

DRUG TRAFFICKING IN AND THROUGH HAWAII  
AND GUAM

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HEARINGS  
BEFORE THE  
SELECT COMMITTEE ON  
NARCOTICS ABUSE AND CONTROL  
HOUSE OF REPRESENTATIVES  
NINETY-FIFTH CONGRESS  
SECOND SESSION

—  
JUNE 30, JULY 1, 4, AND 5, 1978  
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# DRUG TRAFFICKING IN AND THROUGH HAWAII AND GUAM

FRIDAY, JUNE 30, 1978

HOUSE OF REPRESENTATIVES,  
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL,  
*Honolulu, Hawaii.*

The Select Committee met, pursuant to notice, at 10:03 a.m., in the auditorium, Hawaii State Capitol, Hon. Lester L. Wolf (chairman of the Select Committee) presiding.

Present: Representatives James R. Mann, Charles B. Rangel, Billy L. Evans, Daniel K. Akaka, J. Herbert Burke, and Benjamin A. Gilman.

Staff present: Joseph L. Nellis, chief counsel; William G. Lawrence, chief of staff; David Sandler, staff counsel; and Alma E. Bachrach, investigator.

Mr. WOLF. The committee will come to order. This committee as a first order of business would like to thank all of those who cooperated in helping the committee prepare for this hearing as well as the cooperation of the local authorities.

Since its inception in 1976, the House Select Committee on Narcotics Abuse and Control has been concerned with the problem of heroin coming into this country from Southeast Asia. The committee and Federal law enforcement officials were successful in helping to ameliorate the problem of the Golden Triangle of heroin for a brief period of time. The latest intelligence information we have, however, indicates that nearly one-third of the heroin that reaches the streets in America today originates from Southeast Asia and the Middle East.

The Select Committee is in Hawaii for the purpose of examining how this heroin is coming into the mainland, and to search for ways that the Federal Government can help Hawaii, a gateway, deal with this enormous problem.

I certainly appreciate your two Congressmen, Congressman Dan Akaka and Congressman Cecil Heftel, calling this matter to my attention and to the attention of the committee. Mr. Akaka was quite insistent that I bring the Select Committee to Hawaii to bring attention to the fact that Hawaii is being utilized as a transshipment point for narcotics. Since joining the committee a few months ago, Mr. Akaka has been one of our most active members. Not only is he concerned with the problems of narcotics coming into this country, but he is very concerned about the lack of drug prevention programs in the schools.

We, on this committee, do not believe that there are any simplistic answers to the problems of drug abuse. The fact is that it is a two-fold problem, one of supply and demand. On the supply side, this committee has been very active in attempting to cut off drugs from their source, which is the one place, or, the one point that they are in place where action can be taken and it's on the enforcement side.

And, second, the committee's activities have been centered around the problems of demand. Of eliminating the reasons why people are into the drug scene in the first place. It's a two-pronged approach and, one without the other does us very little good, because if we cut off the supply of one type of drug, and the demand for a mind-altering substance is still present, people will move to another drug of abuse. Our desire is to reduce the number of people who are into the drug scene in the first place.

This committee does not consider as an accomplishment anything other than that of reducing the total addict population in the United States.

The arguments that are set forth as to which are hard drugs and which are soft drugs which—one is worse than the other is not within the province of this committee. We are not looking to point a finger at one type of abuse or another. We are not looking to talk about decriminalization or about the idea that soft drugs may not be habit forming. Our specific mandate is the responsibility for oversight into the various Government agencies that have responsibility for handling this problem. And, our goal is to maximize the potential that exists, to see to it that adequate facilities are afforded to the people who are engaged in the enforcement activities and, as well that adequate resources are placed in the hands of those people who are in the prevention and treatment areas.

Some parts of our program deal with the areas of organized crime. Other parts deal with just plain ripoffs of the American public that are taking place. Other parts are to enhance the facilities and the weaponry that we haven't had in order to try to meet this problem head on.

It is not enough for our President or for our authorities in Government to declare a war on drugs, unless they actively pursue those actions that are necessary to provide the relief that this Nation seeks.

It has been estimated that there are upwards of \$17 billion involved totally in the drug scene. Our estimates go as high as \$27 billion a year that is wasted and is wasting people.

We are very fortunate in this committee in having the group that we do have here. Those with us today are a substantial portion of the Committee on Narcotics.

Seated on my right is Congressman J. Herbert Burke, who is the ranking Republican on the Select Committee on Narcotics. And, before introducing the other members of the committee, perhaps Mr. Burke, you would like to make an opening statement and then, introduce the members on the minority side.

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

Mr. Chairman and members of this committee, first of all I am delighted to be here in Hawaii with Congressman Akaka. Not too long ago, in fact the early part of this month, June 9 and 10, we had hearings in my own district in south Florida and your Congressman was

attendant at those hearings. These hearings were very fruitful in pointing out that the south Florida area is one of the main distribution centers of the illegal trafficking in both marihuana and cocaine in the entire United States.

I think that the problems with illegal narcotic trafficking that we have are great and Congressman Dan Akaka talked to the committee chairman and the rest of the committee members of the problem you have here in Hawaii with regard to heroin being the specific main problem but not the exclusive problem you have here in Hawaii.

In any event, this committee is interested in stopping the flow of illegal narcotics into the United States, because we think and we in fact know that the use of illegal narcotics and the consequent smuggling thereof is destructive not only to those that use them, but also is destructive to our country's social and economic well-being. We know the amount of money that is involved in the trafficking of drugs. We know that it's a cash operation. We know that many young people look at those in the business that have large automobiles, fancy clothes and know they are involved in the illegal trafficking of drugs. They note they have large homes and a great deal of cash money. And as a result many of our young people are tempted to at least try to mimic these purveyors of evil and work in cooperation with the main illegal traffickers of narcotics.

This committee, therefore, is extremely interested in the testimony which we will receive from the witnesses here today. We are extremely interested, and hopeful that we will gather sufficient information so we can go back to the Congress and make recommendations with regard to legislation which will, perhaps, assist all of us.

And, I don't think there is anything worse if we look at the use and the trafficking of marihuana and heroin from an illegal standpoint, that we can't honestly say that it destroys not only those that are involved in it, but it destroys their families, their homes, our entire social structure, and most of all it brings heartbreak and in the long run greater problems to them than they would if they stayed away from it.

The idea that the bad guy is the good guy is false. And, sooner or later this committee and the Congress of the United States, and our law enforcement officers who work so hard on this problem, sometimes with lack of money and lack of personnel, will clamp down strong enough and hard enough to make the warning I make now a worthwhile warning for the younger people to stay out of the drug business and stay out of the use of illegal narcotics and drugs.

Thank you, Mr. Chairman.

Mr. WOLFF. Thank you. Mr. Burke, would you like to make the introductions?

Mr. BURKE. Yes. We have Mr. Gilman who is from New York, and a very active member of this committee and we are glad that he is here with us.

Mr. GILMAN. Thank you, Mr. Burke.

It's hoped that during this visit to Hawaii that the witnesses that we will be hearing from are going to be able to indicate to the Select Committee the magnitude and the depth of the narcotic trafficking that exists, not only in the islands, but in this portion of the Pacific. And, the pervasiveness of the international narcotic syndicates whose opera-

tions have reached out in an octopi manner to every continent in the world and into virtually every sector of our society.

Earlier this month, while this committee was in Miami, the Select Committee learned of the mammoth narcotics trafficking operations in south Florida, the organized criminal traffickers, the laundering of money from the illicit financial transactions, the virtual tidal wave of illicit drugs that's being shipped or flown there and from there transhipped throughout the eastern coast of our Nation, and the disturbing fact that our drug law enforcement officers lack the adequate personnel and the up-to-date equipment to perform their difficult and dangerous task.

This Select Committee has traveled along the Mexican-United States border and has gone to the Chicago distribution center where we learned of the Arara Connection, whose mainline and tentacles have reached from Mexico into Chicago. We became aware there of the massive sievelike narcotics trafficking operation and organizations that distribute throughout our Nation.

And, now we have the opportunity of taking a firsthand view of the Honolulu area, which is becoming a hub, a connecting link for Southeast Asian heroin, for cocaine, for marihuana and for other dangerous drugs.

If our drug law enforcement agencies in this region need assistance from the Congress, we've come out here to find out where we can help. We must not permit internal agency restrictions, intraagency rivalry and competition and barriers to hinder them in the performance of their dangerous task of interdicting narcotics trafficking.

This committee knows well that illicit trafficking is not limited exclusively to organized crime, but it's extremely important that the Select Committee ascertain what sectors of society are involved. Whether it be organized crime or other parts of society that have become involved over the years. We must also ascertain the magnitude of the illicit financial transactions that are generated by the narcotics trafficking of organized crime and how these narcotics' profits are being laundered. Where the funds originate. Where and in whose hands is the final control of that laundered cash, and how Federal, State and local law enforcement agencies can best counter these complex and many times sophisticated narcotic trafficking organizations.

In these hearings it's hoped that the Select Committee will then be able to assist in formulating a more comprehensive drug strategy to prevent controlled drug abuse and the devastating effect that drug abuse is causing for our entire Nation.

Mr. WOLFF. Thank you, Mr. Gilman.

I should like to introduce the other members who are here. Seated with the panel this morning is Mazie Pope of the White House Staff of Mr. Bourne's staff. The next member of the committee, the gentleman from South Carolina, Mr. James Mann.

Mr. MANN. Thank you, Mr. Chairman.

Mr. WOLFF. Do you have an opening statement that you would like to make?

Mr. MANN. I think the purpose of our visit has been adequately stated. I merely want to pay tribute to Congressman Akaka and Congressman Hefstel for biting the bullet on this problem to the Nation,

and in the process run the risk of reflecting upon their own State. But, it reflects the level of statesmanship that they have achieved.

Thank you, Mr. Chairman.

Mr. WOLFF. Thank you, Mr. Mann. The next gentleman, a gentleman from New York, Mr. Charles Rangel, a ranking member of this committee and the Ways and Means Committee as well.

Mr. RANGEL. I have no statement, Mr. Chairman.

Mr. WOLFF. The next gentleman is Mr. Evans, Mr. Billy Lee Evans of Georgia.

Mr. EVANS. Thank you, Mr. Chairman, I would just like to also thank Mr. Akaka and Mr. Heftel, our colleagues, for calling the problem to our attention here in Hawaii. And, I am looking forward to hearing the testimony of the witnesses.

Thank you.

Mr. WOLFF. The next gentleman, seated here on my right—when we leave Hawaii, we are going to Guam, and representing Guam, our Congressman from Guam, Mr. Tony Won Pat.

Mr. WON PAT. Thank you, Mr. Chairman.

I just want to say that I'm very pleased to be here to join your committee at your request. The problem of narcotics and drugs is common not only to Guam, but also to Hawaii. It is for that reason that I've been very interested in dealing with those problems. As you know, Mr. Chairman, I've been asking for your assistance in trying to address this problem in the territory of Guam, and I'm so glad that you finally found the time with your busy schedule to come out this way in order to address this problem on the islands.

I want to say also that Congressmen Akaka and Heftel have been very helpful and they have been working with me in the Nation's Capital with taking the matters of mutual concerns as island representatives.

It's a pleasure to be here on this island, Mr. Chairman, and I thank you and the people of Hawaii for the opportunity to be here.

Mr. WOLFF. Thank you. I would also like to make known the presence of the assistant chief counsel of the Judiciary Committee, Skip Endres, who has joined us here on the panel. David Sandler of our committee staff and Mr. Bill Lawrence, the chief of staff of the committee. And, finally but not the least, the chief counsel of our committee, Mr. Joe Nellis.

In a kind of ceremony, Mr. Akaka, we have referred to you before, but you are the one who initiated this hearing, and I should like to, before turning the gavel over to you, thank the Governor, Governor Ariyoshi, for providing us with the facilities and cooperation.

But, I should like now to turn over to the gentleman from Hawaii, the gavel as chairman of this hearing.

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

It is certainly an honor for me to come back to Hawaii to conduct these hearings, which will certainly determine the welfare of our State in the future. But, as any proper Hawaiian, I would like to present leis to our guests who have come as a gesture of Hawaiian hospitality and a Hawaiian welcome to the Congressmen. And, as I call their names I would like to have our girls present our leis of Aloha.

Congressman Lester Wolff of New York, chairman of the Select Committee on Narcotics.

May I ask the members to stand so they can be properly presented with the leis.

Mr. Jim Mann, Congressman from South Carolina. Congressman Charles Rangel from New York. Congressman Billy Evans of Georgia. Our ranking minority leader, Herb Burke of Florida. Congressman Ben Gilman of New York. Congressman Won Pat of Guam. Our chief counsel, Joe Nellis. I would like to present a lei to Mazie Pope, executive assistant of the White House.

And, with gratitude, we would like to present a lei to the head of our State, Governor Ariyoshi.

[Whereupon all leis were presented and a lei was presented to Congressman Akaka.]

Mr. AKAKA. I would like to also acknowledge Bill Lawrence of the staff, and Dave Sandler who was presented a lei. And, also, to Skip.

I want to thank the Members of Congress for taking the time to come to Hawaii to conduct the hearings here. I am very grateful for that. I am also grateful to the Governor and other officials of our State and counties for cooperating with us to make this hearing possible.

Today is the first day of a 2-day set of hearings here in Hawaii dealing with the narcotics problem. Today we will look at the enforcement aspect and the use of Hawaii as a transshipment point for narcotics. Tomorrow, the Select Committee will examine Federal efforts in providing drug prevention, education, treatment and rehabilitation in Hawaii.

Heroin coming into the United States from Southeast Asian and Middle Eastern sources has increased dramatically during the past year. While the purity and supply of Mexican brown heroin has been going down, the purity and supply of Asian heroin has been increasing to alarming levels. As a matter of fact, the heroin seized last year at Honolulu Airport was analyzed to be between 90-100 percent pure. Even the heroin seized in street buys revealed a high level of purity.

Since 1970, marihuana production in Hawaii has increased dramatically. Last year, 25 tons were seized in Hawaii, having a THC content as high as 5 percent. Moreover, the amount of cocaine confiscated on Honolulu streets in 1977 increased 236 percent over the previous year.

Because of the seriousness of the narcotics problem here in Hawaii, I am grateful, as I mentioned before, that Representative Lester Wolf agreed to bring the Select Committee to Hawaii.

After tomorrow's hearing, the Select Committee will travel to Guam and Southeast Asia to learn more about narcotics trafficking routes.

This morning we are honored to have as our first witness Gov. George Ariyoshi, followed by Jerry Jenson, the regional chief of the Drug Enforcement Administration, and John Y. Y. Lee, special assistant in charge of the Drug Enforcement Administration.

Also testifying this morning will be an individual whose identity we cannot reveal. He has been involved in trafficking here and will be able to provide the committee with some insights into the problem here.

Two panels are scheduled for the afternoon session. The first panel dealing with Federal law enforcement and consists of Mr. George Roberts, District Director, U.S. Customs Service; Mr. Stanley D. Tabor,

assistant U.S. attorney; and Postmaster H. C. Chee and Bill M. McClanahan, Inspector-in-Charge, Postal Inspection Service, San Francisco Division.

The second panel will consist of Francis Keala, chief of police, Honolulu Police Department; Mr. Guy Paul, chief of police, Hawaii Police Department; Mr. John San Diego, chief of police, Maui County; Mr. Roy Hiram, chief of police, Kauai County. Mr. Jerome Estavillo, supervisor of an enforcement group consisting of three investigators in charge of registration and inspections of all controlled substances in Hawaii; and last, Mr. Togo Nakagawa, chief prosecutor, city and county of Honolulu.

I would like to ask our witnesses, when they do testify, to summarize their testimonies in 5 minutes. All of the prepared statements, irregardless of their length, will be included in the record.

At this time, I would like to call on Governor Ariyoshi, as our first witness.

Governor ARIYOSHI. Chairman Wolff, members of the Select Committee on Narcotics Abuse and Control, and our own—

Mr. AKAKA. Mr. Governor, before you begin—

Mr. WOLFF. Governor, do you mind, we swear all of our witnesses. I'm sure that you would not mind being sworn?

Governor ARIYOSHI. Not at all.

[Witness sworn.]

#### TESTIMONY OF GOV. GEORGE R. ARIYOSHI, GOVERNOR OF THE STATE OF HAWAII

Governor ARIYOSHI. Chairman Wolff, members of the Select Committee on Narcotics Abuse and Control, and members of our law enforcement community in Hawaii, and especially our Congressman Dan Akaka, it is a pleasure and an honor to welcome this distinguished committee to Hawaii for deliberations on a matter so vital to the health, the welfare and the safety of our citizens.

There is very little question in our minds, that, because of our geographical location, Hawaii is a major transshipment point for illicit narcotics from Southeast Asia which ultimately are bound for the mainland.

Some of this illicit traffic unquestionably remains in Hawaii, to the detriment of this State and its citizens, and making the problem a local one as well as a national one.

The task of controlling the flow of narcotics to and through Hawaii is a very difficult one, and it would be so easy to throw up our hands and declare the effort impossible. But obviously, it is not impossible and I feel that the very substantial gains made in recent years to control and, in some cases, to dry up this river of death, gives us all renewed hope.

It is a source of considerable satisfaction to me that the narcotics control work in Hawaii has been marked by such a high degree of cooperation between the Federal agencies and our local enforcement agencies, and also by a very high degree of dedication, professionalism and courage on the part of both.

I would like to give particular recognition to John Y. Y. Lee, special agent in charge of the Drug Enforcement Administration in Hawaii

for his unfailing conscientiousness, his initiative, and his encouragement and assistance to all levels of law enforcement in this State.

I want to commend also, our local law enforcement agencies for their outstanding work. As indicated by Congressman Akaka, later on, Jerome Estavillo, who is the chief of the Investigations and Narcotics Control Section of the Hawaii Department of Health, will appear before this committee and report on his program.

Effective in a month, our department of health will begin operation of its narcotics diversion investigation unit. This is a major step at the local level to attack the drug blight on our society.

We are grateful to the Federal Government and to the DEA for the \$262,000 grant and many other assistances given in establishing this program. During the 2-year period of the Federal grant, the State of Hawaii will be contributing about \$313,000 toward the same program, bringing to bear more than half a million dollars in this effort.

I believe every single dollar will be well spent, and I am delighted that State government can participate in this drug fight.

Also important, is the case and the treatment of the victims of drug abuse and other dangerous substances.

Tim Wee, who is the chief of the Alcohol and Drug Abuse Branch of the Hawaii Department of Health, will be a resource witness before this committee and will offer a detailed overview of what is being done in this field.

Out of these hearings can come hope for thousands of people whose lives might otherwise be blighted by the agony of drugs.

Out of these hearings can come refined law-enforcement techniques which may be able to chop off some of the tentacles reaching out of the drug traffic into so many aspects of life here and elsewhere.

And certainly, out of these hearings will come a new understanding and appreciation of the problems and the dangers that we all face.

This committee is embarked on a very noble mission and I wish you every success. And, I offer to you my congratulations.

Mr. Chairman, please let me know if I, or any member of my administration, can be of any assistance to you and your committee, while you are present here in Hawaii.

Aloha and mahalo.

Mr. AKAKA. Thank you very much, Governor Ariyoshi.

We would like to ask you some questions if you don't mind.

You mentioned in your testimony that we are receiving Federal moneys for these problems. Do you have an idea of what further assistance the Federal Government might be to the State of Hawaii?

Governor ARIYOSHI. I think that the nature of these hearings will make it very evident that there is a need for a very close working relationship between the Federal Government and the local authorities. I am very pleased to report that there already exists this kind of very close working relationship. The fact that this hearing is being held here is a further indication of the desire on the part of the Federal Government to work with our local law enforcement agencies.

I think that one thing that will become very clear as you listen to the witnesses who testify here is the need for this kind of cooperation. And, it is that which we seek and that which will make it possible for us to focus on the problem we have before us.

Mr. AKAKA. Thank you, Governor. May I call on Chairman Wolff.

Mr. WOLFF. Thank you, Governor, for a very comprehensive statement. I know that the committee is interested in learning how we can be of assistance to you in your State, since it is a port of entry for us on the mainland.

I should like to know if there are any requests that you have made in the past or that your departments have made that have not received a favorable response from the Federal Government?

Governor ARIYOSHI. We have attempted to provide our staff with a great deal of flexibility and I believe that this is an area where, aside from the involvement of the chief executive of this State, the people who are in the field, those involved in the daily contact with the criminal elements, are the ones who must be given flexibility and the freedom to operate without constantly checking back with the chief executive of this State. So, we have given that kind of flexibility. All the reports that I have received have indicated that there exists this kind of work relationship at the field level. I am very grateful for that.

Your presence here today is an indication of our understanding of the special problems that we in our State face because we are the port of entry and because so much of the traffic moves through our port here and our airport here. This kind of recognition is what I think will give a tremendous boost to our law enforcement officers, both local and Federal, who are stationed here in Hawaii. This is why I'm so grateful that you have brought your committee out and have taken the time to visit with us.

Mr. WOLFF. Thank you very much, Governor. There was one aspect, however, that I believe as one of our committee people indicated to me, that you have a domestic problem with the growing of marijuana here domestically. I understand that there was a request made for funds for control of the growing of marijuana. Am I correct in this?

Governor ARIYOSHI. Yes; there was and we have had some assistance in this area. We have been able to get permission, for example, to deploy the National Guard to assist the law enforcement agencies on each of the neighbor islands, in order to wipe out some of the products that have been growing out in the fields.

Mr. WOLFF. But, you did not make any request for funds for an eradication program that were turned down?

Governor ARIYOSHI. I don't recall specifically requesting for these kinds of funds. It might have been done at the staff level.

Mr. WOLFF. Thank you very much, Governor.

Governor ARIYOSHI. Thank you.

Mr. AKAKA. Thank you very much. I would like to remind the members that we are on a 5-minute rule for questioning.

We will now call on ranking minority member, Mr. Burke.

Mr. BURKE. Thank you, Mr. Chairman.

Governor, you mentioned in your statement that you had received \$262,000 from the Federal Government and DEA. Who did that money go to?

Governor ARIYOSHI. It has come to the State government and we are putting up about \$300,000 to make it possible for a total sum of \$500,000 to be used in this operation.

Mr. BURKE. Who has the responsibility of the use of that money and for what purpose is it used?

Governor ARIYOSHI. I do have someone who is going to be giving testimony and I would like to defer the specifics of the program to the gentleman who will be testifying on this.

Mr. BURKE. Well, in other words, it's transferred, then, technically out of the Governor's hands into some appointees of the government—of the State?

Governor ARIYOSHI. Yes. The nature of Federal funding in our State is that it comes through our office and we do make the request from our office. But once the funds come here, I try to give flexibility to the various departments to spend these funds in the best way possible and, especially in this area of criminal surveillance and activity. I think it is extremely important for that flexibility to go to the people out in the field. This is what I have attempted to do.

Mr. BURKE. Well, I think that's commendable, because I don't think the people in the field really get the assistance that they need. That's what my question is all about.

Namely, who has the responsibility of saying who gets it in the field?

Governor ARIYOSHI. Mr. Estavillo will be testifying a little later and he will be the one who can give you the details on what is being done. I would hasten to add that whenever we are dealing with any problems in this area, no one is ever going to say that they are totally satisfied with the funding that they have received. And, it's really no different from any other kind of request in any other program in the field that we operate.

Mr. BURKE. I have one other question. You said in your statement that at times the controlling of the flow of narcotics seems like an impossible one. But, you do go on and say, "instead of throwing up our hands, that there will be an answer." Could you give us some suggestions, perhaps, of what you think an answer might be? What is needed to stop the flow through the islands here?

Governor ARIYOSHI. I'm really not the expert that can give you this kind of great details. I would believe that the greater step up and the additional funds that are now being provided and this new unit that will be formed will be able to address some of the needs.

When I spoke about almost an impossible task that we are faced with, we have many people who came through. It is very difficult to keep track of everything and every person that comes through our airport and through our harbors.

Mr. BURKE. In other words, what you are suggesting is, then, part of the problem is assisting in customs, part of the problem is assisting the local law enforcement officers, and the real problem is one that we can talk about winning, but we've got to find the solution on how to win it.

It seems to me that you are not going to dry up the so-called river of death that we talk about unless we are serious about a task force of some sort. Is there a State task force to coordinate the efforts of the Federal and the local and State governments here?

Governor ARIYOSHI. There's a new unit that I spoke about, and this new funding is an effort to move in that direction.

Mr. BURKE. It's funded, but has it been organized yet? And, what's the name of it and how will it coordinate?

Governor ARIYOSHI. I'm going to have to refer you to the gentleman who will give testimony and will give you the specific of the people involved and the nature of their activities.

Mr. BURKE. Thank you very much, Governor.

Mr. AKAKA. Thank you very much, Mr. Mann?

Mr. MANN. No questions. Thank you, Mr. Chairman.

Mr. AKAKA. Mr. Gilman?

Mr. GILMAN. Thank you, Mr. Chairman.

Governor, I note in the reports from Hawaii police officials the indication that there's an increase in all aspects of drug trafficking. An increase in drug addiction, that it's estimated that there are anywhere from 2,000 to 7,000 drug addicts in the Hawaiian area. I'm just wondering, have you increased your personnel to take care of this problem? Have you increased the State expenditure to address the problem? And, if so, how have you done that? In what manner?

Governor ARIYOSHI. We have today, and I can't give you the numbers, but I can say to you that we have today more agencies that are involved in the drug abuse program. We have an advisory commission on drug abuse and controlled substances on the State level and under this program we have many organizations, some directly under the State and others which receive Federal and State assistance. Many private organizations are being involved in this program.

Mr. GILMAN. What's the title of that program, Governor?

Governor ARIYOSHI. We have the substance and abuse commission in the department of health. We also have a number of programs, and I can't give you all of the private organizations that are involved, which receive funding—State funding as well.

Mr. GILMAN. How much funds do you expend for narcotics trafficking control? In the State government?

Governor ARIYOSHI. I'm unable to give you those figures.

Mr. GILMAN. Approximately.

Governor ARIYOSHI. Not even approximately.

Mr. GILMAN. Do you know how many people are involved in your State agencies in drug trafficking?

Governor ARIYOSHI. No, I can't give you those figures.

Mr. GILMAN. Is there someone who will be testifying today who can provide that information?

Governor ARIYOSHI. There will be a Mr. Wee who is the head of our substance abuse effort, and he, perhaps, will be able to give you some of these figures.

Mr. GILMAN. Would you request him to provide that information for our committee when he testifies today?

Governor ARIYOSHI. I will.

Mr. GILMAN. We've also read some testimony about some reports with regard to domestic production of marihuana and the poppies that are growing in Hawaii. What is the State doing with regard to that domestic production?

Governor ARIYOSHI. Our State is a State where most of the enforcement—the police functions are handled on a county level. We do not have a statewide police force so we are a little bit differently organized from the rest of the United States. Our State assistance has been to the counties. For example, we had a series of raids, scanning the fields

on the islands of Hawaii and Kauai, where this kind of assistance was requested. We employed the National Guard to use some helicopters to go out and just destroy the fields and tear up some of the marihuana patches.

Mr. GILMAN. In your opinion, do the local police agencies have sufficient personnel and equipment to handle the narcotic problem in the Hawaiian area?

Governor ARIYOSHI. I am not an expert and I'm not familiar totally with the operations of the department. And, I believe there will be police officers, or, police chiefs from the various counties who will be giving testimony. I can only speak as a casual observer, but my personal observation is no.

Mr. GILMAN. If there's insufficient personnel and equipment, do you have any specific recommendations that you would like to present to this committee?

Governor ARIYOSHI. I think that the provision of greater funds to the various police departments is a step in the right direction.

Mr. GILMAN. Has the State done that over the past few years? Have you increased the funding to these local police agencies?

Governor ARIYOSHI. We do not fund these local agencies. All of the property taxes in our State are dedicated to the use of police—basically, police and fire protection in our State. We have been involved in grants-in-aid to the counties, but these are very general grants-in-aid and we have not entered into categorical grants-in-aid, except in very rare and specific instances.

Mr. GILMAN. Well, have you made any increase of funding through either categorical or general grants-in-aid to the local police agencies to assist them in their growing problem of narcotics addiction or narcotics trafficking?

Governor ARIYOSHI. We have not, and I want to point out that ours is a very different kind of State again. And, our State is the only State which is involved in doing many of the things that ordinarily are done on the county level. And, I think you should be aware of the fact that in our State, this is the only State, that we have school, social services, human services all performed totally on the State level. And, we believe that the funding to take care of the program on the county level, basically out of the property taxes, is the responsibility of the counties.

Mr. AKAKA. Mr. Gilman, the time is up. I'll have to stop you.

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

Mr. AKAKA. Mr. Rangel?

Mr. RANGEL. Thank you, Mr. Chairman. I want to thank the—certainly not the engineer. [Laughter.]

I want to thank the Governor for his presence this morning. I think that your presence here indicates the priority that you are giving this very serious problem and, certainly Congressman Akaka has been very vocal in connection with our committee in trying to see whether he can help you bring some solutions to it.

What do you, Governor, see as the major narcotic abuse that you have here in the islands?

Governor ARIYOSHI. Are you talking about the type of use?

Mr. RANGEL. Yes. With the exception of marihuana, I would like to know as an observer, what do you see as the drug that is being abused more here?

Governor ARIYOSHI. I would—I'm not an expert in this field, but I would say to you that I think the—all of the drugs that we have available are—

Mr. RANGEL. Well, we have to start somewhere and we need a little direction. And, I suppose we will be relying on your experts to point us in the right direction. But, if you are attempting to treat those people that have abused drugs on the State level, do you have rehabilitation, State rehabilitation centers?

Governor ARIYOSHI. I really don't feel that I'm competent to give you the details of the treatment programs we have. I would like Mr. Wee—

Mr. RANGEL. We will look forward to getting this type of information from the staff. And, I assume, Mr. Chairman, that they will be testifying this morning?

Mr. AKAKA. Yes, they will be.

Mr. RANGEL. Thank you, Governor.

Mr. AKAKA. Mr. Evans?

Mr. EVANS. Thank you, Governor, I, too, would like to thank you for appearing and testifying for the committee. It's very difficult for me to see how anybody could be addicted to drugs in your beautiful State of Hawaii. It seems that there is so much here that no one would need to be involved with drugs.

But, I would like to inquire very generally into your law enforcement setup. I believe that you have four counties and, do you have individual police departments for each county and is there any problem with coordination in law enforcement with your four county governments in trying to stop the flow of illicit drugs?

Governor ARIYOSHI. There is a loose organization. The police chiefs of the four counties get together from time to time to discuss some of their mutual problems. We did have at one time—at the time that I became Governor of this State, we had in existence a criminal intelligence unit on the State level, a unit made up of just a few people who were attempting to coordinate the activities of all of the counties. We had some real problems of coordination here. The police chiefs in the various counties were very jealous of this group establishing a foothold, and as a result the cooperation that was necessary to make such a unit work was not there. Consequently, such a unit was abandoned and we no longer have this unit. I am concerned about the need for coordination. There is some, but I don't believe that there is the total coordination that I think is very essential.

Mr. EVANS. Thank you, Governor. I think that's important, because we have found through hearing testimonies in various parts of the country that organized crime has such a tightly knit, well organized group that they are more effective in trafficking than our law enforcement is in trying to break it up. I was wondering if you see the possibility of putting together any kind of Federal, State, or other group to coordinate the activities so that your police have the same kind of communications among their various units to combat this kind of closeknit group that exists.

Governor ARIYOSHI. I think I would like to see here some help from the Federal Government in attempting to bring about some of this kind of coordination.

Mr. EVANS. Do you see any possibility of any State legislation moving into this area which would create a drug enforcement unit to really coordinate the county police units?

Governor ARIYOSHI. Related specifically to the drug enforcement area, Mr. Estavillo, who is going to give some testimony—

Mr. EVANS. I would be glad to wait.

Governor ARIYOSHI. He will give you some details on what is taking place.

Mr. EVANS. Thank you, Governor. Thank you, Mr. Chairman.

Mr. AKAKA. Mr. Won Pat?

Mr. WON PAT. I don't have any specific questions to address to the Governor, except to say that the Governor should be commended for his deep concern of the problems faced regarding drug abuse in the State.

Thank you, Governor.

Mr. AKAKA. Let me ask the chairman for his comments.

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

Governor, let me express the thanks of our committee once again to you for appearing before us. I am sure that you've noticed that each of our committee members is very anxious to get at the details. We don't expect that you have at your fingertips all of the details, by no means. The important element is that you set a climate for us here and you set a climate for the law enforcement people of this area, in coming forth and stating your determination to do something about this problem.

And, the mere recognition of it is very encouraging to us, because there are places throughout our United States, and throughout the world for that matter, where the authorities are not as cooperative as you have been and as I'm sure you will be in the future.

So, we thank you very much for creating the basic climate where our people—both your people in the State government, as well as the local people and the Federal authorities can work harmoniously to bring about the solution that is desired. Thank you again.

Governor ARIYOSHI. Mr. Chairman, thank you very much, I would just like to repeat once again, that I'm very grateful for your presence here. You asked what the Federal Government can do. Your very presence here is an indication and recognition that our State is a different and very unique State and we have some problems which are very peculiar to our State. Your presence here is a recognition of that and I am very grateful. Thank you.

Mr. WOLFF. Thank you.

Mr. AKAKA. Mr. Chairman, thank you. I associate my remarks to the chairman; we reiterate our appreciation for your presence here.

Governor ARIYOSHI. Mahalo and aloha.

Mr. AKAKA. May I now call on Jerry Jenson from the Drug Enforcement Administration and John Y. Y. Lee, special agent in charge, of the Drug Enforcement Administration.

[Witnesses sworn.]

**TESTIMONY OF JERRY JENSON, REGIONAL DIRECTOR, DRUG  
ENFORCEMENT ADMINISTRATION**

Mr. AKAKA. May I ask our witnesses to please speak directly into the microphone.

Mr. Jenson, before you begin, will you please identify the other gentleman with you?

Mr. JENSON. Mr. Chairman, I am, as you indicated, Jerry Jenson, the Regional Director for the Drug Enforcement Administration, western region, which includes the States of California, Nevada, Hawaii, and the Territory of Guam. I have appearing with me here, John Y. Y. Lee, the special agent in charge of the Honolulu district office. I have the acting special agent in charge of the San Francisco office here, Mr. Albert Habib and, also, the special agent in charge of the San Francisco Airport operations in San Francisco.

Mr. Chairman, I too would like to welcome this committee to Hawaii. And, also stress the feeling that we have about the importance of the work of this committee. I think you will see before the conclusion of your hearings here, the very vital importance of Honolulu and the Pacific basin as it relates to the international drug situation in trafficking the various types of drugs that affect the citizens of the United States.

I would like, if I may, just to give a brief overview of the situation as I see it in my regional area. And, then, have—if I may, with your permission, have members of my staff here give you some specifics on what we see as to specific cases and the methods that are being used by the traffickers.

It may be of interest to the committee as to what we have seen within the last 12 months, from April of 1977 to May of 1978. We have had heroin seizures amounting to some 22,864 grams of white heroin that originated in the Southeast Asian area, the Golden Triangle area. That may not appear to be a great deal on the surface. However, when you look at it from a purity standpoint, when that heroin is being found to be at the purity level of somewhere between 90 and 100 percent pure, and the street level usage in the United States is down to an average of less than 5 percent purity you can multiply that quantity by at least 20.

Mr. RANGEL. How many kilos is that?

Mr. JENSON. It's 22,864 grams, which would make 22.8 kilograms.

Mr. GILMAN. What's the street value of that?

Mr. JENSON. The street value, once it's been diluted, would amount to somewhere in the neighborhood of \$23 million to \$25 million. In some areas, such as New York, the prices even double, so it could amount to somewhere around \$46 million to \$50 million.

Now, we have had in my region during this same period of time, 39 investigations that involved—24 of which involved operations through Honolulu. Again, this is Southeast Asian heroin. I might also point out that during this same period of time, the region confiscated in excess of 64 kilograms of brown Mexican origin heroin. However, the purity of that heroin was considerably less. Averaging even in one major case, where we confiscated some 26 kilograms, the purity ranged

between 2½ and 5 percent as opposed to the average of 90 to 98, even to 100 percent in the white heroin.

Therefore, again, as I stated, we cannot overstress the importance of the Southeast Asian heroin traffic. And, certainly it includes, as I pointed out, Hawaii, in which 24 of our 39 cases involved trafficking through Hawaii. Those cases, the majority of them also involved the cities of Los Angeles, San Francisco, Vancouver, Canada and in one significant case involved some organized crime figures from New York as well.

The Pacific basin is not only involved in heroin traffic as we are also seeing cocaine traffic coming from South American countries passing through Tahiti, and, then, on into Hawaii and from Hawaii to mainland United States.

One other item of significance is the reverse trafficking, where cocaine is coming into the United States, the mainland, and then, into Hawaii for distribution here.

I might point out that just yesterday we made a case at the International Airport here, involving 1 pound of cocaine that came from the mainland. So, the traffic does not flow just in one direction. It flows in both directions.

The marihuana situation has been touched upon. We have not seen a great quantity of marihuana originating in Hawaii, coming into mainland United States. There are estimates of some 100 acres of marihuana in cultivation in Hawaii. But, the marihuana is in great demand, even though we haven't found indications of large quantities of it going into mainland United States. The price of it is four to five times higher than what you find for marihuana that comes out of Mexico and South America, out of Colombia. With the figures ranging from \$800 to as high as \$2,500 for a pound.

Another interesting situation that we find in the region is the movement of other types of drugs, particularly amphetamines, coming from the mainland United States through Hawaii and, then, on to foreign countries, in particular to Japan. John Lee will be touching on that later. He has just returned from a conference in Tokyo with Japanese officials, where they have expressed a great concern about the drugs flowing in that particular direction.

What we have done to try to deal with this very serious problem, an increasing problem with the reduction of the brown Mexican heroin, as you know the purity has been reduced significantly as a result of the eradication program in Mexico. The availability of the brown heroin is going down, continually going down. Therefore, we see a move to try to increase the supply or the availability of the white heroin. The traffickers are trying to establish routes and connections with the traffickers and suppliers out of the Southeast Asian countries.

The DEA has established a top 10 violator program and we've expended a great deal of time in trying to identify the most important top 10 individuals that are involved in this particular trafficking operation.

We have been successful in making cases against two of these people. One of the individuals has fled the country out of Thailand and is now in hiding in—we are told in Burma.

The SAO/SEA program, which we have—SAO/SEA is a special action office, Southeast Asian heroin, which is patterned after what

we've had working with the Mexican authorities in an effort to reduce the availability of the brown heroin, is underway. That is a national program and, in this region, we have identified over one-half of the violators of that entire program which amounted to 150 violators operating in region 14. The remaining 150 are in region 16, which includes the Southeast Asian countries, primarily Thailand and other parts of the United States.

One of the most critical problems that we face in this area—

Mr. GILMAN. Could you explain that SAO/SEA program that you have talked about?

Mr. JENSON. Yes, sir. It's a special action office recognizing what appears to be developing and what we project will happen with the reduction of the availability of brown Mexican heroin and increased trafficking or demand for the Southeast Asian heroin. This is a special emphasis program, where we have dedicated a certain number of people and other resources to work solely on trafficking and organizations involved in the movement of the white heroin.

I have, in the Los Angeles region, an entire group of agents that are in the city of Los Angeles, working solely on this particular operation. They also work very closely with the other district offices, such as here in Honolulu and the Guam office, in an effort to develop intelligence and eliminate these particular organizations.

Mr. WOLFF. May I ask the members, in interest of saving time, to please refrain from asking questions until the witness is through with his presentation.

Thank you.

Mr. JENSON. I noted your questions concerning the cooperation in Hawaii between the various law enforcement agencies that have a role to play in drug enforcement. And, I must say that we have excellent working relations with the various agencies here, both at the Federal level with the U.S. Customs Service, with the Coast Guard, and with the State and local organizations. I almost overlooked the ATF. We have a lot of operations with the ATF. We have found that quite often the traffickers in heroin are also involved in other illegal activities that would fall within the jurisdiction of these agencies.

There are regular meetings between the DEA, the other law enforcement agencies, the Federal agencies and the island chiefs. These meetings are held on—they are held in the different locations throughout the different counties of Hawaii. Specific cases are gone into and plans are made so that there is a coordinated effort to eliminate—immobilize these organizations. And, we have been quite successful in some of these undertakings.

The diversion investigations unit that the Governor mentioned is a new initiative. One of the problems that we've found in Hawaii, and particularly in the Honolulu area, has been the diversion of legitimately produced drugs, such as the amphetamines, through the pharmacies and through practitioners that sell these without the proper medical relationship of a doctor-patient relationship.

This is a program that we have with a number of the States back in the mainland, and has been highly effective. We have met with the officials here in Hawaii to work out a plan to identify targets and to establish a formal program. I will be returning here August 1 to sign a formal agreement, which will spell out specifically the roles of the

different agencies. These are tailored programs to meet the situation in each of the States. Therefore, what we are doing in Nevada obviously would not be appropriate for here. We are certain that this will be another very successful program.

One of the other major areas that the Federal Government is involved in is in the area of training. We just concluded a 2-week training program here in Hawaii. Some 65 police officers received training. Some of the officers were—most of the officers were from the Honolulu Police Department. The others came from the other four counties, as well as some coming from Guam and, then, we also had military personnel that are involved in drug enforcement activities that attend this school.

That basically is an overview of what we are doing in the individual program areas. I would like, if I may, have one of the agents—the agent in charge of our San Francisco office give you some more specifics regarding what we are encountering as to techniques that are being used by the traffickers and what efforts are being made to detect these traffickers or smugglers through our cooperative efforts with the U.S. Customs Service, etc.

Mr. AKAKA. Mr. Jenson, thank you very much.

We will divert from our regular procedure at this point to ask that you continue later with the rest of your testimony.

At this time, we would like to call to the stand, a witness who was previously involved in narcotic trafficking in Hawaii.

The witness will be here in a couple of minutes.

Mr. WOLFF. I think that it's necessary at this point to understand that in order to keep the witness' identity secure and to see to it that the witness' safety is insured, we have had to exert certain measures of security here in order to maintain the anonymity of his identity. And, therefore, that's the reason for the precautions that are being taken.

While we are waiting here, I just might say that I think it's important to understand that this is not histrionics that we are engaged in here. This is a dangerous business, narcotics and the narcotics enforcement business. Due credit must be given to all of those who are in the enforcement field. They risk their lives on a daily basis and get very little credit.

And, when a witness does come forth like this, it is important for us to be able to obtain his testimony and to screen his identity so that he, too, will not become a target. The important element here is the fact that there has been much violence that has been connected with narcotics trafficking of recent date. Not only here in Hawaii, but throughout the world. In fact, right now in the Netherlands, where there is a grab for power in the narcotics world and a grab for trafficking operations, there are almost daily killings among the triads who are trying to control the traffic in that area.

In Boston, just the day before yesterday, five men were killed. It's alleged that these were part of a narcotics trafficking operation. So that it may seem that this is a dramatic attempt here, but it is part and parcel of the daily operations of our people and many of the narcotics people who operate undercover—under very deep cover to protect their identity and our own investigators of the committee who have to do likewise.

[Witness sworn.]

## TESTIMONY OF AN ANONYMOUS WITNESS

Mr. AKAKA. You may proceed, Mr. Witness.

The WITNESS. I was told there would be questions asked.

Mr. AKAKA. There will be questions asked. Will you please speak directly into the microphone?

Mr. WOLFF. Would you describe for us—we understand that you have been engaged in trafficking through Hawaii. Would you describe for us, if you will please, some of your activities in the past?

The WITNESS. Well, I was involved in transporting amounts of heroin to the United States, and first stopping here in Honolulu with them. My involvement in this came while I was doing graduate studies in chemistry. I was asked to help convert narcotics. At a later date, I was asked by this—well, a gentleman I had met through school, I was asked to—would I be interested in taking trips to the Orient and purchasing heroin and bringing it back. I agreed to this and I made, oh, about four trips doing this.

My first trip, he asked me to just go there and gave me a list of clubs and other places to stop into where I could inquire into buying it.

Mr. WOLFF. This was someone from Hawaii?

The WITNESS. No, this was someone from the mainland.

Mr. WOLFF. The mainland?

The WITNESS. The mainland; that's correct.

He asked me to make the trip and he gave me approximately, oh, about \$3,000 to \$5,000 to purchase airplane tickets and hotel accommodations, in Hong Kong. I made one trip and he had also given me a list of clubs to go to—nightclubs and hotels where I could inquire into the purchase of the heroin.

I made a trip. I made a contact just by asking around. And, I asked girls and prostitutes where I could buy this. They introduced me to a gentleman who would sell it to me. He sold the heroin to me at approximately \$175 per ounce. My first trip, I bought about 6 or 8 ounces of it to find out—making such I could get it back into the States.

Mr. WOLFF. How long did it take you to make the first buy?

The WITNESS. It took me 2 days to make a contact.

Mr. WOLFF. In Hong Kong?

The WITNESS. Yes, in Hong Kong—about a night and a day. And that afternoon, I think it was afternoon or evening, I purchased the heroin from one oriental gentleman.

Mr. WOLFF. You, then, proceeded back to the States?

The WITNESS. That's correct. After purchasing it, I got on a plane—made reservations, got on a plane, the plane came through Japan and Manila and, then, landed here in Honolulu, my point of entry back into the United States.

Before landing, I just put the heroin over my—spread it around over my body, in my socks, pockets and like that, and just came through customs with it.

Mr. WOLFF. There was no attempt made to search you?

The WITNESS. No, there was no attempt to search me. They just casually looked into my luggage and I went on through.

I returned to the mainland where the gentleman who had originally given me the money contacted me at my home. Upon my return to

home, he contacted me and asked me to—told me he would be by in a few minutes. So, he came by and picked up the heroin from me and told me he would pay me upon returning. And, he returned in about 2 hours and paid me about \$800 at that time.

Mr. WOLFF. That was back on the mainland, correct?

The WITNESS. That's correct. All of this stemmed from the mainland. I made no contacts or anything here in Honolulu.

Mr. WOLFF. Why did you stop here in Honolulu?

The WITNESS. It just happened to be the point of entry. It was the way the plane was. I didn't think of going anywhere else.

Mr. WOLFF. Were you told that Honolulu was any easier than going through Alaska?

The WITNESS. No, I was not. I think the primary interest in me coming to Honolulu was it was more cheaper than going anywhere else.

Mr. WOLFF. And you made several subsequent trips after that?

The WITNESS. That is correct.

Mr. WOLFF. You were not apprehended—

The WITNESS. I was not apprehended on none but my last trip.

Mr. WOLFF. How did that occur?

The WITNESS. The apprehension or the other trips? Which are you referring to?

Mr. WOLFF. The other trips.

The WITNESS. Well, the other trips came at a later date. He asked me to go again about 1 month later. And, in going at this time, he asked me to try to purchase more heroin at a cheaper price. He also knew of two other—there were a total of four groups of people on the mainland who were importing heroin also. He wanted me to try and find out where these other people were buying heroin from. So he waited until the time that he knew one of them were over there and he sent me over at that time and asked me to kind of watch the guy and see where he goes.

So, I came over and I followed the guy on a couple of occasions. I couldn't really determine where he went. So, I just went into every club behind him. I didn't seem to be getting results that way, so I contacted the person who I had first purchased my heroin from in Hong Kong and I talked to him about the price. And, I got the price lowered. He told me he could lower the price according to the amount I bought.

So, on my second trip I told him—at that time, I told him I would take, oh, up to 1 pound. So, in purchasing the pound he had lowered the price to about \$80 an ounce. I purchased that. I brought that back again. And, again, I put it in my body. Just hid it in any spot I could find to hide it on my body. Put it on my back, taped to my stomach. Anyplace. Put it in my socks, packed it in small amounts up in the tips of my shoes. I had no problems passing customs that time either. I just came straight through. The same process again. I would go home and he would contact me and come to the house and pick it up. He might pay me some amounts of money at that time. He would return later and pay me the money again.

Again, he asked me to go about—oh, I guess maybe about 1 month later. But, this time he had different ideas on how to bring it back.

He wanted me to purchase a set of golf clubs and hollow them out and put things inside of golf bags. Buy a set of curtains because of a particular box that these curtains were packed in. We could lay some out in the bottom of the box. And, also, he suggested many other methods. But he told me to try to—he gave me about four different methods to use and suggested if I could think of any, also those.

But, at that time, he wanted like 5 or 6 pounds. We came up with the idea of using a cast. So, we put on a cast and I went over there with a cast on and I carried materials for making another cast. After I got there, I contacted my contact there in Hong Kong again, and told him this time I wanted 6 pounds. He sold it to me at about \$65 or \$75 an ounce. I packed about 3 or 4 pounds in the cast. The rest I hid over my body in various places.

Mr. WOLFF. This was all in Hong Kong?

The WITNESS. That's correct.

Mr. WOLFF. Making your purchases?

The WITNESS. That's correct.

Mr. WOLFF. Why didn't you go direct? Why didn't you go to Thailand to pick it up?

The WITNESS. Well, I couldn't take—they said it was much harder in Thailand to get it and with the price coming down, that we were totally satisfied with Hong Kong. So, I didn't want to try anything else that I didn't know about, or try to venture into anything else. I just used Hong Kong all the time.

Mr. WOLFF. When you came through with the cast, were any questions asked of you?

The WITNESS. No. No more than just the Customs agent asking me what happened to my leg and I told him I broke it, I said that I broke it in an accident. He just made a subtle comment and ignored it. And, then, he looked through my luggage and I went on. No problems again.

Mr. WOLFF. Is that the cast that you used?

The WITNESS. Gee, it was similar to that. Not exactly.

Mr. WOLFF. How was the heroin hidden?

The WITNESS. A small amount was wrapped—the cast was put on slightly—it was a thin layer and then the heroin was placed in plastic packages and lined all around through the cast. Anyplace I could put it in the cast. It was primarily up higher where my pants leg was over it, so it left a slight little bulge. And, then, some more of the cast was wrapped around and I just let it dry for a couple of days and, then, I left again.

Mr. WOLFF. That was your third trip that you took?

The WITNESS. Yes. That was my third trip.

Mr. WOLFF. How much did you manage to get in that time?

The WITNESS. That trip, I think I brought back about 6 pounds of heroin. Maybe a little over.

Mr. WOLFF. How much did you get for that?

The WITNESS. I got \$3,000 for it.

Mr. WOLFF. Do you have any idea of how this was distributed? In other words, was your contact only with one man?

The WITNESS. My contact was with two people, or three, primarily. It was with three different people. They handled—after I brought it back, they took care of distributing it and selling it and all the sales.

And, then, they would just come back and pay me like a percentage. They just paid me one price off of the heroin. He told me whatever money he made he would share it with me.

I later found out that he had made much more than that. But, he only paid me \$3,000. Subsequent trips were as high as maybe \$1,000.

Mr. WOLFF. What happened on the fourth trip?

The WITNESS. On the fourth trip, I had purchased about 2 pounds and distributed it all over my body again. And, in coming in, they lost my luggage at the airport. I don't even know if my luggage arrived here. I made an inquiry into my luggage to one of the Customs agents and from there, I guess he may have gotten suspicious. But, they found my luggage, they brought it in and, then, they pulled me over to the side and asked me to, you know, to open my luggage and go into a room and disrobe. And, they searched me and that's when they found the heroin.

Mr. WOLFF. How much were you carrying that time?

The WITNESS. A little over 2 pounds.

Mr. AKAKA. In what span of time did this happen?

The WITNESS. This happened from about—oh, the span of time was about 6 to 7 months.

Mr. AKAKA. The first, second, and third time when you entered Honolulu, did you feel that the Customs people were not investigating as well as they should, when they did not apprehend you?

The WITNESS. No. I felt—I tried to also pick times when a lot of people would be traveling. And, there was just such a large amount of people there that I thought it would be easy to get through.

Mr. AKAKA. Did your mainland buyer know the name of the contact in Hong Kong?

The WITNESS. No; he did not. He did not know their names. He just more or less wanted me to find out who these other people were buying from. There were about four groups of people, consisting of about three to four people per group, who were carrying narcotics at that time. Two of these groups of people were sending people to Hong Kong on many trips. They probably had about four or five different runners.

Now, these two groups would jack the price up and sell to the other guys at a wholesale price. These other guys thought they could do better, so that's why they wanted to start sending someone there. And, this was their reason in asking me to go and try to make a contact. They cut out their high cost of the narcotics.

Mr. WOLFF. When you were coming through this area, did you make any contacts with any people here?

The WITNESS. Never. No.

Mr. WOLFF. Well, wasn't it a pretty good area—since you were able to get in here, wasn't this a pretty good area in which to do business?

The WITNESS. I don't know. I had never sold any narcotics. I wouldn't know. I didn't know about selling them, or how to sell them or anything.

Another factor for coming here was also this was a large tourist place. There would be a lot of people in and out of here and that was the main idea.

Mr. WOLFF. Did you ever think of going into business for yourself?

The WITNESS. No. I wouldn't know what to do with it.

Mr. AKAKA. You mentioned that because of the large tourist traffic here, this was an easier place to get into. Where there any other reasons for coming through Hawaii?

The WITNESS. No; none other than the fact that there were so many people here and it would be harder to find something on any one person. I felt like I wouldn't be concentrated on here. Whereas if I went into San Francisco, they might only have one or two flights in there going through customs and, you know, the number of people would be much smaller. So that where they could concentrate more on any one person. Whereas here, it would be like 500 or 800 people going through at one time.

Mr. AKAKA. Mr. Burke?

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

You stated that you were approached by someone. Did you know that someone?

The WITNESS. I had met him through a fellow student at school.

Mr. BURKE. How many students were involved in the same thing you were involved in?

The WITNESS. As far as I knew, myself and one other.

Mr. BURKE. Also, you stated that you were a graduate student?

The WITNESS. That's correct.

Mr. BURKE. As a graduate student, you must have been pretty well versed on the laws and legality of it and the illegality of it. What was your real motive, then, knowing that you might very well get into serious trouble and, not only as a graduate student, but even might have been precluded from continuing your chosen field?

The WITNESS. Well, the main thing that got me in it was the need for money. And, that was about the whole issue. I needed money to continue school and to live.

Mr. BURKE. How long ago was this?

The WITNESS. Oh, about 4 years ago.

Mr. BURKE. Have you had any occasion since that period of time to determine whether or not the customs' procedures are any different than they were then?

The WITNESS. No; I've never had an occasion to notice them or any desire to find out.

Mr. BURKE. Well, then, as far as you're concerned there may have been some changes as far as the customs' operations now, as compared to when you were bringing this stuff in?

The WITNESS. Yes; there may be. I wouldn't know any changes.

Mr. BURKE. You also mentioned that the contact was made in the mainland. Were you going to school in the mainland then?

The WITNESS. Yes, I was.

Mr. BURKE. Did you contact any of the students here in Hawaii?

The WITNESS. No; I did not.

Mr. BURKE. Now, with regard to your moving back and forth, you had to have a visa, didn't you?

The WITNESS. Yes; I had a passport.

Mr. BURKE. Well, you had a passport, but also, you had to use the passport when you came in to show your American citizenship?

The WITNESS. That's correct.

Mr. BURKE. Did anybody question you with respect to the amount of movement back and forth that you made in such short period of time?

The WITNESS. No; no one ever questioned it. Generally, the passport was just stamped and you were sent on. They didn't really look at it. They looked at the name and the picture on one or two occasions, but they just stamped it and I went right on.

Mr. BURKE. Now, if I recall right, back in the time you're talking about, you did have to have a visa to get into Japan, and to get into other areas. And, Hong Kong also. Where did you apply for those visas?

The WITNESS. I applied for my passport in the mainland.

Mr. BURKE. I understand that. But, you had to have a visa to go into Hong Kong and you had to have a visa to go into Japan 3 or 4 years ago.

Mr. WOLFF. If the gentleman would yield?

Mr. BURKE. Yes; I'd be glad to.

Mr. WOLFF. How long did you spend in Hong Kong?

The WITNESS. No more than 4 to 5 days.

Mr. WOLFF. Only 4 to 5 days?

The WITNESS. That's all.

Mr. WOLFF. Well, then, if the gentleman would yield further. Transit throughout Hong Kong does not require a visa, nor does transit overnight in Japan.

Mr. BURKE. I understand that. But, back in the days when he was there, I'm not so sure his was necessarily a transit, because he stated that he was in the area considerably longer than just being there overnight. Particularly in Japan.

The WITNESS. No; not in Japan. All stops in Japan were just stops for overnight.

Mr. BURKE. All right. The contact, then, was made in Hong Kong. And, you said you spent some time in Hong Kong.

The WITNESS. The most I've ever spent in Hong Kong was 4 days. Nothing was mentioned to me about the requirement of a visa. Only my passport was called for.

Mr. BURKE. How did you make the contact over there so quickly with the prostitutes and the others you said—

The WITNESS. It was just that easy. There is no problem in getting it or finding anyone to sell it to you. They are reluctant to selling anywhere over, let's say 8 ounces. But, there was no problem in purchasing 8 ounces. You could buy it as easy as you buy a pack of cigarettes.

Mr. BURKE. When you were approached in the States, I think you indicated that it was through another student?

The WITNESS. That's correct.

Mr. BURKE. And, as far as you know, that was the only other student in the school that was involved in this. Were there any other couriers that you may have met in your traveling operations to and from these areas, that you might have recognized?

The WITNESS. Yes, there were.

Mr. BURKE. How many?

The WITNESS. There were about four other couriers that I knew.

Mr. BURKE. Who did they work for? The same fellow?

The WITNESS. No; they worked for one of the other groups.

Mr. BURKE. Were any of these groups Japanese or Chinese connections?

The WITNESS. No; they were not. They were all based out of the mainland.

Mr. BURKE. Nothing else.

Mr. AKAKA. Mr. Mann?

Mr. MANN. Did you get involved in the use of heroin yourself?

The WITNESS. No; I did not.

Mr. MANN. You mentioned your chemical training as having something to do with making this connection. Did you use it in connection with the heroin business at all?

The WITNESS. Yes; at first—the original request came from the gentleman to convert a substance that he thought was a paste from cocaine. And, he wanted me to derive the cocaine from it.

Mr. MANN. What happened to that?

The WITNESS. It worked out, but it yielded such a small amount that it wasn't that profitable to him.

Mr. MANN. Did you get involved in any other chemical activities with reference to drugs?

The WITNESS. No, only as far as trying to make a substance that could dilute the heroin. Cut, they refer to it as a cut for diluting the heroin.

Mr. MANN. But, that didn't continue either?

The WITNESS. No; the profits were too low and it took up too much time he felt like. This was why the recommendation to go to Hong Kong came up.

Mr. MANN. I see. Thank you very much.

Mr. AKAKA. Mr. Gilman?

Mr. GILMAN. Thank you, Mr. Chairman.

Mr. AKAKA. Before Mr. Gilman speaks, I want to acknowledge the presence of another Member of Congress, to my left, Kika de la Garza of Texas. Also, in the audience, there are two other Congressmen, L. H. Fountain of North Carolina and Larry Winn of Kansas. Tennyson Gayer of Ohio also is here. If you wish you may join us on the stage.

Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman.

After your last trip that you made—I think you said you made four trips, did you engage in any other trafficking?

The WITNESS. No; that was the only business I had in it was the purchasing of it in Hong Kong and transporting it back to the mainland.

Mr. GILMAN. What was your total amount that you transported in all four trips?

The WITNESS. I would say approximately 10 pounds.

Mr. GILMAN. And, what was your total profit that you netted as a result of those four trips?

The WITNESS. About \$9,000.

Mr. GILMAN. Did you know where the narcotics were being distributed after it left you?

The WITNESS. Slightly.

Mr. GILMAN. Where, roughly, was the distribution?

The WITNESS. It was in the area of—that I delivered it back to him on the mainland.

Mr. GILMAN. On the mainland?

The WITNESS. That's correct.

Mr. GILMAN. Western coast or eastern coast?

The WITNESS. The distribution probably went from midwest coast to west coast.

Mr. GILMAN. You said your distributor was part of a group. Did you know anything about his group?

The WITNESS. Yes; I did. These groups were of people that had been around in this area. That particular area that—where I returned the narcotics to. They had been in that area for some time.

Mr. GILMAN. What if a large group? A small group?

The WITNESS. The group consisted of a total, I would say approximately of 10 to 15 people.

Mr. GILMAN. Had they been in the business for quite a while?

The WITNESS. Yes; they had.

Mr. GILMAN. Just in heroin or were they involved—you mentioned you were doing some paste for them, were they also involved in cocaine trafficking?

The WITNESS. Yes; they were.

Mr. GILMAN. In any other trafficking that you knew about?

The WITNESS. No; I don't know for sure. I knew of cocaine and heroin positively, though.

Mr. WOLFF. Would the gentleman yield?

Mr. GILMAN. Yes.

Mr. WOLFF. Did you bring in any hash oil at all?

The WITNESS. No, none.

Mr. WOLFF. Thank you.

Mr. GILMAN. One thing that troubles me, you say this is an older group and they've been involved in distribution. How is it that they didn't tell you to go to a specific source and asked you to go out and explore for sources?

The WITNESS. Well, as I stated before, there was a total of about 12 to 15 people. But, they were divided in groups of about four. Now, one group would import and sell to the other three. And, there were two groups that were importing, but one group would have it and they would sell to the other three. Then, maybe one of the other groups would sell to the other three.

Mr. GILMAN. But, they were all part of one large—

The WITNESS. One large ring; yes.

Mr. GILMAN. Yet, they had been in business for quite a while and they were sending you out to look for new sources.

The WITNESS. No. One of the other groups decided to branch out and expand, you might say, so he would not have to pay the cost to the other group for buying the heroin. It would cut down on his overhead if he just sent someone to go and get it. That was the purpose of it.

Mr. GILMAN. They had never purchased from that area before?

The WITNESS. No; they had never purchased from Hong Kong before.

Mr. GILMAN. Did you have any way of determining what the quality was and what the strength of the heroin was that you were purchasing? Whether it was actually white heroin?

The WITNESS. Well, I had a slight test I used with maybe some bleach or something. I couldn't really carry anything to test over in Hong Kong. But, as far as on returning, he told me don't worry about testing, that he would take it out and find someone who used it. On one occasion, he took a sample out and he found some local heroin addict to shoot it up and I know it killed him.

Mr. GILMAN. He was killed as a result of the heroin you brought back?

The WITNESS. I was told later that he overdosed with the heroin. He killed himself.

Mr. AKAKA. Mr. Rangel?

Mr. RANGEL. Thank you, Mr. Chairman.

I get the impression that your criminal activities were restricted to the testimony?

The WITNESS. That's correct.

Mr. RANGEL. When you were arrested, you mentioned the fact that you had lost your baggage in customs and then customs became suspicious. Could you elaborate as to what you believe led to your arrest, or apprehension by customs?

The WITNESS. Well, when I departed from Hong Kong, I don't know whether the baggage had gotten on the plane. So, upon arriving in Honolulu here, I—the first gate we go through where the gentleman stamps your passport, I told him I didn't think I had any baggage because it may have been left in Hong Kong. At that time he was looking at my passport and he told me, well, wait a minute and come with me. He took me to another gentleman and the other gentleman looked at my passport and asked me where I had come from and I told him. And at that time one of the—I guess someone working for the airlines there, told me that they did have my baggage, and it would be coming up through the turnstile in a few minutes. So, upon picking up my baggage and going through customs itself, the gentleman tapped me and asked me to come with him and he went through my baggage thoroughly. And, after that, then, he asked me to go into a room and strip. I believe this was primarily because of the luggage. If I hadn't had the luggage problem, I don't foresee I would have had to go through that many people.

Mr. RANGEL. I don't understand. The fact that you lost luggage, why do you think that they would ask you to disrobe? Was there anything that they found in the luggage? Were there questions that they asked you concerning your passport?

The WITNESS. It may have been that they really looked at the passport and noticed the amount of trips and the time elapsed between trips. And, it probably just looked suspicious to them at that time. I believe they had a chance to really look closer at that particular time.

Mr. RANGEL. Were many Americans making these types of trips? Did you recognize other Americans as you made these trips?

The WITNESS. Yes, I did. Yes, there were many others.

Mr. RANGEL. Did you have any reason to believe that some of them might have been involved in heroin transactions?

The WITNESS. It's highly likely. I know that I was not the only person going for the particular person who hired me to go. I was not the only runner, you might say, that he had.

Mr. RANGEL. I'm saying when you were in these circles, these night-clubs and trying to solicit the sellers, did you see other Americans doing the same type of thing in Hong Kong?

The WITNESS. I saw them in the nightclubs but I don't know what their conversations were about though. I would suspect there was a great involvement in it.

Mr. RANGEL. Thank you, Mr. Chairman.

Mr. AKAKA. Thank you very much, Mr. Rangel.

Mr. EVANS?

Mr. EVANS. Thank you, Mr. Chairman.

Mr. Witness, other than the death you were told occurred, did you ever after the heroin was brought back into the United States, determine in any way the purity of what you had brought back? Did you have any way of knowing from observations, approximately, the purity?

The WITNESS. Not just by looking at the heroin. I could have tested it for purity, but I never really had any desire to. There wasn't any question about it.

Mr. EVANS. Would the death have resulted from more pure heroin, rather than from some foreign substance in it, in your opinion?

The WITNESS. From more pure heroin, not being cut. The amount of heroin in it, I believe, was not cut far enough. I don't believe the death was as a result of any foreign factor in it.

Mr. EVANS. I see. And, your testimony was that the heroin was readily accessible in Hong Kong?

The WITNESS. Yes, it is.

Mr. EVANS. Is that the only place you bought it?

The WITNESS. Yes, it is. That's the only country I ever purchased any in.

Mr. EVANS. The group that you were associated with, was this a group that was only affiliated with organized crime, or was this a group of students or business people, or what?

The WITNESS. From what he told me, they were organized crime and they were funded—if they didn't have enough money to do anything, they had someone who would fund them money, I know. He could get large amounts of money overnight or within a couple of hours.

Mr. EVANS. Were any of these people apprehended as a result of your being apprehended?

The WITNESS. I don't know.

Mr. EVANS. All right. Can you tell us anything other than your limited experience with the heroin traffic? Did you learn anything in particular about other methods of getting heroin into the United States or about the amount that's available? Or, anything else?

The WITNESS. No. I know that the amount was unlimited, that you could obtain over there. There was no limitation on the amount, as long as you could bring it back or, if you could get someone else to bring it back.

As far as other importation means, they had many that were listed. They had shoes that were hollowed out.

Mr. EVANS. Well, do you think that this one is one of the main ways of bringing heroin or other illicit drugs into the United States, by individual couriers like yourself?

The WITNESS. Yes, I think this is one large way. Yes.

Mr. EVANS. Thank you, Mr. Chairman.

Mr. AKAKA. Thank you very much, Mr. Evans.

Mr. NELLIS, do you have any questions?

Mr. NELLIS. Just a few.

Mr. WITNESS, you testified that on your first trip, when you went to Hong Kong, you had a list of nightclubs. Those, I take it, were furnished to you by your contact on the mainland?

The WITNESS. That is correct.

Mr. NELLIS. Did you ever ask him where he got that information?

The WITNESS. Yes. He volunteered that one of the other groups that were selling to him—he told me that one of the couriers—he talked to the courier and the courier told him that he bought it out of certain clubs and he would describe the club and the atmosphere that you could find there and what a good time he had at the club. So, that's how he found out the clubs.

Mr. NELLIS. In other words, he got the information off the record so to speak, from a competitor?

The WITNESS. That's correct.

Mr. NELLIS. And, he decided to branch out on his own with that information?

The WITNESS. Exactly.

Mr. NELLIS. Is that right?

The WITNESS. That's correct.

Mr. NELLIS. He gave you the list of these clubs and told you to go there and to see what you could score; is that right?

The WITNESS. That's correct.

Mr. NELLIS. Now, when you got to the first club, how did you approach the problem, which I take it is a real problem, of going around and asking somebody to buy some heroin?

The WITNESS. Well, he would give me enough money to spend and do anything, and I would sit in a club and watch the floor show and buy a lot of people drinks. I would tip the waitresses very heavily.

Mr. NELLIS. You were spending a lot of his money; is that it?

The WITNESS. That's correct.

Mr. NELLIS. And, how long did that period take and how much money did you spend?

The WITNESS. I probably spent about—oh, I would estimate about \$500 and—

Mr. NELLIS. In one night?

The WITNESS. No; over about two nights.

Mr. NELLIS. Over two nights?

The WITNESS. Yes.

Mr. NELLIS. The same club or—

The WITNESS. No, I went around to about four different clubs.

Mr. NELLIS. And, after the second night, I take it they recognized you as a pretty heavy spender?

The WITNESS. Yeah, I was more or less a high roller, so they—

Mr. NELLIS. Yes. Now what happened after that? Did anyone approach you or did you approach someone else?

The WITNESS. No, I had—I met a girl there at one of the clubs and I kept asking her about it.

Mr. NELLIS. What did she say?

The WITNESS. She said she was afraid to, because she could get into too much trouble. And, I assured her that all I wanted her to do was to introduce me to a person, I would buy it and I would pay her \$100, just for introducing me.

Mr. NELLIS. And, is that in fact what you did?

The WITNESS. That is. She agreed to it and I paid her \$100.

Mr. NELLIS. And, then, you met an oriental gentleman; did you not?

The WITNESS. Yes. She introduced me to the oriental gentleman.

Mr. NELLIS. Where was that?

The WITNESS. That was also in Hong Kong at the club. She called him and he came down to the club and we spoke a while.

Mr. NELLIS. Did he speak English?

The WITNESS. Yes, he did.

Mr. NELLIS. And, you hit it off well with him? Is that right?

The WITNESS. Yes, right way. That's why he only agreed to a small amount.

Mr. NELLIS. That was on the first trip?

The WITNESS. That's correct and, he sent someone to get it always.

Mr. NELLIS. OK. I want to know more about the transaction, Mr. Witness. When you first met him, in the club, you suggested to him that you were in the market for some heroin.

The WITNESS. That's correct.

Mr. NELLIS. And, he agreed to sell you some?

The WITNESS. Yes.

Mr. NELLIS. How did it go from there? Did he meet you at your room? Did he meet you in some alley or, how did it go?

The WITNESS. Well, he walked with me back to the hotel and he came up in the hotel. In my room and we discussed it more about price and I told him that if I could buy from him this time, I could guarantee him a certain amount over the next couple of months. That I would spend a certain amount of money with him. That I would tip him more money. So, he agreed to do—to sell me a small amount. He said he thought he could obtain a small amount for me.

Mr. NELLIS. I see. What you were saying, in effect, was that you would do a continuing business with him and that you would give him some tips over and above the price of the heroin?

The WITNESS. That's correct.

Mr. NELLIS. Now, did he speak fluent English?

The WITNESS. Yes, he did. Everyone there did, just about.

Mr. NELLIS. Did he indicate that he was a citizen of Hong Kong?

The WITNESS. Yes, he did.

Mr. NELLIS. Did he give you any information about the situation in Hong Kong with respect to narcotics enforcement? Was he scared? Did he indicate that he was apprehensive about his relationship with you?

The WITNESS. He indicated he was slightly—he was slightly apprehensive at first, but he took no chances. He never touched anything until it was brought into the room by someone else.

Mr. NELLIS. You went into a room and paid him?

The WITNESS. Yes. Well, I went into my hotel room. I generally got two hotel rooms. We do business out of one and the other one I would stay in.

MR. NELLIS. Now, how did that work? Did you give him money in advance?

THE WITNESS. Yes, I did. He would come to the room, we'd count out the money. We would agree upon price beforehand. So, we would figure out if I—you know, if I was buying it at \$80 an ounce, we would figure it 16 times 80 to equal a pound and I would give him that amount of money. He, then, in turn, took the money to a friend—to someone else who was right in the room. He gave it to them—

MR. NELLIS. Was this another oriental gentleman?

THE WITNESS. That's correct.

MR. NELLIS. And—

THE WITNESS. They spoke Chinese. And, he told me more or less that he was telling him to go get it and bring it back. So, we just sat in the room and had drinks or whatever. And, then, about 15 minutes later the gentleman would return with the package.

MR. NELLIS. But, his presence was security for your money? You weren't concerned about getting burned because he was there?

THE WITNESS. He was there all the time.

MR. NELLIS. Did that transaction occur each time?

THE WITNESS. Yes, that type of transaction was held each time. It was always done that way.

MR. NELLIS. One last question, Mr. Witness.

I'm sure you were aware before you went on your first trip that the buying and selling of heroin involves serious violence at times. Were you forewarned? Did they ask you to carry a gun or a blackjack or something?

THE WITNESS. No, they never asked me to carry anything. They just wanted to be sure that I could handle myself in certain situations, which I could. I only had one problem.

MR. NELLIS. What was that?

THE WITNESS. Well, I had two orientals try to jump me and take the money from me one evening.

MR. NELLIS. Was that near that nightclub that you talked about?

THE WITNESS. Yes, it was near an alleyway of a nightclub.

MR. NELLIS. But, you took care of that yourself?

THE WITNESS. Yes, there was no problem.

MR. NELLIS. You had no other problems about getting burned, is that right?

THE WITNESS. No; there were no others.

MR. NELLIS. And, the only place you really got burned was on the mainland, isn't that correct?

THE WITNESS. Yes. Well, the gentleman I was working for told me that he could only sell the heroin—wholesale it out at about \$800 an ounce.

MR. NELLIS. But, he was selling it for twice that, wasn't he?

THE WITNESS. Yes. Well, probably more than that, I would imagine. But, this was uncut heroin. It hadn't been cut or broken down or anything.

MR. NELLIS. Right. And, you subsequently learned that it was No. 3 heroin, am I correct?

THE WITNESS. Well, I—there were small amounts. Like, the stuff was packaged in, like, 30 or 40 different little packages. There was

some that was left over one time and I just gave it to someone and they came back and told me that it was. And, they told me what it sold for.

Mr. NELLIS. In other words, it was almost pure?

The WITNESS. Yes, it was. That's what his exact words were, that it was pure heroin.

Mr. NELLIS. Right. And, that's why you had an OD, and that's why you were told that somebody died from taking it; is that not correct?

The WITNESS. That's correct.

Mr. NELLIS. Thank you, Mr. Chairman.

Mr. AKAKA. We thank the witness very much for his testimony and comments. It will be helpful to us. I would also like to express the gratitude of the Select Committee on Narcotics.

Mr. NELLIS. May I also say, Mr. Chairman, this witness has been very cooperative with the staff and we are very grateful to you, sir, and the DEA, which went to extraordinary lengths to bring him here. Thank you very much.

Mr. AKAKA. Would Mr. Jenson and his group from the DEA please return to the witness stand?

We heard from Mr. Jenson and we are about to hear from Mr. Lee.

#### **TESTIMONY OF JOHN Y. Y. LEE, SPECIAL AGENT IN CHARGE, DRUG ENFORCEMENT ADMINISTRATION**

Mr. LEE. Mr. Chairman and Members of Congress, I would like to extend to you my warmest aloha and welcome to Honolulu.

Before I proceed to give my summary of my testimony, I would like to take this opportunity to extend to your chief counsel, Mr. Nellis, my appreciation for his guidance in the last 3 months in preparing me for this testimony.

Thank you, Joe.

Mr. NELLIS. Thank you, sir.

Mr. LEE. I would like to summarize for you the organizations that are involved in the heroin traffic. That will be national and international. There are three particular groups of interest. One is the so-called Czechoslovakian organization. These were Czechoslovakians that migrated to Canada, Honolulu and the west coast of the United States. Approximately 21½ years ago, an investigation was commenced between various offices of the DEA around the world, the Royal Canadian Mounted Police, Federal Police of West Germany and Thailand.

Approximately 2 months ago, the investigation was concluded with the arrest of two of the Czechoslovakians that were living in Honolulu and Thailand and, four Czechoslovakians were arrested in Frankfurt, Germany. This culminated the entire investigation. Four of the heads of the organization were tried and convicted in Canada and received life sentences.

I'm happy to report to you that the so-called Czechoslovakian organization has been totally immobilized.

The second organization that I would like to touch upon, which is a very serious concern to the law enforcement family in the State of Hawaii and the west coast, is the so-called Yakuza organization. These

are the Japanese criminals who belong to a sophisticated organization in Japan who are attempting to gain a foothold in the State of Hawaii and the west coast of the United States.

Approximately 5 years ago, DEA uncovered one individual here by the name of Wataru Inada or Jackson Inada, who belonged to a criminal organization in Japan, in Tokyo. He established a legitimate business in Honolulu and involved himself in the heroin traffic. The information was that he smuggled in approximately 16 pounds of heroin.

DEA, Kansas City office, and the Honolulu Police Department initiated a case and subsequently Jackson Inada was arrested. The day before he was to have gone to trial in Federal court, he and his paramour were assassinated in bed. They were killed by gunshots.

However, we do still have elements of the Japanese gangsters here in Honolulu. The threat is real. Therefore, about a week ago officials of DEA met with high ranking Japanese police officers in Tokyo, Japan, and had a very candid exchange of information. And, the Japanese police were concerned about this threat and has promised the United States that they'll give us the full cooperation as far as exchange of information, and has asked for future such conferences.

The third, and not least of the organizations, of course, is our local syndicate. They are very much involved in all types of criminal activities. Also, trafficking in heroin.

One example is that approximately 2 years ago, DEA again working with the Honolulu Police Department, initiated a case against six such individuals. They delivered a pound of heroin to a DEA undercover agent at the Punchbowl Cemetery. Subsequently—prior to the defendants coming to trial, one of the individuals was, again, assassinated by members of that organization. And, apparently that case is still pending. So, they are very heavily involved in the heroin trafficking.

And, that about concludes my summary of my testimony, sir.

Mr. AKAKA. Thank you very much, Mr. Lee.

The organization that you mentioned in your testimony, the Czechoslovakian organization, is it operating in Hawaii at this time?

Mr. LEE. Mr. Chairman, no. The so-called Czechoslovakian organization has been totally immobilized by the international cooperation of various law enforcement agencies. They are not operating. The last two subjects that were in Honolulu, distributing heroin in Honolulu, were arrested in Thailand due to information that we had given to the Thailand Government.

Mr. AKAKA. So, as far as you are concerned they have been fragmented and are not operating in Hawaii?

Mr. LEE. That's correct, sir.

Mr. AKAKA. The Yakuza that you mentioned, what is their current status in Hawaii?

Mr. LEE. They are not totally entrenched here yet. However, they are involved with the local syndicate and established a line, particularly in the area of—involved in heroin trafficking here in Honolulu. Gambling, prostitution. And, then, in reverse they are smuggling guns into Japan. Also, marijuana, LSD, and other types of drugs.

Mr. AKAKA. What are their personnel here in Hawaii? Do you have any idea?

Mr. LEE. That right now is pretty hard to determine. From our information—the police department may have some other figures. But, from our information, there are possibly no more than 15 or 20.

Mr. AKAKA. What is their target here in Hawaii? What segment of the population?

Mr. LEE. Basically, I think their target is the tremendous amount of Japanese tourists that are coming in from Japan. They are taking these people into the gambling areas, prostitution, pornography, and so forth. Basically, our information is that the targets are the Japanese tourists.

Mr. AKAKA. You also mentioned that the Yakuza is working with the local syndicate here. Also, you described some of the activities here in Hawaii. How long has this been going on?

Mr. LEE. We uncovered the first incidence approximately in 1972, which was with Jackson Inada. There were three or four other local people that were involved in that heroin conspiracy that we arrested. They were tied in with the local syndicate and, Jackson Inada was definitely a segment of—I think in Japan it is called part of the Sumiyoshi Rango organization.

Mr. AKAKA. Do you consider the number of DEA personnel in Hawaii adequate?

Mr. LEE. Yes, I think it's adequate. They have pushed my ceiling up. However, I'm waiting for three or four other transfers to come into Honolulu. As far as taking care of DEA mission in the area of national and international class 1—with the staff, eventually when I reach my ceiling, it will be sufficient, because of the fact that the law enforcement family in Honolulu enjoys a very, very good relationship. I have been working just about all over the United States and I'm sure there's other areas that the law enforcements cooperate, but as far as Hawaii goes, it is very unique that we do have this relationship.

An example of that is Chief Keala has assigned one police officer on full-time basis out of my office. Mr. Roberts from customs has assigned one full-time customs patrol officer. Now, these two individuals report to my office and they work out of my office on a daily basis. Recently, Francis Keala, the chief, assigned three police officers to the airport and they are sharing our office space at the airport.

So, with the manpower that eventually—when DEA reaches the manpower ceiling here, I think it will be sufficient.

Mr. AKAKA. You have heard the witness who testified before you did. How do you read his testimony? Is it common for couriers to come through Hawaii this way?

Mr. LEE. You mean the hooded witness?

Mr. AKAKA. Yes. The way he passed through here?

Mr. LEE. Yes. You have to understand Hawaii is just about basically centrally located between Asia and the United States. The closest land we are next to is 2,600 miles away. Because Hawaii is the first port of entry, the majority of the foreign flights or foreign ships that come through have to clear the port here. Therefore, we have observed the types of couriers—the organizational heads will never, themselves, attempt to smuggle any type of contraband through any port. They always hire what you call couriers. Which we would consider as small potatoes.

But, that is not an uncommon thing to have couriers utilizing Hawaii. However, recent information that we have received is that due to the aggressive enforcement activities at the airport between Customs, DEA and the Honolulu Police Department, that some of these organizations and couriers are bypassing the Honolulu Airport.

Mr. AKAKA. Do you have any suggestions as to what else can be done to prevent it?

Mr. LEE. I believe here again, at the customs' area. I believe they need more manpower. And, I think they need more—maybe possibly the sniffing dogs.

Mr. AKAKA. All right. Let me call on Mr. Gilman.

Mr. GILMAN. Thank you Mr. Chairman.

Mr. Lee, we certainly welcome hearing your testimony and getting a better idea of the extensiveness of the problems here in Hawaii.

In your testimony, you point out that Hawaii is the crossroads of the Pacific. You have a population of close to 1 million. You have got seven islands to keep an eye on and some are as much as 100 to 200 miles apart. Other testimony indicated there are about 2,000 to 7,000 drug addicts here in Hawaii. Seizures run to about close to \$2 million. You are talking about the second busiest airport in the country, with some 42,000 people coming in each and every day. And, you tell us you have enough DEA personnel on hand. How many DEA people do you have on hand?

Mr. LEE. Presently I have nine special agents and I have support units. Like I say, I have one officer from the Honolulu Police Department and I have one customs officer. And, I have one, what we call an intelligence analyst. And, four other special agents are to be coming into Honolulu.

Now, when I say there is sufficient manpower, I am speaking strictly of DEA's mission as to the national and international traffickers.

Mr. GILMAN. How many local people are engaged in drug enforcement?

Mr. LEE. The chief of police will be testifying this afternoon. The Honolulu Police Department is the only police department in the State of Hawaii that has what's known as narcotic detail. I believe they have either 18 or 19 officers assigned on a full-time basis, working strictly narcotics and drug enforcement.

Your other three counties have officers, and they are called vice squads. They are responsible, not only for drug enforcement, but they are also participating in gambling, prostitution and that type of vice activities.

Mr. GILMAN. Am I correct, then, that you have a total of 9 special agents, a customs officer, an intelligence man and then, there are about 19 in the Honolulu Police force that are full-time narcotics people. And, that's about the extent of the narcotics enforcement efforts in Hawaii?

Mr. LEE. That's correct, sir.

Mr. GILMAN. How can you possibly keep an eye on all of the transient shipments with 9—or how many commercial ports there are, I guess 7 commercial harbors, some 20 recreational harbors, 2,000 private craft that go in and out, not to mention some of the private aircraft

that go in and out. The ships that come in here daily. How can you possibly keep an eye on all of that with that limited amount of personnel?

Mr. LEE. Well, you have to understand, sir, that DEA alone is not in that particular area of keeping track of everything at the ports or airport. We do have like I say, assistance from working with the U.S. Customs and the Coast Guard. The Coast Guard has—their manpower and their resources in the area—but, however, here again, in certain instances the Coast Guard has their primary duties as safety and rescue.

Mr. GILMAN. A very small portion of their mission is devoted to interdiction of narcotics trafficking. Of course, when they are notified of some narcotics trafficking—how many Coast Guard vessels do we have in the area?

Mr. LEE. I don't know, sir.

Mr. GILMAN. How many people or, how many Coast Guard personnel do we have available for interdiction?

Mr. LEE. I think their criminal unit is about four or five men.

Mr. GILMAN. And, how many Coast Guard planes do we have available for doing some—some oversight?

Mr. LEE. I don't know, sir.

Mr. GILMAN. Are there any aircraft here in Hawaii that do oversight of narcotics trafficking?

Mr. LEE. No, sir.

Mr. GILMAN. None at all?

Mr. LEE. None at all.

Mr. GILMAN. It seems to me that your assessment of manpower and your assessment of equipment seem to be not quite consonant with the problem and the excessiveness of the problem.

Mr. Lee, let me ask you this, when was the last time you brought together all of the police officials in Hawaii to sort of plan out the strategy of where you were going?

Mr. LEE. The last meeting we had was in April of this year.

Mr. GILMAN. Was that for purposes of laying out some tactical plans, some strategy of trying to attack the overall problem, or were you just discussing some of the day-to-day problems?

Mr. LEE. It's a discussion of—here, again, exchange of information. Bringing each agency up to date as to what individual agency would do. And, also planning for future operations.

Mr. GILMAN. At that last meeting—where was that held?

Mr. LEE. On Kauai, sir.

Mr. GILMAN. In April?

Mr. LEE. Yes, sir.

Mr. GILMAN. Did you lay out any long-range plans for interdiction of narcotics trafficking in the Hawaiian area, at that last meeting?

Mr. LEE. In that particular meeting, the plan was for a long-term impact study of the marijuana problem in Hawaii.

Mr. GILMAN. You say that was for a study. What kind of a study, now? Who was going to do the study?

Mr. LEE. The study was being done by the Honolulu Police Department, Narcotics Detail. In other words, an overview as to existing airfields, airfields that are not in use. Marinas—private marinas, public

marinas. A complete survey as to where and how we can plug up the gap as far as yachts and private planes that are involved in interisland transportation of drugs. Particularly marihuana.

Mr. GILMAN. Is that marihuana study still going on?

Mr. LEE. I believe it is. Yes, it is not complete.

Mr. GILMAN. Now, did you discuss any other tactics for the future? Any long-range plans for the Hawaiian area at your April meeting?

Mr. LEE. Only in the area of marihuana, sir.

Mr. GILMAN. When was the last time that you got together with all of the police officials to work out a long-range coordinated effort in planning narcotics interdiction?

Mr. LEE. That was approximately 6 months ago, sir.

Mr. GILMAN. Where was that meeting held?

Mr. LEE. I think that was also in Kauai.

Mr. GILMAN. Who was present at that meeting?

Mr. LEE. The chiefs of police and various other high ranking police officials.

Mr. GILMAN. At that time, did you adopt a long-range plan for narcotics interdiction?

Mr. LEE. Well, it wasn't actually a long-range plan. At that particular meeting, it was strictly an exchange of information type, sir.

Mr. GILMAN. Well, I am asking you now, Mr. Lee, and I don't mean to be critical because I recognize the valuable work that all of our agents are doing in the field, and what our police agencies are doing. But, I'm asking, has there been a time when you were able to sit down and map out a long-range plan, or have you been dealing mostly with crisis situations? Of trying to plug the holes, as you call it?

Mr. LEE. The crisis situations, sir.

Mr. GILMAN. This seems to be what we are finding wherever we go. That you are so involved in—with short hands and shortage of men and equipment that you are meeting the crucial problems and don't have the wherewithal to do some long-range coordinated planning.

Has there been anyone sent in from Washington to sit down and try to work out long-range planning? Not from DEA, but a task force type of group? Did they come to Hawaii to try to work out a long-range plan for narcotics trafficking?

Mr. LEE. The last one was approximately 2 years ago. The only one that is presently for the long term is that DIU, The drug diversion investigative unit, which the Governor and Jerry Jenson spoke about.

Mr. GILMAN. That's a State unit?

Mr. LEE. State unit. However, there will be one senior DEA agent assigned to that unit.

Mr. GILMAN. Has that unit been created yet, or is that still in the formation?

Mr. LEE. It's in the state of formation. It will be finalized and signed on August 1.

Mr. GILMAN. What's the purpose of that unit?

Mr. LEE. The purpose of the unit would be to monitor and investigate long-term investigations, such as diversion from the legitimate channels, amphetamines—

Mr. AKAKA. Mr. Gilman, your time has expired.

Mr. GILMAN. Mr. Chairman, I ask unanimous consent for 2 additional minutes.

Mr. AKAKA. Without objection, so ordered.

Mr. GILMAN. Thank you, Mr. Chairman.

Is that unit that's about to be created going to be just a State agency or is that going to involve local police units? Is that going to involve the Federal people in any way? Can you explain that a little more for us?

Mr. LEE. Yes. It will be a State unit with State agents and one DEA agent in coordination with the police department. Now, we are also planning a training session on August 21, which each police department has been invited to send two or three of their officers for each training session to coordinate the activities of the diversion investigative unit, sir.

Mr. GILMAN. Is it your hope that this State unit will do the type of coordinating and long-range planning that hasn't been done up until now?

Mr. LEE. In the area of the legitimate diversion. One segment of—

Mr. GILMAN. What about the illegitimate diversion? The illicit trafficking?

Mr. LEE. We have no plans at this time. The area that we are planning at this stage for a considered aspect, of course, No. 1 to assist the State—the local departments in the eradication of marihuana. We also have a 6-month plan—this is basically DEA's plan for 6 months, as to what should be done here.

Mr. GILMAN. Who has that plan?

Mr. LEE. DEA has that.

Mr. GILMAN. Where is that plan sitting?

Mr. LEE. Los Angeles, sir.

Mr. GILMAN. When are we going to hear about that plan? Will that be talked about a little later today?

Mr. JENSON. Mr. Gilman—Mr. Chairman, if I may, the DEA does have a requirement that's not only in Hawaii, it's for each office, that we prepare a 6-month situation report and work plan. In other words, every 6 months we assess what the drug situation is in a given area of responsibility of an office. In this case, Hawaii and now, Guam is a suboffice of the Hawaiian office. That work situation will spell out, as best we know it from the intelligence we have, what organizations are in existence, what drugs are a problem or a potential problem. And, spell out what our programs are to deal with those.

The SAO/SEA program that I referred to earlier, the special action office program is the type of thing that is done in order to deal with the situation that exists. In this case, Los Angeles—and, I might go back if I may, to the question about resources. As for personnel, granted we could use more people. That's not peculiar to Hawaii, it's not peculiar to my region. It's a universal problem. It's an international problem.

However, based on the world situation, as best we can assess it, the personnel are deployed in the offices as they are at this point. And, Hawaii's complement of the resources is based on what we see by comparison, the workload that justifies that number of people. Now, if we could have another 500 agents—I have 281 agents to cover the entire region. If I could have additional agents, obviously Hawaii would be one of the offices that would be in line to receive additional personnel.

Mr. GILMAN. Mr. Jenson, that work—

Mr. AKAKA. Gentlemen, the time has expired.

Mr. EVANS.

Mr. EVANS. Thank you, Mr. Chairman.

I am addressing this question to either Mr. Jenson or Mr. Lee.

I would like to know if there is any connection between the illicit drug trafficking in Hawaii and through Hawaii with any of the terrorist groups that we have operating around the world? Has there been any evidence at all to indicate this?

Mr. JENSON. Some of those organizations are—have people in them that are involved in the drug traffic. I can't say that they are—that the organizations themselves are involved in drug trafficking. Perhaps Mr. Lee could address that and, particularly in connection with the meeting that took place in Tokyo just this past week, which concerned itself with such organizations and the criminal element that operates in Japan.

Mr. EVANS. I would like an answer to that, if I might. If Mr. Lee would address that question and also that of whether or not the terrorist groups are being financed partially through the individuals engaged in drug trafficking?

Mr. LEE. We have no information out of the Honolulu investigations that any terrorist groups are involved in narcotics trafficking. Japanese police—when we discussed problems that we have had here—the people that are coming in are strictly from their organized criminal elements and not the terrorist groups. Not like the red army.

Mr. EVANS. I see, Mr. Lee, can you identify the leaders of the Hawaiian syndicate? Are they people whom you know but just don't have the evidence to send to jail or convict? I'm not asking their names. I am just asking if the DEA and the local police know who they are.

Mr. LEE. Yes, sir. They have been identified.

Mr. EVANS. Now, is it my understanding that these groups have a certain amount of rapport or popularity with the public?

I got the impression from some of the testimony that they seem to enjoy a certain amount of immunity as far as the people are concerned; am I incorrect?

Mr. LEE. I believe what it is, is because of the uniqueness of Hawaii where there have been a multitude of interracial marriages, the ethnic group here has been completely—like they call it the melting pot. They are very, very close knit. There's a small area, when you look at Hawaii itself and these people have grown up together. And I'm local here myself and I'm sure Mr. Chairman agrees with this, it's because we have that closeness here. A friend that you grew up with may become a police officer and you may go the other side of the fence, but yet you still remain friends.

This situation that we have here in Hawaii is very unique.

Mr. EVANS. Well, does this result in less ability to enforce the law or to apprehend, or to get evidence on these people who are engaged in illicit conduct?

Mr. LEE. I don't believe so, no.

Mr. EVANS. Could you give me an estimate of how much of heroin has been interdicted by the DEA and by the county authorities in the past year?

Mr. LEE. Last year, in the year 1977 between the Customs and DEA, a total seizure was made of 12 pounds of No. 4 heroin.

Mr. EVANS. All right. Based upon that and the other information that you have about the heroin traffic, can you give me any idea of whether that represents 10 percent of what's coming through, or a greater or lesser percentage of what is involved in the drug trafficking in this area.

Mr. LEE. That would be very difficult to gage. However, this, again, we'd have to gage this by estimates. The 12 pounds that we seized, 8 or 10 times of that may have gone through. And, here again, that's strictly an estimate and my opinion.

Mr. EVANS. Well, we get greatly varying estimates in the different areas where we conduct hearings. There are tons of heroin coming into the United States and we know that there's a demand for heroin within the mainland part of the United States. If you are talking about 12 pounds that you have interdicted in Hawaii, isn't there substantially more than that coming through? And, what can we do to improve our interdiction percentages?

Mr. LEE. I believe the certain ways—here, again, as I mentioned, is at the airport I think the customs is very lacking in manpower. I know DEA has consistently tried to stem the flow from the source countries, such as the Golden Triangle. And, I think our concentration should be in that area.

In other words, emphasis should be more in our foreign operations or the source country operations.

Mr. EVANS. Mr. Jenson, in your testimony you mentioned cooperation between the various groups involved in drug enforcement. And, in mentioning those, I don't know whether it was an oversight, but you left out the INS. Is there any reason for that? Is that due to lack of manpower? Is that due to lack of cooperation or was that deliberate—were they deliberately left out?

Mr. JENSON. No, sir, neither of those. That was an oversight.

Mr. EVANS. It was an oversight.

Mr. JENSON. I mentioned the SAO/SEA program, which is a special emphasis program. Immigration is very much involved in the Los Angeles office. I have people from the Customs Service, from the Immigration and Naturalization Service, from the Internal Revenue Service, from the Los Angeles Police Department, the Los Angeles sheriff's office and from the State of California Narcotic Office, all working together in an effort to try to stem the flow of the Southeast Asian heroin.

Mr. EVANS. Is the Right to Privacy Act causing any problems with your enforcement, as to the exchange of information among the various agencies?

Mr. JENSON. It—yes, sir, to some degree. It is not as great as we thought might happen when this first came about. But, there was clarification so that agencies working together did not have to fill out the 381 forms. And, that made it a lot easier if you're working in a combined or joint investigation. Initially, we were under the impression that you had to fill out all of the forms regardless.

We do have some concern from some agencies that when they provide information to, say, the DEA, as to what is going to happen with

that information. So, there is a reluctance sometimes on the part of contributors or people that have previously contributed information, as a result of that.

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

May I call on our chief counsel for a question or two.

Mr. NELLIS. I'll be very brief.

First, let me say for the record, Mr. Chairman, the witness who appeared in disguise was the committee's own witness. I wanted to thank Mr. Lee, Mr. Jenson and your associates for providing the necessary security to make sure that the identity of the witness was not revealed.

At the same time, Mr. Lee, let me extend to you my personal thanks for the monumental cooperation you have rendered this committee, over the past 3 months. And, that's true of Mr. Jenson and all of your associates. I want to thank you very much.

Mr. Lee, there is a map to your right which I believe your office prepared. I don't think your testimony should conclude without some reference to it.

Do I understand that you are illustrating in that map the current trafficking routes that you know of as a result of investigations? Am I correct in that?

Mr. LEE. Yes, sir. You are, sir.

Mr. NELLIS. And, would you say that some of the routes are much more well traveled than others?

Mr. LEE. Yes. These are the major trafficking routes that we have uncovered through information which is mapped out there. Now, the red line that you see is the heroin trafficking route. The yellow line would be the marihuana trafficking route and, the green line would be the cocaine trafficking route.

Mr. NELLIS. In each case, the lines explain both directions, as Mr. Jenson testified earlier. Am I clear on that? Does it show the cross pollination, so to speak, of the drugs going from one place to the other?

Mr. LEE. Some of those are correct. The green line coming out of South America is just one way.

Mr. NELLIS. I see. Now, let me ask you this, Mr. Lee. There are some agriculture inspectors at the airport, are there not?

Mr. LEE. Yes, sir.

Mr. NELLIS. I believe there are 16 of them. Are they not required to determine the contents and identity of agricultural products when they are shipped?

Mr. LEE. Yes. The baggage is checked—outgoing baggage is checked—by the Federal agricultural people. Incoming is handled by the State department of agriculture. The outgoing luggage is checked for agricultural products that are not supposed to be taken out from Honolulu, going to California and other areas.

Mr. NELLIS. That would include marihuana, wouldn't it?

Mr. LEE. I believe marihuana is an agricultural product.

Mr. NELLIS. Yes. Have you had any occasion when any marihuana was seized as a result of an inspection by an agricultural inspector?

Mr. LEE. Well, from my personal knowledge, I can think of only one case approximately 6 or 7 years ago.

Mr. NELLIS. It's been that long?

Mr. LEE. Yes, sir.

Mr. NELLIS. Let me ask one final question, Mr. Chairman.

Would it be helpful to you and, in this connection I wanted to mention, Mr. Jenson, I hope I didn't misunderstand your testimony. Did you say that not much of the marihuana grown in Hawaii is reaching the mainland?

Mr. JENSON. I said we have not encountered any in large quantities. It is coming in in small quantities, as best we have been able to determine. In my region, I cannot speak for other sections of the country.

Mr. NELLIS. Yes. But, speaking of California, what you are saying, if I understand you correctly, is that the small quantities are mounting up to large quantities?

Mr. JENSON. Well, the indications are that there may be volume traffic in small quantities, but not large shipments of marihuana coming from the Hawaiian Islands into California.

Mr. NELLIS. I understand.

Mr. Lee, let me ask finally, on the marihuana question, is marihuana trafficking in the islands here one of the major sources of organized criminal activity?

Mr. LEE. It wouldn't be major, it would possibly be part of it.

Mr. NELLIS. It is part of it?

Mr. LEE. Yes, sir.

Mr. NELLIS. You would not describe it as the largest part?

Mr. LEE. No, sir.

Mr. NELLIS. In fact, what we have here are a lot of amateurs; isn't that correct?

Mr. LEE. Yes, sir.

Mr. NELLIS. Where do they come from?

Mr. LEE. A lot of them come from out of State.

Mr. NELLIS. What do they do?

Mr. LEE. They come here and grow marihuana. Let me correct that. I'm not saying that everybody that comes in here does that.

Mr. NELLIS. No, no. We don't want to indict the tourist industry. I see what you are saying. You are saying that mainland people come here and they find some out-of-the-way place in a State or Federal reserve and they begin to grow marihuana.

Mr. LEE. Yes, sir.

Mr. NELLIS. Is that detectable from the ground?

Mr. LEE. No, sir.

Mr. NELLIS. How do you detect it?

Mr. LEE. You have to detect it by air. Helicopters.

Mr. NELLIS. Are there any helicopters available to detect that?

Mr. LEE. I believe the Honolulu Police Department has one helicopter that is utilized for patrol and also for fire. The other islands, they don't have any helicopters; however, they have utilized Coast Guard helicopters periodically.

Mr. NELLIS. Would I be correct in assuming that most of the marihuana is grown on islands other than on Oahu; is that correct?

Mr. LEE. Yes. However, Oahu does grow its share. Maybe not as large amounts as the other islands.

Mr. NELLIS. Thank you, Mr. Chairman.

Mr. AKAKA. Without objection, I would like to leave 3 minutes for any last questions Mr. Gilman has.

Mr. GILMAN. Thank you, Mr. Chairman.

Mr. Jenson, I started to ask you, when my time ran out, your 6-month plan that you talked about, isn't that essentially a work assignment, a deployment type of situation, operational program that you set up? It's not really a strategic tactical plan; is it?

Mr. JENSON. It's primarily based on past experience and what we can project as the future, as far as quantities of drugs—

Mr. GILMAN. What the future needs would be by way of personnel and equipment?

Mr. JENSON. That is correct.

Mr. GILMAN. When was the last time you were called into Washington or a national meeting, to sit down and talk about the strategy?

Mr. JENSON. We have an annual meeting with the administrator, the regional director and the deputy regional director. They meet annually. At the last meeting; the last meeting was held in June or July of last year. I'm scheduled to meet with them on August 15 of this year.

Mr. GILMAN. When you met in June or July of last year, did you plan a national strategy for the narcotics trafficking?

Mr. JENSON. It was more based on—

Mr. GILMAN. Or, was it primarily a reporting session of what is going on in your area?

Mr. JENSON. It was basically a report on the accomplishments and our projected needs and what we anticipated in the way of enforcement activity for the regions.

Mr. GILMAN. Thank you, Mr. Jenson. Thank you, Mr. Chairman.

Mr. AKAKA. Mr. Evans, do you have any further questions?

Mr. EVANS. I have one last question, Mr. Chairman.

Mr. Lee or Mr. Jenson either one, do you find any connection between the drug trafficking problem and the immigration or the illegal alien problem that Hawaii is having at the present time?

Mr. JENSON. I would like to address that, if I may, and not confine it to Hawaii.

We most certainly do have a problem with illegal aliens; primarily in the area of prosecution. Even though the aliens are apprehended, for the most part they are never prosecuted because they are either deported or they become fugitives and it is impossible to bring them back to face trial. So, it is a problem that's a universal problem and not only confined to Hawaii.

Mr. EVANS. In that connection, you are saying some of these people are engaged in illicit drug trafficking?

Mr. JENSON. Very much so. Yes, sir.

Mr. EVANS. And, once you deport them, then, you can't prosecute them for the crime; is that correct?

Mr. JENSON. That's correct. And, as a matter of fact, we have repeat trips by the same individuals, bringing more drugs in because they were able to get back out of the country. And, they are walking advertisements that you can come into the United States and not be prosecuted.

Mr. EVANS. Could we get information on that with a view toward negotiating with the country from which the people have come in and get some prosecution of these people in their countries of origin?

Mr. JENSON. We would be happy to assist you in any way possible on that. This is particularly true of the Colombians coming out with huge quantities of marihuana.

Mr. EVANS. Thank you.

Mr. AKAKA. Chief counsel?

Mr. NELLIS. One last question.

When an individual is indicted and brought before the local courts, both State and Federal, in your opinion are they receiving the sentences provided by law?

Mr. LEE. That has always been a touchy question.

Mr. NELLIS. Well, I'm sure it is.

Mr. LEE. I can speak for the Federal level, it is that we do have two very competent Federal judges here. However, I think sometimes—here, again, it depends on the individual. They have sentenced certain individuals to long terms. Some of the sentences that they have given out, I disagree with. But, however, I believe that that's nothing but purview to—you know disagreeing or agreeing, that should be the judge's prerogative.

Mr. NELLIS. Mr. Lee, you mustn't feel uncomfortable.

In Florida we have learned that the judges' sentences on the average were 25 percent below the national average. So, you needn't feel uncomfortable about that question.

Thank you.

Mr. AKAKA. Thank you very much, Mr. Jenson and Mr. Lee, for your testimony. I want to thank all of those who participated this morning.

I will call a recess now and we will reconvene at 2 p.m.

#### AFTERNOON SESSION

Mr. AKAKA. This hearing will come to order. We will continue this afternoon with a panel of Federal law enforcement personnel.

I would like to call to the table as a panel, George Roberts, District Director, U.S. Customs Service; Stanley Tabor, assistant U.S. attorney; Mr. H. C. Chee, postmaster, Postal Inspection Service; and Bill M. McClanahan of the San Francisco Division, U.S. Postal Service.

Will you please come forward and take your seats in the front row.

Before we begin, will you please rise and raise your right hand.

[Witnesses sworn.]

#### TESTIMONY OF GEORGE ROBERTS, DISTRICT DIRECTOR OF CUSTOMS, DISTRICT OF HAWAII

Mr. AKAKA. The Chair calls Mr. Roberts to testify first.

You may proceed.

Mr. ROBERTS. Thank you, Mr. Chairman.

I am George Roberts, District Director of Customs for the district of Hawaii.

First, I would like to thank this committee for the opportunity to appear before you today, and to present some details of our narcotic interdiction efforts and problems in the Pacific area. And, also, to discuss briefly our role on the island of Guam.

I should also like to state at this time how pleased we in Hawaii are that we have the privilege to appear before this committee when it is chaired by our own Representative from Hawaii, the Honorable Daniel Akaka, who has been so helpful and understanding to Customs and to whom we are deeply indebted.

We have furnished to the honorable committee members a written presentation that gives in some detail the scope of the heroin trafficking in the Pacific and, our objectives and our problems in attempting to counter that traffic.

I'll at this time attempt to capsulize the printed material that you have been previously furnished.

We, in customs are painfully cognizant that we have an apparently growing drug traffic in this area, by which heroin and other drugs are introduced into the U.S. mainland through Hawaii. The traffic is marked by significantly increasing sophistication on the part of the traffickers. The drugs are introduced by a wide and constantly shifting variety of methods encompassing concealment in ships, planes and cargo and baggage, and on body carries of individuals.

It is obvious that the smugglers are very knowledgeable and they have almost unlimited resources. And, they exploit all the weak spots in our defensive posture. Despite the variety of avenues open to the smugglers, practically all of our significant intercepts in the past 3 years have been from baggage, principally false bottom suitcases or from body carries. The body carry method seems to be, again, the current favored modus operandi considering the arrests made in San Francisco last week of smugglers who were found to be carrying heroin concealed in body cavities.

And, additionally, because of fairly reliable information we've received of other successful introductions using this same method.

On page 3 of your written presentation there is a chart showing that during the past 3 years Customs in Hawaii has seized 79.9 pounds of heroin, which is a shade less than 10 percent of the national Customs intercepts for the same period. You will note that our seizures here for the past 8 months have been distressingly low. We do not have a positive answer as to the reason for this decline.

In attempting to do a good job as drug interceptors, we in Customs are constantly confronted with the necessity of affording the utmost in facilities to the masses of travelers and to cargo importations which enter the country.

The pressures to expedite the clearance of air passengers especially are intense and unremitting. The situation in Hawaii is very crucial in view of the extreme congestion caused by aircraft arrival peaks, when 1,000, 1,500 and sometimes 2,000 passengers per hour debark from simultaneously arriving aircraft at our airport and overwhelm our physical and personnel resources.

It is virtually impossible to take effective enforcement actions under such conditions. We experiment with every possible variation of enforcement methods to allow the free flow of clean cargo and law-abiding passengers, in order to concentrate our resources and our efforts upon areas which we feel pose the greatest threats.

We have experienced the finest in cooperation from all the other law enforcement agencies, Federal, State, and local. We would especially

like to make favorable reference at this time to the Pacific military customs program in which the military commands in the Pacific devote over 1,100 full- and part-time personnel to performing inspectional duties overseas to insure that military aircraft, cargo, and personnel are free from drugs upon their arrival in the United States.

With reference to Guam, we have copies of a letter from the Commissioner of Customs to the honorable chairman of this committee in which is outlined the legal status of Guam. I have copies here if the members do not have copies. Summarized, it points out that Guam is an island possession outside of the customs territory of the United States. Basic statutory changes would be required to bring Guam into the customs territory or to enable U.S. Customs officers to operate there.

We recognize that Guam does have a very severe internal drug problem and there are many indications that it is a transit point for drugs destined for the United States. Drug enforcement in Guam is hampered by an insular customs organization which is deficient both in basic statutory enforcement authority and in personnel and material resources.

We, in Customs, with LEAA funding have been able to assist Guam Customs with some basic customs training. Much more needs to be done.

I should like to conclude my oral summarization at this point and make myself available to answer any questions which the committee members may desire to direct to me.

And, with the committee's indulgence, if I may, I should like to present to my immediate rear, Regional Commissioner Clarence Bingham and Regional Chief Counsel Edward Gilmore. There may be highly legal or technical questions which these gentlemen are more qualified than I am to respond to the committee.

Mr. AKAKA. Thank you very much, Mr. Roberts.

I am going to ask that we hear all of the panelists, after which we will ask questions of each of you.

May I call on Stanley Tabor, assistant U.S. attorney.

#### TESTIMONY OF STANLEY D. TABOR, ASSISTANT U.S. ATTORNEY, DISTRICT OF HAWAII

Mr. TABOR. Thank you, Mr. Chairman and members of the Select Committee.

On behalf of Walter M. Heen, who is the U.S. attorney for the district of Hawaii, I welcome the congressional delegation to this district.

Drug-related offenses, both narcotic and nonnarcotic controlled substance cases, are referred to our office almost exclusively by the Drug Enforcement Agency. This includes cases which are initiated by the Customs at the airport and they are working in close conjunction with DEA, with an office out there.

On some occasions, the national park rangers will refer cases that occur in the national park. On other occasions, other Federal investigative agencies will come across drugs incidental to investigations that are not targeting drugs. In those instances, the DEA will handle the cases if they are asked.

When the U.S. Attorney's Office is presented a case by whatever agency, we consider many factors. Among these factors are the suffi-

ciency of the evidence, the degree of Federal involvement, the effectiveness of State and local prosecutors, which in my 3-year tenure with the office has been very good. The willingness of State and local authorities to prosecute cases investigated primarily by Federal agents, the amount of controlled substances, the violator's background, the possibility that prosecution will lead to disclosure of evidence of controlled substance violations committed by other persons, and the Federal district court's backlog of cases.

Now, in general, if a case is presented that involves insufficient evidence, we will defer that case in favor of further investigation. That is the only item in the list that can stand alone, at least as far as our office policy is concerned.

The other matters on the list that I have just read involve—we have to have two or more instances before we would decline a case or on the other hand, we would take it presuming the evidence was sufficient.

We are informed in our office of the methods of the drugs coming to Hawaii and the groups responsible and their connections with organized crime, primarily by the Federal agencies. Therefore, what we would say would be merely to parrot what they have said to you today or, will say to you today.

Our office has handled cases of varying size. Primarily, the heroin cases involve brown heroin coming from Hong Kong, the white heroin coming from Bangkok. More often than not these cases, when they involve large amounts, tend to involve what we call mules, couriers who will come through on behalf of a group, usually mainland connected. In one case that we've handled, we had two mules, a young man and a young woman come through and—who were arrested after being apprehended by Customs and DEA. They cooperated and were sent on to New York—and, they cooperated and as a result some organized crime figures by the names of Madonna and Larea were convicted in the southern district of New York.

On another occasion a mule who was a Czechoslovakian national came in, and again was apprehended at the airport by Customs and DEA. He also cooperated and, as I understand it there's been a substantial effect on the Czechoslovakian activities coming out of Vancouver, British Columbia.

The Federal District Court in the District of Hawaii consists of two active judges. The sentences which are meted out in heroin cases almost without exception involve jail sentences. Cocaine cases will also involve incarceration for large amounts. And, I hate to pick any amount, but it would be probably an ounce or more within a case, indicating the person has been involved prior, probably by reference to a passport or number of trips or other intelligence information and sentences.

Cocaine cases for small amounts usually involve probation and fines. It is my opinion that the courts—the Federal district court judges sentence as severely or more severely on drug cases as on any other type of criminal case. They are very, very interested in drug trafficking and the prevention of drug trafficking.

The U.S. Attorney's Office does not hesitate to call or to meet with State and local authorities to discuss matters involving drug abuse and distribution. And, it's my experience that the jurisdictions cooperate very well at the prosecutorial level. I have never had a prob-

lem in picking up the phone and calling any one of the islands to discuss a case that has been deferred to the State, or to ask them how a case is going. The cooperation has been, in my experience, excellent.

One of the problems that we have by our mere geographical location is expense and problems in bringing in witnesses for trial. Some of our cases germinate in the Far East. The Drug Enforcement Administration has agents over there that they provide to us very willingly. But, if there is a civilian witness that we need to testify, sometimes the cost of prosecution can become prohibitive. If it's a large heroin case, the expense will definitely be taken.

I too will welcome myself to question at the conclusion of the rest of the panel's testimony. Thank you.

Mr. AKAKA. Thank you very much, Mr. Tabor.

Mr. Postmaster Chee.

### TESTIMONY OF H. C. CHEE, DISTRICT MANAGER/POSTMASTER OF HONOLULU, HAWAII

Mr. CHEE. Mr. Chairman and members of the committee, I am H. C. Chee, district manager/postmaster of Honolulu, Hawaii. With me today is Bill M. McClanahan, Postal Inspector-in-Charge, San Francisco Division, U.S. Postal Service.

I welcome the opportunity to appear before your committee today to explain how mail is handled that comes into Honolulu from Guam and foreign countries. I will attempt to answer your questions on this subject.

I understand that Mr. C. Neil Benson, Chief Postal Inspector, Washington, D.C., has furnished the committee with a written response to questions on drug seizures, the Postal Service's relationship with DEA and Customs, and mail openings, and that copies of this letter are available here today. Mr. McClanahan is here to assist the committee on the procedures followed by the Postal Inspection Service relating to drug investigations.

Thank you.

Mr. AKAKA. Thank you very much, Mr. Chee.

Can you explain to us how the mail and packages which come through Hawaii are handled?

Mr. CHEE. You mean from Guam?

Mr. AKAKA. From Guam or from the Southeast Asian area.

Mr. CHEE. All packages from foreign destinations, including Guam, goes through our facilities down at the airport and are entered into the Customs Division. Now, letter class mail from Guam also is subjected to the same treatment. We do not delay the letter class mail, we just send it in, the dog will sniff the letters for possible drugs and take it out immediately for processing.

Mr. AKAKA. When you say it is sniffed, how is this done?

Mr. ROBERTS. May I answer that, Mr. Chairman?

Mr. AKAKA. Yes, Mr. Roberts.

Mr. ROBERTS. I guess as good a description as any is we just lay the envelopes out on the floor in boxed packages and run the dog up and down the rows of the letters and he sniffs them and if he detects an odor which tells him that there's a prohibited substance in there, he zeros in on that particular envelope.

Mr. AKAKA. How often is that done?

Mr. CHEE. Daily.

Mr. AKAKA. Daily. How many dogs do you have doing this?

Mr. ROBERTS. I have only had one. I just got another one, so we have two.

Mr. AKAKA. Is two sufficient?

Mr. ROBERTS. It's not going to be too much.

Mr. AKAKA. How many letters and packages are coming from that area and going through Hawaii daily?

Mr. ROBERTS. I wouldn't have any idea of the quantitative figures.

Mr. AKAKA. Mr. Chee?

Mr. CHEE. Well, we estimate from Guam especially, the volume of letter class mail and flats, we estimate to be about 150,000 pieces per week. We receive about 18 to 20 pounds of letter class mail and flats. We receive about 60 sacks of outside pieces per week. Well, about 10 a day and you figure about 10 to 12 packages per sack. That amounts to about 600 per week—600 parcels per week. And, about 10 large outside pieces per week from Guam.

Mr. AKAKA. Who handles this kind of mail? Is there a particular group trained to handle it?

Mr. CHEE. Oh, yes. All of our postal employees are trained to handle the mail. We isolate the Guam and the foreign mail so that it will be diverted into the Customs Division. In fact, we have a special conveyor system that takes the mail to the Customs Division.

Mr. AKAKA. Under what conditions do you open the mail?

Mr. CHEE. We don't open the mail. We send it to the Customs Division for opening. They have the responsibility.

Mr. AKAKA. Is there any evidence that the mails are being used to transport narcotics?

Mr. CHEE. To my knowledge I don't see any significant amount. I have talked to the Customs people in our building and it's very, very—on very rare occasions that I hear of a seizure of heroin, marijuana, or the hard stuff.

Mr. AKAKA. Do you work in coordination with customs people?

Mr. CHEE. Yes. As far as—well, there's a new procedure about opening letter mail. Before customs officials can open the letter mail, there must be a postal supervisor present. If they find something, Customs will carry the ball from there.

Mr. AKAKA. Mr. Roberts, after hearing our special witness this morning, do you feel that the number of personnel you have is adequate to take care of the problem?

Mr. ROBERTS. If you mean by the question, sir, do we have enough people to make sure we interdict the majority of drugs that come through Hawaii, I would have to say absolutely not. No, sir.

Mr. AKAKA. Thank you very much. My time is up. I'll call on Mr. Gilman.

Mr. GILMAN. Mr. Chairman, thank you.

Mr. Tabor, you have pretty well taken an overview, I would imagine, with regard to the criminal aspects of the islands of Hawaii. Oahu, and your neighboring islands.

Have you seen any need for a special task force out here?

Mr. Tabor. Well, I think that the coordination between the agencies, as it stands now, has been handling the problem as I have seen it from

my vantage point. My vantage point is one where the Federal agencies get in contact with me requesting prosecution on a specific case. I have been told by the agencies that there is adequate cooperation between the jurisdictions. I am always reluctant to avoid having a special task force come down or be impaneled to investigate when the area is drugs. The problem is great and any extra weapons we can have, we would welcome. But, in terms of the jurisdictional uniqueness of this State, I think that the law enforcement agencies are interacting fairly well at this point.

Mr. GILMAN. Has there been any Federal task force here at any time with regard to crime or drugs?

Mr. TABOR. We have a strike force attorney out of San Francisco who is here on a full-time basis now, named Michael Sterrett. And, he is involved in the investigation and prosecution of organized crime figures at this time.

Mr. GILMAN. Have any prosecutions been initiated by the strike force in Hawaii?

Mr. TABOR. Yes. There have been and as I understand it, there are some being investigated at this time, too.

Mr. GILMAN. Are any of those prosecutions involving narcotics?

Mr. TABOR. Not in terms of substantive count so far as I know. They involve extortion.

Mr. GILMAN. Do you have any backlog in narcotics cases?

Mr. TABOR. I have personally several cases set for trial, but the backlog is one that can be handled. There has been an issue before the courts now and there has not been an indictment returned for a month. But, some will be returned shortly. Some of those will be drug cases. There is not a major backlog.

Mr. GILMAN. How many narcotics cases are awaiting trial?

Mr. TABOR. It's difficult to say. The office has undergone a transition recently, but so far as I know, we have approximately six.

Mr. GILMAN. How many have you turned down in the last year?

Mr. TABOR. I don't have the statistic to that, but I think Mr. Lee may. Again, it varies, depending on what cases are presented. I know that I have deferred several cases to the local jurisdictions that have involved small amounts of marihuana and small amounts of cocaine seized at the airport.

Mr. GILMAN. Are the local courts backlogged with narcotics prosecution?

Mr. TABOR. I don't know. Mr. Nakagawa would have a better answer to that. If they are and they cannot handle the case that has been deferred to them by the Federal Government, they will generally give us a call and say, "Listen, we're so busy we can't handle this case," and then the case will be retaken by us.

Mr. GILMAN. Have you had any calls of that nature in the last year?

Mr. TABOR. In the last year; no, sir.

Mr. GILMAN. Do you see any particular need for additional personnel or equipment in narcotics enforcement in this region?

Mr. TABOR. Yes.

Mr. GILMAN. Could you spell out those needs?

Mr. TABOR. Well, I cannot speak on behalf of Customs, but I am sure with the morning backlog that occurs out at the airport, that a

more thorough investigation in handling politely the many, many tourists coming in from the Far East, and Americans returning, would be helped with perhaps greater manpower. We have five assistant U.S. attorneys currently assigned to the District of Hawaii. It would be enjoyable if we could have one assistant that was primarily handling drug cases. Unfortunately, our caseload is both civil and criminal, so that is not possible at this time.

Mr. GILMAN. Has your advice or recommendations been sought out by any of the agencies in Washington, with regard to how to better perfect the law enforcement activities in this area?

Mr. TABOR. Mine personally have not, but I am informed that. I believe Mr. Fong who was the former U.S. attorney for the District, and Mr. Heen, who is currently sitting as U.S. attorney, have been contacted.

Mr. GILMAN. You wouldn't know who contacted them or—

Mr. TABOR. No, sir, I don't.

Mr. GILMAN [continuing]. Where they sent the recommendations?

Mr. TABOR. No, sir, I do not.

Mr. GILMAN. I would appreciate it if you would provide this committee with that information subsequent to your testimony, of who consulted with Mr. Heen, or who Mr. Heen consulted with, with regard to recommendations for improving law enforcement activities.

Mr. Chairman, I'm going to ask permission that that statement be made part of the record at this point of the record.

Mr. AKAKA. Without objection, it will be included.

Mr. GILMAN. Thank you.

Mr. TABOR. Thank you, sir.

Mr. GILMAN. Mr. Roberts, you note in your testimony that there's no customs inspection out in Guam.

Mr. ROBERTS. There is a customs inspection, sir, but it's insular customs; it is not the United States.

Mr. GILMAN. And, I gather that, then, some special inspection is made for Guam shipments into the States; is that correct?

Mr. ROBERTS. They are treated just the same as any other foreign shipments.

Mr. GILMAN. Anything entering, then, would be inspected?

Mr. ROBERTS. To the same proportion that other things are; yes.

Mr. GILMAN. What is Customs doing to interdict narcotics trafficking in private craft? Where do the private craft have to be inspected? Where do they have to go when they hit the islands?

Mr. ROBERTS. You are talking about small craft, sir?

Mr. GILMAN. Yes.

Mr. ROBERTS. They are required to report to a port of entry within 24 hours. Not all do.

Mr. GILMAN. What do you do if they don't report?

Mr. ROBERTS. We have a statutory penalty that we impose upon them. The penalty isn't very much if they brought a load of drugs in before we get to them.

Mr. GILMAN. Do they pretty well abide by the 24-hour—

Mr. ROBERTS. Most of them do; yes.

Mr. GILMAN. Of course, the 24 hours give them a lot of leeway, doesn't it?

Mr. ROBERTS. It certainly does. Yes, sir.

Mr. GILMAN. Do you have any recommendations?

Mr. ROBERTS. We have no resources of any significance to be able to try to cope with the arrival of small craft. It's a big ocean out there and there is no surveillance very far away from the shores. We have nobody on the outside islands, except a port director on each island, who is charged with the basic customs responsibility—primarily relating to cargo and cargo ships. Legitimate traffic. We have to rely upon the police of each one of the islands to be our eyes and ears and tell us if anything is coming in that we should know about.

Mr. GILMAN. But you have seven commercial ports that have customs inspectors; is that right?

Mr. ROBERTS. No, sir; we only have four.

Mr. GILMAN. Four of them?

Mr. ROBERTS. Yes, sir.

Mr. GILMAN. Where are they located?

Mr. ROBERTS. Honolulu, Kahului, Hilo, and Nawiliwili.

Mr. GILMAN. Those are pretty well deployed over the whole geographical area?

Mr. ROBERTS. Yes; one on each one of the major islands.

Mr. GILMAN. Well, why couldn't the small craft be required to report directly to one of those ports of entry? When they hit the islands, report immediately.

Mr. ROBERTS. It would take a change in the law to do that, sir. The law gives them 24 hours to report.

Mr. GILMAN. Would you be able to handle it, if that were required?

Mr. ROBERTS. Oh, yes. Sure.

Mr. GILMAN. Would that be more satisfactory?

Mr. ROBERTS. It would certainly be stronger law enforcement measures; yes, sir.

Mr. GILMAN. They tell me there's some 2,000 small craft in and around the islands.

Mr. ROBERTS. At least that. Probably considerably more; yes, sir.

Mr. GILMAN. Are a lot of those oceangoing craft?

Mr. ROBERTS. They have an oceangoing capability; yes, sir. South America, Central America, Tahiti, the South Pacific.

Mr. GILMAN. Have you picked up any narcotics in any small craft?

Mr. ROBERTS. Only small amounts, sir.

Mr. GILMAN. Of what?

Mr. ROBERTS. Mostly marihuana.

Mr. GILMAN. None of the harder drugs on the small craft?

Mr. ROBERTS. We have gotten little dribbles of the harder drugs on a few occasions. But nothing significant.

Mr. GILMAN. You mentioned in your testimony, Mr. Roberts, some of the more sophisticated methods that are being utilized recently. The secreting drugs aboard the aircraft at the originating point and then taking it off by a crew and secreting them in air cargo being intercepted by crew, placing drugs in specially marked unaccompanied baggage that's deviated by ground crew. Is this based on actual cases where you intercepted that sort of smuggling?

Mr. ROBERTS. The first one is—this is where we have heard this has happened, with fairly reliable information that we can't positively assess, but the means of doing it are self-evident and I have

been aware—in fact, I have been personally involved in cases in years gone by on a military aircraft, where drugs were introduced that way—or secreted in cargo and it's diverted. Yes, we have numerous cases of that. In specially marked baggage, which is diverted before it gets to us and taken off by the people who are interested; yes, we are aware of that and we have caught cases of it.

Mr. GILMAN. They tell us that the airport here is the second busiest one in the country.

Mr. ROBERTS. Yes, sir.

Mr. GILMAN. How many people do you have at your airport dedicated solely to narcotics traffic interception?

Mr. ROBERTS. Probably—I'd have to tell you the truth and say right now I've only got one.

Mr. GILMAN. That's about standard, I guess, in the way we've been going these days.

Thank you for your testimony.

Mr. AKAKA. Mr. Evans.

Mr. EVANS. Thank you, Mr. Chairman.

Mr. Roberts, what legislative action needs to be taken in order to correct the customs problem in Guam, so far as illicit drugs are concerned?

Mr. ROBERTS. Well, I have a paper here, sir, which outlines the exact status of Guam insofar as its legal status is concerned.

Mr. EVANS. Mr. Chairman, I would ask that we have that submitted for the record if we could get a copy, rather than going through it at this point.

Mr. ROBERTS. This was submitted to the chairman of this committee, sir, by Mr. Chasen, the Commissioner of Customs. In case you gentlemen do not have it, there are plenty of copies right here.

Mr. EVANS. All right. We may have it.

Mr. AKAKA. May I state at this time, that all of the prepared testimony that you have submitted will be included in the record.

Mr. ROBERTS. If by your question, Mr. Evans, you meant what would be done to get the customs situation taken care of, if you mean by that to bring it under the umbrella of the U.S. Customs, that would take basic legislation in Congress to change the entire complexion.

Mr. EVANS. Do you think that's necessary in order to deal with the problems that we're having?

Mr. ROBERTS. There are pluses and minuses to it, yes, sir.

It probably would be better for the overall picture if it were included in the U.S. overall umbrella, yes. In my own opinion.

Mr. EVANS. Thank you, sir.

Could you give me an estimate, in your opinion, and you may not have anything to base it on, but could you give me an estimate of what percentage of illicit drugs coming through or into Hawaii come via small craft?

Mr. ROBERTS. I really wouldn't have a handle by which we could quantify that, sir. We do know that small craft have come in, we have found residue on the craft after we've become aware of their presence here. We have had all kinds of information, some good and some maybe not so good about loads which have come in. But, to attempt to give you an absolute quantified figure, I would just be guessing.

Mr. EVANS. There has been information, then, that large amounts of illicit drugs have come in by virtue of small craft?

Mr. ROBERTS. Yes, sir.

Mr. EVANS. Is the law which gives 24 hours a State law or a Federal law?

Mr. ROBERTS. A Federal law, sir.

Mr. EVANS. Was your answer to Mr. Gilman, then, that you would think that that law could be changed and that your department could deal with the situation, if the law were changed to require immediate reporting to port?

Mr. ROBERTS. It would be very helpful indeed, sir.

Mr. EVANS. Do you think there's any chance at all that the 24-hour law catches anything—you don't think anybody is going to come up there within 24 hours with a load of heroin or anything?

Mr. ROBERTS. I really don't—I haven't seen anybody that's that willing to tell us all about it, no, sir.

Mr. EVANS. So, as far as the drug laws are concerned, that's really no help at all?

Mr. ROBERTS. Not a bit, sir.

Mr. EVANS. What about illegal aliens? Do you think that you get a number of illegal aliens in through small craft?

Mr. ROBERTS. I'm totally unaware of that, sir. We have run across one or two cases where there are people who have—after they showed up have turned out to be illegal aliens. But, it's no significant problem that I can think of.

Mr. EVANS. I believe you expressed disappointment in the amount of illicit drugs you have been able to interdict in the past few months. Is that correct?

Mr. ROBERTS. That's right, sir.

Mr. EVANS. Do you attribute that to less drugs coming in, or to more sophisticated ways being used by carriers to conceal them?

Mr. ROBERTS. I would have to say I think it's the latter, sir. I can't believe that there's any lessening of the demand nationwide for drugs. We have encountered, as I stated, increasingly sophisticated methods of concealment. And, we just have to believe they are getting past us.

Mr. EVANS. Well, the methods that we saw some evidence of earlier, in which a person secretes the heroin within their bodies—

Mr. ROBERTS. Yes.

Mr. EVANS. What authority do you have to require X-rays or to do anything else? Do you pretty well have to know that somebody has something in order to get a warrant or do you have to get a warrant to do that?

Mr. ROBERTS. We are the only agency, sir, which is not required to get a warrant. We can conduct what is called a border search anytime on anybody. That is basically the law. However, in recent years it has been circumscribed to some extent, to where we have to be able to articulate the belief in the mind of an experienced officer that an individual has been or is bringing something into the United States contrary to law, and it is secreted on his or her person. In other words, we just can't say well, we'll take 1 person out of 10 or, I'm looking at you with suspicion so I take you back and search you. It has to be done for a positive reason. We do not need a warrant.

Mr. EVANS. Mr. District Attorney, I think I should ask you this. Does the Customs Department have a right to search within a person's body on suspicions that they may be carrying something?

Mr. TABOR. Yes, on the border they do.

Mr. EVANS. And, this has to be done nowadays by X-rays or other means?

Mr. TABOR. By a physician and it's an X-ray.

Mr. EVANS. Under the present system of Government that we have in the United States, do you see any way that we could really get to the problem of detecting drugs within the body without some technological changes or advancements?

Mr. TABOR. Well, I have yet to have an occasion where—on the Federal level, where someone has, say, swallowed balloons filled with heroin that have been detected. But, in body cavities I think the current state of the art is adequate for detection.

Mr. EVANS. But, you have to have suspicion?

Mr. TABOR. There has to be a reasonable suspicion.

Mr. EVANS. I guess, then, there are a number of people that get through because you're not suspicious that they may be carrying in this manner?

Mr. TABOR. Yes. For instance, if the person is calm, cool and collected and everything is otherwise in order, it's very hard to articulate a suspicion. If that person has a passport that shows one trip with all the customary tourist stops.

Mr. EVANS. Well, the testimony we heard from the witness this morning indicated that he had made four trips and got through three times without any problem. And he was searched only because he had some trouble with his baggage.

Is there any practical way to deal with that, Mr. Roberts?

Mr. ROBERTS. Any sure way; no, sir. That's the Customs dilemma. If you take 20,000 people coming through and 19,999 are honest people, one is carrying some heroin. The thing is how do you separate that one from the other 19,999?

Mr. EVANS. Well, I think that that's also true with airline hijackings too. All of us have to submit to certain searches, if you will, now.

Are there any practical changes, in your opinion, that could be made to—

Mr. ROBERTS. The bottom line on covering this thing, on trying to cover it more adequately than we do now, all comes back to resources and people. You can only do so much with the facilities and the resources that you have. If we are going to do a better job and more thorough job than we are now doing, we have to have more resources. And, this young man that spoke this morning depicted a situation which I can readily visualize happening quite readily. If he was an unassuming type, nothing sticking out about him, there was no suspicion aroused in the minds of any of the officers because of his appearance or anything that he did, or his documentation, he could go through quite readily.

Mr. GILMAN. Would the gentleman yield?

Mr. EVANS. Yes.

Mr. GILMAN. Mr. Roberts, you are saying we need more resources and, we hear that time and time again. Have you made a request for additional resources for manpower and equipment?

Mr. ROBERTS. I think ever since the Customs Service was first formed 200 years ago, sir, we've been screaming about it every year.

Mr. GILMAN. I recognize it's a general rule, but have you personally made some requests on behalf of your office?

Mr. ROBERTS. My boss back here will tell you I'm the biggest pain in the neck. I'm on him all the time for more manpower and resources.

Mr. GILMAN. What has been the response?

Mr. ROBERTS. The boss here does the best that he can. I think that in order to do the job we need to do out at the airport out here, we would need 60 new people, additional people. I think our budget this year, as I understand it, provides for 49 new people for Customs for the entire United States and half of them are earmarked for headquarters.

Mr. GILMAN. I thank the gentleman for yielding.

Mr. EVANS. Mr. Tabor, in your testimony, you mentioned that you were getting brown heroin in from Hong Kong. Do you know the origin of this heroin?

Mr. TABOR. No, sir. I don't, except Hong Kong. There is a type that is typical to Hong Kong. The agents seize it and—

Mr. EVANS. Packed within Hong Kong?

Mr. TABOR. My understanding is that it is.

Mr. EVANS. I had heard of Mexican brown heroin, but I had not heard of Asian heroin coming in.

Mr. TABOR. There's brown heroin coming in from Hong Kong. Maybe it's a darker heroin. Maybe it's a dark white to be more accurate.

Mr. EVANS. Let me conclude by just asking, if you think the drug traffic, illicit drug traffic, primarily heroin and cocaine, is increasing, decreasing, or holding steady in the islands of Hawaii and Guam.

Mr. TABOR. It's a function of demand in the community and I can only guess that the demand is going up.

Mr. EVANS. Well, I mean from your experience in handling cases over the past few years, or the last couple of years.

Mr. TABOR. It's fairly steady. There's at least three cases involving poundage coming in a year to our office.

Mr. EVANS. Thank you, Mr. Chairman.

Mr. AKAKA. Thank you very much. Chief counsel?

Mr. NELLIS. Thank you, Mr. Chairman. Mr. Chairman, I would like to state for the record that the agencies represented by these gentlemen have been very cooperative with the staff in the time that we've spent here prior to the hearings. And, I want to thank each of you gentlemen for your cooperation very much.

Mr. Roberts, I don't understand why it is that the Honolulu International Airport has no physical barrier that would keep the international travelers from intermingling with the domestic travelers.

I witnessed a situation that was appalling to me the other day when we went out to look at the—in effect, to have our dry run because the committee is going to see it tomorrow. Here's a situation in which international travelers flock into an area, nothing to prevent them from exchanging greetings or packages or letters or anything else, with domestic travelers.

Why isn't there some fenced off area to keep these two from meeting?

Mr. ROBERTS. When the airport was constructed, Mr. Nellis, it was so made that the domestic and the foreign areas meshed in together. And,

at that time we had anticipated and we did have sufficient personnel so that we could maintain a security barrier between the two.

In the intervening years, that personnel situation has deteriorated. We don't have anybody to put up there. So, the only thing we can do is rely upon our penalty aspects toward the airlines. If they let a passenger get away from them and we recover that passenger, they receive an automatic \$500 penalty. That requires them to be a little attentive to seeing that they keep track of all their passengers.

But, yes, you are right, there could be traffic back and forth——

Mr. NELLIS. There is.

Mr. ROBERTS [continuing]. And we are totally unaware of it.

Mr. NELLIS. There isn't any question in my mind that contraband is being passed between international travelers arriving in Honolulu and domestic travelers who are already here. Is there any in yours, Mr. Roberts?

Mr. ROBERTS. No; none whatever.

Mr. NELLIS. How many years is it since you were told what you just testified to, that you were told that there would be some secure area between the international travelers and the domestic travelers?

Mr. ROBERTS. Well, when we built the airport——

Mr. NELLIS. When was that?

Mr. ROBERTS. We moved into it 6 years ago.

Mr. NELLIS. Six years, and nothing has been done to enable you to have a secure area so that you know there's contraband not passing between the two areas.

Mr. ROBERTS. We can't change the physical aspects of it, sir.

Mr. NELLIS. What about a mesh fence that goes up to the ceiling to keep——

Mr. ROBERTS. Well, you've got two gull wings, as we'll explain to you tomorrow. There's two gull wings on the airport. They are used interchangeably for domestic and foreign arrivals. You can have a foreign arrival here or you can have one over here. It's got to come over here and it has to traverse what is ordinarily a domestic area.

If you had to separate the domestic from the foreign, you would then have to have a satellite area solely devoted to foreign arrivals and departures.

Mr. NELLIS. And, that you cannot get, Mr. Roberts?

Mr. ROBERTS. It's pretty difficult here in the state that we are in right now.

Mr. NELLIS. I realize that you are not in charge of the airport and this question is in no way intended to be critical of you.

Mr. ROBERTS. I recognize that, sir.

Mr. NELLIS. But, you know Mr. Roberts, we had this talk when we were out there. It is appalling to me that an insecure situation like that would be allowed to continue in the second largest airport in the United States. And, we know that heroin is flowing in here. We heard the witness here this morning.

Mr. ROBERTS. Right.

Mr. NELLIS. He would have made 20 trips if his girlfriend hadn't turned him in. Maybe 30 before you'd spot him. And, instead of 10 pounds he could have brought in 50 or 60 pounds of Hong Kong heroin.

Mr. ROBERTS. We recognize the situation is not ideal, Mr. Nellis, but I have to say in defense of the local people and the local State authorities who provide the airport, that we're far better off than most other airports in the Nation. We have more control than most other airports.

Mr. NELLIS. Mr. Roberts, I don't want to disagree with you, but I was in Miami 3 weeks ago and I think they have a much better setup there. However, I will pass to the next question.

Mr. Tabor, I was curious about your testimony concerning the organized crime task force. That's just one lawyer, isn't that right?

Mr. TABOR. That's one lawyer, Michael Sterrett, yes, sir.

Mr. NELLIS. Right. And, does he have—you don't have to tell me the number. Does he have investigators assigned to him?

Mr. TABOR. Yes, sir. He is able to use special agencies and the investigators involved with them.

Mr. NELLIS. Why isn't he investigating some of the narcotics conspiracies that appear to be blossoming in Hawaii? Now, we know about the Czech gang. You testified about them a minute ago. We know about the local gangs. We know about the Japanese gangs. Why isn't something being done by the task force in that regard? Are you able to say?

Mr. TABOR. Sir, I cannot speak for the task force. I can say that if there was evidence presented to Mr. Sterrett that such was going on, it would be aggressively pursued. And, by our office too for that matter.

Mr. NELLIS. Yes. But, if I understand it correctly, the task force seeks evidence of crimes as well as waiting in its chair for evidence to arrive. What I'm saying is have you instigated or instituted any system by which some of these conspiracies that are going on among these local gangs have been brought to Mr. Sterrett's attention? Have you done that?

Mr. TABOR. Yes. There are matters that have been brought to Mr. Sterrett's attention, but I'm not familiar with any that are drug related at this time.

Mr. NELLIS. Right. And, in your own office are there ongoing investigations into the major narcotics conspiracies that appear to be available here on the island?

Mr. TABOR. I have some cases under indictment that are charging conspiracy. The semantic use of the major, it's a little difficult for me to feel. But, I have one conspiracy coming out of Bangkok involving a Thai and a Hong Kong Chinese.

Mr. NELLIS. Do you have an individual involved as a resident of the islands?

Mr. TABOR. I have two individuals that are residents of the island.

Mr. NELLIS. Are they connected with organized criminal gangs on the islands, that have been described here by Mr. Lee and yourself?

Mr. TABOR. Sir, they do not appear to be in this case.

Mr. NELLIS. They appear to be independent?

Mr. TABOR. They do. Yes, sir. With a profit motive.

Mr. NELLIS. Mr. McClanahan and Mr. Chee, I'd like to ask you about postal services, I appreciated the conference we had the other day.

Mr. Roberts has one dog that sniffs 150,000 letters a week?

Mr. CHEE. Yes.

Mr. NELLIS. And 600 packages a week? Is that correct?

Mr. CHEE. Yes.

Mr. NELLIS. Could you give me some idea how he does this? I'm really at a loss with this one. Is it possible for one dog to handle the volume of package mail that comes in from foreign sources?

Mr. CHIEF. Well, maybe Mr. Roberts can—

Mr. NELLIS. I'd like to get some answer to that. I really think you ought to have 10 dogs.

Mr. CHIEF. Mr. McClanahan and I walked through the customs—when was that? A couple of days—yesterday and all the packages were lined up ready for the dog to come out.

Mr. NELLIS. Was that one day's packages? One day's worth?

Mr. CHIEF. No.

Mr. NELLIS. One mailing? I'm trying to get a handle on how you do this. Could you just describe how this is done, Mr. Roberts?

Mr. ROBERTS. You will see that tomorrow, Mr. Nellis.

Mr. NELLIS. Yes, but before I see it I got to believe it.

Mr. ROBERTS. OK. For the benefit of everyone here it is not difficult at all to have 5,000 letters and you lay them out in a long continuous trail. It doesn't take too long to do it. And, the dog goes up and down in a matter of moments. It doesn't take all that long. The packages are put on dollies and the dog goes around quite rapidly. And, you have to remember also, so far as the packages are concerned, each one of these is individually scrutinized by a mail technician who looks it over, sees what the documentation says and makes up the determination as to whether or not he's going to charge duty on it. Whether he is going to open it and inspect it thoroughly. So, it gets double treatment. The volume may sound tremendous, but it can be readily handled.

Mr. NELLIS. Now, let me ask you this, Mr. Roberts. I am very much concerned about statements that I have heard made here by other law enforcement agencies and I'm sure you heard them as well. That there is a formidable amount of heroin coming in by mail. And, it's probably coming by mail from Guam and, perhaps, even from Bangkok and Hong Kong. Have you made any mail seizures? Have there been occasions on which packages were opened and contraband found in recent days?

Mr. ROBERTS. Not in recent days. Our last heroin seizure in mail was in February when we found 3 ounces of heroin in a thermos jug in a package consigned to someone locally.

Mr. NELLIS. Did the dog find that?

Mr. ROBERTS. No. It was found by one of the people who opened up the package. It had not been subjected to the dog sniffing because we opened it.

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

Mr. AKAKA. Let me conclude with some questions about the airport. Frankly, do you have difficulty with peak traffic?

Mr. ROBERTS. Yes, sir.

Mr. AKAKA. Is this one of the causes of your problem?

Mr. ROBERTS. Yes, sir.

Mr. AKAKA. How many people do you have taking care of peak traffic?

Mr. ROBERTS. We have 60 inspectors assigned to the airport. On any given day, I'm quite fortunate if I have 30 or 31 or 32. With that number of people I can man 20 counters down there. If I have 2,000 people

come in in an hour and a half's time, that means that each counter is going to have 100 people lined up behind it.

We average less than 2 minutes per passenger because that's all we think we can devote to it and let the people get through and catch the connecting flights. And even at that 2 minutes per passenger, the 100th person on that line is going to have to be there 200 minutes. We obviously speed up even beyond our less than 2 minutes per passenger.

Mr. AKAKA. What have you done to encourage the airlines to re-schedule their flights?

Mr. ROBERTS. We have wrung their arms for years and it hasn't been very effective. The airlines' stance on it is that they are responding to their customer demands who want to depart and arrive at favorable hours. They also have the very real restriction in that there are departure curfews in Japan, in Hong Kong and in Sydney. And, they can't move during the hours usually from 11 o'clock to 6 o'clock in the morning. Beyond that, the airlines also take the position that if they were to try to agree among themselves to space their arrivals and reach a mutual agreement on that, it would constitute an illegality and it would be in restraint of trade. We haven't gotten very far with the airlines to have them reschedule and space their arrivals.

Mr. AKAKA. I thank you very much, Mr. Roberts, Mr. Tabor, and Mr. Chee.

Mr. GILMAN. Mr. Chairman, before the panel is dismissed and with your consent, I'd like to ask just one or two other questions.

Mr. AKAKA. Proceed.

Mr. GILMAN. Gentlemen, when was the last time you all sat together to plan out some strategy for narcotics interdiction in this region?

Mr. ROBERTS. If I may answer that, I think this is the first time the four of us have sat together.

Mr. GILMAN. I guess that pretty well answers the question. Thank you very much.

Mr. AKAKA. Thank you very much gentlemen and thank you for your testimony, which will be included in the record.

I would like to call to the witness table, Francis Keala, chief of police, Honolulu Police Department; Guy Paul, chief of police, Hawaii Police Department; John San Diego, chief of police, Maui County; Roy Uiram, chief of police, Kauai County; Jerome Estavillo, supervisor of an enforcement group and Togo Nakagawa, chief prosecutor, city and county of Honolulu.

May I at this time call on Francis Keala to be our first witness in this law enforcement panel.

#### TESTIMONY OF FRANCIS KEALA, CHIEF OF POLICE, HONOLULU POLICE DEPARTMENT

Mr. KEALA. Mr. Chairman and members of the House Select Committee, I appreciate the opportunity of appearing here today to comment on narcotics and marijuana in Hawaii.

The major source of heroin for Hawaii's users and addicts since 1975 has been Southeast Asia, the area known as the Golden Triangle. This heroin is locally termed "China white" and is of a higher purity than that from Mexico, commonly called Mexican brown.

Prior to 1975, Mexico was the primary source of heroin used in Hawaii. Today, however, Mexican brown has practically disappeared from the local market. Given the success of the eradication program in Mexico, the transition from the Mexican source to the Golden Triangle was predictable.

During 1977, the average purity of China white confiscated here in Honolulu from the streets was 46 percent. By comparison, reports from other jurisdictions outside of Hawaii indicate that Mexican brown is coming across the Mexican border at 13 percent purity and is sold on the streets at from 2 to 5 percent purity.

The State of Hawaii is considered one of the transshipment points linking the Golden Triangle to continental United States. Investigations and intelligence reveal that the commercial aircraft is the primary means for drug trafficking today.

Cocaine confiscated by the Honolulu Police Department for the past 2 years has surpassed heroin. The amount of cocaine confiscated in 1977 averaged 30 percent purity. The use of cocaine in 1977 averaged 30 percent purity. The use of cocaine in Hawaii is approximately twice as widespread as heroin. It has been estimated by the State Substance Abuse Agency that there are approximately 7,600 heroin users as compared to 18,000 cocaine users in the State.

There are many avenues open to persons involved in trafficking drugs to the State of Hawaii. Commercial airlines have been identified as the primary means of transportation, although private vessels, freight and international mail service have been used.

Sophisticated and well-disciplined organizations are involved in the traffic of Asian heroin to Hawaii and the continental United States. Links between Japanese and local organized crime figures have definitely been established by information and current investigations. However, it has also been determined that organized crime does not control the drug market. Independent traffickers, financially supported by personal funds, are known to recruit couriers from within their own group for smuggling ventures and distributing heroin and cocaine in Honolulu.

The Honolulu Police Department has enjoyed an excellent working relationship with DEA, Customs, the Coast Guard and other Federal agencies. And, in 1977 a unified intelligence unit was formed.

In January of this year, an air/marine domestic smuggling program was initiated by the Honolulu Police Department. And, through the cooperative efforts with Los Angeles, Miami, Chicago and other west coast police departments, the unit has already been successful in narcotic interception at the Honolulu International Airport. As of this time, however, we have not been as successful with marine vessel interdiction.

The illicit cultivation of marihuana in Hawaii has increased dramatically. The tropical climate, fertile soil and adequate rainfall contribute to the favorable cultivation of high-grade marihuana. Marihuana grown on the island of Hawaii is popularly referred to Kona Gold and Puna Butter. On the island of Maui, Maui Wowie. And, on the island of Kauai, Kauai Electric. Laboratory analysis has determined that the THC content of locally produced marihuana is to be as high as 5 percent.

Here in Honolulu we have been successful in limiting the cultivation and production through a continuous marihuana harvesting program. Similar success on the outside islands, however, have been hampered by logistic support, terrain and threats of civil suits.

Most of the local marihuana is being cultivated by independent farmers and local traffickers who export their products to the mainland.

The illegal use of drugs and marihuana have a direct relationship with crime. Here in Honolulu at least 50 percent of all robberies are drug related. The object of attack being drugs or money needed to purchase drugs.

If law enforcement in Hawaii is expected to combat the drug and marihuana problem effectively, then funds for additional resources must be made available. It is my hope that the administration and Congress will not only set the example and enact laws for the States to follow, but also recognize the fact that assistance is needed at the local level.

Thank you.

Mr. AKAKA. Thank you very much, Chief Keala.

I would like to ask Chief Paul if he will testify last, because I understand he has something to show. I'll call on Chief San Diego of Maui County.

#### TESTIMONY OF JOHN SAN DIEGO, CHIEF OF POLICE, MAUI COUNTY

Mr. SAN DIEGO. Mr. Chairman and honored members of the committee. In Maui, we have the unique problem of being one of the sources of marihuana cultivation. Narcotic trafficking on the island of Maui is termed a no-risk situation. Large quantities of drugs are being moved interisland, in and out of the State, through commercial airlines, private aircraft, sea vessels and the postal services.

Many sailing vessels are involved in trafficking. Coming from the U.S. mainland or from foreign countries, they can easily rendezvous with a local vessel, transfer their cargo, and go through the port of entry clean. In essence, trafficking is virtually unchecked.

While I am concerned with the importation of hard drugs, such as heroin and cocaine, I am also concerned with the cultivation of marihuana because here, on Maui, we can consider ourselves a source of supply. I think this is the major area of interdiction which we should concentrate on in Maui. We should have an effective and continuing program of eradication every 12 to 14 weeks, because this is how long it takes for a marihuana plant to mature.

It is estimated that the potential worth of marihuana cultivated on Maui is anywhere from \$100 to \$150 million annually. At the present time we do not have any indication that organized crime is entrenched in marihuana cultivation. However, we have had reports of so-called soldiers from the syndicate trying to muscle in on marihuana growers who are cultivating marihuana that's worth any risk to venture into. But at the present time, as I mentioned, organized crime is not entrenched in marihuana cultivation.

However, with the potential worth of the marihuana I think it will be only a matter of time that perhaps organized crime will poke their nose into the situation.

Thank you.

Mr. AKAKA. Thank you very much, Chief San Diego.  
Chief Hiram, Hawaii County.

**TESTIMONY OF ROY K. HIRAM, CHIEF OF POLICE, KAUAI COUNTY**

Mr. HIRAM. Good afternoon, gentlemen. My name is Roy Hiram and I'm from the Garden Island known as Kauai.

Except for Congressman Akaka, most of you may have a limited knowledge of my home and my island. Kauai County is known as the Garden Island. It is the oldest island in the Hawaiian chain. Probably the proudest in comparison to the other islands. I know they are also proud of their own island. It has its beautiful and majestic valleys and streams, and its warm and congenial people.

Unlike some of the larger communities in our wonderful Nation, Kauai's population is slightly less than 35,000, and although we host approximately 900,000 tourists from all over the world, our people are provincial in nature. They still firmly believe in the preamble of our U.S. Constitution which expresses itself to insure domestic tranquillity. The residents still leave their homes unlocked and have a remarkable trust of others.

I am sure many of you know of towns and cities having these characteristics. And I know you have also known of some beautiful communities turned into large prisons, where people, because of fear, are locking themselves in from the criminal elements existing in the streets. One of the most common denominators found in the criminal culture besides the many other causations is dope. Kauai still has a chance, gentlemen, to keep our doors unlocked and feel safe to travel in our streets with no fear of harm.

A recent review of causes contributing to major crimes revealed that dope was directly a major cause of many of our crimes. Drug abuse, considered solely on its own merit as a victimless type of crime is a myth. It is not nor ever has been a victimless crime. This phenomenon is now disturbing the domestic tranquillity of the island of Kauai.

Statistics will bear me out that what we have within our State and for that matter within our Nation should be eradicated and extreme punishment for violators should exist. But what we have done is the reverse, we have decreased the penalties for possessing and selling narcotic substances. Furthermore, we have sought to decriminalize other drugs and all but ignore the advice of law enforcement agencies who have continuously spoke up against these liberal changes, disregarding our commitment to insure domestic tranquillity, and are causing a near epidemic in drug abuse, including drugs used by our youth within our communities.

Some have said that drug abuse would decrease or level off if sanctions were removed or significantly reduced. Lower penalties and decriminalization became a popular political promise and true to form, the drug business boomed.

It seemed that people responsible for our law changes failed to see the connection existing between drug abuse and crime. And, have passed laws limiting their understanding of judging drug abuse as a victimless crime and ignoring the peripheral causes contributing to crime.

Basically, my concern is Kauai County. Just 2 days ago, our vice personnel harvested a little over one-half ton of marihuana plants. And, understand, gentlemen, this was only three people assigned to my vice division. And, within the last several months, made 13 sales of cocaine. This harvest is our normal summer harvest and this particular operation took us into some of the remote areas of the majestic valleys that I described on my island.

In the last 2 years, our department harvested in excess of 20 tons of marihuana. This represents approximately 30 percent of all plants grown on our island. And another 40 tons were harvested by the criminal element. We know that grass is being traded for cocaine and other types of dope, and we have investigated three violent deaths where cocaine played a major contributing part to these deaths.

Serious assaults and strong-arm tactics to gain control of drug traffic has occurred frequently. Also alarming to us is the detection of small amounts of heroin, which was unheard of a few years ago. We have just recently treated three juveniles in our mental institute with ailments similar to the causations caused by LSD or angel dust.

We know that this great amount of marihuana grown on our island is not consumed on our island, but is shipped by noncomplex means, through air, mail, and other ships, to many other States where it is traded for other drugs or sold.

This lucrative market was created with the increased usage of marihuana within the continental United States, partially due to the decriminalization of marihuana laws in many States and the efforts of the United States and the Mexican authorities in the eradication of marihuana in Mexico.

We are asking for the same treatment offered Mexico and other countries and States. I think we deserve equal treatment, if not better. We are asking for a continuous and aggressive Federal attention from the U.S. Customs, Drug Enforcement Administration, Internal Revenue Service, and other agencies capable of combating this menace.

We are asking for assistance in funding to provide educational programs to be instituted within our schools.

We are asking for funds and/or equipment to permit us to eradicate and destroy marihuana destined for continental United States.

We are asking for funding assistance necessary to investigate and arrest persons involved in these illicit operations.

This concludes my official presentation and I will answer any questions from the body.

Mr. AKARA. Thank you very much, Mr. Hiram.

We will now call on our next witness, Jerome Estavillo.

**TESTIMONY OF JEROME ESTAVILLO, NARCOTICS CONTROL SECTION,  
HAWAII DEPARTMENT OF HEALTH**

Mr. ESTAVILLO. Mr. Chairman and members of the Select Committee on Narcotics Abuse and Control.

My name is Jerome Estavillo, supervisor of the investigations and narcotics control section located within the State department of health. I have been asked to speak to you about the registration and inspection of controlled substance registrants in Hawaii.

I would first like to give you a background of our operation. Hawaii is unique in that it consists of seven major islands, divided into four counties and separated by large stretches of ocean. The only practical transportation between them is by air. The State population is just over 900,000, with about 80 percent living in the city and county of Honolulu.

Prior to 1970, the State had very little control over the distribution of narcotics and dangerous drugs. The task of fulfilling the State's role belongs to the Investigations and Narcotics Control Section. This section is mandated by law to administer the Controlled Substances Act, chapter 329 of the Hawaii Revised Statutes. This is a small investigative unit and is responsible for a statewide program. Its staff has full law enforcement powers and is composed of experienced law enforcement officers, but their degree of expertise in conducting diversion investigations is limited. This section is also very limited in its space, law enforcement equipment, and availability of investigative and other operating funds.

The State has a dual system of authorizing practitioners to handle controlled drugs. A practitioner must hold a valid registration with the Department of Health, plus a valid license from the Department of Regulatory Agencies.

There are over 2,300 Drug Enforcement Administration registrants in the State. The overwhelming majority of these are at the practitioner level. Although Hawaii ranks 42d among the States in the number of DEA registrants, its per capita consumption of certain controlled substances, according to the DEA/ARCOS State profiles, is disproportionately high. For example, it ranks 24th in consumption of methamphetamine, 25th in methaqualone, 22d in alphaprodine, 23rd in oxycodone, and 10th in morphine. This data is not directly translatable into actual diversion estimates. However, it does show that quantities of these drugs are being consumed, legitimately, indiscriminately, or criminally, in excess of the national norm.

Furthermore, subjective intelligence indicates that a significant proportion of the drugs appearing in the illicit traffic throughout the State are the type that can only be derived through diversion.

The Investigations and Narcotics Control Section conducted 74 felony investigations involving forged prescriptions during 1976. Several of the investigations involved more than one drug by the same culprit. A total of 132 fraudulent prescriptions resulted in 88 of them being for a narcotic drug.

In 1977, 75 investigations were conducted with the choice of the drug moving from the narcotics to the barbiturate category. The trend thus far continues with the barbiturates during 1978. The Investigations and Narcotics Control Section also investigates all controlled substances complaints that are received from the general public and reviews all schedule II controlled substances prescriptions that are forwarded to the office in compliance with the State laws for violations. Now, these prescriptions also reveal if a practitioner is licensed, if the prescription is forged or altered and if an individual is going to several practitioners to maintain a drug habit. Over 84,000 schedule II prescriptions are reviewed each year.

Inspections are conducted on an unannounced basis. This keeps the registrants alert and hopefully in compliance with the State and Federal laws.

Compliance investigations are very time consuming and because of the limited personnel, very few have thus far been conducted. In most cases, an inspectional warrant is first obtained from the courts and served upon the registrant. The inspection generally lasts about 3 days and involves about three investigators.

Disposal of controlled substances are also done by the Investigations and Narcotics Control Section. During 1977, 1,062 pounds of drugs were disposed of and valued at over \$18,000 on the legal market. Disposals are witnessed by another investigator or an authorized person.

Because of the increased workload and responsibilities of this section, we have applied for a Federal grant to enhance the capabilities and to better carry out its mission. It will do this through an infusion of manpower, equipment and funds to cover investigative and other operating expenses. Also through the facilities of DEA, it will also undergo specialized training in diversion investigations.

Another element of this proposal is the enhancement of communications among the involved agencies. A Project Advisory Board will be established, composed of representatives from each of the concerned agencies. This board will meet to review the progress of the project as well as each agency's role in the overall suppression of drug diversion. Communications between the Federal and State levels will be further enhanced by the assigning of a full-time DEA special agent to the unit, which will be known as the diversion investigation unit. Through the facilities of DEA, two special prosecutor's seminars will be held for appropriate prosecutive and judicial officials throughout the State. The purpose of these seminars is to facilitate the prosecution of diversion cases in the county judicial system.

I have been in contact with James Hogan, Chief of the Federal/State Section of the Drug Enforcement Administration and have been informed that the grant for the diversion investigative unit has been approved. We are now awaiting the final signing which will be August 1, of this year.

Thank you.

Mr. AKAKA. Thank you very much, Mr. Estavillo.

The next witness is Togo Nakagawa, chief prosecutor, city and county of Honolulu.

#### TESTIMONY OF TOGO NAKAGAWA, CHIEF PROSECUTOR, CITY AND COUNTY OF HONOLULU

Mr. NAKAGAWA. Mr. Chairman and members of the committee, I am Togo Nakagawa, prosecuting attorney for the city and county of Honolulu.

Because we do not have an intelligence function, I do not have any concrete information as to drug trafficking interstate, intrastate or international. Nor do we have any concrete information as to whether or not drug trafficking is organized crime related.

We accept all cases presented to us for prosecution, properly investigated, from the Honolulu Police Department, Mr. Estavillo's organization, and various Federal agencies including the military.

We do come across certain problems in aerial search and seizure, in trying to impute knowledge in controlled delivery cases given to us by Customs and the Postal Service. Beyond that, most of the drug cases are street buy sales type of cases. However, we do get kind of discouraged as do the police in that they do not have enough money for front money to buy big buys to lead to the big sellers.

Beyond that, we dispose of about 900 felony cases per year, of which about 30 percent are drug related cases.

Thank you. I will be happy to answer any questions.

Mr. AKAKA. Thank you very much. Now we call on our last witness of this panel, Chief Guy Paul, of Hawaii County.

May I ask the members of the committee to move themselves to the first row where they can see the screen.

#### TESTIMONY OF GUY PAUL, CHIEF OF POLICE, HAWAII POLICE DEPARTMENT

Mr. PAUL. Mr. Chairman and members of the committee, I regret that you cannot come to our island and I hope that these slides are of some help in acquainting you with the actual problem as it exists on the Island of Hawaii.

While the problem of transshipment of narcotics to and from the Island of Hawaii is a serious one, it pales beside the gravity of the problem of massive export of high quality marihuana from the Island of Hawaii.

In this slide you see a sprig of marihuana. The dark colored portions are the colas or the part of the plant that has the highest concentration of THC when it is properly cultivated. If it is left to grow wild, it will not have these colas or concentrations.

We are a major exporter of marihuana to the continental United States. Our best estimate is that 50,000 to 80,000 pounds of dried marihuana leaves our island every year and sells for \$1,200 to \$2,800 per pound, according to its quality. The significance of this export to the other States is that 50,000 pounds of dried marihuana makes 45 million cigarettes and 80,000 pounds makes 72 million cigarettes, enough to supply many, many people.

Due to its being illegal, marihuana is grown in widely dispersed areas throughout the island with heaviest concentration in the Puna and Kona districts. This is an example of the dispersal of the crop that we see all over our island.

Here is an example of a grower trying to conceal his marihuana under trees so that it can't be spotted by the helicopters. This is a clearing in a natural forest area, they cleared away the natural growth and put the marihuana in it. They use chain saws for this on occasion.

Here is an attempt to hide marihuana under some brush in a field. And, here is a large amount of marihuana being grown in a fairly open area.

It is a very profitable activity and one mature well-grown plant can produce a return of \$3,000 on the street. This profitability has resulted in more sophisticated marihuana growing operations. Inferior parts of sugarcane fields are cleared for marihuana planting to take advantage of the fertilizing and insecticides applied by cane growers.

We are finding increasingly large-scale plantings in remote areas such as this, which is one portion of a field and I will show you several other portions of the same growth area. This is a slightly more mature part of it. About half mature plants. And, these shots show the more mature plants that we just seized.

This one particular growth area yielded 3 tons of marihuana.

And, this is part of the equipment they use. They are mechanized to a certain extent, so that they can produce a lot of marihuana. They also use rototillers, which is another mechanical aid. We now find greenhouses being adapted to marihuana cultivation for the purpose of privacy and controlled cultivation.

This is a plastic shaded greenhouse. In the foreground you see two geese who are kept in a caged area as an alarm system for the owners.

Here's an interior shot of the greenhouse. The light part of the stem of the plants are the cola part, the high concentration part which is carefully cultivated.

Here's another interior shot. The dark pipes you see along the ceiling are the automatic sprinkler system.

Here's a shot of the controlled area for the sprinkler system where the insecticides and the fertilizers are mixed in with the sprinkler system.

Here is the drying room that was set up. Notice the fan on the floor to aid air circulation enhancing the drying process. Here is the sorting room where the crates are graded according to quality.

And, here is the final product ready to be shipped out.

Just in the last few months we found three crude laboratories set up to process marihuana byproduct into hash oil which is a highly concentrated form of marihuana worth \$400 an ounce.

This is the result of a raid on our very first hash oil factory last year. In the dark-green trashbag you see the marihuana byproduct, which are the leaves which are plucked off the plant in order to manicure it so that the colas will grow.

In the past those leaves were discarded. They are now saved to form hash oil.

In the center portion you see the yellow blender which is used to pulverize the marihuana leaves. And, the two large devices are percolator type devices which use the heat of a lightbulb in its base to percolate the pulverized marihuana into hash oil. It's a very simple process, but very profitable. As I said, \$400 an ounce.

An individual grower can gross a half-million dollars per year in the marihuana industry. This profitability acts as a magnet for organized crime, especially since the grower cannot very well seek police protection.

Drug activity on the Island of Hawaii has led to four murders, three reported kidnapings, two reported missing persons and here we see a kidnaping kit which we seized in one raid. And, we have had many assaults, thefts and extortions which go mainly unreported.

This is a theft or extortion kit which we seized in another raid.

In our attempts to eradicate marihuana, we have seized 129 firearms, many of them loaded. We have also seized 68 boobytraps set to detonate on the approach of any person.

Note the top portion of this rattrap with the shotgun shell embedded in it. Here's another view of that shotgun shell and how it is held on.

There's a string tied across the path approaching the marihuana patch. If someone trips that string, the rattrap is set off, the shotgun shell is detonated and it is aimed toward the path approaching the marihuana field.

Here is a rattrap taken from another field, where the person who set it up was using 22-long-rifle shells. Note the camouflage paint and the twine that is used to tie the trap to a tree in a manner which aims the bullet toward the approach path.

These are half sticks of dynamite which were seized in another raid of ours. We got this luckily before it was set up into a bobbytrap. The bottom shot shows detonators which would be used to set off those half sticks.

Here is a shot of a field seizure we made of boxes of dynamite and a manual detonator that was to be set up in a boobytrap.

These boobytraps are especially dangerous to hunters or children exploring an area and unaware of the danger.

This is a shot of our island showing areas where we have identified that marihuana is being grown. The different colors indicate the time period in which we discovered the marihuana.

We in Hawaii County are not able to solve this problem ourselves. A way must be found to remove these plants from the ground before they enter intra- or interstate shipping. Also, a better means must be found for intercepting the finished product before it leaves the island. Our small police force cannot possibly destroy even one-fourth of the marihuana grown on our 4,000 square miles of land.

Although we have 18 Federal and State agricultural inspectors on our island, only 2 of them ever report instances of large amounts of contraband leaving the island. Indeed, we have received reports that shippers have learned to send their parcels only when these two individuals are not on duty.

We hope that you will be able to help us. The problem is a serious one, it has implications throughout the Nation and can be solved only with total commitment.

I'd be happy to answer any questions that the committee might have.

Mr. AKAKA. Thank you very much, Chief Paul. I thank all of you for your testimony. We will now begin the question period.

Chief Keala, in your testimony you mentioned that aircraft is one of the major methods of bringing drugs into the Honolulu County.

Mr. KEALA. Yes, sir.

Mr. AKAKA. Do you have any statistics regarding how much is being brought in by air?

Mr. KEALA. No, sir. But we do have a lot of intelligence regarding that matter. This is why I assigned three narcotic officers to the International Airport.

Mr. AKAKA. Would this be commercial aircraft?

Mr. KEALA. Yes, sir.

Mr. AKAKA. What about other kinds of aircraft, besides commercial?

Mr. KEALA. As far as hard drugs, we have some information, not as much information as we've got concerning commercial aircraft.

Mr. AKAKA. Let me ask the same question to the other chiefs, about aircraft.

Mr. SAN DIEGO. As far as the aircrafts are concerned, our major problems are with the commercial aircraft. We have information that

contraband, particularly marihuana, has been shipped out through the commercial airlines through luggage and cargo. In large quantities they usually use the ships and ship it out in cargo.

Mr. AKAKA. Is this because the Customs people do not examine inter-island commercial aircrafts.

Mr. SAN DIEGO. Yes, that's correct. As I indicated earlier, there is the need to articulate the reasonable cause to search a piece of cargo. Usually we get information about a cargo being shipped out after it occurs. Very rarely, if ever, do we receive information that a shipment of contraband is about to leave the island. And, this makes the problem of interdiction difficult.

Mr. AKAKA. How does Molokai compare to Maui in that regard?

Mr. SAN DIEGO. Well, Molokai is a place where we are not too concerned about the problems there because it's not as significant as we have it on the Island of Maui. We do have some reports about planes landing on the beach area in Kalalau Valley. And we did have the search-and-destroy mission in 1976, utilizing National Guard helicopters. But we were unable to depict any major cultivation of marihuana in those areas. We estimated that there were about something like 300 pounds—300 to 500 pounds of marihuana cultivated there.

It doesn't mean, however, that now or in the future, they may not return to the area and cultivate it in greater quantities.

Mr. AKAKA. Chief Hiram?

Mr. HIRAM. Last year during the program involving marihuana eradication, we borrowed the dog that is owned by the U.S. Customs. The dog was very successful, but it is just one dog and one of the handlers. And, we would like to thank them at this time for their assistance.

We do know that the majority of our marihuana is going out by airlines. Private people taking out marihuana.

Mr. AKAKA. Private planes?

Mr. HIRAM. No, not private planes. Although we did find several planes coming into one of our outlaw airports where they are landing. We didn't know exactly what they were doing, we just assumed that there was some kind of a clandestine operation.

Mr. AKAKA. Do you have any strike force or any group that looks into this kind of investigation?

Mr. HIRAM. I have a vice unit made up of four people and I have one intelligence—as you know, my department is the smallest department in the State. So, we depend highly on the governmental assistance, namely LEAA.

In 1977, Representative Gilman there who is talking about long-range plans—in 1977, the four chiefs got together and designed a program that we thought would meet our needs at the time. We submitted a grant application through the LEAA body, sanctioned by the supervisory board here in Hawaii, and it was denied the funds to create this program. And, what we are talking about was a multiagency type program attacking—basically cocaine is what we were talking about.

Mr. NELLIS. Mr. Chairman, excuse me. I just wanted to ask in that connection.

Did that involve the use of undercover people from outside?

Mr. HIRAM. Basically, Mr. Nellis, that's correct.

Mr. NELLIS. And, that plan was submitted through DEA to LEAA in Washington and turned down, is that right?

Mr. HIRAM. I don't think it went through DEA. I think it went from our supervisory board here to the region in Burlingame and back to Washington. And, in turn, turned down.

Mr. NELLIS. And, if the chairman will yield 1 more minute.

What was the reason for it being turned down?

Mr. HIRAM. There were five reasons given there. One, it blamed the method and basically the way we spelled names, I guess.

Mr. NELLIS. The way you what?

Mr. HIRAM. No, I'm just kidding.

It was insignificant insofar as I was concerned. It was something that we could have easily corrected if we were given the chance.

The other reason that was given—because we are competing for the national dollar, there's no question about it. And, it's probably evident that the people in Washington fail to see what the basic problem was out here. And, maybe it's partly our fault in the method that we made out the grant application.

Mr. NELLIS. Do you intend to resubmit it?

Mr. HIRAM. I don't know right at this time. I, personally was very disappointed. We asked our region here to resubmit it, with no results.

Mr. NELLIS. Thank you for yielding, Mr. Chairman.

Mr. AKAKA. Mr. Hiram, when you said multiagency, what agencies were you referring to?

Mr. HIRAM. Mr. Akaka, if you can visualize a small community like my community as compared to the city and county of Honolulu, Chief Keala can take one of his men that just recently joined the police department and use him as an undercover agent. On my island, that's an impossibility. And, if I may speak for the chiefs from Maui and the Big Island, we can't really use our own people as undercover agents. So, we are thinking of bringing in professional people to help us with the program.

Mr. AKAKA. Was this part of the submission to LEAA?

Mr. HIRAM. Yes, the three islands, Maui, Hawaii and ourselves, in coordination with the city and county of Honolulu.

Mr. AKAKA. Chief Paul?

Mr. PAUL. Yes. Our problem is virtually the same. We have a problem of marihuana and other drugs entering and leaving the island. We have private aircraft and commercial aircraft. The problem involves having advanced knowledge before we can do anything.

To give you an example, we had information from a Federal agency that a private plane was going to fly in from Tahiti on its way to the mainland and we should intercept it. It landed at the Kona Airport at 2 a.m. one morning. We were successful in detecting it, we got a search warrant, we went on and we couldn't find anything except some scuba gear. We knew there had to be something, so we went back on again and we opened up the air tanks for the scuba gear and that's where the heroin was.

But, unless we have this kind of advanced information, it is almost impossible to get.

Mr. AKAKA. The next question to all of you is in the area of intelligence. While we were in Florida, we found that this was one of the

problems, not within the agency, but between the agencies. Do you have the same kind of problem? Chief Keala?

Mr. KEALA. Mr. Chairman, no, we don't have that problem. The intelligence people and the vice people meet quarterly. In addition, they make daily contact with one another. I'm quite familiar with the operation in Florida where most of your marihuana and cocaine, et cetera, are coming up from Colombia and Mexico via sea vessels. Aircraft are utilized to take air photos of ships anchored off the coasts of Colombia and Mexico taking on contraband. These vessels are identified and interdicted off the coast of Florida prior to reaching their destinations.

Here we are stymied, because we don't have the intelligence and communication with Tahiti or some of the South Pacific islands, where these ships can be identified and interdicted on their approach to Hawaii.

Mr. AKAKA. Chief Paul, you were going to comment on that.

Mr. PAUL. Well, I'd echo Chief Keala. We do have an extremely good cooperative venture as far as intelligence goes. And, we are very happy with it.

Mr. AKAKA. Chief San Diego, you and others have mentioned organized crime. You particularly mentioned that it is not entrenched in the traffic on Maui.

Mr. SAN DIEGO. That's correct. In the cultivation of marihuana and the distribution of marihuana, it's not entrenched in that aspect. However, I'm fearful that if the present trend continues and the amount of money that can be made from the cultivation of marihuana, if nothing is really done about it, will be very attractive for organized crime people to step in and earn some money. And, that's what they are in there for.

Otherwise, if it won't bring any money, it won't be worth the trouble of getting involved. This is one of the reasons why we feel that we should fight this problem on an economic basis, by having an extensive eradication program with multicooperation through all the county agencies, with the help of the Federal people in supplying us with the funds and the use of helicopters. It is very important to use helicopters, because the areas where marihuana is cultivated, are very remote and almost impossible to penetrate by land unless you're willing to hike through dense forests, 5 miles or more.

I think if we can get at the problem—excuse the pun—at the root of the problem and make it an uneconomical venture, I think we'll create a big dent. But of course, we won't completely solve the problem.

Mr. AKAKA. Thank you very much.

Let me call on Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman.

I'm very much disturbed about the fact that you are not getting any cooperation in any proposed multiplanning or in any eradication programs.

In this multiagency plan, does that include some eradication, too?

Mr. HIRAM. No.

Mr. GILMAN. Is that mostly for agents?

Mr. HIRAM. That's correct. At that particular time, 2 years ago, we could see several areas and avenues of cocaine coming to Hawaii. And, basically in preparation for just specifically cocaine, although too talk-

ing about marijuana, because if we are out to get cocaine growers—I mean sellers—we are going to find marijuana people too.

Mr. GILMAN. How much did you ask for in this multiagency?

Mr. HIRAM. \$274,000.

Mr. GILMAN. And, that was primarily to hire special agents?

Mr. HIRAM. For the three outside islands, that is correct.

Mr. GILMAN. Did you discuss your needs with DEA?

Mr. HIRAM. DEA helped us draft this up.

Mr. GILMAN. Did you discuss with DEA, after that was denied, the possibility of supplying some special personnel?

Mr. HIRAM. We did. We did ask them and, they were—if I might speak for Mr. Lee at this time, he was short of manpower.

Mr. GILMAN. There still is this need, I take it, for special agents with regard to cocaine; is that correct?

Mr. HIRAM. Cocaine. I would say yes. And, what I did after this was denied, I went to my own counsel, to my own government system and they provided me with \$10,000. That was way short as to what I really needed.

Mr. GILMAN. Let me ask this of you gentlemen.

Does the State government provide you with any assistance at all? In drug-enforcement activities? In drug enforcement?

Mr. HIRAM. With the exception of this agency just adjacent to me here, from the standpoint of drug enforcement agencies, I don't know of any other agencies.

Mr. GILMAN. Let me ask the gentleman from the State Department.

Mr. Estavillo, you are the only agency involved in State government with regard to narcotics enforcement; is that correct?

Mr. ESTAVILLO. Yes, sir. Under the Uniform Controlled Substances Act there are four investigators besides myself.

Mr. GILMAN. That's the whole works?

Mr. ESTAVILLO. That's it.

Mr. GILMAN. What's your budget?

Mr. ESTAVILLO. \$313,000. This is the same unit that's going to form the diversion investigating unit.

Mr. GILMAN. I'm sorry. I didn't hear that.

Mr. ESTAVILLO. We're the same ones that are going to form the diversion investigating unit.

Mr. GILMAN. And, are you going to add personnel under that new unit?

Mr. ESTAVILLO. Two more.

Mr. GILMAN. So, you are going to have six?

Mr. ESTAVILLO. Right.

Mr. GILMAN. Are you going to be able to assign any people to local police units to help them in any of their work?

Mr. ESTAVILLO. We're bringing the local police counties in for training to assist us in this. The training will all be held here.

Mr. GILMAN. Why hasn't the State been able to assist in an eradication effort?

Mr. ESTAVILLO. That's—it's in the State laws, but funding I guess, is not possible for it.

Mr. GILMAN. The State law provides for eradication?

Mr. ESTAVILLO. For an eradication program.

Mr. GILMAN. What's the problem on the funding?

Mr. ESTAVILLO. No money.

Mr. GILMAN. Well, how much is involved here in an eradication?

Mr. ESTAVILLO. We've never tried to set it up because of the funding and the limited personnel we have.

Mr. GILMAN. Well, has anyone projected what the cost would be?

Mr. PAUL, have you projected what an eradication program would cost?

Mr. PAUL. For our island it would run in the neighborhood of \$250,000 to \$300,000 a year.

Mr. GILMAN. And, there's another island involved. What would it cost in Maui?

Mr. SAN DIEGO. It would cost Maui about the same amount.

Mr. GILMAN. So, we are talking roughly, then, about less than \$1 million for total eradication effort for all the islands, is that correct?

Mr. SAN DIEGO. Yes. Well, an eradication effort must be continuous, every 14 weeks; as I mentioned, it takes that long for marihuana to mature. A program, perhaps, could be set up. As Chief Keala can explain later on, we discussed it earlier among the chiefs, that perhaps with the use of Federal funds we could set up a program to help one another in a one-shot effort on each island every 14 weeks, on an eradication program.

Now, we haven't come up with any cost figures to set that up yet. But, I'm sure—

Mr. GILMAN. What I'm exploring is, has anyone come up with a projected cost for an overall effort for all of the islands, for an eradication effort?

Mr. SAN DIEGO. Not at this time.

Mr. GILMAN. Has anyone estimated what local government and State government could do to—by way of contribution—that kind of an effort?

Mr. SAN DIEGO. Well, as far as the contribution on the State level, with an eradication program, they did help us with the use of the National Guard helicopters and personnel. And, this resulted in a \$13 million suit, which is still pending. However, we are still using the Coast Guard, they are assisting us. But, their primary mission is search and rescue.

Mr. GILMAN. Well, I don't think the Coast Guard has the jurisdiction to go in and do an eradication effort.

What I'm going to suggest—I would suggest you gentlemen explore setting up a national eradication program. We would be pleased to work along with your representative to explore some financing that might be available at the Federal level. I think, too, you should be exploring what the State and local government can do in that effort. Maybe we can convince Burma and Mexico to loan us a helicopter that we've given to them, to help you out and see if we can get an effective program going.

Now, you are talking about \$100 million to \$150 million a year in marihuana trafficking and it would seem to me that our great Nation ought to be able to work out some sort of an effective eradication program. But, what we need from you is some sort of an overall plan or projected plan to cover all of the islands, and what the cost would be, so we can do a little shouting about it.

Now, if you'll be pleased to submit that to your representative, I'm sure he is going to get some help from this committee with regard to that effort.

I'd like to ask a couple other questions of you. If my time hasn't run, Mr. Chairman.

With regard to the planning, how often do you police chiefs get together?

Mr. KEALA. Once every quarter, at a minimum.

Mr. GILMAN. Do you ever get any help in planning and coordination from any of the Federal people?

Mr. KEALA. Yes, we do. Very much so.

Mr. GILMAN. And, has anyone ever suggested that you sit down and work out an overall long-range plan for—

Mr. KEALA. We have started it, sir. I have used my personnel, to make a statewide survey recently. The report is not completed, but we have ideas about forming a task force. Hopefully we can effectively eliminate some of the trafficking problems of drugs and marihuana and develop a program to eradicate the marihuana cultivation problem.

Mr. GILMAN. How is the intelligence exchanged from Federal—State and Federal down to local?

Mr. KEALA. Various meetings and personal contact between investigators.

Mr. GILMAN. No, I say is it a good exchange?

Mr. KEALA. Yes, it is.

Mr. GILMAN. Are you getting good information?

Mr. KEALA. Yes, sir.

Mr. GILMAN. Has anyone from a Federal level brought you together at any time and said it's time we worked out a long-range plan? Besides your own efforts, I'm talking about.

Mr. KEALA. Well, not as a group, sir. There have been individual meetings.

Mr. GILMAN. The answer is no?

Mr. KEALA. No.

Mr. GILMAN. I want to thank you gentlemen for taking the time to bring this information before us. I think your testimonies have been extremely helpful and will help this committee further evaluate what efforts are needed out in this part of the world.

Mr. AKAKA. Mr. Evans.

Mr. EVANS. Thank you, Mr. Chairman.

I would like to find out how many helicopters would be needed to put an effective program in to cover all the islands involved. As far as eradication of marihuana. Spotting and eradication.

Mr. KEALA. A minimum of three, sir.

Mr. EVANS. What other type of equipment do you need in eradication of marihuana?

Mr. KEALA. Four-wheeled drive vehicles.

Mr. EVANS. Jeeps?

Mr. KEALA. Jeeps, right.

Mr. EVANS. Do you have any estimate as to how many?

Mr. KEALA. Maybe I should let you speak to the other chiefs. They have the problem.

Mr. SAN DIEGO. We should have a minimum of at least five. We also need some trucks to transport the—

Mr. EVANS. You are talking about your island, then?

Mr. SAN DIEGO. Yes. And, I think this would apply to—if I may speak for the island of Hawaii, we need special helicopters that can lower personnel and retrieve cargo, because some of the areas are impossible to get to unless you have probably a full day's hike. We would need a helicopter with the capability of lowering personnel and equipment and also retrieving it, while hovering in the air.

Mr. EVANS. In your opinion, is marihuana a bigger problem than hard drugs in Hawaii?

Mr. SAN DIEGO. Yes, it is. As far as I'm concerned, it is a problem because it's an area where I feel we can really do something about it. Because it's placed in the ground, it's there and if we don't pull it up, or get rid of it, it's going to be distributed to the mainland and somebody is going to line their pockets. Now, we get a lot of information about a lot of people coming to Maui. A lot of backpackers, and college students hiking up into the mountains, raising their marihuana, making their college tuition. Some of them come to Maui broke and in 2 years' time they are buying land.

We have contacted the IRS. They are looking into this situation but as, perhaps, the gentlemen know, the IRS have strict policies about revealing information. So, I can't tell you how successful our exchange of information is.

Mr. EVANS. Are all of the chiefs of the various counties satisfied with the exchange of information between the counties—between county law enforcement?

Mr. PAUL. I might add one point to supplement what Chief San Diego said. We can use this equipment very well, but there is an inherent economy here—if the task force, a group that we formed is able to go from island to island, instead of supplying each island with three helicopters, for instance—

Mr. EVANS. That's what I had in mind. I was curious as to the authority under State law to have a task force, which would have jurisdiction on all the islands.

Mr. KEALA. No problem.

Mr. EVANS. Would there be objections from each individual county?

Mr. PAUL. No problem at all.

Mr. EVANS. Was the grant that you were talking about, and the request, made for one county or for all four counties?

Mr. SAN DIEGO. For all three counties.

Mr. EVANS. All three?

Mr. KEALA. It didn't include Honolulu, sir.

Mr. EVANS. Was there any reason for that?

Mr. KEALA. Yes. I'm able to get my own undercover people here.

Mr. EVANS. This was just for undercover people, then? What about equipment?

If you could get equipment for a special task force or a special unit, which would have jurisdiction on all the islands, would there be cooperation with all four counties?

Mr. KEALA. Definitely. I have sent men—my personnel to the outside counties to assist them. But, then, it becomes a matter of dollars and

cents, I'll send the men if they'll pay for their subsistence. But, I don't think it's fair for me to send my men and also pay the subsistence.

Mr. EVANS. I imagine your people probably feel the same way who are financing it. But, there was a mention about a \$13 million suit. What was that all about?

Mr. SAN DIEGO. This was a suit against the Governor, the National Guard and myself, and the county of Maui for invasion of privacy. They claimed that the use of the helicopter over their property constituted an evasion of privacy.

Mr. EVANS. Can you use the dogs in any way in finding marihuana? Are they any good at that?

Mr. KEALA. Yes, they are good. I have two dogs in my department.

Mr. EVANS. I was just trying to find out what you needed to get the job done. Thank you.

Thank you, Mr. Chairman.

Mr. AKAKA. Before I yield to the chief counsel, may I ask a question? Could you use the same dog to sniff for heroin?

Mr. KEALA. I don't believe so, sir.

Mr. AKAKA. Chief counsel.

Mr. NELLIS. Thank you, Mr. Chairman.

First, again, let me thank all of the chiefs from all the departments, you gentlemen, for your splendid cooperation with us, and Mr. District Attorney, as well.

It sounds to me like if Steve McGarrett were for real, you would have the problem solved.

Mr. NAKAGAWA, how many of your narcotics cases are cocaine, approximately? How many are heroin, if any? And, how many involve marihuana?

Mr. NAKAGAWA. I do not have the actual figure with me. But, I would say 50 percent would be marihuana. And, about 35 percent would be cocaine and the rest would be heroin.

Mr. NELLIS. A small amount of heroin.

Do you have any backlog in your office of—

Mr. NAKAGAWA. The normal backlog of all felony cases. It takes about 6 months to 10 months from indictment to go to trial.

Mr. NELLIS. You do not regard that as abnormal, however?

Mr. NAKAGAWA. No, sir.

Mr. NELLIS. I'm interested in the fact that all the chiefs have testified that cocaine seems to be a major problem. What are you finding in the way of this cocaine getting to the islands? Is that a route through the mainland or is it directly from the South American brew, let's say? The South American countries coming up by ocean? Chief Keala.

Mr. KEALA. There are several routes. From Central and South America up to Tahiti, Samoa and over to Hawaii. Another route is from Central South America up into Canada, through Alaska and to Hawaii. We also have cocaine coming directly from the U.S. continent. Some of the larger cities, yes.

Mr. NELLIS. All sources, really?

Mr. KEALA. Yes.

Mr. NELLIS. Now, this is a very expensive drug as we all know.

Mr. KEALA. That's right.

Mr. NELLIS. Do you find more organized criminal activity in the cocaine area than you do—and I understand the marihuana situation—is it more organized in cocaine, or are they also casual—

Mr. KEALA. I believe they are also casual.

Mr. NELLIS. They are amateurs?

Mr. KEALA. Some of them.

Mr. NELLIS. Getting cocaine and bringing it over here?

Mr. KEALA. Right, depending on how the cocaine is being brought in and its origin.

Mr. NELLIS. By boat from Peru? It would take quite an amateur expedition to do that, wouldn't it?

Mr. KEALA. True.

Mr. NELLIS. Do you think they are amateurs, chief?

Mr. KEALA. Sailing a ship to Hawaii would require some experience. We've seen these yachts sail by here and also stop over, and they are huge yachts. However, the smuggler may be just a crew member.

Mr. NELLIS. So, if that were properly investigated, we would be very likely to find some organization there.

Mr. KEALA. I'm quite sure.

Mr. NELLIS. Yes. Let me ask about coca bushes. Has anybody seen any coca bushes in Hawaii?

Mr. PAUL. Yes; we have in Hawaii County.

Mr. NELLIS. Chief Hiram, I see you smiling.

Are we getting coca bushes in Hawaii? Chief?

Mr. KEALA. Not here on Oahu.

Mr. NELLIS. Chief San Diego?

Mr. SAN DIEGO. Not on Maui.

Mr. NELLIS. Boy what a spot for it on Maui.

Chief Hiram?

Mr. HIRAM. I have to reserve my comments at this time.

Mr. NELLIS. All right. I don't want to embarrass anyone or call attention to anything that you don't want called attention to. But, I'm going to ask the same question about opium poppies.

Has anyone seen any opium poppies on the islands of Hawaii?

Does your silence indicate that there are none or that you would rather discuss it in the executive session?

Mr. PAUL. We would have to withhold comments for the executive session.

Mr. NELLIS. Thank you very much.

Mr. GILMAN. Are we going to have an executive session?

Mr. NELLIS. I think we should.

Mr. GILMAN. Mr. Chairman?

Mr. AKAKA. Mr. Gilman, we can call that if it's requested.

Mr. GILMAN. Well, I think this is important enough to explore. I'm going to ask, then, Mr. Chairman, if immediately following—is this the last panel that we have?

Mr. AKAKA. Yes, sir.

Mr. GILMAN. If we can go into executive session with this panel on some of these questions.

Mr. AKAKA. Are there any objections to that?

If not, then—

Mr. GUARAN. I think you have to take a vote on that, Mr. Chairman.  
 Mr. AKAKA. All those in favor of holding an executive session will say aye, and those opposed, no.

The ayes have it.

Mr. NELLIS. Mr. Chairman, may I conclude the—

Mr. AKAKA. May I, before we move on, ask the chiefs to please meet with us after this session.

Chief counsel.

Mr. NELLIS. Thank you, Mr. Chairman.

I would like to ask some questions about the drug-related crime. I think the chiefs have all agreed, am I correct in this assumption, that a good number of the more serious felonies involving robbery and burglary, are drug related. Is that an impression you have or do you have some evidence, some hard evidence to support that view?

Mr. KEALA. As far as the Honolulu Police Department is concerned, we sat down with all of my robbery investigators and the response that we received from the individual investigator, was a low of 50 percent to a high of 85 percent.

Mr. NELLIS. And, you are now speaking of the felonies such as robberies?

Mr. KEALA. I'm just talking about robberies.

Mr. NELLIS. Not burglaries?

Mr. KEALA. Well, burglaries would be pretty difficult, sir. We couldn't get any stats on that.

Mr. NELLIS. Are you finding pawnshops selling television sets that were stolen?

Mr. KEALA. Yes, sir.

Mr. NELLIS. Well, you see, that would ordinarily come from burglary.

Mr. KEALA. We know that.

Mr. NELLIS. Thank you, chief.

How about the other chiefs? How do you react to the—you see, the committee gets an awful lot of opinion. Some of it is very substantial based on reasonable ground.

One of the opinions I've always been interested in testing is how much drug-related crime is there really. How can you tell whether it is drug related or not, except based upon some expert's opinion?

Chief San Diego, do you have a view on that?

Mr. SAN DIEGO. Yes. Usually the determination of whether an offense is drug related, is derived from the investigation that is conducted. Now, on Maui, in the past 2 years we have had at least five homicides, which we can connect as being drug related.

Mr. NELLIS. Thank you chief. Chief Hiram?

Mr. HIRAM. Mr. Nellis, I was the one that testified to the fact that I had three homicides that were caused by cocaine, in the last 2 years. One fellow shot two tourists on trails in Kalalau and it was completely under the influence of cocaine.

We had another fellow in an argument over cocaine and under the influence of cocaine shot another fellow. And we had a person strangled, stabbed, mutilated a girl under the influence of cocaine. And, in that last case—during the trial, the judge permitted this man to move back to New York, if he would stay away from cocaine. And, the

psychiatrist did come in and testify that if he stayed away from cocaine and he promised that he wouldn't do it again—and, the judge permitted this.

And, we do find many of our assaults, as I testified to earlier were contributed by the fact of the control of the marihuana on the northern side of our island.

Mr. NELLIS. You have some violence related to control of growing, trafficking and the money that's involved?

Mr. HIRAM. That's correct.

Mr. NELLIS. And, if I'm correct in this, it's important to note also, the trafficking in marihuana is extremely, grievously difficult for government, because of all the money that's involved. Is it all on taxed money? Nobody ever gets any taxes on marihuana transactions, do they?

Mr. HIRAM. I'll tell you a small little story, if I may, right now.

I frequent the northern end of our island. That is the beautiful valley called Hanalei.

Mr. NELLIS. I'm very familiar with it, chief.

Mr. HIRAM. The people there are very Hawaiianish in nature with the Aloha spirit that you hear so much about. Eighty percent of all the taro comes out of that area. And, raising taro is a very difficult thing to do. You get in the mud, you know, with water up to your waist and you plant this taro and 3 or 4 months later you harvest it and pull the taro and so forth. And, they are getting \$15 a pound for that taro. And, these are younger people, like 20—impressionable people. And, they are looking across the street at the guy who is getting \$800 or \$900 for a pound of what he's putting in the ground.

And, this causes a demoralizing factor in the community itself. And, the integrity is being tested, of our Hawaiian people in comparison to what they see across the street being planted and the kind of money that they are getting.

Mr. NELLIS. I think that's very interesting chief. Chief Paul, do you have a comment on drug related—

Mr. PAUL. Yes. In the last 5 years, we have documented four murders, three reported kidnappings, two missing persons. But, the problem with the lesser crimes is that it's very, very difficult to document. A person gets his marihuana ripped off and he is not likely to report it and we don't have the figures on those.

Mr. NELLIS. Thank you, Mr. Chairman.

Mr. AKAKA. Mr. Gilman?

Mr. GILMAN. Mr. Chairman, with your consent, just one or two other questions of the panel.

From what we are gathering from the testimony, you have an increased amount of crime that's drug related, even though it's difficult to pinpoint it. You've increased marihuana production. That there has been an influx of cocaine. Abuse and cocaine trafficking, apparently which is on the rise also.

Would you say that your heroin trafficking has increased too, over the past 2 or 3 years? Would that be a fair estimate?

Mr. KEALA. I would say it has increased, sir. How much, I wouldn't be able to give you an estimate.

Mr. GILMAN. Well, apparently the effort, the personnel, the funds and the equipment devoted to the increased incidents of heroin, and marihuana trafficking, and cocaine trafficking certainly has not kept up with the volume of trafficking, is that a fair estimate of what we've heard today.

Mr. KEALA. I would say yes. I think you also have to realize, sir, as compared to other jurisdictions we have an additional problem, this cultivation bit. Whereas in practically every other jurisdiction across the country, they are worried about marihuana, drugs, et cetera, coming in. We have this additional problem of the cultivation of marihuana.

Mr. GILMAN. Has your cultivation been of recent derivation? Is it in the last few years that your finding the cultivation to be a problem?

Mr. KEALA. I'm not too sure, but—

Mr. SAN DIEGO. The problem with marihuana cultivation started in the 1960's for us. Prior to that, most of the marihuana was imported to Hawaii. But, as I indicated, around the 1960's we began to see the increase in cultivation in Hawaii.

I'm talking about Maui only.

Mr. GILMAN. And the State funding effort apparently has been minimal. Am I correct, there has been very little dollars given by the State toward the narcotics effort?

Mr. KEALA. That's true.

Mr. GILMAN. And, even smaller amounts of Federal money, apparently.

Mr. KEALA. Definitely.

Mr. GILMAN. Despite your application. Was there only one application made for Federal assistance?

Mr. KEALA. No, sir, there have been several.

Mr. GILMAN. And, have they all been turned down?

Mr. KEALA. Some have been approved, but they have been chopped back.

Mr. GILMAN. What has been the total extent of Federal funds toward the narcotics efforts?

Mr. KEALA. As far as the Honolulu Police Department, I believe overall in the past 3 or 4 years we have gotten about \$100,000.

Mr. GILMAN. And, what would the other agencies estimate that their Federal contributions have been?

Mr. SAN DIEGO. In narcotics alone, in Maui, about \$40,000.

Mr. HIRAM. We received the same amount as Maui County.

Mr. GILMAN. Has the State government received any assistance?

Mr. ESTAVILLO. No. We will be in August receiving \$200,000.

Mr. GILMAN. You haven't received any yet.

Mr. ESTAVILLO. No. It will be \$262,000.

Mr. GILMAN. And, Chief Paul?

Mr. PAUL. Hawaii County has received about \$60,000 or \$70,000, in the form of funding for its vice squad.

Mr. GILMAN. Now, this is all in the past 5 to 6 years, is that it?

Mr. PAUL. Oh, 5 to 7 years.

Mr. GILMAN. Thank you gentlemen.

No further questions, thank you.

Mr. AKAKA. Thank you very much, gentlemen. Any further questions, Mr. Evans?

Mr. EVANS. No.

Mr. AKAKA. I want to thank all of you who testified on this panel for your prepared testimony. I want you to know that your testimony will be included in the record in its entirety.

Also, I want to announce that should there be any other testimony to be submitted, we will keep the record open to receive it for the remainder of the month of July.

After we adjourn today, we will reconvene the hearing tomorrow afternoon, Saturday, at 3 p.m. in this same hall.

At this time, since it was agreed that we have an executive session we will have one immediately after we clear the auditorium of everyone except the chiefs and the staff of the committee.

I thank you very much for attending today. This hearing is now adjourned.

[Whereupon, at 4:25 p.m., the Select Committee adjourned, to reconvene at 3 p.m., Saturday, July 1, 1978.]

## DRUG TRAFFICKING IN AND THROUGH HAWAII AND GUAM

SATURDAY, JULY 1, 1978

HOUSE OF REPRESENTATIVES,  
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL,  
*Hono'lu, Hawaii.*

The Select Committee met, pursuant to notice, at 3 p.m., in the auditorium, Hawaii State Capitol, Hon. Daniel K. Akaka (acting chairman of the Select Committee) presiding.

Present: Representatives Charles B. Rangel, Benjamin A. Gilman, and Antonio Borja Won Pat.

Staff present: Joseph L. Nellis, chief counsel; William G. Lawrence, chief of staff; David Sandler, staff counsel; and Alma E. Bachrach, investigator.

Mr. AKAKA. Aloha. The hearing of the Select Committee on Narcotics Abuse and Control is now in session.

This afternoon the House Select Committee on Narcotics Abuse and Control will conclude its hearings here in Hawaii.

Yesterday the Select Committee heard from numerous witnesses concerning the extent of narcotics trafficking. This morning, we had the opportunity to tour the airport and seaport facilities.

As a former educator, the area of drug education and prevention has always been of great personal concern. Too many young people are turning to drugs, mainly out of boredom and curiosity. Treatment is costly and often ineffective. Schools, the home, the family if vitalized properly can play a major role in stopping drug abuse before it gets a chance to start.

NIDA has recently spent hundreds of thousands of dollars on a "Drug Abuse Prevention Week." Many questions have already been asked about this project, and the Select Committee is most anxious to know how effective this program was in Hawaii.

This afternoon, we will also examine the Federal role in drug treatment and rehabilitation. A great deal of time and money has been spent on drug treatment, without a great deal of success.

Our panel on demand reduction consists of Mr. Tim Wee, director, Single-State Agency, department of health; Mr. Vincent Marino, executive director, Habilitat and, also, Mr. Carl Loa, Habilitat graduate and, Ms. May Goya, counseling supervisor, drug addiction services.

I would like to ask all our witnesses, as mentioned, to summarize their testimony in 5 minutes.

Will you please come to the witness table, please, Mr. Wee, Mr. Marino, Mr. Loa, and Ms. Goya.

At this time, I would like to ask for any comments from our members, Mr. Rangel.

Mr. RANGEL. Thank you, Mr. Chairman.

I just hope this may bring new hope to Hawaii's drug problems. And, hopefully, the Congress under your leadership can bring some assistance to the ever-growing epidemic that has hit my community and unfortunately, the beautiful island of Oahu and the State of Hawaii.

Mr. AKAKA. Thank you, Mr. Gilman?

Mr. GILMAN. I have no comments, Mr. Chairman, except that we look forward to listening to the panelists with a great deal of interest to see what they can suggest by way of demand reduction and what the problems are that they are confronted with by way of demand reduction, in the Hawaiian region.

Mr. AKAKA. Mr. Won Pat?

Mr. WON PAT. Thank you, Mr. Chairman. I just want to say that I'm very delighted to join the committee here in this hearing. As you probably know, we are leaving for Guam after this hearing, in order to continue the hearings on the drug problems that we have there also.

Thank you.

Mr. AKAKA. May I ask the witnesses to stand and raise their right hands?

[Witnesses sworn.]

Mr. AKAKA. Thank you. You may be seated.

May I ask Mr. Tim Wee to begin.

#### TESTIMONY OF TIMOTHY I. WEE, DIRECTOR, STATE SUBSTANCE ABUSE AGENCY

Mr. WEE. Thank you, Mr. Chairman.

Before I start, I would like to point out that on our testimony before you today, this will be a joint presentation between the Department of Health, Substance Abuse Agency, and the Oahu Drug Abuse Coalition.

Thank you for giving us this opportunity to present an overview of drug abuse treatment and prevention activities and to share some of our thoughts with you.

Although the judiciary and law enforcement agencies, State and county medical facilities, and private delivery service agencies are primary sources of data, only recently have we been able to begin to quantify drug users into categories toward providing indicators relative to the problem in Hawaii.

The number of arrests for violations of narcotic laws statewide during calendar year 1977 increased by 56 percent over the previous year. The narcotic drug law caseload, statewide, during fiscal year 1977 in the district and circuit courts increased by 37 percent to 2,705 cases.

One hundred and thirty-eight persons were admitted during calendar year 1976 to the State mental health system with primary diagnosis of drug abuse. For calendar year 1976, 1,272 admissions for treatment were reported statewide by 13 programs.

According to DEA surveys, in 1976 approximately half of the high school graduating class members nationwide had smoked marihuana; 32 considered themselves regular users.

It's been estimated that approximately 750,000 Americans are habituated amphetamine users; 8 million Americans of all ethnocultural and socioeconomic levels admit to experimenting with cocaine.

However fragmented our information may be, the bottom line seems simple and obvious. More people are using drugs recreationally than ever before. Drug experimentation and usage by all strata of society is booming. It appears unlikely that this will change dramatically in the next few years.

If we can accept this fact, it is then apparent that the most expeditious way to address our problem is not by enforcing stricter laws, an approach that does not seem to have been effective, but to look more closely and objectively at drugs and those who become abusers toward controlling and/or preventing the increasing numbers who become disabled by drugs. To view drug abuse solely as a legal problem is to suffer from tunnel vision.

We feel that, in planning for substance-abuse programs which are heavily dependent on Federal funding, flexibility is critical. For instance, at the program level, there is increasing information to encourage an interface of not only the criminal justice system with NIDA, but NIDA with NIAAA. This is an obvious illustration of the need for holistic thinking and planning. It would be extremely advantageous at financial as well as humanistic levels, if within a given treatment project, slots could be supported by one Federal agency, even though the project might be primarily funded by another, or vice-versa, when the need was present to serve the client. Currently, we must have separate projects, not because treatment differs or because of incapability of clients, but simply because the funds come from separate bureau drawers.

We are a young State; 50 percent of our population is under 30 years of age, the high-risk age bracket relative to drug abuse. It has been within the last few years that services have been developed here to address drug abuse, but we feel that relative to the state-of-the-art and the givens of the financial picture of drug abuse services within our society, our current system of services, several of whom you will hear from today, for education, prevention, treatment, and rehabilitation is as good as any that exists.

Everyone needs more money, more knowledge, more skills. But, this cannot be our excuse not to make the best use of what we have. We need a more educated public and a more responsible and consistent view of priorities.

The subject of substance abuse deserves comprehensive attention. Facts must be disseminated to the public, especially lawmakers such as yourselves in order that nonjudgmental studies of the extent and types of substance abuse may be made.

Root causes of disabling addiction should be identified and addressed. High-risk populations should be targets for comprehensive programing. But, before continuing to perpetuate a system which has as its priority the treatment and maintenance of the disabled, money, time and effort must be allocated to eliminate the cause. Simplistically, the causes of most drug addiction lie in the complex network of our society and the needs of the people. It is true that some drugs are more harmful to the individual and to society than others. The facts about

these substances need to be publicized. Facts, not myths, so that people can make intelligent choices regarding penalties, treatment, social pressure, et cetera.

The term "prevention," although widespread and looked upon with favor, has continued to be difficult to pin down and translate. From the theoretical to the practical. Indeed, nationally and within our State, recognition of prevention of drug abuse as being the No. 1 priority of action seems to be more euphemistic in belief than practice in reality.

We have become increasingly aware of this dichotomy between belief and action, and look for support in undertaking translating the notion of prevention into action. For to prevent drug abuse, one must create something better, more meaningful and more purposeful to replace drugs. Accordingly, I would like to share with you the recent undertaking of one of our programs, the Waianae Rap Center, as an example of prevention and drug abuse. I must emphasize that this is not to say that this particular effort is any more effective than prevention activities of our other programs, but is used only by way of illustrating what can and should be pursued.

The Waianae Rap Center was originally designed to deal with drug abuse problems among the Waianae district youths, ages 12 to 25. The area is rural, low income, with unemployment high and many typical problems displayed by youth; personal and social problems, family problems, school problems, legal problems, and drug problems. It was believed that many of these behavioral problems were symptoms created by a lack of skills: Social, educational, vocational, recreational, and athletic. Therefore, it was felt that if it were possible to become creative and find something both meaningful and relevant for the youth, that it would be able to break the vicious circle of boredom, negative peer group pressure, antisocial behavior and drug abuse.

The center designed an alternative school, where youth who dropped out of the regular public school due to various problems, can continue their studies by allowing them to develop themselves vocationally through bee farming. This was to be an action-oriented program providing youth with an opportunity and challenge to become creative, from both a learning and economic standpoint. And, develop self-confidence and self-motivation to excel. It is this bee farming project which has demonstrated its success as a drug prevention activity that I would like to bring to your attention.

A group of young men associated with the center obtained a 97-acre parcel of land under general lease from the State of Hawaii, which had no irrigation facilities, nor was it cleared in any way whatsoever. It was the job of the youth to first clear the land and develop an irrigation system. It should be emphasized that all the work done was accomplished by hand, since no power equipment was available. A consultant in the bee industry volunteered his time and effort to direct and teach them the art of bee farming. And, his help proved invaluable as the complexity and scope of modern bee farming proved much greater than originally envisioned.

It was decided to produce honey and queen bees in the initial stages of development. It was important to teach the youth not only how to grow bees, but also the profession of working with them and the actual

building of hives. Bee farming was a fortunate choice in that there is a unique world of psychology in working with bees; in understanding them and projecting their movements. And, they were able to become skilled in basic experimental and applied psychology.

The youth did all the work themselves. They decided what was to be done, they decided priorities. And, as a result they were able to internalize and generate a sense of motivation and self-worth that had previously laid dormant. Today, the program is flourishing with the number of beehives expanding and honey being sold.

It may be difficult, at first, to grasp the association between bee farming and drug abuse prevention. What Waianae has accomplished and what we would hope others would attempt in drug prevention, would be to expand one's consciousness over the term "drug prevention," to do away with the standard and classical interpretation of its meaning and to seek new and creative measures in addressing a very complex phenomena.

If there is a single need from the program level of NIDA other than money, it is for flexibility, enabling the State to utilize moneys in accordance with local, not Federal priorities.

Thank you.

Mr. AKAKA. Thank you very much, Mr. Wee.

I would ask that we receive all of the testimonies, after which we will question each of you.

May I call now on Mr. Marino.

#### TESTIMONY OF VINCENT MARINO, EXECUTIVE DIRECTOR, HABILITAT, INC.

Mr. MARINO. Good afternoon, Mr. Chairman, and members of the committee.

I am Vincent Marino, founder and executive director of the Habilitat, Inc., a therapeutic community in Kaneohe, Oahu. Thank you for inviting me to appear here today to discuss various aspects of narcotics abuse and control in Hawaii.

You asked that I discuss the Habilitat program so here's a brief explanation. Habilitat is a multiracial family with over 250 members, around 200 graduates, and a yearly operating budget of \$3.4 million. Though a relatively young TC in a field that is only around 20 years old, it is considered one of the very best for size and quality. Yet our cost per resident is only \$7,200 per year. The treatment offered is neither medical nor psychiatric in the conventional sense, as you might imagine, but rather a matter of lifestyle change.

It is a documented fact that medical doctors and psychiatrists have a poor track record in dealing with character disorders and addictive personalities. Dorothy Trainor, writing in *Psychiatric News*, October 1977, says, "The alcohol and drug abuse fields have never been well served by psychiatry, and psychiatrists have pretty well abdicated any meaningful role in the fields." In the same article, she says therapeutic communities, and I quote, "are emerging as a significant social development." In my opinion, she didn't go far enough. I see therapeutic communities as a major breakthrough in treating these types of antisocial behavior.

It's all very well to be acknowledged in the newspaper of the American Psychiatric Association as "significant," but when you are still new and different, you're a threat to the establishment, especially when you get to be successful. Officials start worrying about accreditation and certification, forms, procedures and terminology. Authorities start demanding that you conform to earlier models of failure. As it stands now, our clinicians expend over 50 percent of their time filling out idiotic nonsensical, and just plain dumb forms. Time that should be spent in working with residents. But, I'll get back to that after I finish describing our program.

Like other TC's, we put our residents through a controlled, structured treatment phase that lasts 9 to 15 months. This includes encounter sessions, or "games," several times a week. There is less emphasis on humiliation as a treatment technique than in similar programs.

Residents are helped to achieve self-reliance through self-discipline. They learn personal insight and compassion for others through peer relationships, one-on-one counseling, and development of basic communications skills. Staff clinicians are all graduates of the program. Group counseling with parents and relatives is offered where appropriate.

By the way, we accept and treat all types of people. The only criteria we look for are that a person not be suffering from serious mental problems, and has a sincere desire to change. About 50 percent of our residents are court affiliated.

Education is also emphasized in the treatment phase, and, according to Dr. Frederick Glaser of Toronto's Addiction Research Foundation, who visited us in February, provided in a much more systematic manner than usual. We have classrooms and teachers who are licensed in special education on the facility and everybody who completes the program is required to have at least a high school diploma or its equivalent. Most of these people are semiliterate or illiterate when they enter Habilitat because drug addiction and other behavioral problems often start showing up in adolescence, disrupting the educational process.

After his 4-day, on-site evaluation in February, Dr. Glaser said the next phase, our reentry program, makes Habilitat unique. No other program he knows of, and he is familiar with many, goes into the vocational aspects of rehabilitation as extensively, and includes such a diversity of enterprises, as Habilitat. Here are some of the innovative activities we are engaged in: telethons, record albums, concerts, sales of advertising specialties, landscaping service, pool maintenance service, T-shirt factory, farm, bowlathons, trashathons, discothons, celebrity cookbooks, celebrity tennis tournaments, and consultant service. A restaurant and beauty salon are in the works, too.

We developed this unusual reentry program because I never could see any sense in going through all the effort and agony of rehabilitating people and then sending them back into the mainstream of society without any vocational training.

We operate these vocational training programs exactly like businesses to provide the most realistic experience possible. They also help us practice what we preach, self-reliance and self-sufficiency. I find it rather difficult to preach self-reliance if we are not, in fact, practicing

it. In my opinion, a lot of programs embody a double standard, that is, they speak and preach self-reliance while actually leaning totally on the Government for support, which I equate with begging.

Residents in the initial treatment phase are not allowed to work in these vocational training programs to avoid any possibility of exploitation. But, when they move up into reentry, everyone gets a job assignment. They learn to open bank accounts, handle their own finances, and start making the transition back into the outside community. This has been our chief objective for Habilitat residents from the start, successful reentry into the mainstream.

However, graduates who wish to remain and work in one of the vocational programs are processed by personnel as any applicant would be and paid realistic salaries if hired. Anyone hired by Habilitat must justify his or her position, graduate or not. We find that those who remain for 2 years after graduation are most successful in the long run than those who leave immediately following completion of the program.

Mr. AKAKA. Mr. Marino, would you please summarize your statement. I know you have eight pages to go.

Mr. MARINO. I only have five, but it's OK.

Basically, it seems that we have been acknowledged to be a very highly successful, extremely creative, and innovative program. And, I was asked several things. One was basically what do I have to offer in terms of the drug traffic. Well, I'm not qualified in that particular area. I personally think it's irrelevant.

I remember back in New York State when they had the great panic. They did put a hold on a lot of drugs. However, a lot of doctors and pharmacists and hospital personnel were hurt, killed, robbed, et cetera. I don't think that that would be the proper approach.

Another question I was asked was to explain the program, which I have briefly done.

My main critique that I would have toward the Federal Government is that the amount of money that they give us, and I said our budget was \$3.4 million, out of which the State gives us approximately somewhere in the neighborhood of \$1,100,000. So, the rest we generate.

The Federal Government and the State of Hawaii has forced us into a predicament that if we do not become totally self-contained by January 1, 1980, we'll close our doors and phase out the program. I adamantly refuse to continue to answer all the forms. I've got our staff who are trained, and they are very, very highly trained clinical—spending 60 percent of their time filling out forms. To add insult to injury, part of the money that is given to us to use for the residents in the program, I have to pay funding people to make out the necessary forms. And, it comes out to over \$100,000 a year, which is approximately more than 10 percent. And, that's cash. I haven't put the exact price on what my clinicians are losing in terms of momentum with the residents.

I seem to be caught between a rock and a hard stone. If I say I don't want to fill these forms out—here's what I would be willing to say. No. 1, the State of Hawaii and the Federal Government you have a right to monitor what we are doing but, it can be done in two ways. Every year, let Habilitat give you a proposal in terms of what our objectives are for the coming fiscal year. See that at the end of the year these objectives

are met. No. 2, the only problem I can see is one of fiduciary responsibility, and I think the State or Federal Government should appoint an outside, independent accounting firm to do an independent audit. That should satisfy the Federal Government. If we don't meet our results, then, have the Federal Government close us.

But, the way you are doing it now, you are strangling programs. Most of my counterparts on the mainland—Habilitat is a board member of Therapeutic Communities of America. We have been rated as No. 1 in the country, especially in terms of innovative and creative activities.

Habilitat is fortunate, because we started with the new kid on the block. So, we did not get into selling out yet. The other programs were well intended—when they originally started to take the money. But, what happened is that the string started to follow. And, it is almost like being rewarded for being successful, we are now going to be allowed to use a medical modality which has failed for centuries in this country. And, I think it is very sad to think that a country that is sophisticated enough to have man walk on the moon, cannot come up with some forms. And, when I asked some politicians, I was told that we have the same problem. I'm not interested in your problems. If you don't want to find out why these forms are necessary, that's OK. But, if it's affecting us clinically, it's very difficult for us to live with it.

If you have any questions, I'd be glad to answer them. I don't know what you want me to cover.

Mr. AKAKA. Thank you very much. Your complete text will be included in the record.

The next witness is Ms. May Goya.

#### TESTIMONY OF MS. MAY GOYA, COUNSELING SUPERVISOR, DRUG ADDICTION SERVICES

Ms. GOYA. DASII is a heroin and barbiturate detoxification, methadone maintenance and counseling center. In 1975, DASII commissioned a survey to determine the number of addicts in Oahu. An estimate of 1,500 active addicts was derived using treatment and police records. This year the DEA was quoted in the local paper estimating 3,000 to 4,000 addicts on Oahu.

Such estimates and surveys, including the one we commissioned, can only be considered as general indicators of the number of heroin addicts on Oahu. However, treatment records are more accurate. DASII has doubled the number of addicts treated in the past 3 years. This tends to support the surveys indicating a significant increase in the number of heroin addicts in Hawaii.

We have seen a significant decline in the number of amphetamine and barbiturate addicts over the past 5 years. During the same time, the average age of our addicts has dropped dramatically. The average age of our detoxification clients is approximately 22 years old.

From the perspective of a treatment program working with people already addicted, we see a great need for drug abuse education and prevention. For example, graduate school students in school guidance and counseling receive no training in drug abuse prevention or counseling. Meanwhile, data continues to demonstrate the high level of ex-

perimentation and concern that school-aged children have toward drug abuse. A Gallup youth survey of August 1977 indicated the most frequent problem stated by high school students as the most pressing was drug use, and this was 27 percent.

However, prevention should not occur at the expense of treatment. DASII has an average waiting list of 30 addicts requesting methadone maintenance. Addicts requesting detoxification also must occasionally wait for treatment. Treatment funds should remain available as demand for services dictate. Funding reductions should correlate with reduced demands for service as prevention makes its impact.

A major problem of drug abuse stems from our confused attitude toward drugs. Many drug users simply use whatever is available. Law enforcement should establish control priorities based upon the toxicity of each drug. Continuing efforts to spray and confiscate marijuana and arrest private users appear misdirected as highly toxic drugs, such as PCP, become more and more available. By establishing a rational priority based upon clinical evidence, law enforcement resources will be best used by reducing the supply of the most toxic drugs used by our teenagers and young adults.

Mr. AKAKA. Thank you very much.

May I call on Mr. Loa.

#### TESTIMONY OF CARL LOA

Mr. LOA. Good afternoon.

One of my primary reasons for being here is to talk a little bit about Habitats in reference to myself, as being a graduate.

I went into Habitats in 1975. And, I was more or less in a pressure situation as far as I was given a choice of either going to Oahu Prison for a amount of years, or going to Habitats for—you know, for help. The reason was for heroin sales and promotion.

Prior to going to Habitats, I was using heroin for about 6 or 7 years. I'm local, I'm from Hawaii. I've been here since 1959.

I just wanted to go over briefly, like all the things I was in as far as heroin and why I used heroin. I hear a lot of people talking about being bored and this and that. Experimenting.

To me, heroin—I used heroin as a copout, because I just didn't want to live up to the responsibilities in the normal world. I wanted to use it as a cover. At the same time, I used heroin as a source of revenue for myself.

You see, I went to some of the best schools, I went to Damien. I went there and I started getting involved with drugs. I started smoking dope, dropping pills. I got kicked out of school there. And, as a result of that, I just dropped out of school completely and got heavily involved in drugs.

I graduated from barbiturates to heroin and started mainlining for about—oh, several months. Then, I got busted and put in jail, costing the taxpayers a amount of money. I came out of jail and I told myself I was going to change and get back into school. Do something a little bit better. Which was just talk, because several months later I ended up in robbing a pharmaceutical company, McKesson & Robbins. This is when I started using drugs as a source of revenue.

I did this for about 3½ years. And, I got busted again. I was deported from Hawaii, costing the taxpayers and the citizens a amount of money again. So, I was deported for 1 year and I came back, again, with the impression that I was going to get back into something a little bit better. I was going to change my lifestyle. I wasn't going to hurt my parents anymore. I was going to become a productive citizen in society. Which lasted for about 2 weeks.

I got back into heroin again. I got back into my contacts and started importing heroin. I started using it again. And, at one point I was using about \$300 to \$400 a day worth of heroin.

And, you know, a lot of the things that I'm talking about now are something that I'm not really proud of, because I didn't gain anything by it in the 7 or 8 years that I was involved in it.

I hurt my parents. I remember at one time I was so hard up for drugs that I stole my father's car and I sold it, you know, to get my next fix. And, this went on—not only with my father, with my cousins, with my brother and their family. And, you know, it really put me in a position to where I finally got—like I mentioned before, I was given a choice of either going to prison or going to Habilitat.

So, in 1975 I was visited in Halawa jail by Vicky Marino, who was a mainlander—she's haole. She came into the Halawa jail talking to me about Habilitat. The type of help that was available for me, the type of guidance. And, you know, she made me realize that what I was doing to myself was just—you know, mere human waste. She told me that you have potential, you can be somebody in life, you can be a normal citizen. What we call a normal citizen. Somebody who can have a 9 to 5 job, pay his taxes and have a family and stay out of trouble.

She came and interviewed me, and it took me a while before I responded to the help. This was only when I was in the courtroom and they told me, "Well, you either go to Habilitat or you go to prison."

When I went to Habilitat, they asked me to give myself a 3-month commitment. To try and see how the program works out for me and the type of things that I could benefit from it.

While I was in there, I met several friends of mine that were on the street with me in the past. My crime partners so to say. And, there was about four of them in the program and I thought they were all dead. So, when I went to the program and seeing them in there, and seeing that in some way they had started to change. They weren't the same people that I used to see before. They had a little bit more meaningful direction in life. They were happy. But, they were happy with themselves. Not being happy through the use of drugs or heroin and all of that. You know, the majority of the time that's what I took it for. It was like a booster for me.

I felt good when I took heroin. I felt good when I took reds. You know, I could conquer the world when I was on this stuff. But, when it came out to the bottom line, Carl Loa, you know, straight. I just couldn't face up to myself, because I knew that I was a failure. I failed at everything I did. I destroyed a lot of people just in my escape on drugs.

So, I have been with Habilitat about 4½ years now. I can't really describe the degree of help that these people have given me. Just the program itself. I consider the Habilitat my family. In Hawaii we call it Ohana, which is my Ohana right now.

**CONTINUED**

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I was in there—you know, I was given like everybody else—treated the same way. They put me under the grinder. They found out what my main source of problem was, which was lack of confidence. I really didn't have any self-worth, I didn't have any self-discipline. And, once this was determined, you know, there was a building process. They started teaching me to—hey, you can't be—you know, you can be somebody. This is the way you do it. They gave me the direction, which I never got from my parents, from the schools I went to, none of these people. I was reckless.

But, this is where I found a direction. This is where I found some meaning in life. They gave me some goals that I could shoot for. They gave me some things that I could look forward to, aside from a fix. Aside from, you know, selling drugs, this and that. They gave me something a little more exciting, which is myself now. I feel good about myself. I have gained a lot of self-worth. I have gained a lot of self-respect, and I have gained a lot of just human compassion, you know, from people. I have gained a lot of just positive direction, as far as life goes.

And, I can actually say that if it wasn't for Habilitat, the State would have at least spent \$1 million on me just in jails. You know, putting me in prison, going through court systems, and this and that.

I only wish that a lot of other kids were given the opportunity to get into this type of lifestyle. That's what Habilitat gave me, they gave me a new lifestyle. They didn't just give me a tool or a vehicle to ride around in, they gave me a complete lifestyle. And, it is something that I'm happy with.

I just hope that people are given the opportunity to get into Habilitat. And, I hope that Habilitat can be given the opportunity to help out Hawaii as well as the Nation. I consider Habilitat No. 1 in my own eyes. Not as a graduate, but just the byproduct. I'm the byproduct.

My parents, you know, they can tell the difference. They are a lot happier. They are proud that I'm somebody finally. You know, I'm not in prison or I'm not in jails anymore.

Thank you.

Mr. AKAKA. Thank you very much.

Mr. WEE, do you have a State plan for your agency?

Mr. WEE. A so-called State plan, yes; as required by the two national institutes.

Mr. AKAKA. What are your plans? For how long are they proposed?

Mr. WEE. The plan, as required by NIDA and NIAAA is done on a fiscal year basis. I don't know if you are aware, in the case of NIDA, they require an activities section or performance report I guess is what they call it. And, then a projected section, financial section and an activity description section. Those are the major sections.

Mr. AKAKA. How are your programs financed in terms of State, Federal or other sources?

Mr. WEE. Currently for this current fiscal year, we have 11 programs—drug programs, that are funded through NIDA—through the 410 funds available for the statewide services contract. We have allocated approximately \$562,000. In State funds, we have \$824,000. In title 20 funds, we have approximately \$806,000. In other welfare payments or funds allocated through the department of social services and housing, we have approximately \$650,000.

Then, the programs on their own and through their efforts have generated another approximate \$1.6 million in operating funds. And, this comes from a range of sources. Private contributions, private trusts and foundations. There are a few NIMH grants in there and, also, our local United Way fund.

Mr. GILMAN. Mr. Chairman, would the gentleman yield?

Mr. AKAKA. Yes.

Mr. GILMAN. What does that total, Mr. Wee?

Mr. WEE. The total is approximately \$4.5 million. That's total program costs.

Mr. GILMAN. How much of that is federally financed?

Mr. WEE. Let's see, \$562,000 against that. That's in direct Federal now. That's NIDA funds. Title 20 provides another \$805,000.

Mr. GILMAN. I thank the gentleman for yielding.

Mr. AKAKA. Mr. Wee, you mentioned that you have 11 programs under your agency. In what counties are these programs located?

Mr. WEE. The majority of the programs that are funded through our agency are on Oahu. We have one program in the county of Kauai, one program in the county of Maui and one in the county of Hawaii. So, there is just one in each of the neighbor islands.

Mr. AKAKA. Does that indicate, then, the amount of abuse?

Mr. WEE. No; that indicates the amount of available funds up to the current time.

Mr. AKAKA. Mr. Marino, again, another financial question.

You mentioned that your funds come from the State as well as what you generate. Do you receive any funding from the Federal Government?

Mr. MARINO. Well, somewhere around, I think, \$400,000. Again, I'm not an accountant and I don't have our accountant with us, but it's around \$400,000. And, title 20, I think, we get another three hundred and some thousand. And, the rest is picked up by welfare, and food stamps. The whole total is about \$1.1 million.

Mr. GILMAN. \$1.1 million from the Federal Government?

Mr. MARINO. No; through the State—the only part—I guess it all comes from the Federal Government. The only part that I know of would be NIDA, that I know directly is; the rest of it is purchasers service and that's from the State.

Mr. AKAKA. Just to get this straight, the amount that you get from the State comes from Mr. Wee's office?

Mr. MARINO. No. Part of the amount I get. Tim Wee handles the NIDA Department of Health and, then, Andy Chang's office handles title 20 for DSSH.

Mr. AKAKA. My question, then, is how much of the money that you receive comes directly from the State funds?

Mr. MARINO. \$1.1 million directly from State funds. There's only three ways—four ways. There is title 20, purchasers service. There's NIDA which falls under the Department of Health. There's welfare and there's food stamps. The rest of the money we generate.

Mr. WEE. Mr. Chairman, are you referring to State general funds?

Mr. AKAKA. That's right.

Mr. WEE. It's approximately \$341,000 in State general funds.

Mr. AKAKA. Is that what Mr. Marino's Habilitat receives?

Mr. WEE. Yes.

Mr. AKAKA. Mr. Marino, I know you treat many different drug abuses. How would you list the drug abuses that you treat?

Mr. MARINO. I would say about a third of our population are hard core opium addicts. Another third are people that have experimented somewhat in heroin or cocaine, or psychedelic amphetamines, ups, downs, et cetera. And, the other third, you could sprinkle some alcohol and maybe have experimented once or twice in their life.

Mr. AKAKA. I know you have been commended many times in our community for your program, so I'm not surprised to hear that you are No. 1 in an innovative and creative program.

Can you briefly tell me what your innovative and creative programs are?

Mr. MARINO. First, I've got a problem. If I could just for a second—I'm very confused, because I was under the impression that I am doing a service in the State of Hawaii that—whether it's Federal or State, that no one either wanted to do or no one could do.

After I do this and I have proven it to be successful, now they want to accreditate, certify, and license. And, ironically the people that are going to do the accreditation and licensing don't even know what I do. They are very nice people, I just don't think that they are capable of understanding what we do.

Now, where are we innovative? We're innovative in that unlike any other program in sight—there are two in the country. One is called Synanon and which we are very much anti and one that is called Delaney Street, which is located in San Francisco that have vocational training. We are the only program that pays salaries, that is nonpolitical, and that teaches vocational training. The crux of our whole program is, OK, you could teach a guy how to use his head and how to develop emotionally and intellectually, but if you don't teach him a viable skill, you are going to send him right back to the same place he came from without the means with which to earn some kind of a livelihood with some dignity and pride. I think that that is the major downfall with all the programs throughout the country.

Part of it is not their fault, because the Federal Government will not fund for those kinds of businesses. And, I think if they used part of the amount of money that they use hiring people who don't know what they are doing in terms of being able to sit—I don't know of anybody in this State—and, no offense to Tim Wee—I don't know of anybody in this State that is capable of certifying it. There are some people in the mainland that are involved with therapeutic communities. But, it would be similar to asking a plumber, a master plumber to go and certify an electrician. I mean, they are both skilled but one is a different area than the other. This is the main problem that I'm having.

I wrote to Bob DuPont. I even spoke to Peter Bourne and spoke to Bob DuPont at one of the conventions and conferences. And, I explained that I could show, if he wanted to hire me as a consultant, I could show the Federal Government how to save a lot of money and get better quality out of programs. And, there's a guy named Robington that is in Washington somewhere. I sent some correspondence to him and I'm waiting to hear from him. But, I would welcome a pilot program that I would oversee in terms of a consultant. Pick any kind

you want. As long as it's a live-in program, and I'll show you how that program can start to earn some money on their own.

[The letters referred to follow:]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,  
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION,  
May 23, 1977.

MR. TIMOTHY WEE,  
Director, State Substance Abuse Agency,  
Honolulu, Hawaii.

DEAR MR. WEE: We are pleased to announce that Drug Abuse Prevention Week has been rescheduled and is now planned for January 1978.

The original dates for the Week, which is intended to kick off the National Drug Abuse Prevention Campaign, were to have been in October 1977. But a number of SSA Coordinators and other participants at a recent planning meeting in Rosslyn, Virginia pointed out difficulties with the original schedule, including conflicts with other SSA activities and not enough lead time to prepare for effective participation at the State and local levels. They asked me if the Drug Abuse Prevention Week could be shifted to January.

This later date will provide more time for planning and coordination, with everyone involved. Our contractor, Porter, Novelli & Associates, will be sending you a Campaign Memorandum soon, which will include specific dates and additional details.

We appreciate your interest and encourage your cooperation in the Drug Abuse Prevention Week activities and the 1977-78 Drug Abuse Prevention Campaign.

Sincerely,

LAURENCE T. CARROLL, Ph. D.,  
Director, Division of Resource Development.

JUNE 9, 1977.

LAURENCE T. CARROLL, Ph. D.,  
Director, Division of Resource Development,  
National Institute on Drug Abuse,  
Rockville, Md.

DEAR DR. CARROLL: Thank you for your letter of May 23, 1977, regarding the National Institute on Drug Abuse's (NIDA's) plans for the Prevention Campaign.

It may be appropriate at this time to share with NIDA, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the contractor, Porter, Novelli & Associates, some concerns we have relating to prevention in Hawaii.

Hawaii has a combined agency for alcohol and drugs. Our State prevention efforts are geared towards substance abuse, which includes drugs and alcohol, for reasons of economy, efficiency, and the philosophical view that alcohol and drugs are often used and treated in combination hence should not be presented separately in prevention and education.

We believe national prevention activities should also be geared to substance abuse instead of drugs or alcohol for the same reasons. It has been our experience that more "mileage" can be obtained on the local level at less expense from a combined effort with the media, community groups, schools and the general public.

Several posters developed during the 1976 NIDA campaign, particularly those labeled "Pollution", "The Typical Drug Abuser" and "Running Won't Make You Free" were good examples of materials applicable to all substance abuse.

Posters labeled "The Natural Things" unfortunately did not fit in well locally because scenes depicted were difficult to identify with. For instance, there are no winter sports or falcons here, sail boarders in Hawaii do not usually wear T-shirts, dark glasses or watches, beach walkers wear shorts or a bathing suit, and the racial mix of faces did not fit our preponderance of Asians and part Hawaiians. There are very few blacks, Chicanos or Indians in Hawaii. Brick buildings are rare, our trees have leaves and our skies have clouds. Also, 9 of the 14 of the pictures on "The Natural Things" posters had only one whole human figure in them, which imparted a feeling of loneliness, whereas there is heavy emphasis on family and group activities here as alternatives to substance abuse.

There is no reason why the Q & A booklet could not have been entitled "Questions and Answers About Substance Abuse" since it did include a section on alcohol.

We would like to encourage a single yearly national substance abuse prevention campaign by NIDA and NIAAA geared to drugs and alcohol simultaneously, as well as a single substance abuse awareness week, instead of one for drugs and another for alcohol. This would better compliment our local on-going prevention efforts.

We would also like to have the opportunity in advance of publication to review and comment on from our own perspective, any proposed materials, posters, film strips, etc. developed for national distribution. Our comments above on last year's material show the need, as does our inability to use locally the NIAAA Sunday supplement "The Drinking American," for such review. We cannot afford to finance two supplements, one on alcohol and one on drugs, but can afford to finance one on substance abuse, which we intend to do, but which we will have to design here.

Thank you for this opportunity to share our concerns with you. We look forward to any assistance you can provide towards the development and maintenance of prevention.

Sincerely,

TIMOTHY I. WEE,

*Branch Chief, Alcohol and Drug Abuse Branch.*

DECEMBER 2, 1977.

Mr. PAUL GORMSEN,  
*Porter, Norvell & Associates, Inc.,  
Washington, D.C.*

Dear Mr. GORMSEN: Re your open letter concerning radio and television station listings and copy for slide tags and radio scripts, we are unable to return a copy of the station lists because we currently have no personnel who will be able to devote the time required to visit broadcast outlets during January. Accordingly, please forward materials directly to the stations. We will communicate by mail with each station.

Please do not mail Spanish versions to Station KCCN, as they do not have any Spanish language programming.

The copy for 35mm tag ends and radio scripts should read as follows:

"Call: Alcohol and Drug Abuse Branch at 548-7644"

Re your campaign memo dated November 15, 1977, we must request that you not ship any pamphlets or posters to this office until we have been provided with one copy of each to review. We do not wish to be inundated with numerous copies of material which are unsuitable or unusable in Hawaii. Information regarding the quantities we might wish to receive will be communicated to Mr. Tom Adams via telephone as soon as we have the opportunity to review the material. Although a film presentation was made, the campaign presentation did not include an opportunity to review the actual materials. We are fully aware of the fact that this will mean a delay in receiving quantities of these materials until after the end of December but we insist upon a review prior to shipment because of our previous experience with materials developed nationally. (See copy of previous correspondence attached.) We currently have on hand a large quantity of material from last year's campaign which programs and organizations found unsuitable for distribution or display.

We look forward to receiving review copies.

Sincerely,

TIMOTHY WEE,

*Branch Chief, Alcohol and Drug Abuse Branch.*

Mr. MARINO. And, more important teach some people a viable skill.

Mr. AKAKA. Thank you very much.

I'm going to pass this on to Mr. Rangel.

Mr. RANGEL. Thank you, Mr. Chairman.

Mr. WEE, what problem is Mr. Marino having and what does he have to be certified for? I assume he is talking about some State regulation?

Mr. WEE. It's a State law. It's act 108, which was passed during the 1977 legislative session. And, what it does is require that the non-State

agencies which receive State subsidies—State general fund subsidies be accredited and personnel be certified.

Mr. RANGEL. What does that mean?

Mr. WEE. In other words, to be eligible to receive funding, that the process of being finalized, yes. We have yet to begin the accreditation standards.

Mr. RANGEL. Who does that? Your outfit?

Mr. WEE. Yes.

Mr. RANGEL. Have you done it?

Mr. WEE. We have drafted certification standards, which are in the process of being finalized, yes. We have yet to begin the accreditation standards.

Mr. RANGEL. Well, certainly whatever you've done would take into consideration the experience of those making applications.

Mr. WEE. The standards, as were developed, were developed by a working group, which were representative from various programs within the Oahu Drug Abuse Coalition. The standards also were presented during public hearing. One of the things I know Mr. Marino—I can understand Mr. Marino and a lot of people's feelings in the private sector, that the State and Federal levels may have their problems but, so be it. One of the problems that we did face internally with our own system was that we were accused of having developed certification standards, which perpetuated a certain level, the current level of services. And, we did not develop standards which would upgrade services.

Mr. RANGEL. Maybe I didn't frame my question correctly. I assume that the standards that your office developed to accredit those that are working with drug addicts, included the experience of those who have been working with drug addicts?

Mr. WEE. Definitely.

Mr. MARINO. Excuse me, sir. May I—we are in a very unique situation. Habilitat is the only therapeutic community in this State. We have no counterparts. There is no one that does what we do, nor do we do what they do. And, there are other quality programs, but they are off in a different direction. So, I feel that we've just been bunched in with a bunch of prevention and methadone programs, Outreach, et cetera.

Mr. RANGEL. But, you do—without doing violence to the language you have selected—give some type of treatment in your own unique style to drug addicts, correct?

Mr. MARINO. I have to qualify it.

Mr. RANGEL. OK.

Mr. MARINO. We're not into treatment. What we are into is teaching people some commonsense. We want to get away from the treatment—

Mr. RANGEL. Are you saying that the people lacking in commonsense were the drug abusers?

Mr. MARINO. Right.

Mr. RANGEL. OK. Now, is there some way to get some language into the State guidelines to include that type of experience in the criteria for accreditation, Mr. Wee?

Mr. Wee, might I suspect that someone like Mr. Marino would be automatically qualified under the guidelines and standards that the

State legislature mandates. Obviously he is apprehensive that people with no training are going to set the guidelines.

Mr. WEE I think the guidelines—

Mr. RANGEL. Let me put it another way, because I want to save time.

As the person responsible for setting the standards is there any question in your professional mind, that Mr. Marino would qualify for certification based on your knowledge of his reputation in this area?

Mr. WEE. I would see no problem with Mr. Marino qualifying under the standards as they have been developed.

Mr. MARINO. Yes; but that's not my problem. I'm not worried about my qualifications. I'm concerned with who is going to certify our clinicians and our people. And, then, there's a hook on this, Mr. Rangel.

Right after this one comes the client's bill of rights, which would destroy every therapeutic community in the Nation. And, this is the lead on to that and, that's why I'm—

Mr. RANGEL. Has all this been enacted by the State legislature in 1977? All the things that Mr. Marino is talking about?

Mr. WEE. The client's bill of rights is only a suggestion format that all programs should consider. It is not mandated.

Mr. RANGEL. Is there any reason that Mr. Marino should believe that the way he's operated his program, and I assume that it's operated with fiscal integrity, that these new guidelines may interfere with whatever he uses, instead of his family style in bringing common-sense to friends and family?

Mr. WEE. From our perspective, no. But, I realize Vini is concerned about these things. Concerned about the technicians in his program and ultimately the clients. But, in reviewing the standards, we feel that it would not jeopardize the program at all.

Mr. RANGEL. Now, has this been said publicly, so that his staff and friends and relatives, and Habilitat would at least know that they can continue to operate without interference from these statutes? I mean, have you publicly given the benefit of your professionalism as well as your understanding to the program?

Mr. WEE. I feel that during the public hearing that was conducted on the proposed standards, that this was brought out, yes.

Mr. MARINO. May I just add on to that, please?

We presented a proposal in which we could live with, in terms of—and, it's not just a question of semantics. It's a question of literally changing the whole philosophy in terms of how we operate. In our proposal, one and two and three were just shot down.

Mr. RANGEL. By whom?

Mr. MARINO. By the members of the department of health that were on that committee. Now, we are the only program, so we kind of stand alone. All the other programs are saying fine. As a matter of fact, the coalition said fine, we'll go along with this. But, we can't live with that.

Now, if they want to do that, fine. But, what I'm asking is, is there a possibility being as we are unique and we are registered as being unique by the Therapeutic Communities of America—

Mr. RANGEL. All of your treatment is strike out treatment. I think that's the language you used. But, all of your exchanges with your friends are drug free?

Mr. MARINO. Totally drug free.

Mr. RANGEL. And, no methadone is used for detoxification or anything?

Mr. MARINO. The only time we've been involved—I would have to qualify—is if somebody comes in on methadone and he's down to around 20, then we will put him—sometimes we have done this in our induction phase. And, we will take him down to get his methadone.

Mr. RANGEL. At some other place?

Mr. MARINO. To detoxify him. Not to maintain him.

Mr. RANGEL. I think I'm going over my time. And, I do hope that through my friend and your Congressman, Daniel Akaka, that I will be able to follow on how this works, because in New York City we will be monitoring it very closely since we have not come anywhere near the degree of success that, obviously, your program has enjoyed in the State of Hawaii.

But, I was concerned with Mr. Loa. I hope I pronounced it correctly. That having been a graduate for 4½ years and having found yourself, exactly what are you doing now? You said you are still with Habilitat?

Mr. LOA. Yes.

Mr. RANGEL. What are you doing with Habilitat?

Mr. LOA. Currently I'm employed by Habilitat. I justify, I guess my position in Habilitat as an employee. I currently work in the sales and marketing division, as well as some other small business that we do have. You know, that we do have to generate other means of income for the program.

Mr. RANGEL. Is your salary comparable to that in the private sector for those doing the same type of work with organizations that are created for profit?

Mr. LOA. Yes. Yes it is.

Mr. RANGEL. Thank you, Mr. Chairman.

Mr. MARINO. Can I qualify that, please; 20 percent of our graduates—there's about 200 graduates, 20 percent usually choose, if they can justify a salary, to work for us. They usually stick around. Carl—his time is not up yet. They usually stick around about 2 years after they complete. Some decide to stay on and that's about 10 percent. They are paid comparable salaries that they would get in any other firm for doing the same type of work.

Mr. RANGEL. OK. My problem is that with some of the successful graduates in New York, it was tilted toward employees as opposed to those who chose to continue to work with the—

Mr. MARINO. Well, the majority of our people are out.

Mr. RANGEL. That was my question.

Mr. MARINO. But, then, again, everybody is out. I mean, they don't live there or anything like Phoenix House or Daytop or Odyssey.

Mr. RANGEL. Do you have to be a drug abuser in order to enter Habilitat?

Mr. MARINO. To come into Habilitat you just got to want to change.

Mr. RANGEL. You don't really have to have any bad experience with drugs? I mean, could I get in if I was young enough just for smoking?

Mr. MARINO. Anybody can come in. There are kids that—or, people that have come in the program that just didn't find life meaningful. They come from very sound—some even semi or actual affluent fam-

ilies. They just couldn't get along with school. And prior to any involvement with drugs some wouldn't even smoke cigarettes.

Mr. RANGEL. Or, some join for the social status of being a part of an in group that respected and enjoyed each other's company?

Mr. MARINO. Well, mainly to find themselves. To find out who that person is. Like a lot of our schools that don't teach adequately writing, reading, and so forth, they are also not teaching what the real world is like to live in. And, a lot of kids become very confused.

Mr. RANGEL. What's the age group?

Mr. MARINO. The median is 21.2, I think. It varies depending on if we brought in a guy 75 years old tomorrow, I guess it would go up. The youngest we have is about 5 years old. We have some children of residents of the program. And, we couldn't take the parents in because they would not want to either put the child in a foster home or leave the child with parents or something. So, we have made some kind of accommodations.

Mr. RANGEL. So, someone allowing their kid to enter the program wouldn't necessarily mean that he or she would be associated with drug addicts. Just a group of people together that have different types of problems and are trying to work it out with professional help?

Mr. MARINO. That's right.

Mr. RANGEL. Thank you.

Mr. AKAKA. Thank you, Mr. Rangel.

Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman.

Mr. Marino, I'm very interested in the success of your program. Do you do any treatment at all? It's all focused on vocational education. Is there any—

Mr. MARINO. I was just explaining to Mr. Rangel that we do have a phase that we actually even call treatment, because Tim Wee says it has to be called treatment if you want to get some money. So, we pacify him and we call it treatment. That lasts from 9 to about 15 months. At that time none of those people in the treatment phase are allowed into any of our profitmaking or business for the possibility of an exploitation issue.

Mr. GILMAN. What do your pacifiers do in that period of time?

Mr. MARINO. They work, they go to school. It's a rough day. It's like being in—typical to Phoenix House.

Mr. GILMAN. Besides work, is there any counseling?

Mr. MARINO. Oh, there's group—there's encounters, there's disquisitions, one-on-one counseling. We have the parents involved when that's available. And, we have different kinds of tutorial groups.

Mr. GILMAN. What are your age groups?

Mr. MARINO. The age group is 21.2 median.

Mr. GILMAN. And, what age do you start on that? What's the lowest age you take?

Mr. MARINO. The lowest one we've ever had was 18 months old. That was a child of a resident. But, the youngest we've had as an actual resident that we got from family court was 11.

Mr. GILMAN. How old do you take them?

Mr. MARINO. The oldest we've had so far has been 68, but there's no limit on how old.

Mr. GILMAN. No age limits at all?

Mr. MARINO. No.

Mr. GILMAN. I note in your testimony you were complaining about some funds that weren't allocated to you on page 5 of your testimony. Can you tell us a little more about that? What is that \$142,000 that the State deducted from your funds in 1973, and you said you would like to know where the money went. What's that all about?

Mr. MARINO. Well, the State gets 8 percent of our funding. I guess of all funding, but I'm not speaking for all programs so I'll just refer to Habilitat. They get 8 percent of what we are supposed to get. It's taken off us, so that the State can do evaluations, monitoring, and so forth, and so forth.

Mr. GILMAN. Mr. Wee, could you tell us about that?

Mr. WEE. Sir, this is—I can't really go into this, because this is the funds under title 20, which are administered by the department of social services and housing. These are not the NIDA funds that Mr. Marino has referred to.

Mr. GILMAN. Is the State permitted to deduct some of those funds for—

Mr. WEE. I believe under title 20 they are allowed an administrative cost against each of the contracts, the purchaser service contracts.

Mr. GILMAN. Mr. Marino, the problem you raise about the 10 percent going into paperwork is something that many of us in Congress are concerned about in conducting hearings over the past year. We are astounded to find that 10 to 25 percent of many of the large appropriations are consumed in paperwork and auditing, just as you've complained here today. And, you may be pleased to know that there is some legislation wending its way through Congress that hopefully will put an end to this kind of wasteful redundant reporting that just consumes the needed dollars that should be going to people rather than to paper.

Mr. MARINO. Thank you.

Mr. GILMAN. And, I hope you are going to see some benefit from that in the near future. But, in the meantime, I do advise you to continue to fill out the forms so that you can keep the dollars flowing toward you.

Mr. MARINO. On that page 5, that money, you see we were just recently—there was an audit called for Habilitat and why I was a little bit concerned is that the State has been having this \$147,000 under title 20, which is not Tim Wee, it's the Department of Social Services. And, according to a—there's a law that they have to do an audit on a minimum of every 2 years. We've submitted our proposals, we have submitted our outside independent audits and, then, we were cheaply attacked, saying like—and, then, the media picked it up and did funny things with it.

Yet the State doesn't talk about why it hasn't done the job that it was paid to do. And, we wouldn't have gotten into this situation.

Mr. GILMAN. You've never been audited?

Mr. MARINO. I never have. In 7½ years, I—

Mr. GILMAN. Mr. Wee, can you explain that?

Mr. WEE. Again, Mr. Marino is referring to the title 20 funds. It is title 20, the auditing, right?

Mr. MARINO. No; they're auditing the whole program.

Mr. WEE. Yes; but it's based around title 20. And, an audit was called for by the State legislature of the program. Initially it was precipitated by the title 20 funds that had been made available to the program.

Mr. GILMAN. But, as I recall your testimony, Mr. Wee, you said a portion of the total program comes from State dollars that are going into Habilitat. Isn't there some of the State general funds going into Habilitat?

Mr. WEE. Yes.

Mr. GILMAN. How much?

Mr. WEE. That was——

Mr. GILMAN. \$341,000 you testified to.

Mr. WEE. That was approximately, yes.

Mr. GILMAN. What about the audit to that portion of the funds? Has that been undertaken?

Mr. WEE. Not an audit per se. What we have required and what has been accepted by the two national institutes has been a copy of each program that was funded by State and Federal funds of their most recent outside audit. Or, an audit conducted by an outside firm.

Mr. RANGEL. But, he said he's never had an audit in 7 years.

Mr. WEE. Never an audit conducted by the State per se. But, then, we do receive—Mr. Marino and all other programs do submit to us certified copies of audits that they have conducted annually, yes.

Mr. MARINO. We have an audit, our own audit, independent audit. But, the State nets like a hook in there because—I guess in essence, once you become successful, you—especially in a political year and this is for Hawaii, a political year.

Mr. RANGEL. When is it not a political year?

Mr. MARINO. Last year was no political year and next year will be—well, maybe—I don't know. That's your business, I don't know.

Mr. GILMAN. Mr. Wee, you represent the State agency on drug abuse. Mr. Estavillo who was here was from your agency also? He testified yesterday.

Mr. WEE. No; he is from another agency within the Department of Health.

Mr. GILMAN. He has nothing to do with your drug abuse branch?

Mr. WEE. Not the treatment aspects. His is the enforcement and monitoring.

Mr. GILMAN. Well, isn't it the Department of Health, Alcohol and Drug Abuse Branch—aren't you all the same branch?

Mr. WEE. No, sir. We're just as bureaucratic as the Federal Government. No; we are two separate sections within the Department of Health.

Mr. GILMAN. Within the Department of Health, he works on narcotics, right?

Mr. WEE. Yes.

Mr. GILMAN. And, he's in enforcement, you're into treatment?

Mr. WEE. Yes.

Mr. GILMAN. How many total people are involved in enforcement and treatment in narcotics in this State? He said, I think, about four or five people in enforcement. How many do you have in treatment in the State agency?

Mr. WEE. If we address treatment, we've got to talk about all the people in the private sector.

Mr. GILMAN. No; I'm talking about State employees in your department.

Mr. WEE. Oh, State employees, we have nine.

Mr. GILMAN. So, we are talking about 13 people all together handling narcotics in the whole State of Hawaii, is that correct?

Mr. WEE. Yes, sir.

Mr. GILMAN. About one-quarter of them in enforcement and the other three-quarters having to do with treatment.

Mr. WEE. Yes, sir.

Mr. GILMAN. How many of those are administrative people?

Mr. WEE. Three. I guess you could consider three of them, or four.

Mr. GILMAN. So, actually about three-quarters of them are operational. It's a pretty small number. And, your total budget is \$341,000 in treatment. What's your total amount being expended for treatment?

Mr. WEE. We are not—

Mr. GILMAN. State dollars?

Mr. WEE. We are not a direct service agency, now.

Mr. GILMAN. I recognize that. What's the total—

Mr. WEE. Total State dollars is \$824,000, approximately.

Mr. GILMAN. I don't recall, Mr. Chairman, what the figure was for the total State dollars available for enforcement, but it seems to me it would be less than \$200,000 or something of that nature.

It seems to me that you're spending approximately \$1 million total statewide for a very critical problem, a growing problem. I notice your arrests alone from the chart—and, I don't see too many charts that shows more than 2 or 3 years in statistics. But, the arrests chart that was provided here, I think by your department, shows the narcotic drug law arrests from 1973, a total of some 1,230 went up to 3,122 by 1977. Almost a tripling in a 4-year period.

And, from the testimony we've received about the growing—the production of marihuana and the incidents of abuse, the increased trafficking, the increased transportation, it doesn't seem to me that the State is keeping up with the problem by way of contributions by the State. Now, we've seen some areas here where the Federal Government should be doing a lot more and we're hoping as a result of this hearing and with the leadership of your local representative, Mr. Akaka, and the work of this committee, we'll try to assist in that direction. But, I'm wondering if you feel that the State is doing it's share and what you could do to improve that.

Mr. WEE. When you ask if the State is doing it's share, are you talking basically in the area of funding, or are you talking overall?

Mr. GILMAN. I'm talking about dollars, manpower, equipment, and the whole works.

Mr. WEE. Well, I think there is continuing need for dollars. I think, as the testimony that was jointly presented by the Drug Abuse Coalition and our branch, indicated that besides additional dollars and manpower in the area of treatment, that we do have to seriously address prevention of education.

Mr. GILMAN. What does that mean?

Mr. WEE. Well, as a representative from the Drug Addiction Services of Hawaii, the detox and methadone maintenance program indi-

cated earlier more education, preventative activities, education activities are needed. Naturally, not at the expense of current treatment requirements.

Mr. GILMAN. I notice you cut out Mr. Marino's educational program.

Mr. MARINO. That was title 20. You see, that's the swindle I get in. When I'm with him, then, it's the other guy and when I'm with Andy Chang, then, they blame him.

Can I voice my opinion on is the State doing their job? Definitely no. They are wasting a lot of money allowing certain programs and not giving the proper evaluation. They are not asking for what—or, what their recidivism rate is, their cost per month per resident. I resent being cut when we make every effort to have the lowest cost per month per resident in the entire State and, yet, the best success. And, yet, when everybody gets cut, it's everybody gets cut.

If I was funding some of these programs, some of them I would close. I think a program should be made to answer for what they say they are going to do for that fiscal year. If they do it, fine. If they don't, they should be asked to answer for that.

Mr. GILMAN. Thank you, Mr. Marino.

Mr. Wee, I'm not intending to be critical of the quality or the extensiveness of your existing program, but what I do criticize is the apparent lack of leadership in increasing the effort at a time that the problem is growing even more critical.

And, if the Federal Government isn't doing it's share, I hope that you'll be out in front shouting for the Federal Government to be more responsive. But, in order to do that, the State government is going to show that it's taking a leadership role in assuming that responsibility itself. And, is meeting it's share of the responsibility by coming forward with additional funding and additional programs.

Thank you, Mr. Chairman.

Mr. AKAKA. Thank you very much.

Mr. WON PAT.

Mr. WON PAT. Thank you, Mr. Chairman.

I am very interested in what you call the Habilitat.

Mr. Marino, can you tell me the genesis of that organization?

Mr. MARINO. I'm sorry, sir.

Mr. WON PAT. Can you tell me the genesis of the organization?

Mr. MARINO. It was founded in 1971, in January. And, part of it—well, I think I was a very fortunate kind of a lunatic. I'm the founder of Habilitat. And, I had spent 1 year in Synanon. I spent 1 year in Daytop, and I spent 2½ years in Phoenix House before something clicked. And, I basically took what I liked from each of the programs. I discarded what I thought was not necessary, and then I implemented what I thought should have been there.

And, there was some kind of talk about whether or not that kind of a program could work in this particular State, because of the ethnic breakdown. And, as far as I'm concerned—of course, it's proved now, but people are people, no matter what kind of ethnic background you have. But, it's been open 7½ years now.

Mr. WON PAT. Are there any other comparable organizations in other States?

Mr. MARINO. There are a lot of programs. There are some that are similarly comparable in terms of mechanics. But, there are none that

are as involved—you see, we do what they do on a clinical level, but then, we also have our vocational training, which they do not have and, I think that's what is so needed.

Mr. WON PAT. Now, is the institution such that it requires a large investment?

Mr. MARINO. An investment?

Mr. WON PAT. Yes.

Mr. MARINO. Well, no. Most of the programs could get started by getting involved in labor-intensified kind of businesses with a very low investment. I'll give you two very brief examples. We had a couple of kids that were from the State of Hawaii that liked landscaping and they were getting ready to graduate. So, we leased them a truck for \$106 and spent \$242 on tools and gave them our mailing list. Then, we sent out letters to our sponsors. That particular entity now grosses \$8,000 a month.

We did the same thing with pool cleaning. We just find some people that are interested in that particular thing and, then, it overlaps. Usually if you have lawn maintenance, landscaping, it usually overlaps with tree trimming and pool cleaning. So, what we are trying to do in essence is get as many diversified kinds of businesses so that people can come in to learn a trade and, then, leave us eventually and go out and do it that way.

But, you don't have to have a lot of money. I mean, you wouldn't go into a big investment kind of business. I would start very small and I would do it mainly with labor intensified until it starts to grow. And, then, the profits from that business, then invest in another business and another business. Until, like, you see some daylight and by that time people will recognize you for your marketable skills. We don't just sell in this State, we are in about 44 different cities across the country. That's our sales team.

Mr. RANGEL. Selling what?

Mr. MARINO. Ad specialties. Anything that's printed. Key chains, pens, et cetera.

The main reason for that is in Hawaii, Habilitat is a household word. So, our name opens a lot of doors. And, I don't believe that I'm really teaching someone the fine art of being a salesperson, so we have them go to Rockflat, Wyo., where they couldn't care less about Habilitat. And, we've become very strong on the east coast in cities like Baltimore and Philly and Connecticut and New York. And, what we have done any other program can do. And, that would take some kind of burden off the Federal Government. And, I think it would also lower your recidivism rate of people that leave programs and wind up back in some kind of situation like prison or another institution.

Mr. WON PAT. I have been advised that to operate any institution in Hawaii, you have to be licensed. Apparently, you have met the requirements in this State?

Mr. MARINO. I don't know. I came out here in 1970 and I got stuck with six kids from a different program. And, when I opened it up, nobody asked me about a license. You see, all these things they are asking me now—I think we are temporarily accredited on a yearly basis for funding purposes. I don't know. But, I don't think we are licensed.

Mr. WON PAT. You are not licensed at all to operate?

Mr. MARINO. I think on a temporary year-to-year basis. Well, the State hospital out here lost their accreditation. They are on a temporary basis, for funding. So, I guess—the only thing I don't understand is certain laws that are passed, there should be a grandfather clause because they might make some demands—the State of us, that we can't comply with and that would be a very sad thing to do to a successful kind of organization. And, I don't mean just Habilitat, any organization.

I think we are licensed on a temporary basis, year to year. Or, accredited.

Mr. WON PAT. I'm not sure that the local legislature would be able to grandfather that and that should govern the operations of your institution.

Mr. MARINO. It's amazing what the local legislation can do down here.

Mr. WON PAT. Thank you, Mr. Marino.

Mr. AKAKA. Mr. Marino, to follow up on that, what kind of license are you supposed to get? Is it from the department of education or is it from the health department?

Mr. MARINO. I believe it would be probably the health department. You see, Tim is sitting back letting me stick my feet in all kinds of puddles. I think it's from the department of health, because we are dealing with the people end. And, then again, it might be the department of social services and housing.

Mr. WEE. The medical facilities branch of the department of health just recently established standards for special treatment facilities, which accounts for all the programs that do not necessarily fall within the medical model. Of which Vini's program is one. And, the licenses were developed to account for all the programs and agencies that do not normally fall under your health care licensing standards.

Mr. AKAKA. When was that made effective?

Mr. WEE. I believe it was during the latter part of last year. Calendar year.

Mr. AKAKA. So, this means that all of those institutions that have to do with medicine, will have to be evaluated?

Mr. WEE. Not necessarily medical, now. There are licensing facilities, naturally for medical programs. But, for those such as Vini's program, standards were developed to account for the licensing standards. And, I believe the programs have been asked to submit their applications. And, I believe there is a provisional period for all of the programs. I don't know any extensive details about that program.

Mr. RANGEL. Is he licensed now or does he have to do something to be licensed?

Mr. MARINO. I got to do something to be licensed. And, that's going to be funny, because—

Mr. RANGEL. What does he have to do?

Mr. WEE. As I said, I don't know the details. It is handled by another section. And, I don't know what the standards that were developed incorporate.

Mr. RANGEL. When we talk about accreditation, is that the same as licensing?

Mr. WEE. No, sir. Accreditation will be an overall accounting of the program. The special licensing facility is just for the facility itself. The physical plant of the program.

Mr. AKAKA. Mr. Marino, of the people that are in your program, how many of them are drug abusers?

Mr. MARINO. I would say it's about a third of our program. Maybe 40 percent are hardcore opiate addicts. Were hardcore.

Mr. AKAKA. Let me ask Ms. Goya a question. What drug is used in the high schools?

Ms. GOYA. I would think the most popular is alcohol and marihuana.

Mr. AKAKA. That goes back how far?

Ms. GOYA. I don't think we have any official figures on the drug abuse. But, when we go out to schools that seems to be the two drugs that come up the most right now.

Mr. AKAKA. Mr. Loa, you mentioned that you were deported. Where were you deported?

Mr. LOA. Well, my father is from Samoa, so they deported me to Samoa under the custody of my grandparents there for 1 year. Then, I came back.

Mr. AKAKA. Just one personal question, because Mr. Marino has said that the purpose of the program is really 'o restore commonsense.

In your own personal rehabilitation, what do you feel really made a difference in your life?

Mr. LOA. I guess the thing that really—as Vini put it, kind of made me click, is that—you know, I was just—I finally got to a point where I just started accepting just a lot of things that—about me, that were not right. A lot of character disorders. What really made me realize this was, you know, just the people around me constantly telling me about it. And, as a result of that, I just started realizing and accepting that I wanted to be happier. I wanted to be more—I wanted to have a lot more meaning in life than just being a second citizen. Or a minority, or just being looked at as a bum or a dog or something.

Mr. AKAKA. What helped you the most? Was it the counseling or was it the Ohana living?

Mr. LOA. Well, it was quite a few factors. I would say it was the family environment, because I knew I had people who cared about me. I would say it was the one on one counseling. Talking to people, relating—you know, just as far as identification with each other and helping each other out. It was the advice, information, and just things like that.

And, I guess just belonging to something. Because I never really belonged to anything in my whole life. I never really had something that I was a part of until becoming a member of the Habilitat family. I finally became somebody. I had something that, you know, I could be proud of, or something that I could move with. A group of people—I guess that was one of the biggest factors, you know, the family, the people and the sport.

Mr. AKAKA. Thank you very much, Mr. Loa.

Chief counsel.

Mr. NELLIS. I would like to ask about a phenomenon that was mentioned to us in Washington, by some of the enforcement people.

Have you gentlemen observed a phenomenon involving inhaling of gold paint? I don't know why it's gold paint particularly. But, I hear

there are kids here that have got a tremendous thing going with gold paint. Is there anything to it?

VOICE FROM THE FLOOR. I'll answer that.

Mr. AKAKA. Would you identify yourself?

Mr. LING. My name is Kenneth Ling and I'm the chairman of the Oahu Drug Abuse Coalition, as well as a worker at Palama Settlement, which is a settlement house located in the low-income area.

We do have a problem with inhaling. It can be glue as well as paint. Gold is one of the colors as well as the natural. And, it is a problem.

Mr. NELLIS. It's an extremely dangerous practice, isn't it?

Mr. LING. Yes; it is.

Mr. NELLIS. Have you had any OD's as a result of youngsters overdosing from—or, getting sick or dying?

Mr. LING. Yes; we have. We do have some cases now that are being investigated as possibly attributed to the sniffing of paint.

Mr. NELLIS. What is being done about this, Mr. Wee? Is the department of health—do they have an educational program or prevention program? And, while you're at it, you might also include in your answer your assessment of the problems of PCP, or angel dust, on these islands.

Mr. WEE. In regard to the inhalant problem, the department has no program per se. We have worked with the YMCA program here in the development and the submission of a grant to NIDA for a 3-year demonstration inhalant project.

Mr. NELLIS. Well, what stage is that in, Mr. Wee?

Mr. WEE. It has been submitted and we are waiting for NIDA's review and approval.

Mr. NELLIS. In the meantime, the kids are buying paint and sniffing it.

Mr. WEE. I think in the meantime—and, this is where Mr. Ling can address it as well as PCP a lot more adequately than I can, they are—all programs are attempting to handle the problem within their resources.

Mr. NELLIS. Mr. Ling, what's the situation on angel dust?

Mr. LING. I think this is relatively a new phenomenon, especially for our agency in dealing with it. I think part of it is that we don't know that much about it.

Mr. NELLIS. You know it's an animal tranquilizer?

Mr. LING. Yes; we know that.

Mr. NELLIS. And, it is sweeping the mainland. Every major city is reporting violence and overdosed deaths as a result of the ingestion of PCP.

Do you have any of that phenomenon here? Have you observed any PCP use on the islands?

Mr. LING. Yes, sir, we have. What I was trying to say was that part of it is not just the amount of usage, but as well as we deal, and as workers in the field working, dealing with it—I think part of the key would be we, as well as through the mainland, as well as here, must be able to get the information—accurate information in providing us to work with the youngsters. It's not just being able to say, "Hey, don't take it."

Mr. NELLIS. Doesn't the health department furnish you with educational materials with respect to how to prevent some of these new

drugs from becoming popularized? Mr. Wee, what does the department of health of the State do to alert these agencies in such a way that when new drugs appear on the scene, they are able to cope with them?

Mr. WEE. As we receive the information, we make every attempt to disseminate it to the programs in the field. We, ourselves, do not have the capability to provide the kind of training or indepth study of the drugs and whatever the current techniques are that are being used to cope with the abuses.

Mr. NELLIS. Mr. Wee, you are the Single-State Agency, aren't you?

Mr. WEE. Yes, sir.

Mr. NELLIS. You're the Alcohol and Drug Abuse Agency?

Mr. WEE. Right.

Mr. NELLIS. And, you are one of 50 agencies with which NIDA contracts and deals. You use Federal funds in that respect. You receive information from NIDA regularly, I know that. Isn't it possible that you could reproduce some of that information promptly and get it out to the field?

Mr. WEE. No; as I said this is the information that we disseminate. As far as any capability for followup and working with programs on any additional assistance they may require, we don't have that capability.

Mr. NELLIS. Why not? What does the department of health do, if not to preserve the health of the youngsters of this State? Why don't you have that capability?

Mr. WEE. We don't have the manpower.

Now, I'm talking about any additional training that might be required. Or, any additional technical assistance that programs may ask for. We are dependent upon NIDA to receive such assistance. But, as written materials are forwarded to the State, we do disseminate them to all the programs.

Mr. NELLIS. Well, let me get an example before you, Mr. Wee.

Last January, I think it was, the President signed a proclamation announcing a drug prevention week, and there was a media campaign on which NIDA spent some \$300,000. What, if anything, happened here as a result of all that?

Mr. WEE. Nothing happened here. We have a very strong position—we have very strong feelings. I should say of NIDA's nationwide prevention campaign. We find that the materials and activities that they have developed are really inappropriate to our needs here.

We have requested of NIDA that we be allowed to preview the materials. The posters, the literature that has been printed for distribution, prior to distribution. We were informed that this was impossible. We are inundated with materials. Programs have taken what they feel they could distribute. But, for the most part, we would rather see the moneys used rather than printing—preprinting materials—the media campaign, the printed materials, the audio materials, that the money be allocated to the States to develop their own materials.

Mr. GILMAN. Would the gentleman yield?

Mr. NELLIS. Yes, sir.

Mr. GILMAN. Mr. Wee, did you make that information known to NIDA in any manner?

Mr. WEE. We certainly did. In writing, in numerous correspondence.

Mr. GILMAN. Would you provide our committee with copies of that correspondence?

Mr. WEE. Yes, sir.

Mr. GILMAN. Mr. Chairman, with the consent of the committee, I would like to make that correspondence part of the record at this point.

Mr. AKAKA. If there's no objection, it will be included.

Mr. NELLIS. Thank you, Congressman Gilman. I really think that's an important consideration.

Mr. Marino, how many people in your therapeutic community are women?

Mr. MARINO. About 30 or 35 percent. It fluctuates depending on what's happening.

Mr. NELLIS. Over the years, since you've been functioning, would you say that percentage has been maintained?

Mr. MARINO. Yes.

Mr. NELLIS. What do you feel about the special needs of women with respect to the prevention of drug abuse and treatment? Forget about the treatment that's used in the sense that the medical model uses it. I'm talking about your, as Mr. Rangel said, your family approach.

Mr. MARINO. In-house?

Mr. NELLIS. In-house.

Mr. MARINO. I think that in order to have any kind of a program developed—most definitely, to answer your question, yes; there should be a separate program within the program, because women have certain kinds of issues that men don't and vice versa. I think the way that we offset that is that we have a very strong female clinical coordinator, who has set up other programs—I mean, programs within. And, our main issue is that we find that the females—most of the ones that come—just about every one that comes don't feel too good about themselves. So, that's one of the programs, to get them to start to feel better with different kinds of classes and—

Mr. NELLIS. What percentage of that third, Mr. Marino, are females who are drug abusers, or alcohol abusers?

Mr. MARINO. About half.

Mr. NELLIS. About half?

Mr. MARINO. Yes, 40 percent or half.

Mr. NELLIS. Now, you are saying to me, if I understand you correctly, that you do have inhouse female oriented clinical assistants so that the females who are afflicted in this manner do not feel—how shall I put it? Do not feel overpowered by the male-oriented system?

Mr. MARINO. No. Nobody can get overpowered by any system. The females have their—at times, have their own special kind of groups. They have female groups that are facilitated by female clinicians. They have female dissipations. They have special female seminars. And, there are certain things that the house does together as one program. And, then, there are certain things that are delegated and are a different kind of an issue, that we eliminate the males.

And if you're implying, like in the process of an encounter group, is the male allowed to try to overpower, we have remedies for that. We just tell them not to do that. It doesn't happen in most places and jails. And, we just tell them that we don't tolerate that kind of behavior.

Mr. NELLIS. Thank you, Mr. Marino.

Ms. GOYA, you have a methadone program, is that correct?

Ms. GOYA. Yes.

Mr. NELLIS. How many methadone patients have you?

Ms. GOYA. We have 95 right now.

Mr. NELLIS. Ninety-five?

Ms. GOYA. Yes.

Mr. NELLIS. Of those 95, do you know of any that are taking heroin at the same time that they are on methadone?

Ms. GOYA. Yes.

Mr. NELLIS. Would you say it's a large percentage?

Ms. GOYA. No, not a large percentage.

Mr. NELLIS. A small percentage of the 95?

Ms. GOYA. Yes.

Mr. NELLIS. And, you've identified those?

Ms. GOYA. Yes, through urinalysis.

Mr. NELLIS. Do you have compulsory urinalysis at set times?

Ms. GOYA. We do a random urinalysis weekly on every client.

Mr. NELLIS. Is there much methadone diversion, Ms. Goya? Do you find methadone on the streets of Honolulu, if you want to buy it there?

Ms. GOYA. I don't know if we have any official figures, but new clients coming in for detox have told us periodically that, you know, they have been able to purchase methadone on the streets. So, from that we have to assume that there's some diversion.

Mr. NELLIS. Have there been break-ins at your establishment?

Ms. GOYA. No. We have been pretty fortunate. We haven't had any break-ins yet at our clinic.

Mr. MARINO. I was just wondering why she qualified it, yet.

Mr. NELLIS. Well, where there's gold, there is always prospecting.

Thank you, Mr. Chairman.

Mr. GILMAN. One last question, Mr. Chairman.

Mr. LOA, how old were you when you first started on heroin?

Mr. LOA. I would say I was about 19 or 18.

Mr. GILMAN. How old are you now?

Mr. LOA. Twenty-six.

Mr. GILMAN. Was it readily available on the streets of Honolulu at that time?

Mr. LOA. Heroin?

Mr. GILMAN. Yes.

Mr. LOA. Oh, yes.

Mr. GILMAN. Is it still readily available on the streets?

Mr. LOA. Yes.

Mr. GILMAN. Thank you. No further questions.

Mr. AKAKA. Thank you very much. I want to express the gratitude of this committee to our witnesses today. Your statements, as I said earlier, will be included in the record in their entirety.

We want to thank you for your remarks here today. Your statements and your remarks will be helpful to us.

I also want to take this time to thank the committee for participating in this hearing of the Select Committee on Narcotics Abuse and Control.

Without any further statements, I declare this hearing adjourned.

[Whereupon, at 4:40 p.m., the Select Committee adjourned, to reconvene subject to the call of the Chair.]

# APPENDIX

## APPENDIX A

CONGRESS OF THE UNITED STATES,  
HOUSE OF REPRESENTATIVES,  
Washington, D.C., July 11, 1978.

HON. LESTER L. WOLFF,  
*Chairman, Select Committee on Narcotics Abuse and Control,*  
Washington, D.C.

DEAR LESTER: This is in regard to the enclosed correspondence which I recently received from Mr. Andrew I. T. Chang, Director of the Department of Social Services and Housing in Hawaii. This letter concerns the Department's recent activities in the area of drug abuse.

I would greatly appreciate your submitting this letter as part of the official proceedings in Hawaii. I feel that Mr. Chang's information is extremely interesting in light of our discussions in Hawaii. I plan to send Mr. Chang a copy of the Committee's report upon its publication.

Thank you for your assistance in this matter. As always, if I may ever be of assistance to you, please feel free to call upon me.

Aloha pumehana,

DANIEL K. AKAKA,  
*Member of Congress.*

Enclosure.

DEPARTMENT OF SOCIAL SERVICES AND HOUSING,  
Honolulu, Hawaii, June 30, 1978.

HON. DANIEL K. AKAKA,  
*Congress of the United States,*  
*House of Representatives, Washington, D.C.*

DEAR MR. AKAKA: The following is in reference to your letter of June 20, 1978, regarding information on narcotics and drug abuse.

In February of this year, a study was conducted at the Hawaii State Prison which focused on the issue of substance abuse. This study revealed the following facts:

1. About 93 percent of the inmates surveyed had alcohol or drug abuse problems to some degree of seriousness prior to incarceration;
2. Approximately 59 percent were classified as definite drug abusers;
3. Over 65 percent of the inmates sampled indicated that the use of alcohol and/or drugs was a contributing factor in the offense for which they were presently serving a sentence; and
4. About 78 percent of the inmates sampled, who had previous arrest records, indicated that the use of drugs and/or alcohol was a contributing factor in at least one of their previous arrests.

The Corrections program has approached the problems of drug abuse as a long-term, chronic condition which is seldom overcome in a matter of a few months or even years. Our experience have shown that users, especially of heroin or other narcotics continue to use drugs even though they want to stop, decide to stop, try to stop, and actually succeed in stopping for days, weeks, months, or in the case of long-term incarceration, even years. And yet, relapse rates are high and most addicts require treatment repeatedly.

Some suggest that the reasons are psychological, that drug users simply do not possess the strength of will to abstain; others feel that the reasons are sociological—that the conditions of the person's existence are so depressing that life is unbearable without the use of a "chemical" crutch. Still others suggest that the act of long-term drug use causes permanent changes in the body chemistry

that demand continuous use of drugs to maintain a sense of "health," albeit a self-destructive one.

We do not know the root causes for continued drug use but by the time the drug-dependent person requiring treatment is committed to a correctional facility, he already represents a serious problem and permanent rehabilitation is extremely difficult. We can, and do insure that drug use is kept to an absolute minimum while the individual is in our custody.

Currently, we are developing a comprehensive program to deal with the chemical-dependent felon. Through research, we have discovered that most authorities in the field suggest that in addition to the provision of services while the individual is incarcerated, it is necessary to develop a long-term treatment plan and to engage the inmate in a community resource which will provide for continuity of services after the individual is discharged from our jurisdiction.

Despite mandates and guidelines from the National Institute of Law Enforcement and Criminal Justice, the Law Enforcement Assistance Administration, and our own Correctional Master Plan to utilize community resources and develop substance abuse programming which allows for the "use of community organizations to provide services in support of the program," these community programs are too few, are understaffed, and are underfunded. Encouragement, recommendations, and mandates to use community resources have little utility if resources are simply unavailable. The demand for drugs will not be reduced until we make a serious commitment to the provision of services within the community. And this commitment must be supported with adequate funds.

In spite of sophisticated design of treatment program within our correctional facilities, one inescapable fact is that without the active support of adequately funded community-base programs, a large number of our inmates who are substance abusers will more than likely, upon release, return to the use of drugs.

Since the passage of the Harrison Act in 1914, we have learned that if a demand for drugs continues, the supply of drugs will always be available.

We thank you for the opportunity for bringing this serious community problem of substance abuse to your Committee's attention.

Sincerely,

ANDREW I. T. CHANG, *Director*.

P.S.—Due to the gravity of the drug abuse problem in the community and in our correctional facilities, we would appreciate receiving copies of all written testimonies/reports which were submitted to your Congressional Committee during its hearing at the Hawaii State Capitol on June 30, 1978 and July 1, 1978.

## DRUG TRAFFICKING IN AND THROUGH HAWAII AND GUAM

TUESDAY, JULY 4, 1978

HOUSE OF REPRESENTATIVES,  
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL,  
*Agana, Guam.*

The Select Committee met, pursuant to notice, at 10:05 a.m., in the Guam Legislative Hall, Hon. Daniel K. Akaka (acting chairman of the committee) presiding.

Present: Representatives Billy L. Evans, Benjamin A. Gilman, and Antonio B. Won Pat.

Staff present: Joseph L. Nellis, chief counsel; William G. Lawrence, chief of staff; Alma Bachrach, investigator; and David Sandler, staff counsel.

Mr. AKAKA. The House Select Committee on Narcotics Abuse and Control will come to order. I would like to call on Congressman Tony Won Pat to make the opening remarks.

Mr. WON PAT. Thank you, Mr. Chairman. Hafa Adai everybody. It is indeed a great pleasure to personally welcome my distinguished colleagues to our beautiful island.

As you are aware, the Select Committee on Narcotics Abuse and Control is chaired by the Honorable Lester Wolf of New York, who is also the chairman of the Subcommittee on Asian and Pacific Affairs of the International Relations Committee of the House. Unfortunately, he and the rest of the delegation could not be here with us today because they have to go on to the People's Republic of China and also to other areas in Southeast Asia in connection with the drug trafficking.

It is important to think that these trips, especially to Guam, are important to our investigation of drug trafficking. As you know, Congress is on recess, we call this a district workweek in which the Members have an opportunity to go back to their own district to see their constituents and make what is called some fence mending. Particularly since this is an election year. I recognize that this is a real sacrifice on the part of my colleagues who are here today making this long and tiring journey to our island. They will be here for today and tomorrow, and perhaps after that day we will be leaving. So on behalf of the people of Guam, I want to thank the committee and particularly the staff of the committee.

At this time, before I turn over the hearing to the chairman, Daniel Akaka, who has been cochairing the hearing in Hawaii with Lester Wolf, I would take the opportunity to introduce my colleagues up here. First of all, of course, the presiding chairman, Mr. Daniel Akaka of Hawaii. Mr. Akaka was an educator by profession for many

years. Before he became a Member of Congress, he had served with the State of Hawaii, under the present administration of Governor Ariyoshi; he is a member of the Agriculture Committee of the House, a member of the Merchant Marine and Fisheries Committee, and also the Select Committee on Narcotics Abuse and Control.

Next to me, my distinguished colleague, Ben Gilman, a man who hails from New York; he has been in Congress for quite a while; he has served also in the State Legislature of New York and in many other capacities in the State government. He is serving as a ranking minority member of the International Relations Committee; a member of the Select Law of the Sea Conference. I am very glad that he was able to make this trip because I know he has other pressing engagements back home.

The next colleague on my extreme left is Congressman Billy Evans of Georgia, a lawyer by profession; he has served in the Georgia State Legislature for many years before coming to Congress; he now serves on the Public Works Committee and the Judiciary Committee of the House and also the Select Committee on Narcotics Abuse and Control. He has been very, very active in this particular committee, and I hope that his presence here today will be of great help to us in the territory. Sitting also with us here is the chief counsel of the Select Committee, Mr. Joseph Nellis. That will conclude my opening remarks, Mr. Chairman, and again I want to thank you.

Mr. АКАКА. Thank you very much, Mr. Won Pat. I'd like to tell the people of Guam that you have a very valuable and effective Congressman in the U.S. House of Representatives. I know Tony has never lost a campaign here on Guam and I would say that it would be pitiful if the people of Guam would not send him back because Tony has been very effective there, is very respected, and has made many, many friends among his colleagues. And I know coming from an island community that friendship in the House of Congress is very, very important in helping your island community. And, we are very happy to have Tony with us and it was because of his insistence that this committee is here conducting these hearings, and we are very grateful to him and also to the officials here in Guam for hosting us here on their island.

I also want to recognize others who are here with us as support people and also as staff people representing other Agencies. Besides Mr. Nellis, I'd like to call attention to and acknowledge Mr. Ed Palmo who is on the staff of the Asian and Pacific Affairs Subcommittee of the International Relations Committee. Is Ed here? If you are, as I call your name, will you please raise your hand? Another here, we have Bill Lawrence who is chief of staff of the Select Committee, and also Alma Bachrach who has been here preparing the hearings; and Dave Sandler, staff counsel. Also, we have members of the Drug Enforcement Administration, the Regional Director, Jerry Jensen; and, also Assistant John Lee. From the White House, we have Mazie Pope; from the Judiciary staff, we have Jim Kline and Skip Endres. From the State Department, we have Liz Marten.

Governor Bordallo, distinguished invitees, concerned citizens and people of Guam, Hafa Adai. Drug abuse in modern times has become one of the scourges of mankind, its afflictions transcend geographical boundaries and political ideologies. One would be hard pressed today

to find a locale that has not felt its effects, either as a producer, transshipment or receiving country; Guam is not an exception. This beautiful territory reflects the problems of the world at large and has an escalating drug abuse problem of its own. The importance of this problem to the Guamanian society and particularly to the youth of our territory cannot be minimized. Because I feel so strongly about this problem, I was most honored and happy to join the members of the Select Committee on Narcotics Abuse and Control at these hearings.

In the course of investigations by this committee, we have learned of the all-pervasive spread of drug abuse throughout the Pacific. And, in fact, we have just come from hearings on this subject held in my own home State of Hawaii where they are experiencing similar problems to Guam. This is so important that this committee felt that a public hearing by Members of the U.S. Congress on Guam was called for in an attempt to determine the scope of the problem, what legislation, if any, is needed, and what my colleagues and I as representatives of the people of the United States and Guam might do to assist in helping stem the increasing tide of drug abuse. We are indeed grateful for your presence at this hearing, for through the appearance and testimony of the people of Guam who will appear during the course of these proceedings, we hope to have a picture emerge that will give us a fair idea of the appropriate course of conduct to follow. Before calling our first witness, I would like to ask my colleagues to give any opening statements that they have. May I call on Congressman Evans.

Mr. EVANS. Thank you, Mr. Chairman. Governor Bordallo, Senator Ada, fellow Americans. It is certainly a pleasure for me to be in Guam. This is my first time here and I am very much enjoying your beautiful island. I would first like to associate myself with the remarks of Chairman Akaka, especially in his compliments to your own Congressman, Tony Won Pat, who is doing an excellent job for you in Congress. I regret that I am here and this committee is here because the problems that you have in Guam dealing with drug abuse. Although it is no solace to you, these problems exist in all of the United States. We have been to hearings in many areas on the continent, and as Chairman Akaka said, in Hawaii, but I think maybe the problem is worse here than it is in many areas.

I understand that a number of things have already taken place locally in an attempt to deal with the drug problem. Maybe the Members of Congress are late in coming because you have taken it upon yourselves to start those programs which are necessary to deal with the problem and reduce the influx of drugs and use of drugs in your country. But, it's difficult to do without the help of the National Government in many instances and we are here to find out what we might be able to do to help fight this problem.

Mr. AKAKA. Thank you very much, Congressman Evans of Georgia. May I call on Congressman Gilman of New York.

Mr. GILMAN. Thank you, Mr. Chairman. Governor Bordallo, and our good host, Congressman Won Pat, Speaker Ada, ladies and gentlemen: It is a pleasure to be able to return to Guam once again. This is not my first visit to Guam. I had the—I guess we could say—

questionable pleasure of being here during World War II, returned here to take a look at the Vietnamese refugee problems not too long ago, and now at the invitation of Congressman Won Pat to come here to examine the narcotics problem in probably my most important visit to this beautiful island.

Unfortunately, Guam now has been dubbed one of the new hubs in the drug network. It is extremely important, therefore, that our committee take a look at one of the fifth largest drug centers in the United States, and to find out why and what we can do to correct this scourge that's been eating away at the very roots of our society.

We are not here to criticize. We're not here to point any fingers. We're here to find out how we can best eradicate this growing menace to our entire Nation. Yes, to the entire world. And, each time our committee sets out in a new direction and lifts up another stone, we find another can of worms. And, we find that we are combating an incredible, sophisticated, well-organized criminal activity that has reached into not only the roots of our own society, but has reached into governmental operations throughout the world and has corrupted some of the highest officials in governments throughout the world. And the more we can focus public consciousness on the problem, the more we can encourage our law enforcement officials who are doing such a commendable effort out there on the battlefield, the more we can support their activities, the more effective we'll be in eventually ridding the world of this menace. And, I want to thank Congressman Won Pat for urging our committee to come out here to take a hard look and I, hopefully through the candid exchange that we'll have with our witnesses today, Congress will be able to find some solutions to help in this part of the world. Thank you, Mr. Chairman.

Mr. AKAKA. Thank you very much, and may I ask whether Congressman Won Pat has any further remarks to make at this time.

Mr. WON PAT. Mr. Chairman, in the essence of time, I have already made an introductory statement, and as I said, we have the major officials of our local government over here as well as of the Federal officials, and I am sure that the sooner we get into business, the sooner we'll be able to move out of this. I know how anxious you are, of course, in getting out of this business, so without further ado, I defer, of course, to your leadership.

Mr. AKAKA. Thank you very much, Congressman Won Pat.

I would like to further say that Guam is certainly what would be called the pearl of the Pacific, a tropical beauty, a place where the spirit and love of the people is very evident, and we've had samplings of that in the short time that we have been here, and your hospitality has been great. And with this kind of spirit of people, we would certainly like, with you to try to help with the problems that you and we have in drug trafficking through Guam, and we are here to collect as much information of the current situation here on Guam. The first witness this morning will be the honorable Governor of Guam, Ricardo J. Bordello.

Governor, before you sit, will you raise your right hand.

[Governor Bordello sworn.]

Mr. AKAKA. Thank you very much. We will be on a 5-minute rule here, both witnesses and committee members, and we will include your complete statement in the record, Governor, and I would like you to take the amount of time you need. Thank you.

## TESTIMONY OF RICARDO J. BORDALLO, GOVERNOR OF GUAM

Mr. BORDALLO, Chairman Akaka, Congressman Won Pat, esteemed members of this Select Committee on Narcotics Abuse and Control, the people of Guam join me in extending to this committee a sincere welcome and thanks for offering your valuable time and effort to assist us deal with a drug trafficking and drug abuse problem that has shaken the very foundation of Guam's society, and could conceivably create problems in the national and international arena. We are confident that this committee's power and prestige will assure Guam of urgently needed Federal assistance to cope with this cancer.

Your presence here will undoubtedly lend weight to the June 1977 Jack Anderson column that brought Guam national press attention as "the nexus of world drug traffic."

Guam unfortunately only seems to attract national attention when it is devastated by typhoons, or used as a base to conduct wars, or house the refugees of wars. Today, national attention is being focused on Guam because of a different type of war in which many of Guam's young people are dying. A war in which the enemy is difficult to defeat.

A war in which very few bullets are used but where the fatalities are high.

A war, like all other wars, wherein our young people are the sacrificial lambs.

A war that has caused much turmoil and change in Guam's way of life.

A war that, if left unchecked, could destroy the Guam we know and love.

I am referring to the war we are now fighting with all our might—the war against drugs, its illegal use, and all its ugly facets!

This is a war that we on Guam cannot win by ourselves because the sources of our enemy's ammunition are completely out of our reach—safe and secure 1,000 miles from our shores.

In order to overcome and defeat this enemy, we must become allies, and use the same determination and drive that our forefathers exerted in the Revolutionary War, the Civil War, World War I, and World War II to survive and succeed.

We must fight this elusive enemy—the drug distributor, and the drug pusher.

This call to arms reminds me of a statement made by Admiral Arleigh Burke:

The major deterrent to war is in a man's mind. The major deterrent in the future is going to be not only, what we have, but what we do, what we are willing to do, what they think we will do. Stamina, guts, standing up for the things we say . . . These are the deterrents.

The committee has received copies of my correspondence, memoranda, and program proposals that I have issued to deter, if not defeat, this new enemy of all people.

The appended documents should adequately apprise the committee of the concern and the commitment of my administration to curb, if not, completely control the importation and production of dangerous drugs and to devise programs to divert the attention of young people away from drugs, and to rehabilitate those who have succumbed to this addiction.

Within weeks after my inauguration in 1975, I met the FBI Director, Mr. Clarence Kelly, to explain Guam's growing drug and drug-related crime problems. That meeting resulted in the assignment of a permanent FBI agent to Guam. Similar meetings with the Administrator of the Drug Enforcement Agency provided Guam with a DEA agent now stationed on the island.

Drug-related crimes and drug abuse reached a radical turning point in late 1974. During that year, there were 4 heroin overdose fatalities and 12 homicides, some of which are drug related. Prior to that time, only one drug overdose was recorded in 1970. In 1971, there was only one homicide. During 1975, Guam recorded 2 deaths related to drug overdose, and 12 homicides.

Drug overdose deaths in 1976 equaled that recorded during the 2 previous years. Six young people died of drug overdose during 1976. During that same year, there were 11 homicides.

The upward spiral continued into 1977 when seven young people succumbed as a result of heroin overdose. Three additional deaths in 1977 were attributed to an overdose of other controlled substances. For the fourth year in a row, the number of homicides exceeded 12.

This senseless loss of lives had to be stopped.

On January 14, 1977, I transmitted a bill to the local legislature proposing an appropriation of \$1 million to the Community Mental Health Division of the Guam Memorial Hospital for the operation of their drug rehabilitation program.

In my January 14, 1977 letter, I stated that :

We must exert every effort to assist recent drug users overcome a problem that could progress into an addiction.

We must never neglect our children. We should provide the funds necessary to establish and underwrite a program designated to assist addicts under the age of 18 in their efforts to overcome or avert the addiction.

Besides wasting and destroying potentially productive members of our society, abuse and addiction instigate crimes, such as burglary, theft and robbery, to provide the money needed to support such a habit.

Though the New York experience with drug addiction and rampant property crime rates is usually referred to as the classic example, we unfortunately can look to our own property crime rate and problem with abuse and addiction to verify the correlation between drugs, property crimes, and sometimes, crimes against the person.

Law and order, and public health, are coexistent priorities of my administration. Though the use of drugs is a crime, I consider drug abuse and addiction to be a public health problem. We must commence to wage a war against the crime of drug trafficking and use, as well as the crimes that result from such activities.

Providing the funds to establish a drug rehabilitation program to assist recent recruits to the ranks of drug abusers and addicts under the age of 18, will serve as a momentous move in the right direction.

Unfortunately, that plea for help went unheeded.

In February 1977, I met Attorney General Griffin Bell to express my concern about the need for immediate assistance to cope with Guam's predicament.

On May 12, 1977, I wrote a followup letter to Attorney General Bell wherein I stated :

The drug situation on Guam, has deteriorated since we met . . .

The territory of Guam does not possess the requisite monetary funds nor manpower to successfully complete these tasks . . .

Your assistance in expediting the assignment of more DEA agents to Guam will be most appreciated.

Could the Department of Justice temporarily assign, at most, four experienced criminal prosecutors to Guam to train the local prosecutors and also to objectively prosecute the drug importing and police corruption cases.

The enclosed appendix will provide proof of extensive correspondence on this request. Attempts were made at both the Federal and local levels to provide additional manpower to combat this menace.

On August 8, 1977, I sent an urgent telex to Mr. Jack Watson at the White House. The telex opened with the statement: "To state it concisely—Guam is in trouble and we need lots of help immediately."

In September, I was informed of the Justice Department's approval of my request to have DEA conduct training sessions for Guam's police and customs officers. This training was conducted during the last 3 months of 1977.

Pursuant to my administration's request and behest, \$400,000 was appropriated to establish a special prosecution division within the Attorney General's Office to deal exclusively with drug and drug related crimes.

A drug abuse public awareness program was established with another local appropriation of \$100,000.

I contacted the speaker, the bishop, the presiding judge of the superior court, and asked them to cosponsor a drug abuse awareness conference. A very successful and productive conference was held on February 15-18, 1978.

The position paper and recommendation of that conference has been reproduced and appended to this testimony. A substantial number of the major recommendations have been implemented and have proven to be quite successful.

The community education and prevention program has been implemented. Some of the island's villages have conducted drug conferences to provide a forum in which to educate the villagers on the symptoms and efforts of drug abuse, as well as to provide them with an opportunity to post recommendations on combatting the problem.

During the months of January through April 1978, seven young people lost their lives as a result of an overdose of drugs; 16 homicides were committed during the first 6 months of this year. Most of the homicides were related to the drug trade. An undetermined number of auto fatalities were also caused by drivers under the influence of drugs. At least 20 and maybe as many as 30 lives had been lost to the drug menace during the last 6 months. Unable and unwilling to tolerate a continuation of this situation, I declared a state of emergency to exist on Guam and ordered all departments and agencies to assist in the establishment and implementation of "Operation Save a Life," designed to meet the crisis needs of heroin abusers created by the decreased availability of heroin. The program called for providing counseling and medical services at crisis intervention centers and specially installed hotlines. My request for a \$296,000 appropriation to underwrite this program for 2 months was approved.

"Operation Save a Life" has been a success. Hundreds of addicts have been assisted. Though some may say that my conclusion is premature, I would like to be the first to announce that since the inception of "Operation Save a Life," 2 months ago, not one overdose fatality has been reported. This is in contrast to seven deaths for the 4 preceding months of 1978.

I hope that we can afford to support this program until such time as its services are no longer needed. I have always been of the opinion that a human life is priceless. Any program that can save one life is worth its operational costs.

The Department of Education has been directed to design, develop, and implement a drug education curriculum. The requisite appropriation has been approved to assure implementation of this recommendation.

At my direction, seminars were conducted 2 weeks ago to make GovGuam supervisors more aware of the symptoms and side effects of drug abuse so that they could be frontline combatants of drug abuse. Several hundred supervisors attended these seminars.

The "Operation Save a Life" program included a recommendation that counseling services be provided in outlying villages. These outreach centers have been established and staffed.

The drug conference recommendations on treatment and rehabilitation Nos. 1, 2, 4, 5, 6, 10, 11, 12, 13, 16, have been implemented.

Mr. Chairman and members of this Select Committee, as you can see, given our limited power and resources, the Government, the people of Guam and I have done the most we can do to deal with this drug abuse menace.

The source of the drugs emanates from outside Guam. On March 6, 1978, Guam hosted a drug traffic control conference attended by agents from about 60 countries. The appended documents contains a copy of an agreement signed after that conference between the government of Guam and the Drug Enforcement Administration to assist in the detection and control of the trafficking of drugs. More Federal assistance, however, must be provided. More agents assigned to the area could control the flow.

This committee's assistance in securing maximum help from the Federal Government is respectfully requested.

During that same International Drug Conference, I was frustrated at my inability to sign similar agreements with the representatives of other countries. I recognize my lack of authority to negotiate such a pact, but I had hoped that the Federal Government would take the initiative. I believe that the U.S. Government must bring some pressure to bear on the governments of the countries within the Golden Triangle as well as other opium producing countries to destroy their poppy fields and control the production of opium. The cooperative relationship the United States has with Mexico should be established with Guam's Asian neighbors.

Asian countries are the major sources of illegal drugs. The help of this committee in drying up these sources will guarantee a successful conclusion, not only of Guam's war against illegal drugs, but the rest of our Nation's fight against this most dangerous of all our war enemies.

I want to conclude my opening statement with this: Guam is making headway in its war against illegal drugs. The drug strike force established jointly by the Federal Government and the Government of Guam is a major combatant in our struggle to check and eliminate drug abuse and drug trafficking. The U.S. military commands in Guam are cooperating with local authorities and are themselves engaged in containing the drug problem within military areas. Though

greatly understaffed and overworked, Guam's customs officers have been doing an admirable job.

Guam needs help in the customs area.

The U.S. Customs Service could either provide Guam with additional funds to increase its staff or the U.S. Customs Service could agree to expand its area of responsibility and assign men to Guam to assist in a frontline effort to control the flow of drugs into Guam and eventually into the mainland.

I hope that this Select Committee will review this aspect of our needs and support us in our effort to obtain U.S. Customs Service assistance for Guam.

The Government of Guam is committed to and doing everything possible toward controlling the importation of drugs, and its eventual abuse. But we do need help. Funds within the Department of Health, Education, and Welfare can and should be made available for expanded drug abuse educational awareness programs. The Department of Justice has an untapped source of funds to wage this war on drugs.

The assistance of this committee to assure the eventual eradication of drug importation, and the gradual rehabilitation of drug abusers would be most appreciated.

Thank you for your attention. Thank you for joining this war against drug abuse, and drug trafficking. Thank you.

Mr. AKAKA. Thank you very much, Governor Bordallo, for your eloquent statement, for informing us of what you've been doing in facing and addressing your administration to the drug problems here on Guam. You need to be commended for the action you have taken already in helping the people of Guam since March 8, 1978, when you requested assistance to establish the drug enforcement task force, and also the subsequent programs that you formulated here on Guam, and we want to commend you for all of these.

You talked about wanting assistance from the Customs Service and even considering that the U.S. Customs expand its, I believe, authority to Guam in helping to give an assigned staff here, I'd like to have further explanation of this, Governor, and any further recommendations you might have.

Governor BORDALLO. The most important aspect of this request is that it does contribute additional manpower resources with broad experience of Federal people who can be drawn from different parts of the world who would be able to provide greater perceptions to our local customs people. During the critical period of this assistance, it should emphasize training and upgrading of our own local people so they can become better qualified. The injection of the Federal customs people to me would be supportive and an adjunct to the present local jurisdiction of customs which we happen to have under authority of the Organic Act. This is no different than the supportive services that we have requested from the FBI and DEA. If we can draw from the Federal Government, hopefully the caliber of personnel will be an added benefit because they will not merely be there to enforce, but to impart constant training, and constant development of techniques. That, Mr. Chairman, is generally how I feel.

Mr. AKAKA. Mr. Governor, have you made a formal request of the U.S. Customs?

Governor BORDALLO. Yes.

Mr. AKAKA. What is the pay scale of the local customs employees?

Governor BORDALLO. I believe they fall generally within the same pay levels of the department of public safety. I think, it's generally of that same level, and our officer I is somewhere around \$10,000 to \$11,000 a year and then, of course, there are differences between the various steps. Officer I, officer II averages out, I think, perhaps \$1,000 to a couple of thousand more per annum so their general classification, I believe, I'm fairly accurate in stating that it's about the same level as those of regular police officers.

Mr. AKAKA. How many customs personnel do you have here?

Governor BORDALLO. I can't really quickly state that, I think perhaps 34. Somewhere along the way there's going to be a witness here from the Department of Commerce whose department has jurisdiction over these customs people.

I'd like to identify the two gentlemen to my left, Mr. Chairman, in courtesy to the committee. The first gentleman to my left is B. J. Cruz, the legal assistant to the Governor, and the other gentleman is Mr. Jim McDonald, Director of Commerce, Department of Commerce.

Mr. AKAKA. Welcome to the hearing.

You're asking for funds to increase your staff and also for assignment of men from the U.S. Customs to Guam. I take it that this is because you feel that you need more manpower to do the customs job here.

Governor BORDALLO. Manpower and additional expertise.

Mr. AKAKA. What kind of responsibilities does customs have here on Guam? I understand one of its main responsibilities is preclearance into the continental United States. Is this correct?

Governor BORDALLO. No; we don't. We don't have a preclearance program here yet. I was just talking about that subject with the Commissioner of the Immigration and Naturalization Service who went through here about 2 weeks ago and he was talking about the possibility of extending a preclearance program on Guam.

Mr. AKAKA. Thank you.

Let me call on Congressman Evans.

Mr. EVANS. Thank you, Mr. Chairman.

Governor, I would first like to commend you on the efforts that you have made. Certainly, the formal statement that you made includes the extensive efforts that you've made in obtaining help and then of taking upon yourself and the people of Guam to get programs started which will battle against the drug problem in Guam. I understand that the department of public safety has a special narcotics task force; is that correct?

Governor BORDALLO. That's correct.

Mr. EVANS. How many people are involved in that?

Governor BORDALLO. There's the Director here—

Mr. EVANS. Maybe I should defer—

Governor BORDALLO. Again, that's a department that will be appearing later on in the hearing.

Mr. EVANS. Do you at the present time have four DEA agents assigned to Guam?

Governor BORDALLO. I believe that's correct.

Mr. EVANS. How long have these agents been assigned now?

Governor BORDALLO. The additional three have been fairly recent. There was only one shortly after I came into office as I stated in my testimony, but through that effort one more was stationed here, and then it has been just recently that we have had additional agents—I would say about 6 to 8 months ago, I believe.

Mr. EVANS. Recognizing the amount of time that it normally takes to investigate and properly build a case in extensive drug traffic, do you think that you've had sufficient time to evaluate the effectiveness of the four DEA agents that you presently have?

Governor BORDALLO. I believe that even with the short time, definitely the effectiveness is very clear. It is effective.

Mr. EVANS. What I was curious about is whether or not you have had the opportunity to determine whether or not additional agents are needed, recognizing that it does take some time to build the cases in the drug-related areas.

Governor BORDALLO. I would say that because of the degree of the problem, I don't know that we can really worry about too many people being involved. I don't think we can have too many. Just like when you're waging a war, you want to conquer the enemy, win it as quickly as possible, and send the boys home. I don't think that we have to worry about an overdosage of law enforcement.

Mr. EVANS. I see. I certainly think that's true, but recognizing, I am sure the Governor is familiar with proposition No. 13 in California and recognizing that so many of our various groups are combating or competing for the Federal dollar, I am sure the Governor recognizes that we have to get the most out of each dollar that we spend on the Federal level just as you do locally, and also recognize that you could probably use as many people as could be put here.

Governor BORDALLO. Well, Congressman Evans, I think I have a very clear way of responding to that general observation on your part. It's a matter of identifying Guam within its own unique role; that's one of the mistakes of Federal Government assessment of communities. We use too many numbers and digits rather than the essence of condition. The same way that Guam per square foot has more military armament which you don't find throughout the States except in very vital, critical, strategic security defense networks. In the same way, the concentration of Federal support for Guam to combat drugs is based on its geographic location and other conditions that create not merely a local problem of drug addiction similar to those you find in the streets of San Francisco, Los Angeles, and New York, but as a possible conduit for international drug trafficking.

Because this island is a vital security base, it means that we cannot tolerate drug trafficking and abuse which we might tolerate in a community in the Midwest. Mr. Congressman, even the image of America here on Guam has some great impact; I don't think that as the frontier, show-window of democracy, that we want our Pacific neighbors to see us with such an uncontrollable social problem. It makes for a bad reflection of America's image.

Mr. EVANS. Governor—

Governor BORDALLO. I never try to only see a tree in the forest, but see the whole forest. I think that that's the way I'd like to defend our

position; Guam should just get the attention it can justify regardless of pro rata sharing of Federal dollars in terms of population in distribution.

Mr. EVANS. Governor, let me just say that your points are well taken, and we are certainly interested in Guam, that's why we're here, and oftentimes after conducting such hearings as we conduct, we change our priorities, and maybe your points will go a long way in changing the priorities that we have had in the past. Thank you.

Governor BORDALLO. Thank you.

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

Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman.

Governor, we certainly want to commend you for your efforts in the way you focused attention on a problem out here by continually taking it up with the administration, the Executive Department of Law Enforcement Personnel, trying to engender more attention in the Guam area and in the territorial area.

Governor, what is the total budget that you expend on drug enforcement and drug treatment rehabilitation?

Governor BORDALLO. I wouldn't have that quickly in my mind, Mr. Congressman.

Mr. GILMAN. While they're looking that up, what do you estimate to be the narcotic addict population in the region?

Governor BORDALLO. Narcotic addict population?

Mr. GILMAN. Hard drugs.

Governor BORDALLO. It's been estimated to be at least 1,000.

Mr. GILMAN. I see some figures—1,000 to as high as 3,000. Is that a fair estimate?

Governor BORDALLO. Yes.

Mr. GILMAN. What do you estimate to be the amount of local trafficking, not traffic that passes through the region—that's been estimated to be in the hundreds of millions of dollars—but what do you estimate to be the local traffic here?

Governor BORDALLO. I—

Mr. GILMAN. I saw some figure that ranged as high as \$27 million—is that a fair estimate?

Governor BORDALLO. That was in today's paper, which I feel would be a—

Mr. GILMAN. That's the amount of on the street sales here on Guam—that doesn't include the territories, right; just the island of Guam?

Governor BORDALLO. Just Guam.

Mr. GILMAN. Did you find your budgetary figures that I asked for? What is your total local budget on narcotics?

Governor BORDALLO. It would be just a percentage of the law enforcement operation.

Mr. GILMAN. No; I want your total budget on both enforcement, treatment, and rehabilitation.

Governor BORDALLO. For DPS is about \$10 million.

Mr. GILMAN. \$10 million.

Governor BORDALLO. For DPS, the overall DPS, then customs—

Mr. GILMAN. The DPS is what?

Governor BORDALLO. Department of Public Safety.

Mr. GILMAN. No, no.

I'd like you to break down what it is on narcotics.

Governor BORDALLO. I'm afraid we'll have to come back to the committee, Mr. Congressman, with —

Mr. GILMAN. Can you just give me an off-the-chest estimate of what it is roughly and then supply us with more accurate figures later?

Governor BORDALLO. I would tend to estimate that 20 percent at least is the minimum of all money that —

Mr. GILMAN. You're talking about \$2 million of your DPS budget, is that correct?

Governor BORDALLO. Well, overall, because we have customs also. So I would estimate around \$3 million to \$4 million a year.

Mr. GILMAN. How much of the \$3 million to \$4 million a year are you spending on enforcement? How much of that is devoted to enforcement?

Governor BORDALLO. Mostly all enforcement.

Mr. GILMAN. Part of it you said is treatment and rehabilitation. How much is treatment and rehabilitation?

Governor BORDALLO. Well, then I would say about two-thirds of that.

Mr. GILMAN. Two-thirds is in treatment and rehabilitation, is that right about —?

Governor BORDALLO. No, no. Two-thirds is in the direct enforcement.

Mr. GILMAN. About \$1 million in treatment and rehabilitation?

Governor BORDALLO. Yes.

Mr. GILMAN. What percentage of your total —

Governor BORDALLO. Roughly about 2½ percent.

Mr. GILMAN. Of your entire budget?

Governor BORDALLO. Government of Guam budget.

Mr. GILMAN. And what's the Federal contribution in your narcotic effort? How much is the Federal Government giving you by way of dollars?

Governor BORDALLO. Not more than half a million dollars.

Mr. GILMAN. Half a million?

Governor BORDALLO. Yes.

Mr. GILMAN. Can you tell us how many enforcement personnel are involved by the Guam Government in drug trafficking?

Governor BORDALLO. I'd say about perhaps 60 to —

Mr. GILMAN. Sixty devoted to narcotic trafficking? Sixty enforcement personnel?

Governor BORDALLO. Yes; including customs people, including customs people.

Mr. GILMAN. Then how many are in rehabilitation and treatment?

Governor BORDALLO. As of the creation of the crisis intervention center—I'd say about 30, 30-40.

Mr. GILMAN. Has your narcotics budget increased in the past year as compared to previous years?

Governor BORDALLO. Yes.

Mr. GILMAN. How much as it increased in 1977 as compared to 1976?

Governor BORDALLO. About one-half of a million-dollar increase.

Mr. GILMAN. You indicated that the narcotic trafficking and the narcotic arrests has increased considerably and the overdose deaths indicate a pretty substantial increase in the usage and abuse—would you say that your local effort has kept up with the increased traffic and the increased amount of abuse?

Governor BORDALLO. Yes. As far as what local funds we can earmark for.

Mr. GILMAN. How many people are involved in your Customs Bureau?

Governor BORDALLO. Thirty-four.

Mr. GILMAN. That is of the 60 enforcement people, only 34 are Customs people?

Governor BORDALLO. Yes.

Mr. GILMAN. Do you have much, by way of—

Mr. AKAKA. Your time is up. You may have 1 additional minute.

Mr. GILMAN. Governor, my time is running. You mention that one of the more critical needs is to have some U.S. Customs people out here. In addition to that what do you consider one of your more critical needs besides having U.S. Customs people come out?

Governor BORDALLO. Well, more just as much support as we can get from DEA, FBI and other agencies for beefing up our personnel and training in the Attorney General's office.

Mr. GILMAN. Have you sat in on any planning sessions for overall strategy for this area with any Federal officials?

Governor BORDALLO. Yes; we have a full-time task force.

Mr. GILMAN. Have you sat in any of those task force meetings?

Governor BORDALLO. Yes.

Mr. GILMAN. Are they involved in some long-range planning, not just meeting the immediate problem?

Governor BORDALLO. They have just been going at this from all aspects of planning, short term, immediate, long term.

Mr. GILMAN. Do you see some long-range planning coming out of the task force work?

Governor BORDALLO. On perhaps a lighter basis. I think, Mr. Congressman, maybe the Attorney General will be in a better position to give you more technical details and comments on this.

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

Mr. GILMAN. Mr. Chairman, I am going to request that the Governor have an opportunity to present to us the accurate figures on their appropriation and breakdown on their narcotics budgeting and that it be made a portion of the record at this point and the record with the consent of the committee.

Governor BORDALLO. I'd be very happy to react to these questions.

[The information referred to was not received at time of printing.]

Mr. GILMAN. Thank you, Governor.

Governor BORDALLO. I must caution the committee that I'm naturally a generalist, so I have to go back to be sure that what I have told you will fit within accuracies and figures.

Mr. AKAKA. Thank you, Governor. Mr. Won Pat.

Mr. WON PAT. Thank you, Mr. Chairman.

Governor, let me commend you for your comprehensive statement on the subject matter and also for the dramatic efforts that you have

been taking with respect to trying to solve this insidious problem that has been spreading the island. You recall that I had discussed this matter with you some time ago, and your response to me was that you lack bodies in order to carry out the enforcement. I am sure that, by this time, judging of course, from the progress being made that as a result of your efforts in getting Federal assistance, much of this progress is the result of that effort. Now, most of the crimes, as I understand on Guam is drug related. Can you tell us what is the percentage of that?

Governor BORDALLO. Percentage on . . . ?

Mr. WON PAT. Crimes that are drug related.

Governor BORDALLO. I'd say between 75 to 80 percent.

Mr. WON PAT. Now, what is the present force of your enforcement agency? What is your present force? I mean, the number of your enforcement agency in Guam?

Governor BORDALLO. The Department of Public Safety personnel is almost 400, and what is uniform as well as intelligence or detective personnel would be roughly two-thirds of that, so we have about roughly 250 in the direct front-line of law enforcement. The balance would be administrative people. Annual budget, of course, is about \$10 million for the Department of Public Safety. You add a portion of the criminal division of the attorney general's office, customs, and certain types of quasi law enforcement people in the commercial port, security people in the commercial port area and that will generally constitute your total personnel and resources addressed to general law enforcement.

Mr. WON PAT. Now, you have what is called pleasure craft, privately owned pleasure craft?

Governor BORDALLO. Will you speak a little louder, Mr. Won Pat?

Mr. WON PAT. Do you have pleasure craft operated . . . boats . . . small boats?

Governor BORDALLO. Yes.

Mr. WON PAT. What is the extent of that number? In other words, how many do you have?

Governor BORDALLO. Pleasure craft?

Mr. WON PAT. Yes.

Governor BORDALLO. There's hundreds of them. Some of those that are within the size that stay in small harbors because you can't take them out of the water, most of the pleasure crafts are trailered, when you include those for sports fishing and general fishing it numbers in the hundreds.

Mr. WON PAT. I remember some time ago, when I was out in a meeting in Dededo, one of your customs agents told me or related to me a story that when he came over there to inspect a military aircraft, he was not allowed to do so. In other words, there are certain areas in the aircraft, that are hidden, which he as an agent suspects when he was not allowed to inspect. That is why I raised the question whether they have the authority to inspect.

Governor BORDALLO. Mr. Congressman, let me qualify that. Our customs are supposed to have authority to inspect the baggage and personnel coming off an airplane, but whether or not that authority goes to the extent of going into the airplane to just look it over, I cannot answer. I am told that they do also have that authority.

Mr. AKAKA. The gentleman's time is up.

Governor BORDALLO. But they are accompanied by military personnel.

Mr. WONG PAT. I am sorry, my time is up.

Mr. AKAKA. Thank you, and I would like to ask Mr. Nellis to interrogate.

Mr. NELLIS. Thank you, Mr. Chairman.

Governor, on behalf of the staff of this committee, I want to thank you and your associates for the excellent and outstanding cooperation and hospitality that you rendered to Ms. Bachrach while she was here.

Governor, I have a question about more resources. We hear this quite a bit, more resources means more prosecutions; more prosecutions, hopefully, suggests more convictions. More convictions mean that you have prisoners who have to go to jail. We've heard some stories about the problems of your jail here. Where are you going to put all of these people that we hope to put away for drug trafficking?

Governor BORDALLO. I'm not in any way going to minimize the problem, Mr. Nellis, but we have right now a program for adding 24 cells to the present facility. We hope to qualify through the legislation being proposed in Congress for some major national support to penitentiaries' construction throughout the Nation.

Mr. NELLIS. That would take some time, Governor and hopefully the task force and other enforcement activities which you have undertaken here will provide a large prison population for you. We understand that the present prison was built to accommodate some 45 prisoners and that there are presently 91 prisoners incarcerated and that there are about three guards per shift to handle those prisoners. Governor, obviously, if prison is a deterrent to drug trafficking, we have to know something about what happens to these people if they receive any kind of sentence, whether it's long term or short term. Are there any plans to move any of the prisoners to other prisons perhaps?

Governor BORDALLO. Those that are, fall under Federal jurisdiction, then they are sent to Federal prisons.

Mr. NELLIS. Yes; but I'm talking about local convictions.

Governor BORDALLO. To send them someplace else?

Mr. NELLIS. Yes.

Governor BORDALLO. I rather doubt that that can be legally done.

Mr. NELLIS. It cannot be legally done that you can make arrangements to house prisoners elsewhere?

Governor BORDALLO. As long as it's within another American jurisdiction, I imagine.

Mr. NELLIS. Well, as you know, Governor, the criminal justice system is overburdened and it is overburdened everywhere. What concerns me is the deterrent affect in the negative of having a man sentenced to prison and then sent out after a year into a half-way house although he has been determined to be a serious drug violator, and he's out on the street doing business. This bothers this committee very much and we'd like to be helpful in that respect and would suggest that perhaps one of the items that you might look into is how we can be helpful in that respect. Because obviously if you have half-way houses containing serious drug violators, you are not effectively deterring others. Am I correct in that assumption?

Governor BORDALLO. Partly, because there's not so much just the fact that there's a half-way house program, there's also what we Governors in the National Governors' Conference have been arguing over the criminal justice systems in terms of some very, very disturbing trends or confusion and chaos in the judiciary's contribution toward where it's such a disparity in the way criminals are handled. A lot of these could be court-emanated policies of where they just allow probations, and that type of thing.

Mr. NELLIS. Yes.

Governor BORDALLO. That even qualifies the individual then for half-way house programs very early.

Mr. NELLIS. Yes, we understand.

Governor BORDALLO. Even after committing a very serious felony.

Mr. AKAKA. Thank you very much, Governor.

Mr. NELLIS. Thank you, chairman.

Mr. AKAKA. I want to thank you very much, Governor, for your statements and thank you for your presence here.

Governor BORDALLO. Thank you, Mr. Chairman.

Mr. AKAKA. I understand you have a busy schedule, so please have a good day.

Governor BORDALLO. Thank you.

Mr. AKAKA. At this time, I'd like to call the speaker of the house of the legislature, Senator Joseph Ada. We would like to have the senator, the speaker give his statement after which, if we may have your permission, Mr. Speaker, to call you back before 2, maybe at 1:45 to be subject to any questions that we might have. Will you proceed, please?

#### TESTIMONY OF SPEAKER JOSEPH ADA, 14TH GUAM LEGISLATURE

On behalf of the members of the 14th Guam Legislature and the people of Guam, we are honored today to welcome the chairman of the congressional delegation on drug abuse, Hon. Daniel Akaka, and members, Congressman Billy Lee Evans, Congressman Benjamin Gilman, and Congressman Tony Won Pat.

Your recognition, by your presence here today, that Guam's drug problem requires national attention, is greatly appreciated. The dimensions of this epidemic have far outgrown the scope of our local resources. Its magnitude—and dangers—demand financial and professional assistance which we simply do not have. We desperately need your help.

The wave of substance abuse which has enveloped our island—and its ripple effects—have directly affected thousands of our people. Homes have broken up. Families have disintegrated. The crime rate has shot up. And precious resources which could have been used to improve our way of living must, instead, be used for programs and personnel to fight this epidemic. We have spent millions of dollars each year on programs, law enforcement, prosecution and public safety and still it grows.

The position paper which you have been provided goes deeper into the background and causes for the immensity of the problem on Guam.

What I would like to present here are some very pertinent facts which cannot be ignored as well as some possible solutions which must be considered.

Any successes we may achieve must come through an approach which considers four vital areas of need. Too often, a crisis situation which involves the total community—as this one certainly does—brings strong emotional response. People choose sides. In drug abuse the sides are one favoring extreme measures of punishment and law enforcement—the other side contending that treatment is the only answer. The real answer must come from a coordinated approach which would prevent drugs from entering the community; active pursuit of and strong justice against those who profit by spreading the infection; treatment for those trapped in the addiction; and education to prevent others from falling victim. We must insure that each of the four areas complement each other's efforts instead of competing with each other.

We are told that at the moment there are between 800 to 3,000 people on Guam who are addicted to narcotic drugs. This figure I understand may drop probably closer to 1,500. Most of them are young. Not all of them are criminals but most of them will become criminals.

Greater than 90 percent of these young people will remain addicted for the rest of their lives regardless of any existing treatment for their addiction.

Heroin is thought to be the most powerfully addictive substance known besides methadone. Both are narcotics.

Most casual users become addicted to heroin.

Eighty-five years of medical research indicates that the maximum cure rate for any known therapy is less than 10 percent. This puts narcotics in the incurable category. This is not to say that treatment is hopeless. Many diseases now considered incurable must still be treated to relieve symptoms, distress and for possible eventual cures.

Addicts are helpless, handicapped people. Narcotics addiction is simply more powerful than most human minds.

Because narcotics are illegal, people who are addicted to them must use the black market to obtain them. The black market on Guam is lucrative, well organized, and by now, well financed as a result of the tremendous profits from heroin. This market is projected to generate \$4 to \$5 million a year on Guam. This is a conservative figure. A normal habit costs \$50 a day. If 1,500 users spend \$50 a day, the overall figure would be \$75,000 a day times 30 days, which would equal \$2.25 million a month or \$27 million a year. Even at half that figure, the money involved is astronomical.

Most addicts resort to crime to finance their habit. Eighty percent of all crimes against property committed on Guam have been determined to be drug related.

Although addicts have a high mortality rate, they usually live to maturity. Narcotics do not generally produce organic damage, nor do they appear to produce mental diseases. Unless they fall victim to accidents, mob violence, or overdose, addicts live long lives. The 1,500 to 3,000 residents of Guam addicted to narcotics—mostly young—can expect to live another 50 years.

Keeping narcotics away from addicts appears to be an almost impossible task. The amount of heroin seized is minimal compared to

the amount smuggled into Guam. It has been estimated that only 1 percent of total heroin shipment was seized in 1977.

Since 1970, there has been an uninterrupted supply of 90 percent pure heroin on Guam. Heroin purity in the States is rarely better than 10 percent.

Guam's highly strategic role in the Vietnam conflict made it inevitable that the epidemic would reach us and ultimately affect our entire community.

Guam's position astride the East-West trade route make it a direct conduit link between the United States and the "Golden Triangle" of Laos, Burma, and Thailand, and the high profit motive makes risks "worthwhile" to those who profit from others' destruction.

Additionally, Guam has moved—in less than two decades—from a stable, family-oriented society with a strong family concept of orderly behavior where to call in a policeman to solve a family problem was an admission of failure to deal with the solution within the family, to a fast-paced society, with a high population turnover, strange faces, and a belief that anything that is imported is worthwhile.

These causes have been oversimplified in this presentation, but they basically are the reasons for our young people turning to the artificial, short-term and dangerous experiences of drug abuse.

The epidemic was upon us in full force before the public became aware of its proportions. The island's Security and Public Safety who were geared to handling routine, smalltown problems were hopelessly unequipped to deal with it.

Included in your copies of this presentation is a lengthy list of possible solutions to our problem locally. I would appreciate your comments and assessment of the merits of each. In addition to these and solutions recommended by others at these hearings, I ask your assistance through every possible avenue available to help us eliminate this deadly epidemic and treat our island's children who have become its victims.

That assistance could include more Federal personnel who are experts in enforcement, intelligence, customs, prosecution, and other areas of drug smuggling prevention and drug abuse.

We ask that Congress explore the possibility of identifying the U.S. Customs Service as the Agency with the responsibility to monitor and police importation activity here. And also explore the possibility of a territorial Federal compact whereby we could move convicted drug traffickers offisland. Our prison facilities are such that those convicted can continue to carry on their operations from inside their confinement.

We ask assistance in providing professionals knowledgeable in areas of education and treatment of drug abuse, to be assigned to the Single-State Agency to assist in a more intensive treatment program.

The solutions proposed in this presentation—and those by others testifying—will cost far more to initiate and carry out than our present, limited resources can bear. We need your assistance in identifying possible Federal programs and funds which would supplement those resources locally.

It is our conviction, that despite the grim statistics, despite the increasing evidence that the drug abuse problem on Guam is probably the greatest crisis to face us in this century, we must never give up

hope. Our island has survived destructive invasions throughout history. And, by using the many resources available locally, nationally, and internationally, and with the expertise, support, and assistance of every area of our community and Government, we will overcome this latest invasion—drug abuse.

Thank you for your consideration of these requests and recommendations as well as those of others who will appear before this committee. And thank you for your presence here and for your attention. Thank you.

Mr. AKAKA. Thank you very much, Mr. Speaker. We thank you for your prepared statement. We certainly commend you for the attitude you're taking and the spirit in which you're doing it also in meeting the problem of drug trafficking and abuse here on Guam. I'd like to at this time tell you that we are changing our procedure here. I'd asked you before you testified that we would take your testimony now and ask you questions at about 1:45. We've received the word that now changes that. We would like to question you at this time.

Speaker ADA. Yes.

Mr. AKAKA. If that's all right with you. Thank you very much. Let me call on our Congressman Evans.

Mr. EVANS. Do you have any legislation pending concerning drugs?

Speaker ADA. There is now a bill in the legislature to provide a very strong penalty with regards to pushers, and that again is ready to be reported out of this month. In fact, it's already been prepared for action, and of course, the other one is to provide for a "turn-a-pusher-in" program, that is ready to be reported out.

Mr. EVANS. These are legislative efforts, I take it?

Speaker ADA. Yes, and there are others.

Mr. EVANS. They have not been approved by the legislature?

Speaker ADA. No, but there are others and we have statutes in the book that address itself to the situation also, but we're trying to strengthen in providing more penalty and providing more people providing a legislation that would get the people to participate in the turning in of a drug pusher and other programs.

Mr. EVANS. Mr. Speaker, in the 1977 comprehensive criminal justice plan for Guam in which the commission commented on the situation here fairly recently, their first conclusion was "there is a lack of a clear coordinated and consistent public policy relative to drug abuse. There is a lack of consistency in sentencing and referral procedures," and then it goes on. My point is this: if the legislature can take an active and coordinated part in the fight against drug abuse, it can certainly act to improve the criminal justice system. In most cases where we have been, we have found disparity of sentencing people let out on low bail, or to continue their activities. We have found that when traffickers are caught with narcotics and \$50, or \$100,000 in cash, there isn't much we can do to hold the cash. These are things that I think the legislature would want to address itself to, and I'm hoping that that will be the case as a result of your findings. Am I correct in some of that?

Speaker ADA. Yes, Mr. Evans. In fact, we have already presented some of those things—they're in the books. For your information, most of our laws here are patterned after the Federal Government.

Mr. EVANS. I hope you're not making the same mistakes we are.

Speaker ADA. No; we are trying to adjust to our local needs. I would like to perhaps turn over this mike to the legal counsel, who will probably be more familiar with regards to some of the statements that you made. Is that all right, Mr. Congressman?

Mr. EVANS. Will you ask the gentleman to identify himself?

Mr. AKAKA. Will you identify yourself?

Speaker ADA. Our legal counsel here is Mr. Bob Klitzkie.

Mr. AKAKA. Mr. Counsel, would you please rise? Do you solemnly swear to tell the truth, the whole truth and nothing but the truth, so help you God?

Mr. KLITZKIE. I do.

Mr. AKAKA. You may continue.

Mr. EVANS. Sir, perhaps you could address some of the points that I'm raising. Would you state your full name, sir?

Mr. KLITZKIE. Yes; Robert Klitzkie.

Mr. EVANS. What is your title, sir?

Mr. KLITZKIE. I'm the legislative counsel.

Mr. EVANS. Yes, sir. You and I have about the same job.

Mr. KLITZKIE. Thank you. As the speaker mentioned, we do have a bill, bill No. 282 before the Committee of Judiciary and Criminal Justice right now which would do many of the things that you've inquired of the speaker about. It is an amendment to our own legislation which is basically the Uniform Controlled Substances Act which you're probably familiar with.

Mr. EVANS. Yes; what is the status of that legislation? What are the prospects for its passage?

Mr. KLITZKIE. As counsel, I could tell you the status, but I would rather not answer the question as far as the prospects of its passage.

Mr. EVANS. Well, does it look good or bad?

Speaker ADA. Let me answer that question. It will pass.

Mr. EVANS. Thank you.

Mr. AKAKA. The gentleman's time has expired, Mr. Nellis.

Mr. NELLIS. Thank you, Mr. Chairman.

Mr. AKAKA. I want to thank the speaker very much and also your staff people for your statements. I want to also inform you that we will be reconvening here at 2 this afternoon. I now declare this recess.

#### AFTERNOON SESSION

Mr. AKAKA. The hearing of the Select Committee on Narcotics Abuse and Control will resume. We'd like to welcome Peter Rieff and Pedro Manibusan who will testify together as a panel after which the members will question you. First we will swear you in.

[Witnesses sworn.]

Mr. AKAKA. Thank you very much. Peter Rieff, resident agent-in-charge, Guam resident office, will give his testimony first.

#### TESTIMONY OF PETER RIEFF, RESIDENT AGENT-IN-CHARGE, GUAM RESIDENT OFFICE, DRUG ENFORCEMENT ADMINISTRATION

Mr. RIEFF. Thank you, Mr. Chairman.

Chairman Akaka, distinguished members of this committee, ladies and gentlemen. Welcome to Guam. It is an honor and a pleasure for

me to talk to you today about the drug enforcement situation here on Guam.

Our drug enforcement administration office in Guam has the responsibility for enforcing the Federal laws under title 21, United States Code. In addition to investigating violations of this statute, DEA's mission in Guam is to block the flow of heroin from Southeast Asia to Guam and the West Coast of the United States. We are also responsible for assisting local authorities in the apprehension and prosecution of drug traffickers.

When I came to Guam in November of 1976, I was assigned here as a single agent. We now have three additional agents plus one ATF agent on board, and another DEA agent coming onboard next week. We also have a task force which was created during Mr. Peter B. Bensinger's visit here during the international drug enforcement conference and that is staffed by one DEA agent and four DPS police officers.

The Guam office of DEA is responsible for an area covering approximately 3 million miles and this includes Guam, the five districts of the trust territories of the Pacific Islands; only Guam and the Northern Marianas, which is now known as the commonwealth, have U.S. district courts in their jurisdiction. All the other cases in the trust territory are handled in the trust territory high court.

I think to understand the drug situation on Guam we should go back a little bit in time, and as late as 1968, even experienced police officers were unaware of the presence of drugs on the island. In 1973, there began to be an awareness of the relation between drugs and crime, and in 1973 there was a rise in crime from the preceding years of 34 percent. And even the Guamanian community was not aware of the relationship at that time.

In 1977, there was estimated to be in the neighborhood of 782 addicts on this Island, and those numbers have changed even at this hearing. But if you take a dollar amount at \$20 a day for each of those addicts, it would come to a staggering sum of five million, seven hundred and eight thousand and some-odd dollars per year. I think one of the goals would be to find out exactly what problems we have on this Island as far as addicts are concerned, and I hope that this hearing will shed some light on that.

The quality of heroin that we are experiencing on Guam is very high. It ranges from 56 percent to 98 percent in purity. It is No. 4, white heroin. We also have experienced some No. 3. The other question I think we should probably answer is whether or not Guam is a major transshipment point into the U.S. mainland and in Hawaii, and I think that although the seizures have not borne this out, I think that the intelligence estimates and intelligence data does bear this out.

In summary, I would say Guam has a severe drug problem. Heroin is readily available on Guam; the purity is high and transportation presents few problems; it comes in by sea and air. I think the prognosis, however, is good because of the added enforcement efforts of DEA and the Department of Public Safety, the treatment programs and the education programs. I think we're beginning to see some daylight at the end of the tunnel, and I trust that these hearings will benefit Guam and its surrounding Islands. I thank you for your time.

[Mr. Rieff's prepared statement appears on p. 191.]

Mr. AKAKA. Thank you very much, Mr. Rieff.

Mr. Rieff, you pointed out that beginning 1973 is when people became aware of the problem. Is that the turning point?

Mr. RIEFF. I think 1973 was the turning point as far as awareness of police officers.

Mr. AKAKA. Thank you very much. We'll come back to you.

May I call on Pedro Manibusan for your testimony.

#### TESTIMONY OF PEDRO MANIBUSAN, DIRECTOR, DEPARTMENT OF PUBLIC SAFETY

Mr. MANIBUSAN. Thank you, Mr. Chairman and members of this august body.

Mr. AKAKA. Before you continue, may I tell both of you gentlemen that your prepared testimony will be included in the record in its total, and we'd like to have you summarize it in 5 minutes. Thank you.

Mr. MANIBUSAN. Yes, sir. The department of public safety which I am the director, is composed of both fire and police operations. Of the total 521 personnel, we have 287 police officers. The department is charged with the responsibility of enforcing some Federal and local laws including those pertaining to both contraband and controlled substances. The Department of Public Safety has nine full-time narcotics agents assigned to the narcotic unit. In addition, I have four personnel assigned to DEA and the task force. This narcotics unit reports directly to the director. All of the men assigned currently to DEA and our narcotics unit have been exposed to a lesser or greater degree to narcotic problems. They also have been exposed to both DEA and short-term and long-term training. The training varies from a short number of hours at entrance level to advanced training conducted by the Drug Enforcement Administration and the U.S. Customs.

Since 1970, we sent eight personnel off-island for drug enforcement training. These courses have been for a period of 2 weeks and were generally programed to include up to 2 more weeks of on-the-job training in a mainland police department. In addition, two officers have completed the extensive 10-week DEA training in Washington. During this period of time, we also programed 40 training seminars on Guam conducted by the drug enforcement and customs people. Over 330 of our personnel have completed the 40-hour session since 1970.

Gentlemen, the training continues. It is a continuing program of the Department of Public Safety. I think it is interesting to point out that the presence of hard drugs such as heroin was largely unknown on Guam prior to 1970. The extent of Guam's narcotics problem was brought into focus by the sudden increase in the crime rate in the early part of this decade.

From all indications, it is more than probable that the drug problem on Guam was a spinoff from the recent Vietnam conflict. As you will recall, the B-52 bomb raids conducted in the Vietnam theatre of operations emanated from Guam. A large number of the Vietnam medical evacuees were housed on Guam during that period, and large numbers of military personnel traversed Guam on R & R from such places as Hong Kong, Bangkok, and Southeast Asia. This is not to say that all drug traffickers in the military came from the mainland.

Guam residents made a major contribution by having the highest per capita rate of enlistments during the Vietnam conflict. We believe these and other incidents which occurred during the 1960's and early 1970's provided an opportunity for our youth to not only become involved in the use of drugs (specifically heroin), but also provided the opportunity for drug entrepreneurs to establish contacts on Guam for the local market, and for transshipment routes to the United States.

To summarize this point, I would like to say that Guam was almost totally unprepared to cope with drugs. In 1973, the then Governor of Guam having been alerted to the drug problem, convened a special council, though the data available was minimal and questionable, this council was quoted in its report as describing drugs on Guam as a "growing horror."

Since 1973, our crime rate has continued to escalate. The crimes typically related to drug users and distributors, such as burglaries, robberies, and theft—including autos—have been exceptionally high. Specifically, burglaries and auto theft exceed national averages in comparable cities on the mainland. Our reported crime through the year 1977 has shown a 24.8-percent increase over 1976 for part I offenses.

The current year alone, we have experienced 15 murders, one within the last 2 days. Nine or 60 percent of these numbers have been related to drugs, wherein the victim was either a user or distributor of drugs.

Drug user statistics are most alarming. For example, our department has been informed that the user rate on Guam is somewhere in the vicinity of 800 to 1,400. Regardless of the exact numbers, we feel that a substantial number of those users are hardcore addicts. The remainder are in a state of probable addiction. By that I mean they are infrequent users, perhaps two or three times a week, and in my opinion if left to continue their use of drugs, will ultimately become hardcore addicts. Perhaps to better illustrate the relationship between drugs and crime, I would like to cite an example of three burglary rings involving 15 persons who were recently apprehended. All 15 arrestees were involved either as users or distributors of heroin. Recently, three fencing operations were broken up with the arrest of four people, and each of these four were either users or distributors of heroin. While our seizures of hard drugs appear to be nominal, it must be remembered that the quality of heroin seized on Guam averages 87 percent purity on the open-end scale. When compared with the less than 10-percent purity of heroin sold elsewhere, the ratio in terms of volume is close to the 1 ounce Guam equal to 9 ounces elsewhere. This high purity rate of Guam drugs also decreases the number of transactions the addict must make, thereby reducing the opportunity for a police intercept.

Some of the actions the department has taken of recent years to cope with narcotics are as follows: We have developed a better interface with our sister departments among which are customs, Port Authority, Airport Authority, Revenue and Taxation, and the Attorney General's Office. Through frequent meetings, discussions, and implementation of plans, we now are able to bring our meager resources to bear upon the problem. In addition, through the efforts of our Governor, we now have a Drug Enforcement Administration enforce-

ment team in which we actively participate. I might also add that the cooperation we are now currently experiencing with the military commanders has improved greatly. A continuing dialog is now taking place with military authorities. Joint islandwide drug education seminars are being regularly programed along with our crime prevention programs. These joint efforts are now resulting in a more concerned and uniform attack upon drug abuse.

It is my opinion, however, that we have what could be called a syndicated drug problem on Guam. Based on information I have obtained from members of our department along with the other cooperating departments and agencies, I feel that there is a strong, sophisticated, though small, group of drug dealers on Guam. These people are careful to conceal their operations and identities through middlemen, and even utilize code names within their organization to hamper enforcement. Penetration into this group is exceptionally difficult. Guam is a small, family-oriented culture: It is extremely difficult to penetrate with undercover agents, as the likelihood of one being known throughout the island is extremely high.

Mr. AKAKA. Mr. Manibusan, can you summarize whatever you have, please?

Mr. MANIBUSAN. OK. In summary, I'd like to point out to the committee that I have statistics prepared and all the current events that has happened since I took over as Director of Public Safety, but for the present I'd like to present right now a few statistics. There are approximately, 6,120 grams of heroin seized for the past 5 years, and the purity of this heroin is 87 percent. The Department of Public Safety has seized less than 10 percent of this total amount. Total drug arrests increases 71 percent from 87 arrests in 1973, to 147 arrests in 1977. The crime per 100,000 population on Guam has increased from 8,000 offenses in 1973 to 10,000 offenses in 1977, an increase of 14.8 percent. Part I offenses, which account for approximately 61 percent of the total crime, have increased 61 percent over 1973. And, gentlemen, I have the index available, like I said, to send it to the committee. Thank you.

[Mr. Manibusan's prepared statement appears on p. 193.]

Mr. AKAKA. Thank you very much, Mr. Manibusan. I'd like to ask you questions at this time, both of you. Mr. Rieff, how many seizures of heroin have been made in the past year?

Mr. RIEFF. Approximately 3 pounds have been seized last year. That's from all agencies—Federal, local, and military.

Mr. AKAKA. Of the 3,000 seizures, how many of them have gone the course of judiciary, and what is the status of their charges?

Mr. RIEFF. All but one of the major seizures is under either indictment or have been sentenced.

Mr. AKAKA. Can you tell us who are the major groups trafficking in narcotics here?

Mr. RIEFF. I can.

Mr. AKAKA. You also referred to the Golden Triangle. Is there any intelligence that provides you the kind of information that can help you here on Guam?

Mr. RIEFF. Intelligence indicates that almost all if not 100 percent of the drugs that come into, I'm talking about heroin coming into

Guam, is from the Golden Triangle area, and it comes in here through airlines and vessels, seagoing vessels.

Mr. AKAKA. I know you have two objectives here as you mentioned. One is to block the flow of traffic of drugs, and the other is to assist us in apprehending and prosecution of the traffickers. In your opinion, what would you say would be the highest priority assistance that you would need now?

Mr. RIEFF. I think the assistance has already arrived in terms of more DEA manpower and the inclusion of a DEA task force with DPS officers onboard. I think that what we need is time now to dig under the rocks and pull out the worms, so to speak.

Mr. AKAKA. Mr. Manibusan, in your testimony you indicated that you had some problems with the military commanders in working together on this drug problem. You also indicated that there has been improvement in this dialog. Can you explain that a little more to us?

Mr. MANIBUSAN. Sir, I didn't say that they, the relationship \* \* \* I said that the relationship improved. We have been working together, sir, but it is greater now to an extent.

Mr. AKAKA. What kind of problems have you been working on?

Mr. MANIBUSAN. Well, during the Vietnam conflict here, most of the problems were a spinoff from that conflict, the returning Guam residents that were members of the Armed Forces. Like I said, they had contacts off-island and they were able to bring back with them these problems, but now it's shifted to the community of Guam.

Mr. AKAKA. Let me call on my colleague, Mr. Evans.

Mr. EVANS. Thank you, Mr. Chairman.

Mr. Rieff, over the last couple of years in investigations through the Select Committee on Narcotics Abuse and Control, I've come to respect the ability of the Drug Enforcement Administration. I would like to ask in this case though, however, in view of the estimated amount of heroin and other drugs passing through Guam as a transshipment point, could you tell me why the incident of seizure interdiction is so small in comparison?

Mr. RIEFF. Well, you have to realize, sir, that it's been about 12 months only since help arrived in the form of more agents on this island. Up to that point, there was one agent on this island, and it is rather difficult to investigate these cases without help federally, and I think \* \* \* right now, and I am sure that with a bit more time the seizures probably will pick up a little bit. You have to realize the situation on the island in its smallness, in its rather close familiar relationship. These all hamper investigations to some extent.

Mr. EVANS. I certainly understand there are some peculiar problems and I'd like to possibly go into some of those. You mentioned one of the ways that the drugs were coming in was airlines. Are you referring to commercial airlines?

Mr. RIEFF. Yes, sir.

Mr. EVANS. What is the problem, if any, that is existing with commercial airlines, now is this being done so that you do not interdict the drugs? I would think, and let me preface that question a little further by saying that I would think that just from people passing through customs, that you would interdict more drugs than what is being interdicted by the customs officers. Is there some way that the drugs are being handled before they get to customs?

Mr. RIEFF. That is correct, sir.

Mr. AKAKA. What is the problem there, sir?

Mr. RIEFF. It includes some people who are working on the ramp that handle the baggage on these airplanes and the baggage is being diverted.

Mr. EVANS. Who are these people? I mean I don't mean their names, but I mean is there any way to identify them? Are they employees of any particular group?

Mr. RIEFF. Pan Am is basically responsible for that.

Mr. EVANS. Is there a way that people working for Pan Am can handle the drugs before they get to customs and get them out into the couriers here?

Mr. RIEFF. Well, it's fairly simple to remove baggage from the baggage compartment in these airlines, in the belly of the airplane and withhold that bag until such time as either customs disappears from the scene or that it's safe to remove the baggage.

Mr. EVANS. Are you familiar with any incidents in which Pan American has suspected employees of doing this either here or on the mainland?

Mr. RIEFF. I am familiar with some, yes.

Mr. EVANS. And, do you know the result of actions taken by the airlines?

Mr. RIEFF. To my knowledge there has been no action taken here and on the mainland. My memory would have to be refreshed.

Mr. EVANS. Is it not true that on the mainland that the employees' union caused the airlines to hire back a number of employees that had been fired as a result of suspicion of dealing in drugs in the manner that you are talking about existing here on Guam?

Mr. RIEFF. I believe that happened in Honolulu, yes, sir.

Mr. EVANS. Has there been any communication to the airlines so far as you know by the Drug Enforcement Administration that suspicions are that employees are participating in the illicit drug traffic?

Mr. RIEFF. Yes, sir. We have communicated with the management of Pan Am and Continental and have been received very well by the management.

Mr. EVANS. But there's been no action taken so far as Guam is concerned on the part of the management of Pan American?

Mr. RIEFF. That is correct.

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

Mr. EVANS. Thank you, Mr. Chairman.

Mr. AKAKA. Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman.

Mr. Rieff, Mr. Manibusan, it is encouraging to hear some of the expanded efforts that you have been tackling and I'd like to find out just a little bit more about some of the things the DEA task force is doing. Mr. Rieff, what is the composition of your task force?

Mr. RIEFF. One DEA agent and four DPS officers.

Mr. GILMAN. Any attorneys assigned to the task force?

Mr. RIEFF. The attorneys are not assigned per se to the task force; they are in an advisory capacity. We have the U.S. Attorney's Office and the Attorney General's Office in Guam. I also might add that we have an ATF agent assigned to that task force also.

Mr. GILMAN. Is that DEA agent a full-time Guam assigned agent?

Mr. RIEFF. Yes, sir.

Mr. GILMAN. And does the task force engage in any long-range planning or are they meeting the immediate crisis problems?

Mr. RIEFF. The task force is targeted on specific individuals.

Mr. GILMAN. You're working on specific cases in the task force?

Mr. RIEFF. Yes, sir.

Mr. GILMAN. Not working on any real planning, are you?

Mr. RIEFF. Well, we plan to hit the targets that we plan.

Mr. GILMAN. On the targets, I recognize that, but how about looking up the road a bit. Is there any one in your task force engaged in that sort of planning?

Mr. RIEFF. I couldn't catch your full question, sir. Would you repeat.

Mr. GILMAN. What about looking up the road for long distance. Is there any one in the task force or is there any work being done in that direction by your task force?

Mr. RIEFF. We have an intelligence officer assigned to that task force also, and the long-range planning centralizes around the intelligence-gathering ability of both the task force and the Drug Enforcement Administration.

Mr. GILMAN. Besides that day-to-day gathering effort, have you sat in any long-range planning sessions?

Mr. RIEFF. No, sir, not within the task force.

Mr. GILMAN. Have there been any visitors in from Washington, or any regional people engaged in any long-range planning with you?

Mr. RIEFF. Yes, sir. I've sat down with my regional management, and that's Mr. Jensen and Mr. Lee, who is the SIC in Honolulu with my people in Guam here and we've tried to set down some goals that we're going to reach.

Mr. GILMAN. When did you have that meeting?

Mr. RIEFF. Well, we had that meeting during the formation of the task force which was in April, before that, as a matter of fact, and then we had some more meetings to that effect, I believe it was a month and a half or so ago.

Mr. GILMAN. When was the task force created?

Mr. RIEFF. April 1 it was created.

Mr. GILMAN. Of this year?

Mr. RIEFF. Yes, sir.

Mr. GILMAN. I understand you've had some good success to date as a result of your task force work.

Mr. RIEFF. I think we've had some very nice success; yes.

Mr. GILMAN. Do you see the need for increasing the personnel in your task force?

Mr. RIEFF. I would leave that question open again. I think an assessment of what we've done and what we can do needs to be taken, then if the need arises for more men, I would like to come back and say yes, send me more people.

Mr. GILMAN. But actually, it's a one-man, full-time operation on Guam that's the extent of DEA's effort on Guam, right?

Mr. RIEFF. Well, when the next agent arrives, which is next week, he will also be assigned to help Mr. Bruce run the task force also.

Mr. GILMAN. Full time on the task force?

Mr. RIEFF. Yes, sir.

Mr. GILMAN. Your other agents have about whatever you said a couple of million miles to cover in extended territory and I assume you're doing a lot of traveling?

Mr. RIEFF. We do a comparative amount of traveling. We try to cover all the trust territories and assess the narcotic situation in the trust territories.

Mr. GILMAN. What about the problem out in the territories, is that extensive also?

Mr. RIEFF. It is not extensive, sir. There is potential for abuse and trafficking in the district of Palau, the other district that may present some problems could be the Majuro or Kosrae district. Other than that, Truk, Yap, Ponape, and pardon me, anybody from the trust territory if I forget, Marshalls—I don't see too much problem out there.

Mr. GILMAN. When was the last time you sat down with your local public safety man and the local task force, the Attorney General's task force; when did you all sit together?

Mr. RIEFF. We have monthly--well biweekly meetings.

Mr. GILMAN. Who attends those biweekly meetings?

Mr. RIEFF. The director of public safety, the attorney general, myself, my intelligence officer, the director of corrections, Dr. Del Rosario attends one time a month, the military comes one time a month, and what we do is . . . now this is not exactly all task force, but this is a community-type enforcement effort, and we meet which is called a December council. In addition to that council, there is an intelligence meeting that only includes the narcotic intelligence gathering people on the island, from the military, NIS, OSI, department of public safety, my office and those types that attend those meetings.

Mr. GILMAN. Thank you, Mr. Rieff.

Mr. Manibusan, in your testimony, you indicated that you have some nine people involved in narcotic enforcement out of your entire department, is that correct?

Mr. MANIBUSAN. Yes, sir.

Mr. GILMAN. Is that the whole works now for the island that there are nine narcotic enforcement people on the whole island, is that right, from the Guam government?

Mr. MANIBUSAN. Let me rephrase that, sir. The entire Department of Public Safety is fighting drugs, but there are nine trained agents under the Department of Public Safety.

Mr. GILMAN. Of the nine, were they all trained by the DEA? Did all of them receive the benefit of training?

Mr. MANIBUSAN. Yes, sir. That is the assistance we're getting from DEA.

Mr. GILMAN. How long, incidentally, have you been the director of the public safety program?

Mr. MANIBUSAN. Going on 20 months, sir.

Mr. GILMAN. Twenty months?

Mr. MANIBUSAN. Yes, sir.

Mr. GILMAN. And your assistant alongside you, would you identify him?

Mr. MANIBUSAN. He is Maj. Robert Cutts. He is from the Los Angeles Police and has been on the island for the past 5 years.

Mr. GILMAN. Is Major Cutts an expert in the narcotics administration?

Mr. MANIBUSAN. Sir, Major Cutts is my chief of police operations.

Mr. GILMAN. Can you tell us what your total budget is for narcotics enforcement?

Mr. AKAKA. The time of the gentleman has expired.

Mr. MANIBUSAN. In combination with the four personnel that I assigned to DEA, we have a total budget of \$313,000 out of \$10,400,000 which is about 3 percent.

Mr. GILMAN. \$313,000 is assigned to narcotic enforcement of your entire department, is that correct?

Mr. MANIBUSAN. \$313,000, yes, sir. But, you must remember I also have the fire bureau.

Mr. AKAKA. The time of the gentleman has expired.

Mr. GILMAN. I'm not interested in the fire bureau, even though we recognize their work. My time has run out. Thank you, Mr. Chairman.

Mr. AKAKA. Mr. Won Pat.

Mr. WON PAT. Thank you, Mr. Chairman. Let me just follow that up where my colleague left off. Your department has responsibility not only for public safety, or rather, public safety has jurisdiction over the fire department. What about the jail?

Mr. MANIBUSAN. Yes, sir, those are the nonsentenced, noncommitted personnel I am responsible for, the lockup.

Mr. WON PAT. Yes; that's what I'm trying to cover that the \$10,400,000 budget covers your whole jurisdiction of responsibility.

Mr. MANIBUSAN. Let me break down the \$10,400,000, sir. Over \$6 million for police operations and about \$4 million for fire operations. Under the police operations, we're responsible for the safety of the lives and property on this island.

Mr. WON PAT. In terms of bodies, are you satisfied now with the personnel for your department?

Mr. MANIBUSAN. Well, we have to assess our capabilities and we are constantly training our personnel. As you understand, we have to train personnel before we put them on this narcotic unit and we have a continuing training with the assistance of the DEA people.

Mr. WON PAT. Do you have training in narcotics control? Do you also have training in other public safety activity? Doesn't the University of Guam provide some kind of police training?

Mr. MANIBUSAN. Sir, we do have a police academy which is accredited. It's a 15-week course at the University of Guam with about 12 credit course to the men who have completed the cycle. We also are being benefited by from the Federal Bureau of Investigation who comes here about three times a year to give us the so-called middle management and other police training, a 40-hour course.

Mr. WON PAT. From statistics, of course, we are able to learn the ratio of police officers per capita on Guam, I think is higher than other jurisdictions.

Mr. MANIBUSAN. Sir, you must understand the topographical problem of the area of the island. We do have 287 sworn officers now. I have an authorized strength of 307. I only have 287 in uniform right now, and they are assigned from criminal investigation to traffic and patrol to almost everything under police services. I am right now very comfortable with the 1979 budget that is given us or authorized for our department.

Mr. WON PAT. What has been your major handicap in apprehending violators of the laws?

Mr. MANIBUSAN. Will you repeat the question, Mr. Won Pat?

Mr. WON PAT. What is your major handicap, with respect to apprehending; in other words, those committing crimes?

Mr. MANIBUSAN. Mr. Won Pat, I'd like to make a statement. In our statistics report that's been submitted to the committee, we have indicated from January to May a drop in the part I offenses. In other words, there is more enforcement, and we are being very successful in our effort. We have busted up two fencing operations and about 14 burglars which are responsible for the so-called burglary ring on the island.

Mr. GILMAN. Will the gentleman yield?

Mr. WON PAT. Yes.

Mr. GILMAN. Mr. Manibusan, I can't understand your last comment. You state that you're very comfortable with your existing budget in the face of the growing crisis here on the island. We hear testimony here today of increased numbers of homicides, increased trafficking, increased drug abuse, a lack of personnel and manpower. How is it that you're so comfortable with this budget that you have?

Mr. MANIBUSAN. Congressman Gilman, sir, I want to rephrase that. With the limited resources of the government of Guam, a budget of \$10,400,000 is an increase over my last year's budget of \$2 million, sir.

Mr. GILMAN. How much have you increased your narcotic enforcement budget over last year?

Mr. MANIBUSAN. It was increased; in fact, we have a request for Federal funding which was turned down.

Mr. GILMAN. I'm not talking about Federal funding. I'm talking about local funding. How much was your local funding increased over last year on narcotics enforcement?

Mr. MANIBUSAN. OK; that was stabilized at \$300,000.

Mr. GILMAN. The same as last year?

Mr. MANIBUSAN. Yes, sir.

Mr. GILMAN. Why are you so comfortable with that figure? You've got an increasing problem. This is what we were talking about earlier. If you have an increasing problem, the effort is going to have to be increased to confront that problem and if we are going to go back to the Congress and say we have to get some help for Guam. What are they doing about themselves, which is what our colleagues will be asking us. What are we going to tell them? That they are comfortable with what they are doing?

Mr. MANIBUSAN. No, sir. I must apologize for that statement, but let me repeat. We prepared our budget. We asked for more for narcotics but they insist on limitation on our resources. I was given a status quo, but I'm talking about the entire Department's operation. I was given 22 more personnel for patrol and traffic.

Mr. GILMAN. What are you using the additional personnel for?

Mr. MANIBUSAN. This is for patrol and traffic, which is about less than 40 percent coverage now.

Mr. GILMAN. Is it more important to arrest them for speeding than it is for narcotics?

Mr. MANIBUSAN. I feel they are as important as narcotics because they are out there in the front line, sir. They are also involved in the enforcement of narcotics.

Mr. GILMAN. Are these people trained in narcotic enforcement? Are they working at narcotic enforcement, these additional 22 people?

Mr. MANIBUSAN. I have not been hired; this is the additional that I have been given for fiscal year 1979.

Mr. GILMAN. Were you instructed on how to use the additional personnel?

Mr. MANIBUSAN. The request came in for the neighborhood patrol which is a motorcycle police neighborhood concept.

Mr. GILMAN. You were told to engage the additional personnel in that direction?

Mr. MANIBUSAN. That is the requested budget, sir.

Mr. AKAKA. The time of the gentleman has expired.

Mr. GILMAN. I'm sorry I have overextended the time. I yield back the time to the gentleman from Guam.

Mr. AKAKA. The time of the gentleman has expired. May I call on our chief counsel for a few questions.

Mr. NELLIS. Thank you, Mr. Chairman.

Mr. RIEFF, first let me thank you on behalf of the committee for the extreme, extensive, and outstanding cooperation you have rendered us in our preliminary investigations. Mr. Rieff, we have heard a lot of stories about the dangers of working on Guam. Can you tell us something about the situation here? We have heard, for instance, that the average citizen or that many citizens carry pistols. Is that a true statement?

Mr. RIEFF. There are a number of firearms on this island and a number of the traffickers do carry them, and at the request of GovGuam and with the help of Mr. Bensinger, an ATF agent was assigned here. We conducted a raid not too many days ago and got five automatic weapons out of one place which leads me to believe that there are many more on this island besides in that house.

Mr. NELLIS. Isn't it a fact that not too long ago, a DEA agent was murdered on this island?

Mr. RIEFF. That is correct.

Mr. NELLIS. Now I want to ask you a question about how you function in terms of the source of supply. Do you get intelligence from Thailand concerning the movement of heroin from that area?

Mr. RIEFF. Yes, sir, we do and I am privileged to attend the conferences that take place in Thailand and in Southeast Asia so that I am privy to that type of information.

Mr. NELLIS. Now what do you do with that intelligence when you get it?

Mr. RIEFF. Well, we try to tie it up with what we know about our traffickers on this island, and then work a joint operation between wherever it emanates from and here.

Mr. NELLIS. Do you turn it over to the customs authorities or to Mr. Manibusan?

Mr. RIEFF. In some instances, the information is given to customs for their use in searching arriving passengers or luggage and in most instances, the information is shared with DPS.

Mr. NELLIS. In terms of using that information for interdicting trafficking, have you had any recent or rather, can you point to any recent success where you've received intelligence and have been able to effectuate a major arrest or a major seizure?

Mr. RIEFF. Not from off island. We've had some success in arresting some of the local traffickers here who go off island, but we've not been successful in the vernacular "ripping off anybody coming in from Thailand" at this point.

Mr. NELLIS. Why is that, Mr. Rieff, do you suppose?

Mr. RIEFF. Well, we haven't had the strategic intelligence at that point, and that's the only thing I can say about that.

Mr. NELLIS. You haven't had the strategic intelligence?

Mr. RIEFF. Well, it's on a case-by-case basis.

Mr. NELLIS. What I'm trying to get at is whether or not the intelligence you receive is useful to you, whether you can translate it into intervening with the traffic.

Mr. RIEFF. Well, I think it's very useful because without it, we'd even be behind the power curve more than we are. I think that again the intelligence that flows from region 16 which is Bangkok and region 14 which is California and Hawaii, is extremely helpful to us because being a transshipment point they both impact on Guam.

Mr. NELLIS. There is no doubt in your mind, is there, that this is a major transshipment point for heroin going to Hawaii and the mainland?

Mr. RIEFF. There is no doubt.

Mr. NELLIS. Mr. Rieff, I want to ask you a question that relates to the subject matter Mr. Evans was asking you about; that is, the airline employees you were discussing. After you made your appeal to or your statement to Pan Am, did you ever find out whether or not that company discharged any of the employees that you thought might be involved in trafficking?

Mr. RIEFF. To my knowledge they have not discharged anybody.

Mr. NELLIS. Have they discussed with you the reason why they have not done so?

Mr. RIEFF. Yes.

Mr. NELLIS. Can you state what those reasons are?

Mr. RIEFF. Well, basically it is a union situation where they have to have, and I am not exactly sure why, but I think that they have to have reason to discharge rather than just mere say-so.

Mr. NELLIS. Well, I can understand that as a lawyer, but do you have to have a conviction, is it your impression that they have to have a conviction for drug trafficking before they can discharge someone?

Mr. RIEFF. It is my impression that there has to be a conviction for whatever reason.

Mr. NELLIS. Have you observed the operations at the airport, those operations in which baggage is withheld?

Mr. RIEFF. When I first came here, I observed that operation at the airport about 5 days a week, many hours of the night.

Mr. NELLIS. Then you know exactly how it's done, don't you?

Mr. RIEFF. Oh, I know how it's done; yes.

Mr. NELLIS. Why don't we arrest some of the people that are doing it?

Mr. RIEFF. Because I've never seen them do it actually.

Mr. NELLIS. Ah, I see. Then actually your position with respect to these airline employees is one of suspicion, but not one of hard evidence, is that right?

Mr. RIEFF. Yes.

Mr. NELLIS. Thank you, Mr. Chairman.

Mr. AKAKA. The gentleman's time is up. May I without objection ask Mr. Won Pat?

Mr. WON PAT. To continue this line of questioning about these employees. You say that you have been cooperating with the other agencies of the Government here like the Internal Revenue and others? How many cases have you been able to close in with respect to the revelation or determination by the Internal Revenue? In other words, have you been able to apprehend or indict any people on the basis of the Internal Revenue's record of report?

Mr. RIEFF. Yes, sir, as you are well aware of the code concerning the Internal Revenue or the Department of Revenue as it is called here is rather strict. It usually is a one-way flow of information, and the return from them to law enforcement, so to speak, is not forthcoming because of the restrictions on the tax situation. But we have given information to the Department of Revenue and Taxation. The Attorney General's Office has prosecuted a major trafficker for violations of tax laws and put the man in jail.

Mr. WON PAT. Now, with respect to employees of these airlines, it has been reported that some of them, of course, have been involved in this, in trafficking of drugs. Now, some of these people, of course, have been overnight become affluent, in terms, compared to other areas. How do you determine that these people are violators of the law?

Mr. RIEFF. How do I determine?

Mr. WON PAT. Yes.

Mr. RIEFF. Well, through investigative effort, technique, informants, that's the way we determine.

Mr. AKAKA. The time of the gentleman has expired. Thank you very much, Mr. Rieff and Mr. Manibusan, for your testimony, and we're grateful for it—it will be helpful.

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

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

Mr. AKAKA. May I call up to the witness table John Quan, acting general manager, Commercial Port of Guam; and Juan Pablo, postmaster, U.S. Postal Service?

[Witnesses sworn.]

Mr. AKAKA. Thank you. Be seated. I would like to have Mr. John Quan begin his testimony. Testimonies will be submitted and placed in the record in its total. We'd like to have you summarize your statement in 5 minutes. Thank you.

**TESTIMONY OF JOHN QUAN, ACTING GENERAL MANAGER,  
COMMERCIAL PORT OF GUAM**

Mr. QUAN. You want me to summarize it or you want me to read my statement?

Mr. AKAKA. You have 5 minutes to do whatever you wish to do.

Mr. QUAN. But you do have a copy of our statements?

Mr. AKAKA. Yes; we do have a copy of your statement in front of us. Mr. Quan, if you want to read it you can begin, and I'll tell you when your time is up.

Mr. PEREZ. Mr. Chairman, Mr. Quan is the acting general manager. When I arrived on Guam on Monday, I was asked by the chairman of the board of directors to present this statement to you, to this committee, and so I will read in place of Mr. Quan. By the way, my name is Joaquin Perez, I am the—

Mr. AKAKA. Before you begin, will you state your name?

Mr. PEREZ. My name is Joaquin Perez. I'm the board consultant to the board of directors of the port authority. Mr. Chairman, the Port Authority of Guam is basically a service agency which processes tonnages of incoming, outgoing and transshipment cargoes through Guam. The port presently processes tonnages varying from 700,000 tons per year to over 800,000 tons per year. Approximately two-thirds of this tonnage is imported goods, goods coming into Guam from various ports, the mainland ports and foreign ports. About 85 percent of this cargo is in the form of containerized cargo, with the remaining 15 percent being in the form of breakbulk or piecemeal cargo. The port does not currently maintain records regarding each cargo port of origin, these records are available by scrutinizing bills of lading, but we do not maintain records of where the port of origin per each particular piece of cargo that's coming into Guam. It does not provide a breakdown of the commodities that we handle; we do not open containers down at the port. However, local shipping agents would be able to provide the data that is contained or the data of the cargo that is contained in each of these individual containers.

None of the cargo that the port receives from the vessels is released into the community or to other vessels until it has been properly approved by customs inspectors. Each bill of lading that we handle at the port or cargo on a bill of lading that is handled at the port must be approved by customs inspectors before they are released to the community. The cargo processing procedure regarding the screening for illegal substances or contraband is a function primarily or solely at the port of the local customs inspectors. These people are not under the control of the port authority. They are under the control of the Department of Commerce. These inspectors are the first to board any vessel berthing at the port, and in some occasions they meet these vessels out at the breakwater on the high seas before they enter the port area. This is particularly true on passenger vessels. They should or they would meet these vessels out on the open water. They're the first to board the vessel; they always screen the cargo, the vessel, the personnel on board and the ship's stores. On many occasions we have noted that on vessels coming from foreign ports, they would put customs seals on ships' stores and these stores cannot be touched or opened by the ship's personnel.

Additionally, before the port issues any cargo through its gates, each container or breakbulk piece of cargo must be properly approved by a customs official. Each release order that we receive from the agency must be stamped with a passed customs inspection seal. The port security or security personnel who are there strictly to scrutinize the issue and the release of cargo through the gates will not allow the egress of any cargo which does not have a customs

approved stamp on the bill of lading. The port security also monitors all suspicious yard activity 7 days a week, 24 hours a day to prevent theft of warehoused goods or cargo in the port container storage areas. Although port personnel screen cargo being discharged and loaded, the port's main concern is in the handling and stevedoring of cargo from the vessel to the consignee and vice versa. However, the port will continue to support the customs officials in an effort to screen all processed cargo to prevent the inflow of any controlled substance.

Thank you.

Mr. AKAKA. Thank you very much. May I now call on Juan Pablo, postmaster, to present your testimony. Thank you.

#### TESTIMONY OF JUAN C. PABLO, POSTMASTER, AGANA, GUAM

Mr. PABLO. Mr. Chairman and members of the committee, I am Juan C. Pablo, postmaster, Guam. I understand that written testimony about the Postal Service's role in drug investigations has been furnished to the committee by Chief Postal Inspector Benson and that Inspector in Charge Bill McClanahan was available for this questioning on this topic at the committee's hearing in Honolulu last week. I welcome the opportunity to appear before the committee today to testify on mail operations in Guam, and the volume of mail handled by the Guam Post Office. Thank you.

Mr. AKAKA. Thank you very much for your testimony. I understand there is a problem, Mr. Pablo, at the airport, that there is a postal box that is identified as U.S. mail. Do you have any boxes at the terminal?

Mr. PABLO. Yes, sir, we do have one U.S. mailbox located between the outgoing, department passengers and between the incoming, arriving passengers outside of the building.

Mr. AKAKA. Are there any inside the building?

Mr. PABLO. I knew there is one there, but that is not a post office approved installed box.

Mr. AKAKA. Do you know whether it is identified as U.S. mail?

Mr. PABLO. I did, and I have called the attention of the airport authority to either block off that U.S. mail sign or do something about changing that mailbox. That mailbox is not our post office approved box.

Mr. AKAKA. Do you know who placed that box there?

Mr. PABLO. I think it was the airport authority personnel.

Mr. GILMAN. Will the gentleman yield?

Mr. AKAKA. I yield to the gentleman.

Mr. GILMAN. How long has that box been there, Mr. Postmaster?

Mr. PABLO. I believe it was there quite sometime, sir.

Mr. GILMAN. Over a year?

Mr. PABLO. Over a year.

Mr. GILMAN. How long has it been since you requested its removal?

Mr. PABLO. This was the time when customs reported the matter to me and I called the airport authority to move or remove that box.

Mr. GILMAN. How long ago was that, Mr. Postmaster?

Mr. PABLO. This was some time ago, about a year.

Mr. GILMAN. About a year ago, and it hasn't been removed yet?

Mr. PABLO. I don't believe so, no sir.

Mr. GILMAN. Would the Port Authority people care to answer why it hasn't been removed?

Mr. AKAKA. I'm sorry, we have the wrong authority. Alright, thank you.

Mr. PABLO. May I mention again that just lately I received a letter from customs chief inspector suggesting to me to remove the box, and when I received the letter we had called the attention of the operations officer of the international airport to either take the box out or correct whatever deficiency there is.

Mr. AKAKA. To your knowledge, it still exists there? To your knowledge is that box still there?

Mr. PABLO. I don't know whether the box is still there now, sir.

Mr. AKAKA. Do you work with the Customs Service in investigating and examining mail from Southeast Asia?

Mr. PABLO. Will you repeat the question?

Mr. AKAKA. Yes, do you work with the Customs Service people in examining mail that comes from Southeast Asia?

Mr. PABLO. Well, we have customs inspectors assigned to the post office now that are going through packages that are coming in from foreign areas.

Mr. AKAKA. Can you explain your operation with them?

Mr. PABLO. I beg your pardon, sir?

Mr. AKAKA. Can you explain how you work with them?

Mr. PABLO. When mails arrive from foreign areas before we open the bag containing the mails we turn it over to their area, and inside the customs area a postal employee will open the bag for the customs inspectors, from there they do the examination.

Mr. AKAKA. Do you use any dogs to sniff the packages in the mail?

Mr. PABLO. Oh, yes, sometimes they bring the dogs in to sniff the mails.

Mr. AKAKA. You mean this is not a regular part of the operation?

Mr. PABLO. I don't know whether it's a regular part of their operation, but now and then one or two inspectors would come into the post office with the dogs.

Mr. AKAKA. How often is that?

Mr. PABLO. I'm not too sure whether once a month or maybe as often as they feel like a dog is needed to sniff the mails.

Mr. AKAKA. How many dogs are used out here?

Mr. PABLO. I only saw one.

Mr. AKAKA. Mr. Quan, do you estimate any drug traffic coming by way of cargo in vessels into Guam?

Mr. QUAN. I have no knowledge of any drugs passing through the port.

Mr. AKAKA. Has there been any seizures of drugs?

Mr. QUAN. If there has been any, we have never been notified, or if the port is notified, I am not aware of it. I am just the acting manager on behalf of the director who is off-island for 3 weeks.

Mr. AKAKA. Thank you very much, Mr. Evans.

Mr. EVANS. Thank you, Mr. Chairman.

Mr. Pablo, is it a violation of Federal law to have a post office box or a receptacle with the lettering of U.S. mail on it that is not authorized by the U.S. Post Office or by the Postmaster?

Mr. PABLO. I am not too sure, whether it is illegal or not, but I will assure the committee that the Post Office will have no mail pickup or delivery of such mail that is in a receptacle that is not approved by the Postal Service.

Mr. EVANS. And you did not approve the box that we were referring earlier?

Mr. PABLO. Not officially, sir, no. Since it is not a box designated and approved by the Post Office, no, sir.

Mr. EVANS. Is it not true that the box can be opened? Have you ever observed that box being opened by someone other than the U.S. Post Office employees?

Mr. PABLO. No, sir, I never have.

Mr. EVANS. Have you ever observed or has it been reported to you that mail was being dropped into that box?

Mr. PABLO. I received information that, yes, people are dropping mails into that box, but as I said this is within a confined area where we do not enter.

Mr. EVANS. You have already testified that you don't pick up or deliver or pick up from that box, so obviously a person could drop anything in there and it could be picked up by someone else without going through customs, could it not?

Mr. PABLO. I would think so, yes. The person who has the key to that box.

Mr. EVANS. Do you know whether or not a key is needed to the box?

Mr. PABLO. I believe that is locked by some type of a padlock.

Mr. EVANS. We have information that indicates that there is no key and that the box is open and that anyone could get into the box.

Mr. PABLO. I don't know about that, sir.

Mr. EVANS. I see.

Mr. PABLO. I am not aware.

Mr. EVANS. You have no knowledge?

Mr. PABLO. No.

Mr. EVANS. Under your authority as Postmaster, would you not have the authority to remove that box if the U.S. Mail is not removed from it?

Mr. PABLO. No, sir, not unless a mailer complains that mail had been lying there for some time which was still there and never been checked or picked up.

Mr. EVANS. Well, who has the authority? Does anyone have the authority to handle U.S. Mail outside of the Post Office Department?

Mr. PABLO. I don't believe so, sir, because I consider that to be a private area.

Mr. EVANS. Well, if it professes to be a U.S. Mail Box, then you would have the authority to require the name to be removed from the box or to require that the box be removed, would you not?

Mr. PABLO. I'm not sure.

Mr. EVANS. Even if it's on private authority, I mean on private property.

Mr. PABLO. I could probably suggest, and then if they don't comply I may have to report this to the Postal Inspector's Office.

Mr. EVANS. Would you think that with the possibility of drug traffic that box being used for drug traffic that it would be a good idea to do that, sir?

Mr. PABLO. I will look into that, yes, sir.

Mr. EVANS. I would appreciate it, thank you.

Mr. AKAKA. Thank you very much, Mr. Evans.

Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman. Mr. Quan, how long now have you been doing your screening for the port authority, how long has this been going on?

Mr. QUAN. Screening of what?

Mr. GILMAN. You mentioned that you were screening shipments coming in and out.

Mr. QUAN. We do not screen the shipments. Customs officials are the ones that screen the cargo, vessel, and the crew on board the vessels.

Mr. GILMAN. It was my impression that your testimony said something about screening. Do you do any checking at all for any illegal cargo?

Mr. QUAN. No, sir.

Mr. GILMAN. Then the port authority has no enforcement prerogative at all over narcotics?

Mr. QUAN. No, sir.

Mr. GILMAN. You leave it entirely to local customs officials?

Mr. QUAN. That is correct, sir.

Mr. GILMAN. Mr. Postmaster, how frequently do the regional postal inspectors come out to your area to take a look at your mail problems?

Mr. PABLO. As often as there is a major complaint about our operations, however, their regular visit may be once a year or every other year.

Mr. GILMAN. Every other year?

Mr. PABLO. When nothing has—no major problem has developed, no reports that the office received about problems occurring in the post office.

Mr. GILMAN. What's your estimate of the amount of narcotics that comes through the mail through your office?

Mr. PABLO. I would consider it's very minimal, in fact, I have obtained data statistics from customs who were the officials responsible for intercepting such substance through the mails. The last 2 years, I believe they only had intercepted five occasions where the amount is very minimal.

Mr. GILMAN. Do you have any idea what the amount was?

Mr. PABLO. I do have a copy here, if I may, in 1976 they had five incidents, so on two incidents they had seized 2 grams and in one seizure they had indicated to seize 25 grams.

Mr. GILMAN. Does this include reports back from Hawaii or from the customs office of their seizures?

Mr. PABLO. No; this is just locally.

Mr. GILMAN. You have no idea what is being stopped along the way by other customs officers?

Mr. PABLO. No, sir.

Mr. GILMAN. How many people are assigned in your office to inspect the mails?

Mr. PABLO. They would normally have three inspectors assigned during the heavy period when mails are coming in.

Mr. GILMAN. What's the average volume that goes through your office?

Mr. PABLO. You mean the total incoming volume, I would say on an estimate, figure 54 million pieces passing through our office annually. These are incoming mails from all areas.

Mr. GILMAN. Thank you, Mr. Postmaster.

Mr. QUAN, do you have any recommendations with regard to the need for any enforcement in the port authority? You talked about containerized shipments and other shipments that go through, do you see any need for tightening up any of the regulations there with regard to narcotics regulations?

Mr. QUAN. Mr. Chairman, we handle the containers down at the port, we do not open them. When the containers come to the port, they have an agency seal which we are not authorized to open.

Mr. GILMAN. Who places that seal on the container?

Mr. QUAN. These are people from the agencies in the States or from wherever the container is coming from, they would place the seals on the containers.

Mr. GILMAN. Who is allowed to open them, if not port authority people, who can open these containers?

Mr. QUAN. The consignee of the box, the man that's holding the bills of lading for that cargo, that particular cargo.

Mr. GILMAN. Are local customs people present when those containers are opened?

Mr. QUAN. That I cannot say, sir, because we issue the containers out intact, and it's taken, it's drayed over the road normally to the consignee warehouse.

Mr. GILMAN. Is there any administrative authority that you need over the control of the port itself that would be helpful in regulating narcotics trafficking?

Mr. QUAN. Sir, I cannot answer that right now. The way we handle cargo, we don't even see the contents of the insides of the containers, and the containers very rarely stay for more than 2 days at the port.

Mr. GILMAN. Then I take it that the entire enforcement problem is in the hands of local customs while it's in your port?

Mr. QUAN. Yes, sir.

Mr. GILMAN. And you do nothing in that direction?

Mr. QUAN. We have security personnel that prevent people from opening these containers.

Mr. GILMAN. Do you have any theft problems at the port?

Mr. QUAN. Some problems, yes, sir, pilferage.

Mr. GILMAN. Is it extensive?

Mr. QUAN. No, sir, it's not.

Mr. GILMAN. Has it been increasing over the last few years?

Mr. QUAN. No; in fact, it has been decreasing. We have been more strict in our enforcement of security measures at the port.

Mr. GILMAN. What percentage of your trafficking is containerized?

Mr. QUAN. Approximately 85 percent.

Mr. GILMAN. And has that increased over the past few years?

Mr. QUAN. Yes, sir, during peak periods, we'll handle as much as 95 percent containerized cargo.

Mr. GILMAN. Do you have any idea of the small craft traffic in and around the islands?

Mr. QUAN. No, sir, we know that in Cabras Island and Apra Harbor there are approximately 420 to 450 surface landings, but of these vessels approximately 350 will call at the port. The other areas where these ships can dock, I refer specifically to tankers and to small fishing craft, are at berths that are not under the control of the port authority.

Mr. GILMAN. Are they under control of customs?

Mr. AKAKA. The time of the gentleman has expired.

Mr. QUAN. For customs inspections, yes, sir, they are under the control of customs. For facilities operations, they are under the control of various private concerns.

Mr. GILMAN. Thank you. Thank you, Mr. Chairman.

Mr. AKAKA. Mr. Won Pat.

Mr. WON PAT. Mr. Postmaster, are mails from the mainland inspected by the customs when they come to Guam?

Mr. PABLO. Ordinarily, Mr. Congressman, domestic mails are not subject for inspection, unless a certain name would come up or a certain package is suggested by customs then we will refer the package or that particular piece of mail to customs.

Mr. WON PAT. What about outgoing mail from Guam, are they inspected?

Mr. PABLO. Mails from Guam, sir?

Mr. WON PAT. Yes.

Mr. PABLO. Going to the mainland?

Mr. WON PAT. Yes.

Mr. PABLO. I think it is, mails originating in Guam for mainland-Hawaii destinations.

Mr. WON PAT. Have there been any occasions where illicit drugs are mailed from here?

Mr. PABLO. Not to my knowledge, no, sir.

Mr. WON PAT. Now in the case of the port, you have absolutely no jurisdiction over the inspection of cargo, is it?

Mr. PABLO. No, sir, I don't have any jurisdiction whatsoever.

Mr. WON PAT. I'm talking now to the port authority people.

Mr. QUAN. Mr. Won Pat, we would receive the containers, as I mentioned previously, intact and we would issue these containers with the seal still on the containers, still locking the container, we would issue them to the consignees. When we receive containers that are going to the mainland or to other ports, such as household goods, we receive these containers with the seals on them and ready for shipment. They are packed outside, in the outside community, in the private community, we do not stuff containers at the port.

Mr. WON PAT. Thank you, mister. Now I would like to ask the postmaster another question. You know the bettlenut is banned from being exported to the mainland, are there any occasions or cases where they mail from here bettlenut and you were able to detect that and/or confiscate it?

Mr. PABLO. Well, Mr. Congressman, I would say this, that if a customer presents a package to be mailed at the counter, the post office counter, we are required to issue a customs declaration for mailing of that package. In that declaration, the sender must declare the contents, and if the sender put down a doll, we have to take the sender's word and if the article is a bettlenut and intercepted by customs or FDA

officials, then the sender must be lying to us when he or she mails the package.

Mr. WON PAT. But when the mail arrives on the mainland, they are also inspected, aren't they?

Mr. PABLO. They are required for customs inspection, yes, sir.

Mr. NELLIS. Yes; these are bulk packages you're talking about, I'm talking about containers. Let's say containers are coming in by sea from Thailand, have you ever heard or have you any knowledge of any of those containers ever having been spot checked before they get to your port or in your port?

Mr. PEREZ. No, sir, we've never heard of any containers from those specific areas being opened at the port.

Mr. NELLIS. Now these seals that you say these shipments contained, who places them on the shipments?

Mr. PEREZ. They're from the port of origin.

Mr. NELLIS. Could it be any official or private party?

Mr. PEREZ. If the container was stuffed or vanned, the cargo was placed in the container at a private container freight station then the people, the personnel or that container freight station would put that seal on that container.

Mr. NELLIS. Now, are you bound to observe that seal?

Mr. WON PAT. Well, I know of cases where they have been reported to me personally where they have inspected and they confiscated the bettlenut.

Mr. PABLO. Yes, sir, being that Guam is outside the customs territory of the United States, anything coming from Guam to the mainland is subject for customs examination.

Mr. WON PAT. Thank you, Mr. Postmaster. Thank you, Mr. Chairman.

Mr. AKAKA. Thank you, Mr. Won Pat. Counsel.

Mr. NELLIS. Thank you, Mr. Chairman.

Mr. QUAN and Mr. Perez, your statement states that you will continue to support the customs official efforts to screen processed cargo. In the course of doing that, have you ever observed any customs official opening any container, spot checking it?

Mr. PEREZ. I've never seen them.

Mr. NELLIS. Have you ever seen, Mr. Quan?

Mr. QUAN. No, sir.

Mr. NELLIS. To your knowledge, has it ever been done?

Mr. PEREZ. I have heard that down at the port, of customs people or officials requiring cargo, particularly cargo from Manila and Hong Kong, they would go out and open these packages and visibly inspect them, yes, I've heard of that.

Mr. PEREZ. For a year's accountability, yes, sir, we are.

Mr. NELLIS. Well, now aside from accountability, if the customs people suspect contraband, they could open it, couldn't they?

Mr. PEREZ. Yes, sir, they can.

Mr. NELLIS. But you don't know of any case in which that's been done?

Mr. PEREZ. No, I do not know.

Mr. NELLIS. How long have you been with the port authority, Mr. Perez?

Mr. PEREZ. Fourteen years.

Mr. NELLIS. And how about you, Mr. Quan?

Mr. QUAN. Fifteen years.

Mr. NELLIS. Between the two of you, you know of no single instance in which any spot check of any cargo has been done? Can you imagine, gentlemen, how much contraband must be coming in that way?

Thank you, Mr. Chairman.

Mr. AKAKA. Thank you very much, chief counsel. I want to thank you gentlemen, Mr. Quan Mr. Pablo for your testimony. Thank you very much, it will be helpful to us.

Mr. PABLO. Thank you, sir.

Mr. QUAN. Thank you, sir.

Mr. AKAKA. I'd like to call to the witness table, the following: John Fernandez, director--Guam airport, Pan American Airways; Gene Hassing, general manager, airport, Air Micronesia; David Tuncap, Guam airport authority; and James McDonald, Director, Department of Commerce.

[Witnesses sworn.]

Mr. AKAKA. Thank you. We will hear first from Mr. John Fernandez.

#### TESTIMONY OF JOHN FERNANDEZ, DIRECTOR, GUAM AIRPORT, PAN AMERICAN AIRWAYS

Mr. FERNANDEZ. Chairman Akaka, members of the committee, on behalf of Pan Am, I am pleased to supply the following information regarding Pan Am's operations and airport security in Guam. Airport security is a matter of utmost concern to Pan Am, and we hope the following information will be of use to the committee. Pan Am carries approximately 21,000 passengers in and out of Guam on approximately 90 scheduled passenger flights in and out of Guam in an average month.

Daily flight 841 originates in San Francisco, stops in Honolulu and continues on from Guam to Manila four times a week and Okinawa and Taipei three times a week. Daily flight 842, the return flight, retraces this route to its ultimate destination, San Francisco.

Flight 802 originates in Guam and flies daily to Tokyo, returning flight from Tokyo as flight 803.

Pan Am also operates charter flights to Osaka, approximately 10 per month.

With respect to our cargo operations, approximately 2 million pounds of cargo-mail, company material is handled at Guam in an average month.

Cargo is carried on all passenger flights as well as our all-cargo flight 873 which arrives in Guam on Thursdays from San Francisco and Honolulu, then continues to Hong Kong and Tokyo.

Pan Am operates in Guam under the jurisdiction of the Guam Airport Authority. The GAA controls the two access gates to the secure areas of the airport. All vehicular and pedestrian traffic pass through these gates. I imagine that the GAA will provide the committee with a description of the security procedures practiced by the GAA. As to Pan Am's own security measures, Pan Am contracts with Island Security, Inc. This firm provides security guards, passenger screening and ramp guard services. Pan Am employs 159 people at the Guam Airport.

A ramp supervisor, a maintenance supervisor and a passenger service supervisor are on duty 24 hours a day overseeing their respective areas of responsibility. This is a minimum coverage. All of these individuals are management employees.

Pan Am is committed to cooperate with the Guam Airport Authority and law enforcement agencies in an effort to maintain the highest degree of airport security.

If I may provide further information to the committee, please advise me and I will attempt to obtain such information. Thank you kindly.

Mr. AKAKA. Thank you very much Mr. Fernandez. Following the presentation of the entire panel, we will come back and ask you some questions and to all of you, your prepared testimony will be included in the record in its total. Mr. Hassing.

#### TESTIMONY OF GENE HASSING, GENERAL MANAGER, AIRPORT, AIR MICRONESIA

Mr. HASSING. Mr. Chairman, members of the committee, my name is Gene Hassing, I'm the General Manager of Continental/Air Micronesia. I have responsibilities over the airline's activities in Guam, the Northern Marianas and the Trust Territory of the Pacific Islands.

First of all, I want to say that I am encouraged by the actions and deliberations of this committee and want to assure this committee that Continental/Air Micronesia will cooperate in every way possible.

I have heard from public and police officials and have read in local Guam newspapers of a growing problem in the availability of heroin and narcotics in general on the island of Guam. There is opinion that airlines may well be one of the means by which narcotics are brought to the island. This causes me and other officials of Continental/Air Micronesia to be greatly concerned. We have asked law enforcement agencies on Guam, and especially Federal agencies directly involved in the battle against narcotics, what we can do to assist them. I will elaborate further on this a little later in my testimony.

We want to help and realize that the air carriers have an obligation to turn over to law enforcement authorities contraband, including narcotics, discovered in our facilities.

It is our duty as good citizens to give whatever information we may have to aid law enforcement in their battle against the trafficking of narcotics.

The airlines have the capabilities to conduct limited searches of certain luggage items and air freight shipments. We are, however, greatly concerned about searches made by our people in a direct endeavor to discover narcotics in luggage and air freight. Although this represents searches by private person, courts have developed genuine concern that such a search may be done for or with law enforcement. Airline employees must not act as selectees of law enforcement in conducting searches for contraband or, no doubt, such searches could be interpreted as state action.

The airlines want to act as good citizens in preventing narcotic trafficking, but we also realize that the customers (both passengers and air freight shippers) are entitled to all reasonable expectations of privacy. No carrier is required to embark upon a full-scale law enforce-

ment effort to discover contraband, although we are expected to take steps to insure that we are not knowingly transporting contraband, including narcotics. The airlines routinely do not have occasion to screen cargo and luggage for narcotics, but obvious violations will be brought to the attention of the proper authorities.

I would like to now touch upon the question of what we are doing in the way of security measures to curtail or prevent ground or flight personnel from becoming involved in the trafficking of narcotics. In the early part of 1978, we approached the DEA people here on Guam and solicited their help in setting up a training program to be given to our airport employees. The instruction class was designed along the lines of what the agents should be on the lookout for, a "profile" if you will, of an individual who might be introducing narcotics for shipment via air freight or in checked luggage. At the same time, the DEA agent conducting the class was requested to advise our employees in a very strong language of the consequences if they should become involved in the trafficking of narcotics themselves. One class has already been given to our Air Micronesia employees in Saipan. We hope in the near future that Air Micronesia employees at Guam and other island stations will receive the benefit of these DEA training classes.

We have always believed in close liaison with law enforcement agencies at all levels. As bits and pieces of information might develop concerning possible trafficking in narcotics by our employees, this intelligence is immediately brought to the attention of the appropriate authorities.

I believe that all of our employees, both flight and ground personnel, are well aware that Continental/Air Micronesia management will not tolerate any kind of personal involvement in narcotics when brought to our attention.

As requested by this committee, the attached document reflects volume of Air Micronesia passenger and cargo flights into Guam for the period of October 1, 1977, to June 1, 1978.

[The information referred to follows:]

**AIR MICRONESIA VOLUME OF PASSENGER AND CARGO FLIGHTS INTO GUAM FOR THE PERIOD OCTOBER 1, 1977, TO MAY 31, 1978**

Mixed passenger and cargo—867 flights.

All cargo—none.

Air Micronesia flights are operated into Guam from Honolulu, Micronesia, Northern Mariana Islands, and Tokyo, Japan, as follows:

3 flights a week from Honolulu, Johnston Island, Majuro, Kwajalein, Ponape and Truk;

3 flights a week from Koror and Yap;

7 flights a week from Tokyo and Saipan;

12 flights a week from Saipan.

Air Micronesia does not operate any flights from Southeast Asia.

Mr. HASSING. In summation, to insure that our flight and ground personnel are not involved in the trafficking of narcotics, we feel that the most effective programs are: No. 1, educating the people to the pitfalls and consequences of becoming involved, either willingly or unknowingly, in narcotics trafficking; and No. 2, the immediate relaying of intelligence to appropriate law enforcement agencies who are primarily concerned with the investigation of narcotics movement.

We have in the past and will continue to cooperate to the fullest extent possible with the authorities involved in fighting the problem of the trafficking in narcotics. Thank you.

Mr. AKAKA. Thank you very much, Mr. Hassing.

Mr. McDonald.

**TESTIMONY OF JAMES McDONALD, DIRECTOR, DEPARTMENT OF  
COMMERCE, GOVERNMENT OF GUAM**

Mr. McDONALD. Thank you, Mr. Chairman. My name is Jim McDonald; I'm director of commerce, government of Guam, and the customs division is part of the department. This division is responsible for the enforcement of both local and Federal statutes, regulations, and rules. Among these are: The Gun Control Act of 1968; the Contraband Seizure Act of 1939, as amended; the foreign assets control regulations; and the Food, Drug, and Cosmetic Act. I mention these laws, rules, and regulations because these are some that we specifically use in trying to make seizures. Now, with these laws, rules, and regulations, the division has assumed the responsibility of the territory's first line of defense against the importation and trafficking of drugs.

The customs and quarantine division carries out its responsibilities by the inspection of arriving aircraft, surface craft, passengers, crew, cargo, and mail; the detention or seizure of restricted or prohibited items; the detention or arrest of persons found in violations of the aforementioned laws, rules, and regulations; and the examination and certification of import and export documents. The division executes its enforcement responsibilities at the following ports of entry: Apra Harbor, which embraces the naval port, Sumay Cove, the commercial port, and the Marianas Yacht Club; the Agana Boat Basin; the Naval Air Station; the Guam International Air Terminal; and Andersen Air Force Base.

At present, the customs division has a staff of 34, that's 34 officers, does not include clerical staff. The division is divided into four sections: Import and export, maritime, airport, and narcotics and investigation.

The following narrative, which you have in your hands, describes how the customs division is organized to combat the flow of drugs into Guam, if I can continue on, for the past year and to continue for some time in the future, the customs and quarantine division has embarked on a major training program of all its officers to enable these men to better comprehend how to fight drug importation. In September of 1977, all officers were provided 2 weeks of training in interdiction methods by officers from the U.S. Customs Service. Furthermore, certain officers have been selected to attend drug enforcement administration and military customs training seminars.

Further, through a grant made available by LEAA, Law Enforcement Assistance Administration, and augmented by matching funds appropriated locally, the Division is currently assessing overall training needs and designing an in-house, on-the-job training program to meet those needs. In concert with this program, a quick reference manual will be published and provided to all officers by the end of

this year. Also, a thorough review of the existing local statutes, rules, and regulations that govern customs enforcement will soon be underway. Such a review will provide recommendations to strengthen enforcement capabilities to insure that these laws, rules, and regulations are consistent with enforcement needs.

The use of dogs for the inspection of aircraft, surface vessels and mail is now under study. Actually, the study has been completed. The preliminary recommendations from a two-man U.S. Customs drug detector dog team is to increase the number of dogs that we currently employ to three. The manner of funding the purchase of these additional dogs and the training of such dogs and their handlers is being researched.

The Customs and Quarantine Division as was related previously is in the process of improving the caliber of the Division's personnel. It will continue to make these improvements. In my prepared statement are several exhibits to give you a better understanding of our activities. Now the first graph of exhibit III shows the decline in the volume of seizures, that is, the actual pounds of marijuana and heroin. However, the second graph shows that the actual number of seizures has increased, that is, the number of seizures we've actually made rather than the actual volume.

Exhibit IIIa shows the total number of interceptions made by the Customs and Quarantine Division since fiscal 1972; that's July 1 through June 30. Exhibit IV shows the number of drug seizures, the status of the violators, the description and quantity of these seizures, the number of seizures at the various ports of entry. Exhibit V gives an idea of the volume of work done by the Customs and Quarantine Division. Exhibit VI is a summary of the training that the present customs officers have received as of this date. I hope that this information has enabled you to better understand our role in drug enforcement. Thank you for your affording me this opportunity to describe our work.

[Mr. McDonald's prepared statement appears on p. 195.]

Mr. AKAKA. Thank you, Mr. McDonald. You must have timed your testimony, it's exactly 5 minutes. May I call on David Tuncap for your testimony.

#### **TESTIMONY OF DAVID TUNCAP, EXECUTIVE DIRECTOR, GUAM AIRPORT AUTHORITY**

Mr. TUNCAP. Thank you, Mr. Chairman. My name is David Tuncap and I am the executive manager for Guam Airport Authority. Mr. Chairman, as requested by the committee's letter to me dated May 19, 1978, this testimony has been prepared to present my comments and views concerning civil airport operations as they relate to the narcotics problem on Guam. As a concerned citizen, but not a narcotics expert, I welcome this distinguished committee's hearing on the acute rise of heroin addiction on Guam and the accompanying rise in crime. It is widely recognized that narcotics can be brought into Guam by unscrupulous agents via any type of aircraft, civil or military, and via any type of ship or boat, civil or military. However, as requested, I shall limit my testimony to airport operations of civil aircraft as they relate to the narcotics entry problem.

Guam International Air Terminal or GIAT, adjacent to the U.S. Naval Air Station, Agana, provides passenger terminal and other facilities for civil aircraft flights into Guam, except those entering Anderson Air Force Base under military operations. Use of NAS Agana facilities for civil aviation is provided for by the Navy/Gov-Guam joint use agreement executed July 19, 1974. GIAT was operated by the Department of Commerce, Government of Guam from the opening of the civil terminal in 1967 until early 1976. Starting January 1976, GIAT operations came under the Guam Airport Authority created by Gov/Guam Public Law 13-57 approved September 26, 1975. GAA is a public corporation and autonomous instrumentality of Gov/Guam, whose purpose is to acquire, construct, improve, operate and maintain airports and related facilities for civil aviation uses on Guam. To date, GIAT is the only such facility. GAA is expediting improvement and expansion of GIAT in accordance with a recently revised master plan including provisions for a new passenger terminal and related facilities.

GIAT is classed as a small hub airport by the FAA, with last year's revenue passenger statistics as follows: Departures, 280,000; arrivals, 275,000; transit, 150,000; total volume, 705,000. All powers vested in the authority is exercised by the board of directors, comprised of five members. The board appointed an executive manager who serves as the chief executive officer. The powers of the executive manager include the items as mentioned in my testimony, items 1 through 10.

Security measures in effect at GIAT in general follow the pattern required for all U.S. civil airports by Federal law and Federal Aviation Administration regulations. These security measures are updated as necessary to improve detection and prevention of a wide variety of illegal activity, including hijacking, bomb threats, terrorism, sabotage, immigration violations, customs violations, including entry of narcotics and contraband material.

An overall brief of these security measures at GIAT are as follows:

GAA provides basic guidance on security aspects through issuance and enforcement of the airport security manual required by FAA in accordance with FAR part 107, this is airport security. The manual provides regulations concerning identification and control of persons, protection of aircraft operating areas, enforcement, and so forth.

GAA provides guards daily at all hours of the day, at all hours at the two entry and exit gates to GIAT aprons and aircraft operations areas, as well as operations personnel to supervise patrols and general GIAT security.

NAS Agana provides security for all military areas, including perimeters, entry and exit gates.

Airlines serving Guam provide departing passenger screening, including X-ray machines, as required by FAA regulations. Scheduled passenger airlines serving Guam include Pan American, Continental/Air Micronesia, Japan Air Lines, and Air Nauru. Air taxi and commuter operators with small aircraft include Island Air, Aviation Services, Fox Air, and Indo-Pacific. Singapore Airlines has cargo service to Guam, and numerous other airlines use Guam for refueling.

GovGuam Department of Public Safety is required by Public Law 13-57 to provide police, fire protection, and security services appli-

cable to the airport. A small detachment of police is assigned at GIAT, and provide law enforcement officer coverage of passenger screening, general security, and enforcement of vehicle traffic rules. GAA is continually working with DPS to increase the size of the police force, to provide better coverage, and to improve overall security. GAA has provided free office space for a police substation at GIAT.

U.S. Immigration and Naturalization Service provides screening of incoming passengers as required by Federal law relating to immigration.

Customs Division of GovGuam's Department of Commerce is responsible for and provides screening of incoming passengers and their baggage in accordance with local law and U.S. Customs laws pertaining to Guam. This includes search for and detection of narcotics and other contraband materials.

With the preceding as basic information, I would now like to conclude my testimony with some additional comments and views.

Probably no one knows the exact volume of narcotics coming into Guam, reputedly from Southeast Asian countries, via the entry methods of civil aircraft, military aircraft, civil ships and boats, or military ships and boats. For that unknown portion of narcotics entering Guam via civil aircraft at GIAT, preventing narcotics entry requires the combined efforts of all security organizations listed above. Guam customs and Guam police have prime responsibility for control of the narcotics problem; all others involved must provide assistance and cooperation as best they can.

I can assure this committee that GAA will continue to improve security measures as they relate to narcotics entry or exit, and will assist all others involved within the limitations of personnel and funding available. For example, on one occasion, GAA employees witnessed a passenger trying to divest himself of a package in the customs area. Customs officials were immediately notified, and the passenger was arrested on a narcotics violation. Periodic security meetings are now held with all security agencies involved with the narcotics problem to improve security measures. As an example, the meetings of December 12, 1977, are attached, which generated improvements in additional lighting, installation of a secondary inspection area in customs, new baggage storage area, improved policing of areas, and improved training.

We recognize this is a continuing problem, and we welcome practical suggestions for improvement of measures relating to the narcotics entry security. We would like to see the vicious narcotics problem in Guam stamped out or reduced to the lowest possible level.

I appreciate this opportunity to appear before this important committee, and welcome any of your findings that could lead to further improvements at Guam International Air Terminal. Thank you, Mr. Chairman

Mr. AKAKA. Thank you very much, Mr. Tuncap. May I now ask you the question: Do you know of that mailbox that's at the airport?

Mr. TUNCAP. Yes, I do, sir.

Mr. AKAKA. Is it still there?

Mr. TUNCAP. It is.

Mr. AKAKA. Does it still have "U.S. mail" on it?

Mr. TUNCAP. It does.

Mr. AKAKA. Have you received any request from the postmaster to remove it?

Mr. TUNCAP. No, sir. I have received a letter from Customs, but not the Postmaster.

Mr. AKAKA. To remove it?

Mr. TUNCAP. Suggesting its removal, yes, sir.

Mr. AKAKA. Do you think that there's a possibility that that's used by passengers to drop other than mail possible contraband for pick-ups?

Mr. TUNCAP. In my opinion, Mr. Chairman, I think it is conceivable, but at the same time I don't know in my own mind, whether it is necessarily such a—it exposes a danger to a drop-off inside the holding room area as opposed to the box outside the terminal building. However, it has been suggested that that is, you know, one possible way of people transiting possibly dropping in some package or letter containing contrabands that could be mailed locally.

Mr. AKAKA. Some of the intelligence that we get tells us that that's a very important point, I mean that box and so we'd like to see something happen to it by the proper authorities. You said that you have, you provide guards daily, all hours to supervise patrols and security. How many do you have on a shift?

Mr. TUNCAP. I have two gates, Mr. Chairman, and they are covered 7 days a week, 24 hours a day.

Mr. AKAKA. Now let me move along to Mr. McDonald. On page 3 of your testimony, you indicated that some preliminary recommendations were made. What were the final recommendations?

Mr. McDONALD. They have not made any final recommendations.

Mr. AKAKA. On the canines?

Mr. McDONALD. On the canines, no. The preliminary recommendation is to purchase two more dogs and to use the dogs mostly on arriving aircraft and at the post office.

Mr. AKAKA. Is there any area at the terminal where passengers coming from Southeast Asia may mingle with domestic passengers before they arrive at the customs?

Mr. McDONALD. No.

Mr. AKAKA. How are they taken off the plane?

Mr. McDONALD. Unless there is a flight coming in or being emptied by another airline, there may be a slight chance there, although usually they are scheduled at different times so they don't arrive at exactly the same time.

Mr. AKAKA. How many passengers do you get in a peak period on Guam?

Mr. McDONALD. What kind of a peak period? I mean during August and October are peak tourist months, we have a heavy flow from Japan. The summer months \* \* \* the flights, the east-west flights going to the States and coming from Southeast Asia are usually filled.

Mr. AKAKA. Mr. Hassing, have there been any seizures on your airline of contraband, narcotics?

Mr. HASSING. Not of the volumes that would indicate trafficking, only small possession amounts, and so on.

Mr. AKAKA. Does it come from the Micronesian area that you have airports?

Mr. HASSING. Well, I should clarify, it has not been seizures on our flights; it's been on our facilities here at the Guam Airport and employees involved.

Mr. AKAKA. Mr. Fernandez, you have heard the discussion that went on a little while ago about your employees. Are you aware of that?

Mr. FERNANDEZ. Mr. Chairman, I am not aware of any of our local employees, no; I'm not. The case that was mentioned earlier, I think, in the case of Honolulu, I was not involved. However, I have some knowledge that as soon as Pan American knew of the arrest by Customs and the DEA, the employees were immediately discharged. However, when the assistant U.S. attorney decided not to prosecute, we continued with the case and a labor arbitrator forced us to bring the employees back to work. I'd like to point out here that you know Pan Am is very law enforcement oriented system-wide, and we cannot and do not tolerate violation of any laws. Our employee rules of conduct cover this very specifically and very thoroughly and I assure you that any knowledge that we have immediately the employee is discharged. However, we are not crime detection or are we arresting officers, we can only go on information we have and then depending on what type of case is presented is how far we can go, but we immediately discharge them.

Mr. AKAKA. Thank you, Mr. Fernandez. Mr. Evans.

Mr. EVANS. Thank you. Mr. Tuncap, is it true that there is an area in which the Department of Commerce, customs officials works within the airport to search baggage, and so forth from incoming passengers? Do they have an area at the airport set aside for that purpose? A restricted area?

Mr. TUNCAP. Yes, they have an office area that can be used for that purpose.

Mr. EVANS. Are other people allowed to go into that restricted area?

Mr. TUNCAP. Within the office area, I believe, only customs officials are authorized in there.

Mr. EVANS. Is there a procedure by which certain people might obtain a pass to enter that restricted area?

Mr. TUNCAP. Not for that particular area, sir, no.

Mr. EVANS. Let me make sure that we're talking about the same thing.

Mr. TUNCAP. I'm concerned with the area in which the customs officials conduct the examination of incoming passengers and their baggage.

Mr. EVANS. When you're coming through customs?

Mr. TUNCAP. That's right.

Mr. EVANS. Is that area restricted?

Mr. TUNCAP. That area is restricted.

Mr. EVANS. And is there any procedure by which anyone else can enter this area by virtue of having a pass from your department?

Mr. EVANS. And those are issued by your department?

Mr. TUNCAP. That's right, sir.

Mr. TUNCAP. Yes.

Mr. EVANS. Could you tell me how many such passes may be out at the present time?

Mr. TUNCAP. At the present time, I don't know, it varies from time to time.

Mr. EVANS. Are there times in which a number of passes are issued for entry into that area, by people other than customs officials?

Mr. TUNCAP. Yes.

Mr. EVANS. And those are issued by your department?

Mr. TUNCAP. That's right, sir.

Mr. EVANS. Do you know of any incidents in which these passes are issued to employees of the airlines?

Mr. TUNCAP. No, the passes are not issued to employees of the airlines, because the employees already have their own passes.

Mr. EVANS. Pardon me?

Mr. TUNCAP. The employees of the airlines already have their own passes.

Mr. EVANS. They have the authority to enter into the restricted area?

Mr. TUNCAP. Not within that area, unless they have business to be in the area to assist customs or immigrations.

Mr. EVANS. I see, so that it is possible then that an employee of the airline could upon stating or showing that he has business in the area enter into that area with a pass from your office?

Mr. TUNCAP. That's right.

Mr. EVANS. OK, Mr. Fernandez, in previous hearings involving ports of entry, we have heard testimony which would lead us to believe that a person engaged in drug trafficking could if he had inside help from perhaps airline employees or someone, leave baggage before going into customs or to make arrangements prior to arriving by telephone or whatever that certain baggage may contain contraband so that a person on the inside could if he had entry or access to the restricted area to either take the baggage out of customs without examination or take the contraband out of the baggage. Do you think it's possible that this might be one of the ways that so many drugs are passing through the Guam airport without being interdicted?

Mr. FERNANDEZ. Congressman, after what I've been hearing, I would have to say, I guess most anything is possible. However, you have to keep in mind that in our flights today, except for the 707's where the baggage is containerized and this baggage comes in from the aircraft and immediately offloaded and no one has access to that container at that time it's being offloaded and taken directly to the terminal where the bags are then taken out and put aboard the belt. Now, when that baggage goes into customs, no baggage comes out of customs without the customs' approval and their inspection of it.

Mr. EVANS. Is it not possible that someone known to customs could bring baggage out without being inspected, such as a trusted employee of the airlines or someone else?

Mr. FERNANDEZ. I don't know, Congressman, of any, any such occurrence. I happen to know the customs inspectors fairly well myself, having been out there, and I know when I come in they go through my baggage and they go through it very thoroughly, so I couldn't say. It is possible, I'm sure it could be, but I don't know of any such thing.

Mr. EVANS. Well, when you have the fact that less than 1 percent of the drugs coming through here, according to estimates, are being interdicted, there must be some elaborate schemes obviously being followed in order to get the drugs through or into Guam. I think that it's

the duty of this committee to explore every possibility and the duty of every public-minded or public-spirited citizen to look into every way possible to stop the drug traffic. Could I ask you if Pan American follows the procedure described by Air Micronesia as to the educational process for employees in cooperation with the Drug Enforcement Administration.

Mr. FERNANDEZ. Yes; we have, we have many programs, and in many of these programs, we have had the DEA and customs officials give instructions to our employees, plus in our own training sessions where we go over our employee rules of conduct; what is expected of them; they are made to understand the requirements in handling of baggage and cargo; that it must be cleared by customs; it must be inspected or cleared by them before we take any possession of it or before it's turned over to the passenger.

Mr. EVANS. All right, sir. Could I follow up by asking the procedure of or as to baggage which is left at the airport which no one claims? I understand now that you have a storage room which is locked, and the airlines has a key and the department, the Guam Airport Authority has a key; is that correct?

Mr. FERNANDEZ. That's correct.

Mr. EVANS. I understand also that sometimes that you put the baggage in the office in a locker for a period of time. Is that the situation now? How long does the baggage stay there in the office before it's put into the locked place?

Mr. FERNANDEZ. At the present time, now when the baggage is left behind, they have the customs room or the baggage room where it goes to. Before that was available, the baggage was cleared by customs, and then given to the airlines and we would then deliver it to the passenger or send it back to another station or forward it to another station, but it was cleared by customs before we took possession of it.

Mr. AKAKA. The time of the gentleman has expired.

Mr. EVANS. May I ask, by unanimous consent, one last question?

Mr. AKAKA. Without objection, so ordered.

Mr. EVANS. Mr. Fernandez and Mr. Tuncap and Mr. Hassing, are all of you gentlemen satisfied with the procedures as to the ports of entry on commercial airlines, that everything is being done to interdict illicit drugs and contraband?

Mr. FERNANDEZ. Well, I have been with Pan Am for 37 years, and I've traveled pretty extensively throughout the world, and I would have to say, Congressman, that in Guam, they are doing a more secure job of inspecting the passenger/baggage and security at the airport than in any other airport that I can think of at this moment.

Mr. EVANS. We are not trying to reflect on the ability in the job that's being done. I'm concerned with the fact that so many people feel that so much drugs are getting through and certainly ingenious ways are devised by those who would profit from illegal drug traffic, but I'm just concerned about what is being done. Thank you, Mr. Chairman.

Mr. AKAKA. Thank you, Mr. Evans. Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman. Sorry that our time is so limited. I'm sure we all have a number of questions we like to get at, but we are extremely limited. Mr. Fernandez, to follow up my col-

league's questions with regard to the Pan Am operation, do you have your own internal security force?

Mr. FERNANDEZ. No, sir, we have island security that does the security here in Guam for us.

Mr. GILMAN. No, no, I'm not talking about your security guards, do you have your own Pan Am internal security?

Mr. FERNANDEZ. Yes, sir, we do.

Mr. GILMAN. Have they been out here to take a look at your operation?

Mr. FERNANDEZ. Yes; they have, sir.

Mr. GILMAN. At your request?

Mr. FERNANDEZ. At my request and also on their own. They come out here quite frequently.

Mr. GILMAN. How recently were they out here?

Mr. FERNANDEZ. Well, it just happens that we have one here right now.

Mr. GILMAN. Has he been looking at the baggage problems?

Mr. FERNANDEZ. He has been out at the airport. Unfortunately, I've been tied up with other matters and I don't know exactly what he was looking at or where he did check.

Mr. GILMAN. Have the local DEA officials been discussing with you some of your baggage problems?

Mr. FERNANDEZ. Not with me personally.

Mr. GILMAN. Have they discussed it with any of your personnel?

Mr. FERNANDEZ. I believe that they may have. They've asked for some information at the airport and it's been given to them.

Mr. GILMAN. Well, are you in charge of all of Pan Am's operations here?

Mr. FERNANDEZ. Yes.

Mr. GILMAN. Have you had any report from anyone in the Drug Enforcement Administration with regard to some questionable problems that you might have in your baggage or freight?

Mr. FERNANDEZ. I've been here since December of 1977 last year and I've had none.

Mr. GILMAN. No recommendations, no requests, no discussions?

Mr. FERNANDEZ. None, whatsoever, sir.

Mr. GILMAN. None have crossed your desk?

Mr. FERNANDEZ. None across my desk.

Mr. GILMAN. Mr. Tuncap, I don't understand this mailbox problem. You put the box out there, did you, in the airport facility?

Mr. TUNCAP. Congressman Gilman, the mailbox was put in that particular location at the request of the tenants for passenger convenience.

Mr. GILMAN. Did you put it out there at your order?

Mr. TUNCAP. I requested the post office people for implementation. I received concurrence from them. It is their box.

Mr. GILMAN. It's a U.S. post office box?

Mr. TUNCAP. It says U.S. mails, sir.

Mr. GILMAN. All right, now, you were requested to remove it by the postal authorities, is that correct?

Mr. TUNCAP. No; I wasn't.

Mr. GILMAN. Did Customs request you to remove it?

Mr. TUNCAP. By Customs, yes.

Mr. GILMAN. At the request of the Postal Service?

Mr. TUNCAP. I don't know, sir.

Mr. GILMAN. All right, have you removed it?

Mr. TUNCAP. No, sir.

Mr. GILMAN. Are you informed that it's a violation of law to have it out there if it's not under their authority?

Mr. TUNCAP. I have not been informed of any violation of any law.

Mr. GILMAN. All right, I assume you are going to look into that and remove it if it is a violation of law, is that correct?

Mr. TUNCAP. Certainly, sir.

Mr. GILMAN. Thank you. Mr. McDonald, I'm a little curious about your charts. We hear all kinds of reports here today of increasing narcotic trafficking, of increasing abuse, increasing drug-related crimes and yet your charts show that the opiate arrests, the opiate seizures, the opiate inspections are all going down on your chart rather than going up. How do you explain that with the increased incidents of drug abuse and drug trafficking?

Mr. McDONALD. There is a greater sophistication in importing these drugs here.

Mr. GILMAN. What sophistication are you talking about that's greater?

Mr. McDONALD. Now, we've had several intelligence reports about ships coming close to Guam and dropping them off and boats meeting them out there.

Mr. GILMAN. Well, what have you done about that?

Mr. McDONALD. It would be difficult. We would have to have the cooperation of the U.S. Coast Guard which we can ask at any time.

Mr. GILMAN. Have you asked for it?

Mr. McDONALD. No; we have not.

Mr. GILMAN. Do you have any air support at all?

Mr. McDONALD. Excuse me?

Mr. GILMAN. Do you have any of your own air support, air inspection?

Mr. McDONALD. We don't have the air or surface vessels, no, we don't.

Mr. GILMAN. Is there some reason why you haven't asked for U.S. Coast Guard assistance?

Mr. McDONALD. No, because quite often then we hear contrary information. On all ships of which we have this information, we board these ships before they reach the mouth of the harbor, and we do a thorough search on this, quite often using a dog.

Mr. GILMAN. I say, is there any reason why you haven't asked for the Coast Guard to assist you in these offshore areas if that's the additional sophistication that you're talking about?

Mr. McDONALD. Because we haven't had the most reliable information. Almost everything we've done, we've coordinated with DEA. Now, we've discussed this to see where we would actually go.

Mr. GILMAN. Mr. McDonald, your testimony shows that you have some 34 people assigned to customs inspections, is that correct?

Mr. McDONALD. Yes, sir.

Mr. GILMAN. Are they all operational or are some of those administrative?

Mr. McDONALD. Two of those are strictly administrative.

Mr. GILMAN. So that now we're down to 32. You tell us that you're involved \* \* \* your inspection of the airport boils down to three men on 3 of the 6 days are manned with only three inspectors, is that correct?

Mr. McDONALD. Yes, sir.

Mr. GILMAN. How many people do they have inspecting in that period of time?

Mr. McDONALD. This all depends. We normally have at least five or six men during the day, 8 a.m. to 5 p.m.

Mr. GILMAN. How many people come through each day?

Mr. McDONALD. Several hundred people, all depending on the passenger flow. Now we have agreements with the airlines because they pay customs overtime on a pro-rata basis of 30-to-1 on almost all flights coming in.

Mr. GILMAN. Well, there's some testimony here about 20,000 people a month and you're telling us that several hundred a day, how does all of that stack up? How many people go through the airport each day in international flights?

Mr. McDONALD. I guess you'd have to divide that 20,000 by 30, that gives you about 600.

Mr. GILMAN. And you have about three men, three to five men a day taking care of 600 passengers.

Mr. McDONALD. No, we have three to five men, 8 a.m. to 5 p.m. Now most flights do not come in on 8 a.m. to 5 p.m.

Mr. GILMAN. When do they come in?

Mr. McDONALD. They come in between 5 p.m. and about 4 or 5 a.m. Now we assign men there on a pro-rata basis of 30-to-1 passengers.

Mr. GILMAN. How many men do you have during your peak hours then?

Mr. McDONALD. All depending on how many people come in. We get an indication from the airlines.

Mr. GILMAN. During your peak hours, Mr. McDonald, how many inspectors do you have at work at the airport?

Mr. McDONALD. We have had as many as 10 or 12 men.

Mr. GILMAN. Do you feel that they're able to take care of the whole works and do it properly?

Mr. McDONALD. We've been working on increasing their proficiency at taking care of that place.

Mr. GILMAN. Do you feel that you have adequate personnel to do the job of inspecting?

Mr. McDONALD. No, we don't.

Mr. GILMAN. In your narcotics and investigation section, I note that you say you have two inspectors, one is a lieutenant and you've got apparently one other guy, is that correct?

Mr. McDONALD. Yes, sir.

Mr. GILMAN. And they cover the whole narcotics investigation for the whole island?

Mr. McDONALD. Yes.

Mr. GILMAN. In your maritime section, you've got a lieutenant and five inspectors and they cover how many ports?

Mr. McDONALD. It says right here, Sumay Cove—

Mr. GILMAN. How many ports are we talking about?

Mr. McDONALD. We are talking about one actual harbor.

Mr. GILMAN. One harbor and how many other ports?

Mr. McDONALD. Just that one harbor, and the Agana boat basin when we need it.

Mr. GILMAN. Well, you are talking about, what about Sumay Cove, what about the yacht club and what about the naval air station and what about—

Mr. McDONALD. Well, that's what I'm saying we're talking about one harbor and four different ports in that harbor.

Mr. GILMAN. Alright, so you've got them spread around, right?

Mr. McDONALD. Yes, sir.

Mr. GILMAN. How many men are at one place at one time?

Mr. McDONALD. It all depends, obviously, we don't have the manpower to man that whole area.

Mr. GILMAN. Are you undermanned in the maritime section?

Mr. McDONALD. Yes, we are.

Mr. GILMAN. You're undermanned in the investigation section? You're undermanned at the airport, how is it you say that you have a sufficient budget when you were questioned?

Mr. McDONALD. I didn't say we have a sufficient budget.

Mr. GILMAN. Well, how undermanned are you? How many more personnel?

Mr. McDONALD. I do not know how many.

Mr. GILMAN. What would you estimate you need by way of additional personnel to do the job?

Mr. McDONALD. We've had various estimates. We've been studying this matter because a bigger problem we face is actually how well trained our men are.

Mr. GILMAN. How well trained are they?

Mr. McDONALD. We train them as much as possible with the resources we've had, but I still don't think they're up to par in what they need. Right now that's why we have men being trained and working on bringing up these men to the caliber we think necessary.

Mr. GILMAN. What's the average salary of your customs inspectors?

Mr. McDONALD. Now, customs officer I makes \$4.72 an hour or \$9,816 a year.

Mr. GILMAN. How many more inspectors do you think you need to adequately fulfill your responsibility as the head of customs?

Mr. McDONALD. It all depends on the kind of training we can give these men. I mean if I double the size of the force right now I couldn't say that we could adequately cover it because I wouldn't have the training available.

Mr. GILMAN. What was the recommendation you made to the legislature by way of additional personnel that you need?

Mr. McDONALD. I did not ask for additional personnel because I've been working on training the men.

Mr. AKAKA. The time of the gentleman has expired.

Mr. GILMAN. My time has expired, unfortunately. Thank you, Mr. Chairman.

Mr. AKAKA. Thank you, Mr. Won Pat.

Mr. WON PAT. Thank you, Mr. Chairman, Mr. McDonald, I see that you have the responsibility for enforcement of a number of Federal Statutes, regulations such as the Gun Control Act. Now what do you do in that respect?

Mr. McDONALD. If guns are not declared or if guns are illegally imported here, then we seize these guns.

Mr. WON PAT. Have there been many cases of violation of that law here?

Mr. McDONALD. Excuse me?

Mr. WON PAT. Are there cases of gun control violations?

Mr. McDONALD. Yes; there have been cases of violations of the Gun Control Act.

Mr. WON PAT. We seem to have a mounting \* \* \* you know, crime rate here, lot of murders as a matter of fact, it was reported in the paper 2 days ago \* \* \* is that drug related?

Mr. McDONALD. I've heard that it is almost all drug related.

Mr. WON PAT. I presume that's so. However, what about the gun? I'm trying to get at that. Are these guns when they are apprehended, how do you identify them? Whether these guns are legitimate or illegitimate. I mean, whether they are legitimately owned or illegitimately.

Mr. McDONALD. Yes; we check if there is gun registration or not. If there is no gun registration, then we do not allow this.

Mr. WON PAT. Do we have \* \* \* what you call \* \* \* a local gun control statute?

Mr. McDONALD. Yes; we do.

Mr. WON PAT. Now, well, under the foreign access control regulation, what do you do in this regard?

Mr. McDONALD. The person has to declare if he's bringing in more than \$5,000. Now, if he brings in more than \$5,000 and he does not declare it, then we have the right to seize the money, and we then inform the Department of Revenue and Taxation as well as the Attorney General's Office.

Mr. WON PAT. Now, on the Food, Drug and Cosmetic Act, how do you work on this?

Mr. McDONALD. Well, here we check whether items are properly labeled. Now here's also where we get the authority to search for drugs.

Mr. WON PAT. Do you get any Federal funding for what you called the inspection and prosecution of these activities?

Mr. McDONALD. No.

Mr. WON PAT. You don't get anything at all from the Federal Government?

Mr. McDONALD. For enforcing the Federal statutes, we do not get any Federal funding.

Mr. WON PAT. What about for training, do you get any help?

Mr. McDONALD. Yes; we get Federal funding through training.

Mr. WON PAT. Not for operations?

Mr. McDONALD. Not for operations, no.

Mr. WON PAT. Oh, that's very interesting. You have any idea of the amount of money you get for training?

Mr. McDONALD. This year, we're spending about \$25,000 on training. We've also purchased about \$10,000 to \$15,000 worth of equipment, equipment such as binoculars, walkie-talkies, narcotics test kits, and so forth.

Mr. WON PAT. I would like to get more information respecting all of these Federal statutes which you are presently carrying out in this

area under your own responsibility. In other words, your employees, the customs people are all paid by the local government?

Mr. McDONALD. That's right.

Mr. WON PAT. And not a cent from the Federal Government?

Mr. McDONALD. That's right.

Mr. WON PAT. I believe that the Federal Government has responsibility in underwriting some of these expenses. Now, I'd like to address this question to the airline people. Have there been any employees of your company that have been found to be involved in narcotic trafficking or in some other way involved?

Mr. HASSING. Congressman, thank you. As far as Continental/Air Micronesia is concerned, we have no positive proof that our employees are involved in trafficking. There has been some inference, there have been some names suggested, leads to follow up on, but nothing has ever been proved. We've only encountered possession of marihuana in small amounts on employees in our facilities throughout the last 10 years.

Mr. WON PAT. How about you, Mr. Fernandez?

Mr. FERNANDEZ. Congressman, to the best of my knowledge, I don't know of anyone in Pan Am here at Guam that we have any information whatsoever on.

Mr. WON PAT. You only hear names and rumors about it?

Mr. FERNANDEZ. I haven't heard or even heard any names of any of our people, Congressman.

Mr. WON PAT. Well, now surprisingly, I've heard about it and there's no reason, of course, to give credence to it, but apparently some things that I've heard pointed out that these people have become affluent in some respect, able to buy homes, new cars and everything else. That's why I thought that probably the Internal Revenue could look into this.

Mr. FERNANDEZ. Well, Congressman, I have had none who are presently employed with Pan Am, no names come to my attention, sir.

Mr. EVANS. Would the gentleman yield, just a second?

Mr. WON PAT. Yes.

Mr. EVANS. You were only here since December of 1977?

Mr. FERNANDEZ. Yes, sir, that's correct.

Mr. EVANS. Did your predecessor pass that along to you?

Mr. FERNANDEZ. Yes, sir.

Mr. EVANS. Thank you, Mr. Chairman.

Mr. WON PAT. Thank you, Mr. Chairman.

Mr. AKAKA. Chief counsel.

Mr. NELLIS. Thank you, Mr. Chairman. Mr. McDonald, your own figures show by far that the largest number of seizures over the last 6 or 7 years have been at the international airport.

Mr. McDONALD. Yes, sir.

Mr. NELLIS. If that is the case, as compared to Andersen, commercial port, post office, or anywhere else, if that is the case, it's quite obvious where the information is coming from to the effect that most of the drugs are coming in through the airport.

Mr. McDONALD. Right. I've always received that information.

Mr. NELLIS. All right. Now you've despaired the notion that nobody knows where the inference is coming from that drugs are coming through the airport, right?

Mr. McDONALD. I guess you could say that; yes.

Mr. NELLIS. It's pretty clear. All right, now you inspect military transport as well as commercial transport, do you not?

Mr. McDONALD. Yes; we do.

Mr. NELLIS. And do you have a schedule in advance of when military aircraft are coming in?

Mr. McDONALD. No; we do not.

Mr. NELLIS. Well, what happens, you've got three inspectors on duty for commercial flights, and suddenly you are advised that the military aircraft is coming in, what do you do?

Mr. McDONALD. We send one person to do the military inspections.

Mr. NELLIS. One person?

Mr. McDONALD. Depending, quite often, we don't ever get a huge number of passengers. Now, at Andersen Air Force Base is where we get the passengers and then we have more than two people there normally, but at NAS, normally we only get a crew and an airplane to go through.

Mr. NELLIS. But you're beginning to make substantial seizures of military contraband or, that is, contraband coming in through the military.

Mr. McDONALD. Let me clarify that, because I think that may be misleading.

Mr. NELLIS. You mean your charts are misleading?

Mr. McDONALD. No, no; because, I think you're going by exhibit IV and the number of military personnel that have been arrested.

Mr. NELLIS. No; I'm going by number of seizures. For example, fiscal year 1978, you had nine seizures at Andersen Air Force Base and fiscal 1977, you had seven seizures at Andersen Air Force Base, and fiscal 1976, you had nine, no I see no seizures at the Air Force base. Oh, 12 at military airports. What is that? Is that any different from Andersen?

Mr. McDONALD. That's a combination of Andersen and NAS.

Mr. NELLIS. Well, now it's still right, you had 12 in 1976. In 1975, you had 15. What I'm trying to get at is, these seizures seem to be most numerous at the international airport, and the second area where you find the number of seizures most numerous is in the military area. Now do you possibly have enough manpower to cover all of these situations with respect to both military and commercial transport?

Mr. McDONALD. At the present time, we don't.

Mr. NELLIS. Well, can you give me an example of how an inspector would inspect a military craft? What would one man do? How many people are aboard such craft? And how many have luggage?

Mr. McDONALD. We usually have military customs help us with that.

Mr. NELLIS. Now wait, whose responsibility is that?

Mr. McDONALD. We are primarily responsible, but we have the help of military customs.

Mr. NELLIS. How often do they appear when military flights come in?

Mr. McDONALD. At every flight, sir.

Mr. NELLIS. At every flight?

Mr. McDONALD. Yes, sir.

Mr. NELLIS. How many of them show up?

Mr. McDONALD. Depending on the need.

Mr. NELLIS. All right. Mr. Tuncap, just to put an end to the saga of the mailbox, I'm about to give you some free legal advice. It is a violation of the U.S. Postal Code for a mailbox to have on it the legend "U.S. Mail" when the U.S. Mail does not recognize it as a legitimate mail drop. Now this committee has heard enough to lead us to believe that that may well be a contraband drop, and I would suggest to you strongly that it be removed at the earliest possible time, like today. That is purely gratuitous advice and it may be worth what you're paying for it, but I feel strongly that we must remove the obvious things. We can't even deal with the ones that aren't so obvious, but we must remove the obvious possibilities for exchange of contraband and drugs. So that mailbox is a menace apparently and it should be removed.

Mr. TUNCAP. Mr. Nellis, if it is in violation, sir, of any Federal or local laws on this mailbox inside the transit lounge, it shall be removed.

Mr. NELLIS. Mr. Tuncap, it is my opinion that it is in violation of Federal postal statutes.

Mr. Fernandez, when you took over in December 1977, were you briefed by Mr. Sitton at all?

Mr. FERNANDEZ. Yes, sir.

Mr. NELLIS. He was the man who was here before you?

Mr. FERNANDEZ. That is correct, sir.

Mr. NELLIS. Didn't he tell you that the law enforcement officials here are deeply concerned about the failure of your employees to adhere to your own regulations about getting baggage off planes immediately?

Mr. FERNANDEZ. No, sir, he did not.

Mr. NELLIS. Are you sure about that?

Mr. FERNANDEZ. I am positive.

Mr. NELLIS. Did you not know from him that allegations had been made that baggage was being withheld so that it could avoid customs? Did he not tell you that?

Mr. FERNANDEZ. No, sir, he did not.

Mr. NELLIS. Did he not tell you that he received a letter from Mr. Rieff complaining about this situation?

Mr. FERNANDEZ. No, sir, unfortunately he did not.

Mr. NELLIS. It seems that the lack of communications in corporations is roughly equivalent to that in the Federal Government. Thank you very much.

Mr. AKAKA. Mr. Nellis, time has expired. I want to thank you gentlemen for your prepared testimony and for your statements here. Thank you very much. At this time, I'd like to call a 5-minute recess.

[Whereupon a 5-minute recess was taken.]

Mr. AKAKA. The hearing will now come to order. I'd like to call up to the witness desk, Paul Abbate, superior court judge, superior court of Guam, Territory of Guam; David Wood, U.S. attorney; Alfred Sablan, acting director, Department of Corrections, and Philip Jacobsen, Guam attorney general.

[Witnesses sworn.]

Mr. AKAKA. Thank you very much. I'd like to call on Paul Abbate, superior court judge, to begin his testimony.

**TESTIMONY OF PAUL ABBATE, JUDGE, SUPERIOR COURT OF GUAM**

Judge ABBATE. My name is Paul J. Abbate. I'm the presiding judge of the Superior Court of Guam. I did submit the statement to the members of the committee. Just briefly, I'd like to tell you the composition of our court system here in Guam. We are known as the Superior Court of Guam. We have four judges. We have unlimited jurisdiction both civil and criminal. Our appeals run from the superior court to the appellate division of the district court then they go into the Federal system and then over to the ninth circuit and then of course, by writ of certiorari over to the Supreme Court of the United States.

Our drug laws are patterned after the uniformed control substance law as set down by the Federal laws and they are patterned verbatim and similar to the Federal laws. We've enumerated in our statement the number of cases we've tried and heard from 1976-77, and up to the present time. Of course, if this committee desires any further information about cases prior to that time, we'd be only too happy to furnish the necessary statistics.

As to bail, in drug cases, it's a policy of the court to put cash bail on it. Cash bail runs anywhere from \$2,500, and we've gone as high as \$75,000 in certain aggravated cases. We don't have too many bail bondsmen. I think there's one company locally, but bail bondsmen very seldom will get involved in posting bail. We follow to some degree the Bail Reform Act of the Federal courts. We do have a release statute which is quite liberal. In some of our experiences, we've found that placing persons on bail and putting them back on the street again, they usually pursue their usual trade of pushing drugs.

As to the trial, we have some difficulty in the selection of jurors. Insofar as drug addiction is spread throughout the community, in the voir dire of jurors, the judges' voir dire by the way, we don't allow the attorneys to ask questions, only the submission of some questions. We usually ask each and every prospective juror whether or not he's ever been a witness in a drug case. And the second question, which is usually an affirmative response, and that is, have you or any of your friends, relatives, associates ever been involved in drug cases, or have any of your friends, relatives, associates ever been addicted to drugs. And you'd be surprised at the number of jurors that have close friends, relatives, members of their families who have been exposed to the drug problem and, of course, we disqualify them, excuse them for cause.

In 1976 and starting with 1977, we say the need of having a special drug calendar and we created the special drug calendar where we gave authority to the drug cases that were presented to us by the Attorney General, and it's been proved quite successful. One judge handles the drug calendar. We expedite cases. We have the same facsimile of the Speedy Trial Act here. It's 45 days if you're in jail from the date of the arraignment; 60 days if you're out on bail. Contrary to the popular belief of my good friend, Attorney General Jacobsen, who was quoted on television recently that there is a backlog of cases, I'd like to publicly express especially to the members of the committee that you can get a criminal trial on a drug matter or any other criminal case within 2 or 3 weeks here on Guam. There is no backlog of cases.

We've got four hard-working judges here. I'm proud to serve with them, but there is no backlog, and I really take, not strong exception, but I do take exception that there is a backlog. There is not. We suffer from a delay in drug cases in two instances, one that every defendant in a felony case, and felonies must be by way of indictment, by way of grand jury. You cannot file an information on a felony case in all drug cases. Felonies, one is that we must provide to the defendant within 10 days after the grand jury indictment is handed down the complete transcript of the record. Unlike the Federal, where you must show a particularized need for the transcript, but here and I guess it's well known that we do have court reporter problems and so far we've had difficulty. The legislature in their kindness gave us another court reporter—we'll have a total of six. But this makes it quite difficult.

Some of the grand jury sessions are quite lengthy and to produce it within 10 days works a hardship. Of course, there is a clause in the statute which we can extend the time. But grand jury minutes are used for pretrial motions. The other one is this motion to suppress which we anticipate an awful lot of trouble, and that is where a motion to suppress is brought before the court by counsel for the defendant and the motion to suppress is denied; he then immediately has, pursuant to our procedural code, the right to remove the case and bring it, by way of a writ of error, writ of review, to the Federal district court. We've had two brought there; one is now pending, and it's been there for the last 3 or 4 months, and of course, the case does not move until this writ of review is completed by the Federal district court, and this gentlemen really delays the drug cases. We are asking that it be repealed.

Mr. AKAKA. Judge, your time has expired.

Judge ABBATE. I'm sorry.

Mr. AKAKA. Do you have any final words? We will place your entire prepared testimony in the records. Thank you very much. I'd like to call on David Wood, U.S. attorney, and remind the witnesses about the 5-minute summary. Thank you.

[Judge Abbate's prepared statement appears on p. 204.]

#### TESTIMONY OF DAVID WOOD, U.S. ATTORNEY FOR THE TERRITORY OF GUAM

Mr. Wood. Mr. Chairman, I too, have submitted my written testimony, and I'll run through it as submitted. I've been invited to testify before this committee with regard to the guidelines and policies of the U.S. attorney's office on Guam regarding the investigation and prosecution of narcotics cases. Review of recent staffing additions in the U.S. attorney's office will be helpful in understanding both our policies with respect to narcotics cases and our interest in becoming involved with enforcement personnel at the ground level of narcotics investigations.

Upon becoming U.S. attorney in November of 1977, I requested the Justice Department to approve the hire of two assistant U.S. attorneys. My request was reviewed and granted and effective April 10, 1978, my first assistant, Peter Mersereau was aboard. My second assistant, Frederick A. Black was hired effective May 1, 1978.

During the International Drug Enforcement Association Conference held on Guam in March of this year, I had discussions with Peter B. Bensinger, Administrator of the Drug Enforcement Administration. Pursuant to those discussions, I agreed to assign an assistant U.S. attorney to a newly created task force to review narcotics cases in their neophyte stage and to work together with lawyers from the Guam attorney general's office directly with Drug Enforcement Administration agents and local narcotics officers, not only in prosecuting narcotics cases, but in advising enforcement agents during the development stage of such cases. I have assigned Assistant U.S. Attorney Frederick Black to those duties.

With regard to prosecuting narcotics cases, the U.S. attorney's office will give greatest priority to matters involving importation. However, my office will continue to prosecute cases involving possession and/or delivery of narcotic controlled substances even in small amounts when the Guam territorial attorney general, through that office's recently created drug enforcement unit, requests Federal prosecution in a particular case.

Reasons for such requests may vary. Examples will include the following: A prospective defendant that drug enforcement officials believe to be a major trafficker in heroin or any other narcotic controlled substance although the evidence available in a particular case shows only possession or delivery of a small amount of the substance.

A narcotics case where sufficient proof depends on the testimony of off-island witnesses and where the Attorney General's office has sufficient funds or other difficulties in returning such witnesses to Guam for investigation and/or trial.

To communicate the willingness of the U.S. attorney's office to take jurisdiction of such cases, I have had conferences with Philip Jacobson, acting Attorney General on Guam, with Peter Rieff, resident agent in charge of the Drug Enforcement Administration and have agreed to review on a case-by-case basis any narcotics matter presented.

I believe we have developed an excellent working relationship aimed at controlling narcotic controlled substances on Guam through the coordinated use of both local and Federal resources. I thank you.

Mr. AKAKA. Thank you very much, Mr. Wood. Mr. Sablan.

#### **TESTIMONY OF ALFRED F. SABLAN, ACTING DIRECTOR, DEPARTMENT OF CORRECTIONS, TERRITORY OF GUAM**

Mr. SABLAN. Mr. Chairman, if I may go ahead and read my statement, it's fairly short—with your permission. I am Alfred F. Sablan, director of Guam's Department of Corrections and indeed grateful for the invitation extended to me to appear before you this afternoon, and of course, hopeful that my testimony would assist you and your committee in its assessment of the acute rise of heroin addiction on the island, the accompanying rise in crime, and the extent of this problem as it is faced daily the Department of Corrections of Guam.

I submit that admission records of the Guam penitentiary of the Department of Corrections do point to an acute rise in both heroin addiction and drug abuse problem in general. Historically, Guam's peniten-

tiary as established first as the Ordot Work Camp and penal division in 1950, and its subsequent renaming to Guam penitentiary in 1965, has never had an average daily inmate population above 60. Admissions into the penitentiary for drug and drug-related offenses in the fifties were unheard of, and insignificant in number of admissions during the sixties.

In the 1970's however, especially between 1974 and 1977 began a yearly trend of increasing penitentiary admissions for drug and drug-related offenses. Admissions for drug and drug-related offenses in 1977 alone rose 100 percent from the previous year, to the extent that over 50 percent of the total admissions for incarceration in 1977 were for drug and drug-related offenses. Admissions for the offense of delivery of controlled substances in itself soared close to 300 percent in 1977 over 1976 figures.

Accompanying the increased number of admissions for drug and drug-related offenses in the seventies is a steady increase in average daily inmate population at the Guam penitentiary. What used to be an average daily population of 44 increased to 60 beginning May 1977, to over 80 by December of 1977, resulting in an acute congested situation in prison because the penitentiary, as built in 1963 and occupied in 1965, has only the capacity of incarcerating 49 inmates.

The problem associated with the need to expand the existing facility, in an effort to terminate the makeshift quarters currently in use, is likewise compounded by the physical plant of the facility, limited financial capabilities of the local government, and a general attitude that the penitentiary be relocated to an area far from residential centers.

As if congested prison conditions weren't enough, the growing number of offenders in prison for drug offenses has likewise triggered new problems for the prison administration. Drugs, specifically listed as a contraband, became a major frisk problem to security personnel, as inmates and many inmate visitors tried, many a time, to smuggle drugs to their addicted friends and inmates in the prison. There were even incidents when drug contrabands were tossed over the prison perimeter and into the yard from motorists passing by. Drugs which unfortunately reach the cell blocks have likewise caused other problem situations. Inmate injuries due to fights among inmates for drugs were especially prevalent during August and December of 1977. An inmate even succumbed to a drug overdose in 1976.

Mr. Chairman and other honorable members of this committee, while I will briefly outline to you our efforts to deal with drugs and drug-related offenders at the Guam penitentiary, it is not my intention to state that we have the final solution or to state that further improvements in this area of correctional work cannot be made. Our Alcoholics Anonymous and Narcotics Anonymous programs spearheaded by community volunteers have been encouraging. Casework counseling for drug and drug-related offenders are likewise continuing under the auspices of our correctional caseworkers and a clinical psychologist. Referrals to Guam's Community Mental Center are also a continuing program, and Corrections hopes to, some day, have the opportunity of a program of outpatient detoxification as well as inpatient services for acute inmate cases at the same mental health

center. The penitentiary, with its serious facility limitations, is also making best with what segregation it can afford to enhance and support drug treatment efforts.

We in Corrections find that conventional behavior modification processes alone are not sufficient to deal with inmates who are either addicted or are imprisoned for pushing illegal drug substances. We find that the prevailing general attitude of these offenders is unfortunately one of: "That they should be left alone or treated leniently because they are neither rapists nor murderers; and that the criminal justice system should channel its efforts and resources toward the real offenders—the rapists and murderers." An even more common attitude hindering treatment effort is that of: "Only the small pushers are placed behind bars—and that the bigtime dealers and suppliers are allowed to go scot-free." We stand firmly on the premise that both of these attitudes must change before any true correctional success with drug and drug-related offenders can be made.

The supply of these illegal drug substances must be made a prime objective of Government's law enforcement resources, for only then do we feel that drug detoxification of addicted inmates can be truly effective. As a part of the criminal justice system, the Department of Corrections within its statutory jurisdiction will commit its limited resources in this battle against the problems of drug and drug-related offenders on Guam. Thank you, sir.

Mr. AKAKA. Thank you very much, Mr. Sablan. Mr. Jacobsen, will you summarize in 5 minutes? You may begin.

#### TESTIMONY OF PHILIP H. JACOBSEN, ACTING ATTORNEY GENERAL OF GUAM

Mr. JACOBSEN. Thank you very much, Mr. Chairman. Committee members, my name is Philip Jacobsen, acting attorney general of Guam. Guam, as all local governments, has a problem in law enforcement that it usually cannot fund necessary money to properly attack all the crime problems. That's one reason the Federal Government enacted the Law Enforcement Administration Assistance Act (LEAA).

Here on Guam I have been fortunate to have a special appropriation for a special drug-related prosecution investigative unit funded by the legislature—\$400,000 in one lump sum grant. In order to properly attack organized drug trafficking, these funds are programed a little over 2 years, and I will expend about \$180,000 of the total appropriation in this next fiscal year—fiscal year 1979. Those funds will provide two attorneys; a chief of the special division is assigned to the special prosecution unit for drug crimes. There are three investigators, a clerk analyst; rental of spaces, supplies, vehicles, and so forth, take care of the rest of that appropriation.

This operation in conjunction with other government of Guam agencies is conducted on a strike force versus a task force approach. It is patterned after the U.S. Justice Department's Organized Crime Strike Force now operating in 26 major U.S. cities. I strongly support the strike force approach which uses prosecutors in the beginning

phases of any operation and limits its operation to the major crime figures wherever possible.

My emphasis is to use every local law, criminal or civil, to break up the drug operation from the top on down. One of the keys in drug enforcement is to take the profit out of drug trafficking. This is a long-term approach which does not emphasize the number of convictions or the convictions that severely disrupt organized drugs. Drug Prosecution Division has obtained most of the search warrants for the Drug Enforcement Agency and all of the warrants for the Department of Public Safety. My office has prosecuted 90 to 95 percent of the drug cases developed on the island. We used vehicle seizure laws, Federal tax laws, civil and criminal, and other processes to combat drug traffickers.

We do have concurrent jurisdiction on military bases and assist there when requested. We do have some serious problems or I have some serious problems. One is an overburdened, regular prosecutorial staff that must deal with an increase in major felonies, homicides, aggravated assaults somewhat  $3\frac{1}{2}$  times the amount that we had 5 years ago with the same six criminal prosecutors and a deputy in charge of the division. While they are not specifically drug-related as far as drug operations, they are spin-offs, the homicides and so forth and they are prosecuted by my regular staff.

My budget request for \$1.3 million, an increase of a little over \$300,000 to provide additional prosecutors was not approved and I'm back to my regular operating level as far as my regular criminal division operations. Since January 1, 1978, we've had a new Penal Code and more important a new Criminal Procedure Code that has been characterized by one of the attorneys in town, a defense attorney, as a defense attorney's dream and a prosecutor's nightmare. It's based on the model Penal Code plus other liberal provisions that have not been enacted in any other U.S. jurisdiction and it's very difficult to operate without any base case law on various provisions. The indictment procedure is very, very difficult and in all, in all it just hinders our prosecutorial operation. A recommended change to the Procedure Code based on the Federal Code of Criminal Procedure has been sent to the Governor for transmittal to the legislature. The new code also does not properly address itself to the investigative functions of the grand jury and legislation clarifying this provision of the new code has also been requested.

Last December, I made a trip to Washington to get an LEAA grant to supplement the local moneys funded generously by the legislature. In that grant, I could use that money for matching funds for Federal grant. The Law Enforcement Administration told me that they had no money for organized crime; I'm about 4 years too late, that program sort of phasing out—we're on something new now. They did encourage me to apply for a major offenders bureau—said they had \$175,000 for that. Our grant was turned down on some technical difficulties and we're resubmitting it, trying to beef up our particular operations. Any assistance that this committee could be in helping us in that regard, I would be very, very grateful. Thank you very much, gentlemen, for the opportunity to testify before this committee.

[Mr. Jacobsen's prepared statement appears on p. 206.]

Mr. AKAKA. Thank you very much, Mr. Jacobsen.

Judge Abbate, do you have any problems in the selection of a jury for narcotics offenders?

Judge ABBATE. Well, in the drug cases, we're able to pick a jury at the average between 3 hours and at about 6 hours, but the only exclusions we have for jurors are those that have been either known to associate with drug addicts or members of their families or friends or relatives. That's the only exclusion we really have; other than that, we have none, Congressman.

Mr. AKAKA. Mr. Wood, have you or your assistants attended seminars conducted by the Department of Justice concerning narcotics conspiracy cases?

Mr. WOOD. No; I haven't. I touched on that just slightly when I was at the U.S. attorneys conference, but I have not attended a seminar devoted to that nor have any of my assistants. In fact, they've only been with me some 2 months now, and I intend to get that done as soon as possible, but as of now, no.

Mr. AKAKA. What do you see as a major problem in prosecuting narcotics cases in Guam?

Mr. WOOD. Well, I don't see any major problem in prosecuting narcotics cases here other than certain things that are indigenous to the island. We have a small population, everybody does know everybody here, and jury selection becomes somewhat difficult for that reason, but getting over that particular hurdle, I prosecuted a major narcotics case about a year ago, I think it was in May, 1 year ago. I had what I would consider a fine jury, they convicted and they should have convicted, there was no major difficulty in trying that case.

Mr. AKAKA. Thank you. Mr. Sablan, the penitentiary facility is certainly a big problem, with your dealing with the inmates. How are you dealing with this congestion and how are you dealing with inmates who have drug problems at the penitentiary?

Mr. SABLAN. We have a dorm situation that really is a problem, but that's the best we could do at this point in time. We just don't have the space, the facility, to further segregate them, at least in 2's, so consequently we room them up in a kind of an open space-type, 8, 12, 2 or 3 places, so that has caused problems among the inmates.

Judge ABBATE. Do you move out inmates to what you might consider halfway houses?

Mr. SABLAN. We do have a halfway house and that also is coming to the point where it's congested. But then that depends on the change of attitude, the cooperation of the inmate to the system or to the institution and they're in the prescription plan step concept whereas they cooperate, do what they're told and all that, then they have the opportunity to move out.

Mr. AKAKA. Besides the use of halfway houses, do you have any other alternatives?

Mr. SABLAN. No, sir, we ask for help down at the police department to use their jail or lockup, and there's some of our inmates, some six of them are down there now for various reasons. But other than that we have no other alternatives or source to go to.

Mr. AKAKA. When drug traffickers are received into the penitentiary, do you treat them with any special measure as different from other inmates?

Mr. SABLAN. No; not necessarily.

Mr. AKAKA. I asked that because according to your testimony, there was an OD in 1976 due to overdose. Have any overdoses occurred after that?

Mr. SABLAN. Not that I know, sir. No.

Mr. AKAKA. You indicated that drugs were coming into the prison even by passersby who throw it over the walls to prisoners there and you mentioned some other ways of people trying to carry it into the prison. Are there any other ways drugs are coming into the penitentiary?

Mr. SABLAN. Well, sometimes, in fact we have intercepted a cigarette, or a package of cigarettes. We found that it had an illegal substance in it. In many other ways I suppose it does come in. Sometimes we do take people out for a public works program, outside, to do some work, and for some reason they make contact or someone would hand them something, and it's a real problem.

Mr. AKAKA. Thank you very much, Mr. Sablan. Mr. Evans.

Mr. EVA vs. Thank you, Mr. Chairman.

Judge Abbate, if I might, I would like to pursue the points you were covering at the time your time ran out and that is what I call a certificate for immediate review, but I understand it's a rider review in this case, is that correct?

Judge ABBATE. Yes; there is a rider review in our statute.

Mr. EVANS. Excuse me, this is under Guamanian law, is it not?

Judge ABBATE. Under our local law, yes, sir.

Mr. EVANS. I would think with the prestige that you have in the community that you might convince the Guam Legislature to change this law. Do you think that if we, as a Select Committee on Narcotics, were to join you in encouraging the changing of this law, would that help?

Judge ABBATE. I would appreciate this committee's aid, the legislators, I'm sure would take this into consideration.

Mr. EVANS. I think that this is unique. is it not, in jurisprudence in the United States. I am not familiar with this practice anywhere else?

Judge ABBATE. Yes, sir. I don't know where the origin of this statute came from. The law revision committee picked up everything from New Jersey to Iowa and Idaho and everything else and then threw it in the book here, but it really delays the trials, and we're just sitting here.

Mr. EVANS. We have a practice where you can request in the State of Georgia, certification for immediate review, but it's within the judge's discretion, and that's a lot different. Is this a practice used by defense attorneys? I know that when I used to defend cases that delay was the best tool that I had. Is this a practice used quite frequently?

Judge ABBATE. We've been exposed to two, only two motions to suppress. The law came in effect on January 1, and of course, it's comparatively new but as soon as it gets caught onto, I think it will be used quite frequently.

Mr. EVANS. OK, and this appeal is made to which court?

Judge ABBATE. It goes over to the district court, the Federal district court.

Mr. EVANS. I see.

Judge ABBATE. Then he reviews it over there.

Mr. EVANS. So you may hear from it again in 6 months to a year?

Judge ABBATE. Yes; there's a question now, Congressman, whether it's a one-man judge or a three-man judge on the appellate division who hears it and we're running into difficulties.

Mr. EVANS. Well, certainly then we need to get that clarified with the Guamanian Legislature in throwing out the problems that we would have in dealing with it on a national level. I don't think that we'd have any jurisdiction.

Judge ABBATE. Yes, sir.

Mr. EVANS. Excuse me, Attorney Wood, you wanted to make a comment.

Mr. WOOD. The Guam district court is a bifurcated court; that it is both a Federal court and it also has certain local jurisdiction. It used to have very broad local jurisdiction until the Court Reorganization Act that created the superior court. It still remains under the Organic Act its appellate structure which is that of a local appellate court so it serves both in that function in a bifurcated nature and in that sense it's a local court.

Mr. EVANS. I see. If you know of any way, either of you, that we might be able to help on a Federal level, I would appreciate a letter or a memorandum to that effect other than by urging the local legislature. Mr. Jacobsen, I don't think you mentioned this in your presentation, but I would like to ask if you've had any incidents of large sums of money being carried outside the United States through Guam, and if so, do you have the authority to confiscate this money under the present situation?

Mr. JACOBSEN. The customs officials have the authority because they implement the Federal laws in this. They do implement the law as far as the seizure is concerned, because it's Federal law, whether or not that would come under the U.S. attorney's office or my office is a question that has not come up yet. There are some case laws that say that the Governor and my office can prosecute under Federal law under the Organic Act, but it's a very close question. I think it should be resolved statutorily rather than leave it to the case law.

Mr. EVANS. Well, now within the United States, the Internal Revenue Service would have the authority to at least hold the money on suspicion or on reasonable cause to believe that it was result of contraband. Would that authority to your knowledge extend to the Territory of Guam?

Mr. JACOBSEN. No, Congressman. Because our only authority under the Federal laws are Federal income tax only. In other words it could possibly be seized by a revenue agent as being for an assessment of tax. We do not have the jurisdiction over the excise or the customs.

Mr. EVANS. You are familiar with whether or not there are large incidents of this or is this a fairly rare occasion to have large amounts of cash coming in or coming out of Guam?

Mr. JACOBSEN. There have only been a few incidents to my knowledge—that's the customs officials—under the Department of Commerce

and it's been very rare. In fact we've been looking for it and trying to use it as a tool in drug operations, but the targets that we were after did not materialize as far as taking money out of the jurisdiction. We have not been able to use that, but it is tool that requires the seizure of it—whether in fact who's going to prosecute for the violation of the basic Federal law that's another question.

Mr. EVANS. I see. Is my time up, Mr. Chairman?

Mr. AKAKA. Yes.

Mr. EVANS. OK, thank you.

Mr. AKAKA. Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman.

Judge Abbate, have you ever visited the prison?

Judge ABBATE. Sir?

Mr. GILMAN. Did you ever visit the prison?

Judge ABBATE. Lately, I've put so many up there. I'm sort of fearful of visiting again, but I think the last time I was there was in the beginning of 1977.

Mr. GILMAN. Were conditions fairly bad?

Judge ABBATE. They were and I get numerous letters from prisoners, pathetic ones, letters revealing excessive beatings from other prisoners and the presence of drugs. On application of defense counsels, I've transferred presently six to the Agana lockup for their safety and they're presently residing at the Agana lockup.

Mr. GILMAN. I would assume that those conditions probably have some influence on the sentences that you mete out. Wouldn't that be correct?

Judge ABBATE. It might be, yes, sir. And putting it very mildly, I think it's just a cesspool for convicts up there. Some of them don't even get to see daylight. They're just locked up for security reasons. Another reason is the lack of guards.

Mr. GILMAN. Thank you, Judge. Mr. Sablan, I was very much interested in your candid and frank testimony with us and apparently you're running into a financial problem. A prison that was constructed for one-half the size of the inmate population, and with limited personnel and funding apparently there is very little that you're able to do at the moment. What have you done to try to convince the Government of Guam to provide more funds and a better facility?

Mr. SABLAN. There is now a bill that has just been passed to develop a task force.

Mr. GILMAN. To study the matter?

Mr. SABLAN. No, to study and come up with a design for a new penitentiary.

Mr. GILMAN. Have some funds been appropriated?

Mr. SABLAN. Only \$250,000 for just that design and for the study.

Mr. GILMAN. How far up the road do you see construction at that rate?

Mr. SABLAN. I can't tell you, sir. I can't tell you when that would be.

Mr. GILMAN. Not for the next 3 or 4 years evidently?

Mr. SABLAN. Probably, yes.

Mr. GILMAN. What do you intend to do in the meantime as the narcotic population grows?

Mr. SABLAN. There is another plan to expand the present facility, but it will take something like \$1.5 million.

Mr. GILMAN. In how many years?

Mr. SABLAN. The Governor has put this in his marshal plan and that route would have to go to the Federal for assistance.

Mr. GILMAN. That hasn't been approved and you don't have the funds?

Mr. SABLAN. I don't have the funds yet, sir.

Mr. GILMAN. So you're at least 2 or 3 years away for that expansion. What do you do in the meantime?

Mr. SABLAN. In the meantime, we're about ready to construct 12 additional cells with the law enforcement assistance funds—LEAA funds. We're just now waiting for the approval from Washington of the design.

Mr. GILMAN. But your original prison was built to accommodate 40 or 50 prisoners; is that right?

Mr. SABLAN. That's correct.

Mr. GILMAN. And you're now up to 90, and that population is steadily growing. What are you going to do to take care of these people? How many personnel are out there guarding them in each 8-hour shift?

Mr. SABLAN. We average around six. Five or six security men guarding some 80 inmates.

Mr. GILMAN. How many of those are administrative?

Mr. SABLAN. Repeat that please, sir?

Mr. GILMAN. How many of those guards are in the office?

Mr. SABLAN. Only one, in the daytime.

Mr. GILMAN. So about four are out actually doing guard duty. Is that right in an 8-hour shift for 90 prisoners?

Mr. SABLAN. That's pretty true.

Mr. GILMAN. Are some of those female prisoners?

Mr. SABLAN. There are four female prisoners up there.

Mr. GILMAN. Do you have female guards?

Mr. SABLAN. Yes; another unit, yes.

Mr. GILMAN. Do you have any young people that need a separate unit?

Mr. SABLAN. No; we don't take care of the young ones.

Mr. GILMAN. You've brought all of this to the attention of the Governor, I assume?

Mr. SABLAN. Yes, sir.

Mr. GILMAN. Mr. Jacobsen, do you serve on the Guam Drug Enforcement Council?

Mr. JACOBSEN. Yes; I'm the acting chairman of that council.

Mr. GILMAN. And that council has the responsibility by the Guam government to coordinate and plan a narcotic effort; is that correct?

Mr. JACOBSEN. Well, I'll read from the Governor's statement of September 1.

Mr. GILMAN. Please do.

Mr. JACOBSEN. "In view of the seriousness of the drug trafficking problem of Guam, together with its organized crime aspects and related criminal activity from gangland-type murders, extortion, bribery, et cetera, it's mandatory that a combined effort of all applicable

government of Guam departments and agencies be mounted to attack all facets of these drug related criminal operations.”

Mr. GILMAN. Sound good. When was the last time the council met?

Mr. JACOBSEN. One week ago.

Mr. GILMAN. And who's included in those council meetings?

Mr. JACOBSEN. Mr. Sablan, the Director of Corrections, the director of public safety, the director of commerce, the director of revenue and taxation, Mr. Peter Rieff, from the Drug Enforcement Administration. We have had as required David Tu'cap, from the airport authority, and Mr. Carlos Bordallo, from the port authority.

Mr. GILMAN. I was very much impressed with the fact that you created a task force and the apparent work of your task force, but what is the council doing here to overcome some of the problems? The Governor's talking one hand, as he did so well this morning, of a war on drugs, your council has a laudatory objective of mounting an offensive to attack but yet we hear from agency after agency of the need for personnel, the need for dollars, overcrowding, climbing abuse and climbing trafficking rates, and yet the seizures are going downhill and the police effort isn't fulfilling its responsibility. Something is sadly lacking and maybe you could tell this committee what it is and what we should be doing and we'll welcome your thoughts.

Mr. JACOBSEN. First of all Congressman, the Governor is in charge of the drug enforcement council. I'm the acting chairman carrying out this council. This is a coordination group. We have no other statutory function except to coordinate among ourselves these particular problems.

Mr. GILMAN. You do see the problems quite clearly in your council apparently?

Mr. JACOBSEN. Right, that is correct.

Mr. GILMAN. What do you do to correct this?

Mr. JACOBSEN. As far as the airport, that was the first place that we looked into, and that problem runs into jurisdictional problems because the problems were of course with customs and the airport authority itself.

Mr. GILMAN. What was that problem about?

Mr. JACOBSEN. My thought is that it was focused on the configuration of the airport. In other words, I feel that the director of commerce is in charge of customs and as far as additional customs men he's well able to supply them normally, but in a coordination function, yes. We looked into the whole operations of the airport and a plan was developed by the director of commerce and customs for a reconfiguration of the customs area.

Mr. GILMAN. What was done with that plan?

Mr. JACOBSEN. That was in coordination with the director of the airport authority and there's two plans: A temporary plan for changes in direction of flow that will not require any substantial funding. The second one was to make sure that the new airport building that is going in now is supplied with the security measures for proper customs control.

Mr. GILMAN. Those plans being implemented?

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

Mr. GILMAN. I request unanimous consent for 2 additional minutes, Mr. Chairman.

Mr. AKAKA. Without objection, so ordered.

Mr. GILMAN. Mr. Jacobsen, are those plans being implemented?

Mr. JACOBSEN. Those plans are being implemented in coordination with the airport and with the studies and with the—

Mr. GILMAN. Please forgive me for interrupting you, but our time is so limited. Time and time again we heard or hear complaints that we need manpower, we need dollars, we've requested the legislature to help. You yourself said you made a one-and-something-point-million-dollar request for additional assistance in your task force work which is so critical, your own task force has a limited lump sum and that's about to wind up. Why is there so little attention being given to the financial needs of such a critical problem?

Mr. JACOBSEN. Congressman, I think you well realize the executive function and the legislative function. At least in my particular case, the requests were made to the legislature, and that's with justification and to the best of my ability, it's a matter of funds and priority.

Mr. GILMAN. Why? Did they tell you when they turned down your task force?

Mr. AKAKA. The gentleman's time is up.

Mr. JACOBSEN. It wasn't task funds, it was for my office. They didn't say.

Mr. GILMAN. Thank you, my time has run. Thank you, Mr. Chairman.

Mr. AKAKA. Mr. Won Pat.

Mr. WON PAT. Thank you, Mr. Chairman. I think our time is almost up. Now I would like to ask the judge a question. Of the offenders that appear before your court, are there some juveniles?

Judge ABBATE. No; they're all adults.

Mr. WON PAT. All adults, no juveniles ever?

Judge ABBATE. Juvenile cases involving heroin and marihuana amounted to about six last year—very limited, but mostly adults, Congressman.

Mr. WON PAT. With respect to these drug offenders what is your personal view? Would you rather see these people incarcerated or be referred to treatment programs?

Judge ABBATE. We as judges would like to have an alternate program where there are those cases where they're just purely addicts to send an addict to the Guam Penitentiary is really an injustice, but when you weigh the two against society and for lack of a better place to send them—they've established a crisis center—but there's still the question of rehabilitation, and the Guam Penitentiary is no place for rehabilitation. In fact, when I send a prisoner or sentence a prisoner, a defendant I make sure he understands that he's going up there for punishment, rehabilitation is up to himself.

Mr. WON PAT. Mr. Sablan, how long have you been in the direction of the department of corrections?

Mr. SABLAN. Just a few months, 3 months.

Mr. WON PAT. Just a few months?

Mr. SABLAN. Yes.

Mr. WON PAT. You had somebody there? Who was the director or the administrator?

Mr. SABLAN. There was an acting director there for almost a year, a Mr. Edward Duenas.

**CONTINUED**

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Mr. WON PAT. Can you give us the specific therapeutic program that you have in your institution?

Mr. SABLAN. We had three. We had a narcotic anonymous group, also alcoholic anonymous and we have a real problem with it. Anybody in the way of being, you know, an addict, we try to work with mental health, but we're very limited in funds in that respect.

Mr. WON PAT. How many cases do you have of complete rehabilitation?

Mr. SABLAN. I don't have that information at this point.

Mr. WON PAT. You don't?

Mr. SABLAN. I'm not familiar with that part of the program.

Mr. WON PAT. In other words the program that you have, does not give sufficient or adequate treatment? In other words, you probably learned that in some other jurisdiction they have institutions where they provide this rehabilitation.

Mr. SABLAN. That's right, sir, We don't have it.

Mr. WON PAT. But you don't have that?

Mr. SABLAN. We don't have it here, sir.

Mr. WON PAT. Mr. Chairman, I don't have any questions for Mr. Wood nor of Mr. Jacobsen.

Mr. AKAKA. Thank you very much, Mr. Won Pat. Chief counsel?

Mr. NELLIS. Thank you, Mr. Chairman, Judge Abbate, how could you react to the proposition that there ought to be mandatory minimum sentences for class I, class II narcotics violators?

Judge ABBATE. I'm in favor of mandatory punishment and mandatory sentences because I think the disparity of sentences are quite harmful and don't serve in the best interest of justice. If a man is convicted of a crime and knows that at the end of the horizon he will be imprisoned for a amount of years I really feel that that's a deterrent, but with probation, it's just zilch, probation does not work here on Guam.

Mr. NELLIS. I'm glad to hear you say that, Judge. most judges would, I think, rebel at the prospect of having some of their jurisdictional determinations taken from them. Is there a situation in which you set bail and an appeal can be made from the amount that you set?

Judge ABBATE. Yes; there is. When we set bail, an application for a reduction of bail goes back to the original judge, and if he denies the application, it then goes up to the Federal district court for review.

Mr. NELLIS. Now, have you had situations where a high bail or a relatively high bail was set at the initial stage and that bail was reduced by the Federal district court?

Judge ABBATE. I can think of four instances, yes, where I set bail and it was reduced.

Mr. NELLIS. Did the individual then disappear or did he remain in the custody or in the probation officer's custody?

Judge ABBATE. We have very good luck as far as people jumping bail. I've only had two on the drug calendar and it's very good.

Mr. NELLIS. Only two fugitives?

Judge ABBATE. Yes, sir.

Mr. NELLIS. Mr. Wood, you have assigned Assistant U.S. Attorney Black to the task force. Do you have any problems in working with Mr.

Jacobsen in determining which cases the U.S. attorney will bring to court and which cases the attorney general's office will handle?

Mr. WOOD. Well, so far I don't think we have any major problems in that area, and I might indicate, counsel, that Mr. Black has been with my office a very short time. Most of the work that he's doing with respect to narcotics cases now have to do with pending investigations and investigations that are going forward, so most of the determinations that you're talking about will be made some time in the future. However, Mr. Jacobsen knows, and I've made it clear to him, that I don't want to get over into his area of general jurisdiction for buy-bust cases, and I'm willing to aid him when he feels that he has a problem with a particular case if he wants to come to the U.S. attorney's office. I feel that we're going to have an excellent working relationship, and I would like to see his committee or his group of lawyers who are assigned to drug enforcement and have them assigned to that particular aspect of law enforcement for not too long a period of time. I would like to see them be able to function, and they have a good director, Mr. North, sitting right over there. He has experience and I'm sure that they'll function well. I don't think we'll have a problem in that area.

Mr. NELLIS. Mr. Wood, may I also ask you about the special drug task force? They are presently engaged in investigation, they have brought no indictments yet before the Grand Jury?

Mr. WOOD. Well, there has been a recent Federal indictment that—

Mr. NELLIS. The product of the task force?

Mr. WOOD. Grown out of that.

Mr. NELLIS. We're not going into too much detail. What sort of case was it? Was it a major narcotic violator? Was it importation, possession?

Mr. WOOD. No; it was a small amount.

Mr. NELLIS. A small amount? You mean a street amount? Is this a street case?

Mr. WOOD. I think that it would be a street case. I think that it would be considered in that area.

Mr. NELLIS. And that's the first case the task force has come up with?

Mr. WOOD. That's the first case that we've signed up in that particular area; yes.

Mr. NELLIS. Who's prosecuting that case, Mr. Wood?

Mr. WOOD. The U.S. attorney's office will be prosecuting that particular case, and I think it probably falls within the first of the two areas that I've delineated in my exceptions. This is a particular case where I think that the reputation of the defendant is involved as well as the amount.

Mr. NELLIS. Well, I don't want to go too deeply into the facts, but it seems strange that the U.S. attorney would pick as his first case coming out of the special task force a street level, possible class IV, class IV or below that case. Is there some reason that you don't want to talk about for choosing this case?

Mr. WOOD. The case is a pending case and I simply don't want to go into the facts of the situation.

Mr. NELLIS. All right. One last question, if I may, Mr. Chairman, and then I will be through. Mr. Sablan, obviously, drugs are coming

into the prison here. Have you made a careful investigation to determine whether any of your guards are involved?

Mr. SABLAN. Whenever we sense or detect that there is a substance coming in, why, we call the Department of Public Safety and they take over the investigation.

Mr. NELLIS. Have you had such an investigation at the prison?

Mr. SABLAN. Yes; we have.

Mr. NELLIS. And what was the result?

Mr. SABLAN. That has not been completed, sir, since I came—

Mr. NELLIS. The investigation is presently going on?

Mr. SABLAN. Yes.

Mr. NELLIS. Do you have periodic shakedown in order to identify drugs in the prison?

Mr. SABLAN. We have done it a few times since I came in, and it's now in the hands of Public Safety. We have an arrangement and agreement where they can come in any time, and if we feel that there must be a shakedown done, then we just call on them, too.

Mr. NELLIS. When was the last shakedown, Mr. Sablan?

Mr. SABLAN. About a month, month-and-a-half ago.

Mr. NELLIS. What did you find?

Mr. SABLAN. We didn't find hardly anything, sir.

Mr. NELLIS. You found no contraband at all?

Mr. SABLAN. No, but—

Mr. NELLIS. Thank you, Mr. Chairman.

Mr. AKAKA. Thank you very much. I want to thank the witnesses for your prepared testimony and your statements. I want to thank you for that because it'll be helpful to us.

Mr. GILMAN. Mr. Chairman, before we let the panel go, I want to thank this particular panel for being so candid with us and they had the frontline job here and I, we're very appreciative of what we've heard from their efforts and I want to assure them that we'll try to be of whatever assistance we can to help them in their continuing efforts to stem the tide here.

Mr. AKAKA. The hearing will resume at 10 a.m. tomorrow. This hearing is now adjourned.

[Whereupon the hearing adjourned at 5:45 p.m.]

PREPARED STATEMENT OF PETER RIEFF, RESIDENT AGENT-IN-CHARGE, GUAM RESIDENT OFFICE, DRUG ENFORCEMENT ADMINISTRATION

Chairman Akaka, distinguished Members of this Committee, ladies and gentlemen. Welcome to Guam. It is an honor and a pleasure for me to talk to you today about the drug enforcement situation here on Guam.

Our Drug Enforcement Administration (DEA) office in Guam has responsibility for enforcing the Federal laws under Title 21, United States Code. In addition to investigating violations of this statute, DEA's mission in Guam is to block the flow of heroin from Southeast Asia to Guam and the West Coast of the United States. We are also responsible for assisting local authorities in the apprehension and prosecution of drug traffickers.

I have been stationed on Guam since November 1976. Although, when I arrived this was a one-man DEA post, there are now four additional DEA Special Agents assigned to Guam. We also participate with the Guam Department of Public Safety in a Special Task Force established in response to the increased rate of drug addiction and crime-related events on Guam. DEA Administrator Peter B. Bensinger announced the creation of this task force during his visit here for the International Drug Enforcement Association Conference.

The DEA Guam Office is responsible for an area covering approximately three million miles in which there are approximately 230,000 people. This region includes Guam, the Marshall Island District, the Kosrae District, the Ponape District, the Truk District, and the Palau District. These Districts are also known as the Trust Territory of the Pacific Islands (TTPI). DEA in Guam also extends to the areas of the Commonwealth of the Northern Marianas, including Saipan, Rota and Tinian. It should be noted that only Guam and the Commonwealth of the Northern Marianas have a U.S. District Court. Cases in the TTPI are decided by the Trust Territory High Court.

In order to understand the magnitude of the drug problem here, it is necessary to know something of the island itself. Guam is an unincorporated territory of the United States. It is the largest and southernmost of the Mariana Islands in the West Central Pacific. Guam is 30 miles long and 4 to 8 miles wide with an area of 209 square miles. It is approximately 3,700 miles west of Honolulu and 1,800 miles east of Hong Kong. There are approximately 110,000 people on Guam of which 22,000 are U.S. military personnel and their dependents.

As late as 1968, even experienced police officers were unaware of the presence of drugs on Guam; it was not until 1970 that police became aware of the presence of hard drugs. Felony crimes during the 1968 to 1970 period were low and increased only minimally. During the early months of 1973, the drug abuse problem on Guam reached alarming proportions. The rise in crime from the two preceding years was unprecedented (up 34 per cent). Unfortunately, the Guamanian community at large was unaware of this burgeoning inter-related problem of crime and drugs.

By 1977, it was estimated that there were 782 heroin addicts in Guam. The costs are staggering. If one were to consider the dollar each addict needed to maintain his habit, the daily market transaction would amount to \$15,640 or \$5,708,600 per year ( $782 \times \$20 \times 365 = \$5,708,600$ ). Money spent to purchase heroin during 1977 represents an expenditure of \$5,115 for each resident of the territory or 5.2 per cent of the total Government budget. It is estimated that there is one addict for every 143 people on Guam. This extremely high ratio is even more disturbing when the large number of young people on Guam is considered. The median age of the Guam population is 18.5 years.

The data on the number of addicts on Guam is, however, incomplete. Because private physicians do not report addicts under treatment, a complete statistical picture cannot be drawn. DEA is working closely with the Government of Guam in trying to create legislation and programs that will enable us to identify the problem of heroin abuse more accurately, after which areas of concern can be targeted for investigative and/or treatment activity. The Department of Education and the Department of Public Safety and Mental Health are just beginning drug education programs. These efforts need to be expanded and coordinated among the various agencies.

Drug trafficking intelligence places Guam as a major transshipment point between Thailand, Hong Kong, Japan and the Philippines—the United States, particularly Hawaii, San Francisco and southern California. Multi-kilo heroin seizures by local and DEA agents have supported this intelligence. In 1977, there were 93 seizures involving 71 civilians and 19 military personnel. Seventy-eight of these seizures took place at the International Airport. Three pounds of opiate derivatives as well as 33 pounds of marijuana were seized. The majority of these drugs came from either Thailand or Hong Kong.

The quality of heroin on the market in Guam during early 1977 was estimated at 87 per cent purity. In at least three seizures made in 1977, the purity of heroin was close to 100 per cent. There has been a rapid decline in volume of drugs seized since the early 1970's. This is because of the decrease in the flow of military personnel from Southeast Asia who brought a large amount of the drugs.

Whether or not Guam is a major transshipment point for heroin to the U.S. is not borne out by seizures made on Guam. However, estimates of the annual U.S. retail cash value of transshipments of heroin through Guam are in the hundred million dollar range. Certainly, the potential is there. It would seem relatively easy to be able to "seal off" the island and stop the importation of heroin into Guam. It is not. The data regarding the amount of heroin coming into Guam is minimal. We do not really know how much comes in and how much goes on to the U.S. and. Until this information is developed, a more realistic and factual picture of the role Guam plays in the trafficking of heroin to the U.S. cannot be made.

In summary, Guam has a severe drug problem. Heroin is readily available in Guam, the purity is high and transportation to the other areas presents few problems. With the added enforcement efforts of DEA and the Department of Public Safety, the treatment programs and the education programs, the prognosis is, I think, very good. What is needed most is to get a clear picture of the scope of the heroin abuse problem.

In Guam, DEA has been in the forefront of creating a united effort in the various areas of enforcement, treatment, education and legislation. The military and the Guam Department of Public Safety have joined us in this effort and I trust that these hearings will benefit Guam and the surrounding islands.

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PREPARED STATEMENT OF PEDRO MANIBUSAN, DIRECTOR, DEPARTMENT OF PUBLIC SAFETY

Mr. Chairman and members of the committee: I will, as requested, confine my remarks so as not to exceed five (5) minutes. However, I hope that members of this committee will feel free to ask whatever questions they deem significant. The Department of Public Safety is composed of both fire and police service personnel, of which there are now 287 sworn police officers. The Department is charged with the responsibility of enforcing Federal and local laws, including those pertaining to both contraband and controlled substances. The Department has nine (9) men assigned full-time to the narcotics unit. This unit reports directly to my office. In addition, four (4) men are assigned as members of a special task force unit in conjunction with the Drug Enforcement Administration. All of our personnel have been exposed, to a lesser or greater extent, to narcotics enforcement training. This training varies from a short number of hours at entrance level classes to advanced training conducted by the Drug Enforcement Administration and U.S. Customs.

Since the early part of 1970, we have sent eight (8) personnel off-island for drug enforcement training. These courses have been for two-week periods and were generally programmed to include up to two (2) more weeks of on-the-job training with a police department known to be heavily involved in the fight against drug abuse. In addition, two officers have completed the extensive DEA ten-week Washington based course. During this period of time, we also programmed 40-hour training seminars on Guam taught by the Drug Enforcement Administration and Customs. Over 330 of our personnel have completed these 40-hour sessions since 1970.

We would like the committee to take note that this training is continuing. I might also reiterate that narcotics training commenced only during the 1970's. I think it is interesting to point out that the presence of hard drugs such as heroin was largely unknown on Guam prior to 1970. The extent of Guam's narcotics problem was brought into focus by a sudden increase in the crime rate in the early part of the decade.

From all indications it is more than probable that the drug problem on Guam was a spin-off from the recent Vietnam conflict. As you will recall, the B-52 bombing raids conducted in the Vietnam theatre of operations emanated from Guam. A large number of the Vietnam medical evacuees were housed on Guam during that period, and large numbers of military personnel traversed Guam on R&R from such places as Hong Kong, Bangkok, and southeast Asian cities. This is not to say that all drug traffickers in the military came from the mainland. Guam residents made a major contribution by having the highest per capita rate of enlistments during the Vietnam conflict. We believe these and other incidents which occurred during the 60's and early 70's provided an opportunity for our youth to not only become involved in the use of drugs (specifically heroin), but also provided the opportunity for drug entrepreneurs to establish contacts on Guam for the local market, and for trans-shipment routes to the mainland.

To summarize this point, I would like to say that Guam was almost totally unprepared to cope with drugs. In 1973, the then governor, having been alerted to the drug problem, convened a special council. Though the data available was minimal and questionable, this council was quoted in its report as describing drugs on Guam as a "growing horror." Since 1973, our crime rate has continued to escalate. The crimes typically related to drug users and distributors such as burglaries, robberies, theft (including autos), have been exceptionally high. Specifically,

burglaries and auto theft exceeded national averages in comparable cities on the mainland. Our reported crime through the year 1977 has shown a 24.8 percent increase over 1976 for Part I offense.

This current year alone, we have experienced 14 murders, one within the last two-weeks. Eight (57%) of these murders have been related to drugs, wherein the victim was either a user or distributor of drugs.

Drug user statistics are most alarming. For example, our department has been informed that the user rate on Guam is somewhere in the vicinity of 800 to 1400. Regardless of the exact numbers, we feel sure that a substantial number of those users are hardcore addicts. The remainder are in a state of probable addiction. By that I mean they are infrequent users, perhaps two or three times a week, and in my opinion if left to continue their use of drugs, will ultimately become hardcore addicts. Perhaps to better illustrate the relationship between drugs and crime, I would like to cite an example of three burglary rings involving fifteen persons who were recently apprehended. All fifteen arrestees were involved either as users or distributors of heroin. Recently, three fencing operations were broken up with the arrest of four people and each of these four were again either users or distributors of heroin. While our seizures of hard drugs appear to be nominal, it must be remembered that the quality of heroin seized on Guam averages 87% purity on the open end scale. When compared with the less than 10% purity of heroin sold elsewhere, the ratio in terms of volume is close to 1 ounce Guam equal to 9 ounces elsewhere. The high purity rate of Guam drugs also decreases the number of transactions the addict must make, thereby reducing the opportunity for a police intercept.

Some of the actions the department has taken of recent years to cope with narcotics are as follows: We have developed a better interface with our sister departments among which are customs, port authority, airport authority, revenue and taxation, and the attorney general's office. Through frequent meetings, discussions, and implemented plans, we now are able to bring our meager resources to bear upon the problem, in addition, through the efforts of our Governor, we now have a Drug Enforcement Administration enforcement team in which we actively participate.

I shall refrain from commenting on Guam as a trans-shipment point and defer those statements to the Drug Enforcement Administration representative, I might also add that the cooperation we are currently experiencing with the military commanders has improved greatly. A continuing dialogue is now taking place with military authorities. Joint island-wide drug education seminars are being regularly programmed along with our crime prevention programs. These joint efforts are now resulting in a more concerted and uniform attack upon drug abuse.

It is my opinion, however, that we do have what could be called a syndicated drug operation here on Guam. Based on information I have obtained from members of our department along with the other cooperating departments and agencies, I feel that there is a strong, sophisticated, though small, group of drug dealers on Guam. These people are careful to conceal their operations and identities through middlemen and they even utilize code names within their organization to hamper enforcement. Penetration into this group is exceptionally difficult. Guam is a small family-oriented culture: It is extremely difficult to penetrate with undercover agents, as the likelihood of one being known throughout the island is extremely high.

While I have here attempted to present merely a brief overview of the seriousness of our drug problem, I would like to sum up with some statistics in order to better illustrate the gravity of the drug problem on Guam:

1. There have been approximately six thousand one hundred twenty grams of heroin seized on Guam in the past five years. Though these seizures may sound somewhat small, it must be remembered that the quality of heroin on Guam has an 87 percent purity rate as opposed to 9 percent or less purity rate of heroin on the mainland and elsewhere.
2. Of the total six thousand one hundred and twenty grams of heroin seized on Guam in the past five years, DPS has accounted for just under 10 percent.
3. Total drug arrests have increased 71.3 percent from 87 arrests in 1973 to 149 arrests in 1977.
4. Drug arrests involving heroin have almost tripled since 1973 from 20 arrests in 1973 to 59 arrests in 1977.

5. The crime rate per 100,000 population on Guam has increased from 8,888 offenses in 1973 to 10,199 offenses in 1977, an increase of 14.8 percent. (Without taking into consideration population ratio, the increase of crime over 1973 is 21.6 percent).

6. Part I offenses, which account for approximately 61 percent of the total reported crime, have increased 61.1 percent over 1973 during which 3,954 offenses were reported, to 6,369 offenses reported in 1977.

7. The index property crimes, (robbery, burglary, larceny, and motor vehicle theft) which have accounted for approximately 50 percent of the total crime, increased 72.5 percent from 3,150 offenses in 1973 to 5,433 offenses in 1977.

8. The individual index property crimes show the following increases over 1973.

| Offenses                  | 1973  | 1977  | Percent |
|---------------------------|-------|-------|---------|
| Robbery .....             | 79    | 156   | +57.5   |
| Burglary .....            | 1,215 | 2,276 | +87.3   |
| Larceny .....             | 1,246 | 2,360 | +89.4   |
| Motor vehicle theft ..... | 610   | 641   | +5.1    |
| Total .....               | 3,150 | 5,433 | +72.5   |

PREPARED STATEMENT OF JAMES B. McDONALD, JR., OFFICE OF THE DIRECTOR,  
DEPARTMENT OF COMMERCE, GOVERNMENT OF GUAM

The Customs and Quarantine Division (CQD) of the Department of Commerce (DOC) is responsible for the enforcement of both local and federal statutes, regulations, and rules. Among these are: the Gun Control Act of 1968; the Contraband Seizure Act of 1939, as amended; the Foreign Assets Control Regulations; and, the Food, Drug, and Cosmetic Act. With these laws, rules, and regulations, CQD has assumed responsibility as the territory's first line of defense against the importation and trafficking of drugs. CQD carries out its responsibilities by the inspection of arriving aircraft, surface craft, passengers, crew, cargo, and mail; the detention or seizure of restricted or prohibited items; the detention or arrest of persons found in violations of the aforementioned laws, rules, and regulations; and, the examination and certification of import and export documents. CQD executes its enforcement responsibilities at the following ports of entry: Apra Harbor, which embraces the Naval port, Sumay Cove, the Commercial Port, and the Marianas Yacht Club; the Agana Boat Basin; the Naval Air Station (NAS); the Guam International Air Terminal (GIAT); an, Anderson Air Force Base (AAFB). These ports of entry are shown in Exhibit I.

CQD has a staff of thirty four (34). The division is divided into four sections: Import and Export; Maritime; Airport; and, Narcotics and Investigation. This administrative disposition is explained in detail by Exhibit II. The following narrative describes how CQD is organized to combat the flow of drugs into Guam:

A. The Airport Section, headed by a Lieutenant, is comprised of three units—the Cargo Unit at GIAT and the Arrival Units at AAFB and GIAT. Four line inspectors are assigned to the Cargo Unit from Monday through Saturday between 8 a.m. and 5 p.m. Because the inspectors are entitled to two days-off during the workweek, three of the six days are manned with only three inspectors. During the peak-hour activities of cargo inspection and release, the unit is supplemented with inspectors from other stations.

The Arrival Unit at GIAT is manned with nine inspectors. Five inspectors are assigned to the first shift six days a week, one of the five is assigned to cover the first shift on Sundays and Holidays, two to the second shift seven days a week, and one to the third shift seven days a week. A relief is available to cover the days-off of the inspectors on either shift. The peak-hour passenger, crew, and baggage processing on the first shift occurs between 2 p.m. and 5 p.m. daily. The unit is supplemented with inspectors from other sections to meet the customs/passenger processing ratio of incoming military and commercial flights.

Five inspectors are assigned to the Arrival Unit at AAFB. The first shift is covered by two inspectors between Monday and Friday, and one of the five inspectors at GIAT Arrival Unit covers the first shift on Saturdays and Sundays at AAFB. The second and third shifts are each maintained by one inspector five days a week. A relief covers their days-off. The unit is supplemented with inspectors from section when warranted.

Airport Section is charged with the responsibility of boarding and inspecting arriving aircraft, inspection of passengers, crew, and baggage, supervision of proper foreign garbage disposal, maintaining customs and quarantine security at the airports and providing support for postal inspections of mail articles at nearby post offices.

B. The Narcotics and Investigation Section, headed by a Lieutenant, is comprised of two units—Canine and Postal Inspection. Two inspectors and a drug detector German Shepherd are assigned to the Canine Unit. Their operational assignment is made according to the arrivals of aircraft and vessels from drug-source countries. They are also subject to on-call alert 24 hours a day. The Postal Inspection Unit, situated at the main U.S. Post Office in Naval Air Station, is manned with three inspectors. Two inspectors are assigned to cover the daytime activities, one works at 1 p.m. and secures at 9 p.m. The 1-9 p.m. assignment is covered three days a week due to the two days-off extended to each inspector.

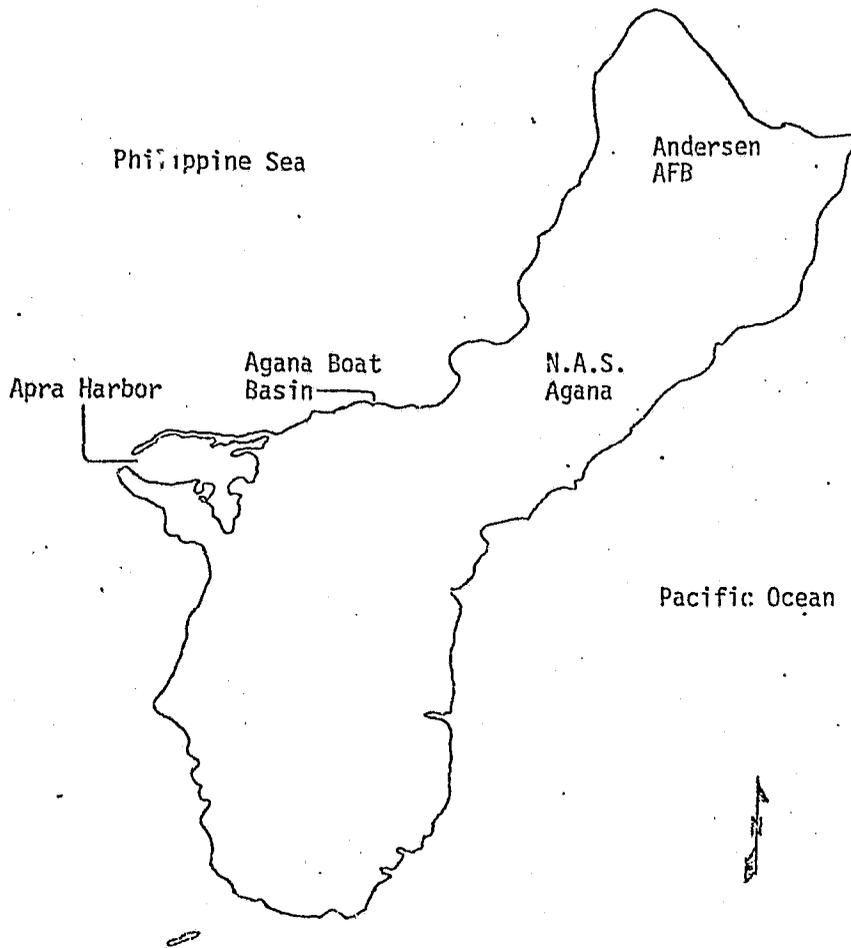
The Narcotics and Investigation Section is primarily responsible for the detection and apprehension of drug violators, the investigation of internal affairs and customs and quarantine violations, the inspection of foreign mail articles, and the maintaining of close support and coordination with local and federal law enforcement agencies.

C. The Maritime Section is also headed by a Lieutenant and has five inspectors. These inspectors are assigned to the waterfront office at the Commercial Port. The hours of customs operations are from 8 a.m. to 5 p.m. Monday through Saturday. Only one of the five inspectors maintains duty on Saturdays. The section administers the boarding and inspection of arriving surface vessels at the Apra Harbor and the Agana Boat Basin, the inspection of cargo on the facility and at designated places located outside the facility, the inspection of postal articles at the nearby post offices, when additional inspection is needed, and supervision of proper handling of foreign garbage.

D. Air Carriers with terminating crew, passenger, baggage and perishable cargo arriving between 5 p.m. and 8 a.m. Monday through Saturday including Sundays and Holidays are provided customs and quarantine clearance by off-duty inspectors. These inspectors are paid by the carriers. The inspectors assigned to the second and third shifts at GIAT and the AAFB Passenger Terminal inspect all arrivals, provide limited service to importers, passengers, and carriers, and maintain periodic patrol on the facility. The required number of inspectors needed to inspect arriving passengers, crew, and baggage is based on a 15 to 1 and 30 to 1 customs/passenger and crew processing ratio agreed upon beforehand by CQD and the carriers.

EXHIBIT I

TERRITORY OF GUAM  
CUSTOMS AND QUARANTINE  
JURISDICTION



Guam's Ports of Entry

FUNCTIONAL CHART  
CUSTOMS AND QUARANTINE DIVISION  
DEPARTMENT OF COMMERCE

LEGEND:

Authority



Responsibility



**CHIEF**  
Plan, organize, supervise, coordinate, and distribute the overall administration and inspectional work. Coordinate the preparation of annual budget request, monthly and quarterly reports. Receive and answer correspondence. Resolve complaints, entertain personnel grievances. Plan and coordinate in-house and off-island training programs. Confer with carrier representatives, attorneys, importers, local and federal officials. Perform other related duties.

**ASSISTANT CHIEF**  
Coordinate, supervise, and distribute administrative and inspectional work. Prepare correspondence, budget request, financial reports, monthly and quarterly reports. Conduct periodic inspection at watch factories. Account government property. Confer with carrier representatives, attorneys, importers, local and federal officials. Perform other related duties.

**ADMINISTRATION**  
Administrative Support

**IMPORT AND EXPORT SECTION**  
Areas of Inspection: Agana, other designated places.  
  
Administer Inspection of: Unfinished products imported for manufacture, postal articles.  
  
Support: Field operation.  
  
Process: Shipping documents, Shipper's Export Declaration, Use Tax Declaration, Tax Drawback, permits, and export licenses, etc.  
  
Render Services to: Local and Federal government agencies, public, watch factories.

**MARITIME SECTION**  
Areas of Inspection: Apra Harbor (Commercial Port, Navy areas) and Agana Boat Basin.  
  
Administer Inspection of: Surface craft, aircraft (seaplane), passengers, crew, baggage and cargoes.  
  
Render Services to: General public, steamship, local and federal government agencies.

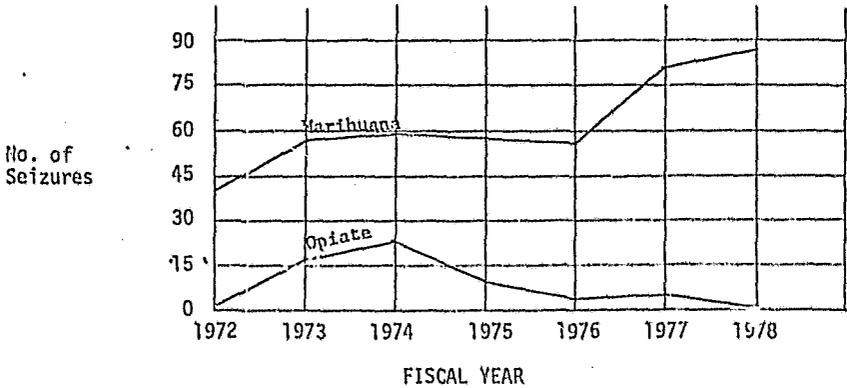
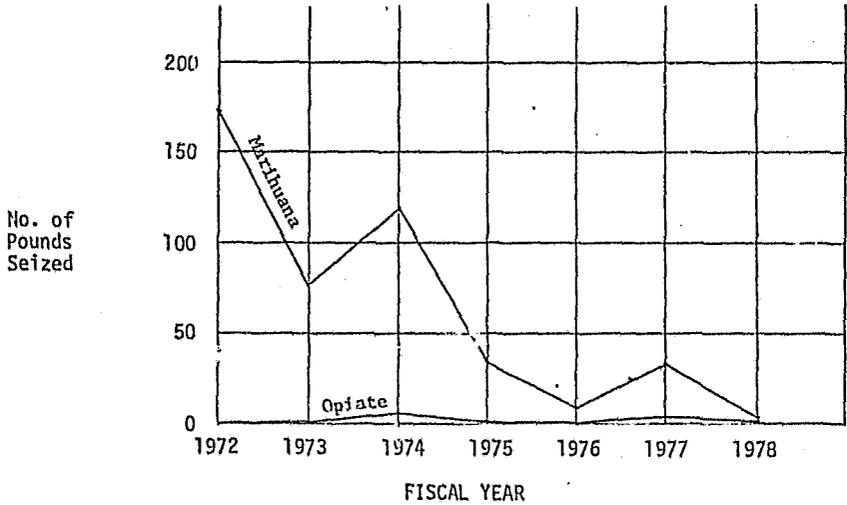
**AIRPORT SECTION**  
Areas of Inspection: AAFB, NAS Agana (Guam International Air Terminal and Navy areas).  
  
Administer Inspection of: Aircraft, passengers, crew, baggage and cargoes.  
  
Render Services to: General public, local and federal government agencies, and airline representatives.  
  
Coordinate with: General public, local and federal government agencies, and airline representatives.

**NARCOTIC AND INVESTIGATION SECTION**  
Areas of Inspection: All ports of entry (AAFB, NAS, Agana, Apra Harbor), designated U. S. Post Offices.  
  
Administer Inspection of: Postal articles, baggage, cargoes. Detect and apprehend drug violators. Investigate violation of customs regulations, other laws, and prohibited acts committed by Customs officers.  
  
Utilize: Drug-detector dog.  
  
Coordinate with: Local and federal government agencies, general public

EXHIBIT III

CUSTOMS AND QUARANTINE DIVISION  
DEPARTMENT OF COMMERCE  
GOVERNMENT OF GUAM

Marihuana and Opiate Seizures at Guam's Ports of Entry



## EXHIBIT III-A

CUSTOMS AND QUARANTINE DIVISION, DEPARTMENT OF COMMERCE, GOVERNMENT OF GUAM—  
SUMMARY OF INTERCEPTIONS

| Items Intercepted                | Fiscal year—Number of interceptions |       |       |       |       |       | 1978  |
|----------------------------------|-------------------------------------|-------|-------|-------|-------|-------|-------|
|                                  | 1972                                | 1973  | 1974  | 1975  | 1976  | 1977  |       |
| Animals and animal products..... | 428                                 | 465   | 1,035 | 1,752 | 855   | 1,027 | 525   |
| Firearms.....                    | 204                                 | 221   | 227   | 293   | 228   | 163   | 212   |
| Fireworks.....                   | 0                                   | 0     | 11    | 35    | 32    | 35    | 10    |
| Liquor.....                      | 19                                  | 8     | 8     | 0     | 0     | 0     | 0     |
| Narcotics.....                   | 46                                  | 77    | 79    | 73    | 66    | 93    | 95    |
| Plant and plant products.....    | 1,286                               | 1,398 | 638   | 3,096 | 1,679 | 2,093 | 1,578 |
| Pornographic material.....       | 38                                  | 11    | 0     | 13    | 9     | 1     | 0     |
| Public health.....               | 132                                 | 13    | 7     | 101   | 59    | 167   | 76    |
| Switch blades/knives.....        | 22                                  | 13    | 0     | 15    | 0     | 0     | 0     |
| Total.....                       | 2,175                               | 2,206 | 2,005 | 5,378 | 2,928 | 3,579 | 2,496 |

† Figure for 1978 is from July 1977 to May 1978.

EXHIBIT IV.—CUSTOMS AND QUARANTINE DIVISION, DEPARTMENT OF COMMERCE,  
GOVERNMENT OF GUAM*Statistical figures of drugs seized at ports of entry**Fiscal year 1972:*

|   |  |
|---|--|
| Number of seizures.....                                   | 46.  |
| Status of violators.....                                  | 25 civilians.<br>16 military personnel.<br>5 others (planes, ships, etc.).   |
| Number of seizures at ports of entry<br>and post offices. | 16 at military airports.<br>27 at international airport.<br>1 at seaport.<br>2 at U.S. post office.                              |
| Description and quantity of drugs.                        | 169 lb of marihuana.<br>2 oz of heroin.<br>6 gm of hashish.  |
| Dangerous drugs.....                                      | 60 each tablets and capsules.<br>9 each small bottles (quantity not<br>known).<br>2 each small vials (quantity not<br>known).    |
| Percentage of drugs from country<br>of origin.            | 67 percent from Thailand.<br>31 percent from Okinawa.<br>2 percent from U.S., Philippines, Japan,<br>Hong Kong, and Saipan, M.I. |

*Fiscal year 1973:*

|  |   |
|--|---|
| Number of seizures.....                                  | 77.   |
| Status of violators.....                                 | 33 civilians.<br>30 military personnel.<br>14 others (planes, ships, etc.).   |
| Number of seizures at ports of entry<br>and post offices | 23 at military airports.<br>29 at international airport.<br>10 at seaport.<br>9 at U.S. post office.                              |
| Description and quantity of drugs.                       | 75 lb of marihuana.<br>9 oz of heroin.<br>8 oz of opium.<br>3 oz of hashish.<br>1 gm of morphine.<br>1 mg of hash oil.            |
| Dangerous drugs.....                                     | 1,248 each tablet and capsule.  |
| Percentage of drugs from country<br>of origin.           | 98 percent from Thailand.<br>1 percent from U.S. and trust terri-<br>tories.<br>1 percent from Philippines, Panama, and<br>Japan. |

*Fiscal year 1974:*

|   |   |
|---|---|
| Number of seizures-----   | 82.   |
| Status of violators-----  | 27 military personnel.<br>46 civilians.<br>9 others (unclaimed baggage, cargo,<br>ships, etc.).   |
| Number of seizures at ports of entry<br>and post offices.                   | 40 at international airport.<br>19 at U.S. post office.<br>15 at military airport.<br>8 at Apra Harbor.   |
| Description and quantity of drugs.  | 115 lb of marihuana.<br>5 lb of heroin,<br>10 gm of hashish.<br>1 each blotter of LSD.<br>6 each window pane of LSD.  |
| Dangerous drugs-----  | 70 each tablet.<br>191 each capsule.  |
| Percentage of opiate, marihuana,<br>hashish, and from country of<br>origin. | 93 percent Thailand.<br>3 percent Hong Kong.<br>2 percent United States.<br>1 percent trust territory.<br>1 percent Vietnam, Singapore, Saudi<br>Arabia, and Japan. |
| Percentage of dangerous drugs<br>from country of origin.                    | 74 percent Singapore.<br>26 percent United States.  |

*Fiscal year 1975:*

|   |   |
|---|---|
| Number of seizures-----   | 75.   |
| Status of violators-----  | 50 civilians.<br>15 military personnel.<br>10 others (unclaimed letters, cargo,<br>planes, etc.)  |
| Number of seizures at ports of en-<br>try and post offices.           | 9 military airports.<br>50 international airports.<br>3 seaports.<br>13 U.S. post offices.  |
| Description and quantity of drugs.                                    | 34 pounds marihuana.<br>2 pounds heroin.<br>4 ounces hashish.   |
| Dangerous drugs-----  | 1,178 each tablet.<br>1,196 each capsule.   |
| Percentage of narcotic, marihuana,<br>hashish from country of origin. | 56 percent Thailand.<br>42 percent United States and trust terri-<br>tory.<br>2 percent Hong Kong, Japan, Philip-<br>pines, Singapore, and Vietnam. |
| Percentage of dangerous drugs<br>from country of origin.              | 92 percent Japan.<br>4.9 percent United States and trust ter-<br>ritory.<br>2.7 percent Philippines.<br>.4 percent Singapore.                       |

*Fiscal year 1976:*

|   |   |
|---|---|
| Number of seizures-----                                     | 66.   |
| Status of violators-----                                    | 47 civilians.<br>14 military personnel.<br>5 others (unclaimed letters, ships,<br>planes, etc.) |
| Number of seizures at ports of en-<br>try and post offices. | 12 military airports.<br>40 international airports.<br>9 seaports.<br>5 U.S. post offices.      |

*Fiscal year 1976—Continued*

|   |   |
|---|---|
| Description and quantity of drugs--                                   | 7 pounds marihuana.<br>5 ounces opiates.<br>12 ounces hashish.  |
| Dangerous drugs-----  | 503 each bit LSD (window panes).<br>210 each tablet.<br>11 each capsule.  |
| Percentage of narcotic, marihuana,<br>hashish from country of origin. | 90 percent Thailand.<br>6 percent United States and trust terri-<br>tory.<br>4 percent Japan, Philippines, Vietnam<br>and New Guinea. |
| Percentage of LSD from country of<br>origin.                          | 100 percent United States.  |
| Percentage of dangerous drugs<br>from country of origin.              | 85 percent United States and trust ter-<br>ritory.<br>14 percent Philippines.<br>1 percent Thailand.                                  |

*Fiscal year 1977:*

|  |   |
|--|---|
| Number of seizures-----                            | 93.   |
| Status of violators-----                           | 71 civilians.<br>19 military personnel.<br>3 others (3 unclaimed baggage).                            |
| Number of seizures at ports of<br>entry.           | 78 international airport.<br>7 Andersen Air Force Base.<br>5 commercial port.<br>3 Agana Post Office. |
| Description and quantity of drugs--                | 33 lb marihuana.<br>3 lb 2 oz opiate.<br>10 each tablet LSD.  |
| Dangerous drugs-----                               | 47 tablets.<br>10 capsules.   |
| Percentage of LSD from country<br>of origin.       | 100 percent Hong Kong.  |
| Percentage of opiate from country<br>of origin.    | 96 percent Hong Kong.<br>4 percent Japan.   |
| Percentage of marihuana from<br>country of origin. | 89.5 percent Thailand.<br>7.5 percent United States.<br>3.0 percent Ponape, Palau, Rota, Saipau.      |

*Fiscal year 1978:<sup>1</sup>*

|  |  |
|--|--|
| Number of seizures-----                            | 87.  |
| Status of violators-----                           | 66 civilians.<br>18 military personnel.<br>3 others (2 unclaimed letter 1 cargo).  |
| Number of seizures at port of entry--              | 71 international airport.<br>9 Andersen Air Force Base.<br>5 commercial port.<br>2 Agana Post Office.                    |
| Description and quantity of drugs--                | 3 lb marihuana.<br>12 oz opiate.   |
| Dangerous drugs-----                               | 229 tablets.<br>6 capsules.  |
| Percentage of opiate from country<br>of origin.    | 100 percent Thailand.  |
| Percentage of marihuana from<br>country of origin. | 75 percent Ponape, Palau, Rota, Saipau.<br>24.5 percent United States.<br>.4 percent Thailand.<br>.1 percent Philippine. |

<sup>1</sup> July 1, 1977 to June 21, 1978.

EXHIBIT V  
STATISTICAL INFORMATION OF CUSTOMS AND QUARANTINE ACTIVITIES

|  | Fiscal year—     |                  | Percentage  |
|--|------------------|------------------|-------------|
|  | 1976             | 1977             |             |
| <b>Inspection:</b>   |                  |                  |             |
| Aircraft inspection and clearance.....   | 10,094           | 9,341            | -7.5        |
| Surfacecraft inspection and clearance.....   | 694              | 723              | 4.2         |
| Baggage inspected.....   | 939,589          | 1,004,910        | 7.0         |
| Passengers and crew processed.....   | 401,239          | 377,925          | -5.8        |
| Postal packages inspected (foreign).....   | 38,927           | 43,915           | 12.8        |
| Air waybills and B/L processed and examined.....   | 43,940           | 39,950           | -9.1        |
| Import of foreign fruits and vegetables examined (pounds).....   | 2,538,577        | 2,215,396        | -12.7       |
| <b>Number of interceptions:</b>  |                  |                  |             |
| Animal and animal products.....  | 855              | 1,027            | 20.1        |
| Firearms.....  | 228              | 163              | -28.5       |
| Firecrackers.....  | 32               | 35               | -9.4        |
| Narcotic.....  | 66               | 93               | 40.9        |
| Plant and plant products.....  | 1,679            | 2,098            | 25.0        |
| Pornographic materials.....  | 9                | 1                | -88.9       |
| Other drugs.....   | 59               | 167              | 183.0       |
| <b>Others:</b>   |                  |                  |             |
| Export of taxable commodities supervised and tax drawback certificates certified.....                        | 2,047            | 1,966            | -4.0        |
| Import certificates (animals, meat, and marine life) received and examined.....                              | 1,963            | 2,316            | 18.0        |
| Inspection and execution of documents for entry of dogs and cats (rabies control program).....               | 284              | 356              | 25.4        |
| Issuance of certificates of origin, CF-3229, U.S. Tariff Schedule, headnote 3(a).....                        | 923              | 70               | -92.4       |
| Shipper's export declaration authenticated and forwarded to Bureau of Foreign Commerce, Washington, D.C..... | 4,680            | 3,683            | -21.3       |
| Products manufactured on Guam and exported to the United States under headnote 3(a) TSUS:                    |                  |                  |             |
| Watches/watch movements.....   | 343,251          | 206,581          | -39.8       |
| Watch bands.....   | 140,326          | 37,424           | -7.8        |
| Garments.....  | 159,707          | 0                | -100.0      |
| Garments (yardage).....  | 0                | 1,540,513        | -100.0      |
| <b>Sources of revenue collected:</b>   |                  |                  |             |
| Certificate of origin (CF-3229).....   | \$1,241.50       | \$245.00         | -80.3       |
| 25-percent administrative overhead charges on carrier overtime.....  | 27,188.08        | 27,489.62        | 1.1         |
| <b>Total.....</b>  | <b>28,429.58</b> | <b>27,734.62</b> | <b>-2.5</b> |

1 5/12 doz.

2 2/12 doz.

## EXHIBIT VI

CUSTOMS AND QUARANTINE DIVISION, DEPARTMENT OF COMMERCE, GOVERNMENT OF GUAM  
NARCOTIC/PLANT QUARANTINE TRAINING

| Date of training    | Number of participants | Type of training                             | Sponsor/place                                   |
|---------------------|------------------------|--|---|
| July 1964.....      | 1                      | 6-week on-the-site customs/plant quarantine. | U.S. Customs and USDA at Hawaii and California. |
| February 1966.....  | 2                      | 3-mo plant quarantine.....                   | USDA at Hawaii.                                 |
| July 1968.....      | 3                      | 2-mo plant quarantine.....                   | Do.   |
| October 1969.....   | 1                      | 2-week customs/plant quarantine.....         | U.S. Customs and USDA at Hawaii.                |
| July 1970.....      | (1)                    | 1-week drug seminar.....                     | BNDD at Guam.                                   |
| April 1973.....     | 3                      | 2-week drug seminar.....                     | DEA at Hawaii.                                  |
| January 1974.....   | 3                      | do.....                                      | Do.   |
| August 1974.....    | 3                      | do.....                                      | DEA at California.                              |
| June 1975.....      | 2                      | do.....                                      | Do.   |
| September 1975..... | 1                      | 10-week drug detector school.....            | U.S. Customs at Virginia.                       |
| January 1976.....   | 1                      | 10-week advanced narcotic school.....        | DEA at Washington, D.C.                         |
| April 1977.....     | 4                      | 3-day customs.....                           | Military customs at Guam.                       |
| May 1977.....       | (1)                    | 2-week plant quarantine.....                 | USDA at Guam.                                   |
| September 1977..... | 4                      | 2-week drug seminar.....                     | DEA at Guam.                                    |
| Do.....             | (1)                    | 2-week customs.....                          | U.S. Customs at Guam.                           |
| Do.....             | 4                      | 4-day customs.....                           | Military customs at Guam.                       |
| April 1978.....     | (1)                    | 1-week plant quarantine.....                 | USDA at Guam.                                   |

1 All supervisors and line officers.

All surface vessels arriving on Sundays, Holidays, and at nights between 5 p.m. and 8 a.m. Monday through Saturday are boarded and inspected by off-duty inspectors. At least three inspectors are usually assigned to meet vessels arriving from countries outside of Guam. The inspectors are also paid by the carriers. On cases where a drug search on board is warranted, the salary of an additional inspector is paid by the government.

The division occasionally assigns inspectors to supervise cargo off-loading operations, conduct fixed-post and mobile surveillance on land and sea, guard aircraft and vessels, perform cargo examination on the port facility and at designated places outside the facility after business hours.

For the past year and to continue for some time in the future, CQD has embarked on a major training program of all its officers to enable these men to better comprehend how to fight drug importation. In September of 1977, all officers were provided two weeks training in interdiction methods by officers from the U.S. Customs Service. Furthermore, CQD officers have been selected to attend Drug Enforcement Administration (DEA) and military customs training seminars.

Furthermore, through a grant made available by the Law Enforcement Assistance Administration (LEAA) and augmented by matching funds appropriated locally, CQD is currently assessing overall training needs and designing an in-house, on-the-job training program to meet those needs. In concert with this program, a quick reference manual will be published and provided to all officers by the end of this year. Also a thorough review of the existing local statutes, rules, and regulations that govern CQD enforcement will soon be underway. Such a review will provide recommendations to strengthen enforcement capabilities to insure that the laws, rules, and regulations are consistent with enforcement needs.

The use of canines for the inspection of aircraft, surface vessels and mail is now under study. The preliminary recommendation from a two (2) man U.S. Customs drug detector dog team is to increase the number of dogs CQD currently employs to three (3). The manner of funding the purchase of additional dogs and the training of such dogs and their handlers is being researched.

CQD, as was related previously, is in the process of improving the caliber of the division's personnel. CQD will continue to make these improvements. Attached are several exhibits to give you a better understanding of CQD activities. Exhibits I and II have already been previously referred to. The first graph of Exhibit III shows the decline in the volume of seizures, i.e., actual pounds of marihuana and heroin. The second graph of Exhibit III, however, shows that the actual number of seizures has increased, i.e., how many people have been caught attempting to import drugs. Exhibit IIIa shows the total number of interceptions made by CQD since fiscal 1972.

Exhibit IV shows the number of drug seizures, the status of the violators, the description and quantity of these seizures, and the number of seizures at the various ports of entry. Exhibit V gives an idea of the volume of work by CQD. Exhibit VI is a summary of the training that the present CQD officers have received as of this date.

I hope that this information has enabled you to better understand CQD's role in drug enforcement. Thank you for affording me this opportunity to describe our work.

Sincerely yours,

JAMES B. McDONALD,  
*Director of Commerce.*

PREPARED STATEMENT OF HON. PAUL J. ARBATE, PRESIDING JUDGE, SUPERIOR COURT OF GUAM

The increase in the narcotics addiction rate on Guam has had an impact in the Superior Court. Although the actual number of heroin cases has remained relatively stable over the past couple of years (40 in 1976, 34 in 1977, and 13 so far in 1978),<sup>1</sup> other types of serious crime are rising dramatically. In 1976, 228 felony cases were filed. The number of felony cases filed in 1977 increased 55.26% to 354 cases.

<sup>1</sup>For the purposes of this testimony statistics were compiled for the years of 1976, 1977 and 1978. Statistics for prior years will be compiled if the Committee so requests.

It is clear that much of this increase is due to narcotics addiction and the need for cash which it creates within the individual addict. There is no reliable measure of the number of criminal cases which are in some way heroin related. However, a conservative estimate would be that 40% of burglaries, robberies and homicides are heroin related.

Narcotics violation prosecuted in the Superior Court involve almost exclusively heroin and marijuana. In addition to the felony heroin cases above noted, there are a number of felony marijuana cases filed which involve importation or sale of that drug. There were 3 such cases filed in 1976, 7 in 1977 and 2 in 1978.<sup>2</sup>

Simple possession of marijuana resulted in 30 misdemeanor cases filed in 1976, 31 misdemeanor cases in 1977, and 23 violations in 1978 pursuant to Guam's New Penal Code of 1978 which reduced penalties for mere possession of marijuana.

The only hard drug case besides heroin involved one case of misdemeanor possession of cocaine in 1977.

In order to evaluate bail and sentencing, cases of delivery of heroin will be utilized since they were numerous enough to show basic trends.

#### BAIL

Three forms of bail are utilized: cash, surety bond and personal recognizance bond (P.R.). When cash bail is set, the amount is sometimes reduced to 10% actually paid with the remaining 90% potential liability if the defendant fails to appear. Real property is usually posted to cover the amount of surety. In the event of a failure to appear on personal recognizance the defendant is liable in the face amount of the P.R. Bond.

It should be noted at the outset that due to Guam's status as an island it is difficult for a defendant to leave the jurisdiction.

In 1976 bail was set in 25 delivery of heroin cases. In 7 cases bail was cash ranging in amount from \$500-\$10,000 with an average of \$4,571.00. In 7 cases surety bonds were used in the range of \$10,000-\$25,000 with \$14,286 as the average amount. The remaining 11 cases were P.R. ranging from \$1,000-\$15,000 with an average of \$8,500.00.

The most significant change in 1977 was an increase in the amount of cash bail for delivery of heroin. Cash bail was set in 5 cases with a range from \$5,000-\$15,000 and an average of \$10,200, over twice the average amount of cash bail in 1976. In the 5 P.R. and 9 surety bond cases, the range and average was not significantly changed from 1976.

In 1978, cash bail was set in virtually all delivery of heroin cases. In one case surety bond of \$15,000 was set. Cash bail of \$10,000 was set in 8 cases and cash bail of \$50,000 was set in the one other case.

#### DISPOSITION

In 1976, 32 cases of delivery of heroin were disposed of. There were 13 cases dismissed, 3 acquittals and 16 convictions. Convictions resulted in 11 prison sentences and 7 terms of probation.<sup>3</sup> Prison sentences ranged from 3 months—5 years with an average sentence of just under 2½ years. Terms of probation ranged from 6 months—5 years with the average term just below 2 years.

The year 1977 showed a significant increase in the conviction rate. Only 1 case was dismissed and 3 resulted in acquittals. There were 19 convictions, all of which resulted in prison sentences ranging from 2 to 20 years with an average sentence of just less than 7 years.

The increase in successful prosecutions in 1977 was largely attributable to effective prosecution. Additionally, 1977 saw the creation of the Superior Court's special Drug Calendar handled by the Presiding Judge. The Drug Calendar has allowed the Court to effectively monitor the progress of drug cases and give them priority treatment. It has also allowed prompt, sure and substantial sentences for those convicted of narcotics offenses. The lengthier sentences are the result of the realization by the Court of the degree which heroin contributes to the serious crime problems on Guam. Prior to the creation of the Drug Calendar,

<sup>2</sup> The District Court of Guam has concurrent jurisdiction of importation cases. Therefore, there may well have been additional importation cases filed involving both heroin and marijuana.

<sup>3</sup> Two convicted persons received jail and probation.

heroin offenders were receiving light and inconsistent sentences. It is felt that uniform stiff sentences will provide a substantial deterrent effect.

#### ALTERNATIVE TREATMENT

The Judiciary has gone on the record in the 1978 State of the Judiciary Address as supporting treatment for addicts rather than confinement at the Department of Corrections. The deplorable conditions and ready availability of hard drugs at the prison facility make it clear that prison terms are not effective in dealing with the narcotics addiction problem. However, due to the lack of any treatment facilities the Court has no choice at the present time but to continue sentencing addicts to prison.

Occasionally, offenders are sent off-island for treatment in lieu of confinement. However, these cases are rare due to cost considerations and the limited jurisdiction of the Superior Court.

#### RECOMMENDATIONS

The Judiciary makes the following suggestions as to legislative action which would be of substantial aid in providing effective judicial action on narcotics cases.

Pursuant to Section 65.17 of the Guam Criminal Procedure Code a defendant is allowed to appeal prior to trial an adverse ruling on a motion to suppress evidence. By not bringing the motion to suppress until shortly before trial and then appealing to the District Court, defense attorneys are able to delay trial for months. During that time witnesses may leave island and evidence may be lost, thereby weakening the prosecution case. The pretrial right of appeal is unnecessary, encourages delay tactics and removes the case entirely from the jurisdiction of the Superior Court. We strongly recommend legislation to eliminate pretrial appeals pursuant to Section 65.17.

Another hindrance to effective judicial action are the provisions of Chapter 50 of the Criminal Procedure Code relating to Grand Jury Proceedings. Under Section 50.42 only competent, admissible evidence may be presented to the Grand Jury. This provision creates a virtual mini-trial before the Grand Jury. Additionally, Section 50.38 requires that the defendant be furnished with a copy of the transcript of the Grand Jury proceedings within 10 days. This provision creates a heavy burden on our limited court reporting staff.

Virtually all felony cases on Guam are prosecuted pursuant to indictment by the Grand Jury. The cumbersome procedures of Chapter 50 are not appropriate due to limited staff of the Superior Court. We urge legislative action to reinstitute Grand Jury procedures similar to those utilized in Federal Courts which allow any and all evidence to go before the Grand Jury and require the production of transcripts in exceptional cases only.

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#### PREPARED STATEMENT OF PHILIP H. JACOBSEN, ACTING ATTORNEY GENERAL, FOR GUAM

Before proceeding to a discussion of the narcotics problem on Guam, some background is essential to place our situation within its unique framework.

Guam is the westernmost territory of the United States. Some 35% of its 210 square miles are owned by the United States Government and used for Navy and Air Force bases. Of Guam's 110,000 population, over 25% are U.S. military personnel and their dependents.

As the Trust Territories of the Pacific move to increased political status within three years, and as U.S. relations with the Philippines remain strained, Guam's importance as a military base increases. With this comes an increased dependence on the readiness of the military personnel stationed on Guam and the level of sophistication of their weaponry. Yet these same military personnel who are so essential to the Pacific defense of United States interests, and who are in daily control of the weaponry based in Guam, are also in daily contact with the narcotics traffickers on Guam. Statistics concerning the level of drug abuse by military personnel on the military bases on Guam can best be furnished by the military law enforcement personnel stationed on Guam. In fact, the statistics which are contained herein do not reflect arrest or abuse data for some 25% of Guam's population while on the military bases.

## STATISTICS

Estimates of the number of persons addicted to heroin vary significantly depending upon the source. The most quoted would be in the area of 800 persons. Assuming normal usage levels, these 800 heroin addicts require some ten pounds of heroin per month to support their habits. In that there is no local production of poppies, heroin must be imported into Guam. Any amount of heroin brought into Guam in excess of some 120 pounds annually is capable of being subsequently trans-shipped to another location—presumably the continental United States. Most heroin brought into Guam originates in Southeast Asia.

Following are data available concerning narcotics violations and related offenses on Guam. In that there is not computerized criminal justice data system on Guam, and because complete figures for some 25% of the population are not available, these figures are merely conservative estimates of the level of activity on Guam.

## DRUG ARRESTS

| Year      | Drug arrests | Drug arrests involving heroin (percent) |
|-----------|--------------|---|
| 1976..... | 104          | 39                                      |
| 1977..... | 148          | 34                                      |
| 1978..... | 56           | 38                                      |

Note: (1) Includes arrests for marihuana violations. (2) Figures are through May 31, 1978.

## DRUG PROSECUTIONS 1977

During 1977, the Attorney General's Office prosecuted 49 individuals for various drug related violations (over 60% involving heroin) of the 39 which have been disposed of, 85% were convicted. Charges are still pending against 8 defendants, and 2 are fugitives.

Since its inception, SPD investigators have identified 150 individuals on Guam as probably involved in the importation or distribution of heroin.

A case-by-case analysis of violent crimes committed from January 1, 1978 through June 14, 1978, reflects that the following are drug related.

|                           |    |
|---------------------------|----|
| Bombings .....            | 1  |
| Shootings (nonfatal)..... | 3  |
| Attempted murder.....     | 1  |
| Homicides .....           | 10 |

Some of these incidents involve robberies to obtain funds to purchase heroin. However, the majority resulted from heroin transactions which "went bad", disputes among heroin dealers, or suspicious that certain persons were police informants.

## DEPARTMENT OF LAW

The Department of Law is organized into four divisions: criminal, civil, consumer affairs, and, for administrative purposes, Special Prosecution. The latter is a product of specific legislation and will be discussed later in my testimony.

The Department of Law has the responsibility of prosecuting all violations of the Guam Criminal Code in the Superior Court. We also are responsible for enforcing the Federal income tax laws in the District Court of Guam. Prior to the creation of the Special Prosecution Division (SPD), all narcotics prosecutions were handled by the criminal division. Attorneys from this division still assist in certain narcotics prosecutions as requested by the SPD.

## SPECIAL PROSECUTION DIVISION

The Special Prosecution Division was authorized and funded pursuant to Guam Public Law 14-80, a copy of which is attached for your information. This charter states that the SPD shall investigate and prosecute "drug related" crime.

By way of background, the SPD is a product of a former Territorial grand jury's concern with the rising incidence of heroin violations and other crime fostered by drug abuse on Guam. Frustrated by their inability to directly deal with the narcotics problem, the grand jury invited the legislature to hear its concerns. As a direct result of this meeting, the legislature enacted Public Law 14-80.

The SPD has been fully operational since June 2, 1978. From January 1, 1978 until then, it was operating with one attorney Current staff levels are: a senior prosecutor, one assistant prosecutor, three investigators, and one clerk-analyst. Additionally, one assistant attorney general from the criminal division has been assigned full-time to the SPD.

The SPD has two primary functions. First, SPD attorneys prosecute almost all narcotics violations and provide legal advice to the Department of Public Safety narcotics unit, the Federal Narcotics Task Force, and Drug Enforcement Administration agents as requested. These attorneys are also available around the clock to prepare search warrants as needed by any of these agencies. They also consult with Guam Customs (a division of the Department of Commerce), and any other agency which has needs for assistance in stopping drug related crime. Information and legal support is also provided to the Department of Revenue and Taxation.

SPD's second function is to conduct long-term investigations of the major heroin traffickers on Guam. These investigations are carried on in conjunction with the Territorial grand jury. These investigations are aimed at penetrating the protective veils of personnel and financial resources surrounding these individuals which insulate them from the actual importation and distribution process. These individuals are subject to prosecution for narcotics violations as well as conspiracy, Federal income tax, or other non-narcotic law violations where appropriate.

SPD policies and goals were formulated to have the greatest negative impact on heroin trafficking and its huge profits. SPD prosecutors maintain a relatively light trial load allowing detailed pretrial preparation. All specialize in search and seizure and narcotics laws, as well as grand jury utilization and Federal tax violations. They are charged with obtaining a high conviction rate, decreasing the time from indictment to trial, interdicting the financial resources of the violators through lawful seizures, and utilizing plea negotiations and immunity only where these will produce immediate and tangible progress toward higher level prosecution.

#### GUAM DRUG ENFORCEMENT COUNCIL

On September 1, 1977, Governor Bordallo established the Guam Drug Enforcement Council stating that;

"In view of the seriousness of the drug trafficking problem on Guam together with its organized crime aspects and related criminal activity from gangland type murders, extortion, bribery etc., it is mandatory that a combined effort of all applicable Government of Guam departments and agencies be mounted to attack all facets of these drug related criminal operations. Such an effort shall include, but not be limited to, a planning and policy making council of appropriate department and agency heads, an operational task force of working level personnel from applicable agencies and departments and a liaison group to effect coordination with appropriate federal agencies and military commanders."

"The purpose of the GDEC is to combat drug trafficking and related criminal activity including organized crime in and through Guam by a combined effort of all applicable territorial agencies and departments with coordination among appropriate federal agencies and military commanders."

From its inception to the present, weekly or bi-weekly meetings have been held by GDEC to increase the cooperative efforts of the various law enforcement agencies on Guam. These meetings have resulted in better cooperation and increased enforcement activity.

#### INTERAGENCY COOPERATION

Narcotics enforcement activity on Guam is conducted by the Drug Enforcement Administration, Department of Public Safety, the Guam Drug Enforcement Task Force, Special Prosecution Division investigators, the Naval Intelligence Service, the Air Force Office of Special Investigations and Guam Customs officers. As stated previously, SPD attorneys prepare search warrants on a 24 hour basis for all non-military enforcement agencies. These attorneys are also available to all agencies for legal consultation. SPD investigators work on long-term grand jury investigations of major traffickers, assist SPD attorneys in trial preparation, and deal with those confidential informants who prefer to work directly with the prosecutor's office. SPD investigators are directed to contact the other investigative agencies to avoid a duplication of efforts or interference with another agency's investigation.

Prosecution of most drug related crime on Guam is through the office of United States Attorney Wood or my Special Prosecution Division. Certain on-base violations are dealt with by the military authorities. While prosecution by either Federal or Territorial prosecutors is often dictated by statute, there are overlapping violations. In these instances, an informal agreement exists wherein a discussion between Mr. Wood and myself will determine whether Federal or Territorial prosecution is more appropriate in light of all the circumstances. Also, to preclude a possible personnel shortage, to minimize costs, and to assure continuity of prosecution, preliminary discussions have been held concerning the cross designation of SPD attorneys as Special Assistant United States Attorneys and Assistant U.S. Attorneys as Special Assistant Attorneys General.

#### NEEDS AND PROJECTIONS

In order to facilitate the prosecution of heroin traffickers on Guam, the Department of Law has two needs which must be met. The first is to have the necessary laws. Current shortcomings exist in the areas of grand jury utilization and substantive narcotic violations. Proposed legislation to remedy these shortcomings has previously been submitted to the Guam legislature and is urgently required.

The second problem of the Department of Law has been more difficult to resolve. Successful narcotics enforcement requires aggressive and successful prosecution. The Special Prosecution Division was established for that end. Yet, they have been operating with minimal funding and a fixed life—SPD is terminated when the lump sum allocated has been exhausted. Although funding from the Law Enforcement Assistance Administration has previously been requested, no discretionary grant funds have been awarded. Notwithstanding assurances by certain White House staff members that LEAA money would be available for prosecution efforts, the Department of Justice apparently determined that the narcotics problem of Guam was not deserving of direct Federal financial assistance to my office.

I have prepared a new application for an LEAA discretionary grant which I respectfully ask this Select Committee to review for any action you deem proper.

I also ask the members of this Select Committee to address themselves to the need for Federal financial assistance to the Department of Public Safety and the Department of Law for combating heroin abuse on Guam.

As to the future of narcotics abuse on Guam, I see no short-term reduction of the problem. With a decrease in the U.S. military presence in other Asian and Pacific territories, the number of personnel stationed on Guam may well increase. With the forthcoming U.S. Customs presence on Guam for the purpose of preclearing passengers destined for the United States, trans-shipment of heroin through Guam will probably increase due to the reduced security measures after clearing Guam. With the purity of Guam's heroin being at least 80 percent, whereas the continental United States usually sees less than 10 percent pure heroin, the temptation to export to the United States will remain high.

In essence, given the foregoing, heroin abuse on Guam will remain a problem for some time and will require significant resources focused on the problems of enforcement and education to hold the problem in check and begin to offset the current levels of abuse.

I thank the Select Committee for this opportunity to address them. I hope that my thoughts have been beneficial and I am available to respond to any questions you might pose. Also, should you desire to discuss any matter with my staff, this will be arranged.

Once again, thank you for your assistance in dealing with one of the primary problems facing Guam, U.S.A.

Respectfully,

PHILIP H. JACOBSEN,  
*Acting Attorney General.*

## DRUG TRAFFICKING IN AND THROUGH HAWAII AND GUAM

WEDNESDAY, JULY 5, 1978

HOUSE OF REPRESENTATIVES,  
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL,  
*Agana, Guam.*

The Select Committee met, pursuant to notice, at 10:15 a.m. in the Guam Legislative Hall, Hon. Daniel K. Akaka (acting chairman of the committee) presiding.

Present: Representatives Benjamin A. Gilman and Antonio B. Won Pat.

Staff present: Joseph L. Nellis, chief counsel; William G. Lawrence, chief of staff; Alma Bachrach, investigator; and David Sandler, staff counsel.

Mr. AKAKA. The hearing of the Select Committee on Narcotics Abuse and Control will come to order. Today we will attempt to identify the scope of the drug abuse population and the prevention, treatment, and education facilities available to them. Our witnesses will be Dr. Eduardo Del Rosario of the Single-State Agency; John Camacho, drug coordinator; Dr. Hee Yong Park, medical examiner; and James Joyner, president of the Guam Chamber of Commerce.

As you are aware, the U.S. military presence is an integral part of Guam society; therefore, this afternoon we will be honored to hear from Rear Adm. David S. Cruden and Maj. Gen. Andrew Pringle, who will address the issue of drug abuse in the military and programs designed by the Navy and the Air Force to deal with the problem.

Before dealing with this morning's panel, I would like to ask for any further comments from my colleagues?

Mr. AKAKA. Mr. Gilman?

Mr. GILMAN. Thank you, Mr. Chairman. I have relatively few comments except to state that the hearings to date have been very productive and very important to our committee. I am highly appreciative, as I know my colleagues are, of the candid manner in which your local officials have been presenting the aspects and all of the problems surrounding narcotics abuse and trafficking here on Guam, and here again, to those witnesses who are going to be appearing before us today, we hope that you'll recognize that we're not here to point any fingers at anyone or place any responsibility or blame on anyone's shoulders, but to try to work together to try to find some solutions to a very serious and critical problem. Thank you, Mr. Chairman.

Mr. AKAKA. Congressman Won Pat?

Mr. WON PAT. Thank you, Mr. Chairman. This is the last day of our hearings and, so far, I think that we have learned a great deal. I think

that we are aware, from the amount of literature written and publicized, as well as the testimony presented by the witnesses before the committee, revealed, of course, that there is a great awareness in this territory about the seriousness of the problem of drugs on the island, and I am glad that the Select Committee is able to be out here to look into the matter and learn more about it. When we get back, we will be able to address it so that we can do something to try and solve the problem. Thank you, Mr. Chairman.

Mr. AKAKA. Thank you very much, Mr. Won Pat. Now, may I call upon Dr. Eduardo Del Rosaria, John Camacho, and Dr. Hee Yong Park, to come up to the witness table at this time.

Will you please stand and be sworn?

[Witnesses sworn.]

Thank you very much and please be seated.

I'd like to inform you that your prepared testimony will be included in the record in its totality. I also want to inform you that each of you will have 5 minutes to read and/or summarize your statement or your prepared testimony. After all of you members of the panel have testified, the members of the committee will have questions to ask of you. May I ask, now, Dr. Rosario to begin?

**TESTIMONY OF EDUARDO DEL ROSARIO, ADMINISTRATOR, SINGLE-STATE AGENCY FOR MENTAL HEALTH AND SUBSTANCE ABUSE**

Dr. DEL ROSARIO. Thank you very much, sir. Mr. Chairman, Congressman Akaka, our very own Congressman Won Pat, Congressman Gilman, distinguished Chief Counsel Nellis, a warm Hafa Adai to all of you. I am Eduardo Del Rosario, administrator of the Single-State Agency for Mental Health and Substance Abuse. If you are wondering why I am wearing a black armband today, it is to symbolize our mourning for the loss of a fellow drug abuse worker who was killed 3 days ago. Jesus Briolla was brutally murdered and gave up his life for the island he loved and for the work he believed in.

I appear today before you distinguished gentlemen to present the picture of the horrendous drug problem we have here on our island. I shall endeavor to separate the facts from fiction and to glean the grain from the chaff as best I can.

I shall begin by stating that the island of Guam, which I love so dearly, is truly a veritable paradise lost, and this is a fact. The picture of Guam so often painted as a tropical island paradise inhabited by warm, friendly, island people is fast becoming fiction. The harsh reality is that the warm and gentle people have been barricaded inside their homes with iron grilles, with double locks, and are surrounded by forbidding fences and fierce dogs. The atmosphere is charged, thick with fear and suspicion toward the estimated 700 to 1,400 drug addicts who inhabit the island with the gentle people. There is much grief in the homes of the 28 men and women whose lives have been snuffed out by that substance called heroin.

There is also a flood of recrimination and guilt feelings, hatred, and a whole gamut of bad feelings, even despair, welling out among the occupants of the homes of some 483 addicts known to these people

and another 71 addicts known to the enforcement people. The tragedy, of course, is that not too many people are willing to help ease the situation because of fear, because of ignorance, because of indifference and apathy, and because of the powerful stigma attached to the heroin problem. And maybe because of a host of other reasons which sound more like excuses.

We are so glad that you came to listen to our problems and to share with us, perhaps, your expertise in coming up with a practical, realistic, and timely solution. We are all very proud of our leaders here on our island, be they governmental, military, from the clergy, or from the private sector, for all the help they have given us during our agency's gestation, during its birth, and present state of infancy. We do have a lot of godfathers here, and our Big Uncle in Washington, of course, is now beginning to take notice of us, and we welcome this. Proof of that is your presence here today. Congressman Evans referred to Guam yesterday as the pearl of the Pacific. I am afraid that the pearl is cracking up and may soon break in many pieces.

As best we can, we now present to you a description of the heroin problem we have here on our island. Utilizing a variety of measures commonly used throughout the United States, we have come up with incidence and prevalence measures of the heroin problem on Guam. I ask you to kindly direct your attention to the package of data provided to you.

[The information referred to appears in Appendix A on p. 291.]

Summarizing quickly, we all see that, No. 1, by simple enumeration, we have identified an unduplicated total count of 509 heroin users/abusers from October 1975 to June 30, 1978. On the next page, projections from heroin overdose deaths, give us the low range in 1974 of 400 total heroin abusers, to a high range in 1977 of 1,800 total heroin abusers. On the next page, utilizing the indicator dilution method, which we personally favor because of its utility and logic, we obtained a low range of 703 total heroin abusers and a high range of 1,418 total heroin abusers. On the next page, it appears that the picture to be obtained from extrapolation from crime statistics is unrealistically low. We came up with a figure of 224 utilizing that formula. Extrapolation from surveys of heroin use, No. 2 of that page, utilizing in this case, school surveys, we obtained a total prevalence of 114 heroin users among Guam's high school population.

The next page brings us to the indirect indexes of prevalence. It is obvious that heroin-related deaths on Guam are increasing and are consistent with the still increasing prevalence of heroin abusers in the community. Not much reliable information can be gleaned from serum hepatitis and urine-screening data. Non-fatal drug emergencies, derived from hospital data, though incomplete, point to a possible increase before this year is over. Heroin arrests and narcotics arrests are still on the uptrend.

On the reported index of crime, I need to add that burglary, which seems to be on a downward trend since 1975, suddenly leaped to great heights in 1977, thus earning for Guam the dubious honor of being No. 1 in the Nation in burglary rates. That was in 1977. The newest prevalence index, on the next page, now used in the Nation, is what

is called the HPI or heroin problem index, which describes the extent of the heroin problem in the community in relation to the 24 standard metropolitan statistical areas more commonly known as SMSA's. Even allowing for a 25-percent error from our most reliable prevalence figures for 1977, Guam's heroin problem index is so high that it goes beyond the graph. The graph can be found at the back of the report, entitled "Heroin Problem Index," HPI. Guam, in relation to the other SMSA's, has a higher HPI than Los Angeles, which, in 1975, was the first in the Nation. In other words, we appear to have the dubious honor of having the worst heroin problem in the Nation, unless our data are proven otherwise.

Now, the remaining figures, charts, and graphs all point out the still increasing incidence of heroin use on the island which, in turn, contributes to the still increasing prevalence figures we have shown you. My final analysis is that the picture of the heroin problem on Guam appears bleak and, perhaps, has not reached its peak yet. Having said that, without really trying to sound like a prophet of doom, let me plead to you gentlemen, help. We need help badly.

To you, Congressman Akaka, I give my personal thanks for the fantastic cooperation our agency is getting from our counterpart in Hawaii. We have sent out our staff people and our direct service providers to learn from our brothers and sisters in Hawaii. We have sent out five of our educators to learn from their Hawaiian counterparts, what to do in the field of drug education and school-based crisis intervention and alternatives to drugs. They are, at this very moment, hard at work writing down a substance abuse curriculum for implementation in September here on our island. We still need a lot of training for our drug workers, for our community leaders, our parents in the villages, our clergy, our doctors and nurses, and various other sectors of the community.

We would love to have a Federal adviser in the drug treatment rehabilitation and prevention field assigned to us, much like a public health adviser assigned here at the center for disease control by the U.S. Public Health Service. We need to expand our treatment and rehabilitation capabilities as well as starting new preventive programs. This should help offset the seeming imbalance in the effort of money being expended on enforcement programs. We believe in the modality of response to the drug problem which means a balanced approach to the problem in the form of both reducing the supply as well as reducing the demands for heroin. All these action programs would serve to force, to substitute, to help, to prevent, and to educate, should all be pursued vigorously in a coordinated manner. Our agency is doing its best and shall continue to try to reduce those horrendous statistics. We want a better looking picture of Guam the next time you come around. To do that, we need the proper resources such as a strong legislative mandate, a more muscular budget, more technical assistance from our neighbors and from our fellow Americans, and above all, a guarantee of continued cooperation and support from our community and our leaders both local and national. I thank you.

Mr. AKAKA. Thank you very much, Dr. Rosario.

Mr. Camacho, please.

**TESTIMONY OF JOHN CAMACHO, GUAM MENTAL HEALTH AND  
SUBSTANCE ABUSE AGENCY**

Mr. CAMACHO. Thank you. Good morning Mr. Chairman, members of the committee, welcome to Guam. I wish to thank you for this opportunity to speak before you today. I would like to give a summary of my testimony which will deal with treatment—the treatment response of the island during the years prior and up to the present time.

Prior to 1973, the major drugs of abuse on Guam were marihuana, hallucinogens, such as LSD, barbiturates, and amphetamines. The community mental health center, which is probably the forerunner in the area of drug treatment, admitted a few persons into its inpatient unit in 1973, rather between the years of 1971 and 1973, who presented problems related to LSD, primarily. No other types of admissions relative to drug use were made at that time. The response to the problem after 1973—the community health center saw patients who presented heroin addiction problems, most, if not all of whom were Vietnam veterans. The community mental health center, again, was the only governmental entity cognizant of an emerging narcotic addiction problem, we believe.

In the early years starting after 1973, treatment was pretty much limited to an inpatient type of detoxification. This was the only type of treatment available at that time. It is important here to note, there was also some counseling that was developed and it is important to note that there was very little training to the counselors, but there was also very little exposure of the counselors to narcotic addiction problems. These constraints led to contacts with the therapeutic community in Hawaii again. The program is called Habilitat. Okay. Even this prompted problems, you know, many patients who were sent there returned after a very short stay. Apparently, many of them had problems adjusting to the program, particularly with the use of attack therapy that is used at Habilitat. There were very many problems. There were also problems with the feeling of being confined, and other feelings such as that.

There was little change which occurred up until late 1975 when outpatient methadone maintenance and detoxification were introduced to the island, when this occurred, inpatient detoxification was discontinued. In 1977, the outpatient methadone program was significantly expanded. The treatment capacity for all modalities offered in that program was now 71 clients rather than the 51 that was initially set. This was achieved through funding from NIDA, the treatment services contract.

The advent of 1978 saw two private programs developed as well as an additional Government operated program. The Seventh Day Adventists Clinic, which is a private clinic here, instituted a detoxification program utilizing Darvon N. The static capacity is five clients within a 30-day period. Also, the Good Shepherd Sisters opened a drop-in center which provides crisis intervention and follow-up counseling to addicts. The program, called Cameron Center, is family oriented in nature. Third, the Mental Health and Substance Abuse Agency opened the drug crisis center to respond to large numbers

of addicts seeking treatment as a result of the widespread shortage of heroin on the island. This was 2 months ago. The program served in excess of 125 people within those 2 months. At present, plans are underway to develop a follow-up program to the drug crisis center.

In summary, the treatment response has never really been a planned succession of events. It has been a rather reactionary response to some identified problems. Even so, we feel that the response has been good, given the lack of resources and support available. At present, we have been receiving a considerable amount of support from all three branches of the local government for treatment programs. Unfortunately, there has not been a like amount of resources allocated. This is due to the government's poor financial condition at this time and throughout the years we have tried to develop treatment programs. We look to the Congress to assist us in acquiring financial and other types of assistance. Thank you.

[Mr. Camacho's prepared statement appears on p. 288.]

Mr. АКАКА. Thank you very much Mr. Camacho.

Dr. Hee Yong Park.

#### TESTIMONY OF DR. HEE YONG PARK, OFFICE OF THE CHIEF MEDICAL EXAMINER

Dr. HEE YONG PARK. Thank you Mr. Chairman and Honorable Members of the Congress. This morning, I would like to present briefly, some statistical data on drug-related deaths which occurred for about the past 9 years from 1970 to the end of June 1978. First I'd like to go over, very briefly, the yearly data, and then to be followed by the comments and some suggestions from my own view. Since we are primarily concerned with deaths from crime and it's possible relation to drugs, only the data on homicides and suicides will be presented.

In 1970, a total of 73 medico-legal autopsies were performed at the Old Guam Memorial Hospital Autopsy Department and, at that time, there were recorded five homicides, three suicides, two drug overdoses. Now, most of the year's homicides were caused by gunshot injuries and some by blows or stabbings. Of the three suicides recorded, two were from hanging and one from blows to the head. Of the two drug-related deaths, one was from Doriden overdose and the other was a barbiturate poisoning, however, at that time, there was no record of heroin or morphine detected.

Now, in 1971, a total of 80 autopsies were performed and, of these, there was only one homicide from gunshot injuries and no drug-related deaths were recorded. I must say that this year was the most peaceful of all.

In 1972, there were 94 autopsies done and only three homicides recorded. One was from gunshot, the second one from blunt injuries, and the third one from stab wounds. There were also noted, seven suicides and five noted as gunshot injuries with the two remaining being from hanging, but there was not a single drug-related death.

Now, in 1973, a total of 164 medico-legal autopsies were done by the Office of the Chief Medical Examiner and eight of them were homicides and 10 were suicides and none was recorded as a drug-related death. Of the eight homicides, six were from gunshot wounds

and again, a stabbing and a strangulation. Now, the 10 suicides were again from gunshot wounds and some of them from hanging.

Now, in 1974, a total of 146 autopsies were performed; 12 of them were homicides, 6 suicides, 4 drug-related deaths. Of the 12 homicides, 10 were gunshot injuries, two stabbings. Of the six suicides, five were from hanging and one from burns. The four deaths from drug overdose were in the young group of from age 18 to 22 years and were the first deaths recorded as solely attributable to drug overdose. We never had one single case before 1974. The cause of death in all those occasions were due to narcotic poisoning and in all of them, heroin was detected by toxicology examination. In addition, barbiturates and Darvon have also been discovered in the urine and blood samples. All the drug-related victims were known to be addicted to heroin and the usual cause of death in such a drug overdose case was primarily due to respiratory failure due to depression of the central nervous system functions with or without the complications of septicemia or pneumonia or destruction of the brain.

As far as the manner of death was concerned, this was extremely difficult for me to determine with any reasonable certainty whether a given death from drug overdose is a suicide, homicide, or accidental. Therefore, we usually put down the manner of death as undetermined since the death can be any one of the three modes. The pusher can provide very potent stuff to the addict for the purpose of killing, on the other hand, the addict may have used it to commit suicide or sometimes can get killed accidentally by ingesting the stuff by himself without knowing the potency of the drug or not knowing the real danger of the drug which sometimes causes hepatitis or septicemia or acute endocarditis of the heart. Therefore, many of the drug overdose victims cannot be clearly classified as to their manner of death unless we really get to know in detail the circumstances of death.

Now, in 1975, a total of 156 medico-legal autopsies were done and, of these, 12 were homicides, 6 suicides, and 2 drug related deaths. Of the 12 homicides, again, 11 were from gunshot wounds and 1 from blunt injuries. Of the six suicides, three were hanging, two from gunshot injuries, and one from jumping from a height. The two deaths related to drug overdose were again in the young age group and in one of them, both morphine and barbiturates were found, and Valium was the drug found in the other. The cause of death again was respiratory failure due to depression of the central nervous system functions.

In 1976, a total of 164 medico-legal autopsies were performed. Of these, 11 were for homicides, 4 suicides, and 6 for drug related deaths. Of the 11 homicides, 9 were from gunshot, 1 from strangulation, and 1 from stab wounds. Of the four suicides, three were from gunshots and again one from a jump. Now, the year of 1976 was the peak of drug related deaths up to this date. The age group of the victims involved again was in the young age group 18 to 41 years. In practically all of the six bodies we found heroin or morphine and occasionally barbiturates. In acute narcotic poisoning, the death is usually sudden, I found that in some of them, the needle was still sticking in the vein when I got to the scene. Now, again, some of them died from generalized septicemia, from contamination of the needle, or of the stuff they injected into them, and again some brain damage and eventually they

die of respiratory failure. Now, some of those addicts were, I understand, on the methadone program, but it apparently did not work favorably for them and many of them went back to their old bad habits when they found such an opportunity.

In 1977, there were a total of 150 autopsies done. Of these, 10 were homicides, 44 accidents, 15 suicides, 66 natural deaths, and 9 from drug overdose. The drug-related deaths have increased by almost double as compared to those in 1976. The number of homicides was unchanged, but the suicides have definitely increased almost four times as compared to the previous year. The majority of those nine deaths from drug overdose were from heroin ingestion or in combination with other drugs such as barbiturates and Valium. Many of them were also found to have been habitual drinkers, which may have potentiated the action of the depressant drugs.

In 1978, we already have performed 77 medico-legal autopsies during the first 6 months. There were a recordbreaking 14 homicides. This is a figure as of the end of June: four suicides, and seven drug-related deaths. At this time, I'd like to point out that the number of drug-related deaths and homicides have increased to an alarming level and the figures are completely out of proportion to those of previous years. All of the seven drug-related deaths occurred during the 4-month period from January through April, and none were recorded during the following May and June. I don't know how to explain this trend. Maybe this has some bearing upon the institution of the drug crisis center.

As clearly stipulated in Public Law 11-37, the objectives or functions of the chief medical examiner's office are to conduct scientific medico-legal investigations and to perform autopsies and toxicology analysis on all deaths occurring in this territory under unusual or unnatural circumstances and those sudden unexpected deaths in perfect health. This office is currently located on the first floor of the "C" wing of the old Guam Memorial Hospital, and we have only three staff members including myself. I have one mortician and one administrative secretary. In summary, as you have probably already noted, we had no such drug-related program up until 1974. This is the first year we discovered this kind of dope going around the island and killing the youngsters. Until the end of 1973, the average homicide rate was, at maximum, about 10 cases per year, prior to this sudden increase in our approaching or later years. As I understand, there was a wide variety of types of homicides here in those years.

The great increase in deaths is alarming in recent years, as I stated, we have already recorded at this time in 1978, about seven deaths. I would like to point out again, that the majority of homicides are committed by means of guns. Many of the gunshot wound victims are also known to be drug addicts. Additionally, I noted the much larger incidence of accidental deaths in comparison with those of homicides or suicides, but the majority of those accidental deaths were caused by traffic accidents, drowning, electrocution, and burns, in decreasing order. We lose about 25 or a little more of these persons from traffic accidents each year.

There are a few suggestions I would like to make, but most of these, I feel, have already been instituted by the higher authorities. No. 1, is

more strict gun control. This, I understand has already been instituted by the department of public safety, and I feel it is now coming under pretty strict control. No. 2, new legislation of capital punishment for first-degree murder or the more serious murders or law breakings. This, I understand, has already been tried by the legislature with some in favor of working it out, although they are encountering some problems, as I understand it. Now, third, strict control on drug dealings or trafficking, especially with regard to narcotics and other controlled substances. This, I feel, was adequately covered by yesterday's hearings. No. 4, TV programs. Nowadays, it seems that no one makes a TV program without showing a shooting scene. What do the youngsters expect to learn from watching such TV programs? Many times I wonder about this. Unlike in the oriental countries like Korea or Japan or other countries there, we are very, very strict about showing these kinds of movies or programs on the television or movies for fear of giving some bad impressions to the youngsters in the growing age groups. This is a thing we have to look into very carefully.

No. 5, the home culture. It is extremely important that good manners must come from a good home culture, which is the backbone, in my opinion, of the better education of the children. Without such deeply rooted home cultures, the school education alone will not solve the whole problem. At last, the proper rehabilitation measures for the addicted individuals. The current methadone clinic at the old Guam Memorial Hospital, practiced on an OPD basis, to me, does not appear adequate for a complete cure of the individuals. I think we need some additional institutional care at the same time. Thank you very much for your keen and kind attention and the keen interest in our joint efforts at the prevention of crime on this island.

[Dr. Park's prepared statement appears on p. 296.]

Mr. AKAKA. Thank you very much, Dr. Park.

#### QUESTIONS OF THE PANEL MEMBERS BY CONGRESSMAN AKAKA

QUESTION. Dr. Del Rosario, in your testimony you indicated that there are 224 heroin users, and further indicated that that was low. What is your estimate of heroin users?

ANSWER. Well, I said that that was low, sir, because of the fact that by simple enumeration alone, we have counted no less than 509. Those known to the treatment people and known to the enforcement people. We had a total of 509 so we feel that any estimates below the 509 would really be unrealistic because we do have files on all of these 509 people.

QUESTION. Now, what are you doing about treatment for these users? Are you handling 224 or are you trying to handle 509?

ANSWER. Well, the methadone clinic is the largest treatment facility that we have here on the island of Guam, and that is run by the Community Mental Health Center under Guam Memorial Hospital. This started in October of 1975. It has a static capacity of 71 at this time. Meaning that, at any one time we can treat 71 people, on all three modalities now; it doesn't mean that all 71 people will be on methadone, there is also a drug-free and a chemotherapy regimen that can be utilized to treat these 71 people at any one time.

QUESTION. Do you feel that methadone is an effective treatment modality?

ANSWER. Well, national figures seem to indicate that it is effective in no more than 10 percent of the cases, meaning that they can be heroin free for anywhere from 2 to 5 years after the methadone detox, for instance, or can be maintained for 2 to 5 years, and I feel that, you know, anything that can offer even this 10 percent or less would still be, you know, better than nothing. It's effective that way, sir. We do believe that, since this is a sociomedical problem, it is really, medical treatment is not enough.

QUESTION. What do you find is the primary drug of abuse on Guam?

ANSWER. Primarily, abusing heroin, sir.

QUESTION. Now, what kind of facilities, do you have for treatment?

ANSWER. We have the Methadone Clinic and then we have the Drug Crisis Center, which was recently opened, but specifically aimed to treat only those who are in acute withdrawal. Of course, now, you know, we have to change our approach in the Drug Crisis Center since it seems that, based on our statistics now, there is only a few people who are coming in with acute withdrawal symptoms. There are only, I believe the count is 3 to 4 a week, compared to about 44 or 30 a week at the start of the draft. We are now in a followup phase. We are following up all those cases that we saw in the first 3 weeks of our operation.

QUESTION. Is there a need in your program for more facilities?

ANSWER. We are asking for more facilities, sir. There is a definite need now for a residential-type treatment program, for instance, like a therapeutic community. There has been a need for that for so many years; in fact, there was a law creating a therapeutic community. It is still on our books. It was 3 years ago, I understand, but there was never really any—there was no funding for that, plus there were some problems organizationally.

QUESTION. Speaking about funding, I understand that the Single-State Agency proposed to the legislature approval of funds of about \$1.2 million. Can you tell me why that was not adopted? Do you know why it was not passed?

ANSWER. Well, since, you know, we submitted it quite late, that's one reason. Because of the fact that we were running a Drug Crisis Center at that time. We are the newest agency, by the way, in the GovGuam family, and we just started, actually, the middle of February. Then I was appointed the middle of March. A month later we had a full-blown crisis on our hands, so there was hardly any time to prepare a good budget. When we finally did that, we submitted it to the legislature, it was too late. That was the answer we got.

QUESTION. Is that in 1978?

ANSWER. That is right, sir. This year. So, I was promised that, to go through the mill, that budget still has to take something like 60 days to process, due to the public hearings and all of those nice things.

QUESTION. So, my big question is, what are you operating on now?

ANSWER. We are operating on borrowed money, so to speak. OK, borrowed in the sense that there was money that was appropriated by the legislature in response to the request by the Governor to finance our Drug Crisis Center, to the tune of \$296,000. We did not spend all

of that money, and the money was extended beyond June 30, so we do have a little less than \$200,000 to continue operating the Drug Crisis Center and to also allow our agency to borrow funds from that.

QUESTION. What was remaining from the Drug Crisis Center money?

ANSWER. Yes; plus we do have a little Federal money left, the formula funds.

QUESTION. So, can you tell me again, how many drug users do you treat or tend to in your programs?

ANSWER. In the Drug Crisis Center we have seen, as of June 29, a total of 127 clients, sir. Plus there are 362 seen over at the Methadone Clinic in the past 2½ years.

QUESTION. Now, are you having any problem attracting or getting these people to use your center?

ANSWER. During the past 4 weeks, yes; we are having a problem attracting them because of the fact that there is large competition outside in the streets. Heroin is back on island.

Mr. AKAKA. Thank you, Dr. Del Rosario.

Let me ask you, Mr. Camacho, what do you feel is most needed to treat drug abusers?

ANSWER. I think, at this point in time, it is programs. Different types of programs. Different modalities of treatment. We all know that programs do have a certain amount of success. They attract a certain type of addict. Different types of programs attract different types of addicts, and to offer a wide variety of services, a wide variety of modalities, would insure a higher success rate, because 10 percent in this modality and 10 percent in that modality, that may help the problem.

QUESTION. Now, one of the modalities that you mentioned in your testimony was counseling on an outpatient basis, and you also pointed out that you are having a problem with counselors in that you don't have as many as you need and also that they have little training. For that reason, you noted, that you have an underdeveloped type of program. What are you planning to do about this?

ANSWER. OK. In the Mental Health and Substance Abuse Agency, which I am employed by, we are right now, again, utilizing Honolulu. They have a contract with NIDA to provide training to the substance abuse counselors. We have an agreement with Hawaii to piggyback on their contract so that they can provide training to us. Their people will be coming out here; in fact, I believe June 10 is the first group, the first trainers will be coming out to help and assist us in training our counselors.

Mr. AKAKA. If there is anything I can do in the relationship between the Hawaii services and yours, let me know. I will be glad to help in any way I can.

Mr. CAMACHO. Thank you, sir. I will.

QUESTION. You also mentioned a residential treatment through Habilitat which is based in Hawaii. How are you getting services through them?

ANSWER. Its on a referral basis. We identify people who could benefit from a therapeutic community of the sort Habilitat offers. We do make referrals. Now, we do also have an agreement with the Salvation Army program in Honolulu where we make referrals also.

QUESTION. How many counselors do you have?

ANSWER. How many counselors do we have now?

QUESTION. Yes.

ANSWER. OK. Presently we have, I believe, six full-time counselors in the methadone program. There are six counselors. In the drug crisis center we have several counselors, but most of them are really lacking in training and, as I say, the crisis center is being reevaluated right now to determine what kinds of services we want to deliver at this point. We feel that the crisis center was very effective during the time of the crisis, but with the change of events now, we must take a different approach there.

QUESTION. Well, from what we've been discovering here, from what Dr. Park has testified, the crisis is here, as he has shown graphically over the years. I'm sure that we are all aware of that and our concern is whether you are able to, with whatever resources you have, give all the resources you can toward alleviating this situation. Would you say that you are doing that?

ANSWER. Would you repeat that, sir?

QUESTION. Would you say that you are committing all of your resources toward alleviating the problem here on Guam?

ANSWER. I would say that we are overtaxing our resources at this point in time, and I feel that we do definitely need assistance from outside sources.

QUESTION. Now, how is your methadone treatment going? The methadone treatment?

ANSWER. The treatment, OK, I am not in direct service right now. I am with the Mental Health and Substance Abuse Agency, which is primarily a planning body. Planning and development of programs, evaluation, those types of activities we take on. I was, at one time, a direct service provider. I did much in bringing in the methadone program into this island. You know, I assisted in the application and I assisted in the implementation and I ran the program for several years prior to my job now with the Single-State Agency. Now, those programs, you know, I have a very firm hold of the situation as to what is happening in treatment and I know the limitations. We have tried our best throughout the years in all of our treatment programs and all of our treatment efforts, but with our limited resources on the island, you know, it is just like I said, we have overtaxed our resources and we just can't get what we need sometimes or what we want. It is very, very difficult.

Mr. AKAKA. Thank you Mr. Camacho.

Dr. Park, let me ask you some questions now.

QUESTION. You noted that some of the users on Guam have a high tolerance which means that they can take closer to pure types of heroin. My interest in this question is, How do you develop that? Is it peculiar to Guam and the kind of people here?

ANSWER. I don't think it is peculiar to Guam. Any person who is addicted to these kinds of habit forming drugs, they eventually, in the long run, develop high immunities, so the longer they carry on this habit, the more they need in order to achieve their goal. That is why eventually they have to consume a lot or a higher or more potent drug than the ordinary persons do.

Mr. AKAKA. Thank you, Dr. Park. I'd like to call on my colleague Mr. Gilman at this time.

Mr. GILMAN. Thank you Mr. Chairman.

Gentlemen, we appreciate the information you presented and I am astounded to hear some of the statistical information. While we recognized from the material we received yesterday and the testimony yesterday that Guam is certainly a hub in the Pacific trafficking, we now see that Guam outranks some of our largest cities in the United States.

The material that Dr. Del Rosario presented, in comparison with 20 other U.S. cities, in some of his indicators, the fact that drug related deaths on Guam places it fifth among 24 U.S. leading cities, places it with 10 times more purity than the highest ranking city in the United States, giving it a questionable first place in U.S. cities, and then to go on to see that Guam's heroin problem is even greater than that of Los Angeles, which is recorded as having the worst problem of all the U.S. cities. I would say that that certainly requires us to focus even greater attention in giving it one of the highest priorities in our entire Nation, if these figures have substance, and I assume they have, from the great deal of study that you have rendered.

Dr. Del Rosario and Mr. Camacho, I can't understand what has happened here on this Single-State Agency. Apparently there were some sound objectives in creating this Single-State Agency back in 1973, a lot of good, high sounding objectives were stated when the Executive order was signed, what happened to that agency from 1973 to the present time? They never appointed an administrator, they never funded it, they never implemented it, as a matter of fact, only, you say that, out of the 17 objectives, only 1 was accomplished in full during that period of time. What was wrong with that Single-State Agency and why, during that period from 1973 to 1978 was there so little accomplished and so little funding and so little implementation?

Mr. CAMACHO. I would like to answer that, Congressman. In the beginning, the designation was made through Guam Memorial Hospital, to be the Single-State Agency. That function of the Guam Memorial Hospital was delegated to the community mental health center. Now, there was never a staff, there was never a budget to this in terms of any local money. There was some Federal money, and that was achieved at that time.

QUESTION. Well, let me understand. Wasn't the Single-State Agency empowered to have full responsibility of drug treatment and rehabilitation? The entire effort was placed in that agency, was it not?

ANSWER. Yes, sir, it was.

QUESTION. Why create it and then not fund it and not implement it? What was the reason for not assisting this agency? Where was the failure here?

ANSWER. I think the largest failure was the misunderstanding of what the function of this agency would be.

QUESTION. Well, it was certainly spelled out in the legislative objectives.

ANSWER. I believe so. I think it was a lack of local, understanding of the importance of it.

QUESTION. By whom? By the legislature?

ANSWER. I believe there was—part of it may have been the administration. The current administration at that time.

QUESTION. The administration of the agency?

ANSWER. No, sir. The Governor's office.

QUESTION. From 1973 to 1978, hardly any activity took place in that office, is that correct? Except a lot of studies and plans, but nothing of real accomplishment?

ANSWER. That's right.

QUESTION. Now, we have recreated—we've redesignated the Single-State Agency as—what's the new title? The Mental Health and Substance Abuse Agency. I'm concerned, are we putting a new sign on the door and we're going to spin wheels again?

ANSWER. Well, it's a quite different situation now. It is now funded, and it is staffed. It is staffed now by eight full-time people, I believe.

QUESTION. How many people?

ANSWER. Eight full-time people.

QUESTION. And that is the entire agency?

ANSWER. Right now, yes. There are some vacancies.

QUESTION. And how many did you have in your prior agency?

ANSWER. There was a part-time administrator for it, a part-time accountant for it, these were people from the community mental health center who were direct service providers who devoted a certain amount of time to this agency. It wasn't a full-time effort at all.

QUESTION. How much of a budget are you allocated now by the State legislature?

ANSWER. Well, there wasn't really any allocated budget.

QUESTION. You have no appropriation yet?

ANSWER. Nothing, sir, specific to the Single-State Agency.

QUESTION. No, no, I'm talking about the new agency. Is there a budget for that agency?

ANSWER. [Dr. Del Rosario.] We have asked for a budget.

QUESTION. But nothing approved?

ANSWER. Nothing yet, sir.

QUESTION. Do you have a coordinator in the mental health program?

ANSWER. We haven't hired a coordinator for the mental health program yet.

QUESTION. Well, it seems to me that you're almost starting in the same vein with the new agency as you started with the old agency.

ANSWER. Well, we have to rearrange our priorities this time since the drug abuse or substance abuse takes our highest priority at this time. We filled up those posts first.

QUESTION. How much of a budget did you ask for?

ANSWER. We are asking for a total of—our original proposal was for \$1.65 million, sir—that was cut down to \$1.085 million still. The \$85,000 was going to be coming from Federal formula fund.

QUESTION. How much?

ANSWER. Federal? \$85,000. And the \$1 million is going to be the local money, local funds here.

QUESTION. No, but that hasn't been approved yet. Is that correct?

ANSWER. That hasn't been approved yet, sir. No.

QUESTION. When was this agency created?

ANSWER. By Executive order on February 18, 1978.

QUESTION. Why hasn't your budget been approved?

ANSWER. Again, because we submitted our new fiscal year budget late.

QUESTION. Are you meeting resistance in the legislature with regard to your budget or in the administration of the Guam Government? Are you meeting resistance to your budgetary request?

ANSWER. We were promised that it is going to take anywhere between 2 to 3 months because, well, they feel that we have enough money to carry us for the next 2 to 3 months, but really, with this budget proposal, the new budget proposal, the bulk of it really was going to be used as seed money to start a therapeutic community residential type program, for instance, a family wellness center which would incorporate a day care concept.

QUESTION. You were talking about the therapeutic community as early as 1973, apparently, and nothing has happened with that proposal. It seems like a sound proposal. It sounds like something that is sorely needed here. Am I correct that you have been talking about that since 1973?

ANSWER. You are correct, sir.

QUESTION. Well, I can't understand then, when you have such a serious problem as you have outlined for us in your statistics, where you place Guam as the highest drug-related, heroin-related community in the entire Nation, with the heaviest of dosages and heroin prevalence rate and the highest purity, and the most deaths, to talk about having rehabilitation from 1973 until 1978, and not being able to implement that. To have a sound proposal adopted by the legislature and nothing done, something is radically wrong, and what do you see as the problem? Can you tell us where the problem lies?

ANSWER. Well, it looks like we just don't have enough clout, sir.

QUESTION. Who doesn't have enough clout?

ANSWER. Well, the Single-State Agency people then, and perhaps now.

QUESTION. You've been fighting for it. Is that correct?

ANSWER. Oh, yes, sir.

QUESTION. And you haven't been able to convince the legislature and the Governor to approve it, is that right?

ANSWER. We have partially convinced some of our leaders. I would say. We have promises.

QUESTION. Well, I would hope that maybe this committee can help focus attention on that need. Certainly some efforts have been too long lingering here, and it sounds like your therapeutic community can do some good at a time of a critical period in drug abuse in this island, and I hope that someone is going to take a hard look at that. We certainly will try to be of assistance. Dr. Park, I noted in your testimony, your having some problems with regard to getting some lab analysis, you have to send to the mainland for it, to California? Why is that Doctor? Isn't that a relatively inexpensive procedure that could be undertaken right here without having to wait so long?

ANSWER [Dr. Park.] Now, probably I had better explain how we have been doing this drug analysis involving the deaths of these addicts by drug overdose.

QUESTION. Couldn't that urinalysis be done right here on the island?

ANSWER. We send all these samples to the DPS crime laboratory. Please do not confuse our samples with those of the Drug Crisis Center. The samples I take from the material I handle would not go to the mainland, but to the DPS crime laboratory and they are the ones who do all the screening and some quantitative tests to reveal if there is any heroin or morphine or such involved in the death of such individuals. That is the way I get the service for the laboratory area.

QUESTION. How long does it take you to get your results?

ANSWER. That all depends on how busy they are in the crime laboratory. Please understand that the DPS crime laboratory is handling all kinds of tests.

QUESTION. Where is that laboratory, Doctor?

ANSWER. It is located in the department of public safety main building in Agana.

QUESTION. Then you do get these tests taken locally, you don't have to send them to the mainland. Is that correct?

ANSWER. Yes.

QUESTION. Doctor, are private doctors treating addicts on the island at present in addition to any of the drug centers? Are you aware of whether or not any physicians are doing some treatment for narcotics?

ANSWER. I don't really know. I can't answer that.

QUESTION. Is there any reporting requirement for a physician that is treating an addict to report it to any of the agencies?

ANSWER. I never heard of any.

QUESTION. Do any of you gentlemen know? The drug coordinator, maybe?

ANSWER. [Dr. Del Rosario.] There is no requirement at present, sir, to ask the physicians or to require the physicians to report one, but yes, there are several physicians who are treating some of our drug addicts here on the island. I can think of three right now.

QUESTION. Is there any reason why you have not adopted a reporting system so that you will be able to know how extensive that sort of treatment is?

ANSWER. Well, there is no special reason why we cannot ask them to report, or require them. I guess that would need, perhaps, some legislation, in fact, we have been thinking about doing this and have in fact asked that the task force headed by the attorney general look into this problem of whether we might be able to do something like that.

QUESTION. We've heard now, all sorts of statistics in estimating the extensiveness of the addiction problem here on the island, running anywhere from, I think, 400 or 500 to 1,000 to 3,000, and somewhere in the testimony here this morning, someone has made a statement that this is merely a tip of the iceberg, that there are a lot more out there. What do you gentlemen estimate, off of the top of your heads, to be the total extensiveness of the narcotic problem, including what you have reported in the treatment centers, what the outside physicians may be treating, and chippers, those who are out there on the street utilizing. How extensive do you feel the problem is?

ANSWER. Again, I would go back to the indicator dilution method in that which is page 4, and I would state that I—

QUESTION [continuing]. No, Doctor, let me take a minute. We have a formula in our committee. We call it the rainbow formula. Somewhere along the line, one of our committee members said to Charlie Rangel in a loose moment, "Well, take the number of deaths that are reported and then multiply that by 10 percent and you get some idea of what is out there." Well, pretty soon that loose statement was adopted as an arithmetic reality and it really has no substance but a lot of speculation, so as we read your formulas here, some of us look at them cynically. I'm asking you now, from your knowledge of the community, let's forget the formulas a moment. What do you think we're confronted with here on the island in the way of heroin addicts?

ANSWER. I would still go by the figure of 700 to 1,400, sir, total prevalence.

QUESTION. And what about casual usage?

ANSWER. That, we haven't even—we don't attempt to try to look for the casual or weekend users.

QUESTION. Mr. Chairman, I'd like to ask you now for 1 additional minute to question with?

MR. AKAKA. Very well, continue.

QUESTION. Doctor Park, can you tell me how you handle your forensic pathologist work? We note you have to send your lab work outside your facility to be done, do you have any assistants that help you in your work?

ANSWER. No, right now, as I told you already, I have one morgue attendant who helps me whenever I perform autopsies and the morgue is nearby in Guam Memorial Hospital and whenever the body work is more than I wish to do there, but the tissue examination and the toxicology examination, both of them we must send out. One, the tissue, to the Guam Memorial Hospital Laboratory; and the toxicology sample I send to the DPS Crime Laboratory as I told you before. There, sometimes it takes 1 month and sometimes more than 1 month, depending on how busy they are. In other words, the DPS Crime Lab, as I understand, has a limited number of staff, about six. Now, eventually, you have time to put into this effort as well. In other words, the toxicology analysis entails two parts. One is the screening and the other is the quantitative analysis, but, as of now, I have never had a desire to have that quantitative data.

QUESTION. Doctor, my time is running. Is there a lab that you could utilize someplace on the island that is already built?

ANSWER. Yes, that's right. That is right next to my office in the Old Guam Memorial Hospital Laboratory.

QUESTION. There is a lab building you could utilize?

ANSWER. There is a laboratory space with a nice bench and work area.

QUESTION. Why aren't you able to utilize it?

ANSWER. It would take quite a bit of money, and again, we tried to utilize that area in conjunction with DPS Department, however, for the reason of security matters, they decided not to use that area, so they moved back to their headquarters, and then I am left alone there, but—

QUESTION [continuing]. Have you made a request for the utilization of that lab area?

ANSWER. Not in a formal way, but I discuss<sup>d</sup> this matter many times with DPS.

QUESTION. Would that cut down the time for analysis and reporting in the system of police work, if you were able to use that lab?

ANSWER. I beg your pardon?

QUESTION. If you were able to use that laboratory, would that cut down materially on the time it takes you for analysis and making your report back to your superiors?

ANSWER. I would think so, yes.

Mr. GILMAN. Thank you, Mr. Chairman.

Mr. AKAKA. Your time is expired. I now call on Congressman Won Pat.

Mr. WON PAT. Thank you Mr. Chairman. I would like to pick up where my colleague stopped. Now, for Mr. Camacho.

QUESTION. Would you describe your responsibility as such, as drug coordinator?

ANSWER. Yes, sir. My responsibility as the drug coordinator for the mental health and substance abuse agency is primarily to set up the programs for Guam. OK. It's—I pretty much look into the treatment area for Guam, the treatment available, determine whether these resources are adequate to meet the needs of the treatment population. I also look into the prevention area and see what kinds of programs are available there. If programs are not available, we would again plan some programs and try to look for money sources for these programs. Aside from that, it is also knowing from the community, exactly what the problem is. My primary responsibility would be to search and really find out what is the problem. Is it really the narcotics or is it another problem? Is there another set of problems of which the narcotics is just a symptom, narcotics abuse is a symptom? These are the kind of things and activities that I will be getting into.

QUESTION. Are you under a certain department of the government? That is, the Department of Health and Welfare, or is this strictly an independent entity, or what?

ANSWER. Well, Congressman, really, since mid-February, as Dr. Del Rosario indicated, the Governor did sign an executive order creating departments of the government of Guam. We are now an allied department where before, the prior Single-State Agency was within a program of a department. In other words, it was in the community mental health center which is under the Guam Memorial Hospital. The lines of authority are very, very indirect, or were very indirect to the Governor. A lot of things never even got out of the hospital, requests from the Single-State Agency, that is. Now the situation is that the Single-State Agency is an independent body. It is a department of its own. It has direct links to the Governor's office. The Governor does appoint the director.

QUESTION. Now, the Single-State Agency is separate from your department, from your agency, is that correct?

ANSWER. Could you repeat that, Congressman?

QUESTION. I said, the Single-State Agency is separate from your agency?

ANSWER. That is not correct, sir. I work for the Single-State Agency.

QUESTION. Oh, you are with the Single-State Agency?

ANSWER. That is correct, sir.

QUESTION. What I'm trying to understand, I understand that the Single-State Agency, at this time, hasn't been implemented for this new program because of the fact that there has been no funding made?

ANSWER. That is rather incorrect, or somewhat incorrect. The program has been implemented. We have been functioning now for 3 months. I have been with the agency now for 3 months. We are in the process of making a State plan right now addressing a lot of the needs that we have that we have identified. A lot of the things that we have said at this hearing are in the State plan that is due in July. OK, we are a functioning agency right now even though we don't have the formal budget for fiscal 1979. We are a functioning agency.

QUESTION. In other words, you operate on what is called a contingency fund. Is that it?

ANSWER. That's right. The leftover money from the crisis center appropriation, OK, the crisis appropriation was \$296,000. I believe there is an excess of \$150 thousand left over, probably closer to \$200 thousand, and there is some Federal money, formula grant money under section 409 of Public Law 95-225, I think. We are operating with those moneys.

QUESTION. As I understand the involvement of the legislature as well as the administration, they are very concerned and aware of the problem, but earlier you pointed out that the difficulty in implementing or rather getting it appropriated from the legislature is due or resultant from the lack of clout on your part. The very fact that the legislative, I mean the executive as well as the legislature are aware of the magnitude of the problem and yet you are saying that there is a lack of administration support for the implementation of the program, that is getting it properly funded. How do you reconcile that?

ANSWER. I would not say that there is a lack of administration support at this point from the present administration. I think there is very, very much support in the Governor's office. We have been communicating with the Governor's office very, very closely. We have also been communicating very closely with the legislature. Now, the reason for the delay, I really don't know. It may be that the legislature really wants to scrutinize it. Really wants to know that if they are appropriating tax money, that it is spent wisely, and for that, I really don't blame them, but I do think that it is a top priority by everybody concerned. I think all three branches of Government see it as a top priority. There have been meetings by the three branches of Government called together which have been called as joint committee to discuss some of the problems.

QUESTION. Well, the drug problem has been in existence here since, how long, sometime in the sixties? Well, you have been in operation for only the past 3 months. Now what have you been doing for this last 3 months since you are in operation?

ANSWER. For one thing, we have operated a crisis center, we have also done some research which is essential in our State plan. Our priorities are based on our needs assessment, OK, when we state these needs assessments, we have to reference these needs assessment data to state these needs in our State plan. This is one of our activities. another is the State plan itself. Over the last 4 weeks we have been working diligently on our State plan to get it completed by July 28 which is the deadline.

QUESTION. In other words, the plan will be implemented by July of this year?

ANSWER. It should be. July 28th is when the plan goes in. This is the requirement from the Federal Government in our delegation as Single-State Agency for drug abuse, prevention. You see, we are also the Single-State Agency for alcohol and mental health.

QUESTION. Now, Dr. Del Rosario.

ANSWER. Yes, sir.

QUESTION. Prior to assuming the administration of the Single-State Agency, you were connected with the Guam Memorial Hospital, or what department of the Government of Guam?

ANSWER. I used to be the drug coordinator, the job John Camacho is now holding. His position now was my position before when we were under Guam Memorial Hospital, and previous to that, I was a public health officer. I would just like to point out, I think I did not point out clearly that we did have a little money from local sources, which is borrowed money really, and a little Federal formula funds, which was our interim funding between March and June 30. Now, since there was also a couple of weeks ago a notice which went out that there was an early release of something like \$39,000 again from NIDA, which is again a Federal formula fund, this is supposed to help us, you know, to add onto our interim budget and we appreciate that, but of course, \$30,000 is just a drop in the bucket, really, when we compare it to what we really need and what the drug industry here, you know, the total money that is actively involved in the drug industry here on the island. In that connection, we would like to ask also, the Select Committee if they can aid us or help us in trying to correct the situation whereby the Federal Government really looks at Guam as, well, we are not treated as a State, let's put it that way, as far as the funding formula is concerned, in spite of the fact that we do have a big problem.

We are given \$30,000 based on a formula supposedly based on the need based on population, naturally, since they are going to base that on the very small population which we have, you know, we really want to get enough money in Federal program funds. If we were treated as a State, right off, we can expect no less than \$100,000, for instance, as a floor for funding for drugs, and also the alcohol field, I believe there is something like \$200,000 that could be available if we were treated as a State, and of course that would need an amendment in the present legislation.

QUESTION. Well, let me respond with respect to the Federal relations that you have just pointed out, that if we are treated as a State we will be able to get more funding.

ANSWER. That's right.

QUESTION. I think that the Federal Government has been very responsive to the needs of Guam.

ANSWER. That's true.

QUESTION. I know that because I'm out on the scene and I know. I have to state that the responsibility of first providing the information is first with the administration before asking Congress to change the law, for all that Guam may benefit from the program. We recognize that our problem in Guam is unique, now the fact is that drug abuse

control here is such that, already, from the action taken by the administration of the territory, the Governor as well as other agencies, has received quite a bit of Federal attention and they have been pouring over here with personnel as well as money. Now, we have to do something ourselves here before we expect the Federal Government to pour more money into the island.

ANSWER. That is quite true, sir. That is why we are asking for \$1 million in local funds. This is really to prove to the Federal Government that we are, here on Guam, very serious about this problem, about meeting the challenge.

QUESTION. Do you feel that we need \$1 million now, on top of all the other resources available to us that have been provided locally as well as federally? Do we need, in other words, an extra million dollars?

ANSWER. We certainly could use an extra million dollars.

QUESTION. Well, just looking right now, at the resources you have available, of substance, what are they?

ANSWER. I'm sorry, sir?

QUESTION. I said, let's look at just what you are doing right now, of substance, on the various resources that you have available locally as well as federally reported resources? In other words, what are you doing right now?

ANSWER. What are we doing right now?

QUESTION. Yes.

ANSWER. Well, we're trying to put up our State plan, sir.

QUESTION. In other words, you're just in the process of putting out the plan?

ANSWER. That's true.

QUESTION. But what actually are you doing on the island about this drug problem on Guam?

ANSWER. Well, we're trying to, for instance, we're trying to identify whatever meager resources we have. Really, it's a full-time job. We do know we have a feeling we really don't have too much. We wanted to save Guam. We wanted to save the world, so to speak, and we need a lot of resources just to come up with new treatment modalities, for instance, like the treatment within the community would need a lot of money just to open up for 10 or 20 slots, for instance, would take something like \$400,000 to operate for a year's time. Then we talk about other programs, a family well-being center, for instance, that can easily take another \$300,000 just to implement and take care of 100 or 150 of our addicts who are in need of this service. Really, if we want to implement all of the programs that we are dreaming of right now, not only our treatment and rehabilitation, but also the preventive programs, my God, we'd be needing a lot of money for that, a lot of resources. We're trying to catch up, sir, with a problem that started, really, way back.

QUESTION. I think we are aware of that, that everybody is trying to do all he can. Now, just how much money have you spent since 1973, where your agency started, and up to the present time? I mean the money spent on prevention as well as treatment.

ANSWER. I'm sorry, I wasn't in this field way back then. Perhaps Mr. Camacho might remember.

QUESTION. OK. Mr. Camacho, do you remember?

ANSWER. Well, going back to the Single-State Agency, OK, it was a different administration. The administration of the Single-State Agency was very different prior to 3 or 4 months ago. It was very very different. There was very little attention paid to the problem then.

QUESTION. In what ways was it different? Is that in terms of treatment or other preventive measures, or is it just a question of a new danger?

ANSWER. No; it is not a new danger. Congressman Won Pat. It is just that there was very little attention paid to the area of substance abuse on this island prior to this year. I have been involved in treatment on this island for approximately 4 years now, and I've been trying to do a job that a lot of people should be doing, but I was only one person. I was not a member of the State administration, I was in treatment. I tried to start a treatment program, and it was very very difficult. There were people who didn't even know that the problem existed, for one thing.

QUESTION. What you started there, what is that treatment? What type of treatment is it?

ANSWER. Pardon me?

QUESTION. Well, what kind of treatment is that that you are doing?

ANSWER. I'm now talking about the methadone program; OK? I was one of the pioneers of the methadone program who brought it in. We figured it was one of the most cost-effective things that we could implement almost immediately. Now, a residential program is very costly. A residential program is very costly because it is a 24-hour program. You have to staff it 24 hours a day and things like that. Now, an outpatient program is more cost effective when your resources are limited. This is why we planned for this type of a program, initially. Now, I wasn't involved in the State administration of substance abuse programs prior to this; I was involved in a treatment program prior to 3 months ago when I started with this present agency.

QUESTION. Did you or were you also a rehabilitator for those people in those programs?

ANSWER. OK. Now, counseling is providing in the methadone program, as well as job development—helping people to get jobs. We work with the addict's family. For example, to get them accepted back into the family and start getting the communication going again. This program is not just medications, contrary to what a lot of people believe; it is not just medication. That is just a very insignificant part of the program. The major portion of it is to get these people back into society as productive members. That is our main goal in treatment.

Mr. AKAKA. I'm sorry, but the gentleman's time is limited. I will now call on Chief Counsel Nellis.

Mr. NELLIS. Thank you, Mr. Chairman. Dr. Del Rosario.

QUESTION. You mentioned the figure of 509 addicts that you have identified; am I correct in that?

ANSWER. That is correct, sir. That is by simple enumeration.

QUESTION. What percentage of those that you have identified are women?

ANSWER. It's been running 23 percent, I believe. Yes; it has been running almost 75 percent to 25 percent, sir—75 percent males and 25 percent females.

QUESTION. What special facilities have you, if any, for treating women who have obviously different problems when they are addicts?

ANSWER. Oh, we can't even start to think about having special facilities for women, for instance——

QUESTION. Why not?

ANSWER. Well, again, it is again a question of where our priorities lie. Do we treat all of those coming and treat them the same, or shall we pull in our resources over to this other side and try to provide for specific problems only.

QUESTION. Would you put a pregnant woman on methadone?

ANSWER. I'm sorry, what did you ask?

QUESTION. Would you put a pregnant addict on methadone?

ANSWER. Well, I believe that has been done.

QUESTION. I'm not asking whether it has been done, I'm asking whether or not you would do it?

ANSWER. Yes, sir.

QUESTION. You would do it?

ANSWER. Yes, sir.

QUESTION. Are you aware of the dangers to the unborn child from that type of treatment?

ANSWER. We are, sir; we are very much aware.

QUESTION. You see, Dr. Del Rosario, I think I can speak for the committee in this regard, we're not being critical for being critical's sake, we have some problems and don't understand how it is that the depth of drug abuse on this island is here, and we are only getting a treatment program in the planning stage in a period of 3 months of this year. I'm not blaming you or any one of your colleagues, I just don't understand how it is that you could even contemplate a State plan without making special provisions for women. If you have 25 percent of the addicts on this island who are women, or more, you have got to have some provisions for them since their problems are different. They may be pregnant, they may have day care problems, they may have vocational problems, they may have rehabilitation problems which are entirely different from the usual male-oriented treatment system. Don't you agree with that?

ANSWER. I agree wholeheartedly, sir.

QUESTION. Then what are you going to do about it?

ANSWER. Well, again, I would go back to my first answer. The fact is that we are just so overwhelmed with all of these things that we haven't even begun to think about making special provisions for our women clients, but we know that we should, that we should be doing something like that, but again——

QUESTION. Well, will it be in your State plan? Will it propose something special to take of the special needs of women addicts? That is what I need to know.

ANSWER. Yes, sir.

QUESTION. OK. Now, let me ask about alcohol, briefly. All of you have heard about Mrs. Betty Ford's experience. The combination—I notice in Dr. Hee's statement, that he speaks about overdose deaths due to the ingestion of Valium and other tranquilizers with heroin. Now, there is a problem of Valium and alcoholism, isn't there?

ANSWER. Yes, sir, there is.

QUESTION. What is the extent of that problem?

ANSWER. Well, sir, we haven't really looked into that specific area as yet.

QUESTION. Right now, we only know what is on the surface. Why can't you tell me what the extent of the alcohol in combination with psychotropic drugs is involving? You certainly know what the heroin problem is, you've proven that. Now, what about the pill problem and the alcohol problem and the combination of several drugs?

ANSWER. We haven't even done an exhaustive assessment survey on that.

QUESTION. You have?

ANSWER. We have not.

QUESTION. You have not. Mr. Camacho, I think you said that your job consisted of making assessments? You said you needed to do research and make assessments of the problem. Would you please tell me what your assessment is of the polydrug abuse problem on the island?

ANSWER. OK; we haven't done an assessment on polydrug abuse problems on the island.

QUESTION. Why is that?

ANSWER. We have been in existence for only 3 months. We have a very limited staff. We have certain priorities to meet. We do recognize that there is a problem. We do recognize that there is a problem in this area.

QUESTION. Mr. Camacho, you have a 5-year history, according to your own testimony, of little activity. Is there something in that history that would give you a clue as to what your problem is here?

ANSWER. There is nothing.

QUESTION. You have looked at the files?

ANSWER. Yes.

QUESTION. You people spent 5 years in the Guamanian Government spending money and have left nothing for you to go on. Is that a true statement?

ANSWER. Not nothing, but very little.

QUESTION. Virtually nothing, I probably should say.

ANSWER. Right. Virtually nothing.

QUESTION. No files, no research, nothing you can go on?

ANSWER. Very, very little, Mr. Nellis.

QUESTION. In effect, what you are doing is telling us that you are now starting from scratch. Right?

ANSWER. Exactly.

QUESTION. How much money was expended from 1973 through February or whatever it was of 1978, have you any idea?

ANSWER. I believe it was in excess of \$100,000.

QUESTION. Over a 5-year period?

ANSWER. It's well over \$100,000. It is about, averaging about anywhere from \$25,000 to \$30,000 per year.

QUESTION. Per year for 5 years?

ANSWER. Right.

QUESTION. And that is all that was allocated to it?

ANSWER. From the Federal sources, yes.

QUESTION. No; I'm talking about State sources as well. I want the whole works. State sources, private contributions, Federal Government, any source of financial assistance. How much was spent in that 5 years?

ANSWER. I still think it is just a little over \$100,000, sir.

QUESTION. Now, Mr. Gilman points out that it was all Federal. Was it?

ANSWER. Most of that is Federal; yes. It is 100 percent formula grant moneys.

QUESTION. All Federal? There was no local funding at all from 1973 through 1978?

ANSWER. Not for the mental health—Single-State Agency—rather the drug abuse Single-State Agency, No.

QUESTION. Not one dollar of appropriation?

ANSWER. Not that I can recall. Now, the records may show differently, but I don't recall any at all.

QUESTION. Well, how did you use the Federal funds? To what ends were they utilized?

ANSWER. I really can't say. I cannot speak for the Single-State Agency before 3 months ago. I really can't. I wasn't involved in it.

QUESTION. Dr. Rosario, do you know the history of the utilization of the \$100,000 was from 1973 through 1978?

ANSWER. I'm sorry, sir, No. I was with the department of public health then. I only joined the mental health in November of last year.

QUESTION. I'm going to ask the administrator of the Single-State Agency if he would provide this committee with a review of the expansiveness of the funding from 1973 to 1978 and how that funding was utilized, and I am going to ask the chairman if that record could be made part of the committee's hearing testimony at this point in the record, with the permission of the committee, Mr. Chairman.

[The information referred to is in the Appendixes on p. 291.]

MR. AKAKA. Without objection, so ordered.

MR. NELLS. Thank you Mr. Chairman.

MR. CAMACHO. Yes, sir, we will do that.

QUESTION. Now, I'd like to continue briefly on that same subject. If you have to go out now and make need assessments and incidence and prevalence studies in order to complete your State plan, and it is due on July 28, are you able to fill in all these things that may have been discussed here? Women, alcohol, polydrug abuse, heroin abuse, marijuana abuse, which we haven't even talked about, right?

ANSWER. No.

QUESTION. Are you going to be able to do that, or have you done it?

ANSWER. We have done what we can.

QUESTION. Well, what does that mean? I need to know what it means.

ANSWER. OK. It means that we have hired a research person who started last Monday. OK?

QUESTION. Last Monday?

ANSWER. Yes, sir.

QUESTION. To prepare a plan for July 28 submission for formula 409 funds?

ANSWER. Sir, this is a very, very new agency, and I think that the committee keeps forgetting that. It is a very new agency.

QUESTION. How are you going to comply with the Federal Government requirements for block funds and formula funds, 409 funds in 28 days?

ANSWER. The Federal Government is aware—NIDA is aware of the problems that we have out here.

QUESTION. That isn't going to help you because NIDA is bound by a statute just as we all are, and if your State plan is incomplete they will turn it down. Am I not right, Dr. Del Rosario?

ANSWER. That is right, sir.

QUESTION. Now, I just don't understand how you expect to get any Federal funding out of a research man hired last Monday?

ANSWER. Well, we do have some sources, old sources of data. For instance, we do have the community service drug reports, the school survey was done before, and also we do have the files of our clientele.

QUESTION. Your clientele files?

ANSWER. Yes; that is right, sir.

QUESTION. Well, let me repeat that statement that it does seem to be a very difficult problem you have on your hands, and I wish you good luck. In fact, if this committee can be helpful to you in arriving at that July 28 deadline, we'll try, but really, it is a desperate situation where you have this tremendous problem on this island and your treatment facilities seem to me to be very nebulous. Let me ask you a question. We have heard a good deal about the extended family situation on the island. Has there been a single program in which the families of addicts are deeply involved in their rehabilitation? Have you had a large conclave or conference or a meeting of any kind at which the families of these people would be involved?

ANSWER. Our family counseling has been going on as part of the methadone program ever since it was started here.

QUESTION. Well, that is only a hundred and some-odd people, isn't it? What is the total clientele of the methadone program?

ANSWER. Up until this date, 362 since its inception.

QUESTION. No, no. I don't want it from 1973. I'm talking about as of today.

ANSWER. Oh, just for—

QUESTION. How many people are going to the methadone clinic today?

ANSWER. OK. The present capacity of the methadone clinic today is—

QUESTION. Fifty-one; is that right?

ANSWER. No, sir. That is the capacity, sir.

QUESTION. Yes.

ANSWER. The number of people presently on treatment for drugs is, I believe, 37.

QUESTION. Thirty-seven. OK. So you're not even at capacity in methadone treatment.

ANSWER. That is true.

QUESTION. Now, Mr. Camacho, these people who are on methadone, who report daily, I take it you do random urinalysis there, are they pretty clean or are they chipping with heroin at the same time?

ANSWER. No, sir. They are pretty clean. Most of those people who are on methadone now are pretty clean.

QUESTION. You have already testified that there is counseling service there. Is that right?

ANSWER. Yes, sir.

QUESTION. All right. Now, what I want to get at is this. If they are clean and they are on methadone, how long do you carry them?

ANSWER. Well, it depends, sir. It is a personal decision, OK? One thing to note is also that 75 percent of the people, over 75 percent are employed.

QUESTION. Seventy-five percent of the 37 you are presently treating are employed?

ANSWER. That's right, sir.

QUESTION. Why is it that you can't bring methadone treatment up to its capacity? You have a capacity for 51 people.

ANSWER. There is an explanation for that.

QUESTION. What is it?

ANSWER. There was a decrease in demand when the heroin wasn't on the streets, for methadone treatment. OK, for approximately 1½ or 2 months there was virtually little heroin on the streets. A lot of people came through the crisis center and were detoxed, and a lot of people detoxed on their own. Some people were taking barbiturates, Valium, different kinds of medications, to maintain while the heroin wasn't on the island.

QUESTION. OK. That is the point of my earlier question. You have deep polydrug abuse here. You have a terrible situation involving alcohol abuse, so I understand, and your plan has got to include all of them, obviously. Dr. Hee, could I ask you a question? In your résumé of drug overdose deaths, you point out that beginning in 1975, some of the autopsies disclosed serious polydrug abuse between heroin, barbiturates, and Valium. Let me ask you, do you find it difficult to sign a death certificate appointing drug abuse or narcotic abuse, or overdose, as the reason? For example, if you find a body that is stricken with cirrhosis of the liver, would you choose that as the cause of death rather than overdose?

ANSWER. Whichever I think is the most critical one, causing the death, I pick that for the final cause of death. Of course, in some instances of liver cirrhosis or some threatening liver change, I might add it as a contributing cause of death, but my main concern is the autopsy findings, and based upon the results of that finding, I assign the cause of death.

QUESTION. Would it be possible, Dr. Hee, that some of the autopsies you have conducted, are really the result of an overdose on drugs of one kind or another, yet are not listed as overdoses?

ANSWER. I can't tell that one.

QUESTION. You don't know whether it is or not possible?

ANSWER. Not really. Your question is whether I can tell whether this given death is a drug overdose or not?

QUESTION. Yes, sir.

ANSWER. Yes, I can tell.

QUESTION. You can. That is all I have. Thank you, Mr. Chairman.

Mr. AKAKA. Thank you very much. May I ask Dr. Rosario, I caught a statement you made that the funds you are now operating on are borrowed funds. Is that true?

ANSWER. Yes, sir.

QUESTION. How do you intend to pay that back, or do you have commitments to pay it back?

ANSWER. Well, I said "borrowed" in the sense that it was really not appropriated to us directly, but drug abuse was part of the \$100,000

that the legislature funded to run a drug awareness program, a public awareness program. OK, so we received \$60,000 out of that, and that was utilized as a part of our interim budget, but of course, trying to still keep close to the intent of the legislation, and we feel that we have, because we had to do, through our activities, a lot of public awareness.

QUESTION. When can you revise your proposal on the \$1.2 million in funds that you need to submit to the legislature and have possible approval granted? Can you give me a timeframe on that?

ANSWER. Well, I was told that it is going to take no less than 60 days, sir, before it is approved. So, within 2 months, there is the possibility that we might be getting funds, that is true.

QUESTION. Dr. Park, on overdoses, other than heroin, which drug was most involved?

ANSWER. As I reported earlier, the most frequent one we found was Valium, which is a very common drug, available easily. Next is Darvon, I think, and others follow like barbiturates such as a Seconol or Amytal or phenobarbitol, and this kind of stuff.

QUESTION. Since your report was written, has there been any other deaths due to drugs on Guam?

ANSWER. What do you mean, other deaths?

QUESTION. Since your report was submitted to us, have there been other drug-related deaths?

ANSWER. Not really, that came to my attention, because I have rarely encountered such deaths as caused by aspirin or some other medical problem. I haven't seen any.

QUESTION. Thank you very much, Dr. Park, I'd like to ask my colleagues if they have maybe one or two questions further. Congressman Won Pat?

MR. WON PAT. Yes, thank you Mr. Chairman. I would like to discuss with Dr. Park, you are a pathologist, is that it?

ANSWER. Yes. I am a forensic pathologist.

QUESTION. A forensic pathologist. You are over at the Guam Memorial Hospital or with the Medical Center of the Marianas?

ANSWER. No; I am employed by the government of Guam, and my office is operated under the direction and supervision of the commission on post mortem examinations.

QUESTION. OK. You were saying earlier that you are handicapped by the lack of laboratory facilities?

ANSWER. True.

QUESTION. Doesn't the new hospital have that facility?

ANSWER. Most of the hospital laboratory equipment is busy. They cannot handle this drug-related problem. You need to understand that most of the work they are doing in the hospital is patient oriented. In other words, just plain chemistry work, but they seldom handle heroin or morphine or barbiturate or other drugs we are concerned with. Naturally, we have to send it either off island to Hawaii or to San Francisco or to the DPS Crime Laboratory, but again, as I told you earlier, they all have their own problems with too much workload there, so they have no time to devote to the attention of our problems.

QUESTION. You personally have your own facility in the old Guam Memorial Hospital, don't you?

ANSWER. Yes.

QUESTION. That is inadequate to take care of your problems?

ANSWER. All I can say is that we do have the facilities we normally use, but all we have there is this nice laboratory space with a nice bench around there with all the gas pipes and waterlines around there. The only problem that we have is that right now, we do not have the equipment and expendable items to run that lab, together with the lab people. In other words, we do need really a well-trained and well-qualified and dependable toxicologist in order to run this kind of an important job, but we don't have that man.

QUESTION. Now, obviously, as you pointed out, you need the proper equipment and the personnel necessary to do the work. How much does that cost?

ANSWER. That's right. I would say, for initially setting up this toxicology laboratory which is adequate for handling this population here, I would say for equipment alone, approximately \$150,000 to \$200,000. Now, in addition, the personnel, in order to recruit one fully qualified, dependable toxicologist to Guam, as in other areas of this type, I would estimate that it would be at least \$25,000. Otherwise, nobody would want to come over to do this part of the job. So, that is why, to run this, I believe, this medical office function, must have both the forensic pathologist and the really expert toxicologist. Right now, what we have been depending on is the crime laboratory people who are doing it more or less as a side work; in other words, they are already overburdened with their own material. They have to go out to the scene of the crime and do the fingerprinting and do all the ballistics analysis and drug analysis work, and everything; now, on top of that, they have to do this toxicology service for this office, which is a little bit too much for them. That is why, the other day, I brought a letter to the director of the crime laboratory, Mr. Sam Guchimaci, and discussed the matter of how we can best approach and then produce this valuable data to the medical examiner's office so that I can more intelligently analyze all the different types of deaths. I cannot just assign the cause of death with no foundation from the laboratory area.

QUESTION. Have you ever requested money for this necessary equipment and personnel?

ANSWER. No, actually, the Crime Laboratory had been able to give me very good treatment; however, for one thing, they lack the really professional and dependable personnel to run that; second, they are overburdened with all their own work material; so there is no way they can stop and take care of my toxicology analysis and all the associated brain, blood, and tissue tests I send them; it is just unthinkable. I cannot even bring this up to them because I don't want to jeopardize their own work. I can't really do that.

QUESTION. Dr. Park, what I asked is whether you have requested funding for this laboratory you so badly need in your department?

ANSWER. I have not done that because, before I wanted to do so, I talked deeply with the DPS crime lab director, and we are also having many problems with funding, so I just forgot about it.

QUESTION. How, then, can you do the work that you are to try to do in this vital area without the necessary equipment and personnel? How, then, can you be able to do the work?

ANSWER. Oh, at the beginning, we decided to share the crime laboratory with the medical examiner's office, so for a year or 2-year period, it went OK; however, in later years, as you will no doubt realize, the amount of work involved in crime, I don't know how many times it has doubled. That is why they just have no time to spend their time doing this medical examiner's office toxicology work. That is why, the other day, he really wanted to get rid of the toxicology laboratory if possible, whether the medical examiner or I can take care of it. There seems to be no way we can relieve them of this additional burden that we talked about before.

QUESTION. Dr. Park, who is your immediate boss, you might say, or supervisor. Under what department do you work?

ANSWER. I report to the Commission on Post Mortem Examinations. The Commission on Post Mortem Examinations.

QUESTION. In other words, you do not report to and are not under the hospital administration?

ANSWER. No, no. Please do not misunderstand.

QUESTION. In other words, you are under the commission's responsibility?

ANSWER. Yes. That's right. This is a separate government agency. The hospital has nothing to do with it.

QUESTION. Have you made known to the commission, your needs?

ANSWER. I brought this up, but of course, naturally, you realize this financial problem we are facing locally.

QUESTION. You brought it up, but due to the financial problem—but they have the responsibility of submitting a budget to the administration who, in turn then, will submit it to the legislature. That will be all, Doctor. Thank you anyway for your fine testimony.

Mr. AKAKA. Thank you very much, and before we conclude, I'd like to permit our chief counsel to ask one question.

Mr. NELLIS. Last question. Dr. Del Rosario, are you familiar with the prevention program that was promulgated by NIDA this year?

ANSWER. Yes, sir.

QUESTION. Did you receive any program materials, posters, pamphlets, the TV spots? What did you think of them?

ANSWER. We got some of them.

QUESTION. Did you use them?

ANSWER. We feel that a lot of them we cannot use.

QUESTION. In other words, if I am correct in my assessment, the material sent to you here on a national prevention program, was largely useless to you. Is that correct?

ANSWER. Yes, sir, because they are really not culturally relevant to what we have here.

Mr. NELLIS. I thought as much. We got the same answer in Hawaii. Thank you, Mr. Chairman.

Mr. AKAKA. Thank you very much. I want to thank the witnesses who testified. They have been very very helpful to us. Thank you very very much. Thank you. I now call a recess until 2 p.m. this afternoon.

[The hearing recessed at 12:06 p.m.]

## AFTERNOON SESSION

The hearing was called to order at 2:23 p.m., July 5, 1978.

Mr. AKAKA. Will this hearing of the Select Committee on Narcotics Abuse and Control come to order. This afternoon we will hear the testimonies of the U.S. military because they are such an integral part of the Guam society. We are grateful to have with us, Rear Admiral Cruden, General Pringle, Lieutenant Dowling, and Captain Redhead. Will you please come up to the witness table, and be sworn.

[Witnesses sworn.]

Mr. AKAKA. Thank you very much. I want to inform you that your prepared testimony will be included in the record in its total and that each witness will have a period of 5 minutes to read or summarize your statement. After the panel is through, you will be subject to questions from the members of the committee. Will Admiral Cruden please begin?

**TESTIMONY OF REAR ADM. DAVID S. CRUDEN, COMMANDER IN CHIEF, PACIFIC, REPRESENTATIVE, GUAM AND THE TRUST TERRITORY OF THE PACIFIC ISLANDS**

Admiral CRUDEN. Mr. Chairman, distinguished Members of Congress, I received a copy of Chief Counsel Nellis' letter to Secretary of the Navy Claytor and will attempt to provide you with information on the areas in which you indicated you were interested. That is, the problem of drug abuse among naval personnel on Guam and the availability of facilities to treat drug abusers, and any major investigations involving trafficking in narcotics. I have several means available to help me assess the drug situation. Reports from the naval investigative service, personal contact with naval commanding officers, monthly reports from all Navy commands on drug abuse prevention and detection, monthly reports from the counseling and assistance center, and both private and official contacts in the local community.

I'd like to begin by discussing the magnitude of the drug abuse problem among naval personnel and the trends in drug abuse with emphasis on the period after January 1, 1977. One means for assessing the drug abuse problem is the urinalysis program. This program will detect the use of narcotics, amphetamines, barbiturates, and several other drugs. It does not detect marihuana use. During calendar year 1977, 3.2 percent of the naval personnel on Guam who were tested were identified as drug abusers. That is to say, they were either confirmed by urinalysis and subsequent medical analysis as drug abusers, or they had drugs in their systems, the presence of which could not be attributed to any prescribed medicine. In 1978, the percentage of drug abusers identified through the urinalysis program dropped to 2 percent. In the last 2 months, the abuser level has been 1.7 percent. The statistics garnered by the naval investigative service on Guam can also be profitably used to assess drug-abuse trends.

Attachment A is a graph which depicts, by month, for the period January 1, 1977 to June 1, 1978, the number of drug cases opened. These statistics show a slow increase in all of these categories commencing in early 1977 followed by a peak in October-November 1977.

It is worth noting that April and May of 1978 are the first 2 months in the last 17 when the naval investigative service has not opened a new heroin case. The counseling and assistance center, located at the Naval Air Station, Agana, conducts on-island treatment of detected drug and marihuana users. The number of personnel given screening interviews for drug abuse at the counseling and assistance center during 1977 was up from 162 in 1976 to 223. Of these personnel, 88 percent reported using heroin, and 12 percent other drugs with marihuana being the most common.

Attachment B shows a monthly breakdown of reasons for counseling and screening. From January to May, drug abusers screened at the counseling and assistance center was up an additional 29 percent over the same period in 1977. There was a 16 percent drop in those screened who reported involvement in heroin use. A statistical summary of the C.A.C.'s work is contained in attachments C and D. A graph summarizing the naval regional medical center's treatment of drug dependent persons for the past 17 months is included as attachment E. The trends in this attachment parallel those shown for the counseling and assistance center screening in attachment B. Certain conclusions can be drawn from these comparisons. Both attachments may indicate a gradual decline in the use of heroin over the last 17 months. The historical rate of 60 Medicaides per year, to naval drug rehabilitation center, for the year 1977 and 1978, represents 1 percent of the naval population on Guam in a given year.

My summary assessments of the drug abuse situation on Guam among naval personnel is as follows: there remains a serious problem with the abuse of hard drugs. Two to 4 percent of the entire population, 18 to 24 years old, use hard drugs, and based upon the last 17 months data, 1 percent of the total naval population is Medicaided annually for treatment. Heroin is, by far, the most common hard drug. There is evidence that drug users interchange between heroin and marihuana, depending upon the availability. There appears to be a slight downtrend in the use of heroin in late 1977 and 1978. I credit this primarily to increased enforcement efforts. Drug abuse adversely affects the efficiency of naval commands on Guam, however, there has been no measurable effect on any unit's ability to perform it's mission. The Navy, through its various programs, such as urinalysis screening, counseling and assistance center screening, and from centralized statistics from medical sources, probably has a clearer idea of its drug abuse than most U.S. communities do of their drug abuse.

Mr. Nellis' letter also noted that he was interested in any major investigations involving drug trafficking by the military. We're keeping track of trends in this area through the efforts of naval investigators, the Office of Special Investigations, and through their liaison with drug enforcement agencies and other Federal enforcement agencies. GovGuam customs and quarantine and the military customs program also provide significant data in this area, and liaison and cooperation amongst all of these agencies, as well as others who are concerned with preventing drug abuse, is excellent. We feel that our efforts in the antitrafficking area have been successful. There has been no known instance in the last several years of any military member

smuggling salable quantities of drugs to Guam. There are, however, some military members who operate as local pushers for the civilian drug importers or marijuana growers. The only seizures by customs made from military members in the past several years have been of personal use quantities of drugs. Marijuana has been the most common item with an occasional heroin seizure. The Naval Investigative Service has made apprehensions of military personnel with salable quantities of drugs.

I will now speak briefly about the treatment of naval drug abusers. There is one treatment facility available on Guam, the Counseling and Assistance Center, which is located and operated by Commanding Officer, Naval Air Station, Agana, under the direction of Commander, Naval Air Forces, U.S. Pacific Fleet. Drug abuse rehabilitation is, at best, difficult, but the Counseling and Assistance Center is, in my opinion, doing a good job. The Director of the Counseling and Assistance Center, Lieutenant Dowling, on my right, will discuss his work in more detail in his testimony.

There are a couple of problem areas in our efforts to curb drug abuse that I feel I should point out. One of these is the potential for military members to conduct unchecked drug trafficking within the overseas Army post office, fleet post office system. A parcel mailed at the first-class rate from an FPO in Hong Kong, which is mailed to an FPO in Guam, via Hawaii, is not subject to inspection or examination by the military in Hong Kong or Guam, by the U.S. Customs Service in Hawaii, or by GovGuam customs in Guam. GovGuam's inability to inspect the mail is based upon the U.S. Postal Service's administrative determination that APO/FPO mail is domestic and not subject to customs search, even though Guam is a separate customs territory. We are working with higher authority in an attempt to close this loophole.

Another area that can contribute to the abuse of the military mail system for drug trafficking by service personnel is the recent abolition of the suspect mail referral program, and finally, since the 1969 Supreme Court decision of *O'Callahan v. Parker*, restricting courts-martial jurisdiction over off-base offenses without a service connection, the Court of Military Appeals has decided that most off-base drug offenders lack sufficient service connection. Many of our service members are well aware of this situation and do their best to exploit it by living off base and dealing only to other service personnel. The efforts of our naval investigators are often frustrated by the Posse Comitatus Act which, as interpreted locally, seems to needlessly restrict the actions to be taken by civil authorities with the results of a military investigation, when courts-martial jurisdiction is lacking. The repeal of the Posse Comitatus Act would greatly facilitate the cooperation and mutual support between military and civilian law enforcement agencies.

And, as a final statement, I would like to say, there is no basis for any assertion that the Navy is involved in any significant trafficking, that its problem is significantly different in the 18- to 25-year-old age group than in a comparable civilian group, or that it renders us incapable of performing our mission. Conversely, while there is room for continued improvement, we can take some pride in our enforcement, investigative counseling, treatment, and rehabilitation programs.

Thank you, Mr. Chairman. Mr. Dowling has a summary of his testimony if you would like to hear that, or if not, we will turn it over to Major General Pringle.

[Admiral Cruden's prepared statement appears on p. 299.]

Mr. AKAKA. I, at this time Admiral, call on General Pringle, and we will call on Lieutenant Dowling and Captain Redhead after that.

**TESTIMONY OF MAJ. GEN. ANDREW PRINGLE, JR., COMMANDER,  
3D AIR DIVISION, U.S. AIR FORCE**

General PRINGLE. Mr. Chairman, members of the committee, thank you for asking me to appear before this committee to discuss drug abuse among Air Force personnel on Guam. I have submitted my prepared statement, but I would like to summarize my remarks at this time. Drug abuse has been a persistent problem among some Air Force personnel on Guam since the early years of this decade. Since 1971, we have developed a comprehensive drug abuse control program which we believe is effectively controlling drug abuse among our Air Force people. However, we certainly have not eliminated the drug problem, and we are anxious to continue to improve our efforts. Therefore, we welcome your investigation and we are confident that it will help us make even greater inroads into the drug problems of our people on Guam. To begin, I would like to tell you how we assess the drug problem.

As you know, the drug abuse problem in all parts of the world is complex. It changes rapidly and is difficult to pin down through exclusively scientific measures. For this reason, the Air Force has designated a drug abuse threat assessment system that functions at three primary levels of command. The base, the major air command, and at Headquarters, U.S. Air Force. At Andersen Air Force Base, we operate the base level element of this system. The primary assessment body at Andersen Air Force Base is the Drug Abuse and Alcohol Control Committee, referred to as the DACC. Our DACC is chaired by the Vice Wing Commander. Our membership consists of representatives of all agencies with responsibility for components of the drug and alcohol abuse program. These members review all available indicators of drug abuse and recommend appropriate countermeasures. The members of the DACC, in effect, function as a board of advisers to the 43d Strategic Wing Commander to help him control drug and alcohol abuse problems on Andersen Air Force Base. I would now like to turn to two questions I am sure you will agree are critical. First, what is the nature of the drug problem on Andersen Air Force Base? Second, how does the drug problem impact upon us?

Historically, the first indications of drug abuse appeared in early 1971, about the same time the problem began to become more serious in the United States. At that time, Air Force personnel evidenced low levels of abuse and the drug was almost exclusively marijuana. In 1973, the drug problem on the island and among the Air Force personnel began to expand substantially. Heroin began to appear more frequently. The level of involvement of Air Force personnel peaked in 1975, and considering the ready availability of drugs on the island, has declined to relatively low levels since that time, to the present. Cur-

rently the illegal drug problem among Air Force personnel on Guam consists of two primary drugs, marijuana and heroin. Other illicit drugs are rarely reported or encountered or confiscated in our drug suppression efforts. The drugs used by people from Andersen Air Force Base are nearly always initially obtained from civilian dealers external to our installation. All indications are that there are no large quantity Air Force drug dealers on Andersen. The drugs are imported to the island through civilian channels and they control their distribution. The very tight customs control of Andersen makes it highly improbable that any significant amount of illicit drugs are brought into Guam on Air Force aircraft. My conversations with the Drug Enforcement Administration representatives support that view which we have from our data. The information I have just presented concerning the historical and current drug problem was necessarily general and brief. I would like, at this time, to insert for the record, a more in depth, largely statistical analysis of the drug problems among Andersen Air Force Base personnel.

Briefly, the analysis presents law enforcement trends, customs data, urinalysis results, rehabilitation information, and disciplinary trends. The bottom line of the analysis is that we do, in fact, have a drug problem which merits the high level of attention you are according it. Drug abuse damages far too many of our people. However, our efforts to control this problem have proven increasingly successful, and the drug abuse problems have not impacted on our ability to perform our mission. I will have more to say about this after I tell you a bit about the structure of our drug abuse program.

[The information referred to follows:]

STATISTICAL ANALYSIS OF THE DRUG PROBLEMS AMONG ANDERSEN AIR FORCE BASE PERSONNEL  
LAW ENFORCEMENT TRENDS

OFFICE OF SPECIAL INVESTIGATIONS (OSI) DRUG INVESTIGATIONS

|  | Calendar year— |       |       |         |       |       | (May 31)<br>1978 |
|--|----------------|-------|-------|---------|-------|-------|------------------|
|  | 1972           | 1973  | 1974  | 1975    | 1976  | 1977  |                  |
| Number of subjects investigated.....   | 90             | 80    | 70    | 54      | 60    | 44    | 6                |
| Rate (per thousand) <sup>1</sup> ..... | (1)            | 20.0  | 17.4  | 13.1    | 16.1  | 12.2  | 2 3.9            |
| Cannabis (grams).....                  | 46.6           | 923.4 | 285.6 | 1,037.5 | 777.8 | 178.8 | 11               |
| Narcotics (grams).....                 | 6.6            | 41.4  | 118.2 | 5.2     | 5     | 3.3   | 0                |
| Other drugs (grams).....               | 1.5            | 3.7   | 1.1   | 1       | 0     | 7     | 3                |

<sup>1</sup> Not available.

<sup>2</sup> Projected.

SECURITY POLICE DRUG APPREHENSIONS

|                                     | 1976 | 1977 | 1978<br>(June 23) |
|-------------------------------------|------|------|-------------------|
| Number of subjects apprehended..... | 41   | 27   | 18                |
| Rate (per thousand assigned).....   | 10.4 | 7.3  | 19.8              |
| Type drug:                          |      |      |                   |
| Cannabis.....                       | 39   | 22   | 18                |
| Narcotics.....                      | 1    | 4    |                   |
| Amphetamines.....                   |      | 1    |                   |
| Barbiturates.....                   |      |      |                   |
| Other.....                          | 1    |      |                   |

<sup>1</sup> Projected.

## DISCIPLINE TRENDS

|                                  | 1974 | 1975 | 1976 | 1978 | 1978<br>(June 23) |
|----------------------------------|------|------|------|------|-------------------|
| Drug related court martials..... | 12   | 10   | 16   | 14   | 2                 |
| Rate (per thousand).....         | 3.0  | 2.4  | 4.1  | 3.8  | 11.1              |
| Drug related Article 15s.....    | 20   | 21   | 13   | 20   | 3                 |
| Rate (per thousand).....         | 5.0  | 5.1  | 3.5  | 5.4  | 11.6              |

<sup>1</sup> Projected.

## CUSTOMS DATA (JAN. 1, 1977 TO MAR. 31, 1978)

|                            | Number inspections or examinations | Drug hits |         | Contraband hits |         |
|----------------------------|------------------------------------|-----------|---------|-----------------|---------|
|                            |                                    | Number    | Percent | Number          | Percent |
| Household goods.....       | 1,721                              | 9         | 0.5     | 83              | 4.5     |
| Unaccompanied baggage..... | 2,109                              | 5         | .2      | 95              | 4.5     |
| Passengers.....            | 48,601                             | 4         | .....   | 277             | .6      |
| Cargo.....                 | 8,033                              | 0         | .....   | 0               | .....   |
| Aircraft.....              | 2,742                              | 0         | .....   | 0               | .....   |
| Total.....                 | 63,206                             | 18        | .03     | 455             | .72     |

## URINE TESTING RESULTS

|                        | 1975  | 1976 <sup>1</sup> | 1977 | 1978<br>(June 23) |
|------------------------|-------|-------------------|------|-------------------|
| Number of tests.....   | 1,697 | 151               | 296  | 239               |
| Number confirmed.....  | 7     | 4                 | 14   | 2                 |
| Percent confirmed..... | 0.4   | 2.6               | 4.7  | 0.8               |
| Narcotics.....         | 5     | 3                 | 11   | 0                 |
| Amphetamines.....      | 1     | 0                 | 0    | 0                 |
| Barbiturates.....      | 0     | 0                 | 3    | 2                 |
| Other.....             | 1     | 1                 | 0    | 0                 |

<sup>1</sup> Random testing terminated by Congress, October 1976. Data from October 1976 to date includes commander-directed, incident related, and unit sweeps. Rehabilitation and surveillance testing is not included.

## REHABILITATION PROGRAM ENTRANTS

|                          | 1974 | 1975 | 1976 | 1977 | 1978<br>(June 23) |
|--------------------------|------|------|------|------|-------------------|
| New identifications..... | 41   | 69   | 49   | 61   | 5                 |
| Rate (per thousand)..... | 10.2 | 16.8 | 13.2 | 16.5 | 12.7              |
| Type drug:               |      |      |      |      |                   |
| Cannabis.....            | 24   | 35   | 34   | 34   | 4                 |
| Opiates.....             | 15   | 26   | 12   | 24   | 0                 |
| Barbiturates.....        | 2    | 0    | 2    | 1    | 0                 |
| Amphetamines.....        | 0    | 2    | 0    | 0    | 0                 |
| Other.....               | 0    | 6    | 1    | 2    | 1                 |
| Demographics:            |      |      |      |      |                   |
| Average age.....         | 21.7 | 21.4 | 20.9 | 21.4 | 20.8              |
| Race:                    |      |      |      |      |                   |
| White.....               | 22   | 58   | 36   | 46   | 4                 |
| Black.....               | 16   | 7    | 10   | 11   | 1                 |
| Other.....               | 3    | 4    | 3    | 4    | 0                 |
| Grade:                   |      |      |      |      |                   |
| E-1.....                 | 2    | 1    | 1    | 1    | 0                 |
| E-2.....                 | 4    | 3    | 8    | 13   | 4                 |
| E-3.....                 | 12   | 31   | 22   | 23   | 1                 |
| E-4.....                 | 21   | 31   | 14   | 21   | 0                 |
| E-5.....                 | 2    | 2    | 4    | 3    | 0                 |
| E-7.....                 | 0    | 1    | 0    | 0    | 0                 |

<sup>1</sup> Projected.

## ANALYSIS

## OSI INVESTIGATION

The number of persons investigated by OSI for drug offenses has been declining since the early years of the decade.

The projected rate of subjects investigated for calendar year 1978 is less than one-fifth the rate of calendar year 1973.

Most drugs seized are cannabis, and the quantity seized has been declining since 1975.

Narcotics seizures have been declining since calendar year 1974, and none have been seized this year.

## SECURITY POLICE DRUG APPREHENSIONS

Security police apprehensions have remained relatively stable, although they declined slightly in 1977.

Most drug seizures are cannabis; during 1978, all drugs seized were cannabis.

## DISCIPLINE TRENDS

The numbers of drug related court martials and Article 15s are declining. There have been only 2 drug court martials and 3 Article 15s this year.

## CUSTOMS

The customs program has been active, with over 63,000 inspections and examinations between 1 Jan. 77 and 31 Mar. 78.

Only 18 drug finds have occurred.

All of these finds were for cannabis or cannabis paraphernalia.

## URINE TESTING

Although all other indicators are low, urine testing has been being used to validate them.

An aggressive unit sweep program was initiated to identify only hard drug abuse on Andersen AFB.

Over 960 persons have been tested this year.

This amounts to 25.9 percent of the base population.

Only 2 persons (0.20 percent) were confirmed to be drug abusers.

This indicates that 99.8 percent of the persons tested were not using hard drugs at the time of the sweep tests.

## REHABILITATION TRENDS

Entrants into rehabilitation remained in the range of 40 to 60 persons per year until this year.

The rate of identification this year has declined substantially.

The primary drug of abuse remains marijuana.

There have been no opiate identifications of Air Force personnel thus far in 1978.

Average age of abusers remains approximately 21 years.

Minority members are identified at a rate somewhat higher than their representation in the force.

Nearly all persons identified for drug abuse are first term airmen.

## CONCLUSION

Although all recent indicators suggest that drug abuse among Air Force personnel on Andersen AFB is declining, it remains a potentially serious personnel problem.

The level of abuse does not jeopardize readiness or mission accomplishment and the facts substantiate that.

This is evidence by the results of inspections, tests, mobility exercises, quality checks, and actual responses to typhoons and other incidents.

However, the cost and effort required to maintain readiness is increased by drug abuse.

The human resources devoted to counter measures, the disruptive efforts like urine testing and dog searches, the costs of rehabilitation, and early loss to the Air Force of trained personnel who cannot or will not be rehabilitated all detract from resources that could be more directly devoted to mission accomplishment if the problem did not exist.

There is no alternative to sustained high levels of commitment to controlling drug abuse in order to prevent more severe impact on our people and our mission. We believe our described drug abuse control program is working and the trends in drug abuse are coming down.

General PRINGLE. The drug abuse control program at Andersen Air Force Base involves four basic elements, prevention, identification, rehabilitation, and appropriate utilization of our personnel. These elements are tied together by sound program management and our program goals are as follows: Prevent drug abuse, identify drug abusers, rehabilitate abusers and return them to full duty status where possible, assist those who cannot be productively rehabilitated within the Air Force in their transition into civilian life, and accomplish these objectives through sound, cost-effective management.

The prevention element of our program centers around education programs. A public information program with continued emphasis on activities which are alternatives to drug or alcohol abuse. At Andersen, all military personnel receive 4 hours of substance abuse education within 10 days of arrival on our station. About two-thirds of our active duty personnel receive this training each year. Additionally, we conduct educational programs in the local schools at a rate of about three sessions per month. We are particularly proud of our public information program. Substance abuse prevention education is disseminated internally, publicly, and in direct community relations programs.

Our emphasis on the alternatives is extensive. Our island of Guam offers a wealth of creative recreational opportunities and we begin to emphasize them to our people from the moment they arrive on this beautiful island. We recognize the boredom and loneliness are often implicated in drug abuse and we make every effort to insure that our people are offered a variety of rich alternative activities to choose from during their off duty time. Other prevention efforts include those which tend to deter drug abuse, primarily, they are law enforcement, disciplinary actions, counseling programs, and urine testing. Actually, although preventive in nature, these tend to be more accurately discussed as part of our very aggressive identification program. We consider the identification of drug abusers to be one of the most critical components of our program. A vigorous identification program deters drug abuse, stops smuggling, takes drugs out of circulation, and enables us to help our people who do become drug involved and insures that the drug problem does not become severe enough to impact on our mission accomplishment. We work this part of our program very hard, daily.

Our identification program on Andersen includes investigations by the Air Force office of special investigations, our OSI; security police enforcement efforts, including dogs trained for drug identification; the command approved drug customs inspection program; the limited privileged communication program, or LPCP, which is the Air Force version of the expansion program; urine testing; and medical examinations.

Focusing on urine testing for a moment, we prefer commander directed testing because it is the most cost effective and the least disruptive of our urine testing programs. However, in this high-risk area, we must periodically use sweep testing of entire units. We completed some sweep testings last month and we were pleased to see that the hard drug involvement of our people remains low. We urine tested 16 entire units at Andersen, over 960 people. This consists of 25.9 percent of our assigned personnel; roughly, 3,700 people, active duty. Most of them, age 25 and under. We had two confirmed positives to date, only 0.2 percent. That means that 99.8 percent of our people who were tested were not using drugs through that test process. Concerning rehabilitation at Andersen, we have a standard, five phase, Air Force drug rehabilitation program. It is an outpatient program, and it works. Rehabilitees must meet Air Force standards in behavior and performance within 45 to 90 days or be separated from the U.S. Air Force.

During and after rehabilitation, we do our best to use these personnel in jobs for which they were trained. This is both humane and cost effective, however, in our modern Air Force, there are obviously jobs that cannot be done by anyone who is not unquestionably reliable. These critical jobs constitute the exceptions to our normal utilization policy. As I have indicated throughout my testimony, drug abuse is a serious problem that impacts on our people. However, our aggressive approach to the problem has insured that drug abuse has not impaired our ability to accomplish our mission for which we are assigned here.

Our thorough system of readiness reporting, supervision, evaluation, quality control, exercises, inspections, and tests attest the readiness impact of drug abuse. At Andersen, short notice typhoon evacuations, operational readiness inspections, mobility exercises requiring us to perform simulated wartime missions, and other exercises, are consistently demonstrating that we are ready, and our most recent large-scale confirmation of our readiness was done through a binone exercise initiated on June 3 of this year. A binone is similar to the generation and flying phases of an operational readiness inspection except that the headquarters inspectors who score us are not physically on the scene. That may be better for us than we think. We are required, with no prior notice, to demonstrate our combat readiness by generating and launching our aircraft within a specific time. Our crews flew predetermined missions in simulated delivery of weapons over Strategic Air Command training ranges. We passed the test with flying colors. However, I might add that we are certainly not complacent about the potential drug abuse threat. Our emphasis on drug control will continue.

I have addressed our Andersen Air Force Base drug program in some detail, but there is one more aspect of our efforts that I have not discussed. That is our involvement with our local community and our neighbors. Obviously, our responsibility does not stop at our gates. We have and we will continue to use every resource at our command to battle the drug abuse threat on the island of Guam. I have charged my staff to take a very active role in this regard, and I am personally involved in that effort. Our cooperation and law enforcement centers around our involvement in the Guam drug task force.

Additionally, our drug and alcohol abuse control staff, headed by Captain Redhead to my left, has been deeply involved in the prevention and education efforts of the local community. I have discussed our community program in some detail in my prepared statement issued to you earlier. It is clear to me that the only way to deal effectively with the drug problem on Guam is to use every agency and resource on the island in a concerted, coordinated effort. We are committed to doing our share and then some, and that commitment will continue as long as the Air Force and I are here.

This brings me to a juncture in my testimony where I must make an important point. If my years of experience have taught me anything, they have taught me that no system, no program in the world will work well without human leadership and judgment. With good leadership and sound judgment, any program will work. Without it, nothing will. For that reason, the Air Force drug and alcohol program and the Andersen Air Force Base program in particular, was designed to maximize commander's involvement. Leadership and effective staff action result, and we have a good program. I see evidence that leadership involvement in fighting drug abuse from the village commissioners, to military commanders, to all levels of government, is increasing on Guam, and the results are beginning to show well. I thank the committee for adding the weight of their office to this effort. That concludes my prepared statement and I would be pleased to answer any questions that you may have.

[General Pringle's prepared statement appears on p. 318.]

Mr. AKAKA. Thank you very much general, Lieutenant Dowling?

**TESTIMONY OF LT. (JG) KENNETH E. DOWLING, DIRECTOR,  
COUNSELING AND ASSISTANCE CENTER, U.S. NAVY**

Lieutenant DOWLING. Good afternoon Mr. Chairman and distinguished Members of Congress. The Counseling and Assistance Center, Naval Air Station, Agana, is the primary facility on the island for all Army, Navy, Marine, and Coast Guard drug abuse treatment, prevention, and education. The primary mission of the counseling and Assistance Center is to provide screening and referral services to assist local and transient commands in evaluating individuals identified with drug and alcohol problems. Secondly, the CAAC serves as a center for interim counseling for personnel awaiting transfer to the Navy drug rehabilitation center for treatment, and as a local counseling center to provide formal counseling services to drug and alcohol abusers determined suitable for local rehabilitation rather than for transfer to NDRC or an ARC, along with providing other services. I stress here that all secondary services provided by the center are provided on a not-to-interfere-basis with the center's primary mission on screening and referral. The center operates under the administrative supervision and direction of the commanding officer, U.S. Naval Air Station, Agana, and is under the operational control of the commander in chief, U.S. Pacific Fleet. Funds are allocated from the commander, Naval Air Force, U.S. Pacific Fleet.

The CAAC Center currently has an allowance of one officer billet and seven enlisted billets, of which six are currently filled. The director

and four of the counselors are graduates of the Navy drug abuse counselor's school, and two staff members are graduates of the naval alcoholism training unit. Both are 10-week intensive training schools. The center's program of screening evaluations generates knowledgeable recommendations to commanding officers regarding disposition of drug abusers. The objective of screening is to determine if an individual does, in fact, have a drug or alcohol abuse problem. Official correspondence is generated to the client's commanding officer advising him of the center's recommendations. The four basic recommendation options are: To return the individual to his command for local counseling because the client was an experimenter who has recognized the consequences of such behavior, to enter the individual into the CAAC center program for approximately 30 days of counseling and rehabilitation, to transfer the individual to the naval drug rehabilitation center or an alcohol rehabilitation center for intensive rehabilitation, or to refer the individual to the naval regional medical center for a neuropsychiatric evaluation.

Those motivated individuals who enter the CAAC program for rehabilitative counseling are placed on a highly structured program consisting of group counseling sessions, individual counseling, classroom lectures, and organized activities. The CAAC center drug rehabilitation program is a life-out program consisting of three 4-week phases. During phase 1, clients are at the center Monday through Friday from 0800 to 1600. Mornings are devoted to didactic sessions which utilize books, films, and lectures. Group sessions facilitated by center staff members occupy the afternoon. Also, during phase 1, clients are required to attend two narcotics anonymous meetings weekly. In-house meetings are held on Thursday evenings and Friday at noon. The center also hosts alcoholics anonymous meetings. All meetings are open to the military and civilian communities alike.

Phase 2 meets in group session Wednesday afternoon for 2 hours, and phase 3 meets in group session Wednesday afternoon for 1 hour. If the client is still on island, a followup interview is held 6 months after completion of phase 3 to determine if there has been any return to drug use. The goal of the CAAC program is to return the member to productivity within the military system as a new mature, aware, growing person with the skills to confront rather than escape the problems of daily living.

Commander, naval forces Marianas has supported the program both in spirit and in action, and has encouraged all other commands on island to utilize the center's services. The various command drug and alcohol programs advisers (DAPA's) utilize the CAAC library for lesson plans and information concerning drugs, alcohol, and behavioral problems. The center library has 49 films, 250 volumes, and about 190 different pamphlets covering drug and alcohol abuse, prevention, and education. Also available is a large collection of books and guides for emotional identification and effects. Most of this information is available on a loan basis to the various commands, civilian agencies, and civic organizations.

The center also has video taping capabilities and a selection of pre-recorded video tapes on different topics pertaining to drugs, alcoholism, and emotions. The center staff personnel present lectures to various

commands as well as participating in local civilian programs such as the department of public safety, schools, churches, village outreach centers, and other civic groups, when requested, so long as it does not interfere with the center's primary mission. Staff members periodically volunteer their own time and expertise in the civilian community. An example of this is that of the current staff member who was instrumental in setting up and organizing the narcotics anonymous group that now meets at the Guam Penitentiary. Generally, the shortcomings of this program are the results of the isolation of Guam from CONUS and other factors which complicate treatment are the shortage of medical personnel, facilities, a limited number of agencies to handle other problems of drug abusers, that is family counseling, financial counseling, et cetera, and only off-island resources for additional training of counselors, DAPA's et cetera.

The transfer of individuals to the naval drug rehabilitation center at the Naval Air Station, Miramar, Calif., is coordinated by naval message from the chief, armed services medical regulating office. The timeframe for those awaiting transfer in the past has been from 2 weeks to 6 weeks. The major drawback in this situation is that, during the period of time between identification and transfer, the individual remains in the same community in which, in most cases, his drug problem developed. This situation is neither conducive to the rehabilitation of the individual nor to the welfare of the community as a whole. Thank you.

Mr. AKAKA. Thank you very much lieutenant. Captain Redhead?

Captain REDHEAD. Mr. Chairman, I will be acting as a backup for General Pringle for any questions and answers.

Mr. AKAKA. Thank you very much. I want to commend the admiral and the general for your really thorough and comprehensive statements which are really well done with all the backup material that you have here. Admiral, does the Navy, or do you, consider Guam a high-risk area for drug abuse?

Answer. Yes, sir. Absolutely.

QUESTION. How many men do you have under your command?

ANSWER. Well, approximately 5,800, Mr. Chairman, here on Guam. I also am responsible for the Trust Territory and have two small units in New Zealand and Australia, but here on Guam, approximately 5,800.

QUESTION. And, of this number, you have reported here by graph that you have documented 60 heroin users. Is that not so?

ANSWER. Sixty heroin users that—well actually, 60 users in 1977 who were either what we call drug dependent. They were either addicted physically or psychologically, and we do not handle those cases on Guam. We send them back to California for treatment.

QUESTION. I was interested in reading your testimony on page 7 about your military customs program?

ANSWER. Yes, sir. On my staff I have nine permanent billets for customs inspectors, military customs inspectors. We assume the role of training for the rest of the military customs inspectors on Guam, including the Air Force. The nine billets that I have on my staff—in addition to them, we have another 13 or 14 that we draw from my commands, the various naval commands on the island, for a total of 20.

In the summer months of May, June, and July, when we have a large number of people moving and have a big load with household goods, we beef this up with another 13 personnel, so that handling household goods, exclusively, we have about 33 military customs agents total. In addition to that, at each one of our commands, we have, sometimes, well let's say, full-time military customs agents and in some places part-time ones. In other words, the man packing the box or doing the crating is also a customs agent who has been certified and who can certify that it is free of contraband or narcotics. Total on the island, military customs inspectors, including the Air Force, I would say we have in the range of 100.

QUESTION. How often do Navy ships pull into Guam?

ANSWER. Well, we average about eight a month, Mr. Chairman.

QUESTION. Are these ships coming from Southeast Asia? What percentage of those would be coming from Southeast Asia?

ANSWER. Well, I'd say probably better than half, yes, sir. Maybe even 80 percent are coming from farther west. We also get some heading west, also. I might say that our responsibility with the military customs program is primarily for shipments out of Guam, shipments from Guam. Guam has its own customs agents who are responsible for trafficking into Guam, and in some cases we are able to assist them and do so.

QUESTION. What do you think about the quality of the service of Guam's customs service? Is it comparable to the military customs?

ANSWER. Well, I shouldn't comment on that, Mr. Chairman. Recently, there have been two U.S. Customs agents on the island who are dog handlers, who have helped Guam customs retrain their dogs and were to stay here for 2 months. In talking with the Guam customs agents, they feel that they do not have enough people. I think they are correct, they do not have enough people. They need more help. I would think that if they could keep the two U.S. Customs agents here who are dog handlers, to help them continue to train their dog, and help them in some of the techniques that they are expert in.

QUESTION. I thought that your statements on page 10 on the suspect mail referral program were something that was interesting to me. I know this is something that you can't control. My question to you is, do you have any recommendations of solutions to that problem?

ANSWER. No, Mr. Chairman. As a matter of fact, I may be one of a kind on that. The military mail referral program, as I understand it, was abolished with the approval of the military services, because it did not prove to be a very cost-effective program. From my standpoint, with the severe problems we have on Guam, I just bring it up as one other item where there is a loophole.

Mr. AKAKA. General Pringle, at this time, without objection, I'd like to insert in the record, the drug abuse control program that you have handed to us. We will include it in the record. In the Air Force, General, how do you consider Guam? Do you consider it a hazardous area for drug abuse?

ANSWER. Guam is officially recorded as a high-risk drug area. Yes, sir.

QUESTION. By your testimony I see that you have systematically developed programs to meet the problem. How many men do you have under your command?

ANSWER. We have 3,700 personnel, men and women, at Andersen, under my command.

QUESTION. According to your testimony, General, you have this control program and you have it in our hands here now. Can you explain that a little further for us General? The control program for the drug abusers?

ANSWER. Yes. Our program, essentially, is around our DACC staffing, executive agents, if you will, and it collects information and data from the investigative forces, it takes information from our medical people, it takes information from our commanders and our supervisors, and they meet quarterly and all activities that have to do with drugs or drug abuse, or alcohol, is reviewed by this committee. They make recommendations then that go back down through our various agencies throughout the entire base structure and we can focus on a particular organization that, perhaps, might be having some sort of involvement in an adverse sense, that would flip up the red flag and we would then recommend some immediate corrective action above and beyond the normal, appropriate controls that we incorporate in our program.

Mr. AKAKA. Thank you, General.

Let me call on my colleague, Mr. Gilman, now.

Mr. GILMAN. Thank you, Mr. Chairman. General Pringle, in the statistical analysis that has been presented to us, could you clarify for the committee—I am referring to page 2 of the statistical sheets—the number of testings that were done, testing results done in 1978. There is an indication of 239 as of June 3, and in your summary sheets, you talk about some 900 people tested. Can you clarify that figures for us? What does that mean?

ANSWER. Yes, sir. At the time that this particular document was printed, we were in the process of that June urine testing that I told you about where we were doing large sweeps.

QUESTION. Is that testing then the 900, in addition to the 239, is that right?

ANSWER. No, sir. The 239 were included in that 900 figure. The 900 is a current, cumulative updated figure of the activity staff.

QUESTION. Well, now, looking at page 2, does that percentage confirmed still remain the same 0.8 percent?

ANSWER. Yes, sir.

QUESTION. Basically, here, we are talking about that number of tests, right?

ANSWER. That's correct.

QUESTION. Actually, what percentage of your personnel have been tested this year?

ANSWER. The percentage this year is roughly around 47 percent of our personnel. I have a correction. I've just been informed by my expert here that it is 25.9 percent.

QUESTION. 25.9 percent?

ANSWER. Yes.

QUESTION. What is your total personnel?

ANSWER. 3,700.

QUESTION. Does this statistical analysis confirm the reports that you have seen from your personnel with regard to the extensiveness of narcotic abuse in the ranks?

ANSWER. Yes, sir, it does. It confirms the things that we see of our people, about their performance, their conduct, their attitudes as reported from supervisors and commanders in our reporting system. It does indeed.

QUESTION. You aren't basing your opinion solely on these percentages that come in as a result of urine testing? Is that not correct?

ANSWER. No, sir, not at all, no, sir. As you well know, there is no way to scientifically measure the involvement of our personnel with marihuana. That is just looking at the hard drugs which is tested through the urinalysis, and our involvement in marihuana is very much higher than those data that you see that are talking about the hard drug involvement.

QUESTION. Admiral Cruden, I know that your statistics also indicate a relatively low result. I guess it is from 3.2 percent in 1977 down to 2 percent now. You say, confirmed by urinalysis. Does that statistical analysis confirm the reports that you receive from your personnel on the extensiveness of use?

ANSWER. Yes, sir.

QUESTION. And, are there Marine personnel involved also in the development of the statistical analysis?

ANSWER. Yes, sir, there are.

QUESTION. How many Marine personnel are you responsible for, Admiral?

ANSWER. 750.

QUESTION. Is there any more drug abuse amongst the Marine personnel than among the Regular Navy personnel?

ANSWER. The number of Marines on Guam are about 14 percent of the population. In that last year and a half, 1977 and 1978, the counseling and assistance center has had 34 Marines up there for heroin abuse, which is 18 percent of the total people who have been up there for that abuse. Those are roughly comparable.

QUESTION. In other words, the same figures are running through the Marine Corps as are running through the Regular Navy?

ANSWER. Roughly, yes, sir. In the urinalysis program in 1977, out of 724 tests for the Marines, we had clinical confirmation positives on 36 for 5 percent, and to date, in 1978, 394 tests, with 24 confirmed positive for about 1 percent. I asked the same question of my Marine driver, Mr. Gilman, today, and got a completely different answer.

QUESTION. You asked that of who?

ANSWER. Of my Marine driver.

QUESTION. What did he tell you, Admiral?

ANSWER. I asked him the question, "Of the Marines that you know who might be in a position to be offered a marihuana cigarette, how many would accept?" He said, 50 to 60 percent. I asked him, "Of those who would be offered heroin, how many would accept?" He said, maybe one or two. He is at the naval magazine where we have a population of 200 Marines. Now I don't know where that leaves us, but I know if we are talking to an 18- or 19-year-old who, himself asks the question of other 18- or 19-year-olds, "Do you use marihuana?" or "Do you use drugs?" Those other 18- or 19-year-olds, whether they do or not, might be embarrassed to say that they haven't at least tried it. That's where we are with our young people in the United States of America today.

QUESTION. Well, Admiral, with regard to the utilization of drugs, have you conducted any surveys besides the urinalysis in the ranks? Do you try to do any questioning at all, or any sampling of opinion amongst your men?

ANSWER. Yes, sir.

QUESTION. And have you found any different results in questioning? You said you talked to your driver today, what else have you done?

ANSWER. Well, I've talked to quite a few of my people and I've talked to my children, two of whom are in college.

QUESTION. Well, I'm not talking about your children. I'm talking about your enlisted personnel, now.

ANSWER. Yes, sir. I've talked to a lot of them. I'm not sure of a percentage of young people 18 to 25 years old who would not experiment with marihuana. I just do not have a feel for that.

QUESTION. Have you had to close down a unit over the last year or two in the Marine Corps because of drug abuse?

ANSWER. Not here on Guam, sir, I'm not familiar with that.

QUESTION. Did you close down a unit someplace other than Guam?

ANSWER. Not that I'm aware of, sir.

QUESTION. Was there any unit affected extensively by drug abuse?

ANSWER. Again, Mr. Gilman, not that I'm aware of.

QUESTION. Would your drug counselor have any information or your assistants?

ANSWER. [Lt. Dowling answered.] Not to my knowledge, sir.

QUESTION. Well, Admiral Cruden, would you examine your records and supply it to the committee if there is any information available in your office with regard to having to either close down or transfer or take a unit out of action because of drug involvement?

ANSWER. Yes, sir, I will.

QUESTION. You've had no information that would lead you to believe that there was such involvement or that any action had to be taken because of drug involvement? Is that what you're telling the committee?

ANSWER. Yes, sir. I don't know of any unit that was shut down. I do know of a rather large case that involved a submarine crew, off crew, in Hawaii, if that is what you are talking about.

QUESTION. Well, could you tell us about that?

ANSWER. I know that there were 22 people involved in a crew of 125. Apparently it was use of marihuana on patrol. It was brought to light when the ship pulled in. They are here for 4 days before there is a change of command and they fly back to Hawaii. I was informed of the problem. The problem was processed in Hawaii, Mr. Gilman.

QUESTION. How long ago was that, Admiral?

ANSWER. I think, 1 month ago.

QUESTION. Twenty-two out of how many?

ANSWER. There is 125 in the crew, sir.

QUESTION. Was there any other drug abuse on that crew besides marihuana?

ANSWER. Not to my knowledge, sir.

QUESTION. What has happened to those 22 men?

ANSWER. They were—well, I'm not sure, I know there were legal proceedings and, at the very least, if confirmed, they will be out of the submarine service.

QUESTION. Do you have any other reports of that nature where you have had to look into substantial drug abuse in a unit?

ANSWER. There was—no, sir. We've had cases like that periodically, but—

QUESTION [continuing]. When was the last one, prior to the submarine deal?

ANSWER. Well, I don't remember having another one on Guam, sir.

QUESTION. Well, now Admiral, if you would examine your records and if you find any evidence of such abuse where you have had to look into abuse affecting the operation of a unit, would you submit that information to our committee?

Mr. Chairman, I'm going to ask permission that that information be made part of the record at this portion of the record.

[No information was received at time of printing.]

Mr. AKAKA. Without objection, so ruled.

Mr. GILMAN. General Pringle, I address the same question to you. Did you have to investigate any of your units where any substantial drug abuse was involved, even an aircrew?

ANSWER. No, sir.

QUESTION. And no such information was ever brought to your attention?

ANSWER. No, sir.

QUESTION. Do you have a considerable number of aircraft that leave the operations center here and land on the continent of Asia or in Southeast Asia, to go out of your area say overnight land at another airstrip?

ANSWER. No, sir. That activity is about a nil. There was a period of time here up until about 1975, I believe about March, when the war concluded in Cambodia, our forces were extracted from Vietnam, also from Thailand, we would have an occasional MAC logistics support flight that transits through Thailand and on westbound.

QUESTION. How often do you have that sort of flight?

ANSWER. It would happen not more than five times a month. There are no flights, however, that depart Guam, go out and land in the Asian landmass, and then turn around within a day or two and return to Guam.

QUESTION. Now this Thailand flight you talk about, does that flight originate in Thailand?

ANSWER. No, sir, it doesn't. It starts on the west coast of CONUS and transits up through the great circle route, down through Japan, Okinawa, Manila, here, and back on westbound. It supplies logistical support for the Embassies and things of that sort.

QUESTION. Do they overnight, or stay at Andersen?

ANSWER. Yes, indeed, they do.

QUESTION. And, do you inspect those ships and those crews?

ANSWER. Yes, sir. Every airplane.

QUESTION. Is it your own personnel that makes the inspection, or local customs?

ANSWER. The outbound is inspected by our Air Force customs inspectors. The inbound are inspected by the Guam customs personnel, two each, at our air terminal, and they are helped by Air Force personnel. The outbound inspections are done by our personnel.

QUESTION. With relation to the inbound, are any dogs utilized in those inspections?

ANSWER. Yes, sir, absolutely.

QUESTION. Have there been any seizures made on any of those flights?

ANSWER. In the last year, there have been two findings, minor; marihuana.

QUESTION. No other seizures in the last year on those flights?

ANSWER. No. No, sir.

QUESTION. Do you have any other transient aircraft that come in from the Asian Continent that land at Andersen?

ANSWER. No, sir, unless it would be a special mission supporting some sort of national group such as has just transited out and might come back. Very seldom, and if it is, it is covered very carefully and very thoroughly by the customs personnel of both Guam and the U.S. Air Force.

Mr. GILMAN. I'd like to address this question to both Admiral Cruden and to you, General Pringle. It seems to me a bit strange that, in an area that is of such a critical nature, where heroin abounds and is quite inexpensive, and of such a high rate of purity, that your statistics would show a descending curve, rather than an ascending curve. Where we have increasing abuse in the civilian population, we have decreasing abuse in the military population. How do you account for that?

General PRINGLE. Would you like me to answer first, sir, for the Air Force?

Mr. GILMAN. Well, I'd welcome hearing your thoughts about it.

General PRINGLE. Well, speaking for the U.S. Air Force, in my opinion, and I think the data bears it out, there are two reasons for us. No. 1, we have quality recruiting personnel. We engaged into that shortly after 1973 when we went into the all-volunteer force, and we expend a great deal of effort and time to bring in the right kind of person to meet the kind of standards that we think one needs to have to be successful in achieving in the Air Force. That, together with our drug awareness, education, abuse, investigation program, wherein we basically rely on the commanders and supervisors that help train personnel to develop self-disciplines to serve our Nation, has been successful, and we definitely feel—

QUESTION [continuing]. Well, you utilize the same programs they use in Germany, don't you?

ANSWER. Yes, sir.

QUESTION. Well, why is it working so well here and so poorly there?

ANSWER. I don't know that they are working so poorly there, but we are being very successful here, sir.

QUESTION. Well, I have some general data information about rates and levels in Germany, and I do understand that their testimony before the committee shows that it has not been working that well in that part of the world. Admiral, what are your thoughts?

ANSWER. Well, I'll put my people up against the Air Force's people any time. They are all good. [Laughter] I really think, Mr. Gilman, that most of our people who get involved with drugs are partly because of the way they grow up, the attitudes in the United States today, a

certain lack of discipline in the homes, and we are a cross section of that. If you talk to them personally, they say, "Well, you know, we're bored, there is a lot of loneliness in this barracks." And when you say, well, but yes, did you notice the Sun come up this morning and how beautiful it is out there? We have the opportunities to go scuba diving and to swim, play tennis, the best golf course, probably, in the world, we have this, we've got that, you can join our flying club and become a commercial pilot, let alone a private pilot, cheaper than buying drugs. You can buy the best set of golf clubs on the island and take lessons three times a week cheaper than buying heroin, and so on. Why? The only thing I can say is that they are young, red-blooded Americans and they get into it because it's so readily available.

QUESTION. Admiral, I don't think you understood my question. My question is why—how do you account for the low incidence of drug abuse among your personnel at a time when we have a critically ascending curve amongst the civilian population?

ANSWER. Because we put emphasis on it. We have a urinalysis program that works, and there still is a stigma attached in our community. We have some good supervision and sometimes it's 24 hours a day, by older petty officers who have grown out of that. We also have a company that does not condone drug abuse. That's a lot different than some of the companies in the civilian community, both here and in the Continental United States.

QUESTION. Admiral, if I were to state to you that this committee had received some information that there is over 90 percent drug abuse in the barracks, and that 50 percent of that involves hard drugs, would you say that that is a fair statement?

ANSWER. Would you say that again please?

QUESTION. If this committee had received some information that there is 90 percent drug abuse in the barracks and that some 50 percent of that involves the use of hard drugs, what would be your response to that estimate?

ANSWER. Well, it doesn't—the information I have would not support that, Mr. Gilman.

Mr. AKAKA. Pardon me gentlemen, your time has expired, sir.

Mr. GILMAN. Thank you, Mr. Chairman.

Mr. AKAKA. Congressman Won Pat?

Mr. WON PAT. I would like to join my colleagues in extending my welcome to this hearing to Admiral Cruden and General Pringle. I'm sure that the well-prepared statements on both parts and your presentations are very illuminating to us and will be very, very helpful in the deliberations of the committee when we are through with these hearings and are back on the mainland. I am satisfied by what I have heard prior to this hearing, of course, about the efforts made by the commanders of the military here; of course this is due to both you Admiral Cruden, and to you General Pringle. An intensive effort has been made by your commands, of course, to combat this insidious problem that is prevailing over the island. I know that, under your leadership, the problem will not be aggravated. There are some questions I would like to address both of you to. Now, Admiral Cruden, is the drug screening process mandatory for all of your personnel? In other words, do you test everyone who may be concerned?

ANSWER. No, sir. It is left up to the commanding officers. We screen the 18- to 25-year-olds 100 percent and, as a matter of fact, one of my commands, at least, did recently screen all of his people, 100 percent, including the officers.

QUESTION. Now, as I recall, your urinalysis statistics, do they determine or reveal the type of drug used by the offender?

ANSWER. It can be determined, Mr. Won Pat, to a certain extent. Opiates, barbiturates, amphetamines, and there are a couple of others that can be picked out. Sometimes, although it is positive, you cannot tell or are unable to document what it is.

QUESTION. So, what disciplinary measures do you give to drug offenders?

ANSWER. Those who turn up positive are interviewed by a doctor and it is clinically determined, not only by the interview, but by looking at the man's health record, whether there is any explanation, for instance, a prescription drug or something that may have been given to him during dental treatment or something like that. If there is nothing that would explain the presence in his system, then he is put on what we call a two-by-four program. Urinalysis is taken twice a week for 4 weeks in order to pin down the problem. If it continues to show, disciplinary action or corrective action has to be taken, including rehabilitation.

QUESTION. Are all these administered locally in your commands or is it dependent upon the gravity of the case?

ANSWER. The rehabilitation?

QUESTION. In other words, what measures do you take depending upon the nature of gravity of the case?

ANSWER. That is my disciplinary action?

QUESTION. Yes.

ANSWER. Yes, it depends upon—well, no. In urinalysis now, in urinalysis, we are not allowed to take disciplinary action. It would have to be administrative. I am wrong on that.

QUESTION. The rehabilitative measures are provided locally here, or do you have to send them abroad?

ANSWER. The urinalysis has to be sent to Japan, Mr. Won Pat.

QUESTION. Thank you. Now, with respect to —

ANSWER. [continuing]. There is a portable urinalysis kit that is being evaluated at the present time. If that works out, we will get that on the island to do our own urinalysis here in the different commands.

QUESTION. How often do you do this?

ANSWER. Well, when we went off the command elected system or when we left the command elective system, we told our commands that they will do it at least three times per year.

QUESTION. Now, what I am trying to find out is, those offenders or those addicts, where are they treated? Are they treated locally or do you have to send them abroad?

ANSWER. Oh, now, on the treatment, we send them over for screening at the counseling and assistance center. If it is determined that they need to be detoxified, they are sent to the Navy regional medical center for that. For those who are determined as drug dependent, they are returned to the mainland to the naval drug rehabilitation center at Miramar, Calif. Those who are deemed to be not drug dependent are treated here on island.

QUESTION. Once they are rehabilitated, do they go back to active service?

ANSWER. Yes, sir.

QUESTION. When are they discharged from the service?

ANSWER. Sir?

QUESTION. How are they discharged from the service? For violations of drug abuse? For what reason? In other words, when you discharge a serviceman for violations, that is, he is an offender, do you discharge him from the service?

ANSWER. Yes, sometimes, that is right.

QUESTION. In other words, it all depends upon the nature of the offense. Is that it?

ANSWER. Well, if we feel that he cannot be rehabilitated, then we are required to give the man at least 30 days of treatment, and then discharge him with an honorable discharge.

QUESTION. Well, suppose he is a so-called, you know, distributor of drugs. Now, is that an offense, in other words, will that result in a discharge from the service?

ANSWER. Yes, in many cases it does. We have had, in the last year and a half, we have had six general court-martials and, I forget how many specials, but in many cases they have involved bad conduct discharges.

QUESTION. Does the application of stringent measures serve as a deterrent to the others from committing the same offenses?

ANSWER. Yes, sir. I think so.

QUESTION. And that accounts, in other words, for what my colleagues have stated? In other words, for the cycle going down instead of up?

ANSWER. I think that is part of it, yes, sir.

QUESTION. Well, that is very encouraging. Now, General Pringle, you pointed out in your statement that most of these drugs come from the civilian sector here?

ANSWER. Yes, sir.

QUESTION. In other words, the dealers in the civilian sector are selling it to your men, is that right?

ANSWER. That is correct, Mr. Congressman.

QUESTION. And there is never an occasion where you are able to pinpoint that the drugs were brought in through a military channel?

ANSWER. There is no indication today, with our drug control program at Andersen, that there is any probability of large amounts of drugs being brought through military aircraft to Andersen Air Force Base. We can't find it.

QUESTION. Now, Admiral Cruden, you pointed out that, in my understanding, the number of users of drugs in your activity has not effected the efficiency and effectiveness of the personnel in carrying out their mission?

ANSWER. Sir, I'm sure it effected their efficiency. It has not effected our ability to conduct our missions.

QUESTION. Well, I want to thank you, Admiral, as well as you, General Pringle, for your very enlightening testimony. Thank you Mr. Chairman. I have no further questions.

Mr. AKAKA. Thank you very much, Mr. Won Pat.

Mr. chief counsel?

Mr. NELLIS. Thank you, Mr. Chairman. Admiral Cruden and General Pringle, I'm sure I speak for the committee when I say that you are to be commended for the extensive and well-ordered information that you have furnished the committee. We have seen other military materials furnished, but not half as good. I am very impressed. I want to ask some questions about alcohol. When we speak about drugs of abuse, we must not forget that alcohol is a mixer. I'm sure you all agree to that. It is mixed with marihuana use, mixed with heroin use, and mixed with pills as well. We haven't discussed the problems of polydrug abuse. Is there such a problem in your service, Admiral?

ANSWER. Yes, sir.

QUESTION. How extensive is it?

ANSWER. At the counseling and assistance center, I believe we are running 50-50, alcohol versus drug abuse, sir.

QUESTION. And they are not mutually exclusive, I take it?

ANSWER. They are not mutually exclusive, no, sir.

QUESTION. General, what has been your experience in the Air Force with the problems of polydrug abuse?

ANSWER. It's there, it's bad, and we give that as much attention, and perhaps more, because of the numbers of people that we can associate who are involved to the detrimental effect because of alcohol. We currently have 40 people in our rehabilitation program at this time at Andersen.

QUESTION. Forty due to alcohol abuse?

ANSWER. Yes, sir.

QUESTION. And of that 40, are you able to find that there is also drug abuse involved?

ANSWER. We see no indications of cross-fertilization, if you will. Generally, if one is really, really involved with alcohol, that is where they are consumed.

QUESTION. And you regard that as a serious problem?

ANSWER. Oh, absolutely.

QUESTION. Let me ask you this, gentlemen, what facilities are available, if any, for dependents of your servicemen? We have found, obviously, in our travels around the world, that the welfare of dependents contributes greatly to morale or the lack of it, and I was astonished to find at one base which I won't mention, that there are no facilities whatsoever for dependents who become victims of drug or alcohol abuse. What is the situation in the Navy, Admiral?

ANSWER. Well, we will accept dependents at our counseling and assistance center, Mr. Nellis, and at our Alcoholics Anonymous meetings, we also conduct Alanon meetings right down the hall that the spouse and even the children may come to.

QUESTION. I see. In other words, there are ample facilities for dependents who have drug or alcohol problems.

ANSWER. Yes, in my opinion, we do. We really have a very small clientele in that area, though. Actually.

QUESTION. I'm glad to hear that, sir.

ANSWER. Well, I don't know whether that is good or bad, actually.

QUESTION. Well, generally it indicates that the problem is lessened, but one never knows, there are many dependents, particularly wives, that we have found to be secret drinkers, having great diffi-

culty coping with the culture and the surroundings, and of course that effects the morale of the man of the house also. General, do you out there have medical facilities for dependents who need help?

ANSWER. Yes, sir. I think you could assume that any program or any facility that is available to the active service member is also available to their dependents and we do have our people in need involved.

QUESTION. Is there active education, prevention material, going to these dependents, so that they know that help is available? I'm sure all of you have heard about Mrs. Ford. Mrs. Ford is one of the most courageous human beings I've ever heard of. She revealed to the world that she has an alcohol and drug abuse problem and went into the Long Beach facility of the Navy. Now, would it be possible to assume that the dependents at your bases would come forward and seek help if they have the proper preventive and educational material on which to ask for help? Would that be a proper assumption?

ANSWER. Yes, sir. In the U.S. Air Force, that is true.

QUESTION. Admiral?

ANSWER. Well, I know that is a big step for somebody to do and I also say that we get out and I know Mr. Dowling's people have talked to dependents. He has been out into the schools where our children are. As a matter of fact, and all the information is available to them, including the facilities available to them, so I want to tell you yes, but I know that is a difficult step for someone to take.

QUESTION. But it is available?

ANSWER. Yes, sir.

QUESTION. Do we have adequate facilities, psychiatric personnel to do proper counseling?

ANSWER. Yes, sir. We have a psychiatrist at our Navy regional medical center, and he is involved in that program.

QUESTION. Well, is it one psychiatrist at the entire center?

ANSWER. Sir?

QUESTION. One psychiatrist at the whole center?

ANSWER. Yes. One psychiatrist and one psychologist.

QUESTION. Do you happen to know what his caseload is?

ANSWER. No, sir, I don't.

QUESTION. Can your drug counselor provide that for us?

ANSWER. [Lieutenant Dowling]. I would be glad to provide that at a later date. I don't have the information right now.

[The information referred to follows:]

U.S. NAVAL REGIONAL MEDICAL CENTER,  
FPO San Francisco 96680, July 6, 1978.

Memorandum from : Chief, Psychiatry Service.

To: Director of Administration Services.

Subject: Current clinical services provided by the Psychiatry Service, NRMC, Guam.

1. The Psychiatry Service, NRMC, comprises a Child and Adult Psychiatrist, a Clinical Psychologist, a Psychiatric Technician, and a general duty Hospital Corpsman. The Psychiatric Service provides inpatient and outpatient psychiatric treatment to active duty military personnel and their dependent children, adolescents, and adults. The Psychiatric Service also renders ongoing consultation to all the clinical services, NRMC, the CAAC/ARD Center at NAS, the Navy Correctional Center, NAVSTA, and all Navy Branch Clinics. Consultation is also provided to the Mental Health Clinic, AAFB Dispensary, and Air Force patients and dependents are referred for psychiatric and for psychological evaluation

because of the unavailability of a military Psychiatrist or Psychologist at the AAFB Dispensary.

2. The Psychiatric Service, NRMIC, monthly provides the following in clinical services: 240 individual 45 minute outpatient consultations; 12 inpatient hospitalizations requiring an average of eight (8) hospital days of inpatient treatment; and, 40 hours of consultation services. On a weekly basis, the Psychiatrist and Psychologist together provide: (1) 60 outpatient 45 minute appointments per week; (2) 4 inpatient hospitalizations per week that require about 7.5 consultation hours per week; and, (3) 10 consultation hours per week.

3. The various services provided by the Psychiatry Service are elucidated further:

a. *New patient referrals.*—Approximately 14 outpatients are seen each day in the Psychiatric Clinic of which 7 are new referrals. With rare exception, every new patient is seen by either the Psychiatrist or Psychologist with the enlisted corps staff providing a supportive function in the initial screening of new referrals to the clinic. The average time the Psychiatrist or Psychologist will spend with a newly referred patient is 45 minutes. Patients are referred by other Medical Officers in the NRMIC or Branch Medical Clinics, non-medical officers from various military facilities, civilian clinics such as Speech and Hearing Clinic of the Government of Guam, or by self-referral. By providing a service to self-referred patients, we feel we are easily accessible to people in time of crisis. Usually, self-referrals are made by parents who desire that their child receive a child psychiatric evaluation. The average waiting time for a new patient for a routine outpatient evaluation is five (5) working days. Each day the Psychiatric Service usually provides on an average two hours of emergency consultation services. The Psychiatric Service, since August 1977, has never been unable to see a patient designated as an "emergency" on the day of the referral.

b. *Ongoing treatment.*—Approximately seven patients each day are seen by the Psychiatry Service. Each treatment session is usually 45 minutes for treatment. Approximately 50 percent of all new patients are seen for a second outpatient appointment of at least 45 minutes. All children and adolescents are seen for a minimum of two hours in which their parents are also interviewed. About 25 percent of all new patients seen are provided outpatient treatment of an average total of six outpatient 45 minute appointments. Consequently, each week the Psychiatrist and Psychologist each provide an average total of 16 hours of outpatient psychotherapy.

c. *Consultations; routine and emergency.*—A weekly consultation meeting is conducted at the CAAC/ARD at NAS, Guam, which the Psychiatrist and Psychologist both attend. Often, patients admitted to the CAAC/ARD are seen in emergency consultation when requested by CAAC/ARD staff. About four hours a week are provided to other specialty services at the NRMIC for psychiatric consultations. Periodically, the Psychiatrist sits as a member of clemency review boards at the Navy Correctional Center. Approximately five hours per week involve emergency consultations to the Psychiatric Service. The majority of patients seen as an emergency are admitted usually for psychiatric illness of acute onset. During the period from 1 July 1977 to 1 July 1978, there were only four psychiatric admissions precipitated by recent heavy drug usage. Another consultative service provided by the Psychiatry Service involves the Psychiatric Technician who functions as the Drug Exemption Assistant receiving referrals from the NRMIC DAPA Counselor.

4. Drug abuse as a problem in our total military community is well acknowledged by all Psychiatric Service staff. The varied services we provide and the ready access both line and medical personnel have to utilizing our clinical and consultative services has provided our staff with a good overall experience in assessing the overall drug problem here on Guam. Currently, all heavy drug abusers (amphetamines, narcotics, and hallucinogen) are not seen individually by the Psychiatric Service. Many are admitted to the Internal Medicine Service, NRMIC, for detoxification and then referred to the CAAC/ARD, NAS, for further evaluation. Consequently, these patients will be admitted to the ARD program, or sent to an NDRC in the Continental United States for intensive inpatient drug treatment. Patients not needing detoxification are sent to the CAAC/ARD directly for evaluation and treatment. Although most of the patients admitted to the Internal Medicine Service, NRMIC, or seen initially at the CAAC/ARD are not seen by the Psychiatry Service, NRMIC, patients requiring psychiatric evaluation are either seen in the Psychiatric Outpatient Clinic, or discussed at the weekly

consultation conference at the CAAC/ARD attended by the Psychiatrist and the Psychologist. Dependents abusing heavy drugs, particularly adolescents, are most often referred by the Internal Medicine and Pediatric Services, and the CAAC/ARD staff to the Psychiatry Service for a family evaluation usually conducted by Dr. Gemelli who is trained in Child and Adolescent as well as Adult Psychiatry. Older adolescents abusing heavy drugs may be eventually referred to the CAAC/ARD program for treatment. Younger adolescents and children usually have milder heavy drug usage and initially a short period of family psychotherapy will be provided in the Psychiatry Outpatient Clinic. Cases requiring longer term, family or individual psychotherapy, are referred to the Child and Adolescent Mental Health Clinic of Guam Memorial Hospital. Such cases are supervised by the Chief, Psychiatry Service, who is the Child and Adolescent Psychiatric Consultant for the Guam Memorial Hospital and Adolescent Mental Health Clinic. The focus of the Psychiatric Service's total intervention in identifying and treating adult heavy drug abusers is one of early identification and referral for short term treatment at CAAC/ARD or recommending a period of treatment in an NDRC in CONUS.

Heavy drug abusers usually require a strictly controlled environment in order to benefit from any psychotherapeutic treatment program. CAAC/ARD reasonably provides the type of controlled environment needed for most of the heavy drug abusers seen here in our military community on Guam, i.e., young males, abusing a single heavy drug, for less than one year with little physiological but high psychological addiction. Heavy drug abusers of longer duration, using more than one heavy drug, and showing signs usually of physiological as well as psychological addiction, almost always require the rigidly controlled environment provided in a largely staffed NDRC in the Continental United States. Poly drug abusers, (heavy drug users as well as alcohol abusers) will be eligible for admission to the Alcohol Rehabilitation Unit, NRMC, when this Unit begins operation in October 1978. This Unit will be supervised by the Chief, Psychiatry Service, NRMC. Consequently, another facility will be added to the military community that will identify and treat a portion of drug abusers that abuse alcohol as their primary abusing "drug."

5. As Chief, Psychiatry Service, NRMC, in my one year experience with the various activities noted above, it is my opinion that the abuse of heavy drugs (amphetamines, narcotics, and hallucinogen) in the military population on Guam is no more serious or of greater proportion than in other overseas and Continental United States military installations. The excellent availability of our Psychiatric Service to our military community fosters detection of heavy drug abusers in our military community. The "Parenting and Child Development" Course conducted this past winter at the NRMC produced an excellent turnout (average attendance of 1977 for seven (7) evening seminars) and an increase of early parental identification of children and adolescents either becoming vulnerable to eventual drug abuse, as signified by acute emotional illness, or children and adolescents currently abusing marijuana or heavy drugs. The question of marijuana abuse is difficult to adequately quantify. Rarely are active duty personnel abusing only marijuana brought to the attention of the Internal Medicine Service, primary care physicians at the NRMC and Branch Medical Clinics, CAAC/ARD staff, or the Psychiatry Service, NRMC.

6. The Psychiatric Service, as evidenced by the above figures and activities, is extremely busy and is presently functioning at its full capacity. I feel our reputation is excellent in providing outstanding mental health services as well as contributing a great deal to the overall military effort in identifying and procuring adequate treatment for drug abusing military personnel and their dependents.

Respectfully submitted.

RALPH J. GEMELLI, LCDR MC USN.

QUESTION. How many people are you counseling at one time?

ANSWER. We have 17 now. We have 17 at the center right now, sir, and we can have counseling for up to 45 people at one time.

QUESTION. General Pringle, do you have any professional inadequacies with regard to counseling?

ANSWER. Well, we have trained alcohol counselors in our enlisted ranks and our officer ranks at our social actions branch. Captain

Redhead is one. Social workers, if you will. We also have medical help in our clinic and at the naval hospital if we get that severe, and we also have a psychiatrist that is available for this kind of counseling. And, as rehabilitation takes place, we have a rehabilitation committee, we work in teams. Right now, we are very comfortable with the numbers of people we have to do the job that we can provide to those who are asking for it, those we can see.

QUESTION. Your people are not overburdened with their caseload then?

ANSWER. I'm sorry, sir?

QUESTION. Your professional personnel are not overburdened with any extensive caseloads?

ANSWER. No, sir, I don't think so.

QUESTION. Just one other question. How many narcotics investigators do you have on your base? Military investigators?

ANSWER. We have—narcotics investigators?

QUESTION. Men who specialize in narcotics?

ANSWER. I think that would be—I'm trying to decipher that, sir, to give you the right number. Specific narcotics agent, as much, in that term, doesn't ring any bells, but we have OSI agents who are investigative personnel on narcotics violations, do you refer to that?

QUESTION. Are they trained in narcotics, specifically?

ANSWER. Yes, sir, they are. Our OSI agents.

QUESTION. In other words, any narcotics crime you would refer to the OSI staff?

ANSWER. Yes, sir.

QUESTION. How many OSI people do you have?

ANSWER. I think our staff has 14 to 20 personnel, and they can be augmented if there is ever a need, from stateside.

QUESTION. And, Admiral, how many narcotics investigators do you have?

ANSWER. We have seven naval investigative service members on the island.

QUESTION. No specialty in narcotics?

ANSWER. Well, they handle narcotics type cases. They are trained in that.

QUESTION. What is your total personnel?

ANSWER. Seven.

QUESTION. No, I say your total personnel?

ANSWER. 5,800.

QUESTION. 5,800?

ANSWER. Yes, sir. Active duty military.

QUESTION. And General, you have 3,700?

ANSWER. 3,700, yes, sir.

QUESTION. Thank you.

Mr. AKAKA. Mr. Nellis, you are about out of time.

Mr. GILMAN. You can go ahead and use some of my time.

Mr. NELLIS. Thank you, Mr. Gilman. One last question, gentlemen. I would like to know when the last case occurred of any smuggling of any major sort in the military. Can you remember the last time when military or local customs inspectors found a reasonably large quantity of contraband on any military aircraft or ship? General, can you remember when it happened?

ANSWER. Now, when you say on any military aircraft, are you focusing on Guam, sir?

QUESTION. Oh, surely.

ANSWER. OK. My last personal knowledge or recollection of large quantities of marihuana in particular, or a harder drug, was late 1974, or early 1975. It was a case that was well-known and was worked very hard by our OSI and DEA and the drug was finally confiscated at it's final point of destination on the east coast of the United States and it was, in fact, taken aboard by U.S. aircraft.

QUESTION. Are you referring to the *Atkinson* case?

ANSWER. Yes, sir, I am.

QUESTION. Fine, yes, I remember that one. Admiral, when was the last such time that you can recall where a Navy ship was involved with it?

ANSWER. Sir, I don't have any information. I just don't know the answer to that question.

QUESTION. Have there been any recent findings of contraband on Navy ships coming into Guam?

ANSWER. No, sir. Not to my knowledge.

Mr. NELLIS. Thank you, Mr. Chairman.

Mr. AKAKA. Thank you very much. I want to express to our witnesses, our gratitude. You have been very helpful to us. This concludes our 2 days of hearings. As I mentioned at the onset of these proceedings, it was the intent of the Select Committee on Narcotics Abuse and Control to obtain a clear picture of the drug abuse problem on Guam. At this point, there should be no doubt that they are unable to control and suppress the problem of drug abuse. It will take the combined and concerted efforts of all resources of your community. I want to express further, our gratitude to Alma Bachrach, our staff person, who was here about a week before we arrived, who did all the preliminary work here on Guam. As you know, she was the one who was hurt outside and we've received word that she is fine. No concussion. She is resting well. Also, I want to express our gratitude for the cooperation and assistance which contributed to the conduct of our hearing here in Guam. I want to express our gratitude to Governor Bordallo, the territorial agencies, Speaker Ada, the Guam Legislature and staff, and we're thankful for the use of this session hall of the legislature. We thank the Federal agency officials, the Justice officials, the airline officials, our military commanders and officers of the Navy and Air Force, our own committee staffs, and special thanks to Congressman Won Pat whose hospitality and staff support here have been invaluable. With that, I say, si yuus maase. With that, the hearing is adjourned.

[The hearing adjourned at 4:06 p.m., July 5, 1978.]

**PARA!! BASTA!!**



ESTIMATING  
THE PREVALENCE OF  
HEROIN USE IN the COMMUNITY

OF

**GUAM**

## I- DIRECT METHODS :

## A- Simple Enumeration

- A. Unduplicated Count of Drug Crisis Center (DCC) and Methadone Clinic Clients as of June 30, 1978:

|                         | <u>DCC</u> | <u>Methadone Clinic</u> |
|-------------------------|------------|-------------------------|
| Total number of clients | 127        | 362                     |

Clients participating in both programs = 51

Unduplicated count of DCC and MC combined = 438

Therefore, 40% of DCC clients have been to the Methadone Clinic  
60% of DCC clients are "new"

N.B.; DCC clients served from April 24, 1978 to June 30, 1978  
Methadone Clinic clients served from October 1975 to June 30, 1978

- B. Unduplicated count of heroin arrestees:

|         |           |
|---------|-----------|
| CY 1976 | 37        |
| CY 1977 | 34        |
| TOTAL   | <u>71</u> |

Number of heroin users known to treatment programs = 438

Number of heroin users known to law enforcement agencies = 71

|       |            |
|-------|------------|
| TOTAL | <u>509</u> |
|-------|------------|

## I- DIRECT METHODS, cont'd.

## B- PROJECTIONS FROM HEROIN OVERDOSE DEATHS:

Formula: Prevalence - Deaths x 100/200 (Range)

| <u>CY</u> -----           | <u>M.E. Reported H-R Deaths</u> ----- | <u>Prevalence Range</u>                 |
|---------------------------|---------------------------------------|---|
| 1974 -----                | 4 deaths -----                        | 400-800 total addicts in<br>community   |
| 1975 -----                | 2 " -----                             | 200-400 total addicts in<br>community   |
| 1976 -----                | 6 " -----                             | 600-1,200 total addicts in<br>community |
| 1977 -----                | 9 " -----                             | 900-1,800 total addicts in<br>community |
| 1978 -----<br>(Jan.&June) | 7 " -----                             | 700-1,400 total addicts in<br>community |

N.B.: This overdose - multiplier formula is based on the formula developed by Dr. Michael Baden, Deputy Med. Examiner of New York City, where each heroin overdose death represents 1/2% to 1% of the total number of heroin abusers included in the NYC Narcotics Register. This estimate can be considered only as a rough approximation of reality.

## I- DIRECT METHODS, CONT'D..

## C- INDICATOR-DILUTION METHOD

( Six variations )

| <u>n<sub>1</sub></u>   | <u>n<sub>2</sub></u>   |
|--|--|
| ① names of heroin users admitted to treatment agencies during time t <sub>1</sub> (93) | names of heroin users admitted to treatment agencies during time t <sub>2</sub> (will include users seen for first time and users re-admitted to treatment) (166)              |
| ② names of users admitted to treatment agencies during time t <sub>1</sub> (93)        | names of users arrested by law enforcement agencies during time t <sub>1</sub> (37)  |
| ③ names of users admitted to treatment agencies during time t <sub>1</sub> (93)        | names of users diagnosed by the medical examiner as heroin overdose victims during t <sub>2</sub> (9)  |
| ④ names of users arrested by law enforcement agencies during time t <sub>1</sub> (37)  | names of users arrested by law enforcement agencies during time t <sub>2</sub> (will include users arrested for the first time and users arrested during t <sub>1</sub> ) (32) |
| ⑤ names of users arrested by law enforcement agencies during time t <sub>1</sub> (37)  | names of users admitted to treatment agencies during time t <sub>2</sub> (115)   |
| ⑥ names of users arrested by law enforcement agencies during time t <sub>1</sub> (37)  | names of users diagnosed by medical examiner as heroin overdose victims during t <sub>2</sub> (9)  |

$$\begin{aligned} t_1 &= 1976 \\ t_2 &= 1977 \end{aligned}$$

FORMULA B:  $N = \frac{n_1 n_2}{x}$

①

$$\begin{aligned} n_1 &= 93 \\ n_2 &= 166 \\ x &= 51 \\ N &= \frac{(93)(166)}{51} \\ N &= 302.71 \end{aligned}$$

④

$$\begin{aligned} n_1 &= 37 \\ n_2 &= 38 \\ x &= 2 \\ N &= \frac{(37)(38)}{2} \\ N &= 703 \end{aligned}$$

②

$$\begin{aligned} n_1 &= 93 \\ n_2 &= 37 \\ x &= 3 \\ N &= \frac{(93)(37)}{3} \\ N &= 1147 \end{aligned}$$

⑤

$$\begin{aligned} n_1 &= 37 \\ n_2 &= 115 \\ x &= 3 \\ N &= \frac{(37)(115)}{3} \\ N &= 1418 \end{aligned}$$

③

$$\begin{aligned} n_1 &= 93 \\ n_2 &= 9 \\ x &= 1 \\ N &= \frac{(93)(9)}{1} \\ N &= 837 \end{aligned}$$

⑥

$$\begin{aligned} n_1 &= 37 \\ n_2 &= 9 \\ x &= 1 \\ N &= \frac{(37)(9)}{1} \\ N &= 333 \end{aligned}$$

\* N = estimated prevalence of heroin use

## I - DIRECT METHODS, cont'd..

## D - MISCELLANEOUS METHODS OF ESTIMATING HEROIN PREVALENCE IN A COMMUNITY:

1. Extrapolation from Crime Statistics: Newmeyer Technique (SFO)
  - Guam 1976 ----- 1,467 total burglaries reported
  - a. Mean reported value of goods lost per burglary --- \$ 577.65
  - b. Actual dollar value of goods lost per burglary  
 $\frac{2}{3}$  of above ----- \$433.23
  - (c) Burglaries are under-reported:  
 3.17 occur for each reported ----- 4,650
  - d. Cash return to the burglar  $\frac{1}{3}$  of value of stolen goods:  
 (1,467) Reported Value of stolen property (Burglary, Guam 1976)  
 \$ 847,414.40  
 (4,650) Estimated Value of stolen property (Burglary, Guam 1976)  
 \$ 2,014,519.50
  - (e) 50% of all burglaries are committed by heroin users:  
 -- 1,467 Reported  $\div 2 = 733.5$   
 -- 4,650 Estimated  $\div 2 = 2,325$
  - f. Average heroin user's habit costs \$ 75.00 per day
  - (g) Average user is strung out a mean of 200 days/year
  - (h) One out of 10 users supports his habit primarily by burglary.

N.B.: \* Circled letters are assumptions based on San Francisco statistical studies by Newmeyer and associates, in the absence of Guam figures.  
 \* Using the above logic, we estimated a prevalence of 224 heroin users for Guam in CY 1976, a gross underestimation.  
 \* Crime statistics were derived from TCC 1976 crime study.

## 2. EXTRAPOLATION from SURVEYS of HEROIN USE:

- a. 1973 School Survey by Dr. Roy Chung of U. O. G. based on 3,283 respondents among students of 5 high schools on Guam revealed a 7% "ever used heroin" category from a 38% "ever used drugs" universe. 7% of 3,283 respondents represent about 230 students who have used heroin during that school year. 1.31% of the 3,283 respondents owned to have used heroin intranasally or intravenously 25 times or more during that school year and within that month the survey was conducted. This represents about 43 students.
- b. 1977 school survey conducted by school counsellors of G.W.Sr. High and J.F.K. Sr. High with approximately 2,800 student respondents revealed a 49% "ever used drugs" prevalence and a 7% "ever used heroin" prevalence. 7% of 2,800 respondents represent about 196 students in the two high schools. 2.57% of the 2,800 students owned to have used heroin intranasally or intravenously at least once a day in school and to have experience "jonesing" or acute heroin withdrawal symptoms whenever they are deprived of their heroin supply. This represents about 72 students.



## INDIRECT INDICES, cont'd

D. Non-Fatal Drug EmergenciesI. In-Patient Drug-related Cases

|                  | <u>Heroin/Opiates</u> | <u>All Drugs</u> | <u>%Heroin Cases</u> |
|------------------|-----------------------|------------------|----------------------|
| CY 1975          | 1                     | 35               | 3%                   |
| CY 1976          | 3                     | 36               | 8%                   |
| Jan-Sept<br>1977 | 2                     | 26               | 8%                   |

II. Out-Patient Drug-related Cases

|                   | <u>Heroin/Opiates</u> | <u>All Drugs</u> | <u>%Heroin Cases</u> |
|-------------------|-----------------------|------------------|----------------------|
| Oct-Dec<br>1976   | 67                    | 70               | 96%                  |
| CY 1977           | 33                    | 58               | 57%                  |
| Jan-April<br>1978 | 32                    |                  |                      |

N.B. All data above acquired from the Records Section of Guam Memorial Hospital in June 1978.  
Pending change of reporting/recording system into a more suitable system, e.g. DAWN system, one can never get a complete picture of the drug problem from hospital admissions.

## - THE HEROIN PROBLEM INDEX (H.P.I.) -

To get a better idea of the extent of the drug problem on Guam, I would like to site comparisons between Guam and some major U. S. cities. The cities chosen for the study are among those on the list of Standard Metropolitan Statistical Areas. They include NYC, LA, SFO, DC., PHILA, Detroit and 18 others, for a total of 24 cities.

First, I must note that the Guam data are 1976 figures, while those of the other U.S. cities are from 1975 statistics. The discrepancies that may exist in working with data from two different years are corrected by an allowed statistical error of 10-25% in the 1976 Guam data.

It is recognized that five different drug abuse indicator are used by researchers to assess and compare the drug problem in various areas. These five factors are: 1.) Drug Treatment admissions to the hospital, 2) Drug-related emergency room cases, 3.) Drug-related death, 4.) Drug Price, and 5.) Drug purity.

Let us see how Guam compares with 24 other U.S. cities on these five indicators.

In 1976 Guam had 104.5 treatment admissions per 100,000 population. This puts us in 10th place between Boston and Cleveland. Emergency room, drug-related cases numbered 76.14 per 100,000 population, ranking us 3rd, only below San Francisco and Detroit. The drug-related deaths on Guam were 6.82 per 100,000 placing us 5th among the 24 U.S. cities.

The 1976 figures show that heroin on Guam was selling for a price of only 38¢ per milligram, which was 21¢ lower than the lowest price obtained from all 24 cities. The low was 59¢ per milligram in San Francisco and the high was \$2.04 per milligram in Buffalo.

The last, but certainly not the least, of the 5 drug abuse indicators is heroin purity. Taking the average of the Department of Public Safety's highest and lowest purity count (96% and 85%, respectively) we determined Guam heroin to be amazing 90.5% pure! The percent purity closest to this figure is Minneapolis with only 9.68%. So the heroin sold on Guam is almost 10 times more pure than the highest ranking city, placing us unquestionably in first place.

In estimating the prevalence of heroin use on the island, we utilized the Indicator Dilution method, which is a specific application of a general statistical method. This technique enables us to calculate the total number of heroin users in a population by using 3 different variables.

For example, one variable could be the number of users admitted to a treatment agency during a certain time period. The second variable could be the number of users variable would then be the number of users that were both treated and arrested in that same time span. Utilizing an equation, we can then obtain the total number of heroin users.

There are a number of methods designed to estimate the prevalence of heroin use in a population; none of them completely accurate. However, we chose the Indicator Dilution method because it seemed to be the most practical and feasible model, despite its limitations.

By this method of measurement, we obtained a heroin prevalence rate on Guam of 1,288/100,000 users in 1976 and 1,568/100,000 users in 1977.

Graphing these figures against those of the 24 U.S. cities in the study, we see that Guam's heroin problem is even greater than that of Los Angeles, which was recorded as having the largest problem of the cities studied.

All these figures and graphs are only meant to show the magnitude and seriousness of the heroin problem on Guam.

COMPUTATION OF PREVALENCE RATES  
OF HEROIN USE

\* Utilizing San Francisco as the point of high prevalence, and Buffalo as the point of low prevalence.

COMPUTATION:  $y = a + bx$

GUAM 1976

$$b = \frac{915.67 - 163.08}{3.2947 - (-34311)} = \frac{752.59}{6,7258} = 111.89$$

$$a = y - bx = 915.67 - 111.89 (3.2947) = 547.03$$

$$x = 5.00$$

$$y = a + bx = 547.03 + 111.89 (5.00)$$

$$y = \underline{1,106.48} \quad (+10\% = 1,217.13; -10\% = 995.83)$$

$$\quad \quad \quad (+25\% = 1,383.10; -25\% = 829.86)$$

GUAM 1977

$$b = 111.89$$

$$a = 547.03$$

$$x = 7.00$$

$$y = a + bx = 547.03 + 111.89 (7.00)$$

$$y = \underline{1,330.26} \quad (+10\% = 1,463.28; -10\% = 1,197.24)$$

$$\quad \quad \quad (+25\% = 1,662.82; -25\% = 997.7)$$

\*\*Utilizing New York City as the point of high prevalence, and Atlanta as the point of low prevalence.

Guam 1976

$$b = \frac{864 - 289.2}{2.833 - (-2.3)} = \frac{574.8}{5.133} = 111.98$$

$$a = y - bx = 864 - 111.98 (2.833) = 546.76$$

$$x = 3.43$$

$$y = a + bx = 546.76 + 111.98 (3.43)$$

$$y = \underline{930.85} \quad (+10\% = 1,023.93; -10\% = 837.76)$$

$$\quad \quad \quad (+25\% = 1,163.56; -25\% = 698.14)$$

GUAM 1977

$$b = 111.98$$

$$a = 546.76$$

$$x = 5.18$$

$$y = a + bx = 546.76 + 111.98 (5.18)$$

$$y = \underline{1,126.82} \quad (+10\% = 1,239.5; -10\% = 1,014.14)$$

$$\quad \quad \quad (+25\% = 1,408.52; -25\% = 845.12)$$

INCIDENCE OF HEROIN USE ON GUAM

"Incidence is a measure of the rate at which a problem is growing or declining in size."

To measure the incidence of heroin use on the island we used data from the current ACTIVE CASES at the Drug Crisis Center and the Methadone Clinic (SATP.) Specifically, we obtained the combined number of clients, and plotted the number of clients against the year their addiction to heroin started. For example, two clients started addiction in 1968, five in 1969 and so forth.

We found that they all started their addiction sometime between 1968 and 1977, peaking in 1977 with 36 clients out of a total 158 (24%) reporting addiction starting in 1977. The figures show that the incidence of heroin use is increasing exponentially.

It is important to mention here that these figures represent just the "tip of the iceberg", that is, they only represent heroin users that have come for treatment at either of the two centers. They are just a fraction, a subpopulation, of the total number of heroin addicts on the island.

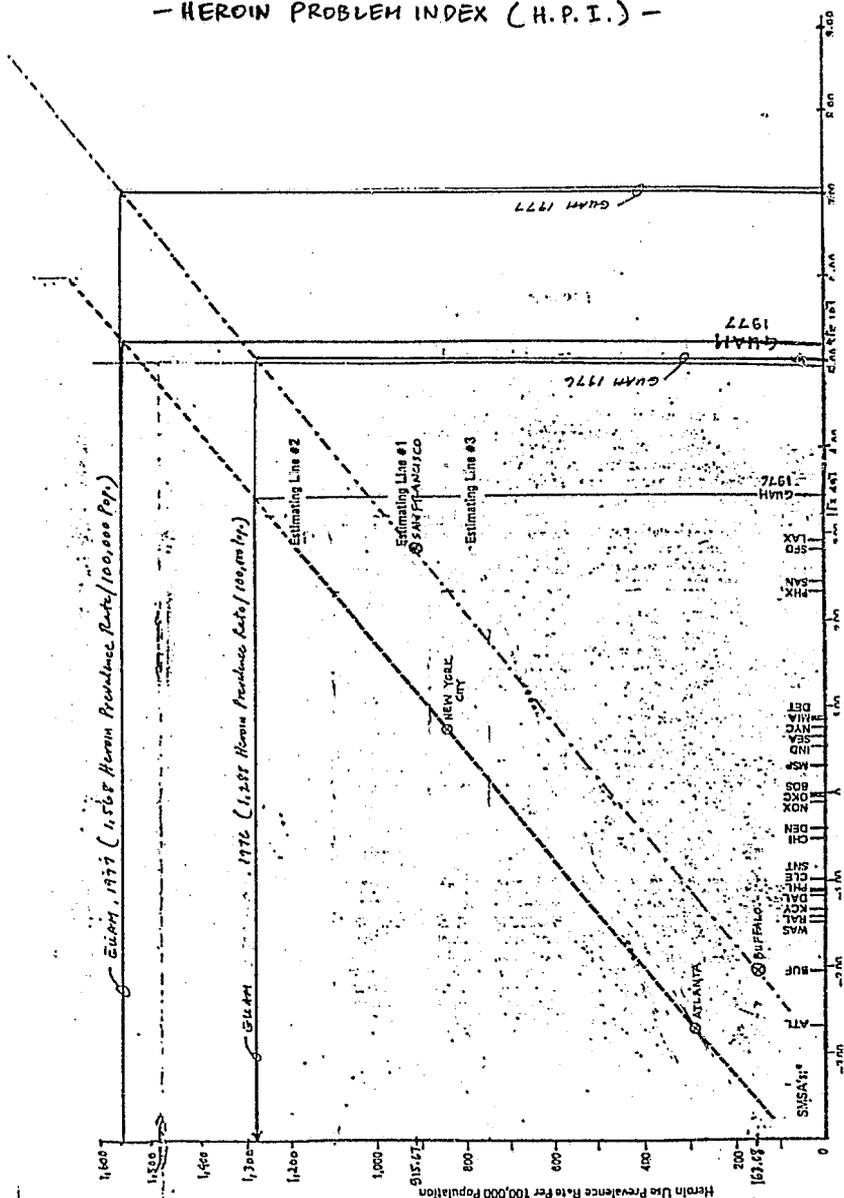
N.B.: Please refer to Graphs # 6 and # 7.

## RECOMMENDED STUDIES FOR THE IMMEDIATE AND LONG-TERM FUTURE:

1. An exhaustive, authoritative and comprehensive incidence/prevalence study of the island-wide substance abuse (not only heroin) problem for the immediate future.
2. Evaluation of current drug treatment programs plus regular monitoring of same for the immediate future.
3. Immediate implementation of a good reporting system for drug-related episodes in hospital emergency rooms. Efforts should be made to adopt a uniform reporting system and sharing of data for both the civilian and military hospitals.
4. Immediate implementation of jail urine studies and possibly a program for the analysis of drugs in the urine of arrestees (not only on "narcotic arrestees" but also arrestees for the "index crimes")
5. Periodic urine sampling or periodic surveys to elicit information on heroin use among arrestees and/or prisoners if #4 above can not be implemented immediately.
6. Annual or bi-annual school surveys to plot trends in substance use/abuse.
7. Continued use of one or more variations of the "indicator-dilution technique" with an eye on refining the technique and the samples used.
8. Attempt to implement a "copping area" study.
9. Attempt to establish an addict register for substance abusers.
10. Institute an ongoing monitoring of over-dose death and non-fatal drug emergencies.

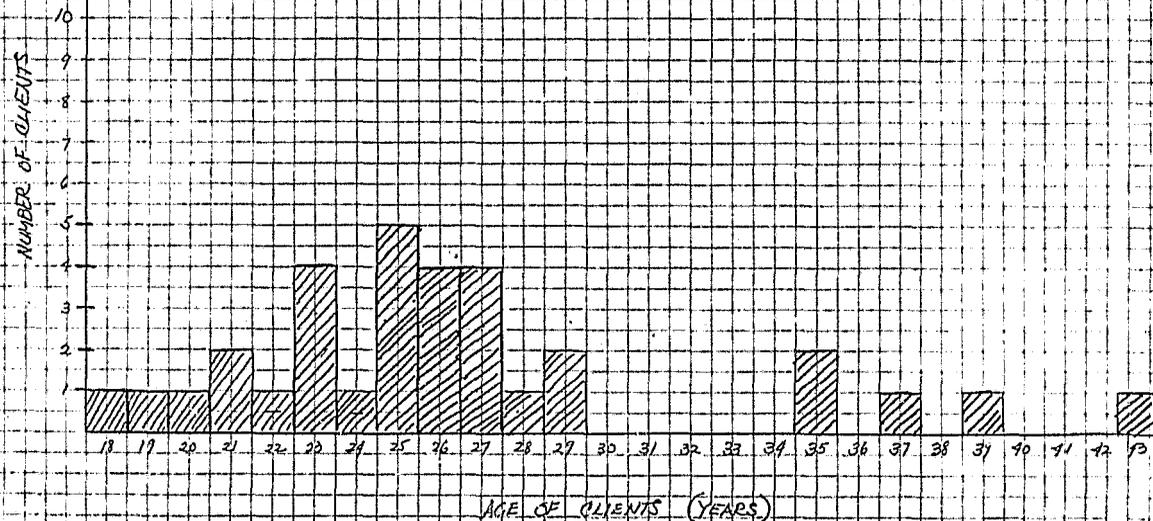
The Single State Agency for Substance Abuse on Guam has the highest interest and desire to do all or most of the above if the needed resources and total support from all concerned are provided on time.

- HEROIN PROBLEM INDEX (H.P.I.) -



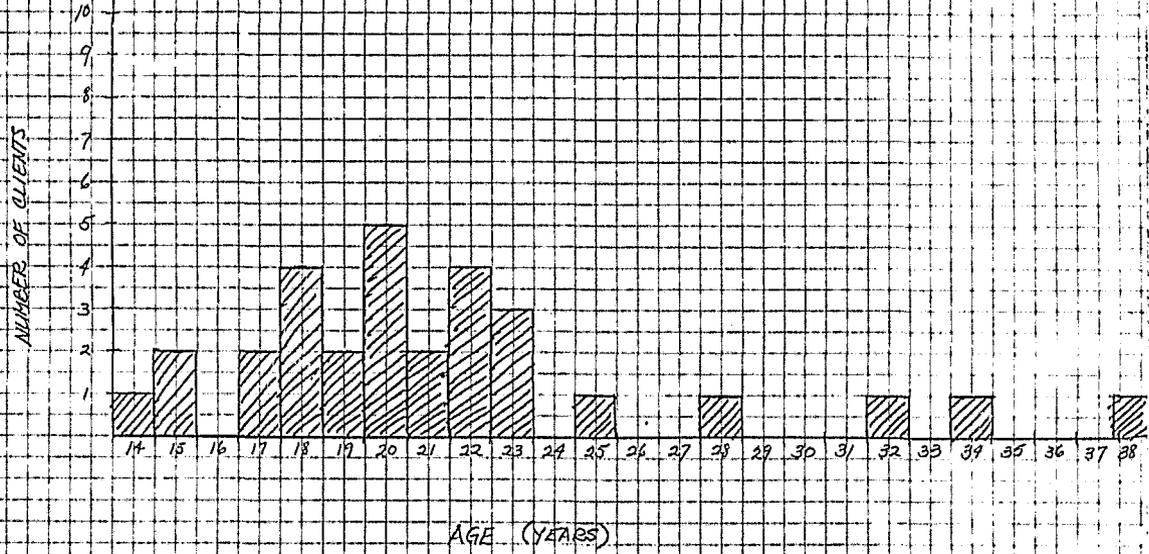
N.B. :- Population Base = 110,000 (55,000 Civ. - 20% of Pop. and 22% of Pop.)  
 - Heroin Prevalence Rates for 1976 & 1977 were derived using Indicator Dilution method.)

Graph 1: AGE OF CLIENTS AT METHADONE TREATMENT PROGRAM  
DRUG FREE



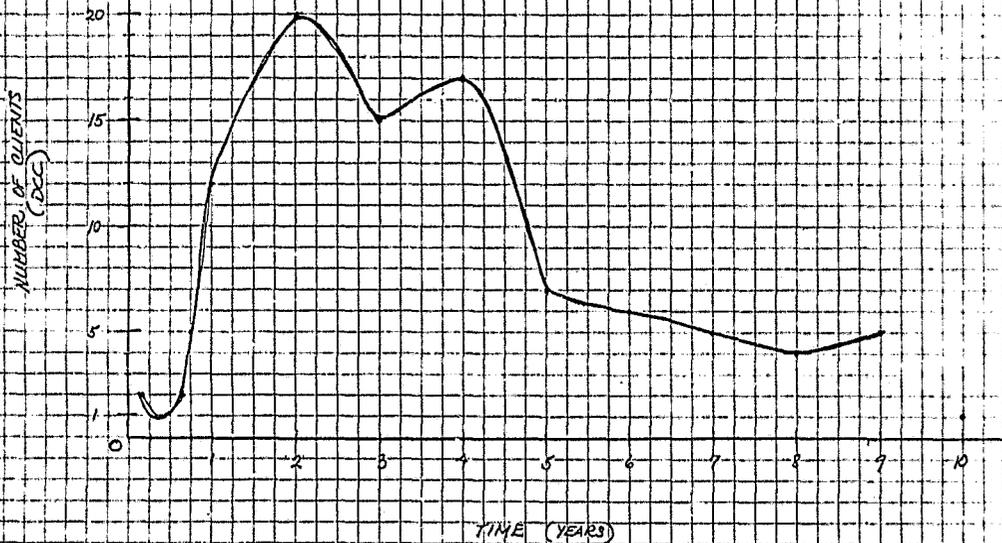
Graph 2:

# AGE AT WHICH DRUGS WERE FIRST USED



GRAPH #3

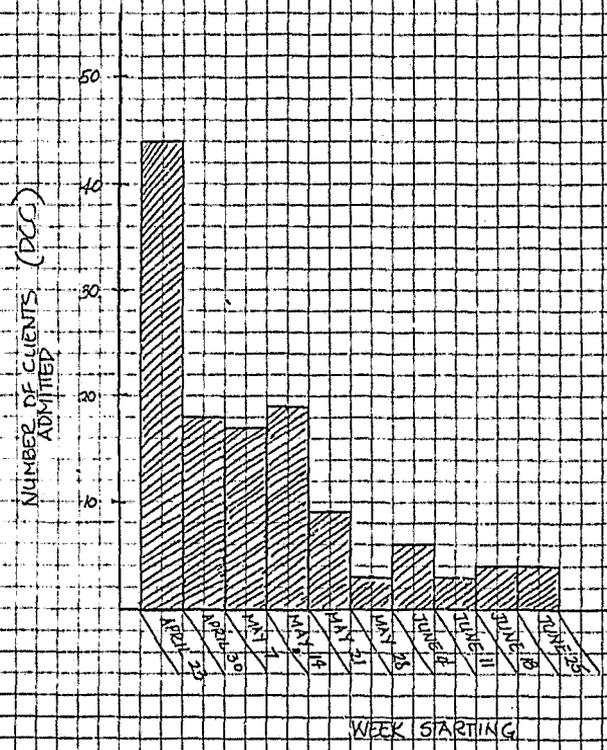
# LENGTH OF ADDICTION



N.B. DATA SOURCE: DRUG CRISIS CENTRE: ACTIVE CLIENTS



GRAPH #5

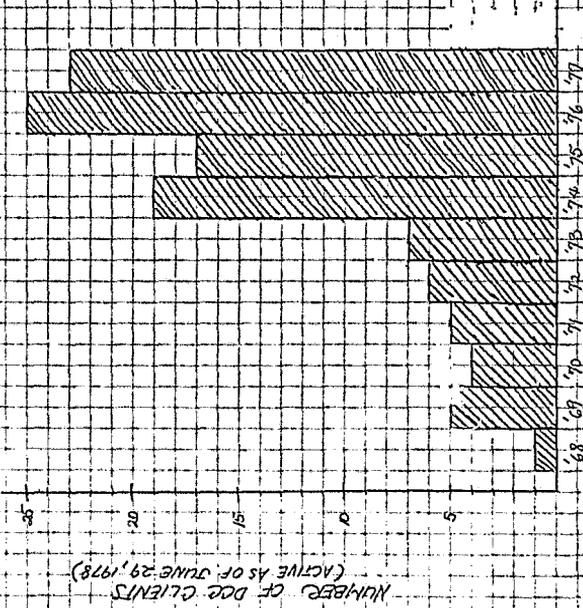


**CONTINUED**

**3 OF 4**

GRAPH #6

INCIDENCE OF HEROIN ADDICTION  
(DRUG CRISIS CENTER DATA)



NUMBER OF DDC CLIENTS  
(ACTIVE AS OF JUNE 29, 1978)

CALENDAR YEAR THAT ADDICTION WAS STARTED

N.B. DATA SOURCE: DRUG CRISIS CENTER ACTIVE CLIENTS AS OF JUNE 29, 1978

GRAPH # 7

NUMBER OF CLIENTS  
(ACTIVE AS OF JUNE 29, 1978)

INCIDENCE OF HEROIN  
ADDICTION  
(DRUG CRISIS CENTER AND  
METHADONE CLINIC COMBINED)

$n_1$  = number of client at DCC  
= 128

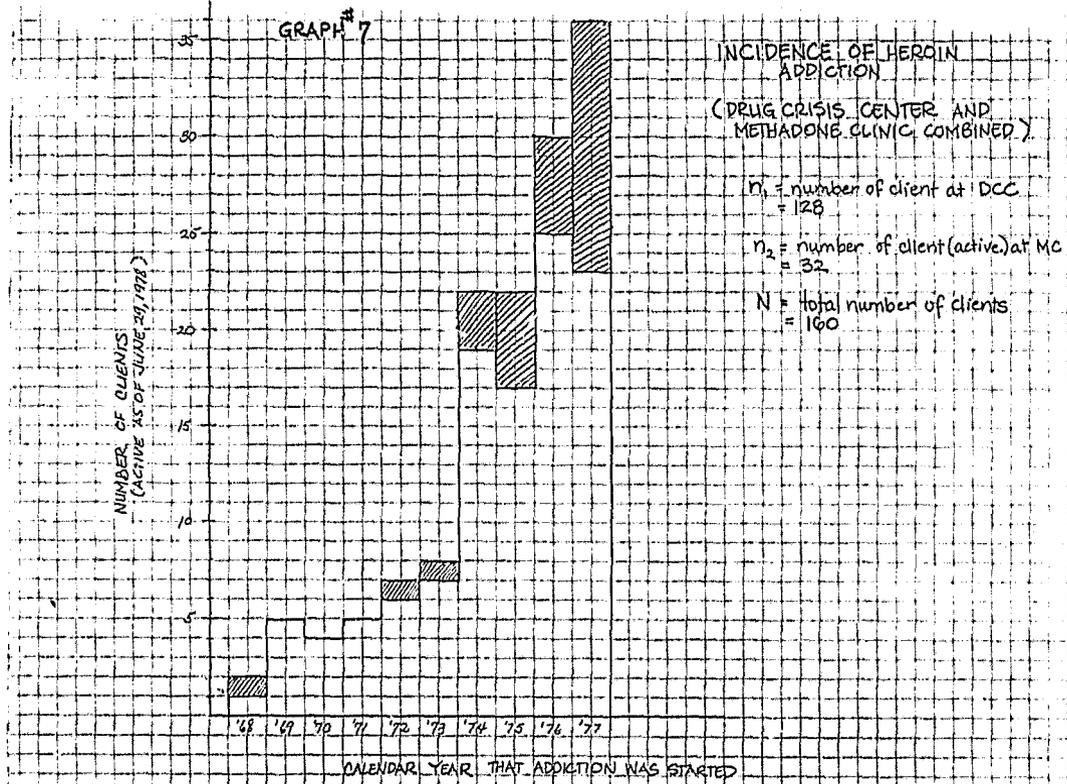
$n_2$  = number of client (active) at MC  
= 32

$N$  = total number of clients  
= 160

'68 '69 '70 '71 '72 '73 '74 '75 '76 '77

CALENDAR YEAR THAT ADDICTION WAS STARTED

N.B. CLIENTS OF METHADONE CLINIC SUPERIMPOSED ON CLIENTS OF DRUG CRISIS CENTER  
DATA SOURCE = DRUG CRISIS CENTER ACTIVE CLIENTS AND METHADONE CLINIC ACTIVE CLIENTS AS OF JUNE 29, 1978



METHADONE & DRUG-FREE TREATMENT PROGRAM

Total number of clients seen since October 1975 = 362

|                     |   |     |
|---------------------|---|-----|
| Oct 1975- Dec 1975  | = | 53  |
| CY 1976             | = | 93  |
| CY 1977             | = | 115 |
| Jan 1978- June 1978 | = | 101 |

Note: The number of clients in the first six months of 1978 is almost double the average number in 6 months of 1977.

At present (as of June 30, 1978) there are 32 active clients in the Methadone Program. Breakdown demographically follows:

|        |     |
|--------|-----|
| Male   | 63% |
| Female | 37% |

|                   |       |            |
|-------------------|-------|------------|
| Guamanian         | 65.6% | (#21)      |
| Caucasian         | 12.5% | (#4)       |
| Mixed nationality | 21.9% | (#total 7) |

Age group most represented in the program: 23-27 yrs. (See Graph #1)

Number of clients abusing heroin (i.e. on Detoxification or Methadone Maintenance) = 88% (#28)

Of all 32 clients: 84% are in Methadone Maintenance (#27)  
 3% are in Detoxification (#1)  
 9% are in Drug-free counseling (#3)  
 3% are in Alcohol Abuse Program (#1)

Average length of time in Detox = 40.44 days (counting multiple admissions)  
 Average length of time in Methadone Maintenance = 272 days

Age at which client first used drugs = 18-23 yrs (See Graph #2)  
 Average length of addiction = 29.25 months (See Graph #3)

Villages represented by clients: Dededo-16%, Chalan Pago-13%, Barrigada-9%, Harmon-9%, Tamuning-9%, Agana-6%, Mangilao-6%, Toto-6%, and Agana Hts., Maite, Mongmong, Sinajana, Tumon, Yigo, and Yona all with 3% of the clients seen at the Methadone Clinic. (See Graph #4).

N.B.: Data taken from the active files of the Methadone Clinic as of June 29, 1978

PREPARED STATEMENT OF JOHN C. CAMACHO, GUAM MENTAL HEALTH AND  
SUBSTANCE ABUSE AGENCY

II. INTRODUCTION

Prior to 1973 the major drugs of abuse were marijuana, hallucinogens, amphetamines, and barbiturates. The Community Mental Health Center (CMHC) admitted a few persons into its inpatient unit between the years of 1971-1973 who presented problems related to the use of LSD. No other types of admissions relative to drug use were made.

II. RECOGNITION OF THE PROBLEM

In early 1973 the Community Mental Health Center saw patients who presented heroin addiction problems, most, if not all, of whom were Vietnam veterans. The Community Mental Health Center was the only governmental entity cognizant of the then emergent narcotic addiction problem.

III. SYSTEM'S RESPONSE

A. 1973-74

The only forms of treatment available to narcotic addicts were located at the Community Mental Health Center and Teen Challenge, a private religiously-oriented organization which provided residential and outpatient care to a limited extent.

The Community Mental Health Center offered three treatment modalities, only one of which was formally institutionalized. These modalities were:

- (1) Inpatient detoxification through the use of analgesic medications;
- (2) Counseling on an out-patient basis; and
- (3) Residential treatment through Habilitat, a Hawaii-based private non-profit organization which operates a therapeutic community.

There were problems with all three modalities.

Regarding the first listed modality, two basic problems were encountered. First, the physicians responsible for medication prescriptions had no experience in the treatment of narcotic addiction at any phase. Hence, there were problems with types of medication to be prescribed, the quantity thereof, the frequency of administration, and the length of treatment time per detoxification case. Second, there was no medical protocol instituted by which could be assured the continuity of the detoxification program and from which the program could have evolved.

Regarding the second modality, counseling specific to narcotic addiction was barely adequate for two reasons: (1) lack of trained counselors; and (2) lack of counselor exposure to narcotic addiction problems.

Regarding the third modality, referrals to Habilitat Guam unexceptionally resulted in the premature termination of persons so referred. Such termination proceeded from the Guam clients' own actions and not those of Habilitat's. The reason presented by said clients involved Habilitat's use of "attack" therapy.

By way of explanation, Habilitat viewed attack therapy as an effective means by which could be dismantled ego defense mechanisms, considered principally responsible for attitudes precursory to psychologically unhealthy behavioral patterns, with a view towards the reconstruction of the same to psychologically healthier attitudes.

Most local residents referred to Habilitat reported that they were unable to adjust to verbal confrontations devoid of any expectation of physical violence. Others reported intense feelings of confinement to an intolerable degree. Still others left for reasons unknown.

B. 1974-75

No significant changes respective of treatment services provided in earlier years occurred. There were two changes made: (1) methadone was added to the regimen of medication used for inpatient detoxification; (2) patients referred to Habilitat were carefully screened to ensure compatibility with Habilitat's treatment philosophy. In this respect, the results of such screening proved productive: All three persons referred over the one year period remained with the program at least 18 months contrasted with 10 persons referred the previous year, none of whom stayed longer than 1 month.

Of major interest at this time was the passage of legislation which established a Guam Therapeutic Community. The program was never implemented for reasons cited in Appendix A. Refer to Appendix B for a copy of the Public Law.

*C. 1975-76*

Two significant treatment modalities were added to the range of treatment services provided to narcotic addicts during this period:

- (1) Outpatient methadone detoxification and maintenance;
- (2) Outpatient chemotherapy through the use of Darvon N.

Both Outpatient modalities were developed in response to strong sentiment against the use of the medical and psychiatric inpatient facilities for inpatient detoxification purposes. Staff from the CMHC and GMH opposed such use because of problems encountered with patients whom had managed to smuggle heroin into the inpatient facilities; thefts of hypodermic needles; and abusive behavior on the part of patients with narcotic addiction problems. The staff of both inpatient facilities were simply not prepared to cope with the problems presented by narcotic addicts. The inpatient detoxification program was therefore discontinued.

The application to FDA for authorization to utilize methadone on an outpatient basis and the protocol developed in connection therewith did not consider treatment capacity. The motivating factor behind the submission of such application and protocol was merely to possess the capability to provide outpatient methadone treatment. A limitation of 51 treatment slots was imposed by FDA. That number was found to be sufficient for the number of narcotic addicts who sought that form of treatment. It should be noted that no funding was received from the federal government for this program. The program was implemented with borrowed staff from within the Community Mental Health Center.

It is worthy to note at this point that outpatient counseling services for narcotic addicts remained greatly underdeveloped. This was due to two reasons: first, counselors lacked formal training specific to narcotic abuse; and second, there were too few counselors. Both problems were left unresolved, primarily due to the government's program of austerity which was then in effect.

*D. 1976-77*

The first part of 1976 witnessed the recruitment of one additional full-time person for the methadone program. But the promise of further refinement of the program was short-lived. In the mid-part of 1976 three persons holding key positions resigned, claiming their resignations were prompted from frustration encountered with the bureaucracy of the government. Although these persons were originally hired to perform single state agency functions, in actuality they were involved with the provision of direct services germane to the methadone program. Said program's static treatment capacity was therefore reduced to twenty clients.

Also in 1976, Typhoon Pamela struck Guam and wreaked extensive damage on the CMHC. Many records, client folders, and significant correspondence were irreparably damaged or irretrievably lost. Such damage and loss impacted on future treatment planning efforts in the respect that valuable data therefore was no longer available.

*E. 1977-78*

The outpatient methadone program received additional full-time staff which brought the static treatment capacity back up to 51. NIDA awarded funding for twenty treatment slots within the outpatient methadone program which to that extent freed local funds that were then used to expand the chemotherapy and drug-free counseling treatment modalities.

Formal linkage was established with Salvation Army Alcohol Treatment Facilities, a residential program which provides services to drug and alcohol and which is located in Hawaii.

The treatment services offered at the CMHC were then the following:

- (1) Outpatient methadone maintenance;
- (2) Outpatient methadone detoxification;
- (3) Outpatient counseling (drug-free);
- (4) Referral to:
  - (a) Rehabilitat;
  - (b) Salvation Army.

The range of services provided at this time may appear impressive but in actuality they were quite limited in scope. Counselors, for example, had yet to receive formal training in substance abuse counseling. Further, the number of available counselors could not do justice to the client caseload size.

F. 1978

The level of services provided at the Community Mental Health Center remained unchanged.

Three new programs came into existence outside of the CMHC, two permanent and the third ad hoc in nature.

First, the Seventh Day Adventist Clinic instituted a highly structured Darvon N detoxification program with a static treatment capacity of 5 clients per day period. The program provides clients with a very structured diet and exercise program, and requires clients to be present every day of the 30-day period in order for intensive counseling to occur. Client liquid consumption is also regulated.

Secondly, a team of Good Shepard Sisters opened a drop-in Center which provides crisis intervention and follow-up counseling services. The program, entitled, "Camarin Center," is family-oriented in nature.

Thirdly, the Mental Health and Substance Abuse Agency established a drug crisis center pursuant to an Executive Order which declared a state of emergency relative to substance abuse.

Briefly, there was a period of time when heroin was unavailable to the local addict population. Consequently, heroin addicts seeking treatment for withdrawal pains came in numbers too large for the existing network of treatment programs to accommodate. Therefore, the drug crisis center was established. Its primary focus was on detoxification. The program served the purpose for which it was initiated in that it attended to the needs of over 120 persons within a 2 month period. Presently, plans are underway to develop a follow-up program to the drug crisis center.

#### RECOMMENDATIONS

The Guam Mental Health and Substance Abuse Agency makes the following recommendations to the Congress of the United States:

##### *Recommendation*

That Congress amend U.S. Public Law 92-255, as amended, specifically Section 409, to permit Guam to receive the minimum allocation for which each of the 50 states is eligible.

##### *Rationale*

Said Public Law describes the statewide planning and administrative activities each state and territory must perform as a prerequisite to receiving formula grant funds. A formula is used to determine the amount of funds to be awarded per applicant state and territory. Notwithstanding such formula, each state, by virtue of its status as such, is entitled to receive a minimum amount of \$100,000, which minimum amount is not applicable to Guam. The aforesaid formula alone is applied to determine the allocation for Guam, which allocation barely exceeds \$30,000. With this amount, Guam is expected to not only perform the planning and administrative activities required, and which are quite extensive in scope, but to fund direct service activities. Need we say more?

##### *Recommendation*

That Congress influence federal agencies having a relevant interest in substance abuse to grant special consideration in the treatment of all Guam's application for federal funds made thereto, including waiver of all fees, transportation, and other costs in connection with any conferences, workshops, seminars, and meetings which such agencies may sponsor.

##### *Rationale*

Guam is currently faced with a narcotics abuse problem of enormous proportion. Guam quite possibly has the most heroin abusers per 100,000 population in the whole of the United States. This problem requires urgent attention best rendered through instituting programs which address all aspects of substance abuse. But the development of such programs requires funds which the Government of Guam lacks. Hence, the necessity to apply for federal funds exists.

Federal requirements which apply to grant applications are oftentimes exceedingly difficult to comply with. Guam's problem with substance abuse is

relatively new. Therefore Guam does not possess all the data and research products required nor a completely desirable level of planning experience.

The distance which separates Guam from the continental U.S. has prevented desirable exploitation of training opportunities, conferences, and other worthy endeavors not locally available. The transportation costs are simply too prohibitive. Important trends are difficult to keep track of and hard to appreciate second-hand. The states are not plagued with such problems.

#### *Recommendation*

That Congress waive all matching requirements which may apply to Guam in the area of substance abuse.

#### *Rationale*

The reasons cited earlier apply in full.

### APPENDIX A

#### HISTORY OF THE THERAPEUTIC COMMUNITY

The following outlines the problems encountered by the Community Mental Health Center in implementing the "Guam Therapeutic Community Center."

##### A. ADMINISTRATIVE PROVISIONS OF THE THERAPEUTIC COMMUNITY LEGISLATION

Guam Public Law 12-81 establishes "A Guam Therapeutic Community Center *within* the Guam Community Mental Health Center." The text then states the "Center" is established "*within the Guam Memorial Hospital*" which Community Mental Health Center is a part of. The legislation continues by defining the administrative provisions, "*The management and control of the Guam Therapeutic Community Center shall be vested in a board of directors to consist of nine (9) members to be appointed by the Governor with the advice and consent of the Legislature.*" This type of situation is usually found in autonomous or semi-autonomous departments of the Government, and not in programs offered by the same departments. In essence what this situation would have created is a lot of confusion as to lines of authority. Does the Therapeutic Community Board report to the Governor who appointed them or do they report to the Hospital Administrator and the Hospital Board of Trustees?

Another situation that the legislation creates is related to the one mentioned in the preceding paragraph. The law states that the Executive Director shall be appointed by the Governor with legislative confirmation.

Again who does the Director report to? The Governor, the Therapeutic Community Board, or the Guam Memorial Hospital Board of Trustees, or the Hospital Administrator?

##### B. APPOINTMENT OF EXECUTIVE DIRECTOR

In April of 1974 an Executive Director was appointed by the Governor of Guam and placed on consultant contract pending confirmation by the Legislature. This person's name was transmitted to the Legislature, however, confirmation never was achieved. The reason it stalled was that the Legislature wanted to first act on the confirmation of the board of directors for the Therapeutic Community. In January of 1975 the Director designee submitted a courtesy resignation to the new Governor but never received a reply to his letter.

##### C. APPOINTMENT OF BOARD OF DIRECTORS

In September of 1974 a list of names was sent to the Legislature for confirmation as the Board of Directors. The Legislature's term was up in January of 1975 and up to that date no action was taken on confirmation.

##### D. FUNDING SITUATION

The Therapeutic Community was funded initially through the passage of Public Law 12-95 which appropriated \$18,000 to fund the program from January 1974 to June 1974. However, due to some of the problems mentioned above, the program was never fully implemented. The Community Mental Health Cen-

ter foreseeing that the program would need continuation submitted their budget to their mother agency, Guam Memorial Hospital, which included the budget for the continued operation of the Therapeutic Community. Guam Memorial Hospital decided not to include the Therapeutic Community budget in the overall hospital budget because it was not included in the previous year's budget. They may have felt that submission of the Therapeutic Community budget would make it appear like they were asking for a larger increase than what reality would have it. This situation was partially remedied by encumbering the remainder of the previous year's Therapeutic Community budget for spending in the new fiscal year.

#### E. CHANGE OF ADMINISTRATION

All of the above mentioned events occurred during an election year. At the end of the year a new Governor was elected and there was substantial changes in the make-up of the Legislature. These changes most certainly affected the continuity of the program's implementation.

### APPENDIX C

#### HISTORY OF THE GUAM SINGLE STATE AGENCY

The following is a history of the evolution of Guam's efforts at planning for drug treatment and prevention. Problems will be discussed which relate to treatment delivery and Guam's capability for tapping funding resources.

##### A. THE BEGINNINGS OF THE SINGLE STATE AGENCY

On March 23, 1973, Executive Order 73-12 designated Guam Memorial Hospital as the Single State Agency for drug abuse prevention, treatment, and rehabilitation. Guam Memorial Hospital in turn delegated the responsibilities inherent in this designation to the Community Mental Health Center. That same year the first plan was submitted outlining a multitude of objectives to pursue in the ensuing year. It would seem that those who drafted this initial plan were overly optimistic in stating their objectives. This impression is based on the fact that there were no funds identified for implementation, there were no trained individuals available on Island to staff programs, and since the plan was written by an off-island consultant, continuity was doubtful. It is important to note that out of 17 objectives only 1 was accomplished in full during that year.

##### B. EFFORTS AIMED AT REFINING THE SINGLE STATE AGENCY

The inadequacies of the Single State Agency were first documented in a memorandum dated March 27, 1975.

This memorandum from the Mental Health Administrator to the Guam Memorial Hospital Board of Trustees, cited the need to develop a functional Single State Agency with its own staff. It was felt at the time that the dual role, that of service delivery and State administration, was inadequate as full attention could not be devoted to either one. A month later in April, 1975, a site visit was made of the CMHC by representatives of HEW, Region IX. In their site visit report to the Governor, the two visiting officials also cited the need for refinement of the SSA. These recommendations were never implemented partially because funding was not available and because there was a general lack of understanding of the concept of an SSA by Government Officials outside of the CMHC.

In 1977 further refinement of the SSA occurred. This refinement, however, was still very inadequate. What was done at that time was the organizational structure of the SSA was better defined. Apportionment of time of other CMHC staff was also defined. The main deficiency was again the fact that people had two roles to play. Because of this GMH still could not give justice to its' role as SSA.

##### C. REDESIGNATION OF THE SINGLE STATE AGENCY

In February of 1978, Executive Order No. 78-3 created the Mental Health and Substance Abuse Agency and redesignated the functions of the SSA from

GMIH to said agency. The new agency has been in existence now for three months. During this period of time much effort has been devoted to program planning, training, education and prevention activities. As a point of contrast, the new SSA is staffed at present with eight (8) full-time positions. The following is a list of those positions filled:

- (1) Administrator;
- (2) Drug Coordinator;
- (3) Alcohol Coordinator;
- (4) Training and Education Coordinator;
- (5) Finance and Grants Coordinator;
- (6) Research and Evaluation Coordinator;
- (7) Administrative Officer; and
- (8) Clerk Typist.

The position of Mental Health Coordinator is yet to be filled, however, we anticipate that this position will be filled in the near future.

A list of the major accomplishments of the Mental Health and Substance Abuse Agency follows:

Sent a team of 5 people from the Department of Education Drug Task Force to Hawaii for training and observation of programs i.e., peer counseling, school based Crisis Intervention, and Outward bound.

Funded program for drug education curriculum development.

Sent two direct service providers from the Drug and Alcohol Clinic to Hawaii for training in the area of Assessment Interviewing and treatment planning.

Implemented a Drug Crisis Center to respond to treatment needs of heroin addicts suffering withdrawal as a result of an Island-wide unavailability of heroin.

Trained CETA employees under the supervision of Juvenile Justice, to conduct a substance abuse survey in major villages.

Began work in the development of a State Plan for Substance Abuse.

Coordinated with the Department of Public Safety and the Kiwanis Club in implementing a village based drug prevention program.

Conducted workshops upon request to various Local and Federal Government Agencies, and private organizations.

Coordinated with the Governor's Office in developing an application for LEAA funds.

#### APPENDIX D

#### GOVERNMENT OF GUAM, OFFICE OF THE GOVERNOR, AGANA, GUAM, EXECUTIVE ORDER No. 76-3

#### REDESIGNATION OF THE GUAM MENTAL HEALTH AND SUBSTANCE ABUSE AGENCY

WHEREAS, the infusion of federal and local resources for the support of mental health and substance abuse care services on Guam has not appreciably changed the mental health and substance abuse status of the people of the Territory and such resources are limited; and

WHEREAS, there is no regulatory authority to oversee and coordinate all operations and services relative to mental health and substance abuse program delivery systems; and

WHEREAS, the need for a single state agency of mental health and substance abuse is recognized by Congress and the President of the United States and emphatically stipulated in the Public Health Services Act, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Acts, and Title XX of Social Security Act; and

WHEREAS, Public Laws 94-63 and 91-616, as amended, authorize the establishing of a State Mental Health and Substance Abuse Agency to perform comprehensive planning, implementation, monitoring, and other regulatory functions and activities relative to mental health and substance abuse; and

WHEREAS, the effective implementation of Mental Health and Substance Abuse plans and projects must gain the support of the community; and

WHEREAS, decisions relative to the allocation of Mental Health and Substance Abuse resources on the island must be arrived at as objectively as possible and further, decisions relative to the planning, implementation and regulation

of Mental Health and Substance Abuse resources and services must also be made in the most forthright and objective manner ; and

WHEREAS, the plans, recommendations and decisions made by the State Mental Health and Substance Abuse Agency involve large amounts of federal and local funds ; and

WHEREAS, the effective implementation and regulation of Mental Health and Substance Abuse resources is the responsibility of the Executive Branch of the Government of Guam ;

NOW, THEREFORE, I, RICARDO J. BORDALLO, Governor of Guam, by virtue of the authority vested in me by the Organic Act of Guam, as amended, do hereby order as follows :

(1) Executive Orders 70-37, 71-7, and 73-12 are hereby repealed.

(2) The Guam Mental Health and Substance Abuse Agency is hereby established as an Agency of the Executive Branch of the Government of Guam. This Agency shall be operated in accordance with applicable territorial statutes, policies, regulations, and procedures.

(3) The Agency shall be administered by an Administrator who shall be appointed by the Governor. The annual salary of the Administrator position shall be Twenty Seven Thousand Dollars (\$27,000).

(4) The Administrator shall submit annually a plan to the Governor indicating which positions shall be unclassified and which shall be classified. The salary levels of the unclassified positions shall require the approval of the Governor. The approved unclassified positions shall be filled by appointment of the Administrator. The employment of personnel in the classified positions shall be executed within the regular hiring procedures of the Government of Guam.

#### *Agency purposes*

For the purpose of improving the Mental Health of the residents of Guam ; increasing the accessibility, acceptability, continuity, and quality of Mental Health and Substance Abuse services for the residents, restraining increases in the cost of providing residents' Mental Health and Substance Abuse services, and preventing the unnecessary duplication of Mental Health, and Substance Abuse resources, the Agency shall have as its primary responsibility, the provision of effective Mental Health and Substance Abuse planning for the island, and the promotion of the development within the area of Mental Health and Substance Abuse services, manpower, and facilities which meet identified needs, reduce documented inefficiencies, and implement the Guam Mental Health and Substance Abuse Five-Year Plan. To meet its primary responsibility, the Agency shall carry out the following functions :

(a) The authority is authorized to undertake social projects within its administration, one of which shall be the Guam Treatment Alternatives to Street Crime (TASC), a program designed to serve as a referral agency through which drug dependent offenders may be diverted from the criminal justice system into treatment and rehabilitation programs.

(b) The Agency shall assemble and analyze data concerning :

(1) the status (and its determinants) of the Mental Health of the residents of Guam ;

(2) the status of the Mental Health and Substance Abuse care delivery system in Guam and the use of that system by the island's residents ;

(3) the effect the island's Mental and Substance Abuse care delivery system has on the mental health of the residents of Guam ;

(4) the number, type, and location of the island's Mental Health and Substance Abuse resources, including Mental Health and Substance Abuse services, manpower and facilities,

(5) the patterns of utilization of the island's Mental Health and Substance abuse resources, and

(6) the environmental and occupational exposure factors affecting immediate and long-term conditions.

(c) Establish, annually review, and amend as necessary the Guam Mental Health and Substance Abuse Five-Year Plan which shall be a detailed statement of goals.

(1) Describing a mentally healthful environment and Mental Health and Substance Abuse systems on the island which when developed, will assure that quality Mental Health and Substance Abuse services will be available and accessible in a manner which assures continuity of care at a reasonable cost for all the residents of Guam ;

(2) which are responsive to the unique needs and resources of the area; and

(3) which take into account and are consistent where applicable with the national guidelines for Mental Health and Substance Abuse planning policies issued by the Secretary of the Department of Health, Education and Welfare.

(d) The Agency shall annually review, and amend as necessary an Annual update to the Five-Year Plan which describes objectives which will achieve the goals of the Guam Mental Health and Substance Abuse Five-Year Plan and priorities among the objectives.

(e) The Agency shall develop and publish specific plans and projects for achieving the objectives established in the Annual update to the Five-Year Plan.

(f) The Guam Mental and Substance Abuse Agency shall implement the Guam Mental Health and Substance Abuse Five-Year Plan and Annual update to the Five-Year Plan which when submitted through the State Health Planning and Development Agency to the Secretary of HEW, shall be the health policy documents of the Government of Guam. In implementing such plans, the Agency shall perform at least the following functions:

(1) the Agency shall seek, to the extent practicable, to implement its Mental Health and Substance Abuse Five-Year Plan and Annual update to the Five-Year Plan with the assistance of individuals and public and private entities on the island;

(2) the Agency may provide, in accordance with the priorities established in the Annual update to the Five-Year Plan technical assistance to individuals and public and private entities for the development of projects and programs which the Agency determines are necessary to achieve the Mental Health and Substance Abuse systems described in the Guam Mental Health and Substance Abuse Five-Year Plan.

(3) the Agency shall, in accordance with the priorities established in the Annual update to the Five-Year Plan, make grants to public and non-profit private entities and enter into contracts, subject to the Governor's approval, with individuals and public and non-profit private entities to assist them in planning and developing projects and programs which the Agency determines are necessary for the achievement of the Mental Health and Substance Abuse systems described in the Guam Mental Health and Substance Abuse Five-Year Plan. Such grants shall be made from funds received under Public Laws 91-616, 92-255, 94-63, and other Public Laws that may become applicable.

(g) The Agency shall coordinate its activities with all appropriate governmental and private agencies and for this purpose shall enter into written coordination agreements, the content of which will depend upon the nature and extent of coordination. The agency shall seek to enter into agreements with the following:

(1) the Guam Medical Society (relative to its relationship with a Professional Standards Review Organization),

(2) the Guam Memorial Health Plan,

(3) the Family Health Program,

(4) the Health Maintenance Life Program,

(5) Health Insurance Providers,

(6) the Social Security Administration; and any other private group or agency which the Agency determines appropriate.

(h) The Agency shall review and approve or disapprove each proposed use on Guam of federal funds for Mental Health and Substance Abuse Services.

(1) appropriated under the Public Health Services Act, or

(2) the Community Mental Health Center Act; or

(3) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act; and the Comprehensive Drug Abuse Prevention, Treatment and Rehabilitation Act for grants, contracts, loans or loan guarantees for the development, expansion, or support of Mental Health and Substance Abuse resources; or funds made available by the Governor of Guam for support of any of the above, subject to review and approval per Executive Order 77-20 and Public Law 93-641.

5. The Agency shall be advised by the Guam Mental Health and Substance Abuse Advisory Council. The Governor shall appoint two members to serve for a period of one year and three for two years. The Council shall be composed of one

representative from the Medical Society, one representative from the Bar Association, one from a private organization dealing with mental health and drug abuse, one from an employers council, and one from the general public. The Chairperson shall be elected by majority vote of the membership and shall serve in that capacity for two years each term. The Council shall advise the Agency generally in the performance of its functions. This advisory capacity shall include but not be limited to:

- (a) review of the Guam Mental Health and Substance Abuse Five-Year Plan;
- (b) review and comment on the annual update to the Five-Year Plan based upon its consistency with the Guam Mental Health and Substance Abuse Five-Year Plan;
- (c) review and comment on applications made for grants from the Guam Mental Health Service Development Fund;
- (d) review annually and comment on any State Plan any application and any revision of a State Plan or application developed as a condition for receipt of any funds under allotments to States described in Section 4 of this Executive Order;
- (e) review and comment on the Annual Work Program of the Agency, its Annual Grant Applications, and Policies and Procedures.

6. The Department of Administration shall provide administrative support for the Agency's accounting and purchasing requirements.

7. The Agency shall have cabinet ranking and shall have all the authority, privileges, and responsibilities in the administration of its duties.

8. The Agency shall perform its functions in accordance with federal Public Laws 91-616, 92-255, 94-63 and 93-641 and any amendments thereto, and all applicable laws, rules, regulations, policies of the territory and Executive Order 77-20.

9. The current 100 percent federal funds, supplies, equipment, and records being used by the Guam Memorial Hospital Authority for support of the Guam Mental Health and Substance Abuse Agency shall be transferred to the Agency upon the signing of this Order.

10. The Administrator, upon appointment by the Governor, shall be responsible for the transfer of all other funds, supplies, equipment and records, and for the recruitment of needed personnel.

This Order shall take effect upon the date of my signature.

Signed at Agana, Guam, this 18th day of February, 1978.

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PREPARED STATEMENT OF DR. HEE YONG PARK, CHIEF MEDICAL EXAMINER,  
GOVERNMENT OF GUAM

I would like to present a statistical data on the Drug-related Deaths and those from drug overdose which occurred during the past 8 and a half years from 1970 to the end of June, 1978 on this Territory of Guam. The Guam Memorial Hospital Pathology Department has conducted medico-legal autopsies on all the unusual or unnatural deaths occurring in the Territory of Guam since 1968 and the function was taken over by the Office of the Chief Medical Examiner in the latter part of 1972 pursuant to the Public Law 11-37.

Since we are primarily concerned with the deaths from crime and its possible relation to the drugs, only the data on homicide and suicide are presented. First, I shall present the yearly data starting 1970 and later a summary and comment will follow. Since the eventual goal is to cut down the crime rate and, if at all possible, eradicate the unnecessary deaths from drug overdose, I shall give my personal view with suggestions in regard to the prevention of such crimes.

In 1970, a total of 73 medico-legal autopsies were performed and of these; 5 were homicides, 3 were suicides and 2 were from drug overdose. Of the 5 homicidal deaths, 3 were from gunshot wounds and the remaining 2 were from stabbing and blunt injury, respectively. Of the 3 suicidal deaths, 2 were from hanging and 1 was from blunt head injury. Of the 2 drug related deaths, one was from Dordiden overdose and the other was from barbiturate poisoning. There was no heroin or morphine detected.

In 1971, a total of 80 medico-legal autopsies were performed and of these there was only 1 homicide from gunshot injury and no drug related death was observed. There were 3 suicidal deaths from gunshot wounds. The year of 1971 is recorded the most peaceful of all as far as the crime was concerned.

In 1972, there were 94 medico-legal autopsies performed and only 3 homicidal deaths are recorded. One was from gunshot wound and the 2nd one from blunt head injury and the 3rd one from stab wound. There were also noted 7 suicidal deaths and 5 of them were due to gunshot wounds. The remaining 2 were from hanging and stabbing. There was not a single drug related death.

In 1973, a total of 164 medico-legal autopsies were performed by the Office of the Chief Medical Examiner. Eight of them were homicide and 10 were suicide, and none was recorded as drug related death. Of the 8 homicidal deaths, 6 were from gunshot wounds and remaining 2 were from stabbing and strangulation. Of the 10 suicidal cases, 3 were from gunshot wounds and 7 were by hanging.

In 1974, a total of 140 autopsies were done and 12 of them were homicides and 6 were suicides and 4 were drug related deaths. Of the 12 homicides, 10 were from gunshot wounds and 2 from stabbing. Of the 6 suicides, 5 were from hanging and 1 from burn. The four deaths from drug overdose were in the young age group ranging from 18 to 22 years of age. This was the first death reported solely attributable to the drug overdose. We never had one before 1974. The cause of death in all those 4 cases was acute narcotic poisoning and in all of them heroin was detected by toxicology examination. In addition, barbiturates and Darvon have also been recovered together with the morphine or heroin. All the drug related victims were known to be addicted to heroin. The usual cause of death in such drug overdose case is a respiratory failure due to depression of the central nerve system with or without complication of septicemia and/or destruction of brain.

As far as the manner of death is concerned, it is extremely difficult to determine with certainty whether a given death from drug overdose is suicide, homicide or accident. Therefore, we usually put down the manner of death as "undetermined", because the death can be any one of the three modes. The pusher sometimes provides very potent stuff to the addict for the purpose of killing. On the other hand, the addict frequently commits suicide or sometimes gets killed accidentally by injecting the stuff without knowing the potency of the drug or not knowing the real danger of such drug which may cause hepatitis and/or septicemia or endocarditis. Therefore, many of the drug overdose victims cannot be clearly classified as to their manner of death.

In 1975, a total of 156 medical examiner autopsies were done and of these; 12 were homicides, 6 were suicides and 2 were drug related deaths. Of the 12 homicides 11 were from gunshot wounds and 1 from blunt injury. Of the 6 suicides, 3 were from hanging, 2 from gunshot injuries and 1 from fall or jump from height. The 2 deaths related to drug overdose were again in the young age group of 19 to 21 years of age, and in one of them both morphine or heroin, barbiturates and Vallium were recovered in the blood and urine samples. The cause of death in those two cases was respiratory failure due to depression of the central nerve system function.

In 1976, a total of 164 medico-legal autopsies were done by the medical examiner's office. There were 11 homicides, 4 suicides and 6 drug related deaths. Of the 11 homicides, 9 were from gunshot wounds, 1 from strangulation and 1 from stab wound. Of the 4 suicides, 3 were from gunshot wounds and 1 from fall or jump from height. The year of 1976 was the peak as far as drug related deaths were concerned. The age group involving the 6 deaths from drug overdose was ranging from 18 to 41 years. In practically all of the 6 bodies we found heroin or morphine and occasionally barbiturates. In acute narcotic poisoning, the death is usually sudden, occurring within 24 to 48 hours. However, in occasional cases, the patient may survive for 5 to 7 days and die from generalized septicemia, brain damage and respiratory failure. Some of these addicts were on methadone program, but it apparently did not work out favorably and many of them went back to their bad habit whenever they found such opportunities.

In 1977, a total of 150 medico-legal autopsies were performed and of these, 10 were homicides, 44 accident, 15 suicides, 66 natural deaths and 9 from drug overdose. The drug related deaths have been increased almost double as compared to that of 1976. The number of homicide cases is unchanged, but the suicides have definitely increased almost 4 times as compared to the previous year. The majority of those 9 deaths from drug overdose were due to heroin injection or in combination with other drug such as barbiturates and Vallium. Many of them were also found to be a chronic habitual drinker which may potentiate the action of those depressant drugs.

In 1978, we already have performed 77 medico-legal autopsies during the first six months covering January thru June; and there were a record breaking 14

homicides, 4 suicides and 7 drug related deaths. At this time, I would like to point out the fact that the numbers of drug related deaths and homicides have increased to a terrifying level and the figures are completely out of proportion to those of previous years. All of the 7 drug related deaths occurred during the four months period from January to April, and none is recorded in the following May and June. The age distribution is from 18 to 28 years. The majority of deaths were among those of heroin addicts.

As clearly stipulated in the Public Law 11-37, the objectives or functions of the Chief Medical Examiner's Office are to conduct scientific medico-legal investigation and to perform forensic autopsies and toxicology analysis on all deaths occurring in the Territory under unusual or unnatural circumstances, such as, homicides, accidents, suicides, and those sudden unexpected deaths not caused by readily recognizable diseases and dying in a suspicious manner. The C.M.E.'s Office is run by the Chief Medical Examiner under the supervision of the Commission on Postmortem Examinations. The office is presently located in the 1st Floor of the C-Wing the old Guam Memorial Hospital Building. There are altogether 3 staff members, namely the Chief Medical Examiner, Administrative Secretary and Mortician-Morgue Attendant.

#### SUMMARY AND COMMENT

As you see from the data presented above, we practically never had a drug related death until 1974 and this was the time we began to see the dopes going around on the island and killing the youngsters and causing drug related crimes. Until the end of 1973, the total number of homicides in each year was under 10 or maximum 8 cases, whereas, starting the year of 1974, it sharply increased and we see on an average of 11 to 12 homicide cases each year. As I understand, approximately 80 to 90 percent of these homicides are drug related, although, the victims are not necessarily taking the drugs prior to death. The majority of those homicide victims are youngsters ranging from 15 to 35 years of age. The number of drug related deaths in recent years appear to be steadily increasing and we already have observed 7 deaths from drug overdose in six months period. The most alarming figure of all is the 14 homicides in the first six months of 1978.

I would like to point out at this time that the majority of homicides are committed by means of guns. Many of the gunshot wound victims are also known to be a drug addict. Incidentally, we noted that there was much higher incidence of accidental deaths in comparison with those of homicides and suicides. The most common cause of accidental death is by traffic accident and next by drowning, electrocution, and burn in the decreasing order. We lose about 25 lives or more each year from traffic accidents and again many are dying from drowning.

I would like to make a few suggestions or comments for the prevention of crimes on this island.

(1) More strict gun control: It is very unfortunate that we see too many guns around and this becomes a seed of many crimes and unnecessary suicides. Whenever I go to the scene of death from crime or suicide, many times I feel that the vast majority of those mishaps could have been avoided if the gun had not been around within the house or in close vicinity. Only the law enforcement officers and very limited group of people should be permitted to possess guns. What they could do is to confiscate all the registered and unregistered guns from every individual on the island by setting certain grace period so that even those who are carrying the guns illegally are given opportunities to surrender their firearms. Then, the law enforcement authorities will evaluate those candidates who may be allowed to carry a gun with much more strict control. Those guns should be properly registered and frequently renewed with presentation of the firearms to the proper authorities. Certainly, we must do something about this gun control because it is too loose.

(2) A new legislation of capital punishment for first degree murder and severe penalty or more strict and rigid sentence for 2nd degree murders or manslaughters: It has been and is the practice that many of the criminals have been loosely prosecuted or not even prosecuted through bargaining between the prosecuting attorneys and the defense counsel. Even those who kill somebody can be released from penitentiary on bail and let them freely move around the streets and allow them to commit 2nd, 3rd, and 4th crimes repeatedly. Now it is a common knowledge that any persons who even commit murders can get out of the jail through certain bargaining, putting some bail on, or thru some other means.

What is the purpose of spending so much money and putting so much time and efforts to the law enforcement authorities unless we can find some long lasting solution to prevent the crimes rather than trying to chase the criminals?

(3) As already pointed out in the foregoing discussion, we must do more strict control on drug dealing especially with regards to narcotics and all the control items. Since we know that about 80 to 90 percent of all the crimes are somehow drug related, I strongly suggest that even a capital punishment should be applied to the major narcotic dealers. This may be the only way to stop the drug related crimes and suicides.

(4) TV Program: Nowadays there seems no attractive TV program without showing shooting scenes. What do the youngsters expect to learn from watching such TV program? Many innocent kids learn that and even try to imitate in practice. I suggest that Government of Guam should even write a memo or recommendation to the News Media and TV programmers to the effect that they should take this matter into their serious consideration when they put on such programs dealing with death scenes with shooting.

(5) Home Culture: It is extremely important that good manner must come from the good home culture which is a back bone of the better education of the children. Without such long deeply rooted home culture, the school education alone will not solve the whole problem.

(6) Proper Rehabilitation Measures for the Addicted Individuals: The current methadone clinic at the old Guam Memorial Hospital practiced on an OPD basis does not appear adequate for complete cure of the individual. I think we need an institutional care at the same time.

I sincerely hope that this small piece of report will be of help in providing ideas as to how we can minimize the overall crime rate and the drug related deaths.

Thank you very much for your kind attention and keen interest in our joint efforts for the prevention of crime on this island.

#### STATISTICAL DATA ON DRUG-RELATED DEATHS

[Year 1970 through June 1978]

| Year             | Total M.E. autopsy | Drug-related deaths | Homicide | Suicide | Remarks  |
|------------------|--------------------|---------------------|----------|---------|--|
| 1970.....        | 73                 | 2                   | 5        | 3       | Darvon and barbiturates.                           |
| 1971.....        | 80                 | 0                   | 1        | 3       | No drug death.                                     |
| 1972.....        | 94                 | 0                   | 3        | 7       | Do.  |
| 1973.....        | 164                | 0                   | 8        | 10      | Do.  |
| 1974.....        | 146                | 4                   | 12       | 6       | All 4 showed heroin with barbiturates and Darvon.  |
| 1975.....        | 156                | 2                   | 12       | 6       | Both had heroin, barbiturates, and Valium.         |
| 1976.....        | 164                | 6                   | 11       | 4       | All 6 had heroin and occasional barbiturates.      |
| 1977.....        | 150                | 9                   | 10       | 15      | All 9 were heroin addicts.                         |
| 1978 (½ yr)..... | 77                 | 7                   | 14       | 5       | All with heroin with or without Valium and Darvon. |

Note: (1) The manner of death for those drug-related deaths is usually classified as "Undetermined." It could be homicide, suicide, or accident, depending on the circumstance of death. (2) About 20 percent of the traffic deaths involving the young drivers may be related to the drugs with or without alcohol consumption.

Prepared by: Hee-Yong Park, M.D., Chief Medical Examiner, Territory of Guam.

#### PREPARED STATEMENT OF REAR ADMIRAL DAVID S. CRUDEN, COMMANDER IN CHIEF PACIFIC REPRESENTATIVE, GUAM AND THE TRUST TERRITORY OF THE PACIFIC ISLANDS

I have received a copy of Chief Counsel Nellis' letter to Secretary of the Navy Claylor and will attempt to provide you information on the areas in which he indicated you were interested; that is, the problem of drug abuse among naval personnel on Guam and the availability of facilities to treat drug abusers and any major investigations involving trafficking in narcotics.

There are thirty-four naval commands on Guam plus seven homeported submarines and one submarine tender. Exclusive of the crews of the submarines, who spend little time on Guam, these commands have 5,800 naval personnel

assigned of which approximately 55 percent are under 26 and the most vulnerable age for involvement in drug abuse. While most of these personnel do not come directly under my command, as the area coordinator for all naval personnel on Guam and as the senior naval officer present, I have broad responsibility regarding the maintenance of good order and discipline and health within the naval community. I have several means available to help me assess the drug situation: reports from the Naval Investigative Service, personal contact with naval commanding officers, monthly reports from all Navy commands on drug abuse prevention and detection, monthly reports from the counseling and assistance center, and both private and official contacts in the local community.

I would like to begin by discussing the magnitude of the drug abuse problem among naval personnel and the trends in drug abuse with emphasis on the period after 1 January 1977.

There is not within the naval service any given set of statistics that is designed to provide a precise broad based measure of the extent of drug abuse in any particular command or in the Navy in general. Most of the statistics that are collected come from drug abuse control or rehabilitation programs. However, when the data collected from the different programs is compared it is possible to determine some magnitude of the problem as well as the trends.

One means for assessing the drug abuse problem is the urinalysis program. This program will detect the use of narcotics, amphetamines, barbiturates and several other drugs. It does not detect marijuana use. As you are aware, in October 1976 as a result of congressional action the random urinalysis program in which the frequency and dates of testing were directed from outside the command was abolished. Commander directed urinalysis was retained. Under commander directed urinalysis the commanding officer may select the frequency of testing, the individuals to be tested and the dates of testing. As Guam was a high risk area for drug abuse, COMNAV MARIANAS as area coordinator published a policy requiring that as a minimum commands test personnel under the age of 26 years 3 times annually for drug abuse. The results of these tests are reported to COMNAV MARIANAS and subsequently to CINCPACFLT. During calendar year 1977, 3.2 percent of the naval personnel on Guam who were tested were identified as drug abusers. That is to say they were either confirmed by urinalysis and subsequent medical analysis as drug abusers or they had drugs in their systems the presence of which could not be attributed to any prescribed medicine. In 1978 the percent of drug abusers identified through the urinalysis program dropped to 2.0 percent, a decrease of 1.2 percent. In the last two months the abuser level has been 1.7 percent.

The statistics gathered by the Naval Investigative Service (NIS) on Guam can also be profitably used to assess drug abuse trends. Attachment "A" is a graph which depicts by month for the period 1 Jan 77-1 Jun 78 the number of drug cases opened, the breakdown between heroin and marijuana cases and the number of personnel involved in the cases. These statistics show a slow increase in all of these categories commencing in early 1977 followed by a peak in October/November 1977. It is worth noting that April and May 1978 are the first two months in the last seventeen when NIS has not opened a new heroin case. The frequency of drug related courts-martial necessarily parallels NIS investigations. During the January 1977 to June 1978 period, sixty-eight general and special courts-martial were convened by Guam naval commands. Of these, 24 were drug cases—6 general courts-martial and 18 special courts-martial.

While it is too early to say that we have reached and passed a peak in the instance of drug abuse, there were initiatives that commenced in mid 1977 which have contributed to increased emphasis on drug abuse suppression measures within the naval commands on Guam. Among these are:

A. A new monthly report by each naval command of barracks inspections, searches by narcotic detection dogs, drug exemptions granted, gate searches conducted and numbers of drug abusers identified.

B. Greatly increased emphasis upon the use of gate sentries to conduct arrival and departure inspections of vehicles and positively establish the occupants' identity.

C. Emphasis in the quarterly area coordination conference of naval commanding officers on the need for the commanding officer to aggressively involve himself with anti-drug abuse steps.

The Counseling and Assistance Center (CAAC), located at the Naval Air Station, Agaña, conducts on island treatment of detected drug and marijuana users. Personnel who attend the 30-day drug program at the CAAC may have been ordered there by their command as a result of their involvement with drugs or they may voluntarily refer themselves for treatment. Treatment at the CAAC does not extend to detoxification of addicts, as this must be accomplished at the Naval Regional Medical Center (NRMC) before the CAAC can begin the counseling program. All detected naval drug abusers are subject to referral to the CAAC for screening and possible treatment regardless of how they were detected and irrespective of whether disciplinary action is contemplated. This means that the CAAC sees more of Guam's naval drug abusers than any other organization and that the data it collects is, therefore, the most complete of its nature on Guam.

The number of personnel given screening interviews for drug abuse at the CAAC during 1977 was up from 162 in 1976 to 223; an increase of 38 percent. Of these personnel, 88 percent reported using heroin and 12 percent other drugs with marijuana being the most common. The number of personnel screened who reported the use of heroin increased from 79 in 1976 to 197 in 1977, a 149 percent increase. The high percentage of heroin users in this group can in part be explained by the fact that heroin users are much more likely to be detected than marijuana users because of the physical evidence which heroin use or addiction may provide and because the urinalysis program will detect heroin but not marijuana use. Attachment "B" shows a monthly breakdown of reasons for CAAC screening. From January-May 1978 drug abuser screening at the CAAC was up an additional 29 percent over the same period in 1977 but there was a sixteen percent drop in those screened who reported involvement in heroin use. A statistical summary of the CAAC's work is contained in attachments "C" and "D".

Working closely with the CAAC on the matter of abuser rehabilitation is the Naval Regional Medical Center, Guam. The CAAC does not have a live-in drug treatment capability so it can only accept persons who are not physically drug dependent. A drug abuser who is physically addicted is detoxed at NRMC before beginning treatment at the CAAC. If the CAAC recommends that an individual be sent to the Naval Drug Rehabilitation Center (NDRC) at San Diego rather than undergo local treatment on Guam, NRMC makes the arrangements for the MEDEVAC. A graph summarizing NRMC's treatment of drug dependent persons for the past 17 months is included as attachment "E". The trends in this attachment parallel those shown for CAAC screening in attachment "B". Certain conclusions can be drawn from the comparison of these attachments.

A. When the supply of drugs, primarily heroin, is short the number of personnel seeking treatment increases. This was true in early and late 1977 and early 1978. The lack of MEDEVAC's to NDRC in Sept.-Nov. 1977 should be ignored as the center was operating at 50 percent capacity due to remodeling at that time.

B. Both attachments indicate a gradual decline in the use of heroin over the last 17 months.

C. The historical rate of 60 MEDEVAC's per year to NDRC for the years 1977 and 1978 represents one percent of the naval population on Guam in a given year.

My summary assessment of the drug abuse situation on Guam among naval personnel is as follows:

A. A review of all available drug abuse data collected since 1972 indicates that from 1972 to 1974 the instance of drug abuse of all drugs rose sharply. 1974 was the peak year with 1975 and 1976 registering a gradual decline. 1977 showed an increase in the use of heroin over 1976 but not to the levels of 1973 or 1974 use.

B. There remains a serious problem with the abuse of hard drugs. Two to four percent of the target population (18-25 years old) uses hard drugs and based upon the last 17 months data, one percent of the total naval population is MEDEVACED annually to NDRC for treatment.

C. Heroin is by far the most common hard drug. There is evidence that drug users interchange between heroin and marijuana depending upon availability.

D. There appears to be a slight down-turn in the use of heroin in late 1977 and 1978. I credit this primarily to increased enforcement efforts.

E. The number of personnel screened and treated at the CAAC for drug abuse continues to rise. In 1977 the increase was attributable to heroin. This is not the case in 1978 with the increase being mainly as a result of marijuana use.

F. Drug abuse adversely affects the efficiency of naval commands on Guam. However, there has been no measurable effect on any unit's ability to perform its mission.

G. The Navy; through its various programs such as urinalysis screening, CAAC screening and from centralized statistics from medical sources, probably has a clearer idea of the extent of its drug abuse than most U.S. communities do of their drug abuse problem. This could easily create the impression that the Navy has a greater problem relative to civilian communities than is the case.

H. The problem of alcohol abuse within the Navy is also a factor that is receiving considerable attention on Guam. In 1977 the CAAC screened 219 personnel for alcohol related problems. This was an 84 percent increase over 1976 and represented 49 percent of the total screenings at the CAAC in 1977. Screenings for 1978 are up 22 percent over 1977. Attempting to correct alcohol abuse among naval personnel on Guam is receiving heavy emphasis. Our programs discourage the excessive consumption of alcohol and encourage rehabilitation of those members who have been excessive users.

I would like to speak momentarily of our involvement with the local community in the suppression and correction of drug abuse. Because of the tight knit society on Guam and the major naval involvement in all economic and social fields, both the Government of Guam and military leaders realize that neither of us is capable of solving Guam's drug abuse problem separately from the other. The military at all levels has involved itself in anti-drug abuse programs. During the recent island wide four day conference on substance abuse on Guam, COMNAVMARIANAS was one of the four official sponsors and provided a member on the permanent steering committee. Many Navy commanding officers and their drug and alcohol program advisors (DAPA's) participated in the conference and its committees. The Navy has also been active in programs which have conducted drug abuse training for school counselors and health personnel and has provided education on drug abuse to the students and to the local population throughout Guam. This is in addition to training conducted for military parents and dependents.

Mr. Nellis' letter also noted that he was interested in any major investigations involving drug trafficking by the military. We keep track of trends in this area through the efforts of NIS and Office of Special Investigation and through their liaison with DEA and other federal enforcement agencies. GOVGUAM customs and quarantine and the military customs program also provide significant data in this area. The liaison and cooperation amongst all of these agencies, as well as others who are concerned with preventing drug abuse, is excellent. As you are aware, Guam is outside the customs territory of the U. S. and accordingly it is the Government of Guam Customs and Quarantine Division which conducts arrival inspections of ships, aircraft and personnel who arrive on Guam. The Navy also conducts frequent re-inspections of arriving naval aircraft to discourage and prevent attempts to bring drugs or other contraband illegally into Guam. This is not a customs search but a random inspection and search ordered by the commanding officer in discharging his responsibility for base security and the maintenance of good order and discipline.

Another measure which we use to detect and deter drug trafficking is our military customs program. There are 8 military customs programs in naval commands on Guam. These programs provide for inspection of all naval aircraft, passengers thereon and luggage leaving from NAS Agana; cargo being shipped through the naval supply system; all unaccompanied baggage shipments; all shipments of ammunition or weapons, and the shipment of human remains.

One of the most effective tools in our anti-trafficking inspection programs is the use of narcotic detector dogs. At present there are two dogs at NAS Agana and one at the naval communications area master station (NAVCOMSWESTPAC). These dogs have been used at all naval commands on the island and on various ships as they were available. An additional dog has been requested for naval station, to help achieve the coverage we desire.

We feel that our efforts in the anti-trafficking area have been successful. There has been no known instance in the last several years of any military member smuggling saleable quantities of drugs to Guam. There are, however, some military members who operate as local pushers for the civilian drug importers or marijuana growers. The only seizures by customs made from military members in the past several years have been of personal use quantities of drugs. Marijuana has been the most common item with an occasional heroin seizure.

NIS has made apprehensions of naval personnel with saleable quantities of drugs. There is a considerable unmonitored potential for smuggling by military members in intra air post office/fleet post office (APO/FPO) mail. I will mention the details later.

I will now speak briefly about the treatment of naval drug abusers.

There is one treatment facility available on Guam, the counseling and assistance center (CAAC), which is located at and operated by commanding officer, NAS Agana under the direction of Commander Naval Air Forces, U. S. Pacific fleet. The CAAC operates from 0730-1630 Monday-Friday as an outpatient service with no live-in facilities for drug abusers. Additionally, the CAAC operates a hot line 24 hours a day. People who call can receive assistance with any emotional crisis whether it be drug related, alcohol related or of any other nature such as a domestic problem. The CAAC also operates an alcohol rehabilitation dry-dock (ARD) which provides a 30-day live in program for up to 10 patients. It is worth noting that these facilities were built as a self help project.

The mission of the CAAC is "to provide resources through which an integrated program of education, prevention, screening, and counseling services will be available to all commands in the Guam area in a coordinated effort to combat drug and alcohol abuse and assist in returning the abuser to useful service."

The CAAC primarily provides assistance to active duty Navy, Marines, Coast Guard and Army personnel and their dependents. Military contract hire U.S. civil service employees and their dependents are admitted when the case load permits. A total of 231 personnel have been screened at the CAAC through May of this year for problems of all natures.

The specific functions of the CAAC are to screen individuals referred to the crisis intervention center, to refer clients to other counseling or rehabilitative services, to provide formal local counseling for drug abusers, to assist in planning and providing area wide drug education programs and to provide drug abuse information to dependents of military personnel.

Since 1973 the CAAC has increased the number of persons it has screened each year. I consider this in part reflects an increased drug use, particularly in 1977, but other factors which must be considered are the increased emphasis upon early alcohol and drug abuse treatment; the increasing awareness of commanding officers of the programs available at the CAAC and their efficiency; the increasing island wide demand that the climate of drug abuse be changed and the CAAC's emphasis upon retaining drug abusers on Guam for local treatment and return to their command rather than referring them to NDRC. Of the total clients screened for drug abuse in the first 5 months of 1978, the number recommended for local treatment is up 50 percent (32 to 48) and the number recommended for referral to NDRC is down 47 percent (39 to 21). Drug abuse rehabilitation is at best difficult but the CAAC is in my opinion doing a good job. The director of the CAAC, LTJG Dowling, will discuss his work in more detail in his testimony.

Transfer to NDRC is necessary in those cases where a drug dependency has been determined. This is the Navy's only live-in drug treatment facility in the U.S. It is often full and a 4 week waiting period for admission is not uncommon. This creates a problem for both the potential patient and the command. Once the patient is detoxed at NRMCO he is released to his command to await transfer. During this period he is often of necessity thrown back into the same living and social arrangements which sustained his addiction in the first place. Under these circumstances a certain number of personnel go back on drugs. This matter has been brought to the attention of higher authority. It is not permissible to retain these people in the hospital detoxification ward while they are awaiting transfer to NDRC. "Establishment of live-in facilities as separate barracks for personnel participating in local counseling programs is strictly prohibited" (CINCPACFLTINST 5355.1A). We are looking into a solution and have considered (1) requesting the live-in drug facility in Subic be relocated to Guam to sidestep the political problems which prevent drug addicts from being sent from Guam to Subic; (2) establishing a transient barracks for personnel awaiting transfer to NDRC.

There are a couple of problem areas in our efforts to curb drug abuse that I feel I should mention. One of these is the potential for military members to conduct unchecked drug trafficking within the overseas APO/FPO systems. As the regulations are presently written by the Department of the Army, the executive agent for the military customs program, military customs inspectors may

inspect and open for examination if necessary items of 2nd, 3rd and 4th class mail entered into the APO/FPO systems. They are specifically forbidden to inspect or examine 1st class mail. To further complicate the matter, the U.S. Customs service's regulations do not allow inspection or examination of mail which transits the customs territory of the U.S. But is intended for delivery outside the continental United States. Thus a parcel mailed at the first class rate from a FPO in Hong Kong which is routed to a FPO in Guam via Hawaii is not subject to inspection or examination by the military in Hong Kong or Guam, by the U.S. customs service in Hawaii or by GOVGUAM customs in Guam. GOVGUAM's inability to inspect the mail is based upon the USPS's administrative determination that APO/FPO mail is "domestic" and not subject to customs search even though Guam is a separate customs territory.

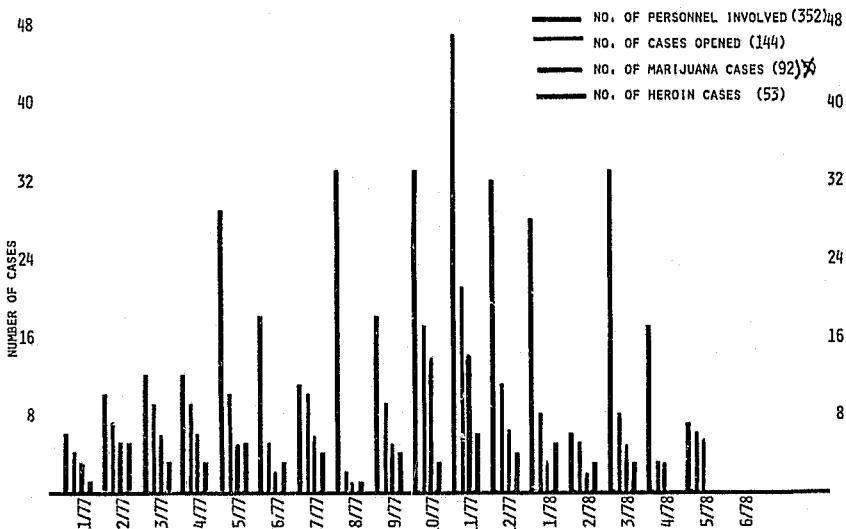
The consequences of these circumstances are that there is basically an unlimited potential for military members to conduct smuggling operations under the protection of the USPS rules provided the mail stays in the APO/FPO system, is mailed at the 1st class rate, and is not delivered inside the CTUS. We are working with higher authority in an attempt to close this loophole.

Another area which can contribute to the abuse of the military mail system for drug trafficking by service personnel is the recent abolition of the suspect mail referral program. Under this program a suspect 1st class item which was addressed for delivery in the CTUS could be forwarded to USCS for inspection and examination. Now that this program has been abolished the item must be caught by USCS in an unalerted inspection when it enters the customs territory.

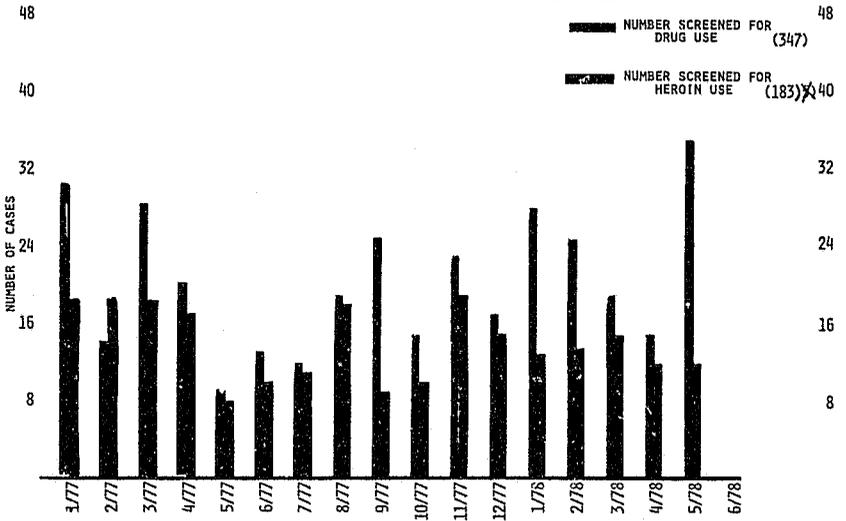
And finally, since the 1969 Supreme Court decision of *O'Callahan v. Parker* restricting courts-martial jurisdiction over off-base offenses without a service connection, the court of military appeals has decided that most off-base drug offenses lack sufficient service connection. Many of our servicemembers are well aware of this situation and do their best to exploit it by living off-base and dealing only to other service personnel. The efforts of our naval investigators are often frustrated by the posse comitatus act which as interpreted locally, seems to needlessly restrict the action to be taken by civil authorities with the results of a military investigation when courts-martial jurisdiction is lacking. Repeal of the posse comitatus act would greatly facilitate the cooperation and mutual support between military and civilian and military law enforcement agencies, particularly here on Guam.

Thank you for the opportunity to testify. I will be happy to answer any questions I can.

HIS DRUG CASE DATA GUAM 1/77 - 5/78



CAAC GUAM DRUG ABUSER SCREENING DATA



ATTACHMENT B

## ATTACHMENT C

COUNSELING AND ASSISTANCE CENTER,  
San Francisco, December 30, 1977.

## CAAC/ARD MONTHLY SUMMARY FOR THE MONTH OF: DECEMBER 1977

|   |     |
|---|-----|
| 1. Total number of clients screened this month.....                                 | 36  |
| Number of clients failing to qualify for screening.....                             | 06  |
| Number of clients not scheduled for screening.....                                  | 01  |
| Number of clients scheduled for screening.....                                      | 41  |
| 2. Total number of clients screened this month, 1976.....                           | 26  |
| Total number of clients screened this month, 1975.....                              | 32  |
| 3. Total number of clients screened for alcohol problems this month.....            | 17  |
| Total number of clients screened for alcohol problems this year.....                | 219 |
| Total number of clients screened for alcohol problems 1976.....                     | 119 |
| 4. Total number of clients screened for drug problems this month (38 percent) ..... | 17  |
| Total number of clients screened for drug problems this year.....                   | 223 |
| Total number of clients screened for drug problems 1976.....                        | 162 |
| 5. Total number of heroin users screened this month (149 percent).....              | 15  |
| Total number of heroin screened this year.....                                      | 197 |
| Total number of heroin users screened 1976.....                                     | 79  |
| 6. Commands of clients failing to qualify for screening (individual) :              |     |
| (a) PROTUBUS .....  | 2   |
| (b) NAVCAMS .....   | 1   |
| (c) MCB-1 .....   | 1   |
| (d) NAS .....   | 1   |
| (e) PATWING ONE.....  | 1   |
| Total number of clients failing to qualify for screening this month.....            | 6   |
| Number of week(s) backlog for screening appointments.....                           | 3   |
| 7. Number of clients entered ARD during December 1977.....                          | 0   |
| Number of clients awaiting ARD.....   | 7   |
| Number of weeks(s) backlog for entrance into ARD.....                               | 1   |
| 8. Number of clients entered CAAC 30-day program this month.....                    | 0   |
| Number of clients awaiting CAAC 30-day program.....                                 | 3   |
| Number of week(s) backlog from entrance into CAAC 30-day program.....               | 1   |
| 9. Total number of clients screened this year (47 percent).....                     | 451 |
| Total number of clients screened this month 1976.....                               | 306 |
| Total number of clients screened this month 1975.....                               | 342 |
| Total number of clients screened this month 1974.....                               | 240 |
| Total number of clients screened this month 1973.....                               | 228 |
| 10. Total number of clients screened 1976.....                                      | 306 |
| Total number of clients screened 1975.....  | 342 |
| Total number of clients screened 1974.....  | 240 |
| Total number of clients screened 1973.....  | 228 |

J. W. LANIER,  
Lieutenant Junior Grade, USNR.

## ATTACHMENT D

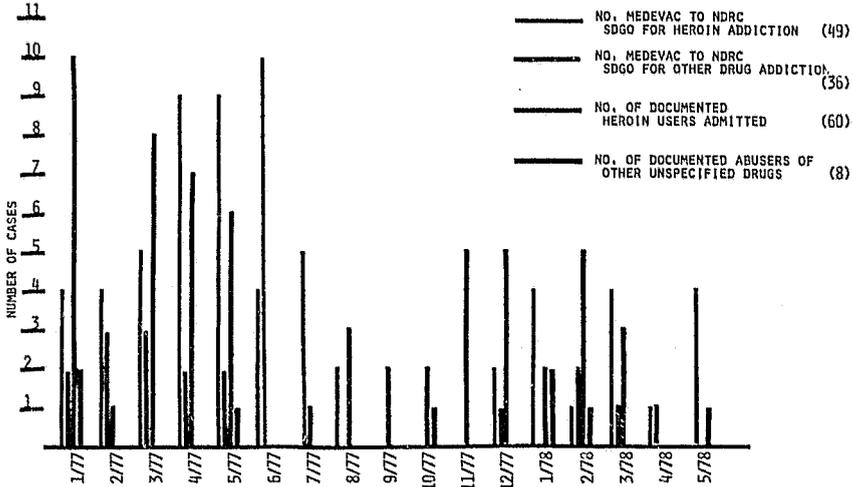
COUNSELING AND ASSISTANCE CENTER,  
ALCOHOL REHABILITATION DRYDOCK,  
San Francisco, June 5, 1978.

## CAAC/ARD MONTHLY SUMMARY FOR THE MONTH OF: MAY 1978

|     |   |     |
|-----|---|-----|
| 1.  | Total number of clients screened this month                         | 58  |
|     | Number of clients failing to qualify for screening                  | 7   |
|     | Number of clients not scheduled for screening                       | 0   |
|     | Number of clients scheduled for screening                           | 65  |
| 2.  | Total number of clients screened this month 1977                    | 29  |
|     | Total number of clients screened this month 1976                    | 11  |
| 3.  | Total number of clients screened for alcohol problems this month    | 21  |
|     | Total number of clients screened for alcohol problems this year     | 111 |
|     | Total number of clients screened for alcohol problems 1977          | 219 |
| 4.  | Total number of clients screened for drug problems this month       | 35  |
|     | Total number of clients screened for drug problems this year        | 120 |
|     | Total number of clients screened for drug problems 1977             | 223 |
| 5.  | Total number of heroin users screened this month                    | 12  |
|     | Total number of heroin users screened this year                     | 69  |
|     | Total number of heroin users screened 1977                          | 197 |
| 6.  | Commands of clients failing to qualify for screening (individual):  |     |
|     | a. AS-19  | 1   |
|     | b. NAVSTA   | 2   |
|     | c. NAVGAMS  | 3   |
|     | d. PATWING ONE  | 1   |
|     | e. VQ-1   | 1   |
|     | Total number of clients failing to qualify for screening this month | 14  |
|     | Number of week(s) backlog for screening appointments                | 1   |
| 7.  | Number of clients entered ARD during May                            | 18  |
|     | Number of clients awaiting ARD                                      | 0   |
|     | Number of week(s) backlog for entrance into ARD                     | 0   |
| 8.  | Number of clients entered CAAC 30-day program this month            | 2   |
|     | Number of clients awaiting CAAC 30-day program                      | 5   |
|     | Number of week(s) backlog from entrance into CAAC 30-day program    | 2   |
| 9.  | Total number of clients screened this year                          | 240 |
|     | Total number of clients screened this month 1977                    | 201 |
|     | Total number of clients screened this month 1976                    | 132 |
|     | Total number of clients screened this month 1975                    | 150 |
|     | Total number of clients screened this month 1974                    | 134 |
| 10. | Total number of clients screened 1977                               | 442 |
|     | Total number of clients screened 1976                               | 306 |
|     | Total number of clients screened 1975                               | 342 |
|     | Total number of clients screened 1974                               | 240 |

K. E. DOWLING,  
Lieutenant Junior Grade, USNR.

NAVIC GUAM NAVAL DRUG ABUSE DATA  
1/77 - 5/78



ATTACHMENT E

COUNSELING AND ASSISTANCE CENTER,  
ALCOHOL REHABILITATION DRYDOCK,  
San Francisco, June 20, 1978.

Hon. LESTER L. WOLFF,  
Chairman, Select Committee on Narcotics Abuse and Control,  
House of Representatives,  
Washington, D.C.

DEAR MR. CHAIRMAN: In response to the letter of May 23, 1978, from your Chief Counsel Mr. Nellis to Secretary of the Navy, The Honorable Mr. Claytor, the enclosed information is presented in furtherance of the purpose of the committee hearings to be held on July 4 and 5 at Guam Legislative Hall.

It is hoped that the enclosed testimony on the present status of drug abuse treatment, prevention and education programs among the military community on the island is sufficient for the purpose of the scheduled hearings.

If I may be of any further assistance to you in regards to the drug abuse problem among the military on Guam please do not hesitate to call upon me.

Sincerely,

KENNETH E. DOWLING,  
Lieutenant Junior Grade, USNR, Director.

Enclosure.

ENCLOSURE 1

BACKGROUND

Early 1972 the Navy recognized a serious and increasing problem with drug abuse, esp. ally within the western Pacific. In response to the widespread use of illicit drugs by a growing number of its personnel, the Navy implemented a program of drug education and rehabilitation. In April of 1972, the Commander in Chief U.S. Pacific Fleet directed the establishment of drug abuse programs in the Pacific Fleet. The Counseling and Assistance Center, Guam (originally known as Care Center), opened its doors on 16 April 1972. Although its mission has remained essentially the same, the Center's programs and procedures have changed considerably over the past few years.

MISSION

The primary mission of the Counseling and Assistance Center is to provide screening and referral services to assist local and transient commands in evaluating individuals identified with drug problems.

Secondarily, the CAAC serves as :

- (a) A drop-in and crisis intervention center.
- (b) An initial contact point for persons seeking guidance which may require referral to other agencies : i.e., medical personnel, mental health center, chaplains, etc.
- (c) A center for interim counseling for persons awaiting transfer to the Naval Drug Rehabilitation Center (NDRC) for treatment.
- (d) A follow-up counseling center for members returned to duty from NDRC if required.
- (e) A central point of contact for drug and alcohol education matters including information on the local area illicit drug scene.
- (f) A local counseling center to provide formal counseling services to drug/alcohol abusers determined suitable for local rehabilitation rather than for transfer to NDRC/ARC.
- (g) A source to assist in the planning and implementation of island-wide drug/alcohol education programs, through close liaison with Drug Abuse Program Advisors (DAPAS), Collateral Duty Alcoholism Counselors (CODACS), and others involved in drug abuse education endeavors.
- (h) A source to provide drug/alcohol abuse information to the dependents of military personnel.

It is stressed here that all secondary services provided by the Counseling and Assistance Center are done so on a not-to-interfere basis with the Center's primary mission of Screening and Referral.

#### ORGANIZATION

The Counseling and Assistance Center operates under the supervision and direction of the Commanding Officer, U.S. Naval Air Station, Agana, Guam. He is responsible to the Commander, Naval Air Force, U.S. Pacific Fleet, for the overall efficient operation, administration and management control of the CAAC/ARD. The CAAC/ARD Director is responsible to the Commanding Officer, U.S. Naval Air Station, Agana, Guam, for the direct operation, management, maintenance and safety of all drug/alcohol abuse related programs implemented by the CAAC/ARD. The Center is under the auspices of the Chief of Naval Personnel, Pers 63. Funds are allocated from the Commander, Naval Air Force, U.S. Pacific Fleet, under the administrative control of NAS Agana, Guam on a yearly basis.

#### OBJECTIVES

The Counseling and Assistance Center's program of screening evaluation generates knowledgeable recommendations to Commanding Officers regarding disposition of drug abusers. The intent of screening evaluation is to closely monitor the client's behavior and consequently understand him/her well enough as a person to make a meaningful recommendation to his/her Commanding Officer. During this period, the client is also given the opportunity to become more aware of himself and thereby become more socially acceptable, and a better adjusted individual. This program is administered within a strictly military environment. The CAAC/ARD also conducts workshops for all members of the military community, on Guam, in order to develop an awareness of the drug scene and an understanding of the stigma associated with drug abusers.

#### CENTER STAFFING

The Counseling and Assistance Center currently has an allowance of one Officer billet (DIRECTOR), and seven enlisted counselor billets of which six are currently filled. The Director and four of the staff members are graduates of the Naval Drug Abuse Counselor School, NAS Miramar and two staff members are graduates of the Naval Alcoholism Training Unit, Naval Station San Diego.

Graduates of the Drug Abuse Counselor School have received a minimum of one week of cross training at the Alcoholism Training Unit and vice-versa. Successful completion of the above courses has equipped the staff to be able to:

- (1) Assist Medical Officers and other professional staff members in establishing and conducting treatment programs for identified substance abusers, aimed at returning all personnel to productive service.

(2) Screen and evaluate personnel referred by commands who are thought to have a drug/alcohol problem, to determine the need for treatment, and a recommended recovery program at the appropriate facility.

(3) Conduct individual and group counseling sessions as a part of an overall drug/alcohol recovery program.

(4) Assist treated personnel in returning to full duty.

(5) Assist commands, upon request, in establishing policies, procedures and actions addressing the effective reassignment of personnel returned to full duty from drug/alcohol treatment program.

(6) Assist local commands in establishing drug/alcohol abuse referral programs, by providing information to all personnel regarding Navy and civilian resources available for the screening and treatment of substance abusers.

(7) Assist recovering drug/alcohol abusers returned to full duty to remain on full duty and improve their individual performance.

(8) Assist commands, upon request, in establishing drug/alcohol abuse prevention and identification programs by training management and supervisory personnel in the early identification of symptoms related to substance abuse as manifested in work settings and relationships.

(9) Provide treatment and counseling programs to those personnel who are identified as substance abusers, and recommend for treatment at Counseling and Assistance Centers or local commands.

(10) Assist commands, upon request, in designing and implementing drug abuse control and alcoholism prevention programs, including drug and alcohol education.

(11) Assist Human Resource Management Support System teams, upon request, with drug and alcohol abuse related activities during the Human Resource Management Cycle and other Command Action Planning Operations.

In order to prepare the individual counselor to carry out these duties in a professional manner, the curriculum of the above mentioned schools includes topics of instruction in Pharmacology, Sociology, Psychology, Counseling Techniques, Group Process Skills, Governing Policies and Management Operations, Practicum/On-the-Job Training, and Physical Fitness Activities.

#### CENTER OPERATIONS

##### A. Screening

The purpose of screening is to provide commands with meaningful recommendations concerning clients referred to the CAAC. These recommendations assist the client's Commanding Officer in determining the initial disposition for the identified drug/alcohol abuser. The objective of screening is to determine if an individual does, in fact, have a drug/alcohol abuse problem, is attempting to manipulate the system, or is plainly non-cooperative or non-motivated for treatment. The screening process is carried out on a half-day schedule in the morning on Monday through Thursday (see Tab A for screening schedule). During the process, the client reads and signs the Center's Counseling Contract which explicitly defines what is expected of him/her during his/her stay at the Center. (See Tab B for a sample of the CAAC Center Contract) At the end of the process the client appears before a board comprised of the center director and his/her counselor where an appropriate disposition recommendation is arrived at, and official correspondence is generated to the client's Commanding Officer advising him of the Center's recommendation. The four basic options available to the board are:

(1) Return to command for one of three reasons:

(a) For manipulation of the program, i.e., the client used the CAACenter primarily as a means of removing himself from an unpleasant situation.

(b) For non-cooperation as reflected by his behavior at the CAAC.

(c) Drug problem resolved, i.e. the client was a drug experimenter who has recognized the consequences of such behavior.

(2) Enter the CAACenter program for approximately thirty to sixty days of counseling and rehabilitation. Those individuals entered into this program do not have an extensive specific drug problem, but may have unresolved problematic areas associated with their drug abuse.

(3) Refer to the Naval Drug Rehabilitation Center or an Alcohol Rehabilitation Center for intensive rehabilitation. The client in this instance is either drug/alcohol dependent as determined by a medical officer, or progressively and/or extensively drug/alcohol involved.

(4) Refer to the Naval Regional Medical Center for a neuropsychiatric evaluation. In this case the client may demonstrate a suspected character disorder requiring professional diagnosis. (See Tab C for Sample Recommendation letter.)

#### *B. Client records*

The center generates a personal client record file on each client screened, regardless of the disposition recommendations. Contained in this file is all pertinent information relating to the client during his stay at the center such as personal history, counselors intake interview, progress notes, disposition recommendation letters, and pertinent health and service record entries. Client records for the present and two previous calendar years are retained at the center, after which time they are destroyed. Although not legally privileged communications; as a matter of policy, client record confidentiality is maintained, and information obtained by counselors will not normally be used for purposes of prosecution. However, any information obtained that could adversely affect the safety or operational readiness of a command is immediately reported to the Command Officer of that respective Command (see Tab D for Sample Client File).

#### *C. CAAC program*

Those motivated individuals who are entered into the CAAC/ARD program for rehabilitative counseling are placed in a highly structured program consisting of group counseling sessions, individual counseling, classroom lectures and organized activities.

The CAAC Center drug rehabilitation program is a live-out program consisting of three four-week phases.

During Phase I, clients are at the center Monday through Friday, from 0830 to 1600. Mornings are devoted to didactic sessions which utilize books, films and lectures. Group sessions facilitated by graduates of the Navy's Drug Abuse Counseling or Alcoholism Treatment Specialist Schools, occupy the afternoon. One afternoon a week, all clients participate in an activity designed to enhance social skills.

While at the center, all clients are required to take Disulfiram (Antabuse), and command directed urinalysis is held on a random basis. A modified megavitamin therapy is utilized, and clients are counseled on the need for proper diet, rest and physical exercise. Clients participate in some type of physical activity, such as swimming, bowling, volleyball, etc. on a daily basis.

Also during Phase I, clients are required to attend a minimum of two Narcotics Anonymous (N.A.) meetings weekly. In-house meetings are held on Thursdays at 2000 and Fridays at 1200. Meetings are also available at Guam Mental Health on Tuesdays and Saturdays at 2000.

Didactic sessions include subjects such as value clarification, decision making, goal setting, communications skills, introduction to N.A., legal aspects of drug abuse (including U.S. Navy Instructions), pharmacology, alternatives to drug use/abuse, and living "straight". Group sessions are used to explore feelings, uncover coping mechanisms, develop problem solving skills, and reinforce feelings of self-worth, as well as to re-emphasize information offered in the didactic sessions. At no time are "attack therapy" or "sensitivity training sessions" utilized.

Phase II meets in group session on Wednesdays from 1300 to 1500. Phase III meets in group sessions from 1300 to 1400 on Wednesdays. These additional group sessions provide support for the client after s/he has returned to duty. They also serve as a workshop for solving problems s/he may encounter which, if left unresolved, may to a relapse.

If the client is still on-island, a follow-up interview is held six months after completion of Phase III to determine if there has been any return to drug use.

Criteria for participation in the CAAC program are as follows:

(1) The client needs a short term therapeutic program which offers more than counseling at a command level, but does not require an intensive live-in program such as that offered by the Naval Drug Rehabilitation Center, and

(2) The client has a sincere desire for growth and self-exploration and is willing to meet all the requirements of the program.

The goal of the CAAC program is to return the individual to productivity within the military system as a more mature, aware, growing person with the skills to confront, rather than escape, the problems of daily living. (See Tab E for Sample 30 day CAAC program schedule).

## DRUG ABUSE PREVENTION AND EDUCATION

The Counseling and Assistance Center provides screening and referral services for over thirty Army, Navy, Marine and Coast Guard commands on the island of Guam. (See Tab F for list of Commands serviced by CAAC, Guam). The center is very fortunate to receive total support from all levels within and outside of our chain of command, Commander Naval Forces Marianas (COMNAVFMAR) has supported the CAAC/ARD program both in spirit and action, and has encouraged all other commands on the island to utilize the CAAC services. COMNAVFMAR sponsors an all-island Drug Abuse Program Advisor (DAPA) meeting once each quarter. Applicable Navy instructions put the responsibility for drug abuse education and prevention programs on the individual commanding officers and officers in charge and in that regard directs them to appoint an officer or mature petty officer as the command Drug Abuse Program Advisor (DAPA) to monitor command drug/alcohol programs and to report directly to the executive and commanding officers. These DAPAs maintain a direct link with the CAAC and are the Center's link to the command's executive and commanding officers for administrative matters concerning the Navy's drug and alcohol programs.

DAPAs from the various activities and commands on Guam maintain telephone contact with the center at least once every two weeks. At a DAPA's request, the CAAC has and will provide training and education regarding drug/alcohol abuse for any command as long as such training does not interfere with the Center's primary mission. Command DAPAs utilize the CAAC library for lesson plans and information concerning drug, alcohol, and behavior problems, etc. The DAPAs usage of available materials is equal to the amount of training each DAPA has had, the command's understanding of the DAPAs position and whether or not the individual is assigned as a DAPA in a primary billet or as a collateral duty.

The CAAC library has 49 films, 250 books, and about 190 different pamphlets covering drug alcohol abuse, prevention, education, various treatment modalities, causes and effects. Also available is a large selection of books and guidelines for emotional identification and effect covering depression, loneliness, love, despair, guilt, hate, etc. Most of the above information is available on a loan basis to various commands and the civilian community, Dept. of Education, etc. as well as on a self-help basis for the center's clients.

The center makes available many different modalities for treatment and education. The center has video taping capabilities and a selection of prerecorded video tapes on different topics pertaining to drugs, alcohol, alcoholism and emotions. In addition to the films mentioned above, the center has an audio cassette library covering a large range of material for treatment, prevention and education. The center's facilities are also utilized for local meetings of Alcohol Anonymous (AA) and Narcotics Anonymous (NA) as well as Alanon groups.

Four evening programs and two afternoon programs are run for a total of three AA, two NA, and one Alanon meeting per week. These meetings are open to the military and civilian communities alike. The CAAC staff personnel present lectures at the various commands on the island as well as participating in local civilian programs such as the Department of Public Safety, schools, churches, village outreach centers, and for other civil groups when requested so long as this does not interfere with the center's primary mission. In addition to center sponsored education and prevention programs, center staff members from time to time volunteer their time and expertise in the civilian community. One case in point is that of a current staff member who was instrumental in setting up and organizing the Narcotics Anonymous group that now meets at the Guam Penitentiary. Education is also an ongoing activity for the staff at the CAACenter. An outstanding relationship exists between the center and the Neuropsychiatric department at the Naval Regional Medical Center. Medical Officers and staff psychologists visit the CAACenter on a regular basis to educate the staff in such areas as the administration of psychological tests and personality inventories given to clients, and to provide professional feedback regarding any particular client or psychological problem. In addition they provide evaluation of clients manifesting signs/symptoms indicative of suicidal/homicidal intentions, personality disorders, severe depression, or any other problems generally considered to be psychiatric in nature; and evaluation of clients to determine competency or fitness for continued Naval Service.

The same kind of working relationship exists with the Chaplain Corps. As a regular part of the center's schedule on a weekly basis, a Chaplain speaks with the clients as a group discussing different areas of development: the "whole" person, and spiritual concepts of living. The Chaplains also have access to the center's library and on occasion show a film with discussion following. Clients are given the opportunity to discuss spiritual and other matters with the Chaplains at any time, as the Chaplains have constantly maintained an "open door" policy with the CAAC/ARD clients on either an one-to-one basis or as a group. Because of the Chaplain's vast expertise in the field of counseling, ministering to Naval personnel, and their past experience, they have proved to the staff and clients that they are willing to help and effectively support the Navy's Drug and Alcoholism prevention program whenever called upon.

#### OVERVIEW OF STRENGTHS AND WEAKNESSES

Generally, the weaknesses of this program are the result of the isolation of Guam from CONUS and the military system which causes a constant turnover of personnel. By the time an individual is identified as a drug abuser he is usually well into his tour, and once he completes the rehabilitation cycle he is shortly transferred.

Other factors contributing to the problem are:

- (1) A shortage of medical personnel and facilities.
- (2) Inadequate formal training for command personnel in how to handle drug problems.
- (3) Inadequate referral agencies to handle other problems of drug abusers i.e.; family counseling, financial counseling etc.
- (4) Inadequate available resources for additional training of counselors, DAPAs, etc.

#### *Appointment System*

Screening for the purpose of determining the extent of individual drug problems and making recommendations is done on an appointment system. Individuals are identified by their commands in several ways, and scheduled by the command DAPA for in-depth screening at the center. Screening appointments are Monday through Thursday. The number of individuals screened is dependent upon the number of counselors available. The screening process takes about five hours and includes a briefing, individual questionnaires, Navy "DARTS" testing, a personal interview with recommendations from a counselor, and a review by the director or his representative.

When an individual does not keep an appointment for whatever reason, it is extremely difficult to fill this time slot, and often a trained counselor's time is not used. The center will take emergency screening appointments at any time, which is often the case with ships visiting the island.

(Tabs G and H are provided to give an overall picture of the center's client screening load. Notice that while the client screening load has greatly increased over the same period as last year, the actual numbers of heroin users has dramatically declined.)

#### STAFFING PROBLEMS

Each staff member is a graduate of either the Navy Drug Abuse Counselor's School, or the Alcohol Training School. A large amount of time is spent in non-counseling duties; particularly in the administrative area, which now requires the attention of one counselor on a full time basis, which further diminishes the center's ability to maintain a full client screening load.

Also, there are no opportunities on Guam for drug and alcohol counselors to receive additional training and experience.

#### SUPPORT FROM COMMANDS

The majority of the time, command support of the center is outstanding. There are Navy schools to train command DAPAs and other drug and alcohol personnel, but most individuals have not received any formal training.

## CHASMRO

Transfer of individuals to the Naval Drug Rehabilitation Center, San Diego, is co-ordinated by Naval message from CHASMRO. The time frame for transfer during the past years has varied from six weeks to two weeks. There was one short period of time when NDRC was not accepting any clients, which caused the longer waiting period. One cause of delay with some individuals is legal holds, which often take extended periods of time. The more prompt the individual command is in processing the paperwork, the sooner the individual will leave the island. The major drawback in this situation is that during the period of time between identification and transfer, the individual remains in the same community in which, in most cases, his drug problem developed. This situation is neither conducive to the rehabilitation of the individual nor to the welfare of the community as a whole.

**TAB A.—COUNSELING AND ASSISTANCE CENTER ALCOHOL REHABILITATION DRYDOCK**

One day screening and evaluation program schedule:

- 0830-0900—Introduction to the Center and policies.
- 0900-1000—DARTS Testing and Personal questionnaire.
- 1000-1130—Interview with assigned counselor.
- 1130-1230—Lunch.
- 1230-1300—Formal boards held with staff and clients.
- 1300—Clients return to Command.

**TAB B.—COUNSELING AND ASSISTANCE CENTER AND ALCOHOL REHABILITATION DRYDOCK CONTRACT**

You have been referred to the counseling and assistance center for evaluation, recommendation, and/or counseling. This is to be accomplished through a series of test and interviews which will be conducted today and possibly in the future. Based on the information supplied by you, your command and your service record one of the following recommendations will be made:

- (1) Return to command for non-cooperation;
- (2) Return to command, problem resolved;
- (3) Return to command, program manipulation;
- (4) Attend CAAC/ARD 30-day program; or
- (5) Transfer to the naval drug rehabilitation or naval alcohol rehabilitation center/unit.

One of the methods used to gather data while participating in private interviews and group sessions will be through the use of video tape. Video taping will be used purely for therapeutic reasons. The video tape will be reviewed by the client and counselor (for private interviews), by the groups and counselor (for group sessions) and by the center staff for evaluation and training. In signing this contract, you authorize the above use of video tape for the purposes stated.

While you are at the center you will be required to be in a clean, neat uniform and you will be expected to maintain your appearance with the guidelines of naval standards of grooming (haircuts, beards, etc.). You will be expected to be on time and comply with the instructions of your counselor. Absolutely no drugs or alcohol will be brought into the center at any time. You shall refrain from the use of drugs or alcohol for the period that you are in evaluation or counseling.

Information obtained by this center is covered by the law of confidentiality enacted by H&W February 1974. Therefore, confidentiality of clients records will be maintained except on a strict need-to-know basis.

If you have any questions please ask your counselor. Thank you.

Date:----- Client's signature-----

Date:----- Witnessed -----

## TAB F.—COMMANDS SERVICED BY THE COUNSELING AND ASSISTANCE CENTER

Marine Barracks.  
 Fleet Air Reconnaissance Squadron One.  
 Fleet Air Reconnaissance Squadron Three.  
 Naval Air Station.  
 Naval Magazine.  
 Naval Communications Area Master Station Western Pacific.  
 Naval Regional Medical Center.  
 Naval Regional Dental Center.  
 Naval Station.  
 Naval Ship Repair Facility.  
 Mobile Construction Battalion Six Two (Seabees)  
 Commander Naval Forces Marianas.  
 Fleet Weather Central.  
 Mobile Mine Assembly Group Eight.  
 Patrol Wing One Detachment.  
 Submarine Squadron Fifteen.  
 Fleet Air Photographic Laboratory.  
 Patrol Squadron Detachment.  
 Navy Finance Office.  
 Navy Legal Services Office.  
 Army 515th Ordnance Company.  
 Naval Construction Regiment.  
 U.S. Coast Guard.  
 Military Sealift Command.  
 Consolidated Industrial Relations Office.  
 Navy Commissary Store.  
 Calibration Laboratory NAVAIRSYSCOMREPAC.  
 USS *Proteus* (AS-19).  
 Navy Public Works Center.  
 Naval Investigative Service Resident Agency.

## TAB C

COUNSELING AND ASSISTANCE CENTER,  
 ALCOHOL REHABILITATION DRYDOCK,  
 SAN FRANCISCO.

From: Director.

(1) Reference (a) directs that the Counseling and Assistance Center (CAAC) be utilized to provide screening evaluations and written recommendations for individuals identified as drug/alcohol abusers. CAAC's are further directed to provide rehabilitative counseling to those abusers found genuinely motivated.

(2) The CAAC rehabilitation program is a twelve week, three phase program. Phase I consists of a four week period of daily counseling and education (Monday through Thursday—0815 to 1630 and Friday—0815 to 1130).

(3) Subject individual was referred to the CAAC for screening following . . . . . During the course of the screening appeared to be in need of counseling for abuse of drugs and their related behavior. Presently there is a quota available in the next CAAC Counseling Program, class convening . . . . . Unless otherwise directed, this quota will be assigned to . . . . .

(4) For additional information or future assistance contact, Lieutenant (junior grade) Dowling, Director, Counseling and Assistance Center/Alcohol Rehabilitation Drydock, at 342-2152.

K. E. DOWLING,  
 Lieutenant Junior Grade, USNR.

WEEK I

|      | MONDAY  | TUESDAY                                | WEDNESDAY                                       | THURSDAY  | FRIDAY     |
|------|---|--|---|---|------------|
| 0830 | Introductions:<br>Staff and Clients                       | Lecture:<br>Effective<br>Communication | Lecture:<br>Defense<br>Mechanisms               | Personal Awareness<br>Exercises:<br>(Life Shield) | Group<br>↓ |
| 0900 | Program Overview<br>and<br>Groundrules                    | Exercise:<br>Dyads                     | Movie:<br>Alcoholic<br>Within Us                | Movie:<br>BIAS                                    | ↓          |
| 1000 | Group Contract  | Exercise:<br>Active<br>Listening       | Lecture:<br>Transactional<br>Analysis<br>(T.A.) | Discussion Period                                 | ↓          |
| 1100 | LUNCH   | LUNCH                                  | LUNCH   | LUNCH   | LUNCH      |
| 1300 | Discussion Lecture:<br>Jo-Hari Window<br>(Communications) | Group                                  | Group   | Group   | X          |
| 1600 | Group   |  |   |   |            |

TAB D  
ENCLOSURE (1)

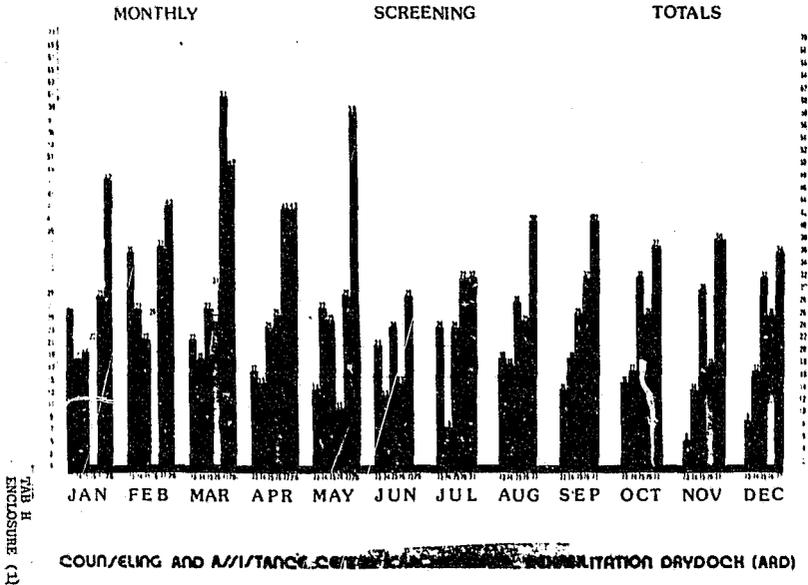
WEEK II

|      | MONDAY                                    | TUESDAY   | WEDNESDAY  | THURSDAY          | FRIDAY                     |
|------|---|---|--|-------------------|----------------------------|
| 0830 | Drug Education<br>Slide Presentation<br>↓ | Group   | Group  | Group             | Group                      |
| 0900 |   | Lecture:<br>Underlying Reasons<br>for Drug Abuse  | Lecture:<br>Overview of<br>Alcoholics and<br>Narcotics<br>Anonymous<br>(AA) + (NA) | Film:<br>Not Me   | Lecture:<br>Vitamins and D |
| 1000 |   | Lecture:<br>Medical Aspects of<br>Drug Use/Abuse<br>Guest Speaker:<br>USN Medical Officer | 12 Steps of AA/NA  | Discussion Period | Discussion Peri            |
| 1100 | LUNCH                                     | LUNCH   | LUNCH  | LUNCH             | LUNCH                      |
| 1300 | Group                                     | Group   | Group  | Group             | X                          |
| 1600 |   |   |  |                   |                            |



TAB G

|   |     |
|---|-----|
| Total number of clients screened (by year) :      |     |
| 1978 (up to May 1978)-----                        | 231 |
| 1977 (end of year of 1977)-----                   | 451 |
| 1976 (end of year of 1976)-----                   | 338 |
| 1975 (end of year of 1975)-----                   | 342 |
| 1974 (end of year of 1974)-----                   | 240 |
| 1973 (end of year of 1973)-----                   | 228 |
| Total number of drug clients screened (by year) : |     |
| 1978 (up to 30 May 1978)-----                     | 120 |
| 1977 (total for the year)-----                    | 223 |
| 1976 (total for the year)-----                    | 162 |
| Total number of heroin users screened (by year) : |     |
| 1978 (up to May 30, 1978)-----                    | 69  |
| 1977 (end of year 1977)-----                      | 197 |
| 1976 (end of year 1976)-----                      | 79  |



PREPARED STATEMENT OF MAJ. GEN. ANDREW PRINGLE, JR., COMMANDER,  
3d AIR DIVISION, U.S. AIR FORCE

Mr. Chairman and members of the committee, thank you for asking me to appear before this committee to discuss drug abuse among Air Force personnel on Guam.

Drug abuse has been a persistent problem among some Air Force personnel on Guam since the early years of this decade. Since 1971, we have developed a comprehensive drug abuse control program which we believe is effectively controlling drug abuse among our Air Force people. However, we certainly have not eliminated the drug problem, and we are anxious to continue to improve our efforts. Therefore, we welcome your investigation and are confident that it will help us make even greater inroads into the drug problems among our people on Guam.

DRUG PROBLEM ASSESSMENT

To begin, I would like to tell you how we assess the drug problem. As you know, the drug abuse problem in all parts of the world is complex. It changes rapidly and is difficult to pin down through exclusively scientific measures. For this reason, the Air Force has designed a drug abuse threat assessment system that func-

tions at three primary levels of command, the base, the Major Air Command, and at Headquarters, U.S. Air Force. This three level system permits us to make timely judgements about the extent of the drug problem at each base, within each region, and Air Force wide. The assessment system also permits us to develop countermeasures commensurate with the drug threat and to monitor our drug abuse control program management.

At Andersen Air Force Base, we operate the base level element of this system. The primary assessment body at Andersen is the Drug and Alcohol Abuse Control Committee (DAACC). Our DAACC is chaired by the Wing Vice Commander. Our membership consists of representatives of all agencies with responsibility for components of the drug and alcohol abuse control program. Specifically, members are the Commander, 43rd Combat Support Group; the Deputy Commander for Resource Management, the Deputy Commander for Operations; the Deputy Commander for Maintenance, the Commander, 605th Military Airlift Support Squadron, our largest tenant unit; the Director, Base Medical Services; the Chief, Security Police; the Commander, AF Office of Special Investigations (AFOSI); the Drug and Alcohol Abuse Control Officer; the Judge Advocate; the Director of Personnel; the Director of Civilian Personnel; the Installation Chaplain; the Wing Safety Officer; and the Wing Information Officer.

These members review all available indicators of drug abuse and recommend appropriate countermeasures. Some of the indicators they review are incident reports, customs reports, urine testing data, law enforcement reports, Social Actions unit surveys, safety reports, hospital emergency room data. Inspector General reports, drug trend advisories from both Strategic Air Command Headquarters and Pacific Air Forces Headquarters, disciplinary trends, anecdotal information collected from informed sources, and other pertinent information. Some of the countermeasures we employ include Commando Plug, our aggressive military customs inspection program; law enforcement investigations; random gate, barracks, and work area checks using seven marijuana and heroin trained dogs; intensified commander-directed and unit sweep urine tests; educational and public information programs; and a variety of other actions.

The members of the DAACC, in effect, function as a Board of Advisors to the 43d Strategic Wing Commander to help him control drug and alcohol abuse problems on Andersen Air Force Base. Moreover, all of the members are responsible for managing their specific areas of responsibility in drug abuse control. They provide status reports and briefings to the Commander at each meeting. The minutes of these meetings are forwarded to Strategic Air Command Headquarters to link us to the major air command element of the Air Force assessment system.

Having outlined the mechanism we use to assess our problem, I would now like to turn to two questions I am sure you will agree are critical. First, what is the nature of the drug problem on Andersen AFB? Secondly, how does that drug problem impact upon us?

#### THE NATURE OF THE DRUG PROBLEM

Historically, the first indications of drug abuse appeared in early 1971, about the same time the problem began to become more serious on the mainland. At that time, Air Force personnel evidenced low levels of abuse and the drug was almost exclusively marijuana. In 1973, the drug problem on the island and among the military began to expand substantially. Heroin began to appear more frequently. The level of involvement of Air Force personnel peaked in 1975, but, has declined to relatively low levels since that time despite the ready availability of drugs on Guam.

Currently, the illegal drug problem among Air Force personnel on Guam consists of two primary drugs, marijuana and heroin. Other illicit drugs are rarely reported or confiscated in our drug suppression efforts. The drugs used by people from Andersen Air Force Base are nearly always initially obtained from civilian dealers.

Marijuana is the predominant drug of abuse. There are two types of marijuana used. The preferred type is referred to as Buddha Sticks, a potent form of marijuana which originates in Thailand. Several years ago in Thailand this type of marijuana was laced or dipped in opium or heroin. However, there have been no laced Buddha Sticks found on Andersen in the last two years. The second type of marijuana used is referred to as "homegrown". This marijuana is grown on Guam

or one of the other local islands, and it is not as potent as the Thailand Budda Stick. "Homegrown" is usually available when the supply of Budda Stick on Guam is low.

The heroin found on Guam is referred to as "No. 4 White Heroin" by the Drug Enforcement Administration (DEA), and it originates from the "Golden Triangle" area of Southeast Asia. Laboratory analysis shows that the heroin is from 79 percent to 95 percent pure, indicating that it has not been diluted by any of the traffickers after being received from the laboratory. Normal CONUS heroin purity ranges from 3 percent to 6 percent. Since the heroin on Guam is such high quality, the most common method of use by the few Air Force people who do use it is "snorting", that is, by absorbing it through the mucus membrane of the nose. A small minority of Air Force users do, however, inject heroin directly into the blood stream. This method is usually found only in a few persons who are heavily involved in heroin use.

As I indicated earlier, the supply of drugs to Andersen Air Force Base personnel is controlled by civilian drug suppliers. All indications are that there are no large quantity military drug dealers on Andersen. Those military personnel involved as suppliers have, in all cases during the last two years, been low-level dealers who obtained their supply of drugs from the civilian dealers. The drugs are imported to the island through civilian channels, and they control their distribution. The very tight customs controls at Andersen by the Bureau of Customs and Quarantine make it highly improbable that any significant amount of illicit drugs are brought into Guam by Air Force aircraft. My conversations with the Drug Enforcement Administration (DEA) Resident Agent corroborate this view, as I am sure you have heard or will hear in his testimony.

The information I have just presented concerning the historical and current drug problem was necessarily general and brief. I would like at this time to insert, for the record, a more in-depth, largely statistical, analysis of the drug problem among Andersen AFB personnel. Briefly, the analysis presents law enforcement trends, customs data, urine testing results, rehabilitation information and disciplinary trends. The bottom line of the analysis is that we do, in fact, have a drug problem which merits the high level of attention we are giving it. Drug abuse damages far too many of our people. However, our efforts to control this problem have been increasingly successful, and drug abuse problems have not impacted upon our ability to perform our mission. I will have more to say about this after I tell you about the structure of our drug abuse control program.

#### THE ANDERSEN AIR FORCE BASE DRUG ABUSE CONTROL PROGRAM

The Drug Abuse Control Program at Andersen Air Force Base involves four basic elements: prevention, identification, rehabilitation, and appropriate utilization of personnel. These elements are tied together by sound program management. Our program goals are derived from Air Force policy. They are to:

- (a) Prevent drug abuse where possible, thereby reducing the adverse impact on individuals and the Air Force mission;
- (b) Identify drug abuse by all prudent measures;
- (c) Rehabilitate abusers and return them to full duty status where possible;
- (d) Assist those who cannot be productively rehabilitated within the Air Force in their transition to civilian life; and
- (e) Accomplish these objectives through sound, cost-effective management.

Our program applies to all military assigned to Andersen Air Force Base, and has some application to civilian employees and military dependents.

*Prevention.*—The prevention element of our program centers around education programs, a public information program, and continual emphasis on activities which are alternatives to drug or alcohol abuse. At Andersen, all military personnel receive four hours of substance abuse education within ten days of arrival on station. This four hour portion of the newcomers orientation program focuses on the physiological, psychological, social, and legal aspects of abuse. In conjunction with this substance abuse education, we present two hours of education concerning local customs and culture. In this, we stress the wealth of recreational and other activities available on the base and the island in order to emphasize alternatives to substance abuse. We trained 2100 persons in 1977 and are training at the same rate in 1978. Therefore, about two-thirds of our active duty people receive this training each year. We also provide substance abuse education to all of our civilian supervisors on a regular basis, and we train other civilians and

dependents on a voluntary basis. We have trained 715 of them this year. Additionally, we conduct education programs in the local schools at a rate of about three sessions per month.

We are particularly proud of our public information program. Substance abuse prevention education is disseminated internally, publicly, and in direct community relations programs. Internal information is presented in the base newspaper and over the base radio station (AFRS). The newspaper publishes regular articles on all aspects of drug abuse, including summaries of the disciplinary actions taken against drug abusers. The radio station averages 116 anti-drug abuse spots per month. Public information concerning Andersen's efforts to curb drug abuse is regularly provided to local news media, including television interviews with Air Force drug program officials.

Our emphasis on alternatives is extensive. Our Island of Guam offers a wealth of creative recreational opportunities, and we begin to emphasize them to our people from the moment they arrive on island. We see this emphasis on alternatives as essential, since 20 percent of our people are serving an unaccompanied tour. The Chaplain offers and advertises family programs, married airman's groups, marriage encounters, Parent Effectiveness Training, personal counseling, sermons emphasizing alternatives, films in barracks day rooms, a coffee house on week-ends, and youth organizations. Our Morale, Welfare, and Recreation programs include some of the best SCUBA diving in the world; varsity and intramural athletics; automobile, wood working, and ceramics hobby shops; stereo tape center; dancing clubs; the gymnasium; martial arts classes; and more. In capsule, we recognize that boredom and loneliness are often implicated in drug abuse, and we make every effort to insure our people are offered a variety of enriching alternative activities to choose from during their off-duty time.

Other prevention efforts include those which tend to deter drug abuse. Primarily, these are law enforcement, disciplinary actions, counseling programs, and urine testing. Actually, although preventive in nature, these tend to be more accurately discussed as part of our very aggressive identification program.

*Identification.*—We consider the identification of drug abusers to be one of the most critical components of our program. Vigorous identification program deters drug abuse, stops smuggling, takes drugs out of circulation, enables us to help our people who do become drug involved, and insures that the drug problem does not become severe enough to impact on our mission accomplishment. We work this part of our program hard.

Our identification program on Andersen includes investigations by the Air Force Office of Special Investigations (AFOSI), Security Police law enforcement efforts, the Commando Plug customs inspection program, the Limited Privileged Communication Program (LPCP) which is the Air Force version of the exemption program, urine testing and medical examinations.

AFOSI focuses much of their attention on the drug problem. They work closely with local authorities, and their efforts have proven to be very successful in identifying abusers. In fact, the majority of the persons we enter into rehabilitation are identified as a result of investigations.

Our Security Police use seven dogs trained to detect marijuana and heroin. This year, they have made 82 barracks checks. They check outbound aircraft and luggage. In addition to the 100 percent check of carry-on baggage by Military Customs Inspectors, dogs randomly check about 10 percent of the same baggage. The dogs are used at the gate to periodically inspect vehicles. We also use the dogs to inspect the mail room, and we have made two arrests there. In addition to using dogs, Security Police make contraband gate checks, at least one inspection per shift.

Our customs check of passengers and baggage are also extensive. This year, over 21,000 inspections have been accomplished. We are fortunate to have 36 qualified Military Customs Inspectors (MCI's) assigned to Andersen. Thirty-four are military and two are civilians. Commando Plug is the name of the Military Customs Inspection Program in the Pacific theatre designed to combat illegal drug traffic. It includes the inspection of household goods, unaccompanied baggage, the aircraft passenger and baggage searches I mentioned before, and aircraft contraband inspections of all military and civilian commercial aircraft prior to departure. Our inspections are thorough, they include the use of dogs, and we believe these efforts prevent drug smuggling by military people. We conducted over 53,000 inspections or examinations between 1 January 1977 and 31 March 1978. We have found drugs on 18 occasions and contraband on 473 occa-

sions. Both our own AFOSI and the DEA resident agent advise me that Air Force aircraft are not a significant source of drugs on Guam.

In addition to law enforcement, we identify people using drugs in several other ways. The Air Force version of exemption, the Limited Privileged Communication Program (LPCP) is one of them. We find that LPCP is most often used by persons who are heavily drug involved, usually opiate users. In fact, over one-third of our opiate users since July 1976 entered rehabilitation in that manner. Another source of identification is urinalysis. Urine testing identifies the "harder" drugs of abuse. That is, the opiates, barbiturates, amphetamines, and others by special arrangement with the labs. All military personnel regardless of age or rank are subject to commander-directed urinalysis. We prefer commander-directed testing because it is the most cost effective and the least disruptive form of urine testing. However, in this high risk area we must periodically use sweep testing of entire units.

We completed some sweep tests last month, and were pleased to see that hard drug involvement of our people remains low. We urine tested 8 units, over 800 people. This constitutes 22 percent of our assigned personnel, most of them age 25 and under. We had 3 confirmed positives, only 0.4 percent. That means that 99.6 percent of our people who were tested were not using drugs. The medical component of our identification process does not usually result in many initial identifications. However, medical involvement is critical in confirming abuse, determining the level of involvement, and arranging for appropriate detoxification, if necessary. That briefly outlines our drug abuse identification program at Andersen. Now I would like to discuss the rehabilitation portion of our program.

*Rehabilitation.*—At Andersen, we conduct the standard five phase Air Force drug rehabilitation program. The phases are Identification, Detoxification (if necessary), Medical Evaluation, Behavioral Reorientation, and Follow-on Support. It is an out patient program, and it works. Every substantiated drug abuser must enter rehabilitation. The only exception to this is the first-time marijuana experimenter. If a first time experimenter is not on flying status, his commander can decide whether or not he requires rehabilitation. If he does not, normal disciplinary action is taken, usually an Article 15. He is not entered into rehabilitation because he does not need rehabilitation. Normally, about one out of three marijuana experimenters are not placed into rehabilitation. All other drug abusers, as I said, must enter the program. They must meet Air Force standards during Phase IV, Behavioral Reorientation. This phase usually lasts 45 to 90 days. They must continue to meet our standards of behavior and duty performance for the period of Follow-on Support, which can be as long as one year. If they do not, they are separated from the service. I might add at this point that we do not retain addicts. Air Force policy requires the separation of addicts after 30 days of drug free treatment. They are transferred to the Veterans Administration for long term care.

I have worked closely with the drug and alcohol rehabilitation programs in several capacities. As a Wing Commander, an Inspector General at a major command, and now as the Division Commander. I identify one key element that makes our programs as successful as they are. That element is the leadership, involvement, and teamwork that is built into our system. This leadership, involvement, and teamwork is formalized in the rehabilitation committee. This committee consists of the unit commander, immediate supervisor, a medical person, and the drug/alcohol officer or noncommissioned officer. They design an individualized rehabilitation regimen, make the standards and behavior they expect explicit, hold the rehabilitee's feet to the fire to insure he improves, and they reward his achievements. Once he succeeds, he is returned to all regular duties, unless limited for medical or a few other specific reasons.

Since July 1976, we have entered 89 persons into rehabilitation at Andersen. Twenty-nine were involved with opiates, fifty-five with marijuana, and five with other drugs. Of the opiate users, eleven were determined to be addicts, and they were separated. Of those opiate users who were eligible for rehabilitation, eight successfully completed or were reassigned to the states at the end of their tour and were progressing well in rehabilitation. This equates to a 44 percent success rate with opiate users eligible for rehabilitation. Turning to the other drug users, we find that thirty-seven of them successfully completed or were reassigned doing well. This constitutes a 69 percent success rate with these rehabilitees. One opiate user and six other drug users remain in rehabilitation at this time.

*Utilization.*—I would like now to turn to how we employ our rehabilitees and rehabilitation graduates. Our basic philosophy is that each person should be productively employed during rehabilitation. This is both humane and cost-effective. However, in our modern Air Force, these are obviously jobs that cannot be done by anyone who is not unquestionably reliable. These critical jobs constitute the exceptions to our normal policy of using rehabilitees in the jobs for which they were trained. Most rehabilitees, after a brief period of evaluation and initial rehabilitation, continue in the job they were doing when they were identified. However, persons on flying status, persons who bear firearms, persons serving in duties requiring Personnel Reliability Program (PRP) certification, and those with high level security clearances cannot work in their jobs after substantiation as drug abusers. After completion of rehabilitation, case-by-case decisions are made about reinstating members in some of these jobs. At Andersen, no drug abuser has been reinstated to positions requiring bearing of arms, none have had high level security clearances reinstated, and two have been reinstated in PRP positions.

*Readiness.*—As I have indicated throughout my testimony, drug abuse is a serious personnel problem that impacts on our people. However, our aggressive approach to the problem has insured that drug abuse has not impaired our ability to accomplish the mission. The readiness of Air Force combat and combat support units is reported through the Joint Chiefs of Staff Force Status and Identity Report (FORSTAT). Units are rated C-1 to C-4 depending on their state of readiness. Andersen Air Force Base combat units have been rated C-1 since 1973. Our FORSTAT rating has never been reduced by drug abuse. This system monitors the impact of drug abuse we have detected. However, it does not fully address the drug abuse that has not been detected.

Our thorough system of supervision, evaluation, quality control, exercises, inspections and tests do address the readiness impact of this undiscovered drug abuse. At Andersen, short notice typhoon evacuations, Operational Readiness Inspections, mobility exercises requiring us to perform simulated wartime missions, and other exercises have consistently demonstrated that we are ready. Our most recent large scale confirmation of our readiness was the BUY NONE exercise initiated on 3 June 1978. A BUY NONE is similar to the generation and flying phases of an Operational Readiness Inspection, except Headquarters Inspectors who score us are not physically on the scene. We were required, with no prior notice, to demonstrate our combat readiness by generating and launching our aircraft within a specified time. Our crews flew predetermined missions and simulated delivery of weapons over a Strategic Air Command training range. We passed the test with flying colors. However, I might add that we are certainly not complacent about the potential drug abuse threat. Our emphasis on drug abuse control will continue.

*Air Force interaction with the local community.*—I have addressed our Andersen Air Force Base drug program in some detail, but there is one more aspect of our efforts that I have not discussed. That is our involvement with the local community. Obviously, our responsibility does not stop at the gate. We have, and we will continue to use every resource at our command to battle the drug abuse problem on the Island of Guam. I have charged my staff to take a very active role in this regard, and I am personally involved in the effort.

Our cooperation in law enforcement efforts centers around our involvement in the Drug Task Force, a drug intelligence gathering network involving the Drug Enforcement Administration, AFOSI, the Department of Public Safety, and the Naval Intelligence Service.

Our drug and alcohol abuse control staff, headed by Captain Redhead, has been deeply involved in the prevention and education efforts of the local community. They were involved in the planning and conduct of the four day Guam Substance Abuse Conference in February 1978. Captain Redhead was a member of the Steering Committee. This conference was watershed in generating a cooperative drug abuse prevention effort on Guam.

Captain Redhead has served on the Governor's Youth Advisory Council, on the Territorial Advisory Council on Substance Abuse and Mental Health, and now works closely with Dr. Edwardo Del Rosario and the Single State Agency on Substance Abuse. He and his staff have been deeply involved in the prevention efforts in local schools, benefiting both local children and our own dependents who attended the schools. The drug staff has made 19 presentations to the schools so far this year. They have also played a central role in the Department of Public

Safety drug awareness program for the villages. Their role in this program is to stimulate interest and concerted action in the communities to defeat the drug problem at the grass roots. Thus far, 19 seminars have been conducted for nearly 1,000 participants.

Our drug staff also works with the University of Guam. We have established a drug and alcohol counseling internship program for senior college students in conjunction with the Department of Sociology and Social Work. This both augments our staff and contributes to the skills and experience of the students. Additionally, programs have been conducted, including consultant work for teachers and counselors in some of the local schools, as well as presentations to civic, fraternal, and professional organizations.

It is clear to me that the only way to deal effectively with the drug problem on Guam is to use every agency and resource on the Island in a concerted, coordinated effort. We are committed to doing our share and then some, and that commitment will continue as long as I am Commander.

This brings me to a juncture in my testimony, where I must make an important point. If my years of experience have taught me anything, they have taught me that no system, no program in the world will work well without human leadership and judgment. With good leadership and sound judgment, any program will work. Without it, nothing will. For that reason, the Air Force drug and alcohol program, and the Andersen Air Force Base program in particular, was designed to maximize commander involvement. Leadership and effective staff action result, and we have an effective program. I see evidence that leadership involvement in fighting drug abuse, from the village commissioner, to military commanders, to all levels of government, is increasing on Guam and the results are beginning to show. I thank the committee for adding the weight of your office to the effort.

That concludes my prepared statement. I'd be pleased to answer any questions you may have.



**END**