them about what they were doing and where they were going. They admittedly conversed about using ecstasy and marijuana. They started to stay away from home over night, on weekends and left the baby indefinitely.

My mother, Christine Blanton, approached them for custody of the baby. By this time she was keeping him 24 hours a day, seven days a week, there was a fear of the baby being taken care of, with drugs involved. The Department of Social Services offered no help whatsoever. As a matter of fact, they repeatedly advised my mother to seek an attorney for adoption. Jennifer was very willing to let her adopt Austin, however, Chad was very apprehensive. After a year of instability for Austin (the baby) Chad and Jennifer both agreed to the adoption.

**II. Life During Methamphetamine:**

Jennifer had started to lose a lot of weight, she started to have severe mood swings, at times we had to call the police (we, includes Chad and various neighbors) for domestic violence. Chad would try to hold her when and if she started to hit. He repeatedly claimed: "Jennifer has nowhere else to go," when I was advising him to separate from his wife. Jennifer got pregnant with the second child. This really upset Chad because birth control was being used and neither Chad nor Jennifer wanted another child. They both accepted the pregnancy and Dylan was born on October 17th, 2002.

Chad started to show signs of weight loss, sleeplessness, nervousness, irritability, mood swings, hair loss, etc.. However, he was reading, focusing and comprehending better than ever. Chad started to put distance between himself and his children. He didn't want them to touch him or be around him at all. If Jennifer was working, Chad would find someone to keep Dylan. By this time Chad was very sporadic with working. I started to ask for custody of Dylan. The answer was 'no' from Jennifer.

I started to report the drug use to the Department of Social Services. In return, the DSS would contact Jennifer/Chad and inform them of a report and schedule appointments for a visit in the home. Dylan was still in danger! DSS started to advise me to seek an attorney, however, I was in school full time and working part time, thus leaving an incredible gap in finances to acquire an attorney.

In August of 2003, Chad had gone out of town with my husband to work in Pittsburg, PA. Chad called home, demanding of me: "go to Jennifer's drug dealer, get Dylan, she has left him with those people (Mike Greene and Renee ? of Cliffside)." I found out from my neighbor the next day, she had left the baby because she had a sleep over with Patrick Lipscombe. Chad himself called DSS and made a report. Chad returned home early, because of Dylan. If Chad worked anymore after that incident, it was very rarely.

On January 9th, 2004, Chad was arrested with Gerald Barnett and Michael Moore. Chad had paid Gerald Barnett and Michael Moore (Chad knew Michael from Jennifer's foster mother) $20.00, to drive him to Forest City, because Jennifer had not returned home from work. There was ice on the ground, Chad worried, etc.. There were precursors in the vehicle for making methamphetamine, also, a loaded gun. The precursors, Michael Moore took responsibility for, the handgun Gerald Barnett took responsibility for. Chad was charged with one Valium in his front pocket that he did not have a prescription for.

I bailed Chad out of jail and felt this the perfect opportunity to get Dylan, therefore, I moved Chad, Jennifer and Dylan to South Carolina at the apartments, which connect with USC-Upstate. Chad and Jennifer were doing very well for a while after the move; however, it was also very short lived. I refused to let Dylan go anywhere with them and I never left him alone with them.

On Friday, April 15th, 2004, a full methamphetamine laboratory was discovered at Chad's home. Neither Chad nor Jennifer were present at the home during the dismantling of the laboratory. I had left school and driven into Cliffside to check on my mother (148 Beason Road, Cliffside) that day. The Rutherford County Narcotics officers, the fire department and the State Bureau of Investigation were there. I was advised by Detective William Sisk of the Rutherford County Sheriff's Department Narcotics Force: the mobile home at 108 Livermush Road had been condemned by the SBI, a letter stating a Clandestine Laboratory in the dwelling was posted on the back door. I was told by Detective Sisk "the dwelling had to be either burned or completely gutted because of contamination." Chad turned himself in to Detective William Sisk of the Rutherford County Narcotics on Monday, April 18th, 2004. This was per agreement between Chad and Detective Sisk. The following Saturday, I took a truck and trailer to Chad's residence and destroyed furniture, photo albums, clothes, all personal items, etc. ("everything") he had inside the residence and carried it to the landfield and recycling center. I then proceeded to take the inside of the mobile home apart. By the time the Rutherford County Judicial System lowered Chad's bond (this time I refused to pay) in order for him to get out, he had nothing to come home to but a frame of a mobile home.

The day the laboratory was found at Chad and Jennifer's house, Jennifer left Chad and moved in with Robert Davidge of Forest City, where approximately one (1) week later she was arrested (for her involvement with the lab at her own residence), when Narcotics of Rutherford County arrested Robert Davidge and Dale Cox for precursors in a storage facility, a mobile laboratory and possession of methamphetamine. Jennifer was not charged for her involvement in the Davidge/Cox incident.

I finally found an attorney who would represent me with custody for Dylan, if I could come up with one half (1/2) of the legal fees. I borrowed from several different people, including what was now my ex-husband. Chad and Jennifer were both served letters of intent for custody, while they were in custody of the Rutherford County Sheriff's Department. **I DID GET CUSTODY!** Chad was released from jail and had no home; therefore, I took Dylan to my mother in Cliffside and let Chad stay with me, again, at the apartment until the time of my lease expiring. I never let Dylan stay in the same house with his Dad or Mom again. I was afraid to take chances with the possibility of contamination!

**III. Life Comes Apart:**

In July 2004, Chad and I came back to Cliffside on a permanent basis (before we moved back, I drove to see the children everyday). I had completely exhausted all money, and in order to keep a distance between Chad and the children, I moved into a 35ft. camper in Mom's backyard with Chad. This did not last for any significant time period. Chad said: "I fear being here." I would have to agree. First, we all had threats from Mr. Barnett, because Chad was a "nark." Second, some men, who I will probably never know, ran me off the road trying to get Dylan for Jennifer. We got calls in the night saying: "We're gonna burn down the old woman's house, that'll teach Chad to run with the cops," and so on... I am just too tired to remember it all!

Chad starts to drift around. At first I had no idea where he was going, he promised it was not in Rutherford County. After a while he told me he was in Gaffney, South Carolina. I thought he was 'Okay,' however, he wasn't coming home, just calling. Still, he sounded alright. Then we hit a period of three (3) weeks that he did not call home and I was out of my mind. My biggest fear was: some of the people who had called making threats, had followed up on those threats. I called Detective Debbie Olson (NCSBI) Detective William Sick (RCNTF) and everyone else I could phantom, everyone told me the same story...no Chad. Then...after I sat down and called every prayer chain and church where I knew people, that night at 10:00 p.m. Chad called, he said: "well momma, I don't know why I am calling, guess I just needed to talk." He was really messed up, but at least I knew he was alive. He never went that long without calling again.

**IV. Mother's Hope and Heartache Arrive:**

On December 16th, 2004 Detective William Sisk called at 7:00 a.m. which scared me to death, but he said: "well Lynne, go round up your baby, they have indicted him into Federal Court on charges of conspiracy." I did not want to...at ten minutes before midnight on the 16th Chad, again, turned himself in to Detective Sisk. The shock for me was: I called Chad, he told me he would come that evening, he had car trouble, he arrived late (after dark), he left his car in Cliffside and we drove to the County Jail together. When we arrived at the jail, I stepped out of the car to talk to Detective Sisk, we conversed for a while, Detective Sisk said: "Give your momma a kiss boy, we gotta go." When Chad put his arms around me, I realized he was nothing but a skeleton. I reached to touch his face and realized his skull was protruding and his hair was almost completely gone. I guess, Detective Sisk thought I had pretty much went over the edge, because I touched and inspected Chad's complete body, there in the parking lot of the jail. Then I had to let him go...

The next morning, December 17th, 2004, I was in Asheville, North Carolina long before they transported Chad from the County Jail in Rutherfordton. Once Chad finally arrived, he went through a pre-trial, he was assigned a public defender and sentenced to house arrest while waiting for trial. I brought him back to Rutherford County and put him in the camper once again. I made it clear to the Federal Court Judge; I did not trust Chad not to do the drugs; therefore, he could not be around his children.

Over the next few months...we went through withdrawal from the methamphetamine, we had cravings for more, we stayed up all night long at least three (3) nights a week, we were paranoid, we saw people, we saw police officers, we saw an Army with machine guns, we climbed up on the top of the house and sat for days, we had seizures, fantastic dreams that we needed to tell everyone and nightmares so we didn't need to be alone, we heard voices and we really couldn't figure out what they were saying, we tried to commit suicide, then we needed something for our nerves, we have gone to as many as three (3) hospitals in one night, and when we thought a doctor had finally given us something that could make us rest, then we had an allergic reaction, stopped breathing and had to be adrenalined.

I would say that by mid-May Chad was starting to do good...he was eating everything he could get his hands on, he had built the children a backyard full of toys, jungle gyms, club houses, etc. and he was going to be a new daddy by July. The 'real Chad' had come home!!

Leanna Maclarin Coggins was born on July the 13th, 2005, Chad told everybody he had a reason to start over. He was really in love with that baby girl! The baby's momma (Haley Gregory) had started to tire somewhat. She had left the baby with her mother in Gaffney, Chad did not like the idea, they fought over it and from that point I refused to help care for the baby at all. The grandmother of Leanna from Gaffney was herself, a methamphetamine user. I could not and would not sacrifice two (2) of my grandchildren for one (1). That became the rule. On Saturday, October 29th, 2005. Leanna was found dead by her grandmother (Deborah Wiley) of Gaffney.

"Everyday I wonder what I could have prevented if anything, if I had fought for the custody of Leanna. If I had been financially able, or would I have had time to go into court? Was her death meant to be?"

"I believe: God makes no mistakes."

Chad never recovered from the loss...the week after Leanna's death, he started to use again. This time worse than before. He didn't deny using and would tell anybody that life wasn't worth living. The months that lead up to January 2006 were a repeat of the months that started his house arrest. On January 2nd, 2006 my son loaded ten needles full of methamphetamine and ran them all, he said: "I was hoping I'd kill myself, that was enough to bust my heart, maybe blow a vein in my brain. But I guess I'm not going till God gets ready. So momma, I'm ready to go to jail now, just start to get it all over with."

Chad was sentenced to seven (7) years on January 5th, 2006. The United States Marshall took him into custody that day.

What is hard on me today? My grandchildren have not seen their mother in one year and a half, she always kept in contact with Chad, however, and she would be on the telephone with Chad and refuse to speak to them. Now that Chad has left she is starting to ride the block so I have to fear her picking them up and just leaving with them. Maybe going back to court for them to decided if she gets them back. So you tell me, am I not exactly where I started? A better question: with recovery rates to methamphetamine being what they are…how could there ever be a question of where my grandchildren belong? The answer: the State of North Carolina denied me to have him when he was to small to speak or eat on his own, what if the State of North Carolina decides I have to give him back, now?

**The preceding statement is the property of Lynne Starr-Vasquez and not to be altered or duplicated without a written consent. A copy has been issued, as a statement to be admitted as evidence into the Methamphetamine Field Hearing, held in the Caldwell County Government Offices by Congressman McHenry, on April 11th, 2006.**

"I AM METH"
Read to the kids.
(This was written by a young Indian girl who was in jail for drug charges, and was addicted to meth. She wrote this while in jail. As you will soon read, she fully grasped the horrors of the drug, as she tells in this simple, yet profound poem. She was released from jail, but, true to her story, the drug owned her. They found her dead not long afterwards, with the needle still in her arm.)

Please keep praying for our Children, Teens, Young adults. Understand,
this thing is worse than any of us realize...

**My Name Is "Meth"**

I destroy homes, I tear families apart,
I take your children, and that's just the start.
I'm more costly than diamonds, more precious than gold,
The sorrow I bring is a sight to behold.

If you need me, remember I'm easily found,
I live all around you - in schools and in town.
I live with the rich; I live with the poor;
I live down the street and maybe next door.

I'm made in a lab, but not like you think,
I can be made under the kitchen sink.
In your child's closet, and even in the woods.
If this scares you to death, well it certainly should.

I have many names, but there's one you know best,
I'm sure you've heard of me, my name is *crystal meth*.
My power is awesome; try me you'll see,
But if you do, *you may never break free.*
Just try me once and I might let you go,
But try me twice, and I'll own your soul.

When I possess you, you'll steal and you'll lie,
You do what you have to -- just to get high.
The crimes you'll commit for my narcotic charms
Will be worth the pleasure you'll feel in your arms,
your lungs your nose.

You'll lie to your mother; you'll steal from your dad,
When you see their tears, you should feel sad.
But you'll forget your morals and how you were raised,
I'll be your conscience, I'll teach you my ways.

I take kids from parents, and parents from kids,
I turn people from God, and separate friends.
I'll take everything from you, your looks and your pride,
I'll be with you always -- right by your side.

You'll give up everything - *your family, your home,*
*Your friends, your money, then you'll be alone.*
I'll take and take, till you have nothing more to give,
When I'm finished with you, you'll be lucky to live.

*If you try me be warned - this is no game,*
If given the chance, I'll drive you insane.
I'll ravish your body, I'll control your mind,
I'll own you completely, your soul will be mine.

The nightmares I'll give you while lying in bed,
The voices you'll hear, from inside your head.
The sweats, the shakes, the visions you'll see,
I want you to know, these are all gifts from me.

But then it's too late, and you'll know in your heart,
That you are mine, and we shall not part.
You'll regret that you tried me, they always do,
But you came to me, not I to you.

You knew this would happen, many times you were told,
But you *challenged my power, and chose to be bold.*
You could have said "no", and just walked away,
If you could live that day over, now what would you say?

I'll be your master, you will be my slave,
I'll even go with you, when you go to your grave.
Now that you have met me, what will you do?
Will you try me or not? It's all up to you.

I can bring you more misery than words can tell,
***Come take my hand, let me lead you to hell!***

# STATE OF NORTH CAROLINA

DRIVER LICENSE 27530473
Dup

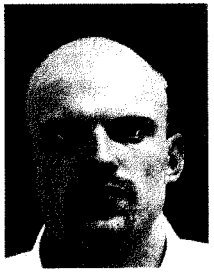
TRAVIS CHAD COGGINS
108 LIVERMUSH RD
MOORESBORO, NC 28114-1232

class C endors restr None
issued 11-22-2004 expires 10-19-2010
sex M ht 5-10 eyes BLU hair BRO race

birthdate
10-19-1980

Contract Services
Special Services
Specialized Units
Inmate Information
-Inmate Health
-Inmate Finance
-Inmate Lookup
-Inmate Mail
-Commissary Menu and Schedule
-Inmate Programs
-Inmate Trust Account
-Visitation Schedule
-Warrant Lookup
Civil Processes
Detention

# Inmate Summary



| | | | |
|---|---|---|---|
| Arrest #: | 01263811 | | |
| PID #: | 0000323976 | Jail #: | 06-55766 |
| Name: | COGGINS, TRAVIS CHAD | Alias: | |
| Race/Sex: | CAU/M | Date of Birth: | 10/19/1980 |
| Height: | 511" | Weight: | 192 |
| Address: | 000148 BEASON RD<br>CLIFFSIDE NC 28024 | | |
| Committed: | 1/6/2006 At: 00:00 By: | Housing: | Not Active |
| Released: | 3/20/2006 At: 12:09 | | |

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Disclosure Laws

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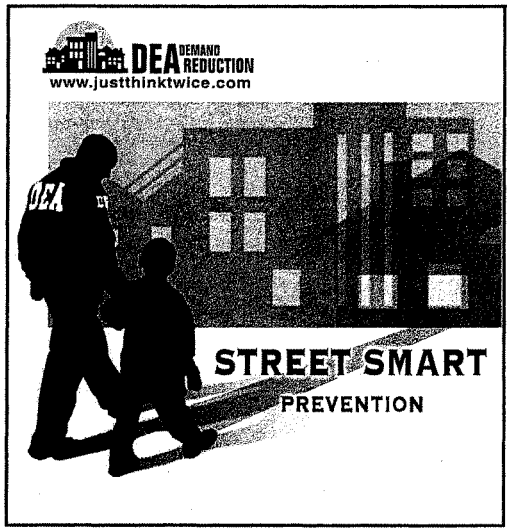
U.S. Department of Justice
Drug Enforcement Administration

# DEA
# Demand Reduction Programs




www.justthinktwice.com www.dea.gov

## DEA: A PARTNER IN DRUG PREVENTION

While the primary function of the Drug Enforcement Administration (DEA) is to enforce the nation's federal drug laws, we understand that law enforcement alone cannot solve America's drug problems. DEA Special Agents are assigned to communities around the nation, and many serve as Demand Reduction Coordinators (DRCs). They work with individuals and groups such as community coalitions, civic leaders, state and local drug prevention organizations, treatment experts and the general public, and they provide DEA's unique expertise in the areas of intelligence and enforcement. By joining DEA's law enforcement credibility and insights with communities' know-how, drug prevention efforts have been strengthened in cities, towns and rural areas across America.

DEA's commitment to drug prevention began in 1985 when the Demand Reduction program was formally created. Since then, DEA has established long-lasting partnerships with federal, state, local and private organizations dedicated to reducing the demand for drugs. In addition to professional Headquarters drug prevention personnel, DEA has 31 Demand Reduction coordinators working in communities throughout the nation.

**DEA Demand Reduction Program— A Resource for:**

***States:*** Working with Governors' offices, state prevention agencies, and legislatures, DRCs provide information to policymakers about drug trends, enforcement priorities and emerging issues which could impact on statewide drug prevention programs and priorities.

***Communities:*** By working with coalitions, leaders and citizens, DRCs assist communities, helping to craft strategies and programs to reduce drug use across America.

***The Public:*** Public support for drug enforcement and prevention programs is critical. DEA's DRCs provide timely and accurate information to the public on the dangers of drugs, drug trafficking patterns and emerging trends to help the public understand the damage drugs cause to communities and individuals.

***Schools:*** Demand Reduction Coordinators visit educators and students, providing them with real-life insights into the dangers of drug use and trafficking.

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**DEA Demand Reduction Priorities:**

- Provide timely intelligence to prevention and treatment partners
- Help the public, parents and children understand the dangers of drugs
- Present information on the damage drugs cause to the **non-user**

**Spotlight on DEA Demand Reduction Programs:**

- Straight information on methamphetamine, heroin, cocaine, prescription drugs, marijuana, steroids, predatory drugs
- Law Enforcement Explorers
- Red Ribbon Campaign (October 23-31 each year)
- Community coalition support
- Victim Witness Assistance

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Mr. SOUDER. Thank you all for your testimony and for all the testimony. It is really hard when it is that personal, but we appreciate it very much.

Mr. Gaither, if I could followup on one of the points you made relating to time, and that is getting the lab reports back. Mr. Shaw, maybe you could address this too.

Who do you send the lab reports to in North Carolina? What is the process that it goes through?

Mr. GAITHER. Law enforcement—I am sorry, can you hear me?

Mr. SOUDER. Yes.

Mr. GAITHER. Gary Clark, law enforcement, collects the items, sends them to the State Bureau of Investigation and they send the results back to myself and also a copy to the law enforcement agency making the arrest.

Mr. SOUDER. And is this—by the way, this is true in every State, it is not just North Carolina that is having this problem. I do not mean to imply it is just North Carolina, but this is not something we traditionally talk about and yet it is happening. In my home State, they are saying that they will release, and often they will be up for their third meth lab by the time they are prosecuted for the first meth lab.

Is meth different than other drugs? Does it take longer than other drugs? Or is this a problem regardless of what you are prosecuting somebody for?

Mr. GAITHER. Let me defer that to the agent, if you do not mind, as far as the difference that the lab might have in assessing one drug over the other.

Mr. SHAW. Well, exactly as you stated, the backlog has existed in the laboratory for a number of years, much like it does in other States. The problem is attrition, the number of cases that are coming in and continue to increase.

What has compounded this is that the processing of a methamphetamine lab manufacturing case takes approximate 50 to 60 hours of analysis in the laboratory. So that agent is doing that analysis for practically 1 whole week plus overtime. So you can see, as those numbers increase, it is going to decrease the number of cocaine cases, meth cases, trafficking cases, everything else down the line because they are now doing something that 4 and 5 years ago was very rare for us to do.

Mr. SOUDER. Could you explain why that takes so much longer in a meth case?

Mr. SHAW. When you go to a methamphetamine laboratory, you are taking samples of all the unknown liquids, violator liquids that are present and part of the manufacturing process. And because most of those are in 2-liter bottles, mason jars, containers that they are not supposed to be in, you cannot just look at it and say I know exactly what that is. So the chemist actually draws samples. Those samples are then transported back to the laboratory and analysis is done on each and every sample to tell what it is, what part of the manufacturing process it is and also, obviously, the presence of methamphetamine and what State it is in. So there is a lot of analysis and identification that goes on to make the manufacturing case.

It is further complicated by the fact that we take each and every drug laboratory that we process and we process it to the Federal prosecution standard with theoretical yields, quantitative and qualitative analysis, which is used in Federal court that may or may not be used in State court. A lot of times we do not know whether the case is going to State or Federal court when we are processing the scene. So we do add a little bit of time onto that but it has paid great dividends when it comes down to prosecution time and the Federal prosecutor wants to go back and pick up multiple cases. And it has prevented us from having to go back and redo those cases.

So it has caused a significant backlog in our laboratory in addition to what already existed.

Mr. SOUDER. Is this because they are household chemicals that would be legal unless they are used in certain mixes and combinations?

Mr. SHAW. Exactly. And just having that identification, and not only that, what type of role that household chemical plays in the reaction to get the manufacturing because in almost every trial, you are educating that jury and the more information that can be provided to have someone understand why hydrogen peroxide, which is an everyday item we all have, is a component of meth manufacturing and having that in conjunction with other things is critical to the case.

Mr. SOUDER. And does this become even more difficult—you have a law in North Carolina I presume, based on some of the prosecutions, that you do not actually have to find the meth at the place, it can be a prospective lab or a retrospective lab, which means that you would have to establish different lines of criminal evidence than if you had the cocaine and meth there.

Mr. SHAW. Right, we do have the manufacturing charge as well as the possession charge and we are prosecuting cases when there is not meth on the table, but there are the elements there that suggest manufacturing as well as we have a precursor State law, that if they just possess a few chemicals but we know they are associated with it.

Mr. SOUDER. What in the legal sense could we do that would shorten the evidential proof process and still make it stand up in court? Because this is an incredible problem, if it is 50 hours compared to just a little. There is not enough money in the United States as this problem expands to try to address this problem, yet we are putting the meth people right back out on the street because we do not have the evidential chain. Is there anything that you could see that could establish a shortening of that process?

Mr. SHAW. Well, I think one of the things that is happening is that we are seeing more and more prosecution, both at State and Federal level. It is like any new problem. This one is so scientific in nature, quite frankly, many of the assistants and district attorneys, when their first case came up, they were not sure how to try it. And understandably so, much like law enforcement was not sure how to investigate it.

There has been a learning curve, and we are even doing that in some of our analysis in what we can shorten up and what we cannot. I am not sure procedurally how we can alter that process to

bring a good case into court and not lose it but also try and save some time, other than continue to train people, you know, continue to offer things that would enhance everyone's understanding and hopefully expedite the case through the system.

Mr. SOUDER. I want to make sure I understood something you said there. Does it take as long today to develop that as it did when you first got exposed to these cases? In other words, does experience in fact reduce the amount of time?

Mr. SHAW. Yes, it does; it does in a number of areas. When we were responding initially to 100 labs a year, we and ourselves as an agency were in a learning process and we were spending 8–10 hours at a scene. Today, we typically process a methamphetamine lab in anywhere from 2 to 4 hours. We have simply gotten better at it. So we have shortened time on the scene, time tying up local officers, firefighters, EMS. The same thing has happened in our laboratory in that you become more efficient, you do not take as many samples because you do not need that many samples in court. And so that is my point, in that this has been sort of an evolution and we have seen some shortening of those timeframes.

Mr. SOUDER. Mr. McHenry.

Mr. MCHENRY. Thank you, Mr. Chairman.

I would like to start actually with a few comments that both Sheriff Byers and District Attorney Gaither both mentioned, and that has to do with illegal immigration. You both mentioned that in some way, shape or form. I want to ask how has the problem of illegal immigration coincided with this problem of this meth epidemic that we are facing?

Mr. GAITHER. Congressman, let me first just address the issue of illegal immigration in the broader sense as far as the courts are concerned. Then law enforcement can address it more as far as they see at their level, the first response level.

The frustration at the prosecution level is to see those who are illegal immigrants come into our system with a DWI or various other types of charges and be put on probation. And our hands are tied, as State officers, from any—there is nothing that we can do. We are precluded from the enforcement of those laws of the Constitution. Recently Charlotte-Mecklenburg I believe has sworn in 10 of its sheriffs to operate along with ICE in assisting them with the illegal immigration problem.

This is a great deal of frustration for us and we would really like to see something come about in the next weeks. Of course, it is the No. 1 issue on everybody's minds across the country right now, we are seeing it in the news.

As far as being able to pick out one group or one element in society that is more likely to contribute to this problem, I cannot really do that. As the chart shows over here, 2001–2002 and then the spike is coming up. We are just seeing this in the courts, the spike in 2003 and 2004 is just hitting the courts now. We have not yet seen the spike in 2005 hit our court system yet.

But just in a general sense, when you are dealing with the issue of illegal immigration, the frustration level is through the roof in the courts, to see folks come in who are illegal immigrants, who are found guilty of a crime and then they are put on probation. To me,

a person who is an illegal immigrant and comes in our courts should never be given the option of probation.

Mr. MCHENRY. Thank you.

Sheriff Byers.

Mr. BYERS. Congressman, illegal immigration is on the rise in Rutherford County, like most every other county in North Carolina and in this country.

We had a homicide last month that involved two illegals and when we searched the homes or the mobile homes, we found half a dozen illegal Mexican identification cards for both the victim and the defendant.

We are dealing with it now. Sheriff Clark, I know he deals with this and it is going to be an ever-increasing problem unless we do something at the borders. And when we have illegals, that is the easiest way to get the ice, if you will, from Mexico to rural Rutherford County, NC.

Mr. MCHENRY. Sheriff Clark, would you like to comment on this issue?

Mr. CLARK. Certainly, thank you, Congressman.

What we happen to see in Caldwell County, being rural and a lot of tree growers in our area, it attracts a lot of Mexicans here and others of Hispanic background. Which once again, I concur with Sheriff Byers, that gives a direct line to those individuals in Mexico responsible for bringing dramatic amounts of meth particularly to this surrounding area. And we continue to see that, even though we continue to crack down on the clandestine labs here in Caldwell and Rutherford, Burke, Catawba. We are going to continue to see that influx of meth coming from that direct pipeline from Mexico.

I think another thing we are going to have to strongly look at is the trucking industry, because even though this is making its way from Mexico to Arizona, it has still got to have a direct way across the United States into western North Carolina. And we are finding more and more of that is being brought in here through independent truckers and through trucking companies. So I think we have to take a closer look at that. I think that is also another direct pipeline for most of the illegals that make their way to western North Carolina.

Mr. MCHENRY. One more thing. Just a couple of days ago, here is a quote from the newspaper here in, the Lenoir News Topic, "Mobile Meth Lab Found." Sheriff Clark, I know you are the commander, you take personal command of the ice unit here, to take on this problem. But here is a duffel bag found on the side of a road that is a mobile meth lab.

Sheriff Clark, what ways are you trying to tackle this? Because here you have really a toxic waste site that someone happened to put on the side of the road. Can you comment on that?

Mr. CLARK. Well, meth dealers and manufacturers are becoming more and more street smart to what our methods are of detecting them. And to have something permanently set up I think makes them more susceptible to criminal violations, so we are finding more and more of these individuals have make-shift labs, as I said, as I testified earlier, whether it be in the trunk of an automobile or whether it be in a duffel bag, where they can move it very quick-

ly, where they can disassemble it or assemble it very quickly. At the same time, I think the threat level and also the potential hazardous situation goes up with that haphazard kind of meth production. But we are seeing more and more of that in Caldwell County.

Mr. MCHENRY. Sheriff Byers, can you comment on Rutherford County?

Mr. BYERS. We are seeing, again, Congressman, more illegals bringing the meth. Our meth lab numbers are going to be down this year and that is a wonderful, wonderful surprise. But it is from a lot of hard work, a lot of hard work, and we have four of our agents here today. I will not point them out because they are kind of camera shy, so I will just say that four of our agents——

Mr. SOUDER. Are they the ones in the red hats?

Mr. BYERS. Yes, sir, Mr. Chairman, it would be the ones with the red hats. [Laughter.]

But the problem still exists. And we have more illegals coming into Rutherford County, and I will not get into the immigration argument today, I know that you folks have had enough of that or seem to have had enough on it, and sent it to the Senate. But anyway, we continue to see it and that pipeline will continue to be there. What we are seeing, I think Special Agent Emerson mentioned 80 to 90 percent of the meth we are seeing now, the ice, is coming from Mexico.

So we can win the war, the battle, if you will, on meth labs. We are not dealing with chemists, we are not dealing—in Rutherford County, we are not dealing with people who passed chemistry in high school. They are not taking $250 worth of ingredients and making $1,000 worth of product, therefore making profit. They are taking $250 worth of ingredients and making $200 worth of meth. So they are addicts, they are not selling it on the street, they are addicts, they are making it and giving it away.

But what we are seeing now coming from Mexico is not near as toxic. Now what our guys were making in Rutherford County and continue to make, is very toxic. See a lot of people showing up at the hospital with liver and kidney failure, but it was not very potent, so they had to make it every day. We have arrested people, the agents here today, have arrested people, jail at 12, out on bond by 2 and they would follow them to buy the ingredients to make it again the same day. That is an addict. That is not a businessman, it is a pure addict.

So that is what we have been dealing with. But the ice is so potent that the mental health—it is going to be tremendous if mental health can keep up with the potency. Not near as toxic, so we may not see quite as many healthcare problems, kidney and liver failure, but we are going to see a tremendous amount of addiction, because the ice is truly potent and we have more use in Rutherford County today than we did a year ago or even 2 years ago.

Crime in Rutherford County is down 16 percent, I am proud to say, crime in 2005 is down 16 percent. The one exception there is domestic violence. And what is feeding domestic violence? Meth.

So to answer your question, Congressman, I think I went too long and went too broad, but the bottom line is yes, the problem we are dealing with now is the ice and I want to personally thank you before this committee and this group, yourself and Congress-

man Taylor were kind enough last year when I sent you the concern and the problem that we had, to find the funding to let us start a drug interdiction team that will be on line hopefully by mid-June. Monies are there and we thank you for that. So we are going to try to fight to stop the ice, which is coming from Atlanta, even Charlotte occasionally, but usually Atlanta, through our highways and spreading across western North Carolina.

So thank you for that and I highly encourage those other sheriffs here today to help us in that fight, because we have to get it off the streets before it gets to the homes and to the individuals or we are going to have—mental health will never keep up with the addiction that we are about to have.

Mr. MCHENRY. Thank you, Sheriff Byers. Thank you, Mr. Chairman. I do have additional questions, but I will come to that in due course.

Mr. SOUDER. Ms. Foxx.

Ms. FOXX. I have one quick question for Mr. Shaw. I think all of us have heard horror stories about cases being thrown out of court because every "i" was not dotted, every "t" was not crossed, that kind of thing. We all hate to see that on procedural matters. But you pointed out the increased amount of time it takes to adhere to the Federal regulations to take something to Federal court.

Is there anything that is being required for Federal court that does not have to be required? And if so, have you shared that with the folks, so that if there is something we can do—I do not want to damage any case, but is there anything we could eliminate that is not absolutely necessary?

Mr. SHAW. Well, the short answer is not that I am aware of. We did meet with the U.S. Attorney's Office and the other assistants and talked about what was needed. One of the advantages with the Federal prosecution is the theoretical yield of what the capacity—what it would have made, if it had not made anything. What it did make based on historical aspects. So those are good things. They require a little bit more lab analysis, but it is a much broader approach to prosecuting the meth manufacturer. So it is a very slippery slope you get on in suggesting doing away with something or shortening something up because the broadness of that jurisdiction with Federal prosecutors is what has made it so successful as well.

Ms. FOXX. Thank you.

Mr. SOUDER. Mr. Emerson, could you come forward for a second? I wanted to ask you—I think probably for recording purposes, as long as you can hear him, we will not have him sit down.

When you get the crystal meth type cases that are coming through, are those the same organizations that are smuggling the marijuana and the cocaine?

Mr. EMERSON. Generally, yes.

Mr. SOUDER. So there is not any kind of crystal meth channel, they are basically selling whatever the market is.

Mr. EMERSON. Generally, that is the case. Now I am sure there are individual cases, we have seen them where we only got crystal meth and that is what we are investigating that group for. But as a whole, we see Mexican organizations are moving all three of those products.

Mr. SOUDER. Have you seen them shopping crystal meth, packaging it with other drugs?

Mr. EMERSON. We have seen it transported together.

Mr. SOUDER. I should say, are they cutting the price to get initial addicts. Basically as they see the mom and pop labs decline, they may have been selling marijuana or other drugs, but they will sell the crystal meth very cheaply or give it away to try to develop a market?

Mr. EMERSON. I do not think we have seen that specifically, no.

Mr. SOUDER. And one other question, on the marijuana that you are seeing, have you seen any of the hydroponic, large, coming in from Canada in particular, any of the seeds being bought over the Internet?

Mr. EMERSON. Yes, we have. Mostly through the Asian traffickers. Operation Candy Box, which was taken down about 2 years ago now, we had Asian traffickers bringing BC-Bud down from Canada and we have seen some of those cases recently, but not nearly the amount of cases that we see with Mexican marijuana.

Mr. SOUDER. OK, thanks.

For those who are not aware, people still think we are dealing with what we call in Indiana ditch weed or 1960's marijuana, when the THC content is 20 to 40, the highest we have heard in any area is 48, which basically is behaving like meth or crack on the brain. And this pro-marijuana stuff that is going around the country is just awful right now, because they are packaging, and particularly this so-called BC-Bud in New England, it is coming down from Quebec as Quebec Gold and sometimes in the middle you get it mixed as BC Gold in the midwest. But they are also selling it on the Internet and you have to really watch for the home grown. You usually can tell by the amount of electricity they are using.

But I wanted to then get into two other things to watch for. One is if you found a mobile lab, that is a scary trend because I believe in New Orleans, we saw a little bit in motels; in Hawaii, they have had to implement, in parts of Honolulu, an apartment fee to fumigate the apartments because it is left over and the kids move into the apartment and can develop all sorts of conditions based on these mobile labs moving from apartment to apartment or motel room to motel room. In other words, you can be traveling on a trip and get sick or your kids can get sick because somebody had one of these mobile labs moving there. And it is a—really kind of makes it harder in our pseudoephedrine regulation if they are moving around like that.

We were actually doing a hearing in Wilmington, OH, between Dayton and Cincinnati, and the problem was viewed as a rural problem, but we had the TV there from both Dayton and Cincinnati, all three networks from each one. And a story came in from Dayton, they had never had any home labs in the city of Dayton prior to that day, and they took down what they thought was one meth lab and it turned out to be a block. Part of the reason meth labs are not found in cities is the smell, and so that is why you see the problem in the United States has tended to be rural Hawaii, eastern Oregon where there are national forests, that is why you are going to see it in the mountainous region of east Tennessee and western North Carolina before you see it in the urban

areas because there are places to go out where you are in less populated areas. So Arkansas, in the Ozark mountain area, in Indiana, the biggest area is the Hoosier National Forest area. It is going to tend to be in the more rural areas.

But as they move into urban, part of their challenge, even in a small town, is the smell because people can start to smell it. They bought a string of seven houses and it was buried in the center, so their neighbors could not smell it.

None of you have seen a combination in a town yet of multiple houses, is that correct, you have not seen that in North Carolina?

Mr. CLARK. We have seen it in hotel rooms where they will string two, three hotel rooms together and do their business out of there and then once the supply is depleted, then they will go back home or wherever it is that they originally manufactured.

Mr. SOUDER. No particular chain? [Laughter.]

Mr. CLARK. No particular chain.

Mr. SOUDER. That is a scary concept, that is the first time I have heard of a string of motel rooms, because that would probably be a similar type of trying to disguise the smell.

Mr. CLARK. And at the same time, most of these individuals are smart enough that they check in under a pseudo name, so if they did have to run from law enforcement, you do not really have any other identification on them. These dealers and users and abusers are becoming smarter and smarter to our techniques. They read just like we do and they watch sessions like this just as we do. So they are gaining intelligence from sessions like we are having today, they are gaining intelligence on us in law enforcement and lawmakers.

Mr. SOUDER. From what we have been able to get from testimony from meth addicts themselves, is that the one thing that is an advantage that we have in law enforcement is the drug makes them more paranoid and they are more likely to make a mistake.

One of the problems in the pseudoephedrine law is that we have these log books, but one of the charges is moving from place to place. Do you have a plan, since you have only done this since January 15th, but do you also have a Meth Watch Program that works with the local pharmacists, the retail stores, to watch how a person is behaving? For example, without saying the name of the chains, there are some chains that look for certain types of purses or cases that come in, they know there is nearly 100 percent chance that a person coming in with that type of case is going to be getting a quantity or shoplifting a quantity.

Mr. SHAW. We do have the Meth Watch Program in some counties in the State. We have also attempted to contact different retail associations. Unfortunately, since the passing of our pseudoephedrine legislation, there is not quite as much cooperation with the retail side, just simply because that removed a substantial amount of products from grocery store shelves and convenience store shelves and other types of retail establishments. So many view it as the solution to the problem. Of course, we know that is not going to be the case, that we are still going to continue to have a problem.

But the meth watch program is out there, it is flourishing in some counties. Some store chains are very cooperative, as you men-

tioned. But it has been met with mixed success. And that is why we continue to push the pseudoephedrine laws, because we found that voluntary compliance just simply did not get the job done.

Mr. SOUDER. Do you have a sign-in list?

Mr. SHAW. Yes, we do, we have a log, but there is an inherent problem with that and it goes back to funding again. With the signing of the log, you can still go from pharmacy to pharmacy and those pharmacies, unless they are the same chain and not necessarily even if they are, cannot communicate. There is no real time data base that says I was just at CVS buying it and now I am at Walgreen's buying it, so that the Walgreen clerk or pharmacist can go, I cannot sell it to you, you just purchased it 30 minutes ago.

So what we are finding, as Sheriff Byers pointed out, is so many of these addict cooks are simply buying two boxes here, two boxes here, two boxes here. That is all they have to do.

Mr. SOUDER. The Indiana State Police, because we have the fifth highest number, I think last year we actually moved to fourth, we are down roughly 50 percent 6 months into this law. It is moving to crystal meth like we knew it would.

But two other things we are watching, because in the first 3 months, the log thing was intimidation, then all of a sudden they realized that hey, it is not on the computer. But the Meth Watch Program, some are tips, because if you watch a person, and the person is alert as a clerk when they sign in, they are likely to be more nervous if it is not for a cold. And watching that, calling in, then they do a—occasionally now they are doing a sweep of the log lists and those tips. What you need are just an occasional high profile person, we got two in the last couple of weeks doing this, jumping from log to log. And all it takes, because of the nature of the group, if they realize there is a potential chance of just being found guilty of now another violation, which is in the logs, you are finding them buying the materials and violating another law, has worked as some deterrence. But if law enforcement does not occasionally sweep those log books to see whether a name is appearing in multiple places, because it will be there, it is just a pain in the neck process to try to sort through, particularly unless the clerks are helping tip off. But a couple of high profile nailings like that can help give some teeth to that.

The difficulty of—I was heavily immersed in the negotiations of whether it should have to be sold at a pharmacy or not. But for example, in New York City, they do not have a single meth case yet and anybody who has been to New York City, they have little mini-markets all over the place and you would not be able to get cold or headache medicine in New York City if we said it had to be sold at a pharmacy and yet, they have no meth cases. But what happens is if you find one State does not have the law, people move to the other law. So it has been a very delicate balance.

And while Target, Wal-mart, big companies, can computerize this, smaller grocery stores and particularly in rural areas, almost every rural area in Indiana and I am sure it is true here too, are fighting to keep a pharmacy or a grocery store, they are barely making enough money to exist already as the chains hammer them from the regional areas. And this is a very difficult tradeoff and we

have to be as creative as we can in trying to tackle the variations from this.

Sheriff Byers, did you have a comment?

Mr. BYERS. I would agree. And of course, we border the great State of South Carolina, who is now addressing the pseudoephedrine law, if you will. So our addicts are just driving 15 minutes and are able to purchase the products they need. But it has helped some in our county, we see that. I probably get half a dozen calls a week from pharmacists who say someone came in, they have been in twice this week trying to purchase or they were nervous or these things. So we do get a lot of tips, even though we do not have the data base that we desperately need. But until South Carolina steps forward or until October of this year when it is national, our folks are going to go to South Carolina, 15 minutes away, and purchase the things.

And again, a lot of our people do not purchase. The one thing that has helped us is moving the product behind the counter. A lot of addicts were shoplifting because they are destitute, they did not have any money. So they were going in and had two options, they were either stealing weed eaters, chainsaws, anything they could get and pawn or sell for a minimal amount of money to purchase, or they were going in in groups of five, they would go to one pharmacy and shoplift three or four boxes, then they would go to the next pharmacy and another would go in and shoplift. And of course, they were going to what is called mom and pop stores, but to our general stores, if you will, and we have a lot in Rutherford County, and they were shoplifting.

We did have the opportunity in Rutherford County to prosecute a couple of store owners who had set up their own little markets and had all the products you needed to manufacture meth on one shelf. And thanks to John Emerson, Van and the folks at DEA, we were able to federally prosecute a couple of store owners for intentionally selling the products all off one shelf that were necessary to manufacture meth. So we got that problem stopped quickly.

Mr. SOUDER. Any signs of buying off the Internet at this point?

Mr. BYERS. Not in Rutherford County. Some of the other counties, I know Wilkes County had a couple of cases where pseudoephedrine products, bulk amounts, were purchased from Canada and came into the county. So we have not witnessed that, but yes, it has been going on.

Mr. SOUDER. Oregon has seen a rise. It is something to watch. The myth is that these addicts are not going to have the Internet, but almost all of them got the recipe off the Internet, so they can use the Internet. The question is at what point does it become disorganized and not purchase. Also, any meth addict who is thinking about this or might read about this hearing, we are working closely because the advantage of the Internet is it has to be delivered and so as we work with FedEx and UPS and others, the Internet may not be quite as handy for them as they originally thought.

I want to make one comment on treatment, because one of the challenges in treatment here is since it is a rural area, Charlie Cruse is from my district, he is the head of ADMHA, the Alcohol and Drug Mental Health Agency that is doing this and they are testing meth models and meth is a very difficult—because it is so

addictive—in many ways very difficult to get off of. All drugs are, but that in particular. And one of the things is that they have this model that they have been developing, and in my district we met with all the treatment people and the only place that was familiar with the model was Fort Wayne, which of course does not have a meth problem. The mid-size county that did had heard of it at a workshop, and in the most rural counties, they had never had the money to go to a workshop. Because it is much like law enforcement, the smaller the county, the more junior people you have in drug treatment, they are starting out their career or did not have as much training, they do not have as many resources, so the meth problem is the most complicated treatment and it is the problem where you have the least treatment dollars and the least experience and the fewest number of people.

So we are trying to figure out how to adjust inside the treatment model because it then becomes the least efficient way to try to do drug treatment in the United States when we already have a backlog of people seeking treatment.

But last week, Dr. Barthwell, who used to be Deputy Director of ONDCP came in and there is an experimental drug that is being run on the market that shows very interesting promise. They are doing certain test cases in drug courts in the United States. And it is not just for meth but it is for others and it is almost like a methadone off of heroin, but it stabilizes your brain. Because this is physiological and psychological. The problem is that as people get stabilized, their appetite for meth will disappear for as much as 2 weeks, but what they have found is that then they think they are done with their treatment, when in fact there are problems underneath it that led to the drug addiction and they will give it up and not get into the social support group, the Narcotics Anonymous, the Alcoholics Anonymous type of programs.

But we are trying to figure out how to integrate this new drug with the other forms of treatment. It may start to get publicized as a magic drug, it is not, because even if you are clean for awhile, the addiction is so potent, even if you do not have a memory of it, if you get exposed because of the groups you are hanging around with or your fundamental problems are not addressed, you can drift back into it even—what it does is it kills the memory that you used the drug. It is fascinating and so there is no attraction to you until you hit it again. But if you are in a group that you hit it again, you will redevelop the addiction.

Mr. McHenry.

Mr. MCHENRY. Thank you, Mr. Chairman.

You know, when we had our Sheriffs' Conference last year, both Sheriff Clark, Sheriff Byers, the one thing that you all said very passionately is that something needs to be done, not just because of the addicts, but because of the children in these meth labs that are exposed to toxic chemicals and the lasting effect it has. And Lynne, you actually spoke of that as well. That is a large concern.

And you two gentlemen are most responsible for me going back to Washington looking at ways to add an increased penalty for those that produce meth or any controlled substance in the presence of a child.

In North Carolina in 2005, there were over 100 cases with children found in the home in meth lab seizures. You said, Sheriff Clark, that 75 percent of the meth labs you seize here in Caldwell County have children in them. That is very frightening. I know that you have come up with some programs to look at ways to treat children here in Caldwell County found in those circumstances. I wanted to see if you could discuss that.

Mr. CLARK. We have tried to join in with the local Department of Social Services and health officials. County Commissioners are also in-depth into many of the programs we do at the Sheriff's Office. Foothills Mental Health is a big part of things that are going on here in the county. But I think most importantly, you have to team together. I do not think it is just a law enforcement issue or a Department of Social Services issue or a Health Department. I think you have to come together collectively as a group to sit down and look at the law enforcement issues, look at the health issues and those social issues, particularly right now with some of the socio-economic issues that we are facing in Caldwell County, I think it is particularly important that we all band together collectively to put our heads, if you will, together to come up with ways to address this particular problem.

But out of the last four particular meth seizures that we were involved in, three of those did involve children. And one of the most alarming ones that I referred to earlier was in fact a preschool or day care for children where there was meth in the house.

So once again, I would repeat that there are no social barriers or boundaries where methamphetamine is concerned. Whereas sometimes when you speak of cocaine at one point in time, I think historically looking at that particular drug, it was out of the price of most individuals, but now you have methamphetamine that has come along, as Sheriff Byers alluded to, it is very conducive to particularly just those abusers. It is the drug of choice. So we have to continue to band together collectively, put our heads together, not only as representatives, as law enforcement officials, as health officials, but I think we are going to have to continue to band together, put our heads together and come up with a plan of action to address that particular problem.

Mr. MCHENRY. And going right into the same subject, Ms. Vasquez, you have spoken of Chad and his involvement in meth. When did he get started in meth, as near as you can tell?

Ms. VASQUEZ. It has probably been about 3 years, 3½ years.

Mr. MCHENRY. Three and a half years.

Ms. VASQUEZ. Uh-huh.

Mr. MCHENRY. And how old is your grandchild now?

Ms. VASQUEZ. I have one 5 and one 3.

Mr. MCHENRY. OK.

Ms. VASQUEZ. And the other passed away, she died October 29th this past year.

The two things that I really want to say in reference to what has been said here at the table is I hope that they do not get real comfortable with this idea of pseudoephedrine being put behind the counter and we have a control on it, because you do not have a control on it. Mexican methamphetamine is 10 times stronger than what has ever been made in a lab at home, in a home base, OK?

Some of the methamphetamine coming into Rutherford County is coming out of Greenville, SC; it does not come across the border, this particular did not come across the border, it come out of Greenville, SC into Rutherford County, 10 times stronger. And the base for it is not pseudoephedrine. The base for it is Clorox. I do not know how they are breaking down that Clorox, I do not know how they are cooking it, separating or whatever they have to do, but because you have this drug confined behind the counter does not mean that you have a control on. So that needs to be looked at.

The other thing that needs to be looked at, I feel, is that my struggle was to get my grandchildren. It became a long, hard struggle. I was threatened by DSS for harassment, OK? This is hard. They actually gave my daughter-in-law instructions of how to have me prosecuted for false information, OK? I understand that there is a problem of where to put these children. I understand that there are funds that need to be considered. I understand that in Rutherford County—I know there are not places to put them if they take them out of their home, we do not have enough foster parents. But if you have a grandmother saying give me my child, you do not have to worry about somewhere else to put them. This needs to be taken into consideration instead of grouping that grandmother with a bunch of other people.

Mr. MCHENRY. What types of prevention and rehab programs did your son have access to?

Ms. VASQUEZ. Actually he went down to—the Federal Government had a contract in Cleveland County because there was nothing in Rutherford County for them to tag him to. It was really just counseling and through the whole ordeal, my son said the same thing, they sit and they listen to me but they do not hear me, they do not know what this is. My son has depression problems, he is ADD. He tells me—and I was thinking about this when you were saying what does this person coming in to buy this look like. The very last part of my son being on methamphetamine, I could not tell. If my son refused to touch his children, I knew he was using again. I have two pictures of him, one 1 month before he was indicted into Federal court, attached to my statement. The other one was taken when they put him into Mecklenburg County Jail after sentencing. But you have to understand that on the second day of January, my son knew he was going to be sentenced on the 5th, I, along with these wonderful people that I had to work with me in Asheville, I knew that he was going on the 5th. He had no idea, he thought he would have six more months at home or 60 days still at home before they processed him. My son tried to commit suicide on January 2nd.

But from October until January, my son was using. As you can see by the pictures that I put in there, he weighed 196 pounds, face full, big boy, looks like he is healthy again. No. If I had not known he was using myself, no way. The kids told me—I am not having anything to do with my kids, I know that he was using, period. He is ADD, he has depression problems. I talked on the Web with a medical doctor from Duke University, problem is, depression problems, ADD, ADHD, they treat them all with what, amphetamines.

The last 6 months that my son used, he could sleep, no problem; he could eat, no problem.

On January 2, 2006, he told me I cannot go to jail for something that I did not do. I did part of this but I did not do all of it. What do I say? You have to do what the Federal Government says for you to do. Ten needles of methamphetamine and ran them all on January 2nd. He said with the hopes that it would either bust his heart or it blow a vein in his brain. It did neither one. I do not know where he got the meth, I do not know how that all come about, but that is what happened.

He decided because that did not kill him, that he would go peacefully on January 5th. I am telling you that all meth addicts—and my son is an addict—do I believe that when he comes home, he is going to have a big problem? I believe that. Do I know that only 92 percent ever recover? And I think they raised the odds a little bit, only 96 percent, if they were needle users, recover. He was a needle user. Do I believe? I only believe God. I only believe God. God carried me through this. God got me through this. But we cannot be calm or convinced we have a hold on it now, because when we get relaxed, the problem is going to escalate.

Mr. MCHENRY. Yes, ma'am.

Ms. VASQUEZ. And through the methamphetamine that has been being made, it puts off—you were talking about smells, it puts off four different smells, but the new methamphetamine they are making that they are using Clorox for does not smell at all.

Mr. MCHENRY. Well, going right into your question about the slowness of the process. I know that the Sheriff's Department in Rutherford County was very engaged with you in trying to tackle this. And we have two tracks, we have the Federal track and the State track. And we have a prosecutor here from North Carolina, Mr. Gaither, and I wanted to ask about what the Federal Government can do to assist you as a State prosecutor to fight against meth production and trafficking? What are the things we can do to assist you and aid you?

Mr. GAITHER. Let me make a couple of points. One, Congressman, let us realize that if the Federal Government was not already doing what they are doing, we would be faced with just a tremendous overload in our courts. So we are very thankful for what they are doing currently.

Our goal, other than specific deterrence, putting that individual who we have arrested and brought to court behind bars, is also general deterrence. We want to get the message out to young people and everybody in the community that this type of crime is punished harshly. I would say one of my criticisms of the Federal Government is that when they arrest somebody and when they prosecute them and give them the lengthy sentence that they give them, a lot of times I do not ever read about it in the papers or hear about it in the news. And I passed this on to Gretchen Shappert and I would like to see that change. I think if people saw the 10, 15, 20 year sentences that the Federal Government is handing down and how they are putting people behind bars for lengthy sentences, you might get a general deterrence effect.

I would like to make one other point. One other thing I would like to say is that the worse myth in the world is that drug abuse

and drug trafficking is a victimless crime. If you took out the crimes that are committed by people who are under the influence of drugs, our courts would not be empty, but I would bet that it would be down 80 percent, 90 percent, it would be a huge amount.

The balance, the net gain for doing what we are doing here is tremendous and I just ask that you all continue to have the commitment that you have here, have the faith in the people to put the money and the resources behind the war on drugs and if we can—I believe we can see on this chart here, that there has been a stake in the ground, what Gary Clark has been doing with the information that we have gotten from the west, with the cooperation that we have gotten from the west, I think we have slowed the advancement down. But crack cocaine, methamphetamine, the whole gamut of drugs, are behind all our break-ins, our assaults, all the crimes that we see in the courts are drug-related. If we continue to put money behind the interdiction of drugs, I think we will see an overall drop in crime and I think that the net gain to the community would be huge. I just wanted to throw that in there.

But as far as the Federal Government assisting us further, you are doing a tremendous job, we appreciate you very much. I am not going to sit here and ask for more. I think the State government needs to step up and carry its load.

Mr. MCHENRY. Thank you. Thank you, Mr. Gaither, and I appreciate the fact that Mr. Byers and Mr. Clark both discussed the additional burdens on society that this meth problem places. Sheriff Byers said in particular domestic violence, Sheriff Clark related that to not just domestic violence but robberies and all sorts of property crimes.

Thank you, Mr. Chairman.

Mr. SOUDER. Congresswoman Foxx, do you have anything else?

Ms. FOXX. Well, I was going to make a comment about the fact that these are not victimless crimes and that we can see that meth affects everyone in a community, not just those that are addicted to it. Domestic violence, all the other crimes, the cost of mental health, social services, school system and long-term effects for this. I think it is an extremely important issue to think about because people cannot just say well, my family is not involved with drugs, so I do not care what happens, because it is affecting everyone.

I just appreciate what all of you have done to try to bring down the supply of methamphetamine locally, but I think that it is very, very important that we pay attention to the figures that the chairman used, that 80 percent of the meth is now coming from Mexico or Mexican sources. It is very troubling to me that is the situation that we are facing.

Tomorrow, I am going to be hosting a field hearing investigating the consequences of our borders, our porous borders with Mexico and I am going to raise the issue there about this, because I think people who are saying again that we do not have to worry about closing the border, are only looking at one dimension of the issue. And I think that the American public needs to be educated as to the long-term effects of this, especially the drugs and what is happening to us.

So I am very much concerned about this. I do not think—we will never stop the flow of illegal drugs, I do not think that is possible

to do. But I think that we can certainly slow down the supply of it. I think we have done a good job in western North Carolina with all the law enforcement people, of slowing down what is available here. But we have simply got to see this as a national issue and a Federal issue. And I want to do everything that I can as a Member of Congress to see that we shut down the flow coming from Mexico. And I think the public needs to be aware of what a serious issue that is for this entire country.

Mr. SOUDER. Thank you.

There are a number of things, I think in the next iteration that we will be looking at in meth. I wanted to ask Mr. Shaw, we heard that—are you looking at the Kentucky example of how——

Mr. SHAW. I am familiar with it, the container program.

Mr. SOUDER. Yes. Is that a cost problem in implementing that or what is the major stumbling block? I talked to Chairman Rogers and it is very difficult because he chairs an appropriations subcommittee, he is one of the senior Members of Congress. He has put extra money in his district, which he has the power to do, because of meth. What is not clear to me, and we have been trying to work out a date to go down to Hazard County area where they have done this, but it is unclear to me whether that particular component, because it certainly would help local law enforcement in the contracted out portion, if we could get the chemicals in the unit. You say you are looking at this. Does it look like a cost question? Is it the evidentiary chain in the court process? What are the biggest reasons why we cannot go national with this?

Mr. SHAW. One of the major problems or resistance to this program is simply you are taking law enforcement officers and you are turning them into hazardous waste handlers. This program takes officers having to over-package, use different types of adulterants—vermiculite—put it in buckets, load it up in trailers, carry it to a holding site, unload trailers, meet them back, allow for that to be picked up, where now we are utilizing contractors. One of the problems has been is that there would only be one contractor per State or one contractor per 30 States, with different offices. So for years, our closest contractor that was under the Federal contract was out of Johnson City, TN. We did not even have an office in North Carolina.

So my opinion, being out there and being one of the agents that drove the truck and did that in the early days of this program, we need to have more contractors cleared and available on the commercial side for quicker response. There is no reason I should not be able to use a vendor out of Greensboro or Asheville or Charlotte or Raleigh, and I cannot do that at this point in time. There are just a couple of vendors we are having to use right now.

That, as I see it, is letting those professionals do that job. We are not tying up officers doing that job, they are out enforcing the law. So I think that has been some of it.

Mr. SOUDER. Why do you think the vendors are slowed down in getting cleared?

Mr. SHAW. I am not sure of the contractual process, I just know that typically they are under contract for a period of time, they are the sole provider of that service. So we are then dependent upon

their locations in our State to call upon them, because the Federal Government is paying the bill.

Mr. SOUDER. Mr. Emerson, sorry to call you up again, but I have heard variations of this. Is this predominantly that the number of contracts is so small, unless somebody has a wider service area, they will not even bid on the contract? Is this quality control because these places have a lot of turnover in their staff? What would be some of the challenges that would be faced in getting more contractors?

Mr. EMERSON. I am sorry, I just cannot answer that question.

Mr. SOUDER. That is a written question, consider that a written question, if you could get back to us and we will also followup with Director Tandy.

Mr. EMERSON. Absolutely.

Mr. SOUDER. Thank you. Did not mean to put you on the spot with that, but since I am going to be 56 this summer, sometimes my memory goes very short-term, so unless I do it right there, I might have forgot to ask that question.

Mr. Shaw, did you have anything else to add there?

Mr. SHAW. That is simply one of the issues. I know that it has worked in other States, especially the midwestern States, with long distances between towns. I think it is a good program for certain States. North Carolina is transitioning to a much different State than it was 30 years ago. We are very populated. I do not think that—our officers are extremely busy and I think if you polled these two sheriffs, they would probably say the same thing, that we need to keep that in the hand of a contractor for our State and let our agents and officers do the job of law enforcement and evidence collection.

Mr. SOUDER. I thank all of you for your testimony, being very open and direct with us. As you can see, in our next iteration, we are looking at a number of things like how do we reduce this time at site and what are some creative ways to do that. Another thing would be trying to figure out the next iteration of OK, if you control the pseudoephedrine, are you going to pop to another mixture of the labs, are they going to go to the Internet, working with companies that are trying to get ahead of the curve as opposed to just being behind it.

In treatment, we are struggling, but we are certainly looking and there are a number of drug treatment, experimental efforts. This has gone 2 years ago times four, then last year times eight to try to figure out affordable ways to do drug treatment, particularly in rural areas as well as urban areas.

Montana, I met with this amazing man, the Montana Meth Project, which was done in the private sector, is extraordinary. The question is how to get prevention like that and get it coordinated with our national campaigns and to get the private sector and others involved. There is no way the Federal Government will be able to involve this and this individual cannot do this in every State. But I mean the ads there and the billboards and the radio and so on, it has revolutionalized and grabbed. It will be interesting to see the Montana Project as it moves to other States and whether it has the same impact and whether it leaves a lasting legacy that makes

our Federal efforts seem like milk and toast right now, at the aggressiveness that they did. So we are looking at this.

I realize that one thing that the record is not going to reflect when I said earlier we are going to have the southwest border controlled in 60 days, that was a joke, officially. I do not know whether we can put laughter by my comment or whatever, so it does not look like——

Mr. MCHENRY. Unfortunately it is a joke.

Mr. SOUDER [continuing]. We spent, two terms ago, much of that year doing north and south border hearings and have continued to do that, because in addition to the immigration and terrorism questions, I am on Homeland Security and on the Border Subcommittee there, too. It is an incredible problem because when you are trying to chase a million people roughly coming across a year illegally, of which probably 900,000 plus, are coming related to work; trying to find the drug addicts and the terrorists inside it is impossible. We could put an army of 200,000 people on the southwest border and not seal it right now.

We did one hearing at the Tohono O'odham reservation southwest of Tucson and this was 2 years ago. The previous year, they had seized 1,500 pounds of marijuana. From January to March of that year, they seized 1,500 pounds of marijuana. The day of our hearing, where we had more—this is where Organ Pipe National Monument is where the park ranger got killed as they were going through, they had to knock off, seal a bunch of the trails because it is so dangerous to walk through right now because of all the drug runners and coyotes running illegal immigrants as well, and armed fighting is occurring a lot. But at the Tohono O'odham reservation, which has just been overrun, we had all these Federal agents in to testify at our hearing. They were so bold, they did not even care to see all the Federal agents there. That day, during our hearing from 10 to 1, they nabbed 1,600 pounds of marijuana of guys running through the town where all the Federal agents were sitting. In addition, they had a Blackhawk helicopter and others took down a group of seven SUVs who shot their way through. They got most of the SUVs, but the lead vehicles got through. This is tough and they are dealing in areas in the southwest border where they do not even pick you up if you have less than 200 pounds of marijuana—unless you have more than 200 pounds, a Federal case would be 700 pounds.

It is an overwhelming challenge and we are going through a very difficult political period, because unless we can get our work permit and other types of things to work with this, I am just telling you as somebody who has held hearings in almost every single town and many of them multiple times, the major cities on the southwest border—it is not possible to control the southwest border until we get it down to a workable number. We need to seal that, we need more effective things, but there has to be some kind of a compromise here. I am saying this politically, I know it is not popular to say, but I am telling you as somebody who has been down there on the front lines, you will not receive the relief in this area until we can get a tough border and a tough border also requires some sort of a strategy internally, because we are overwhelmed right

now and it is a huge challenge. But it is likely to be the most controversial and the most difficult challenge.

And as we start to tackle things like the mom and pop labs, we push it right back to the southwest border, not to mention for those of us from northern States, the Canadian border is not exactly sealed. As you heard, the hydroponic marijuana that is coming into your area is coming through Canada. The biggest terrorist threat to our Nation right now is north, not south, even though the RCMP, Royal Canadian Mounted Police, we do not have to worry which side they are fighting on, which sometimes we have the problem with the southwest. The Canadian Government is more responsive in working with us, but on that border, there is nothing along the north border. And when we push one area, they pop to the other if they are a large trafficking organization.

The reason I asked about Tri-Cities is that we are now seeing them working heavily out of Atlanta and they are coming into Indiana and they do not come logically through Laredo and McAllen and up the shortest way, they will go up through California. There is a huge trading mart working up just like other wholesale or traders, working up, because the migrant workers who pick fruit and tomatoes, they will hide inside them and so they will have a season in the west, they will get a connection inside the midwest, a connection inside the south, they will swap guns to Canada for BC-Bud. They are the same dealers as we heard here who are doing the crystal meth, the BC-Bud, the guns and you have these big traffic marts around the country.

The DEA is trying to figure out how to take these down. That is what these drug task forces are doing. But I hope if nothing else that I learned a lot about the particulars here, but that you see how inter-related our State and local and Federal efforts are right now. Because you might be taking somebody down that looks like a local problem, but in reality, they are into a regional and into a national and unless we can get these different groups taken down and get their finances taken down and work together on this, you are likely to be picking them up. The Federal Government sometimes thinks they are the end all, be all, but you are likely to get the person back on the street who you have just got. The question is how to turn him to the next one to the next one to the next one, so we can get at the source of the stuff that is coming in and poisoning our communities.

So thank you all and thank all your departments. Each individual along the way is playing a key role in this because we all know at a minimum 75 percent, probably 85 percent of all crime is drug and alcohol related, or at least facilitated. So thank you for your efforts.

We will look forward if there are any additional materials you want to put into the record or if we have some additional questions, we will hold the record open for probably 2 weeks.

With that, the subcommittee stands adjourned.

[Whereupon, at 12:45 p.m., the subcommittee was adjourned.]

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