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CONFIRMATION HEARING ON THE NOMINATION OF JOHN P. WALTERS TO BE DIRECTOR OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY

HEARING

BEFORE THE

COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE

ONE HUNDRED SEVENTH CONGRESS

FIRST SESSION

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CONFIRMATION HEARING ON THE NOMINATION OF JOHN P. WALTERS TO BE DIRECTOR OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY

WEDNESDAY, OCTOBER 10, 2001

UNITED STATES SENATE,
COMMITTEE ON THE JUDICIARY
Washington, D.C.

The committee met, pursuant to notice, at 1:46 p.m., in room SD–226, Dirksen Senate Office Building, Hon. Joseph R. Biden, Jr., presiding.

Present: Senators Biden, Leahy, Kennedy, Kohl, Durbin, Hatch, Grassley, Kyl, DeWine, Sessions, and Brownback.

Senator BIDEN. The committee will come to order.

Let me begin in an inappropriate way by apologizing to our colleagues and to our nominee for being late. Senator Leahy and I had to attend a meeting relating to another matter and it went over just a little bit long, and I apologize to our friend from Utah.

I have an opening statement, but I would be happy to yield to the chairman of the full committee.

Chairman LEAHY. No. Go ahead.

OPENING STATEMENT OF HON. JOSEPH R. BIDEN, JR., A U.S. SENATOR FROM THE STATE OF DELAWARE

Senator BIDEN. Today, the Judiciary Committee considers the nomination of John Walters, to be Director of the Office of National Drug Control Policy. As you all know, this hearing was scheduled for literally a month ago today and the terrorist attack occurred in New York and in western Pennsylvania and at the Pentagon. For obvious reasons, it had to be canceled and events have sort of overtaken things and that is the reason we are as late as we are. It has nothing to do with the lack of consequence of this office and how important we think the office is and how we should proceed.

I want to thank Mr. Walters for being patient, as he has worked to reschedule his schedule as well, and I appreciate it.

John Walters is well-known to this committee, having testified before us a dozen times both as a Government witness during the first Bush administration and as a private citizen. Mr. Walters is also well known at ONDCP, having served as then–Drug Czar Bill Bennett's chief of staff and national security advisor, then as Deputy Director for Supply Reduction under Bob Martinez, and ultimately as Acting Director of the Office.

Since his time at the drug office, Mr. Walters has served as a visiting fellow at the Hudson Institute, president of the New Citizenship Project, and president of the Philanthropy Roundtable. I welcome him and his family here today.

Thirteen years ago, I wrote a law that created the Office of National Drug Control Policy because I was convinced we needed to coordinate Federal drug policy, with one person accountable for developing and implementing an effective national strategy.

I might at add, at that time the Democratic President didn't like the idea and subsequent Republican Presidents haven't liked the idea, but I still like the idea because I think there is a need for there to be one person on whose desk the buck stops.

I have argued that Cabinet-level status is necessary to give the position visibility commensurate with the depth of our Nation's drug problem, providing our drug czar the clout to stop interagency feuding, fight for budgetary resources, and decertify inadequate agency drug budgets.

I am glad that at the end of the day President Bush decided to make the drug czar a member of his Cabinet. To be able to decertify an agency's budget, as General McCaffrey did with Secretary Cohen's proposed counternarcotics budget for the Defense Department, the drug czar must be on equal footing with the rest of the President's Cabinet.

As the person responsible for coordinating Federal drug policy, the drug czar will deal with almost every Federal agency, from the Department of Justice on drug courts, to the Department of Transportation on interdiction issues, to the State Department and the Department of Defense on Plan Colombia, to the Department of Health and Human Services on groundbreaking research on how drug use changes brain chemistry.

The drug czar must be able to walk and chew gum at the same time, making sure that our national drug policy is comprehensive, as well as balanced. A balanced drug policy is often compared to a four-legged stool, with treatment, prevention, enforcement and research comprising the four legs. If one leg is shorter than the other, the stool topples over. For a long time, the demand reduction leg has been given short shrift.

I was glad to hear President Bush say when he announced Mr. Walters' nomination in the Rose Garden that "the most effective way to reduce the supply of drugs in America is to reduce the demand for drugs in America." He went on to pledge that his administration "will focus unprecedented attention on the demand side of the problem."

I was heartened to hear Mr. Walters say in that Rose Garden ceremony that he pledged to spearhead drug policy which includes, "protecting(ing) our children from drug use...help(ing) the addicted find effective treatment and remain recovery...shield(ing) our communities from the terrible human toll taken by illegal drugs...(and) stop(ping) illegal drug use and the drug trade from funding threats to democratic institutions throughout the hemisphere." I look forward to holding him to that pledge.

While Mr. Walters and I agree on a number of issues, including the critical role of law enforcement at both the Federal and local level as it relates to drug policy and the importance of a strong

supply reduction policy, there have been a number of equally important issues on which we have disagreed on over the years.

I am particularly troubled—and it will come as no surprise to Mr. Walters because we have been engaging in this for the last 13 years—by Mr. Walters' many writings regarding drug treatment. He has written that the "view that therapy by a team of counselors, physicians and specialists is the only effective way to reduce drug use" is a "myth."

In contrast, the top doctors and scientists in the field of addiction believe that addiction is a chronic, relapsing brain disease and that addiction treatment is as successful as treatment for other chronic diseases such as diabetes, hypertension, and asthma.

Similarly, Mr. Walters has questioned the need for Federal support for drug prevention, writing that "teaching children that drug use is wrong and harmful is primarily the responsibility of parents and local communities, youth organizations, religious institutions, schools, and police. Federal funding is neither necessary nor sufficient for conveying this lesson by word and deed."

These statements are certainly not in line with my drug policy views, and they don't sound to me like they are in line with what President Bush has stated. I plan to ask Mr. Walters a series of questions today to determine whether he will stand by what he has written or whether he will have what is known by the cynics on Capitol Hill as a confirmation conversion.

I want to make it clear at the outset that I have the utmost respect for John Walters. He is a man of principle. We have debated drug issues over the past decade, and I suspect we will debate them in the future. Though we have often disagreed, I don't think that either one of us has taken the disagreement personally. So I welcome here today. I am anxious to hear what he has to say and I look forward to hearing his testimony.

Now, Mr. Chairman, I see our ranking member has moved down to introduce, I guess, and I know you have asked me to do this hearing and you have another one to do.

STATEMENT OF HON. PATRICK J. LEAHY, A U.S. SENATOR FROM THE STATE OF VERMONT

Chairman LEAHY. I appreciate very much, Mr. Chairman, that you are doing this hearing. You have set the standard for this committee over the years on so many of these drug issues and it is only appropriate that you are doing this.

I was glad to have the chance to meet Mr. Walters and his family, his two lovely girls, and it makes me realize how old I have gotten. It has been a long time since my kids were that age.

I don't doubt, as you have said, that Mr. Walters has thought seriously about our Nation's drug problems. I am very concerned about some of the conclusions he has reached and forcibly expressed on issues ranging from drug treatment to interdiction to sentencing issues.

I will put more of this statement in the record.

Mr. Walters, I would urge you, if you have the opportunity, to take the time to read my statement because some of the questions I will also submit for the record will be reflected in there.

We have tried to move people along quickly on this. The Drug Enforcement Administration head, I think, is one of the most important in the drug war, and within just a few days of my becoming chairman of this committee I set a hearing on Asa Hutchinson. I think we held the hearing within a day or so of his papers actually arriving here, even before all his things were in.

You, Mr. Chairman, and I think everybody on this committee voted for him and we moved him out and had him on the floor within a matter of days; the same with James Ziglar for the INS and Robert Mueller for the FBI. So when there is any kind of a consensus here, we are able to move very quickly.

I do have four areas of concern here. First, there is a growing and bipartisan consensus that we need to do more to improve drug treatment and take other steps to reduce the demand for drugs. In fact, President Bush said "[t]he most effective way to reduce the supply of drugs in America is to reduce the demand for drugs in America." The President went on to say he would give "unprecedented attention" to this.

Now, Mr. Chairman, I have joined with you and Senator Hatch and others to introduce S. 304, the Drug Abuse Education, Prevention and Treatment Act, to put more money and Federal focus on treatment programs and to improve treatment opportunities and effectiveness in rural areas for drug-addicted mothers, and so on.

I want to know how Mr. Walters feels about the approach taken by S. 304. He has faulted the concept that addiction is a disease. He has referred to that concept as an "ideology," even though it is held widely, if not universally, by Government and private experts. He has said that he supports "good" treatment, but has sharply criticized existing treatment providers, aside from faith-based providers.

Secondly, I am concerned about his position on issues related to criminal punishment. We all agree on both sides of the aisle that people who break our laws have to be punished. Those who traffic in and sell drugs deserve to be incarcerated for substantial periods of time. When I was a prosecutor, I always asked for extra penalties for traffickers in drugs.

But many of us in both parties have come to question our reliance on mandatory minimum sentences for a wide variety of drug offenses, as well as the 100-to–1 disparity under current law between sentences for crack and powder cocaine.

In his writings, Mr. Walters has been hostile to reconsideration of these issues. He wrote as recently as March of this year that the idea that we are imprisoning too many people for merely possessing illegal drugs or that criminal sentences are too long or harsh were "among the great urban myths of our time." That statement flies in the face of the widespread dissatisfaction with mandatory minimum sentences among policymakers and Federal judges.

Indeed, Chief Justice Rehnquist and the Judicial Conference, made up of representatives from all 12 U.S. circuits, have called for the repeal of Federal mandatory minimum sentences. I don't think the Chief Justice is one to fall prey to an urban myth, especially on something like this which has such a severe racial impact, as African Americans are much more likely to be sentenced for crack

offenses. The facts show that overwhelmingly, facts developed by both conservative and liberal organizations.

Mr. Walters has referred to the racial impact of the sentencing disparity as a "perceived racial injustice." He even testified before Congress trying to "[b]lock lower crack sentences" and strip the U.S. Sentencing Commission of their powers. I would suggested that it is not "perceived," not with the numbers that we have seen. In fact, what we found is that blacks accounted for 84.7 percent of those sentenced for crack offenses which carry the highest penalties, and whites for 5.4 percent. I think there is something going on there.

Third, Mr. Walters' reaction to popular and legislative judgments by various States to allow limited use of marijuana for medical purposes also causes me concern. He said the Federal Government should just step in and take away licenses from any physicians who would follow what their State voters have decided on. It kind of runs roughshod over any federalism concerns, but his draconian response about stripping them of their licenses raises questions about his sense of proportion. It is a very blunt instrument to tell voters in a State that they don't know what they are doing.

Then I want to know what he thinks about our anti-drug role in Latin America. I don't disagree that reducing the supply of drugs would have tremendous benefits for our Nation, but I agree with President Bush that the reason so many drugs find their way to our shores is because there is substantial demand for them and a lot of money people are willing to spend.

My concern is that it seems almost every question—and I have not read all of Mr. Walters' writings, of course, and that is why I will submit so many questions on this. There seems to be no question about drugs to which the answer is not simply a hard-line, law enforcement response, even on complicated issues on which there is diverse opinion. I don't think this unbending, "my way is the only way" attitude is what Americans want to see here. I think we need a greater reliance on data and pragmatism, and less of an ideological determination.

I believe Mr. Walters is an intelligent and accomplished man. I am certainly going to give his testimony and his responses to the committee's questions close attention. They deserve it. Obviously, we would have had this hearing a month before, except for the tragic events of the 11th.

With that, Mr. Chairman, again I thank you because I know you have bent your schedule four ways to Sunday to make this possible.

[The prepared statement of Senator Leahy follows:]

STATEMENT OF HON. PATRICK J. LEAHY, A U.S. SENATOR FROM THE STATE OF VERMONT

As all of you know, this hearing was originally scheduled for the morning of September 11, and was of course postponed as a result of the terrorist attacks in New York and Washington. I wanted to make sure we rescheduled this hearing as soon as possible, as drug abuse remains a vital problem for this nation and we need to continue to pay attention to our domestic priorities even as we engage in our necessary response to terrorism. So I thank Senator Biden for working with me to find a new date for this hearing, and I look forward to a comprehensive examination of this nomination.

I come to this hearing with many concerns. I do not doubt that John Walters has thought seriously about our nation's drug problems, but I do doubt the conclusions

he has reached and -forcefully expressed on issues ranging from drug treatment to interdiction to sentencing issues. In short, I am not yet convinced that he is the right person to head the Office of National Drug Control Policy.

We have worked hard on this committee to ensure a speedy and fair hearing for the Bush Administration's executive branch nominees. Within days of the Senate's reorganization and my taking over as Chairman, I noticed a hearing on Asa Hutchinson's nomination to head the Drug Enforcement Administration. After we had the hearing, I expedited the process to provide a quick Committee vote, and then worked to secure a vote on the floor so that Mr. Hutchinson's nomination could be approved before the August recess. I similarly expedited the process for the nomination of James Ziglar to head the Immigration and Naturalization Service, and will continue to do my best to make sure that the Administration receives the quickest evaluation of its nominees possible, consistent with the Senate's obligation to provide advice and consent.

The voluminous and opinionated record that Mr. Walters has developed requires a thorough examination. I have four areas of concern about his record that I would like to see addressed in this hearing.

First, there is a growing and bipartisan consensus that we need to do much more to improve drug treatment and take other steps to reduce the demand for drugs. President Bush has said that "[t]he most effective way to reduce the supply of drugs in America is to reduce the demand for drugs in America" and has promised that his Administration will concentrate "unprecedented attention" on the demand for drugs. In the Senate, I have joined with Senator Hatch, Senator Biden, and others to introduce S. 304, the Drug Abuse Education, Prevention, and Treatment Act. That legislation would increase the Federal focus on treatment programs, with targeted programs to improve treatment opportunities and effectiveness in rural areas, programs devoted to drug-addicted mothers, and more. I am curious to find out whether Mr. Walters believes the approach taken by S. 304 is a helpful and appropriate one, and whether he shares in this growing pro-treatment consensus. Mr. Walters has faulted the concept that addiction is a disease, referring to that concept as an "ideology" even though it is held widely—if not universally—by government and private experts. He has written that "the culture of victim hood lies at the core of the therapeutic world view," a statement I hope he can explain today. He has said that he supports "good" treatment but sharply criticized existing treatment providers, aside from faith based providers. In short, although Mr. Walters has not developed a lengthy record on treatment questions, some of his statements have caused great concern among those who care about treating drug addiction. I look forward to hearing a further explanation of his views today.

Second, I am concerned about the nominee's position on issues related to criminal punishment. We all agree on both sides of the aisle—that people who break our laws must be punished, and that those who traffic in and sell drugs deserve to be incarcerated for substantial periods of time. At the same time, many of us Democrats and Republicans—have come to question our reliance on mandatory minimum sentences for a wide variety of drug offenses, as well as the 100 to I disparity under current law between sentences for crack and powder cocaine. In his writings and statements, Mr. Walters has been hostile to reconsideration of these issues. For example, he wrote as recently as March 2001 that the idea that we are imprisoning too many people for merely possessing illegal drugs or that criminal sentences are too long or harsh were "among the great urban myths of our time." This statement flies in the face of the widespread dissatisfaction with mandatory minimum sentences among policymakers and Federal judges. Indeed, Chief Justice Rehnquist and the Judicial Conferences of all 12 U.S. circuits have called for the repeal of Federal mandatory minimum sentences.

The disparity in sentences for crack and powder cocaine has been a significant contributing factor to the disproportionate imprisonment of African-Americans. Under current law, it takes only 1 percent as much crack cocaine to trigger equal mandatory minimum penalties with powder cocaine. This disparity has a severe racial impact as blacks are overwhelmingly more likely to be sentenced for crack offenses. For example, in FY 1999, blacks accounted for 84.7 percent of those sentenced for crack offenses and whites just 5.4 percent. There is also reason to doubt the logic of the crack-powder distinction on law enforcement grounds. Since cocaine is imported and distributed in powder form, and only manufactured into crack at the retail level, those persons at the highest end of the drug distribution chain are rarely affected by the increased crack penalties. In other words, the harshest sentences are reserved for less culpable offenders.

Despite these troubling facts, Mr. Walters has referred to the racial impact of the sentencing disparity as a "perceived racial injustice" and urged Congress in 1996 testimony to "[b]lock lower crack sentences" and to strip the U.S. Sentencing Com-

mission of authority even to propose changes in criminal penalties where Congress has adopted mandatory minimums.

Third, Mr. Walters' reaction to popular and legislative judgments by various States to allow limited use of marijuana for medical purposes also causes me concern. Numerous states have considered and passed medical marijuana initiatives, some by substantial majorities. Mr. Walters has responded to this trend by advocating that the Federal government use the Controlled Substances Act to take away the Federal licenses from any physician who prescribes marijuana to a patient in States that permit the practice. Such a step would prevent these doctors from prescribing or possessing any medication that is Federally controlled, basically making the practice of medicine impossible. In addition to running roughshod over any Federalism concerns whatsoever, Mr. Walters' draconian response raises questions about his sense of proportion. Although shutting down the process as he has suggested may be effective in rendering these State-passed initiatives meaningless, his proposal is a very blunt instrument, to say the least.

Fourth, I am concerned that Mr. Walters will seek to have the United States overextend its antidrug role in Latin America. Throughout his career, he has been a prominent spokesman for the cause of drug interdiction. Prior to the development of Plan Colombia, he said that "we need to do more in Latin America" in "[lighting drugs at the source." He has also been a consistent supporter of increasing the U.S. military's role in preventing drugs from entering the United States. I do not disagree that reducing the supply of drugs would have tremendous benefits for our nation. At the same time, I agree with President Bush that the reason that so many drugs find their way to our shores is because there is substantial demand for them. The costs—both financial and political—of our involvement in the internal affairs of Latin American nations require close scrutiny. I have been skeptical about Plan Colombia, and I would be skeptical of additional proposals of that nature. I am curious to find out whether Mr. Walters would recommend that such proposals be offered.

My fear is that for Mr. Walters, there is no question about drugs to which a hardline law enforcement response is not the answer, even to complicated issues on which there is diverse opinion. I am not sure this is what American needs in its new drug czar. What we may need is a greater reliance on data and pragmatism and less of an ideological focus.

Clearly, I have numerous concerns and questions about the positions this nominee has expressed. But I will consider this nomination with an open mind. In making this statement today, I am attempting to put my concerns on the record so that Mr. Walters will have ample opportunity to respond. Despite my numerous disagreements with Mr. Walters' past statements, I believe him to be an intelligent and accomplished man, and I will give his testimony and his responses to the Committee's questions the close attention they deserve.

Senator BIDEN. Thank you, Mr. Chairman.

I am going to yield now, if I may, to my colleagues.

Mr. Walters, why don't you come on up to the table there while our colleagues are speaking about you?

The way we are going to proceed is recognize both my colleagues, who I suspect are going to attend the hearing as well. They are both members.

Chairman LEAHY. They probably are going to say nice things about you.

Senator BIDEN. And then we will go to you, Mr. Walters, and at that point I will ask you to introduce your family again to the whole committee, and we will hear your statement and then we will begin questioning.

Senator Hatch?

PRESENTATION OF JOHN P. WALTERS, NOMINEE TO BE DIRECTOR OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY BY HON. ORRIN G. HATCH, A U.S. SENATOR FROM THE STATE OF UTAH

Senator HATCH. Thank you, Mr. Chairman. I appreciate it.

It is with great confidence and very high regard that I introduce to the committee John Walters, the nominee for Director of the Office of National Drug Control Policy, ONDCP.

As everyone is keenly aware, Mr. Walters' hearing was postponed on September 11, literally in the wake of the terrorist attacks. Since the September 11 attacks, there has been a lot of discussion about the nexus between drug trafficking and terrorism. We know that insurgent groups in Colombia have long been characterized as narcoterrorists because of their known use of cocaine proceeds to fund terrorist acts, including the kidnapping of Americans abroad.

We know that proceeds from the manufacturing and trafficking of opium poppy have helped sustain Osama bin Laden's terrorist organization, Al Qaeda, for years. We also know that terrorist organizations routinely launder the proceeds from drug trafficking and use the funds to support and expand their operations internationally, including purchasing and trafficking illegal weapons. I am sure in the coming months and years we will continue to learn about the clandestine connection between drugs and terrorists.

Mr. Walters will be starting his tenure as drug czar at a very precarious time, but I know he is the right person to fill this position. He will have to work closely with law enforcement and intelligence authorities to ensure that the international component of the Nation's drug control policy is designed not only to prevent drugs from being trafficked into America, but also to prevent the manufacturing and sale of drugs for the purpose of funding terrorist activities.

Mr. Walters is eminently qualified to carry out this task and I am confident that he will be a first-rate Director. After all, having served in ONDCP and the Department of Education with Bill Bennett, he learned from the person widely regarded by Republicans and Democrats alike as one of the most talented and effective drug czars we have ever had in this country.

I would also like to praise General McCaffrey and his efforts as well. He worked very hard and did many good things.

John Walters' career in public service has prepared him well for this office. Like you, Mr. Chairman, he has worked tirelessly over the last two decades helping to formulate and improve comprehensive policies designed to keep drugs away from our children. Also like you, he has truly unparalleled knowledge and experience in all facets of drug control policy.

As an assistant to Secretary Bennett from 1985 to 1988, Mr. Walters was responsible for managing drug prevention policy and programs for the Department of Education. As Director Bennett's chief of staff at ONDCP, Mr. Walters was responsible for drafting and implementing a sensible and effective drug control policy. As Deputy Director for Supply Reduction at ONDCP, Mr. Walters formulated interdiction policies to keep drugs away from America's youth.

Lest there be any doubt that Mr. Walters' efforts proved successful, let me point out to the committee that during Mr. Walters' tenure at the Department of Education and ONDCP, drug use in America had fallen to its lowest level at any time in the past 25 years, and drug use by teenagers had plunged over 50 percent.

Since leaving ONDCP in 1993, Mr. Walters has continued to remain a vocal, committed advocate for curbing drug use. He has testified numerous times before Congress, including this committee, on drug policy issues, and he has also written extensively about this subject.

Since 1996, he has served as president of the Philanthropy Roundtable. In that capacity, he has worked with foundations and private donors in many areas of charitable giving, including support for both drug prevention and treatment programs.

Mr. Walters enjoys widespread support from distinguished members of the law enforcement community, including the Fraternal Order of Police and the National Troopers Coalition, and from mainstream members from the prevention and treatment communities, including the Partnership for a Drug–Free America, National Families in Action, and the Community Anti–Drug Coalitions of America.

Yet, despite this groundswell of support, ever since Mr. Walters' name was first mentioned in connection with the drug czar position some individuals and groups have attacked his nomination with a barrage of unfounded criticisms. Today, I am pleased to have the opportunity to set the record straight and to emphasize why our country needs John Walters confirmed now.

We all agree that if we are to win the war on drugs in America, we need a comprehensive policy aimed at reducing both the demand for and the supply of drugs. Mr. Walters' accomplished record demonstrates that he has always believed that focuses on both demand and supply reduction are important.

For example, in testimony given before the Senate Judiciary Committee in 1991, Mr. Walters, then Acting Director of ONDCP, laid out a national drug control strategy that included the following guiding principles: educating our citizens about the dangers of drug use, placing more addicts in effective treatment programs, expanding the number and quality of treatment programs, reducing the supply and availability of drugs on our streets, and dismantling trafficking organizations through tough law enforcement and interdiction measures. Again, in congressional testimony given in 1993, Mr. Walters reaffirmed that an effective anti-drug strategy must "integrate efforts to reduce the supply of as well as the demand for illegal drugs."

Some have voiced concern that Mr. Walters will put prosecution before prevention, tougher laws before treatment. To the contrary, Mr. Walters' record is replete with calls for more and better prevention and treatment programs.

For instance, the drug strategy announced by Mr. Walters in 1991 had as its highest priority "preventing drug use before it starts." And he wasn't just mouthing these words, for prevention spending increased by 88 percent during his five-year tenure at ONDCP. No other component, including law enforcement and interdiction, was increased more than prevention.

His record on drug treatment belies that concern as well. In 1993, he testified that more and better treatment was sorely needed, and he worked to remedy the shortfall. During his tenure at ONDCP, spending on drug treatment increased 74 percent. Mr.

Chairman, this is not the record of a man who would turn his back on prevention and treatment efforts.

John Walters remains committed to treatment and prevention programs. Mr. Chairman, earlier this year I introduced S. 304, the Drug Abuse Education, Prevention and Treatment Act of 2001, which both you and Senator Leahy have been kind enough to mention and for which both of you are some of our strongest supporters, as you have been in these drugs areas. This is a bipartisan bill that we drafted together—you, Senator Leahy, and Senators DeWine, Thurmond and Feinstein in particular.

This legislation, as you know, will dramatically increase prevention and treatment efforts. In drafting the bill, I repeatedly solicited Mr. Walters' expert advice. I know that his record clearly reflects that he agrees with all of you and myself that prevention and treatment must remain integral components of our national drug control strategy.

John Walters knows what it takes to reduce youth drug use, and he will be taking the helm at ONDCP at a critical time. According to the most recent national surveys, youth drug use, particularly of so-called club drugs such as Ecstasy and GHB, tragically is again on the rise.

Over the past two years, current use of Ecstasy among 12-graders increased dramatically by 140 percent. During this same period, the number of emergency room visits resulting from the use of Ecstasy increased 295 percent, and 80 percent of those visits were by patients under the age of 25.

It is simply shocking that by the time of graduation from high school, over 50 percent of our youth have used an illicit drug. We must act immediately to reverse these soaring numbers and to prevent our youth from endangering their lives. So I look forward to hearing from Mr. Walters what he plans to do to reverse these dangerous developments.

Fortunately, Mr. Walters will have extraordinarily talented deputies to help him with this daunting challenge. In selecting Scott Burns, a fellow Utahn, I might add, to handle State and local affairs, Dr. Barry Crane to head the Office of Supply Reduction, Dr. Andrea Barthwell to lead the Office of Demand Reduction, and Mary Ann Solberg as the Deputy Czar, the President has assembled a team of dedicated and knowledgeable professionals. So I personally look forward to working with Mr. Walters, his deputies, and the administration in finding new ways to solve rather than surrender to America's drug problem.

Mr. Chairman, no Senator has worked harder and longer on the drug issue than you, and it is a testament to your dedication to America's youth that you are chairing this important hearing. You and I both want to see youth drug use rates fall, and we know that one of the keys to this goal is prompt passage of S. 304.

In that regard, I am very grateful for our chairman, Senator Leahy, and for his working with you and me and others on this very important bill. I hope we can get that through within the relatively near future so that we can do even more and give the tools to Mr. Walters and others who are serving.

Another one of those keys, Mr. Chairman, is John Walters. The President shares our commitment to a balanced drug policy, and he

has expressed his eagerness to begin working with us to attack the problem of drug abuse.

Rightfully, the Senate has been focusing primarily on passing the anti-terrorism bill and legislation related to the September 11 attack. However, in light of the documented connection between international drug trafficking and terrorist activities and the ongoing war against drugs and terrorism, now more than ever the administration and the country need to have its drug czar in place.

It is of utmost importance that the Senate act on Mr. Walters' nomination immediately. With Mr. Walters in place, I look forward to working with my Senate Democratic and Republican colleagues to carry forward our fight against drug trafficking and terrorism.

Mr. Chairman, 24 members of Speaker Hastert's Task Force for a Drug–Free America, including the Speaker, have signed a letter in support of John Walters' nomination, and I ask that this letter and other letters written in support be included in the record.

Senator BIDEN. Without objection, they will be.

Senator HATCH. Mr. Chairman, I am grateful for you giving me this time. I have such high respect for John Walters, and I know that he can do this job and do it well. It is something that needs to be done, and needs to be done now, not just for our youth, but in order to stop terrorism throughout the world as well.

So I want to thank you again for holding this hearing and being willing to take the time to do this.

Senator BIDEN. Thank you.

Senator Kyl?

PRESENTATION OF JOHN P. WALTERS, NOMINEE TO BE DIRECTOR OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY BY HON. JON KYL, A U.S. SENATOR FROM THE STATE OF ARIZONA

Senator KYL. Thank you, Mr. Chairman, and I want to thank you for the opportunity to join in Senator Hatch's introduction of John Walters as Director of the Office of National Drug Control Policy.

As all of us are well aware, this is the last Cabinet position to be filled, and as Senator Hatch just pointed out, it is vital to continuing this country's anti-drug efforts, as well as contributing to our war against terrorism.

Now, Mr. Chairman, I am biased. My daughter, Christie, is a good friend of John's wife, Mary. My granddaughter, Alyssia, goes to elementary school with Rebecca, John and Mary's daughter, and I have worked with John Walters. But I will tell you that he will be a superb drug czar. I am as convinced of that as anything I have ever been convinced of.

I suspect that upon close examination—and I know that all of you have concerns about past writings or statements—upon close examination, I think you will find that there is far more in common than there is any disagreement between the various approaches to fighting what we all agree is a scourge on our society that has to be dealt with.

When people talk about John Walters, they talk about his qualifications, and I doubt there is anybody at least technically more qualified to serve in this position—over 15 years of experience in handling drug policy.

Let me add a couple of things to what Senator Hatch said, and maybe repeat one or two as well. John Walters started his public service at the National Endowment for Humanities as Acting Assistant Director and Program Officer in the Division of Education Programs. That was from 1982 to 1985.

Senator BIDEN. Does Senator Helms know that?

Senator KYL. As I said, there may be more in common here.

From 1985 to 1988, he worked at the U.S. Department of Education, serving as Assistant to the Secretary, and there he led the development of anti-drug programs for that Department. He was the principal author of Education Department handbook "Schools Without Drugs: A Guide for Effective Education and Prevention Programs for Parents and Educators." Over one million copies were requested and distributed free of charge.

After his service at the Department of Education, he cofounded the Madison Center, a public policy organization devoted to advancing and improvement in education and related fields, including early childhood education and drug abuse prevention.

From 1989 to 1993, he served in the White House Office of National Drug Control Policy, and as was noted, during that time was chief of staff for William Bennett, Acting Director, and Deputy Director for Supply Reduction from 1991 until leaving that Office.

For the past five years, he has been president of the Philanthropy Roundtable, a national association of over 600 foundations and individual donors providing publications and programs on all aspects of charitable giving.

John Walters believes in a well-balanced approach to the drug problem, and I am delighted that he now has an opportunity personally to respond to some of the distortions and mischaracterizations of his positions with respect to the balance needed to address the problem of drugs. He understands all aspects—treatment, prevention, education, and interdiction.

To just cite some different statistics that relate to the same subject as Senator Hatch brought up, during his tenure at ONDCP overall Federal spending for drug control programs increased by 83 percent, almost $5.4 billion. Spending on prevention programs increased by 113 percent, $914 million, and treatment spending increased by 98 percent, $1.1 billion.

So as I said, this is a man who participated in a well-balanced program for drug abuse. As noted earlier, drug use by 1992 had reached the lowest levels in the past 23 years. His career, in other words, reflects a deep-seated commitment to anti-drug efforts in all respects.

Mr. Chairman and my colleagues on the Judiciary Committee, American families, schools, those who are addicted to drugs, police officers, and our communities deserves to have somebody at the helm of ONDCP who will really lead the national effort to combat drugs. John Walters has the experience, the knowledge, the ability, and most importantly the passion to spearhead the ONDCP.

I hope that we can move very quickly to confirm him. The President and the Nation need him in this position.

Thank you.

Senator BIDEN. Thank you very much, Senator, for a very good statement. Please come and join us.

Mr. Walters, will you please stand and be sworn?

Do you swear that the testimony you are about to give before the committee will be the truth, the whole truth and nothing but the truth, so help you God?

Mr. WALTERS. I do.

Senator BIDEN. Thank you. Before we proceed any further, would you be kind enough to introduce to the rest of the committee your family who is with you today and anyone else you would like to introduce?

STATEMENT OF JOHN P. WALTERS, NOMINEE TO BE DIRECTOR OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY

Mr. WALTERS. Thank you, Senator. My wife, Mary, is here, and my daughters, Michaela and Rebecca. My wife, with no intended disrespect for the committee, is going to take my daughters out because I can't change nature; they are probably not going to be able to sit through this.

Senator BIDEN. Well, if you could do that, it would be cruel and unusual punishment to make them sit through it.

By the way, I think there is some candy in the back room back there, if you want to head back that way, and you can hang out there if you want, or however you would like to proceed. I thank the girls for coming.

I invite you at the appropriate time, which is now, to make any opening statement you may have, John.

Mr. WALTERS. Thank you, Senator. The committee has a copy of my written statement which I would ask you include in the record.

Senator BIDEN. It will be included in its entirety.

Mr. WALTERS. I will just summarize a few points. I would like to thank Senators Hatch and Kyl for their kind introduction.

It is an honor to be here, Mr. Chairman, Chairman Leahy, Chairman Biden, and the other members of the committee. It is an honor for me to have been nominated by the President for this important position, and I am pleased with the effort that has been made under difficult circumstances of the last month to hold this hearing. Thank you for your assistance.

Also, I want to thank you and the other members of the committee and your staff for the willingness to consult with me during this process, to talk through some of the issues that are of concern to you and to others. And I hope I will be able to work with you in the future, should the committee and the Senate see fit to confirm me for this position.

We all know the tremendous toll that drug abuse has taken on our society. The challenge of reversing or pushing back against that terrible threat is made somewhat less daunting by, in my mind, the history of strong bipartisan commitment to work on this problem and the many facets necessary to achieve success, particularly success in reducing drug use and addiction among our young people.

You already have alluded to, as have others, that the President shares this commitment, as he had made clear in the remarks he made on the occasion of my nomination, and particularly his emphasis on expanding Federal resources for treatment, announcing his intention to request over the next 5 years $1.6 billion to expand

the treatment program, as well as additional monies for prevention programs involving parents, community coalitions, and expanding drug treatment, in particular, in the criminal justice system.

As you know, I began working on the drug policy issue during my service at the Department of Education in the mid–1980s. As assistant to then–Secretary William Bennett, I, as has been alluded to, became the principal staff member responsible for managing drug prevention policy and programs.

During my tenure, which began in September 1985 and ended in 1988, I was one of the principal authors of the guide "Schools Without Drugs," referred to here, a guide for teachers and parents. Almost two million copies of that guide have been distributed to citizens throughout the country. It was a how-to guide for prevention programs in the home and in schools and communities.

I was the senior manager of programs to link schools and communities together, called the Schools Without Drugs Challenge Program, as well as the developer of a prevention public service campaign and the implementer of the 1986 Drug–Free Schools and Communities Act which vastly expanded the drug prevention funding from the Department of Education to schools and communities throughout the United States.

I will not summarize the other parts of my career. As was alluded to earlier, Mr. Bennett and I left the Department. We intended to go into the private sector. We were starting a non-profit that would be involved with education reform, as well as drug prevention and early childhood education.

Unfortunately, that lasted only several months because the first President Bush asked Mr. Bennett to become the first drug czar. I went with Mr. Bennett to that office. We had long discussions with you, Mr. Chairman, and other senior members of this committee about the first drug strategy and its construction and implementation.

I served first as chief of staff to Mr. Bennett and was involved in the construction of the strategy throughout the various agencies and programs. In the latter part of the Bush administration, I served as supply reduction deputy.

My tenure at ONDCP, with the strong bipartisan support in Congress, sought to expand a balanced program of drug prevention and drug control. We sought not only, as was alluded to earlier, to bring together, organize and make accountable and effective programs on law enforcement and national security, but in prevention and treatment.

Our efforts to focus on expanding treatment I am particularly proud of because I believe we provided more resources during that period, during that administration to drug treatment, and increases, than any administration before or after. And I believe those are needed and provide a basis for the expanded efforts we have been talking about and I think everybody agrees we need in the future.

We also launched particular new programs to expand prison-based treatment and prevention programs. We launched a new $100 million-a-year community coalition initiative, modeled on the successful Robert Wood Johnson program. We also expanded resources to law enforcement, and I am proud to say we expanded

anti-drug interdiction and national security programs not by taking money from other parts of anti-drug programs on the prevention side, but by making the priority of drug control a more central part of our national security agenda. The national security agencies and the interdiction agencies became a more complete and full player.

I believe these balanced policies that we established and that we have been discussing already here today are crucial for successful drug control. And I think the proof that they can be successful has been the decline in drug use, and I am proud that use reached one of its lowest levels in the last several decades in 1992, and particularly that drug use by young people, as has been alluded to, aged 12 to 17, dropped by 60 percent from 1985 to 1992. Cocaine use by those young people dropped by 78 percent.

Sometimes, as you know, people say we can't make any difference. We do make differences, we have made differences. We make differences everyday, and I think it is important that we build on those, but to build on them we have to first recognize them.

Let me conclude this brief summary because I know you have questions and I don't want to eat up the time. But given some of the comments that have been made in the public and in the press about my record in the past, let me try to state concisely my views so that we can explore this and we follow up what I put on the record.

I believe in drug prevention programs. I believe in efforts by parents, by schools, by workplaces, and by communities. I think my record in office and subsequently reflects that. I believe in drug treatment, in particular, public and private. I believe that it works in prisons. I believe that it works in diversion programs and in drug courts.

I believe also in law enforcement and interdiction playing an important role. I believe that drug control efforts should be expanded to our foreign policy priorities in appropriate ways, not that it is the only foreign policy priority. But I believe the record of the administration I last served in and I believe the discussions I have had with members of this committee, as well as others, indicate that I think there is an appropriate role, and I understand how that can fit into other priorities.

I would like to take this opportunity to thank a couple of people in closing who are in the audience here and have been helpful—who have been willing to consult with me during this process and who I look forward, should the Senate decide to confirm me, to working with in the future, including some people I know that are well known to members of this committee: Mr. Dick Bonnetta from the Partnership for a Drug–Free America; General Art Dean and Sue Thau from CADCA; Melanie Heaps from Treatment Alternatives for Safer Communities; John Avery, Association for Treatment Professionals; Johnny Hughes from the National Troopers Coalition; Steve Young, newly-elected national president of the Fraternal Order of Police, and Jim Pasco of FOP; Jennifer Collier of the Legal Action Center; Chief Bob Warshaw, who worked in the previous administration as Deputy Director for State and Local Affairs and was chief in Rochester, New York, formerly; Linda Wolf Jones, of Therapeutic Communities of America; Judge Karen Fried-

man-Williams, National Association of Drug Court Professionals; Betty Sembler and Calvina Fay from the Drug–Free America Foundation; Judy Cushing, President of the Oregon Family Partnership; Henry Lazono, California for Drug–Free Youth; Barry Crane, who is in the audience, who has been nominated to be supply reduction deputy at ONDCP and has written extensively.

These are just some of the people, but people who made the time to come here today, some from a long distance, and I wanted to publicly thank them for their advice and counsel and their support.

Thank you, Mr. Chairman.

[The prepared statement and biographical information of Mr. Walters follow.]

STATEMENT OF JOHN P. WALTERS, NOMINEE TO BE DIRECTOR OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY

Chairmen Leahy and Biden, Ranking Member Hatch, and distinguished members of the Committee:

I am honored to appear before you today as you consider my nomination for Director of the Office of National Drug Control Policy (ONDCP). I want to thank each member of the Committee for the guidance, counsel, and support offered during the nomination process. If the Senate permits, I will be pleased to join my colleagues and take my seat as a member of the President's Cabinet.

Illicit drug use and its consequences exact a tremendous toll on our society. As you know, developing an effective arid comprehensive drug control policy is a challenge that is complex and multifaceted. This challenge has been made somewhat less daunting by the history of strong bipartisan commitment to our shared national goals of reducing drug use, especially among our youth.

The President shares this commitment and made clear when he nominated me for this position that the drug issue is of foremost concern for the public health and national security of the United States. I fully endorse the President's pledge to increase federal funding for drug treatment by $1.6 billion over five years and look forward to working with Secretary Thompson on this important initiative. I strongly support the President in his heartfelt belief that in order to succeed in our efforts to craft a solution to this problem, the Congress and Executive Branch must transcend traditional political and party boundaries.

Over many years now, both as an official of the United States Government and as a private citizen, I have had the privilege of working with most of the members of this Committee in an honest and cooperative effort to shape the most effective drug control policy possible. Although we have not agreed on every policy in the past, I have never doubted that we all share a deep personal concern for the good of our nation as it relates to these critically important matters. If confirmed as the ONDCP Director, I expect that our discourse will continue to be constructive and guided by a mutual desire to achieve a society less threatened by illicit drugs.

I have always believed that the fundamental elements of effective drug control policy are consistent with common sense. We need to prevent young people from experimenting with drugs in the first instance and starting on the path that all too often leads to addiction, crime, and personal and familial destruction. We need to help those who have become addicted get off and stay off drugs. We need to use the coercive power of the criminal justice system and other supply reduction programs to support domestic prevention and treatment efforts, as well as pressuring and disrupting drug trafficking organizations.

Despite the all-too-frequent claims of a vocal few that our drug control efforts are without merit and destined to fail, we all know that dedicated Americans throughout our country are making a difference every day in their communities by teaching the young about the dangers of drug use, treating the addicted, and protecting fellow citizens from the predatory drug trade and the destruction it inflicts. These community leaders deserve our full and unqualified support. They deserve our sincere thanks and our best efforts to .bring the widest possible attention to their important work.

But even though much is being achieved, none of us-particularly those working hardest in this field-is satisfied with the status quo. Despite our best efforts, there are too many of us using drugs. There are particularly too many of our young people using drugs at very early ages. There are too many of us chronically addicted. The drug trade is too prosperous.

Every responsible American wants to see us join together as individual communities and collectively to better address all aspects of the drug problem. Every responsible American wants to see us drive down drug use to lower levels. Every responsible American wants us to counter the irresponsible counsel of the legalization movement, which would sacrifice our the health and safety of our children to advance its own selfish agenda. We owe it to those concerned citizens to forge a united effort with renewed confidence, commitment, and effectiveness to reduce the drug problem substantially in the next several years and maintain our diligence to keep it in decline. Drug legalization, it has been noted, is a counsel of despair, a policy of hopelessness. Let me be clear, our experience-our recent experience, even-teaches one lesson more clearly than any other: when concerned Americans push back on the drug problem, it recedes.

I began working on drug policy issues during my service at the U.S. Department of Education in the mid-1980's. As an assistant to then Education Secretary William J. Bennett, I became the principal staff member responsible for managing drug prevention policy and programs for the Department. During my tenure, which ranged from September of 1985 to September of 1988, I was:

- principal author of an Education Department handbook, "Schools Without Drugs," a guide for effective education and prevention programs for parents and educators. Millions of copies have been requested and distributed free-of-charge to schools and families throughout the country;
- senior manager for the Department of Education's recognition program that gave national attention to schools with effective drug prevention programs;
- senior manager for the "Schools Without Drugs" public service campaign that broadcast prevention education advertisements;
- senior manager for the "Challenge" newsletter that distributed drug prevention strategies and successes to every school district in the country; and
- senior manager for the implementation of the expanded prevention funding initiated by the 1986 Drug-Free Schools and Communities Act.

William Bennett and I left the Department of Education in the fall of 1988 to found the Madison Center, a non-profit institute designed to continue our work on education reform and drug prevention education. We were just beginning our new efforts when President George Bush nominated Mr. Bennett to be the first Director of the ONDCP and he asked me to join him as his Chief of Staff. I served at ONDCP from early 1989 through the end of the Administration, as Chief of Staff for the first half of that Administration, as Acting Director from December 1990 to March 1991, and as Deputy Director for Supply Reduction from May 1991 until the end of the Administration.

During my tenure at ONDCP-with the strong bipartisan support of the Congress-we sought to achieve an expanded and more balanced drug control strategy. In fact, I managed the drafting of the first National Drug Control Strategy to make our goals clear and to subject them to debate and further improvement. I am proud that the first Strategy highlighted drug treatment as a fundamental component of our multi-faceted approach at a time when treatment programs did not enjoy popular support. With the help of Congress we put resources in place to support the policies and programs advanced by the Strategy, many of which continue to enjoy tremendous success. From FY 1989 to FY 1993 (in 1996 constant dollars):

- overall federal spending for drug control programs increased by 61 percent or by $4.9 billion as compared with the FY 89 level;
- prevention increased by 88 percent or $873 million;
- treatment increased by 74 percent or $1.04 billion;
- domestic law enforcement increased by 84 percent or $2.9 billion;
- interdiction decreased by 8 percent or $136 million; and
- international programs increased by 52 percent or $193 million.

It is important to note that those budgets funded expanded anti-drug interdiction and national security programs by making drug control a central priority for the limited resources of those agencies of government, not by redirecting funds from agencies tasked with carrying out critical domestic demand reduction programs.

Currently, we are enjoying significant bipartisan interest in expanding our nation's commitment to effective drug treatment programs and research. I am proud to have been a major architect of a drug strategy from 1989 to 1992 that called for, and obtained, larger increases in treatment resources than any administration before or since. We targeted those resources to areas experiencing a heavy demand for drug treatment services by creating a capacity expansion program (that remains a critical component of our treatment infrastructure), launching new initiatives to

match better the specific needs of individual drug addicts with proper treatment modalities, and expanding the availability of prison-based treatment programs.

In addition to the gains we made concerning drug treatment, I also am pleased that we were able to direct greatly expanded budgets and programs for drug prevention activities. In addition to enhancing substantially existing education and prevention programs, we launched a new $100 million per year community coalition initiative that enabled new federal funds to support a program created by the Robert Wood Johnson Foundation, and mobilized the efforts of private service organizations in a campaign to discourage drug use by young people, as well as supporting the advertising campaign created by the Partnership for a Drug-Free America.

I firmly believe that the balanced policies and programs we established in that first *Strategy*, as well as the supporting budgets the Congress provided, helped make the efforts of millions of Americans more effective and contributed to real results:

- By 1992, drug use in the United States had fallen to the lowest level of any time in the past quarter century;
- Specifically, between 1985 and 1992 "current" (defined as monthly) use of all illegal drugs by 12–17-year-olds dropped by almost 60 percent; marijuana use dropped by over 66 percent; and cocaine use dropped by over 78 percent.

Those achievements are measures of what we can accomplishment when we commit to working together to overcome the many challenges posed by illicit drugs. Those achievements are not the result of our efforts in government, but of many, many dedicated Americans working together on all aspects of drug control policy. It would be an arrogant mistake for national leaders to take credit for these reductions which in most cases are the hard fought victories of parents and teachers, of police officers and members of the clergy, of neighborhood orange-hat patrols and treatment providers. The people who work hard each and every day, focusing on individual to individual, are where success in this effort rests. But they also need-and deserve-national leadership, and the resources that support their efforts. If confirmed, I will dedicate my office to working within the Administration and with the Congress to provide the support they so richly deserve.

Thank you for this opportunity to testify and I look forward to answering any questions the Committee may have.

United States Senate
Committee on the Judiciary
Questionnaire for Nominees

Non-judicial

I. BIOGRAPHICAL INFORMATION (PUBLIC)

1. Full name (include any former names used.)

John Peter Walters

2. State the position for which you have been nominated.

Director of National Drug Control Policy

3. Address: List current place of residence and office address(es).

Residence: Washington, DC 20015

Office: The Philanthropy Roundtable
1150 17th Street, N.W., Suite 503
Washington, DC 20036

4. Date and place of birth.

February 8, 1952 Detroit, Michigan

5. Martial Status (include maiden name of wife, or husband's name). List spouse's occupation, employer's name and business address(es).

Married Wife: Mary McGarry Walters
Maiden name: Mary Belinda McGarry
Spouse's occupation: Not employed outside the home.

6. Education: List each college and law school you have attended, including dates of attendance, degrees received and dates degrees were granted.

Michigan State University; 9/70-3/74; BA 3/74
University of Toronto; 9/74-5/82; MA 3/75

7. Employment Record: List (by year) all business or professional corporations, companies, firms, or other enterprises, partnerships, institutions and organizations, nonprofit or otherwise, including firms, with which you were connected as an officer,

director, partner, proprietor, or employee since graduation from college (or from age 21, it that is easier).

11/96-Present:	President of the Philanthropy Roundtable, Washington, DC
7/00-5/01:	Trustee, The Abilities Fund, Centerville, IA (nonprofit, no compensation)
3/01-5/01:	Trustee, The New Citizenship Project, Washington, DC (nonprofit, no compensation)
5/94-11/96:	President of the New Citizenship Project, Washington, DC
2/93-4/94:	Visiting Fellow, The Hudson Institute
1/89-2/93:	Chief of Staff and National Security Advisor (1/89-3/91) and Deputy Director for Supply Reduction (3/91-2/93), Office of National Drug Control Policy, Executive Office of the President, The White House
9/88-1/89:	Executive Director and Treasurer, The Madison Center
9/85-9/88:	Chief of Staff (7/88-9/88) and Assistant to the Secretary/Special Assistant (9/85-7/88), U.S. Department of Education
6/82-9/85:	Program Officer, National Endowment for the Humanities
9/81-5/82:	Instructor/visiting lecturer, Boston College, Department of Political Science
3/80-6/80:	Instructor, Michigan State University, James Madison College
3/79-6/79:	Instructor, Michigan State University, James Madison College
5/78-9/78:	Intern, House Republican Conference, U.S. Congress
9/77-5/78:	Graduate Teaching Assistant, University of Toronto, Department of Political Economy
5/77-9/77:	Intern, House Republican Conference, U.S. Congress
5/4/77-5/26/77:	Researcher/writer, Embassy of Japan (Washington, DC)

9/76-5/77:	Graduate Teaching Assistant, University of Toronto, Department of Political Economy
5/76-8/76:	Intern, House Republican Conference, U.S. Congress
6/75-8/75:	Laborer, Giant Landscape, Lansing, Michigan
3/74-8/74:	Data Center Employee, Michigan Department of Social Services, Lansing, Michigan

8. Military Service: Have you had any military service? If so, give particulars, including the dates, branch of service, rank or rate, serial number and type of discharge received.

No.

9. Honors and Awards: List any scholarships, fellowships, honorary degrees, and honorary society memberships that you believe would be of interest to the Committee.

Special Achievement Award while at ONDCP, 4/1/91.

10. Bar Associations: List all bar associations or legal or judicial related committees or conferences of which you are or have been a member, and give the titles and dates of any offices which you have held in such groups.

None.

11. Other Memberships: List all organization to which you belong that are active in lobbying before public bodies. Please list all other organizations to which you belong.

None.

Blessed Sacrament Catholic Church, Washington, DC.

12. Court Admission: List all courts in which you have been admitted to practice, with dates of admission and lapses if any such memberships lapsed. Please explain the reason for any lapse of membership. Give the same information for administrative bodies which require special admission to practice.

None.

United States Senate
Committee on the Judiciary
Questionnaire for Nominees

Non-judicial

13. Published Writings: List the titles, publishers, and dates of books, articles, reports or other published material you have written or edited. Please supply one copy of all published material not readily available to the committee. Also, please supply a copy of all speeches by you on issues involving constitutional law or legal policy. If there were press reports about the speech, and they are readily available to you, please supply them.

Published Writings:

The Weekly Standard, March 5, 2001, Page 19, Drug Wars; Just say no . . . to treatment without law enforcement, John P. Walters

Intellectualcapital.com, September 2, 1999, Opening the Floodgates, John P. Walters

Philanthropy, July-August 1999, Page 24, Come the Revolution?: Will philanthropy live up to its potential?, John P. Walters

Philanthropy, Winter 1998, New for 1998, Page 2, John P. Walters

The Weekly Standard, July 27, 1998, Page 12, Advertising Ineptitude, John P. Walters and James F. X. O'Gara

Philanthropy, May-June 1998, Big Giving, Big Causes, Page 2, John P. Walters

Philanthropy, Winter 1997, The Coming Philanthropic Explosion, Page 2, John P. Walters

The Washington Times, September 22, 1997, Page A19, Smoke gets in your lies, John P. Walters and James F.X. O'Gara

Philanthropy, Fall 1997, More Headlines on Philanthropy, Page 2, John P. Walters

The Washington Times, August 15, 1997, Page A19, A victory over teenage drug use?, John P. Walters and James F.X. O'Gara

The Washington Times, July 17, 1997, Page A19, The conspiracy to do good, John P. Walters

Philanthropy, Summer 1997, Save the Children, Page 2, John P. Walters

The Washington Times, May 5, 1997, Page A-2, Eye on Humanity, John Walters

Philanthropy, Spring 1997, Alec Baldwin Should Pay, Page 2, John P. Walters

Daily Press, February 2, 1997, Page H-5, A Sobering Look at a Disintegrating America, John P. Walters

The Weekly Standard, December 9, 1996, Page 12, Medical Reefer Madness, William J. Bennett and John P. Walters

The Washington Times, November 12, 1996, Page A23, Clean needles and the crisis in drug use, John P. Walters and James F.X. O'Gara

The Wall Street Journal, September 24, 1996, Page 22, Illegal Drugs And Presidential Leadership, John P Walters

The Weekly Standard, September 23, 1996, Page 14, Drugs: The President Matters, John P. Walters

The Washington Times, August 30, 1996, Page A23, The facts about falling crime rates, John P. Walters and James O'Gara

The Washington Times, August 23, 1996, Page A23, The White House smoke screen on drugs, John P. Walters

Policy Review, July-August, 1996, Page 7, HUD Slaps Drug-Rehab Wonder, John P. Walters

The American Enterprise, July-August, 1996, sidebar, Don't Privatize the Nanny State Mentality, John P. Walters

Heritage Foundation Backgrounder, July 12, 1996, The Clinton Administration's Continuing Retreat in the War on Drugs, John P. Walters and James F. X. O'Gara

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Testimony Before Congress. During my government service at the U.S. Department of Education (1985-1988) and at the Office of National Drug Control Policy (1989-1993) I testified before Congress numerous times, but I do not have a list of those instances. While out of government I have testified on the following occasions:

October 5, 1994, Senate Judiciary Committee (drug control policy).

February 10, 1995, Senate Judiciary Committee (drug control policy).

March 9, 1995, House Committee on Government Reform and Oversight, Subcommittee on National Security, International Affairs, and Criminal Justice (drug control policy).

March 29, 1995, House Committee on International Relations, Subcommittee on Western Hemisphere Affairs (drug control policy).

April 4, 1995, Senate Committee on Foreign Affairs, Subcommittee on the Western Hemisphere (drug control policy).

May 18, 1995, House Committee on Governmental Reform and Oversight, Subcommittee on Human Resources and Intergovernmental Relations (AmeriCorps).

July 27, 1995, Senate Committee on Labor and Human Resources (drug control policy).

August 1, 1995, House Committee on Transportation and Infrastructure, Subcommittee on Coast Guard and Maritime Transportation (drug control policy).

April 25, 1996, Senate International Narcotics Control Caucus (drug control policy).

May 1, 1996, Senate Judiciary Committee (drug control policy).

July 29, 1996, Senate Committee on Foreign Relations (drug control policy).

September 4, 1996, Senate Judiciary Committee (drug control policy).

September 12, 1996, House Committee on Transportations and Infrastructure, Subcommittee on Coast Guard and Maritime Transportation and Senate International Narcotics Control Caucus (drug control policy).

December 2, 1996, Senate Judiciary Committee (drug control policy).

July 23, 1997, Senate Judiciary Committee (drug control policy).

February 26, 1998, Senate Foreign Relations Committee, Subcommittee on the Western Hemisphere, Peace Corps, Narcotics and Terrorism (drug control policy).

April 29, 1998, House International Relations Committee (drug control policy).

March 14, 2001, Senate Finance Committee (tax and budget proposals affecting charitable giving).

14. Health: What is the present state of your health? List the date of your last physical examination.

My health is excellent. Last physical February 3, 1997.

15. Public Office: State (chronologically) any public offices you have held, other than judicial offices, including the terms of service and whether such positions were elected or appointed. State (chronologically) any unsuccessful candidacies for elective public office.

All public offices listed below were appointed.

1/89-2/93:	Chief of Staff and National Security Advisor (1/89-3/91) and Deputy Director for Supply Reduction (3/91-2/93), Office of National Drug Control Policy, Executive Office of the President, The White House
9/85-9/88:	Chief of Staff (7/88-9/88) and Assistant to the Secretary/Special Assistant (9/85-7/88), U.S. Department of Education

I have not been a candidate for elective public office.

16. Legal Career:

a. Describe chronologically your law practice and experience after graduation from law school including:

1. whether you served as a clerk to a judge, and if so, the name of the judge, the court and the dates of the period you were a clerk;

2. whether you practiced alone, and if so, the addresses and dates;

3. the dates, names and addresses of law firms or offices, companies or governmental agencies with which you have been connected, and the nature of your connection with each;

b. 1. What has been the general character of your law practice, dividing it into periods with dates if its character has changed over the years?

2. Describe your typical former clients, and mention the areas, if any, in which you have specialized.

c. 1. Did you appear in court frequently, occasionally, or not at all? If the frequency of your appearances in court varied, describe each such variance, giving dates.

2. What percentage of these appearances was in:
(a) federal courts;
(b) state courts;
(c) other courts.

3. What percentage of your litigation was:
(a) civil;
(b) criminal.

4. State the number of cases in courts of record you tried to verdict or judgment (rather than settled), indicating whether you were sole counsel, chief counsel, or associate counsel.

5. What percentage of these trials was:
(a) jury;
(b) non-jury.

I am not an attorney and have never practiced law. I presume the intent of this question may be to elicit the qualifications and experience I have that are relevant to the position of director of the Office of National Drug Control Policy (ONDCP). If this is correct, I offer the following:

I began working on anti-drug efforts while working as an assistant to the secretary at the U.S. Department of Education in 1986 and 1987. It became my responsibility to direct policy and program activities on drug prevention for the secretary. I was the principal author of Education Department handbook "Schools Without Drugs" a guide for effective education and prevention programs for parents and educators—over one million copies were requested and distributed free of charge. I was a designer of the Education Department recognition program giving national attention to local schools across the nation with effective drug prevention programs. In addition, I was the project manager for the "Schools Without Drugs" public service ad campaign that provided prevention education spots that were broadcast throughout the nation. I also oversaw the swift implementation of the new prevention funding provided by the 1986 Drug-Free Schools and Communities Act and participated in the formulation of anti-drug policy for the entire administration as the Education Department representative on the National Drug Policy Board and the Domestic Policy Council's Health Policy Working Group.

With the beginning of the new administration in 1989, I became chief of staff at the ONDCP. I also served as acting director of the office from December 1990 to March 1991 and became deputy director of supply reduction from March 1991 to February 1993. In these positions as the most senior official after the director, I was a primary author of policy, budget, and management direction for drug control policy in all areas. During my period of service we created a drug control strategy and federal spending plan that targeted record resources on drug treatment:

- For the five federal budgets beginning with 1989, treatment funding increased by $1.38 billion (259 percent) and funding for treatment research increased by $242 million (316 percent).
- Significant portions of the increased treatment funding were also explicitly targeted for the alleviation of waiting lists in areas of heavy demand for services through a new capacity expansion program.
- New initiatives were launched to better match the specific needs of different addicts with the proper modalities of treatment and expanding treatment in prisons.

I also worked successfully to expand prevention programs and bring federal support to new and innovative drug prevention efforts:

- The five federal budgets that he helped negotiate and pass (1989 through 1993 inclusive) increased prevention spending by $1.1 billion or 335 percent.
- In addition to substantially expanding existing education and prevention programs, I helped to create a new community coalition funding initiative putting new federal funds behind a program created by the Robert Wood Johnson Foundation, as well as creating new prevention initiatives in public housing and mobilizing the efforts of nonprofit groups and private service organizations in the campaign to prevent drug use by young people.

In all of my work at the ONDCP, I was a steadfast advocate for a balanced anti-drug effort. If anything, my tenure at the office marked a rebalancing of federal resources with greater funding directed to prevention and treatment with comparable spending for 1989 through 1993 as follows:

- overall federal spending for drug control programs increased by 258 percent or by almost $7.5 billion;
- prevention by 335 percent or $1.1 billion;
- treatment by 259 percent or $1.38 billion;
- investigations by 176 percent or $613 million;
- interdiction by 159 percent or $563 million; and
- international programs by 250 percent or $314 million.

In addition, expanded anti-drug efforts by interdiction and national security agencies were funded by making drug control a central priority for the resources of those agencies of government and not by taking money from domestic demand reduction agencies.

I believe the policies we worked to implement and the efforts we sought to support contributed to the national success in reducing drug use. By 1992, drug use in the United States was at the lowest level of any time in the past quarter century. Specifically, between 1985 and 1992 current or monthly use of all illegal drugs by 12-17 year olds dropped by almost 60 percent; marijuana use dropped by over 66 percent; and cocaine use dropped by over 78 percent.

Since the period of my service at ONDCP, I have been asked to testify on drug policy matters numerous times before committees and sub-committees of the Congress—including may appearances before the Judiciary Committee of the U.S. Senate. I have also written about matters relating to drug control policy. Finally, as president of the Philanthropy Roundtable, I have worked with

foundations and private donors on the many areas of charitable giving including support for both drug prevention and treatment programs.

17. Litigation: Describe the ten most significant litigated matters which you personally handled. Give the citations, if the cases were reported, and the docket number and date if unreported. Give a capsule summary of the substance of each case. Identify the party or parties whom you represented; describe in detail the nature of your participation in the litigation and the final disposition of the case. Also state as to each case:

(a) the date of representation;

(b) the name of the court and the name of the judge or judges before whom the case was litigated; and

(c) the individual name, addresses, and telephone numbers of co-counsel and of principal counsel for each of the other parties.

I am not an attorney and have never practiced law.

18. Legal Activities: In addition to those matters described in response to question 17, describe the most significant legal activities you have pursued. Describe the nature of your participation in this question. Please omit any information protected by the attorney-client privilege unless the privilege has been waived.

I am not an attorney and have never practiced law.

II. FINANCIAL DATA AND CONFLICT OF INTEREST (PUBLIC)

1. List sources, amounts and dates of all anticipated receipts from deferred income arrangements, stock, options, uncompleted contracts and other future benefits which you expect to derive from previous business relationships, professional services, firm memberships, former employers, clients, or customers. Please describe the arrangements you have made to be compensated in the future for any financial or business interest.

I have signed the following ethics agreement:

As required by 18 U.S.C. §208(a), I will not participate personally and substantially in any particular matter that has a direct and predictable effect on my financial interests or those of any other person whose interests are imputed to me, unless I first obtain a written waiver pursuant to section 208(b)(1), or 208(b)(2). I

acknowledge that the interests of the following persons are imputed to me: my spouse, minor children, or any general partner; any organization in which I serve as officer, director, trustee, general partner or employee; and any persons or organization with which I am negotiating or have an arrangement concerning prospective employment.

In order to avoid potential conflicts of interest under section 208 or the appearance of a potential conflict of interest, I have agreed to divest my holdings in the following companies within 90 days of my confirmation: News Corporation Limited; Eli Lilly & Co.; Pfizer, Inc.; Amgen, Inc.; and AIM Global Telecommunications & Technology Fund. Furthermore, I agree, that as custodian for my minor children, I will divest their holdings in the same entities. My spouse also agrees to divest her holdings in the same entities. Until these divestitures have been completed, I will not participate personally and substantially in any particular matter that will have a direct and predictable effect on these entities, unless I first obtain a written waiver or qualify for a regulatory exemption.

Upon confirmation I will resign my position as President of the Philanthropy Roundtable. Furthermore, pursuant to 5 C.F.R. §2635.502, for one year after I terminate my position with the Philanthropy Roundtable, I will not participate in any particular matter involving parties in which the Philanthropy Roundtable is a party or represents a party, unless I am authorized to participate.

Finally, I have resigned my positions as trustee of the following non-profit organizations effective May 16, 2001: The Abilities Fund and the New Citizenship Project. Pursuant to 5 C.F.R. §2635.502, for a period of one year after my resignation of these positions, I will not participate in any particular matter involving specific parties in which either of these organizations is a party or represents a party, unless I am authorized to participate.

2. Explain how you will resolve any potential conflict of interest, including the procedure you will follow in determining these areas of concern. Identify the categories of litigation and financial arrangements that are likely to present potential conflicts of interest during your initial service in the position to which you have been nominated.

In the event of a potential conflict of interest, I will consult with the Office of National Drug Control Policy's ethics adviser.

3. Do you have any plans, commitments, or agreements to pursue outside employment, with or without compensation, during your service with the court? If so, explain.

I have no intention or agreements to pursue outside employment while in government.

4. List sources and amounts of all income received during the calendar year preceding your nomination and for the current calendar year, including all salaries, fees, dividends, interest, gifts, rents, royalties, patents, honoraria, and other items exceeding $500 or more. (If you prefer to do so, copies of the financial disclosure report, required by the Ethics in Government act of 1978, may be substituted here.)

See attached financial disclosure report.

5. Complete the attached financial net worth statement in detail. (Add schedules as called for.)

See attached net worth statement.

6. Have you ever held a position or played a role in a political campaign? If so, please identify the particulars of the campaign, including the candidate, dates of the campaign, your title and responsibilities.

I have never held a position in a political campaign.

III. GENERAL (PUBLIC)

1. Describe legal services that you have provided to disadvantaged persons or on a pro bono basis, and list specific instances and the amount of time devoted to each.

I am not an attorney and have not provided legal services to any person. I have served as a trustee (7/00-5/01) of the Abilities Fund, a nonprofit corporation working to provide employment opportunities for people with disabilities. Over the past several years, I have also served as an informal advisor to Community Options, a nonprofit corporation providing housing, employment, and independent living services for people with disabilities.

2. Do you currently belong, or have you belonged, to any organization which discriminates on the basis of race, color, religion, sex, disability or national origin – through either formal membership requirements or the practical implementation of formal membership policies? If so, list, with dates of membership. What have you done to try to change these policies?

Non-judicial

I do not now nor have I ever belonged to an organization that discriminates on the basis of race, color, religion, sex, disability or national origin.

United States Senate
Committee on the Judiciary
Questionnaire for Nominees

Non-judicial

FINANCIAL STATEMENT
NET WORTH

Provide a complete, current financial net worth statement which itemizes in detail all assets (including bank accounts, real estate, securities, trusts, investments, and other financial holdings) all liabilities (including debts, mortgages, loans, and other financial obligations) of yourself, your spouse, and other immediate members of your household.

ASSETS		LIABILITIES	
Cash on hand and in banks	$ 10,000	Notes payable to banks—secured	$ none
U.S. Government Securities—add schedule	none	Notes payable to banks—unsecured	none
Listed securities—schedule **A**	271,897	Notes payable to relatives	none
Unlisted securities—add schedule	none	Notes payable to others	none
Accounts and notes receivable:		Accounts and bills due	15,000
Due from relative and friends	none	Unpaid income tax	none
Due from others	none	Real estate mortgages payable—schedule **D**	307,000
Doubtful	none	Chattel mortgages and other liens payable	none
Real estate owned—schedule **B**	400,000	Other debts—itemize:	none
Real estate mortgages receivable	none		
Autos and other personal property—schedule **C**	20,000		
Cash value—life insurance	none		
Other assets—itemize:			
		Total liabilities	$ 322,000
		Net worth	379,897
Total assets	$ 701,897	Total liabilities and net worth	$701,897
CONTINGENT LIABILITIES		**GENERAL INFORMATION**	
As endorser, comaker or guarantor	none	Are any assets pledged? (Add schedule)	No
On leases or contracts	none	Are you defendant in any suits or legal actions?	No
Legal Claims	none	Have you ever taken bankruptcy?	No
Provision for Federal Income Tax	none		
Other special debt	none		

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Listed securities—schedule A:

Retirement Accounts (Market Value 5/18/01)—

AIM Global Telecom and Technology B	1,838 shares	$19,168
Amazon.com Inc.	175 shares	2,578
Amgen Inc.	85 shares	5,564
Boeing Company	85 shares	5,810
Cisco Systems, Inc.	164 shares	3,313
DaimlerChrysler AG	48 shares	2,393
Data Return Corporation	470 shares	1,067
Dell Computer Corporation	110 shares	2,727
Eli Lilly and Company	60 shares	5,129
FedEx Corporation	130 shares	5,266
Halliburton Company	455 shares	21,754
JDS Uniphase Corporation	50 shares	1,060
Krispy Dreme Doughnut Corporation	20 shares	1,277
Microsoft Corporation	416 shares	28,325
News Corporation Limited	602 shares	22,876
Pfizer Inc.	135 shares	6,055
Prudential Moneymart Assets Fund	502 shares	502
Putnam Investors B	291 shares	3,774
Putnam New Opportunities B	72 shares	3,463
Putnam OTC Emerging Growth B	210 shares	1,970
Putnam U.S. Government Income B	876 shares	11,106
Putnam Vista B	396 shares	3,816
Target Corporation	400 shares	15,120
Vanguard 500 Index	40 shares	4,756
Vanguard Primecap	53 shares	3,128
Vanguard REIT Index	173 shares	2,041
Wal-Mart Stores, Inc.	350 shares	18,214
Merrill Lynch Bank (money market account)		7,319
Prudential Moneymart Fund Account	502 shares	502
SUBTOTAL		210,073
Thrift Savings Plan (as of 4/30/01)		61,824
TOTAL		$ 271,897

United States Senate
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Non-judicial

Real estate owned—schedule **B**:

Residence—in Washington, DC 20015	$ 400,000

Autos and other personal property—schedule **C**:

Autos: 2000 Dodge Stratus & 2001 Dodge Grand Caravan—both leased	
Household furnishings (est. value)	20,000
TOTAL	$ 20,000

Real estate mortgages payable—schedule **D**:

Mortgage on residence, Chevy Chase Bank	$ 263,500
Home equity loan, Chevy Chase Bank	43,500
TOTAL	$ 307,000

Senator BIDEN. Well, thank you very much.

We will do five-minute rounds for the first round here. I am also supposed to be chairing a hearing, which I am not going to chair, upstairs on Afghanistan in the Foreign Relations Committee. But I am going to go do exactly what the chairman did here. I am going to go up and make a brief opening statement there at the appropriate time and I may leave for ten minutes. I just wanted to explain my absence when I do, but this is more important.

Let me start by saying, John, I don't have to read any of your quotes or anything. You and I have known each other for a long time. I can't think of anybody that I have liked better who I have disagreed with more.

In 1996, you testified before my committee, and my staff excised this and reminded me. It was on the national drug control policy. I said, "Look, John, I love you. We always argue a lot, you and I. While we always disagree, I am not sure we disagree as much as we like to disagree," and I went on from there.

The point is I have a slightly different recollection of some of the reasons why things happened in the first go-around. If I remember, during the tenure of Bill Bennett, consumption did drop. But I am the one that put the money in. You guys opposed the additional money for treatment. This wasn't one of these things where you all came out and said, hey, let's have more treatment money. It was a big fight. Were it not for Dr. Kleber, we wouldn't have gotten there because Kleber was the only ally I had in that outfit at the time.

Now, you had a logical argument, a good argument, and we all agreed at the time we weren't sure who was right; we just had a different view on how to approach it. The argument was you all didn't believe there were enough treatment professionals out there to be able to accommodate and use the treatment money well. At least that was Dr. Bennett's argument as to why we should not be putting more money in treatment in the first three budgets.

But let's get the record straight there. It did go down, but it didn't go down because you and Dr. Bennett were arguing for more money for treatment. That significant increase got put in over your objection. Now, that doesn't mean that you shouldn't be the drug czar.

The second thing is I also think that some of the stuff that is being used to make the case against you now is being used to make a case against you because you were in your political mode, not a substantive mode. I mean, the guys behind you are the guys who helped me write the crime bill, the thing you called irrelevant, "the irrelevant crime bill," if I am not mistaken.

I don't know whether you guys remember that, but this was the guy who thought the crime bill as irrelevant, and still thought it was irrelevant and wrote about it being irrelevant as little as a couple of years ago. I don't take that seriously because I know you don't think it is irrelevant. I took it as your being a partisan, which is understandable. You had a Democratic President you didn't like very much and so you had to write that stuff.

But one thing is at the core of my concern, and we know each other too well, so I am not going to ask you any baited questions. I am going to ask you a general question that I would like you to

respond to, and this is going to disappoint my staff because they wrote a hundred questions that are very specific.

You very strongly believe in this notion of devolution of Government. You very deeply believe that and I respect that. I think you are dead wrong, but I respect it. The President believes it, too. You believe, as you have written numerous times, that law enforcement, drug treatment and education are local functions; the Federal Government should not be in the business. You have written that extensively.

You have a very compelling ideological point of view, and when you write it, you write clearly and concisely. Everything I know about you in the years we have dealt with it is your views on how to deal with the drug problem are consistent with that philosophy. It is not at all inconsistent, which brings me to this dilemma.

I don't doubt you think treatment makes sense sometimes. My recollection was you weren't real crazy about my idea of drug courts when I introduced that legislation. I may be wrong, but I don't think you were. I will go back and dig up the record, but you weren't so crazy about those. Again, local responsibility. What is the Federal Government doing involved in all this?

Drug treatment that the Senator from Alabama was pushing very, very hard—he is not here at the moment, Senator Sessions—in prison, mandatory drug treatment in prison, imposing that view on States—I don't remember what your view was, but I don't remember it being supportive. I could be wrong.

But here is the point: If, in fact, these are local responsibilities by and large, the difference in degree that we have is really consequential potentially. I don't suggest you think treatment can never work. I think you do think treatment works sometimes. My impression from 15 years of knowing you is that you don't think it works well enough to warrant the investment and the priority that it has had.

I introduced a bill on pharmacotherapy when you guys were there for a $10 billion commitment, $1 billion a year over 10 years, that you guys opposed. You opposed it then and I think you still oppose it now. You have written cogently about the fact that you don't think that anti-addiction medications are a particularly useful way to go about this issue, a gigantic issue about methadone, whether or not we should be promoting it, and so on. My recollection is you view those things as substitutes for an abuse that exists already and they don't go to the heart of the problem.

You may be right on all of this, but I just want to make sure I got it right, that I haven't just been in a fog for the last 10 or 12 years as to what our disagreements are. You know my views thoroughly. I have put out a thick old book every single year since I have written this legislation, and I know you have read it and I know you know it.

So here is my generic question: Is addiction, not the first time one consumes an illegal substance—once someone is classified as being addicted, is that a moral problem or is it a medical problem at that point? I assume you believe we could agree on a point at which someone is addicted to a substance, physiologically addicted, or do you think that is possible?

Mr. WALTERS. Well, let me simply say first I don't want to pretend to be a physician—I am not—but I accept the Institute of Medicine criteria for substance dependency.

Senator BIDEN. Now, at that point is that a moral or a medical problem?

Mr. WALTERS. It is a medical problem and it is a problem of engaging an individual's own resources, as well as outside experts, in overcoming the addiction. So I am not trying to evade the question here, but I do think on the issue of disease, for example—this gets at the question of disease, obviously—if the understanding of disease is that it is something like diabetes where an individual's adherence to behavior that moderates the effects of the disease—to take medicine, change diet, exercise—these are an important part of their recovery, then I don't have a problem with that.

Some of the context that I have written in and some of the criticisms that have been of concern to people, whether they are in context or out of context, have been more or less in my mind, at least, intended to say for people who think one thing is going to solve this, there are important limits to almost everything we do in drug control. And there is no silver bullet, and we ought not over-promise.

I have been concerned in my career that drug policy gets caught up in rhetoric. You have made a point that I have been involved in that, too, and I will confess that I have. But the rhetoric I have been most concerned about is that we over-promise, and as a result we play into the impression that nothing works. Of course, we all know a lot works, and we are trying to make the things that work, work better.

So on the issue of what approach do we take, I think that people can take a variety of approaches and a combination of approaches that involve drugs, from methadone to naltrexone to other drugs that are coming on line to help in addiction treatment.

But I think also we have—and I think it has been more recognized—we have to expand the scope of what we talk about in addiction and recovery, programs especially for people who have had severe and extended periods of addiction. We have to talk about recovery.

What I have been doing for the last several years at the Philanthropy Roundtable insofar as it has touched the issue of drugs, (which is not the focus of the Philanthropy Roundtable), has been working with donors in the area of treatment and in the area of working with people in community institutions—employment, recovery and reentry of people from the criminal justice system, working with people on educational opportunities, as well as child care opportunities, especially in neighborhoods that are poor and have been affected particularly harshly by the drug problem.

So coming back to the point you made about local responsibility, almost everything the Federal Government does that it doesn't carry out itself it relies on local people to do the real work—law enforcement, treatment, and education. I have been struck by, and I know that you have been in Government longer than I, how blunt an instrument the Federal Government is.

People look to it for help, but the frustration always is you can't really do much. You can enable people to do things that are crucial,

but we rely on them to do them. My career out of Government has been to talk about how to better use those resources and how local governments need to build the coherence in their own systems to handle those resources and do a better job. I did not intend to say that Federal resources were not important.

On the area of treatment funding, I don't remember the precise distinction between the request figures and the enacted figures on treatment funding. But I wasn't just at the Office then; I was the guy who had to negotiate the final tough parts of the budget and strategy. And I remember being on the phone with colleagues in HHS, in Lou Sullivan's office, screaming at them that we were going to decertify them because of the request amount that wasn't enough for increases in treatment.

And that wasn't because they were against treatment. It was because, as you know, the appropriations process made it such that they believed other parts of their budget that were important—Head Start, other programs in HHS—were going to take the hit. We got more money, however.

Now, I think we can all debate about what level was enough, but I don't remember us not stepping up to the plate and I don't remember us not being willing to fight inside the administration, and it was as hard to get those dollars on the prevention side as it was to get those dollars on the supply side.

Senator BIDEN. Well, my time is up in this first round, but you sure fooled me because you were on the other end of the phone with me and with my staff saying, and Dr. Bennett was saying we shouldn't be spending this money. I don't doubt for a minute what you say inside the administration, but you sure in hell fooled me.

Now, I will yield to the Senator from Utah.

Senator HATCH. Well, thank you, Mr. Chairman.

Youth drug use, Mr. Walters, remains markedly higher than it was back in 1992. For me, the problem is—and I hope that you agree—that even if teen drug use has leveled off in the past few years, it is leveling off at unacceptably high rates. For instance, use among eighth-graders since 1992 has increased by 129 percent for marijuana, by 80 percent for cocaine, and by 100 percent for both crack and cocaine.

Teenage drug use dropped dramatically during your tenure at the Department of Education and at ONDCP. I am curious to know what worked previously to slash drug use rates among our youth, and what do you think accounts for this drastic increase and what would be your strategy for bringing these current numbers down?

Mr. WALTERS. Senator, I think we were benefitted by a broader consensus than has existed over the last several years about the priority and about the seriousness of the drug problem and about the need to focus energy on young people. I think some of that is coming back. I think the effort now, the ads on television that are now focused on parents and engaging parents as a vehicle to be involved in the behavior of young people, of supervising their time, but also just of sending the message—I mean, society became more blase about it.

I do think that questions were raised that didn't exist at the latter part of the 1980s and early 1990s about whether or not even current law and current sanctions in society disapproving of drug

use were appropriate. We know that the most important influence on young people is what they thing their parents and other responsible adults around them think and what those adults around them do as an example and what their actions indicate about the truth and the seriousness of their words.

If you say don't use drugs, but you don't really act as if you care, if you don't follow up about where young people are after school and what they are doing when they appear to be erratic in their behavior or when there is a question about how they are spending their time or what they are doing with their time, then you are sending a message.

When there are more or less known open sales of drugs around schools or along the routes children take back and forth to schools, or there are accepted parties, or when we say this is going to be a rite of passage for American young people, I think you end up with mean ages of first use that are as low as they are today which is shocking for drugs, and I think you end up obviously with larger numbers of initiates.

What we do in terms of programs and activities all have to focus on use, and particularly I think there is now uniform agreement that we need to stop young people from using and we need to stop them from using for longer periods of time because that is a key to diminishing addiction and long-term use patterns in the country.

Senator HATCH. In addition, the perception that youth drug use is confined to our urban areas is proving to be mistaken. According to a report funded by the DEA, drug traffickers are infiltrating rural America, as they have already done in urban and suburban areas.

The report found that eighth-graders living in rural areas, as compared to eighth-graders living in urban areas, are 104 percent more likely to use amphetamines, including methamphetamine, 50 percent likelier to use cocaine, 34 percent likelier to smoke marijuana, and 83 percent more likely to use crack cocaine.

Now, this is particularly troubling to me and my constituents from my State which is mostly rural. Specifically, what can I tell my constituents back home that the Government is doing to protect children living in rural areas from becoming victims of illegal drug trafficking and use? Will you take a different approach from that used in urban and suburban areas, and if so, what different approach would you take?

Mr. WALTERS. I think some of the basic approaches obviously involving parents remain the same, but the ability for us to deliver both the resources to help parents in organizing and cooperating with schools, also frankly the resources obviously in connection with public health services and law enforcement, are not as available in many rural areas.

I have heard this when I was in office and I have heard it subsequently. Many rural areas can easily be swamped by demands for treatment, demands for law enforcement. I think part of the advantage of the expanded HIDTA program, for example, has been to try to organize resources in larger geographic areas that could be flexibly applied to needs as they arise, because when you don't have as much to apply against the problem, it is a quick mushrooming of

use and supply that can overwhelm the available resources. So I think that is helpful.

I also think we need to be careful that we don't fall into the kind of nationalizing trap of one size fits all. We need to vary and work with and talk with people that are working successfully. My view in my career in Government and out is when you have a problem, try to find somebody who is solving that well and see what lessons and see what kind of attention we can give to that in order to get more people working successfully, because most people want to solve problems rather than flounder around and if we give them both the resources and the example, they are eager to do things on their own.

Senator HATCH. Well, thank you. My time is up.

Chairman LEAHY. [Presiding.] Welcome, Mr. Walters. I checked the numbers and I am told that there are 4,161 Drug Enforcement Administration agents working to prevent drug crime and apprehend law-breakers. Do you believe they are doing a conscientious job?

Mr. WALTERS. Yes.

Chairman LEAHY. And then we have Asa Hutchinson, a conservative Republican. He and I have been on opposite ends of a number of things, but a man I strongly supported for the post as head of DEA. He was confirmed in August and sworn in on August 8. Would you say he is doing a pretty good so far?

Mr. WALTERS. Yes.

Chairman LEAHY. Even before he was there, the DEA agents were not just sitting on their hands; they were working hard to protect America.

Mr. WALTERS. Yes, sir.

Chairman LEAHY. Now, there are 10,522 Customs agents. Their job responsibilities include preventing illegal drugs from entering the country. Would you say these Customs agents have been working hard and with dedication throughout President Bush's tenure so far?

Mr. WALTERS. Yes, sir.

Chairman LEAHY. There are 11,523 FBI agents. They are working to prevent and solve crimes, including drug-related crimes. Would you say that these FBI agents, these men and women, are performing their jobs admirably?

Mr. WALTERS. Yes, sir.

Chairman LEAHY. Of course, there are thousands and thousands of State and local law enforcement officers, including those I used to work with when I was in law enforcement, whose responsibilities include drug crimes. They certainly have been working all year, have they not?

Mr. WALTERS. Yes, sir.

Chairman LEAHY. The Bush administration hasn't said we won't do anything on drugs until you come along, is that correct?

Mr. WALTERS. I haven't been told that. I think people are continuing to work hard even when I am not there.

Chairman LEAHY. Well, I agree with you because I know from any discussions I have ever had with them and everything I have ever heard them say that President Bush, like most Americans,

wishes there was no drug abuse in this country and is very much opposed to it.

I only mention that because apparently a number in Congress have said that the Bush administration was paralyzed and nothing was happening, pending your nomination. I felt the President was working pretty hard and I just thought I would get this on the record because I thought it was an unfair charge being made by these members of Congress.

I will put their letters in the record, but I wanted to stand up for the 4,161 Drug Enforcement agents, the 10,500 Customs Agents, the 11,500 FBI agents, and President Bush, and point out that they have been working. Obviously, the administration would like to have you there, too, but these others have been working in the meantime.

The U.S. Sentencing Commission has estimated that less than 7 percent of all Federal crack defendants are high-level drug offenders—less than 7 percent—so they have recommended that Congress reduce the sentences for crack offenses. I have always found the disparity unjustified, but you have criticized the Sentencing Commission for its recommendations and conclusions. You have urged that crack penalties be retained.

Do you believe today that the current penalties for crack offenses should be retained?

Mr. WALTERS. I think we should examine them. I have been concerned by both what I think is pretty widespread concern about the level and the extent of the sentences. And I think as a part of looking at the drug strategy from top to bottom we ought to work with you and other members of the Congress.

I think the President has indicated a willingness, and the Attorney General—

Chairman LEAHY. But do you have any feelings one way or the other as you look at it today?

Mr. WALTERS. I am less concerned today about the level of the sentence than the justness of the sentence in terms of proportionately provided punishment to people who are engaged in trafficking and the effect—

Chairman LEAHY. I am not sure I understand what that means. I am just from a small town in a little State. You big city guys, I have to keep up with you.

Mr. WALTERS. I am from Michigan, but I would not want a change in the law to be one that either went as far as to normalize the drug trade as an acceptable activity or to send a signal that there was a consensus that drug trafficking in serious, addictive substances is not a serious concern of legal, political and national authorities.

Chairman LEAHY. Well, I understand it takes 1 percent as much crack cocaine to get the same kind of mandatory minimum that you could with powder cocaine. In other words, you have to have 100 times more powder cocaine to get the same sentence. That worries me because 38 percent of crack users in 1995 were black, but 88 percent of those who were sentenced were black.

Now, you say that is a perceived racial injustice. Those are pretty amazing numbers. I mean, as a Vermonter I would worry about anybody using powder or crack cocaine. I am not suggesting other-

wise, but it seems that if you are a powder cocaine user, not an awful lot happens to you. But if you are a crack cocaine user, you are heading to the slammer.

Mr. WALTERS. Yes. Well, Senator, I don't need to tell you, you were here when some of this legislation was passed originally, and the concept, in part, was the greater danger of addiction and trafficking in crack cocaine and, in fact, the greater danger it posed to some of the poorest and least well-endowed communities in America.

Chairman LEAHY. It seems their danger is they all go to jail, whereas if they are in white, affluent America, they won't.

Mr. WALTERS. I think that concern is an issue that warrants a review of the sentences, but I would like to just say one thing about the background of my opinions.

Chairman LEAHY. Please.

Mr. WALTERS. When I was at the drug office, and subsequently now working with people in communities with donors, what I saw was people who in many cases have borne the brunt in terms of ravaging not only families, but economic foundations of their communities and the other institutions of their communities; people who, unlike some of the suburbs, had to worry about their children walking past open-air drug markets to school.

Most of those people, I found, wanted the same thing that the people in the suburbs wanted, which is why can't we close these drug dealers down and keep them off of our streets? I mean, it is inner-city neighbors that are walking their streets at night unarmed in orange baseball caps and have sometimes been pushed by frustration to burn down crack houses. The people in the suburbs don't have to do that. Also, it is the inner-city neighborhoods that have faced the fewest resources in rebuilding.

So my concern in the discussion of racial equity—and I think I have said this and I have tried to be clear; maybe I haven't been as clear as I should in writings or testimony—is that the equity not be detached from the victims of open-air drug markets. When you look at maps of metropolitan areas, the communities that are affected by those are not randomly distributed, and I don't think it is unreasonable to hear the calls of those citizens and want to provide law enforcement protection where open-air drug markets and other kinds of open trafficking—

Chairman LEAHY. If you had the same open-air drug markets in wealthy suburbia, you would be hearing the same complaints. Unfortunately, in wealthy suburbia oftentimes you see a very, very nice high school with signs outside saying this is a drug-free high school as the kids are peddling drugs from their very expensive cars that belong to their parents to each other or as they are buying designer clothes and everything else.

I know you are not suggesting that drugs aren't in both wealthy suburbia and inner cities, but I just want to make sure that we have the same resources to approach it and we don't take the only resources and if you are white, wealthy suburbia, we will get you into a rehab thing and we will take care of you and we will make sure there is nothing on your record, and if you are in black inner-city America, we will send you to jail for 20 years.

Mr. WALTERS. I agree with you. My own view of my work in the last several years has been not so much focused on law enforcement, obviously, because that is not where I have been. But I think the problem is in stabilizing neighborhoods once law enforcement is provided with effective treatment, with effective housing, with effective economic development, better schools.

And I have been, in fact, working with donors to try to bring that about in the private sector. Obviously, there is public sector money here, too. We ought not to make drug enforcement a kind of maw that sucks in generation after generation of young black men in our inner cities and grinds them up and destroys their lives. But I do believe you have to balance that concern with not allowing the drug trade to grind up those communities and addict and destroy the lives as well.

So we have to be able—in this case, I guess maybe it is a "walk and chew gum" requirement. We have to be able to sustain lawful order and we have to rebuild and sustain the outlets for healthy development and economic and social well-being of the citizens.

Chairman LEAHY. Well, my time has expired. I am going to yield to Senator Kyl. I have also been called to go back to the floor to try one more time to see if we can move this terrorism bill.

I am going to submit a number of questions for the record in case I don't get back. If I get back, I will ask them. I would ask you not to consider these boilerplate questions. I have thought long and hard on them, and I would want you to do the same. If I don't get a chance to ask you them here, we are going to have to sit down and talk about them.

Senator Biden will take the first step on this, but then after that a determination of when this may be set on the agenda. I will be largely influenced by those questions. If you think any of the questions are not fair, I wish you would just call me up and tell me so. I think they are, but if you think otherwise, call me up. They are not trick questions. I am trying to get an honest answer from you.

Senator Kyl?

Senator KYL. Thank you, Mr. Chairman. I would like to begin by putting a slightly different perspective on the timing of the hearing and the fact that we haven't confirmed a Director yet.

While the Chairman, I think, is correct that one can't infer that we are paralyzed as a result of the fact that we don't have a Director because of the literally thousands of people who in one way or another are working hard on the problem of drug control, by the same token I don't think we can infer that it is a good thing, or even acceptable, that we don't have the leader, the Director of the Office, in this position.

Chairman LEAHY. If that was directed at me, I thought my question was very clear on it and I thought his answer was very clear.

Senator KYL. It was, Mr. Chairman, directed at the inference which one might take from your comment, and I am sure you would not want it left pregnant out there that it is okay to have a nominee for this important office still hanging fire in mid–October, the last month, of course, obviously having interfered with our responsibilities, and rightly so. But I do think it is important that we move this forward as quickly as we can.

Chairman LEAHY. I will make sure you are given an extra minute for the time on this. But as you referred to me, I am perfectly willing to have my question be on the record as it was asked and Mr. Walters on the record as answered. I think we both understood each other very, very well. Obviously, any Senator can draw any inference they want and usually will.

Senator KYL. I want to alert my colleagues and caution the public about a report on John Walters that is being circulated by an organization called the Coalition for Compassionate Leadership on Drug Policy. A few weeks ago, this binder with information regarding John Walters was delivered to our Senate committee offices. It was prepared by the CCLDP and contained a report on John Walters.

I just have a caution of three words: follow the money. The CCLDP's Web site is registered to the Soros Foundation, in New York. The Soros Foundation was founded by multi-billionaire George Soros, whose major interest is to advance the legalization of drugs. I am familiar with George Soros and other legalizers because of the three separate legalization ballot initiatives that they helped to fund in my own State of Arizona.

In 1996, when Arizona had its first ballot initiative to legalize over 116 Schedule I drugs such as heroin, LSD and marijuana, over $1 million in out-of-state money financed the initiative, at least $430,000 of which was from Soros.

In 1998, when Arizona had another ballot initiative regarding legalization, out-of-state donors, including George Soros, contributed approximately $400,000 to help its passage.

Just last year, another legalization initiative was in the works to further decriminalize drugs by immunizing people who took so-called medical marijuana from a variety of crimes, ranging from possession of cocaine and meth to selling drugs to minors. Again, out-of-state donors, including George Soros, spent almost $500,000 in support of this initiative.

Soros has founded a number of organizations, many of which are members of CCLDP. Some of the official members of that include organizations who support legalization, including NORML, the National Organization for Reform of Marijuana Laws, and the Marijuana Policy Project. So, again, follow the money.

While the CCLDP report purports not to take a position on the Walters nomination, it is filled, in my view, with distortions and inaccuracies, two of which are especially disturbing.

First, it characterizes John Walters' record on treatment as "relatively limited," notwithstanding all the things that we cited before about his qualifications in that regard, 15 years of experience in treatment, and the other items that we noted before.

Second, the report distorts the scientific evidence surrounding the needle exchange programs by incorrectly stating that overwhelming evidence shows that increasing the availability of sterile syringes curtails AIDS and hepatitis. That, of course, ignores the body of scientific research cautioning against needle exchange programs, including the analysis of Montreal, Canada, NEP which found that drug users enrolled in the NEP were twice as likely to become infected with AIDS than non-participants. That is from Lancet, the British medical journal. A study of the Vancouver NEP,

the oldest and largest in North America, revealed that both AIDS and drug use increased over 25 percent since that exchange program started in 1998. So I just want to caution people that some of the material that they have been getting is designed to manipulate and distort John Walters' distinguished record.

The question I would like to ask is this: It seems to me that the real question here is the announced policy of President Bush which everyone on this dais so far has extolled as a balanced, reasonable and appropriate response to the drug problem in the United States.

My question is, Mr. Walters, will you faithfully execute the policies that we have been extolling up here of President Bush in the execution of your responsibilities as Director of this Office?

Mr. WALTERS. Yes, sir. I wouldn't have taken the job, obviously, if I couldn't do that, and I believe the President's statements and his proposals are consistent with what needs to be done in this country. So I have no reservation and am eager to help in any way I can in carrying out those policies.

Senator KYL. Thank you very much.

Thank you, Mr. Chairman.

Senator KENNEDY. [Presiding.] Thank you very much.

I welcome Mr. Walters. I enjoyed our chance to talk in our office and I appreciate your coming by. And I welcome this last response. I think all of us are aware that the President, I think, to his credit has called for the closing of the treatment gap.

You have had important responsibilities in this area for a number of years, and written about it, commented on it, and exercised important responsibilities. For many of us who believe that this kind of demand side that exists in our society which has been a scourge among the young people of this Nation needed to have a greater voice for the treatment of the various challenges that young and old alike have faced.

Now, I was here in 1988, and we had the Nunn–Moynihan task force that at that time announced that what we really needed—and it went into very great detail and examined the materials and talked about a 50–50 balance. That wasn't accepted by a narrow vote, one or two votes in the Senate. It was actually rejected. Then we went ahead with the 1988 Act on this and you had 4 years of important responsibility.

You know, you can look back in terms of the resources and the funds that were out there when you were there, and we have seen since that period of time some enormously compelling information that has been made available to us: the Cal data that for every dollar we spend on drug treatment, we save as much as seven dollars on costs relating to crime and health care.

The RAND study says treatment for heavy cocaine users is 3 times more effective at reducing cocaine consumption than mandatory minimum sentences, and 11 times more effective than interdiction.

The NIDA study says methadone treatment has shown to decrease criminal behavior by as much as 50 percent. The Department of Justice said in 1997 that offenders who successfully complete drug court programs are one-third as likely to be arrested for new drug offenses or felonies and one fourth as likely to violate probation or parole.

I have looked at your record. I have tried to find out where you fought, like you mentioned to the former chairman of this committee, Joe Biden, or where you have written, where you have advocated, where you have pointed out what have been the findings of the scientific reviews about the importance of treatment for this. And I can't find it; I don't see it there.

I hear your answers to this and they have been positive. You talk about child care, employment, recovery programs, all of those kinds of things. But in your writings we find really the contrary to that, and that is what is of central concern to me, whether you really have the belief that this is of importance, that this is of consequence, that you want to go out and try to do, I think, what credibly the President has said, because there is very little in the 4 years that you had important responsibilities.

The fact is, over that period of the 4 years, in terms of treatment and prevention the budget never got even up close to a third during that period of time, maybe 32 percent or 33 percent, not that budget in and of itself is all of the answer. I mean, the money isn't all, but at least it is a pretty clear indication as to where it is, and that is where we really find the difficulty.

Now, what is your sense? You are going to be asked in terms of policy what you think it has to be. Let's say that money is at least an indicator of what are going to be our priorities. What would you like to see?

You have had a long time to think about this. How would you allocate resources in terms of interdiction, prosecution, treatment, prevention? Give us some idea of where you stand on this issue.

I have got a short time, too, and I want to give you a fair chance to answer it, but I do have other questions.

Mr. WALTERS. Thank you, Senator. I mean, I don't know exactly how to meet the question you have about my intent underneath all this. I can tell you that when I worked at the Office initially, when we looked at the treatment problem and talked about increases in the treatment system and trying to do that in a concise way, we, came up with a program that still exists today called the Capacity Expansion Program to target resources to where there was a measurable need. We discussed and implemented programs to match modalities of treatment to the needs of those who needed those services. We tried to support additional programs to both conduct research and to bring those together.

As you probably see from my resume, I was actually Acting Director of the Office for a period between Mr. Bennett's departure and Governor Martinez' arrival in November to March. And during that period of time, there was an actual meeting with the President on the budget and remaining drug policy issues, and I was the one representing the Office at the Cabinet and there was one fundamental issue that was a debate between myself and then–OMB Director Darman and that was the increase in money that we were requesting for treatment. And I was the one who had to make that argument and it was not an easy argument, so I haven't—

Senator KENNEDY. My time is up. What do you think for interdiction, what do you think for prosecution, what do you think for treatment, and what do you think in terms of prevention? I mean,

what would you say you would like to see? What are you going to advocate for?

The President says he wants to reduce the treatment gap. You are going to have important responsibilities. What would you say? Out of a dollar, what would you spend on each one?

Mr. WALTERS. Well, I think it is remarkable to have a President who begins with a $1.6 billion commitment to treatment at the start of his administration.

Senator KENNEDY. Let's just take one dollar, without getting into how much the budget can afford. Just on one dollar, that was my question because I know my time is up. Out of one dollar, what would you like to see as someone who has looked at this and thought about it?

Mr. WALTERS. I don't mean to evade your question. It is hard for me to say, not having had discussions with what people have out there. If we are not talking about cutting things in order to make an artificial percentage—

Senator KENNEDY. If I can just finish this question, I am not asking you whether it is a $1.6 billion or $1.9 billion or what we have to cut in Head Start. I am not asking you that. You just have percentages. The President says we have got "y" amount of money to spend. I want to know from you how you think it ought to be spent.

Mr. WALTERS. Just the Federal money?

Senator KENNEDY. Just one dollar, say, of the amount that is going to be available. How much do you think ought to be on interdiction, how much in terms of prosecution, how much ought to be in treatment, how much ought to be in prevention?

Mr. WALTERS. I don't want to mislead you and make a commitment I can't live with, obviously. I don't think there is anything wrong notionally to talk about those as equal parts of the overall strategy. I think to qualify that, I have to say that there are parts of the drug strategy that the Federal Government is a partial player in and it is a partial funder of, but State, local, private resources are there that help to balance it.

If I understand the concern you have, if driving in the direction of apportioning the four parts, if you want, among prevention, treatment, law enforcement and international programs into equal parts is—I don't think notionally that there is anything wrong with that and I don't disagree with it.

But I am aware that the devil is in the details in these things because appropriations bills are divided and people do have to make tradeoffs and there are some things the Federal Government does that other levels of government can't do.

So I am not trying to be evasive, but I am trying to be candid with you. I, as you have, have fought for these monies, too, and you have got to authorize them and you have got to appropriate them and you have got to be willing to stand in the draft of all the other competition at the time. And I have been struck by one of the problems in getting money for treatment is the people who need these services are not active and vocal constituents frequently. And so when it comes time to make phone calls and to wire members about their support, they aren't there.

So I mean I would like to do more. I think it is unprecedented that a President begin with this level of commitment for treatment,

and I honestly am not ashamed of the record that we had in the administration I served in. It was the largest increase in treatment funding. And it is not just dollars; I recognize that.

I am sorry that Senator Biden remembers this another way, but it was not an easy fight, and it was not an easy fight inside the administration and it was not an easy fight inside Congress. So I recognize that we have differences on issues, but on this issue I have fought and I am proud of that record and I would intend to follow through on that record if I was confirmed.

Senator KENNEDY. My time is up.

Senator DeWine?

Senator DEWINE. Thank you.

Mr. Walters, the percentages are always an interesting question and I am a huge proponent of a balanced anti-drug approach. I think we do have to point out, or I will at least point out that when we look at that we also have to look at the total government dollars that are being spent, not just Federal dollars that are being spent.

For example, one of the things that is done in regard to trying to drive drug consumption down is we go to the source countries and we do things in the source countries. We do things on our borders. Those are pretty much exclusively the obligation of us, the Federal Government. And so it skews it a little bit, I think, when we look at the pie charts and whether it is the Federal Government's money. But I believe in the general concept that we need to have a balanced drug approach, and I am glad that you do as well.

Let me ask you a question. You talked a little bit in your written statement about your work in expanding the availability of prison-based treatment programs. I wonder if you could just take a couple of minutes and tell us where you think we are in this area. I mean, this is something that is clearly our responsibility. These are Federal prisons, these are our prisons, these are the ones that we have the responsibility for.

As I have said many times in the past, we already pay to house these prisoners and to feed them and to clothe them, and while we have got their attention involuntarily it sure makes sense to try to do some treatment and we are crazy if we don't.

How are we doing in the Federal prison system, if you know?

Mr. WALTERS. I don't know, in detail. I do know that the opportunities for treatment in the Federal prison system have expanded from the start that was made when I was last in Government. I think all the reviews are that these have positive results.

We also tried when I was in Government to expand resources for State and local prison-based treatment by opening up as an option to the block grant resources being moved into the prison system.

Senator DEWINE. I wholeheartedly agree we should do this.

Mr. WALTERS. I also am aware that some recent studies, I believe, have suggested that a substantial increase in the effectiveness of prison-based treatment to produce long-term recovery is provided by follow-up programs after the individual is back out in the community. This makes sense from what we know about treatment generally.

Senator DEWINE. From what we know about treatment everyplace else, it makes sense in prison.

Mr. WALTERS. I think in terms of looking at making the system more effective, not only do we have to talk about the allocation of slots, but what kind of slots, how we match them, how we handle outreach, how we handle follow-up services, because we know especially for long-term substance abusers this can be an extremely long process. It is talked about as a chronic, relapsing disease. What that means is we have to be able to have some continuity.

I think the criminal justice system not only in prisons, but in diversion programs like drug courts, give you a way of influencing behavior in a positive way using the criminal justice system. I had the opportunity since I was nominated of visiting a drug court with my former colleague, Reggie Walton, whom I believe this committee has recently confirmed for a Federal position on the bench.

Part of his calendar in D.C. was the juvenile drug court, and I made contact with him after my nomination and I went down and talked to him about that. I think he took a system that wasn't running as well and helped turn it around, and it is a big loss to D.C. But these programs obviously work because they provide the kind of continuity, and I think in some cases it was obvious from his impression an adult that will help and be involved in the life of young people who have not had the kind of guidance that they need in a serious and sustained way, getting them the resources for treatment, but also for getting back on track in their education and back in their community.

So I think those are important levers where the discussion of opposition between the criminal justice system and prevention and treatment is wrong-headed. These are systems that work together, and when they do, we get the best results.

Senator DEWINE. I agree.

Let me turn to education. I know that when you were in the Department of Education, one of your major responsibilities and roles was on education reform and drug prevention education. I happened to serve in 1989 and 1990 when I was in the House of Representatives on the National Commission on Drug–Free Schools and we looked at where we were 10, 11 years ago, at that time.

How do you think we are doing today, and what do we need to be doing? How are our schools doing? We identified a lot of problems in 1989 and 1990 on this commission report, and I know that you worked on a lot of those problems in that same general era. Where do you think we are now?

Mr. WALTERS. I have been touched by the number of people who are working in this area everyday very hard and have felt that the culture has kind of turned to become an adversary to their work in the last decade. It has not made this a serious matter; it has made it a questionable matter, and dabbling in drug use was now kind of fashionable and chic.

Parents and teachers and community leaders felt that they had been orphaned after being given the kind of support and leadership that made it possible for them to extend their efforts. That doesn't mean they have stopped working, and I think it is important that we not forget that everyday a lot of people in all aspects of this problem go to work and save lives. And they have not asked for recognition, but they would like people to stop making it harder.

And if we can give them some additional help, that would be more than welcome as well.

So I think to reestablish the consensus that first of all says what society thinks about drugs in a consistent manner with what parents and I think the vast majority of Americans think, and give that message to young people—you shouldn't use it, it is wrong, it is harmful—and now we have been reminded that enemies of the United States also believe that drug use is harmful to our people because they would like to promote it.

So I think we have a remarkable opportunity for consensus. We are rebuilding the cultural consensus against drug use and we have a lot of people that are not only doing a lot now, but are energized to do more if we can support them both with programs but also with vocal leadership on this issue.

Senator DEWINE. Well, it is a relationship clearly between what the community is doing and what the schools do. And they cannot be separate and apart; they have to be tied in together. I would hope, after your confirmation, this would be one of the things that you would look at.

We have a bill that I expect we are going to pass that makes some reforms in that, and I think that will do some good. But ultimately the question is going to be, and always is, what is the local community doing. I think it is a role that you could play a very significant role in. In my home State of Ohio, it is 630-some school districts, and you just multiply that all the way across the country.

I guess we are doing a tag. Over to Senator Kohl.

Senator KOHL. [Presiding.] I thank you, gentlemen.

Mr. Walters, welcome. I would just like to ask one more question before I move on on prevention and treatment. In 1996, you wrote on the Federal funding role in preventing drug use, "Teaching that drug use is wrong and harmful is primarily the responsibility of parents and local communities." "Federal funding," you wrote, "is neither necessary nor sufficient for conveying this very personal message to children on a consistent basis."

In 1995, in the newspaper the Washington Times, you wrote that "Individual program mandates should be abolished so States and localities can establish and pursue their own priorities for fighting drug use and drug crime. Law enforcement, drug treatment and prevention and education are local responsibilities. Therefore, the new block grant program should be designed to restore local responsibility by phasing out these programs after three years."

So under your formulations, I would conclude that States and localities would have no requirement to spend any money at all on prevention or treatment after three years, if they so desired, and would not receive any Federal money at all to use, even if they wanted to, for that purpose. So I have a difficult time reconciling these statements with your previous answer about treatment and prevention.

In 1995 and 1996, you seemed to be clearly against any Federal money spent specifically on treatment and prevention, and now you are apparently saying something that is quite different. So before I move on, could you finally reconcile your thinking then and your thinking now? Has it evolved, has it changed? Are you not today of the same thought process as you were back then?

Mr. WALTERS. Yes, I have changed my view on that, and that was a change from when I was in Government and let me explain why. I was concerned at that time that both the management of the Federal resources and the level of support for those resources was dropping off and was drifting, and that for many communities the ability to manage and direct and to have accountability in prevention, treatment, and even supply reduction programs was diminished. I was also working at that time in an organization that was designed to try to provide greater onus for local institutions to take greater authority and accountability for local actions.

I may have been wrong about the direction in which funding and management was going, although I am not sure about the management part. But at a time when the attention of the country here was shifting, I thought it would empower the people at the local level who were working everyday to make decisions about resources that would be most effective to them and to find long-term support that would be directed toward results.

I would not recommend that today. That is not the President's policy and I wouldn't have taken this job if I disagreed with him on that. I believe we need to maintain Federal support for these programs. When I was last in Government, we did that in both prevention, treatment and on supply reduction programs, and I think we need to make them more accountable and effective.

So, yes, I did have a change of thought during that period of time. Again, maybe I was wrong about what was happening, but I did think that things were moving so that the resources weren't going to be sustainable or were not going to be managed as well as they should.

Senator KOHL. All right. I will take you as you wish to be taken, at your word.

Mr. WALTERS. Thank you.

Senator KOHL. Mr. Walters, in a 1995 commentary in the Washington Times you wrote about the Gun–Free School Zones Act. This is the bill that makes it a Federal offense to carry a gun within 1,000 feet of a school. Basically, the bill and the fix we made in response to the Supreme Court challenge in Lopez were efforts to address the ever-growing problem of school violence.

In your article, you quoted me as saying that the bill was a common-sense approach to the issue of guns in our schools, which is what I did say. Then you commented on that statement that I made by writing, "The Gun–Free School Zones Act does not rest upon common sense; it defies it."

Six years later, I still believe that the Federal Government has an important role to play in addressing school violence, and it is still common sense, in my opinion, to do everything we can to help keep guns out of and away from schools.

Given the number of school shootings in this country since you wrote your article, have you changed your mind at all on the importance of the Federal Government's role in trying to stem school violence and crime generally, and in the wisdom of having a law that says you must not carry a gun within 1,000 feet of a school?

Mr. WALTERS. Yes. I would support the law. I mean, I wouldn't again take an office that I couldn't support the law. Let me just say, at the risk of having Senator Biden accuse me of having a con-

firmation hearing conversion, in taking on this responsibility, and I think frankly in my past record, I have not been ashamed of saying that certain things are Federal responsibility, where others have argued otherwise, other conservatives, other Republicans.

I tried to make a point, maybe not a point I should have made, with that law that—and, again, talking about at that time being concerned with the integrity of local institutions where most of the resources that even the Federal Government delivers have to be carried out, the concern I had was that the tendency to nationalize these discussions would diminish the attention to what inevitably still is going to be local manpower, local teachers, local parents, local law enforcement.

As I said earlier in regard to some of the other questions, I am not opposed to Federal resources being applied to help here because there are situations where that is crucial. And I agree with your point, if I understand it, which is you can't stand back on some of these issues and say "I don't do windows" here at the Federal Government; that is your job.

But I also think—just in defense of my thought here, I also think that there has been, and other people on both sides have talked about this, a tendency to erode the responsibility and authority of local institutions who are the first-line people, who are inevitably going to have more of the resources and more of the actual involvement with individual problems in communities.

And one of the things where we have seen renovation, whether it is education or law enforcement or treatment or health care, is when accountability has been restored to those institutions by local citizens. The Federal Government can help, but its help has to be such that it doesn't cripple, in my mind, the integrity and the proper management of local institutions. I wouldn't write the same thing today, Senator.

Senator KOHL. Well, to my colleagues I want to say that I have always dreamed about being chairman of the Judiciary Committee.

[Laughter.]

Senator BIDEN. I am not chairman either. Go right ahead.

[Laughter.]

Senator SESSIONS. I suppose you also dream that the nominee would have criticized one of your bills, too, that you asked him about.

Senator BIDEN. [Presiding.] And he criticized your prison funding thing, if I am not mistaken.

Senator SESSIONS. Maybe. I will have to check on that.

Just briefly, I want to make the point that I don't believe there is a conflict between education, prevention, law enforcement, and treatment. All of those are part of the way you fight drugs.

You come at this position with extraordinarily wonderful experience. You presided over the drug czar's office, at least the executive director of it or whatever the title was, second to Bill Bennett, and succeeded him for a time during the greatest achievement of reduction of drug use in the history of this country.

This idea that the war on drugs has been lost is baloney. We won the war on drugs and made tremendous achievements and improvements in it. From the time of, I think, the last year of President Carter or the first year of President Reagan until former

President Bush left office, according to a University of Michigan study, the most authoritative study of high school seniors in America, drug use declined every single year. It was reduced by over 50 percent. We have people who say the drug war was a failure.

Let me ask you, isn't the best way to deal with treatment is not have people become addicted at all?

Mr. WALTERS. Absolutely, Senator.

Senator SESSIONS. Isn't it true that treatment can help a number of people, but once people become addicted most people never get over it? It is a long-term personal disability of some kind. They suffer from it in various ways the rest of their lives.

Mr. WALTERS. I think we always have hope that people will be treated. I think many families and friends of individuals are aware that there are people who have tried for years and years to fight their addiction and regrettably have not been successful.

I think that we need to try harder. We all want research, we all want treatment to work better. We also, I think, have to give the prevention message to young people that it is not a matter of you can play with drugs and if you get in trouble, we will definitely be able to treat you and you won't have long-term consequences. You are playing with a serious threat to your future well-being.

Senator SESSIONS. Treatment is helpful to a lot of people, but a lot of people, it never takes and it is such a tragedy. If anybody has ever seen and known people who have gone through treatment, it costs them immeasurably. Some are able to beat the addiction, some are not.

I visited a treatment center not long ago and the guy told me that with regard to a lot of these people, they will be in and out of here the rest of their lives and the only thing that will cure their addiction is death. Many do it by suicide; they do it be overdose. They end up going to jail. It is just a sad thing.

So stopping people from trying drugs, reducing young people's experimentation with drugs, as you presided over a 50-percent reduction, means you are going to have ultimately 50 percent fewer addicts. Isn't that correct?

Mr. WALTERS. We hope so. I also want to make clear, though, that I share your concern about the dangers here. I think we can save more people from addiction, but it is not a substitute for stopping people going into the beginning because we know that if—I mean, this has been repeated over and over again—that if young people do not experiment with drugs by the time they reach roughly age 18 or 20, they are unlikely to try and then become a candidate for addiction later on.

That is something we ought to be able to do as a society to take care of our young people in early parts of their lives. And if we do that, we are attentive to that, we don't have all the consequences of drug addiction to deal with later.

Senator SESSIONS. Well, would you say that you are proud of the results that occurred during your tenure in the drug czar's office?

Mr. WALTERS. Yes, I am.

Senator SESSIONS. And would this Nation have been better off if you had those same trends continued after you left office?

Mr. WALTERS. Yes, I mean certainly.

Senator SESSIONS. Drug use went up among high school seniors when you left that office immediately almost, did it not?

Mr. WALTERS. Yes, but I want to be careful.

Senator SESSIONS. I know you don't want to get into that, but I want to get into that.

Mr. WALTERS. But I want to be—

Senator SESSIONS. President Clinton talked about "I wish I had inhaled." He joked about it, he sent a mixed message. He slashed the drug czar's office, and drug use started going up after 12 consecutive years of decline, culminating during your time there in which we achieved the greatest reduction of any period that occurred. I think that is the fact. If you can keep people from starting drugs, it is better than having treatment.

Now, President Bush, I know, Senator Biden, cares about treatment, and I do too. He has got a $1.6 billion increase for treatment which you support, but I just don't think we ought to overlook the combination of law enforcement, good education, and creating, as you said, the need to rebuild the cultural consensus against drug abuse which has been lost to a sad degree. We need to rebuild that and I think we can start seeing those use numbers go down.

Do you believe it is possible that we can start seeing drug use numbers by high school students, teenagers, start going down again?

Mr. WALTERS. Yes. I think in some cases you are seeing with the new national survey that younger people—the youngest age cohort is going down.

I appreciate your kind words toward me. I want to be careful, though, because it is not just a matter of me, but I think it is fair. We worked with a lot of people, including people on this committee and the Congress, and we tried, I think, all of us, to empower people, some of whom are represented behind me from organizations that are working there.

I don't believe that I, or even the administration I served was the cause of this, but we have to not get in people's way. And we did try to support them and I think one of the things I looked forward to, should the Senate agree to confirm me, was working with you and some of your colleagues up here.

I mean, I have testified here with some of you in the past even after I left office when this topic was not in season and when people still were willing to fight for resources and attention, and try to push against what I think was a difficult environment. But I want to be clear that I don't expect to have to, but I also would never expect to be able to do this alone and I am counting, if I am confirmed, on people like yourself and the other members of this committee to be as vigorous. And the President's commitment here, I think, is also crucial in providing the level of support to give not only the resources, but the tone and cultural support for what needs to be done to get drug use down again to the levels we had before.

Senator SESSIONS. I want to say that is correct. I know as a Federal prosecutor at the time, Senator Biden was the champion, with other members of this committee, improving the ability of those fighting the war on drugs to be successful, and it worked. I think my concern is we are drifting away from what worked, and I think

it is ultimately the cultural challenge to keep the message that drug use is unacceptable.

Within the last week, Senator Biden, I saw a promo for a sitcom in which one of the persons—this is the kind of promo that would be repeated over and over again: well, I don't know why I did that; maybe I was high on speed. I think those are almost the exact words. That kind of thing has got to undermine this cultural consensus that drug use is not acceptable. Somehow you achieved that, you and Bill Bennett, to a good degree, and if you can reestablish that, I think you will see the numbers go down.

I do believe that there a lot of things we can approve this drug effort in and I am open to that. I think we ought to narrow that gap between crack and powder sentences, and if nobody else is going to offer legislation to do it, I am. There are some other things we can do. I do believe in increased treatment, but the whole package—one is not hostile to the other; they all are part of the way to have victory in this effort.

Thank you, Mr. Chairman.

Senator BIDEN. Thank you, Senator.

Senator Durbin?

Senator DURBIN. Thank you very much, Mr. Chairman.

Thank you, Mr. Walters. Mr. Walters, I have asked these questions I am about to ask you of everyone, from Democratic administrations, Republican administrations, since I have been on this committee for the last few years, and they reflect my genuine concerns about how the laws will be implemented by the people who are entrusted with that responsibility.

I have asked these questions of Attorney General Ashcroft, Attorney General Reno, General McCaffrey and virtually everyone who has come before us. So they are not directed at you personally. They are things that are on my mind whenever we talk about drug policy, but I will have to say that some statements you have made prior to this hearing lead me to have greater concern about where you stand.

The first one has to do with racial profiling. We have heard over and over from everyone that racial profiling has to be eradicated, that we have to put an end to it. Yet, if you look for the clearest illustration of racial profiling in America, it is in the enforcement of our drug laws, where we have a small percent of our population who are disproportionately arrested, convicted and imprisoned for drug crimes. And those are people of color, African Americans, Hispanic Americans.

Now, what I have read from your writings is that you claim that this racial profiling is an urban myth. That troubles me because if you are entrusted with a multi-billion-dollar agency to guide the thinking about the enforcement of drug laws in our country and are not sensitive to this disproportionate treatment of minorities when it comes to drug crimes, that troubles me greatly.

Have you changed your opinion? Do you still believe racial profiling in drug sentencing is an urban myth?

Mr. WALTERS. Let me just approach it this way because I don't understand racial profiling exactly as identical with the sentencing issue. I understood racial profiling to be the stopping or arresting

or apprehending of individuals on the basis of a profile, whether or not there was any actual criminal activity or probable cause.

Senator DURBIN. That is the point.

Mr. WALTERS. I mean, I am not trying to avoid the question, but—

Senator DURBIN. Let me be very clear.

Mr. WALTERS. Okay.

Senator DURBIN. The State trooper that pulls a car over because he sees a person of color in it is guilty of racial profiling. When that person is then arrested and then is convicted by a court and then is incarcerated, the initial act of racial profiling has played itself all the way through the system. They sit in the cell because the initial focus was on a person of color.

If we know that African Americans represent 12 percent of our population and 13 percent of drug users, how can we sit here and ignore the fact that 87 percent of the drug users who are not African American are not being arrested, are not being convicted and are not being incarcerated?

The war on drugs is a war that is looking for people of color. Do you believe that is an urban myth?

Mr. WALTERS. It was not my experience when I was in the Office that there was an intention—if anything, there was a contrary intention in regard to race. The goal that I think we have talked about prior to your arrival was that the original mandatory minimum sentencing in the Federal Government was to protect against what was then perceived to be an intention by Colombia suppliers to market crack into the inner city.

At that time, Congressman Rangel and the Black Caucus in the House vigorously supported that legislation to help protect people in the inner city from what was thought to be the most dangerous and addictive substance we had ever faced as a part of the drug problem.

I understand the concern about the application and the result of the law. I will say that my experience with the vast majority of people in law enforcement and in the criminal justice system is that they do not intend to be racially biased. They are as sensitive to the issue of the perception that there is this kind of bias in the system. I think most of them are working very hard.

Most law enforcement personnel that I know, know what bias means. They have felt it personally. Whenever someone in law enforcement does something wrong and it is widely publicized, in the eyes and in the words of people that they see they are accused of being the bad cop or the bad prosecutor, too. So they know how corrosive, they know how dangerous that is.

I think everyone, I presume, that you have asked this of that has been confirmed in the administration—most of the people I have ever worked with and are now either in the administration or out would say we need to work very hard to make sure the system is both fair and is perceived as fair. I have talked about a willingness, as a part of a review of drug policy, to work with members of this committee, the Attorney General, the President, who have talked about a need to review these laws.

As I said to you when we met privately—I want to be frank here, too—my concern is in my experience working both with foundations

and charitable donors and in Government is that the process not end up depriving people who already desperately would like protection for their children going to school, for their communities, in the same way that other parts of our society get that protection from the law enforcement protection to make their streets safe and their homes and communities safe.

My experience being in those communities was that frankly those people would say, why can't we get the same—why are there open-air drug markets here, when they wouldn't be tolerated where most of the better-off people live in the suburbs? And I think the answer to that question, as I tried to indicate earlier, is we not only have to provide law enforcement resources; we need to work to stabilize communities so that employment and housing—and it is not just everything has to be done, but what has to be done is effective linking of treatment resources.

That is why I think there has been promise to things like community coalition programs that take the relevant institutions and stabilize a place that first has to have the open-air drug markets closed and keep it from being generation after generation of young black men in the inner city being sucked into the criminal justice system and being ground up. That is not what any American wants.

It is not simply a law enforcement matter, although we have to make sure law enforcement is just. It is also a matter of bringing back lawful order and institutional integrity to communities throughout, especially those that have been hardest hit by drugs.

Senator DURBIN. The point I am making, Mr. Walters, is this: You are talking about the enforcement of the law. First, I share your admiration and respect for the men and women in uniform who put their lives on the line every single day to protect us, all of us. And I think that it is incumbent on all of us as political leaders to work with them and try to develop policies that really do beat down the racial profiling which is undermining respect for the law in many segments of America.

I have been in Chicago police cruisers and I have gone down the street and I have seen the open-air markets. I have seen the African American selling drugs, but I also notice the color of the buyers, the customers. They are white kids from the suburbs, and the people who are going to get arrested are not the white kids from the suburbs. That is what the statistics tell us. If we are going after this system in a fair-minded and even-handed way, everyone should be held accountable under the law and not one group picked out over others.

I really need to satisfy in my mind whether you think what I have just said is a reality or a myth before your vote comes up on the floor.

Mr. WALTERS. Let me answer another aspect to that as well as the central question. I have written and I have tried to provide some additional evidence as to why I think simply the use of figures capture the whole problem. And I have tried to explain—I don't know the extent to which I have been able to do that—the background for some of the remarks I have made in the past.

But I also think that we are all in agreement, or there is a wide consensus that it is counterproductive to use the criminal justice

system to take users and incarcerate them for extended periods of time. I know I have been accused in some places of being for long jail terms for users. I have never been for long jail terms of users, and I don't think that users get long jail terms now. I don't think the data supports that.

But I do think that early-level people involved in the trafficking and probably addictive use of drugs ought to be more vigorously diverted into programs that provide them treatment and more extended supervision to get their lives back together, like drug courts and other kinds of diversion programs.

So I think part of the answer to this question is to change the mix on the ground in some places to provide proper sorting of people who need treatment help, rehabilitative help in appropriate settings, rather than the long-term incarceration.

But I also have been candid in saying I don't believe the frequently stated argument that there is a lot of people who are simply users who are serving extremely long jail terms because the system, I think, already makes a sorting effort in this regard and it is a disservice to the people working there to suggest otherwise.

Can we do a better job? Do we need to do a better job? Yes, but it is not also going to be the "silver bullet" answer that if we get a proper mix of diversion programs we are not going to have to still enforce the law, because we are going to have to enforce the law, obviously.

Senator DURBIN. Thank you, Mr. Chairman.

Senator BIDEN. Thank you.

John, you and I have been doing this a long time. I have changed some of my views. Is there any change in your thinking about how to deal with this drug problem that has occurred since we began this trek back in the first years of the Bush administration?

I know we began it, both of us, earlier than that, but—I am sorry, Sam. I beg your pardon. It was just pointed out you haven't questioned yet. I apologize. I yield to you. I apologize. I am sorry. I didn't see you there.

Senator BROWNBACK. Thank you, Mr. Chairman. You are very kind.

Mr. Walters, welcome to the committee. I am delighted you are up for this office. You have got an impressive background and impressive resume. I have got two questions areas that I want to focus on, if I could. One is on teen drug use and the other is on methamphetamines, which is a big problem in my home State.

In teen drug use, I was looking back through the record of when you were in the drug czar's office before and there was a very impressive reduction in teen drug use that took place during that period of time. People are pointing out that most adult users and virtually all adult addicts of illegal drugs experimented with them as teens. So if somehow you can get them through those teen years without experimenting, you are limiting your group of people that is likely to use drugs for the rest of their lives, or worst still, even addicted to them.

Your record in the drug czar's office between 1985 and 1992 showed that teen use of all drugs dropped by 60 percent and regular teen use of cocaine dropped by 78 percent, which I found an

extraordinary achievement and a cause for hope that Federal policies really can have a difference and have an impact.

As you look at that number and as you contemplate going into this office, what are the key areas of policies and practices that you think contributed to those numbers that I am hopeful, if approved, you will use in the office this time around?

Mr. WALTERS. Thank you, Senator. I think the basis is the establishment and maintenance of a consensus about the danger and the unacceptability of drug use in society. I think the bringing together of key institutions so that that is not just empty rhetoric, that we have both national leaders but also that our institutions of health care, education and law enforcement are working together, and supported in the effort to convey that in the environment that young people feel is happening.

They are acutely aware and sensitive to adults saying one thing, but not meaning it, or saying one thing and doing something else. What we had was a period of time when there was, I think, a greater visibility of adult leadership in the Nation, as well as in communities, making clear that young people should not, and adults did not use drugs, and that it was unacceptable. We need to rebuild that.

I also think that there was more support, as I have said earlier, for the people working in this field effectively. I think we have more people working in the field, frankly, now. They are more organized. We have learned a lot over those years, with parents groups, community coalitions, law enforcement and treatment providers working in teams with critical institutions. We need to do more on this.

I do think there is a lot more to build on, but what we have to do, and what I have heard from people in the last several months is a great desire to have a clear and consistent voice from our national institutions that makes this more of a clear priority for young people.

There has been some drift. There has been talk about should we legalize drugs. There has been a greater fashion and kind of joking about drug use in the media and in entertainment. No one wants to be humorless here, but I do think it is grossly misleading to target this kind of message on young people and to therefore not make clear to them the real dangers of addiction. We see them in everyday in everything from child abuse, to broken families, to crime, to lives that are wasted, to kids dropping out of school.

There is a tendency to want to pretend as if, I think by the people who make the joke, that that is not a reality. And that is really educating kids with a misguided view that this is not a serious matter when they start flirting with, experimenting with, or walking down a path that for all too many of them can get them in an situation of dependency and destruction.

Senator BROWNBACK. That just seems to me to be such a key issue to really set that standard clear for teens because if you could catch it at that point or stop it at that point, we can stop our problems from being magnified so much more later on.

In my home State, methamphetamine is a major issue and a major problem. Last year, law enforcement seized over 700 labs in

the State of Kansas. This year, we are on track to do even more when this year is completed.

Have you given much thought to this problem and how you would be addressing it?

Mr. WALTERS. Not as much as I would like to and would be able to do after consulting with folks, if the Senate sees fit to confirm me. I think the extent of this problem obviously has emerged since I left office, and the severity we see today.

I have been encouraged, though, in the conversations I have had that I do think that again the HIDTA program, which was small when we started the Office, has been a helpful program in bringing Federal, State and local law enforcement resources together to respond more quickly to some of these, especially in rural areas or in areas where the resources both for cleanup of toxic chemicals as well as simply law enforcement and treatment resources in some cases have not been available when small areas get overrun.

This is incredibly fluid. It is obviously capable of being a market and manufacture that can have very small, very quickly moved, very quickly developed suppliers. And I think we also need to do a better job of explaining the scope and dangers of the problem to the American public that it has now grown, it is now visible.

There is a tendency, I think, here to be a little bit slow. I also think there is a sensible tendency to not make every new drug or trend the top danger because people get weary of that, and I think it is calling "wolf" when you shouldn't. But I do think that is not the case here and I don't believe we have the understanding yet in the public mind of exactly how extensive, dangerous, what the growth has been and it is more serious.

So we need to put more attention on it, but the specifics of how you would address it I would reserve to the kind of conversations—I mean, I would intend to have them with members of the committee and Congress, as well as with State and local officials that are dealing with both supply and demand issues out there.

Senator BROWNBACK. It is a key issue for us. I hope we are able to move the nomination forward aggressively and I think you are going to do a wonderful job in that position, given the past record of the successes that you have had there. We need to really redouble this effort of drug use and getting on top of that in this country.

Mr. WALTERS. Thank you, sir.

Senator BROWNBACK. Mr. Chairman, thank you very much.

Senator BIDEN. Thank you, Senator.

John, would you move HIDTA out of ONDCP?

Mr. WALTERS. My inclination now would not to. I don't think that is a likelihood. I do think that as we expand some of these programs—and I would like to be able to consider, with the consultation of Congress if I were confirmed, expanding some of these programs perhaps significantly as a way of delivering resources, not only the HIDTA program in the Office, but, of course, we have the ad campaign, we have the community coalitions, we have some other programs that are run by the Office.

And there have been, as you know, GAO investigations and reports about the proper management and staffing of these and whether the Office has the expertise or should have the lead for some of these. I do think that with—again, I don't think this is

something where there is any need for any kind of conflict over, but I do think that we need to improve the staffing of some of these programs and maybe either create a cooperative arrangement with other agencies or expand those that already exist for contract and grant management, or in some cases look at other ways of delivering the resources and monitoring and managing them so that we don't have some of the problems of the past.

In some ways, it has grown. When I left the Office, it was roughly 145 people. It essentially had the HIDTA program, which was smaller, but it did policy, budget and the coordination job. Now, it is $500 million in discretionary funds, as you well know, and it still has about 140 people and it is supposed to be doing what it did before, plus all these discretionary grants.

I know people work hard there. I am actually more of a champion of bureaucrats, I know, than is common. I have worked well with career Federal civil servants for most of my career in Government and I admire them and they work very hard. But I think we have got to look at whether we are going to need relief, especially if we are going to expand some of those.

Senator BIDEN. Well, prior to this you have had a rational position that said, I assume, because there were so few people relative to the grant authority, that, without reading all your quotes back to you—I hope they don't read my quotes back to me someday, but you did at one point think that the grant authority should be turned back to the appropriate agencies not within the shop that may become your shop.

Are you saying now, which is a legitimate thing, either we should turn these programs back or we are going to increase your staffing, one of the two? Is that realistically what we are faced with from your perspective?

Mr. WALTERS. It may be possible to expand the support provided by other agencies for a part of the grant program. I want to be clear on this point because I think these programs are central to the mission of the Office and the overall effort. It is not a substitute for what is done in HHS or Justice. You understand what I am saying here, but the integrity and fidelity to purpose and effectiveness of the program is first and foremost. Any change in staffing, I think, has to be obviously and rationally designed to make those work.

Also, they are all programs that provide resources to people out in the country to do the real work. We have to consult with them. You created the Office. You know it is not just a requirement or a hoop. The Office can't work without that kind of consultation because it can't sit back and think of things and tell other people to do them. It has to be able to work with the knowledge that people in the field have of what is going to work.

Senator BIDEN. Well, that is one of the reasons we have the shop. I have been maybe chairman or ranking member of the Foreign Relations Committee too long, but you are sounding like a State Department guy in that answer.

It seems to me, and I think this is logical, you point out that the amount of the grant authority, the responsibility given to ONDCP for programs like drug-free community support, the youth anti-drug media campaign, HIDTA programs, counter-drug technology

assessment, all programs that the Congress rightly or wrongly—I think rightly—thought should be funded, like HIDTA for dealing with the problem in your State, which I might add when we were back in those days I wrote a report saying ice is coming and it was coming in your way, and no one wanted to listen to it at the time—it wasn't made a priority because guess what? They were doing it in vans, mixing the stuff in vans on the thoroughfares and the freeways in California and it got too hot for them, so they moved to areas where it would work. They went and polluted Montana, and then Montana came down on them and they moved into the Midwest, Iowa first and then your State. And it is all predictable.

I have got more bad news for you: heroin is coming to your high school like you have never seen before in your life. I wrote a report two years ago. No one paid any attention to it, no one wants to hear it, but it is coming. It is so pure they can now smoke it. It is the way in which crack got introduced in those communities. And John is right about it.

It was two guys, a guy named—I won't mention his name again, but a guy, a senior black Congressman in the House and a senior white Senator here, me, who were the guys that came up with that crack penalty. The intention of the crack penalty was to try to save African-American communities. All the experts we consulted told us that this was what we had to do.

The reason crack multiplied so greatly is that you found that prior to crack, there were more male addicts than female addicts. That became a great equalizer; it became one-to-one. Why? Women didn't have to snort that stuff and distort their nostrils and have their eyes blurry and all those things they didn't like to have happen to them. They could smoke it, and they could do it real quickly and get a high. All of a sudden, we had within a matter of five years as many women addicts as we had men addicts.

Now, the same thing is happening with heroin. They are going to get these high school kids using heroin because, guess what? You can smoke it. It is over 90-percent pure. It is what they called chasing the dragon back in the 1910–1920 era. It is so pure you can smoke it and you literally follow the smoke and inhale it. It is that pure. During the Nixon administration when I first got here, we were talking about heroin from Mexico with 6-percent purity.

So it is coming and they are giving it to these high school kids. They are giving it to them to get them going. And if you think you have got a problem getting someone off of these other drugs, you get a poly-abuser who is a heroin abuser and you are talking a long time.

My point, John, is I know you know all that. My point is that we have these programs now and you have made an accurate observation about them. So what are you going to propose as a solution?

The solution can't be I am going to keep the same number of people I have and I am going to be able to administer it very, very well. It is either going to be I have got to increase my administrative capacity or I have got to move the programs out. So what are you saying? That is what I am trying to get to.

Mr. WALTERS. Senator, I understand, but I also want to be fair to the consultation issue here. I have not been able to talk to the program people. I have not been able to talk systematically to the people who receive these grants and work with them. I have talked to some people in those regards, but to be fair I would need to have—my intention would be the following.

I have no intention at this point in time, nor do I know of one in the administration, to move these programs out of ONDCP. I would like, though—I think it is incumbent upon the Office to deal with some of the management issues that have been raised in past GAO reports and in other committee reports about the management of these programs; also, as a part of a review of the drug strategy, to look at the shape of the future of these programs that we would like to propose.

But to do that, I also need to be able to talk to the program people, the people outside and inside Government, you and your staff and other members of Congress and their staff that are relevant here. These are very effective, very important programs, and not just because somebody says they are effective.

But I believe that the media program, the community coalitions program, the HIDTA program, the CTAC program are all programs that have produced front-page results, as you know, and not always recognized for the effort. So I am not, and I don't think I have ever indicated that I would be willing to damage the programs. But in order to maintain the integrity of the programs and the proper management, you are right, something has to give. There has to be some different people or structure.

Senator BIDEN. No, I am not suggesting you would damage the programs. I suggest we have a difference of point of view as to where the programs are most likely to get the most attention and be administered with the greatest efficacy.

When we wrote this law, one of the reason we put some of these programs with your office is so that you would have control because we lacked the faith that other institutions, great institutions, would have the time or interest. It is not among their highest priorities.

You are going to cure cancer at NIH. At HHS, you want to be able to have an anthrax vaccine. That is going to trump HIDTA. Over at the Justice Department, putting the program in the Justice Department that relates to—and I am not sure you think it is a good program—relates to reaching out to teens about not using drugs—if you put that over in Justice, it is going to get trumped by task forces to go after the Mafia and it is going to get trumped by other things.

So the reason they were put in your office was that it would be the only thing on your agenda. So let's not make—I know you don't mean to, but I want to make sure there is a philosophic reason they were put there. I don't have any doubt you support the program, or some of the programs, HIDTA, for example. I don't doubt you support it. My argument would be if you transfer it, you dilute it because no one is going to take as good care of it and view it as high a priority as it is within your shop. So that is where we may have a philosophic difference.

So, understand, if you are confirmed and if you go to transfer it, you are going to have me all over you. That doesn't mean I will win, but this is going to be holy war if you want to do that because I think the best way for it to be effective in the Midwest is if it is administered by you, not administered by Justice, not administered by HHS, not administered by anybody else.

I know you know this, but a lot of people don't know this who don't spend as much time in this as you or I do where the philosophic ground maybe doesn't meet here. That is the reason why I was asking you about whether or not you would transfer 93 percent of your budget out of your budget, because 93 percent of your budget is this grant authority. That is 93 percent of your budget.

I don't know what heft or clout you have. Once you transfer that, I am not quite sure where you go from there. That is the only point I want to make. I understand about efficacy and efficiency, but it also goes to who has the greatest interest in making sure that the programs, in fact, function well.

Anyway, I don't want to argue with you about it, just so you understand my view.

Mr. WALTERS. Senator, let me just say I don't believe we have a philosophical difference about this.

Senator BIDEN. Okay. Now, one of the things that I have thought—and I may be wrong about this; obviously, I may be wrong. My sense is that one of the reasons why the tone you take when talking about treatment—let me just put it that way—is different than the tone that Kleber takes—and it is different, by the way—or that I take or that other people take—and there are a lot of people who agree with you on tone as well as substance—is that I get the sense that you think if we talk too much about treatment working, we are going to provide a front-end crutch to the non-user who is considering using who can say to himself or herself, well, you know, they tell me this is dangerous and they tell me this could become addictive and they tell me this is bad, but, you know, if I try it and if I get addicted, I know I can get cured because I can get treatment.

Is that part of your thinking? I don't mean is that the dominant theme, but I mean does that play in anywhere when you talk about this liberal society that views the—I forget the phraseology, but you know it better than I do. Is that part of it at all?

Mr. WALTERS. Thank you for letting me respond to that. That is not my view. I have in the course of my writings, as your staff may have seen—I don't expect anyone to read all my writings—not even my mother—but I have been critical in the course of discussing policy of all aspects of drug control policy. And I haven't met anybody who works in these fields, frankly, that doesn't think we can't do a better job and has their own recommendations for reform.

I support treatment. We had a little bit of a discussion of this when you were out of the room, so I want to be fair. My recollection of the fights, as I understood them, both inside the executive branch and with the Congress about funding and about resources was that we weren't bashful, and that I recognized that we did not always meet the proposals that you had. I still have a complete collection of your drug control strategies.

Senator BIDEN. By the way, I am not suggesting I was right about it all, okay? So let's make that clear.

Mr. WALTERS. I want to be clear, and this is something that has been frustrating in the period of nomination when I can't speak publicly, and I appreciate this opportunity to do so.

I support treatment. I have supported treatment. I have worked hard to make programs like the capacity expansion program work, to build the initial—at a time when, quite honestly, Senator, I think we actually were in more agreement, when there were big parts of the Federal Government that wanted to talk about treatment but not really deliver the resources, or didn't really want to implement the programs effectively or wanted to implement them, apropos of your comment about where the programs are in ONDCP, and say, oh, yes, sure, give us the money over here and we will put it in another part of the department where we want the resources to go. That is why I said I don't think we have a philosophical difference on that issue.

I support treatment. What I have partly tried to write about, and obviously not clearly enough in some ways or we wouldn't be having this discussion, is everybody says we are for treatment, prevention, law enforcement and research. But as you know, because we sat in a room like this with less people behind us and talked about this in hearings, they don't work that way.

They believe there is one thing, or they don't really care about the other thing. I genuinely, and I know you do, believe that you have to make the parts work, and the hard part of the job is to maintain that coherence between the parts that have to work here, to get the law enforcement system to divert people into treatment, to help sort the treatment system to help go out and work with people that need the resources. If they need outpatient, that is one thing. If they need residential treatment or if they need after-care, that is another, or need mental health services.

You and I understand that the tendency to talk about this for shorthand that we have to have in a public debate masks the very serious problem in managing and apportioning and regulating the resources so that we get people treated and don't just walk away and say, well, we are for treatment, so we have solved that problem. The same is true of, I think, some of the other parts of this problem.

But if I have left the impression that I don't believe in efficacy or don't support treatment, I did not intend to mean that. That is not my view, and I think my work inside the administration, and frankly my work, the limited amount I have with donors now in the private sector—most of that is in regard to treatment programs, frankly.

Senator BIDEN. Well, it is not only me, as you know, that has wondered about your notions about treatment. I will ask unanimous consent—it is easy to do, since I am the only one here—that a letter from the president of the Betty Ford Center be entered in the record.

I will just read one partial paragraph from it. It says, "Mrs. Ford and I are convinced that Mr. Walters may not have the confidence in the treatment and prevention strategies that we believe are nec-

essary for the creation and implementation of a balanced and thoughtful to U.S. drug policy."

I am not going to question you on it, but I will make a copy available to you.

There are other folks you have worked with who—well, let me put it this way. One of the things that we used to debate and I wonder if we could raise it—we debated it lot with Bill Bennett as well—in the days when you guys were running the show under Bennett and I used to raise this issue of treatment, you all kept talking about diverting people to treatment.

I used to always point out that there are enough people in every city in America who walk in voluntarily every single day, not having been diverted at all, who are committing crimes, because they have to commit crimes to maintain their habit—it doesn't justify the crime—who walk in, raise their hand and say take me. You know, like "take me before I kill again." Take me. And they are told in New York City and my little city to come back in a week, a month or six months.

So this notion that we have to divert people into treatment—we do; it is a good thing to divert people into treatment. That is what the drug courts do. That is what we are doing with in-prison treatment programs, et cetera. We used to have this debate that, well, our effort has to be to divert.

Don't we have to just make available the good treatment because there are so many people out there seeking it?

Mr. WALTERS. In many places, yes, I think that is true.

Senator BIDEN. Can you name me a big city in America over 300,000 people that is able to handle those who voluntarily walk in the door on the basis that if they come, there is treatment available for them? For the record, check it out. I would be surprised and pleased if you could name me a single city in America that can do that. I sure can't think of a rural area.

The rate of increased drug use is greater in rural America than it is in the inner city. And there is a simple reason for that. I mean, Aromingo Avenue is already occupied in Philadelphia. All the drug dealers have it. You go and try to get a corner there and you got shot dead. I mean, literally, you get shot dead.

So why not go to Harrington, Delaware? You know, you don't have to compete with anybody. Why not go to Aberdeen, Maryland? Why not go to these small cities and towns? And there is no treatment available in those places. All my friends and your friends behind you are cops. If you ask them if they could increase their law enforcement force by 5 percent or they could increase the number of treatment facilities they had in the district they cover by 25 percent, which would they take, I will lay you 8 to 5 they would all take the increased treatment facilities. That is all I get from my cops in rural areas: Joe, I got no place to put these folks. There is no place for them to go.

So talk to me about that. I mean, what about that? Are we short on treatment facilities for people?

Mr. WALTERS. Sure. I think that is part of the reason why the President proposed as an initial start the increase in the treatment program and directed the assessment for both the delivery of those resources, but also the shaping of a more comprehensive system,

with the Federal Government taking a lead here that I believe is unprecedented from any President at the beginning of this term with that kind of commitment.

Now, is that going to solve all the problems? Of course, it is not going to solve all the problems, but it is a start that we can begin to work with. I think the conversations I have had with some of the people behind me that are not cops but are working in treatment-providing—they support that and they support the desire to deploy those resources with the necessary focus on needs and to work on the problem of providing those resources in rural areas or widely diffused areas where it is much harder to get the kind of especially multi-modality treatment and other kinds of services in tandem when you have people that need them and their recovery is going to depend on a multiplicity of modalities, from mental health to different kinds of treatment, whether it is outpatient or residential or assistance with recovery in the community. So we have to also do this in a way that looks at the contours of the need and tries to provide resources that are deployable by the people that are facing these needs.

Senator BIDEN. Can we talk about what constitutes successful treatment for a minute? I have really spent a lot of my adult life trying to figure this out. My observation has been that we hold as a measure of success the treatment community to a standard that we hold very few other people.

For example, we don't hold the education system in America, notwithstanding all our new focus on education and testing, to a success rate that requires a 90-percent success rate. In a number of inner-cities, the graduation rate of people when they start school and finish school is less than 50 percent. We don't go shut the schools down. In most schools in America, it averages about 70 percent. We don't shut the schools down.

Yet, when I talk about treatment and measure success on that they have been drug-free for 5 years, and you get numbers that are in the 40-, 50- and 60-percent range, that program is declared a failure. I bet most of the audience out there would think it is a failure. If I said you have got a drug treatment program that 50 percent of the people stayed drug-free for 5 years, they would say, oh, that is a failure, shut it down. Why waste taxpayers' money on that?

Yet, if I said that about schools in your area, shut it down, and by the way, have those kids go to no school, just have them wander the streets, I wonder how many of the folks out in the audience would say, yes, I guess we should do that. Or on Defense Department over-spending, you know, if you go above 30 percent of your budget, shut down the operation. We wouldn't go very far.

So I am confused by what people mean by and what you mean by—I am not confused by you. I am confused by what you would view as a successful treatment program. Is success only measured in that once the person goes through the treatment program and finishes it, they never again encounter an illicit substance, or is there some other measure?

One other point I will make to you and then I want to hear your general response. I have argued for years that a program that keeps someone in treatment for six months—and I used to know

this stuff cold when I did it every single day; I don't do it every single day anymore. Back 5, 6 years ago, the numbers, if my memory serves me correctly, were if you are in a treatment program for 6 months—by the way, the average addicted person in America—and we are talking about roughly 4 million hard-core users.

If you have got those 4 million hard-core users—and you hear numbers that vary—they have to commit somewhere between 90 and 150, depending on whose number you pick, offenses a year, mostly felonies, to keep their habits going.

The way I have kind of looked at this, in addition to whether or not we cure people of their problem, is that if you have someone in treatment—and I forget the exact numbers now, but my recollection was that they were committing while in treatment 85 percent fewer crimes than they would if they were out of treatment, even though they weren't cured.

Now, I used to always say to my cop friends, how many cops do you need to calculate the ability to reduce the number of crimes committed by an addict by 85 percent? And if, in fact, you put that addict in jail, you are talking about a $30,000-a-year bill to keep them in jail. Isn't it just smarter, even if it is having them tread water, to have all these folks in treatment?

While they are in treatment, it is about one-fifth the cost of putting them in prison and they are committing only—I will correct the record on this, but considerably fewer crimes. So doesn't it just make sense, even if you didn't want to do anything else, to just put them all in treatment and vastly increase the treatment programs, even the ones that aren't working so well, and get everybody into treatment who is out there, everybody who puts their hand up and says I want to be in treatment?

I mean, if the numbers are correct, it is well over 50 percent fewer crimes they commit while in treatment and it costs considerably less than—I think it is a fifth of what it costs to put them in jail. So why doesn't that just make sense even if we weren't curing them? Why wouldn't that make sense as public policy?

Mr. WALTERS. I think expanding treatment does make sense.

Senator BIDEN. I mean, significantly expanding treatment.

Mr. WALTERS. I am not even opposed to significantly expanding treatment. You know, what level we are talking about I am not precisely sure, but—

Senator BIDEN. I am not either.

Mr. WALTERS. One reservation about what you have said, and I think this is consistent with most of the people I have talked to, from Dr. Kleber, to Dr. Barthwell, the President's nominee to be the new deputy, demand reduction, to some of the people I introduced at the beginning that are here.

I think success rates, to get to the first part of your question first, ought to be measured, and we tried to do this when we were in office, by a scale that looks at the condition of the individual when they come into treatment so that we are comparing people with similar problems when we look at the results of the treatment they are receiving.

Secondly, I think that partly to sustain this—you know how hard this is in Congress and you know how hard it is out in localities

for the contribution—that our goal is always going to have to be we would like to get people in recovery and keep them in recovery.

But we are also a country, I think, that does believe in this case not only in second, third and fourth chances, but fifth and sixth chances. What we don't want is a demoralizing of the system where it can be characterized as, well, we cycle them through a program where the quality is low and the resources aren't there, when we should be putting them in the best program we can have, which is not to say unless you have the top of the line you shouldn't give treatment.

We have to be able to make prudent judgments about this, but I think now the criminal justice system, and more the public health system, wants to put more people into treatment. It does not want to incarcerate drug addicts, and I don't think the system does as much of that as some of the critics say. Now, I have been involved in the Office and privy to all the discussions.

Senator BIDEN. I am not even making the argument, John. I am not making the Durbin argument here. I am not making the argument that we are incarcerating people who shouldn't be incarcerated. That is not what I am saying. I am just making an argument about my physical safety and the safety of my wife in the parking lot of the Acme tonight, in Wilmington, Delaware, when she finishes teaching school. That is what I am talking about.

I am talking about when you have somebody, there is one of two things. You are either going to be in prison or in treatment, because when they are on the street they are a menace to my wife, they are a menace to my daughter, they are a menace to my sons. So even though it may be a disease of the brain, it doesn't matter. If they hit my wife in the head to take her purse, whether their brain is diseased and/or their morals are non-existent, I don't give a darn. They hit my wife in the head, so I have got a problem, I have got a problem. So how do we deal with that?

One of things that I think we waste a lot of time on here—not you and I, but we in the community that debates all this—is we waste a lot of time on looking for this silver bullet. We are recycling people through the prison system. We say, well, we have no problem with that. We recycle them through.

If I am not mistaken, the number used to be somewhere in excess of 250,000 people a year walk through a gate with a $10 bus ticket coming out of a State prison to get back to where they came from after having served their time addicted as they walk out the gate, as they walk out the gate. In other words, they have served their time, but they had drugs available in prison. They are addicted as they walk through the gate. They get on the bus and they are an accident waiting to happen.

So I just wonder why we don't broaden the discussion here about treatment in terms of the efficacy of even the bad programs relative to what the cost of the alternatives are and relative to how it increases my safety.

If God came down and sat in the middle of the table and said, Joe, what would you like, I would say, well, I would like you to take that piece of the brain out that allows people to be addicted, that gets them hooked. But, second, God, I will tell you I have another one. I have got just a little request for you. Take every single

drug addict in the State of Delaware right now and tomorrow morning have them go into treatment, every single one, the hardest hard-core. I know by that act alone I have reduced crime in my city by a lot.

Even, God, if you are going to recycle everyone that has to be recycled in 6 months, it is cheaper for me. I don't have to spend as much money in the prison system. I eliminate some of my social problems, creating this class distinction that exists now, because more blacks are in prison than whites relative to their use, and so on.

I wonder why we don't ever talk about it that way, why this is the only area—and I am going to yield to my friend from Alabama now, but the only area where we apply a moral judgment. I tried to figure for the longest time why people wouldn't be willing—if God could absolutely come down and guarantee to everyone what I just said was absolutely true, we would still have resistance. And I think the resistance is sort of our Protestant work ethic kind of notion, which is not a bad thing. It is a good thing; it has made this country.

But it is sort of like, you know, why should I take my money out of my pocket to help that guy over there who made a conscious decision before his brain was affected by the drug to go ahead and use this drug, causing him to do bad things to me and my family? I come back and say, well, because he will do fewer bad things.

But I want to punish him. I can't blame people. I want to punish him, I want to punish him. I say, well, the punishment part isn't working too well. It is costing you a lot more money and it is not working too well. Do you know the reason why those long sentences work? Guess what? When they are in jail, they can't hurt anybody. That is not a bad thing. So with these long sentences, you are in jail.

So I used to always say you do one of two things with these 4 million addicts, or one of three things. You go out and shoot them, shoot them dead, so they are gone and they can't do anything bad to anybody anymore, including themselves. You lock them up forever, or you figure out how to reduce their dependency. You try to cure them or reduce their dependency.

I don't know what other options we have. These folks are already beyond the pale. There are 4 million of them and they are committing a couple hundred crimes a year. That is a lot of crimes. So to me, in a sense, John, the more I deal with this, the simpler it gets to me. I don't know if that is the first sign of real ignorance that it is getting simple to me, but I don't know why we never discuss treatment in the context of when you are in treatment, you are not committing crimes, or at least as many. Isn't that all by itself a rationale?

You can respond if you would like. You don't have to, to my little diatribe here, and I yield to my friend from Alabama, who engages in diatribes like me and that is why I like him.

Mr. WALTERS. If I can just say one thing in that regard, and it is not at all to capture everything that you were getting at here, but what my goal was, and I think the colleagues I was honored to work with when I was in the Office, was to try to bring some structure to tying what we did and what the results were to central

principles—I think the central principle here is use; crime is obviously related to this, and the costs—and to tie these back to what we are asked to put in the system, how people can make a legitimate judgment about is the system producing real results and what are they.

That is why I said earlier what I did about over-promising. I think there is a tendency even in treatment to not be realistic. In my experience, a 50-percent success rate for a random treatment program is outstanding. Five years drug-free is outstanding. If we even had the existing number of programs that were able to perform at that level, I think we would be in a different situation now. I would be happy to check that.

So I don't have unrealistic demands here, but I do think that part of the support for this is to gain the public support and the support of national leaders at all levels. And I know private people have done this, but I think we still have a lot to do about what is really being achieved, what is realistic, and what are the results.

And if we can make that case, I think everybody wants solutions to this. They don't want to see people continually addicted. They know that drugs and crimes are the central destroyer of innocent and disadvantaged people's lives in this country. What they want to know is, is it really making a difference?

And you are right. Maybe it is and they don't understand that, but that is where we have to try to reach a consensus and then stand together, I would hope, and make that a matter of common public understanding and support. If we can do that, I am not saying we can just revolutionize everything overnight, but we will make headway that is most important.

But we have to tie what we do in supply, what we do in demand, what we do in prevention and treatment to standards that people say—too many times, as you know, these discussions come down to are you really personally committed to this as an objective, and everybody's personal commitment doesn't necessarily easily transfer to other people.

We want to be hard-headed and pragmatic about this. This produces results. These are the consequences of these results. You ought to have more confidence in the people that are delivering these services than we currently do, and this is how we can help them and this is what we can expect as an outcome.

Senator BIDEN. Well, if you do that, that is great. As you will observe, with all the documents I have thrust upon you over the years, you have never once heard me use the phrase "war on drugs," not one single time, because it is over-promising when you talk about a war on drugs.

Number two, I would make the observation that I bet none of you know anyone who is over the age of 25 who doesn't have a family member, a neighbor, a friend or a coworker who has a son, daughter, husband, wife, nephew, niece that doesn't have a drug problem. I have never known one single one of those persons who hasn't said to whomever they are talking to, their friend, or to me how can I get my child, my friend, my neighbor in treatment?

Whether they are blue-collar or they are white-collar, whether they are princes or whether they are princes, they all immediately

say I have got to get my kid to treatment. So I think there is more of a consensus out there than you think.

And the last point I will make, and I promise I won't say another thing on this, is the good news for both of us when we started this little undertaking back in the 1990s was when you asked the American people what was the single biggest problem they faced, they said drugs. So that communicated to every member of the Congress, every member of the Senate, and I could have gone out, and I did, and asked for more money than you wanted, forced money on you you didn't want and was able to get everybody to vote for it and the President would sign it.

The same with the crime bill. When I wrote the crime bill, that was the number one thing on everybody's mind. Then violent crime went down 6 to 8.5 percent per year the last 7 years during, I might add, the Clinton administration. You know, you give him credit for the other stuff going up and you have got to give him credit for the crime going down. You can't pick and choose. Do you know what I mean? It is called the principled rationale for something. So, you know, they are responsible for drugs going up and violent crime coming down, okay?

Now, do you know what the problem here is? This guy and I disagree, but we agree on law enforcement stuff. We have trouble getting them to fund crime on the floor now. These don't understand that it is like cutting grass. They think because we have got crime down now, we don't have to spend as much money. What it really means if we have got to spend more money, not less, to get it down.

It is like cutting grass. I cut my grass in the middle of the summer and it looks great. These guys around this shop that I work in say the grass is cut, get rid of the lawn mower; you don't need it anymore. Crime and drugs are like cutting grass; you have got to do it every single day. You have got to keep spending money on it. But around this place where we work, and among Presidents, former and probably future Presidents, that, hey, we have got that problem taken care of, let's move on. And it is the exact opposite.

So part of our problem we are going to have here is we are going to even have trouble getting money, I suspect, for what you agree we need more money for, what the President says we need more money for, and what most experts say we need more money for. It is going to be a battle. By the way, we cut the COPS program. We cut the funding for these other programs now because I guess the grass looks good now. But I want to tell you a lot of weeds are on their way.

I just think we have got to have a better consensus among those of us who stay in this, like the Senator from Alabama and myself and you and others, day in and day out about what we mean by success, what we mean by an adequate treatment, and what we mean when we say that we are committed to the idea of increased treatment.

The thing I am not even going to ask you about now and I am going to submit questions to you on is how do we stop people in the first place. I haven't figured that one out. Moral disapprobation is a big, big deal, and societal attitudes a big deal, the single biggest reason why I think drug consumption goes down.

By the way, even in the last administration we were down from 25 million users to 15 million users. That is 10 million down; up with teens, down overall. That happened in the last 8 years, I might add. So that is down, but how do we get it down further? I support DARE, but DARE is not enough. As I matter of fact, I dare say we have got to do a heck of a lot more with DARE to make it work better.

So I have questions about what your ideas are. I don't expect an answer, a silver bullet. I expect an opinion or view as to what you think those things are to keep these kids from getting into the crime and drug stream in the first place. It is pretty tough stuff, but I think part of it is, day in, day out, keeping the pressure on the entertainment industry, keeping the pressure on ourselves, keeping the pressure on parents and educating parents.

Again, I tried for six years to get date rape drugs moved up a class. This committee stopped that, by the way. They wouldn't go for that. The last administration didn't push it.

I wrote a report on Ecstasy a little over a year ago saying we have got a big problem with Ecstasy.

Parents were happy their kids were using Ecstasy and said, well, at least you are not using this. Ecstasy actually kills the brain cells. We have got a problem, but parents don't understand it.

Do you know what I tell parents when I go to speak at all these schools at these parent-teacher meeting things? I say look for two things, extra bottles of water in your kid's car, pacifiers next to their bed, and funny little decals that have like Mercedes and things on them. They say, well, that is in my house. No one told them.

You have got a 15-year-old or a 19-year-old kid with a pacifier in his room and you know the boy is on Ecstasy. You don't have to be a rocket scientist to figure it out. Parents don't know that. All of a sudden everybody is carrying around bottled water. Yes, part of it is a trend. You go in the back of your kid's car and he has got four empty water bottles. You ought to start thinking about it.

At any rate, I yield to my friend the rest of the time.

Senator SESSIONS. [Presiding.] Thank you, Senator Biden. You have indeed throughout this whole drug war for the most part been one of the champions of doing something and improving our effort. As a Federal prosecutor for many years, a lot of things that you passed here I can assure you were very, very helpful.

I think it is appropriate for us, Mr. Walters, to look much more intensely at treatment because we do have a lot of people that are addicted. We do have some good treatment programs in prisons and some good treatment programs around the country. They are very, very expensive, but not a hundred-percent successful. We can debate how much, but a lot of people are just not able to stop drug use.

An Assistant United States Attorney called me into the conference room and said I would like you to meet this individual. He was being prosecuted for armed robbery. He had been in jail, he had gone through treatment, he had gotten religion and had married. He got out, got a job.

This is what she told me; she said I just want you to hear this story. He said, I got out, I worked for two weeks, I got my first paycheck. I was going down the street to get some clothes, and he said I just kept right on going and I ended up back buying crack, getting addicted all over again, getting arrested for armed robbery, probably serving 15 or 20 years in jail. It just brings tears to your eyes. I mean, it was really sad.

I guess having spent an extraordinary amount of my time for 12 years as United States Attorney dealing with these issues, I am a little berserk on them, a little intense about them. We met for one year once a week every Thursday afternoon to discuss it. I was active in the Drug Coalition for a Drug–Free Mobile, the Partnership for Youth. We built those organizations. It was all part, I think, of a cultural climate against drugs.

My first comment is that we ought not to be too tough on ourselves. I think if we recapture some of the things that worked to see these numbers go down, I think we can see them go down again.

Do you agree with that?

Mr. WALTERS. I agree.

Senator SESSIONS. You are cautiously optimistic, could I say?

Mr. WALTERS. Absolutely.

Senator SESSIONS. Well, we are going to look at that. General McCaffrey and I had cross words, but his numbers later on went down. They weren't going down for a while when he started. But I think ultimately we will judge you on whether or not you can reverse some unhealthy trends.

Let me ask this: Eric Holder, the former Deputy Attorney General, was a Federal judge here in D.C., and as a result they drug-tested everybody that was arrested. As I understand it, whether it is shoplifting, whether it is petty theft, whether it is armed robbery or drug dealing, you get about the same percentage of people testing positive for drug use when they are arrested, no matter what the crime is.

Usually, it is about two-thirds, is that correct?

Mr. WALTERS. It has varied over time, but, yes, a high rate of people are testing positive for drug use.

Senator SESSIONS. I guess my question would be isn't that a good way to find out those people whose criminality has been accelerated by drug use by testing them upon arrest? Therefore, then the judge has certain powers over them, such as I will release you on bail, but I want you to be drug-tested every week, or I will give you probation, but I want you to continue to report to the probation officer and be drug-tested because I want you to stay free of drugs.

Is that a good strategy for reducing recidivism and drug use?

Mr. WALTERS. Absolutely. In most systems, for many more minor crimes, the person would not face any incarceration and you could use the authority of the criminal justice system to test, to refer them to treatment, to check on whether they are looking for a job or continuing in their education. I think this is a pretty proven method.

It needs to be managed. It is not cost-free, but there are many dedicated people, some of whom are represented in this room, or at least they were here when we started, who are making those

programs work. We have got to tell more of that story, and I think everybody agrees we ought to find ways to expand that effort.

Senator SESSIONS. Well, drug courts are sort of on that model, although you don't have to have a drug court to do that.

Mr. WALTERS. That is right.

Senator SESSIONS. D.C. did that in the district right here in Washington, D.C. The Federal court system tests everyone that is arrested, and I think that ought to be done nationwide because I don't see how a judge can make a decision about whether to release somebody or to impose a sentence if they are blithely unaware of whether or not the criminality is driven by drug use, do you?

Mr. WALTERS. I agree.

Senator SESSIONS. That is what Eric Holder said. He thought it was invaluable to him in analyzing that. So I am a big supporter of that.

You will be able to work with the Department of Justice, will you not?

Mr. WALTERS. I hope so. I mean, I don't have any reason to believe I can't. I have worked a little bit before with Attorney General Ashcroft when he was in this body. I know a number of the people who are there, including the current head of the FBI and some of the other folks working for Attorney General Ashcroft.

Asa Hutchinson asked to see me prior to his confirmation and we had a good conversation. I have not engaged in more consultation because I thought it would be inappropriate until I was confirmed, but I am quite optimistic about the relationship between the Office and the Justice Department.

Senator SESSIONS. Now, they have a lot of money they spend on research. In my view, it is astounding how many important programs that we spend a lot of money on have not been properly peer-reviewed and good data hasn't been done.

Do you think we could do a better job of getting quality research on drug prevention, drug courts, and other kinds of treatment programs?

Mr. WALTERS. Yes, with the caveat that I haven't reviewed their programs. I think across the board, from my past experience, we can do a better job both of focusing research in many cases—I am not criticizing them, but we also need a better job frequently of picking out the successful research and following up or disseminating it because sometimes there is a tendency not to be as aggressive in finding preliminary solutions to problems people really have in the field and getting it out to them and following up.

I think sometimes people can be in a program that has a particular focus and they are doing things in a broad way, and it is through no ill will or bad management, but when you look at it from the point of view of the drug office, some things look compatible with other programs on community support or education or even other areas of law enforcement that will be interesting.

So part of the idea of having people work together is not just a cliche. It is a matter of—you are right—we are spending a lot of money on Federal research across the board in these areas and we need to be able to capitalize on that investment, I think, more effectively.

Senator SESSIONS. It strikes me that the Federal Government does not need to take over State and local law enforcement and drug treatment. I mean, it has been done at that level. Ninety-five percent, 97 percent of criminal cases on drugs are State and local, I am sure. What we do has little overall impact in the Federal courts.

But one of the great roles I think you can do is provide good information to a community that is desperately trying to improve its criminal justice system, its treatment programs and its prevention programs, and put out the best-quality information. I have talked to the Department of Justice about this, the Office of Justice Programs and the research branch, and I am still not sure it is practical enough for the people who need to use it.

So would you consider it one of your responsibilities to make sure that you are analyzing the research that is being done, finding out what works and getting that information to the local cities and counties and States that are actually doing most of the anti-drug work in America?

Mr. WALTERS. Absolutely. I think we need to expand even the direct connection between the drug office and people in States and localities so that we are talking to them and they are talking to us. But that also allows us to harvest valuable results from Federal agencies and be aware of what we can convey effectively.

So if confirmed, I would look forward to being even more aggressive than we were when I was there last time in making that kind of connection through the Office, because you are right; it is a lot of potential and a lot of resources, and sometimes actually a fairly good collection of valuable material that we could convey, partly looking at ways in which we can do it through clearinghouses, electronic print means.

Also, there are, as you know, a myriad of organizations that are sensitive to the needs of providers in different areas and people working in treatment or law enforcement or community programs now that have been nurtured and developed partly with Federal support, and with a lot of State and local and private support as well.

We need to use those resources because they know what the people in the field want. They are the people in the field and they talk to them regularly. We should be more connected to those people than we have been in the past.

Senator SESSIONS. You began working on drug matters with the Department of Education in the mid–1980s. You were the principal author of the Education Department's handbook "Schools Without Drugs: A Guide for Effective Education and Prevention Programs for Parents and Educators." Over 1 million copies were distributed. You designed the Education Department's recognition program, giving national attention to local schools for effective drug programs. All of that, I think, is excellent.

The funding that began a decade or so ago through drug-free school programs, and so forth, are continuing today, are they not?

Mr. WALTERS. Yes, sir.

Senator SESSIONS. But I have a sense that maybe the sense of urgency that was there in the schools 15 years ago to really make

sure kids got a negative message about drugs or knew the truth about drugs and the consequences may have slipped a bit.

Do you have any idea as to how you might reinvigorate the education system nationwide and county school boards, over which you have no direct control? How can you motivate them, reenergize them to create this cultural consensus against drug use?

Mr. WALTERS. I think, one, we need to sit down in a more systematic way with our colleagues at the Department of Education and bring in some of the representatives of principals, teachers, administrators, school board, parents. I think some of those people, from my limited contact, feel they have been—in some cases, the programs have worked well. In other places, people have felt disenfranchised. They are not sure where the resources are in their school district.

Parents frequently mentioned, and have mentioned over the years that they feel they are not involved; that the money goes into a bureaucracy and either a trivial amount seems to come down to the school or they are not sure what happens to it when it comes down. So I think to examine what is really happening with those resources, and also to better help the organizations nationally that are trying to knit together these local efforts so people are still going to do a good job, but they don't feel they are alone, and to give them the resources.

The President has proposed an effort to try to do some additional training of parents in drug prevention. He has proposed additional support for community coalitions. I think all those things have proven to be incredibly valuable and we need to work with them. But we also should be able to work effectively with leaders in the education community because I don't believe anybody who works in an educational institution today fails to understand the importance of protecting kids and the consequences of not protecting kids in future crime and addiction and lost lives.

Senator SESSIONS. Wouldn't you agree that perhaps a lot of the schools are really not following through on programs today as they were when they initially were funded the money and probably need to be encouraged to reevaluate where they are?

Mr. WALTERS. Yes. I don't want to—

Senator SESSIONS. I am not being critical. It is just the natural cycle of life.

Mr. WALTERS. Yes. My personal view is yes.

Senator SESSIONS. And how you energize them is a challenge for you.

Mr. WALTERS. Yes, but I think that is partly the kind of national leadership and cultural challenge of trying to say, while this is not the only issue the Nation has to face today, this remains an important issue. It remains one where you have to rebuild the consensus, where you have to push back on the cultural forces that have tended to trivialize or to undermine the effort, and to have people stand together—national leaders, State leaders, local leaders—to help parents.

The most common thing I hear from parents is I want people to stop working against me in the culture. I want people to stop sending messages over the entertainment media or not wanting to talk about this at a PTA meeting or suggesting to my kids when this

comes up in the context where they are supervising them that this isn't relevant.

Some of that is bad behavior by other parents sometimes, but I think we need to guide people in establishing what everybody wants, which is let's be responsible, let's be serious, let's face this. This is an ongoing problem. As Senator Biden said, it is like cutting the grass. Every generation has to be educated. So you can't say, well, we have done that and now we have got drug use down.

My great regret about leaving Government—and I frankly didn't expect to return to Government—was that we didn't get as far as I wish we could have and we didn't seem to be able to institutionalize as much of it as I would have liked to continue it. So it is a rare chance you get to come back and perhaps do a job again and learn from your mistakes.

So I would like now both to drive the drug use down and the consequences of it, but also to look more seriously at sustaining the institutions that contribute to this so that the long-term need can be dealt with and it doesn't have to become a crisis and come back up to some kind of national crisis level in order for us to get serious again.

Senator SESSIONS. Now, I trust that you support a law enforcement role in fighting drugs. But from what I hear, the way you are just discussing the overall campaign against drugs, you believe that is just one part of the overall effort. Is that correct? You are not here to say send me over there and I am going to see how many people I can prosecute. You have got a whole panoply of ideas for reducing drug abuse in America.

Mr. WALTERS. Yes, Senator. One of the annoying things about some of the discussion in public of my record has been as if the work I have done or the commitment I have made or the issue I have pushed in regard to prevention and treatment didn't exist. I have worked diligently, I hope, on law enforcement and national security issues as part of my job as well.

As I think I know you agree from our conversation prior to this hearing, the parts have to work together. We can't tell young people not to use drugs and have open-air drug markets, look the other way in our schools, not prosecute drug dealers, and make clear that the law enforces the attitudes we are teaching them and we say we care about.

That is why, despite some of the critics, I don't believe my views are draconian on this. But I do believe that if you think that law enforcement doesn't send an important educational message, you are wrong. So we don't need draconian law enforcement, but we need not to, in reaction to being accused too harsh, say it doesn't make any difference at all.

Senator SESSIONS. I agree one hundred percent, and if you live in a neighborhood where people are selling drugs quite openly on the street corner and nobody ever arrests them or nothing is ever done about it, the community is sending a message to the young people in that neighborhood, aren't they?

Mr. WALTERS. Yes, sir.

Senator SESSIONS. They have basically, de facto, legalized drugs.

Mr. WALTERS. Yes, sir.

Senator SESSIONS. So I wish putting people in jail could be avoided, but I think the overall picture of this thing has got to be focused on challenging city police departments and Federal agents and others not to allow open sale of drugs, don't you?

Mr. WALTERS. Absolutely.

Senator SESSIONS. I know Bill Bennett was strong about that, and I always felt that was critical. It takes a little effort, but you can drive it underground. You can really make a difference in the sale of drugs with effectively utilizing law enforcement, in my view.

Mr. WALTERS. I agree.

Senator SESSIONS. Well, I think you have a balanced and mature and experienced view of the drug effort. I hate to see the phrase "war against drugs" eliminated. Maybe it is time to do so. It has been out there since the early 1980s, but I saw it that way as a prosecutor and as a leader in my community for prevention programs and education programs. I saw teachers really become energized about it and my children coming home from school extremely hostile to drugs and smoking and unhealthy habits. So I know we made some progress, and the numbers showed it; the numbers went down.

I believe that you are one of those rare people that as a young person got to see it firsthand and be in the pit of all this. You have been out for a while and now you are asking to come back in, and that maturity and experience is going to stand you in good stead and I believe you will do a great job.

Is there anything you would like to share before we finish up?

Mr. WALTERS. No, Senator. Thank you for the chance of being heard. And if the Senate sees fit to act favorably on the nomination—I am not just mouthing platitudes—I need, for all the reasons we have discussed here, to be able to work in a bipartisan way with the members of this committee. I think I have done that in the past and I hope that we can do that again because there are a lot of opportunities and I am very optimistic.

But I know this job requires enlisting people's support up here, as well as out in the country, to do well. And there was no reason to come back in if I didn't think you could do the job well because I have been blessed with a lot of other opportunities. So I came back to do the job and I hope to be able to do the best job possible, with the help of people like yourself and your colleagues.

Senator SESSIONS. I certainly intend to support you, and believe that you have a unique ability to bring us together in a coherent focus against drugs that will result in reduced drug use. The fewer that use, the fewer people that are going to be addicted, the fewer people that are going to commit crimes as a result of their addiction and their use. So this prevention, all of which encompasses a lot of different efforts, is a key thing.

Senator Biden has asked that I close out the hearing and state that the record will remain open for a week for additional questions and statements.

Senator Thurmond and Senator Grassley have asked that we include their statements in the record and we will do so at this point.

[The prepared statement of Senator Thurmond follows:]

STATEMENT OF HON. STROM THURMOND, A U.S. SENATOR FROM THE STATE OF SOUTH CAROLINA

I am pleased that we are holding this hearing today on John Walters, the President's nominee for Director of the Office of National Drug Control Policy.

Mr. Walters is extremely qualified to serve in this capacity. He has 15 years of experience in drug policy, working as Chief of Staff and later as Deputy Director for Drug Interdiction at the ONDCP under Bill Bennett. Prior to his service at ONDCP, he served in the Department of Education, where he spearheaded drug prevention efforts.

It is essential that we fight the war on drugs on all fronts, including prevention, treatment, prosecution and interdiction. Mr. Walters understands that all of these aspects are critical to America one day winning this war. Any criticism that he does not appreciate the importance of treatment and prevention is misplaced.

This is a very important time in the war against drugs, not only at home but abroad. The recent terrorist attacks have highlighted the role illegal drugs plays in funding terrorism. Terrorists, including Osama bin Laden's organization, use the proceedings of drug trafficking to support and expand their efforts to promote death and destruction around the world. We must do all we can to disrupt these operations.

The President needs his choice to be in place at ONDCP at this critical time, and Mr. Walters is a proven leader who will do a fine job for the President and for America. I look forward to his quick confirmation.

[The prepared statement of Senator Grassley follows:]

STATEMENT OF HON. CHARLES E. GRASSLEY, A U.S. SENATOR FROM THE STATE OF IOWA

Mr. Chairman, I want to make a brief statement in support John Walters as the President's nominee to be the nation's drug czar.

I have known and worked with John for many years and know him to be a man of great integrity and passion. If confirmed, he will serve the country well as drug czar.

Mr. Chairman, you and I know only too well just how daunting a task he faces, now more than ever. Not only do we as a nation have a major drug use problem, we are increasingly facing a well-funded legalization lobby. Legalization groups oppose John's confirmation and they have organized a lobbying effort to block it. I can think of few things more damaging to this country and the welfare of its citizens than legalization of dangerous drugs, no matter what kind of benign face legalizers try to put on their efforts.

John will oppose those efforts, a fact that has made the legalizers even more determined to stop his nomination. It is a pressure we would do well to resist.

That effort aside, I would like to comment briefly on why John is more than qualified to lead the nation's counter drug programs.

As you and members of this committee know, he has a long and distinguished record of engagement on this issue. He began working on counter drug issues more than 10 years ago when he was with Bill Bennett at the Department of Education. While there he did a lot to promote prevention efforts. He then went with Secretary Bennett to the newly created drug office, where first as chief of staff and then Deputy Director for Supply Reduction, he helped frame and implement the nation's first comprehensive counter drug strategy. That strategy saw a major increase in the counter drug budget, including a near doubling of the demand reduction budget.

Although some in their zeal to block his nomination skip over this point, that strategy also helped to promote a major reduction in drug use among the nation's young people. After leaving the Drug Czar's office, he remained engaged on the issues. There are few people more familiar with what needs to be done, here or overseas, by ourselves or by our allies.

We need his experience, his integrity, and his toughness in these trying times. We need his contribution whether we are talking about the need to bolster our efforts in neighborhoods in Iowa, or Delaware, or any of our communities ravaged by drugs. We need his toughness as we engage our enemies, who use drugs to attack our well being from afar or fund their international operations with drug money. Whether we are talking the renewal of the Andean Trade Preference Act or the renewal of the Drug Free Communities Act, we need someone whose experience and commitment covers this wide range of issues.

John's background and his acknowledged expertise on the drug issue make him an ideal choice to carry out the President's agenda and our nation's agenda. We need the kind of tough advocate on the drug issue that John will be in the Adminis-

tration. I strongly endorse John and want to thank the Committee for the chance to introduce him.

Senator SESSIONS. If there is nothing else, we stand adjourned.

[Whereupon, at 5:05 p.m., the committee was adjourned.]

[Questions and answers and submissions for the record follow.]

QUESTIONS AND ANSWERS

Responses of John Walters to questions submitted by Senator Biden

Question 1: In your March article in the Weekly Standard, you stated that thinking of addiction as a disease is an "ideology."

You have also written that "the mantra that the root causes of drug use are poverty, racism and 'low self esteem'" and "the more general view that therapy by a team of counselors, physicians and specialists is the only effective way to reduce drug use" are "myths" and "serious obstacles to reducing such drug use."

In an article written with former drug czar Bill Bennett, you asserted that:

at their core these myths deny individual responsibility and assume that drug use is not the product of an individual's decision, and that decisions are somehow made in a vacuum where things like fear of getting caught, public disgrace, and punishment are never considerations.

The top scientists at the National Institute on Drug Abuse believe that addiction is a disease of the brain. Your writings lead me to believe that you do not share that view.

Your core views on this matter are important because the drug czar has the loudest voice on drug policy issues. He sets the tone. Statements like those you have made questioning whether or not addiction is in fact a disease turn back the clock in this country and could potentially reverse a number of the gains we have made in recent years—the increased public support for drug treatment, the growing awareness among doctors, nurses, and other health care professionals that they need to look for signs of addiction among their patients, etc.

Do you believe that addiction is a brain disease?

Answer: I am familiar with, and understand the expanding body of research demonstrating the biological and neurological effects of drug use, including that continued drug use adversely affects brain chemistry and structure. The research also demonstrates that, for a significant minority, drug use can lead to the compulsive drug craving, seeking, and taking behavior we characterize as addiction.

I also recognize that the treatment and management of drug addiction are in some ways similar to the treatment and management of chronic diseases like diabetes, hypertension, and cancer. For instance, adherence to a treatment plan is critically important in addressing chronic conditions. Whether a person becomes a drug addict or is afflicted with diabetes, he or she must take personal responsibility for obtaining and following through with treatment. Much like a diabetic must monitor blood sugar levels in the bloodstream, maintain a healthy diet, and take insulin, overcoming drug addiction can require the commitment to taking medication that is a part of specific treatment programs, working to change behavior and accepting other services necessary to foster recovery.

I am not a physician, but I believe the consideration of addiction as a disease has wide application. I also believe that a full understanding should not obscure the nature of the onset of drug addiction which policy cannot ignore. The repeated, willful use of an illegal, psychoactive substance is behavior we must seek to effectively discourage even though drug use, not drug addiction, is the intent of the user. A comprehensive prevention policy should assist youth in recognizing their responsibility to avoid drug taking behavior and the threat of addiction that comes with it.

Do you believe that—as Dr. Leshher at the National Institute on Drug Abuse often says drug use after a time causes a change in the brain that is like the flip of a switch? That is to say, before the switch flips, drug use is a voluntary behavior and after it flips it is not?

Answer: The mechanisms underlying brain activity and addiction are still imperfectly understood. I find Dr. Leshner's work interesting and provocative, and he may well be right, but in my recent conversations with Dr. Herbert Kleber, of Columbia University's Center on Addiction and Substance Abuse, he does not fully concur with the "switch" description, preferring instead the view that addiction "erodes, but does not erase" individual capacity for voluntary action and responsibility. Since I am not a trained research scientist in this field, I am reluctant to make a precise judgment on this matter. If confirmed, I would like to discuss this issue directly with Dr. Leshner and others.

Do you still believe that the "view that therapy by a team of counselors, physicians and specialists is the only effective way to reduce drug use " is a "myth " and a "serious obstacle to reducing such drug use"? If so, what are other effective ways to reduce drug use? Do you have any peer-reviewed, published studies to back up your claim?

Answer: I support drug treatment and I believe my record in government when I had the greatest opportunity to support treatment through federal programs and policy illustrates my commitment to treatment. The point of the article you quote was not to deride drug treatment so much as to argue that there are a range of strategies that can be effective in discouraging drug use-the four-legged stool you cited in the hearing, in other words. The article goes on to discuss the importance of prevention, law enforcement, and supply reduction:

Drug enforcement and individual responsibility are important because drug use can be intensely pleasurable. The desire for drugs must be countered by certain moral precepts: drug use is wrong and those who use and traffic in illegal drugs deserve to be punished. A responsible community teaches these things by what those in positions of authority-parents, religious leaders, teachers, friends, employers, and political officials-say about drugs and how they act toward drug use and sale. If those in authority do not address the issue seriously, they teach that drug use is not a serious matter. And if they say drug use is intolerable but fail to act effectively to stop and punish those who sell and use drugs, their actions convey a much more powerful lesson than their words.

Reducing the supply of drugs is important because drug use-whether by non-addicts or addicts-is fueled by the desire to use and by the ease with which those who want drugs can obtain them. A nation that permits wide availability of dangerous drugs is sending its citizens, particularly its youngest citizens, an unwitting message: We are indifferent to drug use. The harsh reality is that drug use begins with experimentation, with a substantial portion escalating to addiction, which often ends in death. A free, democratic society ought to display a special intolerance for those things that destroy people's virtue and eventually, destroy people's lives.

Question 2: Given the recent tragedy and the need to spend more combating terrorism, there will undoubtedly be difficult budget decisions to be made in the future.

In terms of the drug budget, the President, the OMB Director and other top government officials are going to be looking to you for guidance about what programs can be cut and what programs should be preserved in full.

What are the top three specific programs that you would fight for? Where would you cut if you had to?

Answer: The current constrained fiscal environment will indeed require dedicated efforts within ONDCP and support within Congress to defend the Administration's budget requests for drug control program agencies. New programs and program increments are understandably the most difficult to fight for, and in that regard, if confirmed, I hope to be able to call on you and your colleagues for support in securing passage of the President's initiative to increase drug treatment spending by $1.6 billion. Other such initiatives include: establishment of a Parent Drug Corps, to mobilize parents and families; increased funding for local anti-drug coalitions; increased funding for the National Institute on Drug Abuse; resources to support a strong commitment to drug courts and other criminal justice diversion programs; increased support to law enforcement for methamphetamine lab cleanup; reimbursement for border county prosecutions; and technology support to local law enforcement officers. With regard to your question about cutting programs, at the present, I am not aware of any specific cuts that will be forced upon us as a result of budgetary constraints, as opposed to conscious policy decisions. If confirmed, I would make any such decisions only after a complete review and consultation.

What would you say to those who would try to convince you to cut funding for treatment? The media campaign? Plan Colombia? Federal law enforcement?

Answer: Each program element of the President's National Drug Control Strategy must serve in some manner to support the overarching goal of reducing drug use. That contribution is also the basis of our budget justifications for these programs. If confirmed, I will resist any attempt to cut programs that are making a demonstrated contribution to that goal.

Question 3: In a March 2001 article in the Weekly Standard, you wrote:

Newsweek makes much of the promise of new wonder drugs for treatment, but what new anti-drug drug is likely to work substantially better than the drugs we have to block tobacco craving ("the patch" and "the gum ") and the medication we have to make alcohol consumption a sickening experience for alcoholics? These are useful tools, but there are still many smokers and alcoholics. If anything, the trend

of anti-drinking and anti-smoking efforts today is to criticize certain aspects of use and to attack availability.

That is far from a ringing endorsement or adequate understanding of anti-addiction medications.

Because I believe that addiction is a brain disease and must be treated as such, I have been a strong supporter of pharmacotherapies, believing that they are effective and that we should be investing more to develop new anti-addiction medications. I have worked through the years to increase access to these medications. For example, last year I worked with Senator Hatch, Levin and Moynihan to pass legislation to allow qualified doctors to prescribe certain anti addiction medications from their offices rather than requiring patients to go to specialized clinics.

One of General McCaffrey's most important accomplishments, in my opinion, was not only working to increase access to methadone, the oldest and most widely used pharmacotherapy, but also breaking down some of the old misconceptions about medication. Having the drug czar praise methadone did wonders to move this form of treatment out of the shadows and into the mainstream.

As drug czar, would you fight for increased use of pharmacotherapies to treat addiction? Would you push for drug courts or prison-based drug treatment programs to use these medications in treatment?

Answer: I support research and development into appropriate pharmacotherapies. Nor is this support new; the President's 1991 National Drug Control Strategy, which I helped write, stated that "Advances in the neural and biomedical sciences can enhance and hasten the development of effective prevention and treatment strategies for drug use. Biomedical research into brain mechanisms involved in drug use continues to hold great promise for development of new addiction medications and treatments." What was true in 1991 is still true. Indeed, please note that in the Weekly Standard article you cite, I described emerging pharmacotherapies as "useful tools." Some pharmacotherapy backers go beyond that assessment, as do supporters of various elements of an effective drug control program. In my view, they don't fully appreciate the very real challenge they face in inducing addicts to use such medications, and it is in this, not any inherent limitation of pharmacotherapies, that lay my reservations.

Question 4: Last month marked the seventh anniversary of the signing of the Violent Crime Control and Law Enforcement Act of 1994. I worked for years to make that bill a reality, and its sweeping provisions have played a major role in the drops in crime we have seen over the past several years.

Title I of the Crime Act of 1994 was the Public Safety Partnership and Community Policing Act—the legislation that created the Department of Justice's Office of Community Oriented Policing Services. Seven years later, COPS has awarded over $8 billion to fund over 115,000 officers—73,600 of them on the beat today. Grants have gone out to big cities and small towns, from Dover, Delaware to Carlsbad, California, to more than 12,400 law enforcement agencies in total.

Seven years ago, we made a common-sense decision: let's put more police on the street to reduce crime in our neighborhoods. Let's create a program that moves our police departments away from the reactive, wait-for-the-crime-then-deal-with-it approach of old and towards a new, proactive plan that promotes community partnerships, decentralized command, and innovative strategies.

The plan worked. New officers on our streets have made America a safer country. The FBI recently reported that violent crime has dropped for eight straight years. And in its most recent survey, the Department of Justice reported that the rate of violent crime victimization in the U.S. has dropped a full 46 percent since 1994, the year the COPS program began.

You have repeatedly disparaged the COPS program, writing that "it is almost inconceivable that the program has made a measurable contribution to reducing crime."

You have also called the 1994 crime bill which authorized the COPS program "irrelevant."

As drug czar, you would play an important role in federal law enforcement matters.

Do you still believe that additional cops on the beat won't do anything to reduce crime?

Answer: No, I do not.

If you have changed your mind on this matter, what caused that change? Walk me through how your philosophy has evolved.

Answer: The article you quoted above challenged President Clinton's claim that the "100,000 police," among other programs, had "led to drops in violent crime and murder and rape and robbery," and it challenged it for the simple reason that the COPS program had hired a tiny fraction of its current complement by 1995, when

the relevant UCR data was collected. You and I may have differences about the COPS program, but they are not principally about its effectiveness.

Question 5: You have repeatedly pointed to Rep. J.C. Watts' Community Renewal Act as an innovative way to allow faith-based providers to treat addicts. That Act makes the following findings:

(1) establishing formal educational qualification for counselors and other personnel in drug treatment programs may undermine the effectiveness of such programs; and

(2) such formal educational requirements for counselors and other personnel may hinder or, prevent the provision of needed drug treatment services.

I do not think that this was just an instance where you had not read the fine print of the legislation, because it is consistent with other things you have written. You have decried what you call "the McGovernite ideology that has dominated American liberalism for the past 25 years"—an ideology that views drug abuse and other social problems as so complicated that traditional institutions such as churches and voluntary associations cannot possibly address them. Only policy specialists trained in the delivery of social services-therapeutic-state elites-are up to the task.

Do you believe that training a health care provider to treat a brain disease may actually "undermine the effectiveness of such programs" or "hinder or prevent the provision of needed drug treatment services"?

Answer: I do not.

Would you support allowing people without medical backgrounds to treat any other illness?

Answer: As I stated in regard to an earlier question, I recognize that the treatment and management of drug addiction are in some ways similar to the treatment and management of chronic diseases like diabetes, hypertension, and cancer. I have the utmost respect for the medical professionals working to treat addiction. I do not intend to minimize their talent or expertise. Most of those professionals that I have worked with, however, also recognize that there are some dedicated individuals with other types of backgrounds who are providing important help to the addicted.

Question 6: You have asserted that "hard-core users are mostly beyond the reach of drug treatment professionals." But according to Psychology of Addictive Behaviors, a journal published by the American Psychological Association, this is not the case:

given the chronic, relapsing course of drug dependence, multiple treatment episodes may be better understood as parts of a cyclical process of recovery than as categorical failures. . . .These findings suggest that clients. . .with extensive histories of prior treatment may be more dysfunctional in many domains, but this should not lead to an erroneous conclusion that treatment is not effective for them. Rather, clients may accrue incremental improvement with this additional treatment episode, and, among individuals with similar drug addiction careers, those with prior treatment may be more likely to be ready for change than those without prior treatment.

You have also said that the Clinton Administration's focus on hardcore drug users was an "ineffectual policy—the latest manifestation of the liberals' commitment to a 'therapeutic state' in which government serves as the personal agent of personal rehabilitation."

I have long supported a strategy of treating hardcore addicts because I believe that is where you get the most "bang for your buck." Hardcore addicts consume the majority of drugs in this country and are responsible for a great deal of crime. In fact, drug addicts commit somewhere between 89 and 191 crimes per year to sustain their habit.

Do you still believe that treatment of hardcore addicts is ineffectual?

Answer: No, I support it. I believe it enormously challenging, however. That is why I think it should be one of our most serious policy objectives, but that we should be careful not to over promise what the current state of the art can produce in results.

What proof do you have to back up your assertion that treating hardcore addicts does not work?

Answer: I did not write that drug treatment "does not work." I believe it does work. I even believe that the treatment of hardcore addicts works. I believe it is difficult in the most difficult cases as the definition quoted above makes clear, getting addicted individuals to desist from drug use is a painstaking, long-term, and repetitive effort.

What do you propose as an alternative that would deal with this problem in a more effective manner?

Answer: I do not believe that there is a substitute for moving hard-core drug users into treatment, just as there is no substitute for strong prevention messages, aggressive interdiction programs, and effective law enforcement. My views on the subject are perhaps best summed up in the introduction to the 1990 National Drug Control Strategy, which I helped write, and which stated, in part, that:

For reasons both political and institutional, much public discussion has been bedeviled by a persistent but sterile debate over "supply" versus "demand" solutions. But to repeat what we have been saying for almost a year, the reality of the drug problem cannot be met through an exclusive "law enforcement" strategy on the one hand, or a "prevention and treatment" strategy on the other. Most Americans recognize by now that we need both approaches. An effective criminal justice policy needs a good treatment policy; a successful treatment system is hampered by the easy availability of drugs and will ultimately be overwhelmed without a good prevention program; and good prevention programs are harder to carry out absent vigorous efforts directed at international and domestic drug traffickers who are largely responsible for making drugs so ubiquitous in the first place.

Question 7: In February, I joined with Senator Hatch, Leahy, Thurmond, DeWine and Feinstein to introduce The Drug Abuse Education, Prevention and Treatment Act (S. 304). The bill provides about $900 million a year for prevention and treatment programs including drug courts, prison based treatment, treatment in rural and economically disadvantaged areas, reentry courts, and treatment for women with children. The bill has the support of a large number of treatment and prevention groups, as well as law enforcement organizations including the National Crime Prevention Council, the Fraternal Office of Police, and the National Sheriff's Association.

Do you support the bill that Senator Hatch, Leahy and 1 have introduced to invest additional resources in drug prevention and treatment activities?

Answer: I am an ardent supporter of effective drug treatment. During my first tenure at ONDCP, I oversaw tremendous growth of the drug treatment budget, including the creation of the Targeted Capacity Expansion Program that remains a critical component of our treatment infrastructure. Furthermore, I highlighted drug treatment as a fundamental component when I helped draft the first National Drug Control Strategy. More recently, I have spoken with experts in the field such as Mark Parrino, Dr. Robert DuPont, Dr. Andrea Barthwell, and Dr. Herb Kleber. I look forward to reviewing the report President Bush directed Secretary Thompson to deliver concerning the areas of specific need for additional treatment services in America to assess our progress and understand what remains to be accomplished. While not prejudging the results of that review, areas where improvement may be warranted include making available the proper treatment modality to the individual in need, making available appropriate service linkages, and making available an adequate after care component. I am familiar with the bill, but before taking a formal position on a piece of important legislation, I believe I should review these matters with the full range of interested and knowledgeable parties. I intend to do this promptly, if I am confirmed.

Question 8: Because Ecstasy is a partial stimulant, it energizes the user, allowing him or her to dance for hours at a time. As a result, the drug has become popular at all-night dance parties known as "raves."

Raves are usually sponsored by a promoter who organizes the venue, publicizes the event and hires security. The promoter then charges an admission fee of between $10 and $50. Though promoters indicate that they tell their security to crack down on drug use at the clubs, undercover investigations-including some conducted by the DEA-have revealed that, in fact, some promoters tell their security guards to look the other way.

Because many raves are billed as alcohol-free events, parents often assume that they are safe places for their teenage sons and daughters to go to dance and be with their friends. Unfortunately, these events are often quite unsafe.

At some raves, promoters will shut off the water faucets in the clubs, thereby forcing patrons thirsty from dancing and Ecstasy-induced dehydration to purchase bottles of water sold for $5 or $10 each. Shutting off the water faucets is a fire hazard and a health hazard, not to mention unethical and irresponsible. At some raves, club goers have to pay a fee before being allowed to go into an air conditioned "cool down room."

The U.S. Attorney in New Orleans used the so-called "crack house statute" to go after a major rave promoter in his city. The defendants cut a deal with prosecutors, agreeing to five years probation, paying a $100,000 fine and ensuring that future raves are free of Ecstasy paraphernalia—including pacifiers and glow sticks.

These rave promoters are making money off of the drug trade at the expense of our kids. Have you thought at all about how you intend to work to crack down on Ecstasy or raves where it-and a number of other so-called "club drugs"—are sold?

Answer: I am deeply concerned not only by the proliferation of Ecstasy use but also by the inroads pro-legalization groups are making under the guise of Ecstasy "harm reduction." Such groups use the dishonest and self-serving argument that kids are going to use drugs anyway, and they might as well do so "safely." And they are getting their message across-a recent article in the New York Times was actually titled: "For Partygoers Who Can't Say No, Experts Try to Reduce the Risks." I believe that Ecstasy use, and marijuana use, while less dramatic in their immediate consequences than the use of drugs like cocaine or heroin, represent the principal drug problem facing our children, and for that reason must be one of our principal areas of focus. With regard specifically to Ecstasy and "raves," the use of special statutes such as 21 USC Sec. 856 sounds like one sensible way to address this problem. I would have to devote further study to the matter and, if confirmed, would want to consult with the Attorney General before making a final policy judgment.

Question 9: The Director of ONDCP has a remarkable power over the federal budget-if he chooses to use it. This is known as the budget certification power. Bylaw, every federal department or agency involved in the National Drug Control Program Strategy must provide the director with the department's proposed drug control budget request.

If the Director believes that the budget request is insufficient to fund the department's role in controlling drugs, then he must refuse to certify the budget. The department must then submit a revised budget that incorporates the funding levels suggested by the Director.

When he was Director, General McCaffrey successfully used his budget certification power to force the Pentagon to add an additional 73 million dollars to its fiscal 1999 budget in order to help combat drug trafficking in the western hemisphere.

What are your thoughts on the budget certification process?

Answer: ONDCP's governing statute provides, as you state, a very useful tool for maintaining an overall level of quality control and coherence over agencies' drug-related budget requests. When I last served at ONDCP we used this authority to increase and shape budgets for both supply and demand reduction programs. If confirmed, I would use this important tool again, when necessary, to carry out the responsibilities of the director.

As Director, how aggressively would you wield your budget certification power?

Answer: I recognize that the certification tool depends on a range of factors, including the fiscal environment, and the adequacy of other agencies' budget requests. If confirmed, I would take a close look at all agency budget requests, and work hard to ensure their adequacy-in this the certification power is crucial in my experience and I would use it.

Question 10: The Federal Employee Health Benefits Program provides full parity for mental health and drug and alcohol treatment services in the insurance coverage that it offers federal employees.

As drug czar, would you advocate for the Administration supporting passage of legislation providing full parity for drug treatment services covered by private health insurance?

Answer: I believe that it is important for people with private insurance policies to have adequate coverage for themselves and their families concerning substance abuse treatment. I believe the parity issue is an important one. It has grown in prominence since the time I last served in government and, if confirmed, it would be my intention to consider the issues related to it seriously in wide consultation with knowledgeable individuals inside and outside government.

Question 11: Since the mid 1960's, doctors have been using methadone to treat opiate addiction. Numerous studies have demonstrated the effectiveness of methadone maintenance treatment.

As drug czar, would you work with other government agencies to implement regulations and programs ensuring the appropriate use of this effective drug treatment?

Answer: Yes, as I did during my first my previous service at ONDCP.

How would you work to promote the development of additional anti-addiction medications?

Answer: The President has already committed to increasing the budget of the National Institute on Drug Addiction, it would be my priority, if confirmed, to securing that expansion.

Question 12: Because of the stigma associated with substance abuse, many people who need substance abuse treatment are reluctant to seek it.

I'm not sure you are going to help this problem. After all, you have said "The health people say 'no stigma.' I'm for stigma."

As drug czar, how specifically would you work to reduce the stigma associated with addiction and encourage people who need treatment to seek it?

Answer: It takes courage and strength of character to make the decision to enter a drug treatment program. If confirmed, I would like to explore ways of giving greater prominence to the stories of individuals who have been treated and are in recovery. I think the best way to overcome the stigma that may discourage some individuals from seeking treatment is to broaden the public respect for those who confront and work to overcome addiction and those who support them.

With regard to your question about encouraging people to seek treatment, I should note that during my first tenure at ONDCP, I oversaw the largest increase in the growth of the drug treatment budget of any administration—before or after—including the creation of the Targeted Capacity Expansion Program and increases for treatment-related research that remain a critical components of our treatment infrastructure. Furthermore, I highlighted drug treatment as a fundamental component when I helped draft and implement the first National Drug Control Strategy. More recently, I have spoken with experts in the field such as Mark Parrino, Dr. Robert DuPont, Dr. Andrea Barthwell, and Dr. Herb Kleber. If confirmed, I look forward to reviewing the report President Bush directed Secretary Thompson to deliver concerning the "treatment gap" in America to assess our progress and understand what remains to be accomplished.

Do you think that your past statements about addiction as a moral failing increase the stigma?

Answer: I believe we can successfully defend the overwhelming consensus that it is wrong and harmful to use drugs and the overwhelming consensus that if you have a drug problem you should seek treatment and get into recovery. I do not believe that opposition to drug use leads to a lack of respect for drug treatment or those who have faced a problem of addiction and are seeking to overcome it.

Question 13: It is, of course, important for the government to discourage the use of drugs, underage drinking, and other harmful illegal behavior. Sometimes this means criticizing and stigmatizing those activities. But in doing this, we need to be careful not to denigrate and alienate those who have suffered from the disease of addiction, particularly if they have sought treatment or are leading sober and productive lives. Unfortunately, Americans in recovery too often encounter prejudice and discrimination as they work to obtain or retain their jobs, homes, insurance and other necessities of life. The Americans with Disabilities Act, Rehabilitation Act and other federal, state and local laws prohibit this kind of discrimination against people in recovery who are otherwise qualified.

As drug czar, would you work to reduce stigma and help the Department of Justice enforce the laws prohibiting discrimination against people in recovery from alcohol and drug addiction? If so, how does that square with your previous statements indicating that you are "for stigma"?

Answer: I agree completely with the distinction you have drawn between the necessity of attaching stigma to drug use and the imperative that this stigma not spill over to adversely affect people who have made a commitment to turn their lives around through treatment. The federal government can and should play a powerful role in discouraging certain illicit behaviors and activities. This is the point I was emphasizing when I said that I am "for stigma." It would be both counter-productive and wrong to stigmatize people who are working to escape from addiction. If confirmed I would of course work to uphold our laws regarding discrimination against people seeking treatment.

Question 14: Addiction treatment programs and other agencies that serve people with alcohol and drug problems sometimes suffer from stigma or discrimination. For example, sometimes treatment centers are victims of the "Not in My Backyard" syndrome, meaning neighbors oppose attempts to establish treatment programs even when the area is zoned for such a purpose. And some insurance companies and health management organizations resist approving adequate payments, levels of care, or length of stay for treatment of addiction.

As drug czar, would you use the "bully pulpit" to ensure that treatment programs and other agencies that assist people with alcohol and drug problems are protected from these types of discrimination?

Answer: Yes. The citing of treatment and other public health facilities has too often led to unwarranted and unnecessary controversy. I believe that decisions about where to locate such facilities work best when there has been an effort made to educate people in the affected communities about the effectiveness and methods of modern treatment, and I would, if confirmed, use the persuasive powers of the

office to help educate Americans in this regard. I believe that it is important for people with private insurance policies and in health maintenance organizations to have adequate coverage for themselves and their families concerning substance abuse treatment. I am pleased that insurers who participate in the pool from which federal employees select coverage have parity for substance abuse treatment. While insurers are not required to provide coverage for substance abuse treatment, if they choose to offer that coverage it must be at the same levels as other conditions requiring medical attention. I believe the parity issue is an important one. It has grown in prominence since the time I last served in government and, if confirmed, it would be my intention to consider the issues related to it seriously in wide consultation with knowledgeable individuals inside and outside government.

Question 15: As drug czar, would you anticipate having a role helping the President to implement his faith based initiatives, especially in light of the recent departure of John Dilulio—someone I expect that you know well, having co-authored a book with him—who had served as the Director of the White House Office on Faith-Based and Community Initiatives?

Answer: Through my experience as president of the Philanthropy Roundtable I have learned first-hand how effective and transformational faith-based programs can be. To the extent that these programs can help people overcome addiction to alcohol and drugs, I believe they are worthy of our study and, where constitutional and appropriate, consideration for some possible support.

Before giving money to faith-based treatment programs would you want to make sure that these programs have been proven effective in peer reviewed published scientific studies?

Answer: I believe that federal programs must have objective measures of accountability. The best measure of accountability for drug and alcohol treatment programs, whether they are faith based or not, is their success at freeing their participants from addiction. I have worked in the past, and if confirmed will work in the future, to build in standards of accountability that help individuals get into, and stay in, treatment that works.

Would you insist that treatment professionals—such as the scientists at the National Institute on Drug Abuse or the Substance Abuse and Mental Health Services Administration—have a leading role in the formulation of faith-based treatment programs?

Answer: If we are going to create opportunities for effective faith-based programs that help people get into and stay in treatment, we need to have effective standards to evaluate those programs. We must have objective standards of success and measurement that are empirically based and evaluated. In establishing those standards, I would, if confirmed, draw upon the expertise of many sources, both inside and outside government, and would include scientists and other staff from NIDA and SAMHSA.

Question 16: I am sure you have heard people express concern about the number of people who have been sent to prison under mandatory minimum sentencing laws for drug-related offenses, citing statistics about the disproportionate number of minorities.

What are your views on mandatory minimum sentences?

Answer: My understanding of the legislative history is that Congress adopted the current twotiered mandatory minimum sentencing structure as part of a larger effort both to incapacitate and punish mid- and senior-level drug dealers. While I believe that these sentences have been in many ways effective, I also recognize that there has been some disagreement about their fairness. If I am confirmed as ONDCP director, I would initiate a review of mandatory minimum sentences as they relate to illegal drugs, working in close consultation with the Attorney General. President Bush has expressed his openness to such a review, as has Attorney General Ashcroft. It would be my intention to conduct this review in consultation with interested parties in the executive branch, in Congress, the courts, and in the public.

Do you believe that mandatory minimum sentences have led to a sentencing disparity for minorities?

Answer: While I am not of the view that the U.S. Government, Federal, State, or local, is locking up innocent people for drug crimes in significant numbers, I do recognize that the mandatory minimum sentencing structure has fostered among some a perception of racial injustice within the criminal system. Clearly, the government must create and administer laws in a fair and equitable fashion, but it is equally important that the laws be seen as fair by the citizens.

I believe it is critical that we examine the equity and fairness of the criminal justice system and have already stated my intention to do so in this regard, if con-

firmed. In such an examination I also believe we should consider those who are the victims of criminal acts. In the Weekly Standard article cited in question 3 above, I wrote: "In 1998, of the 7,276 murders in the United States that involved a single offender and a single victim, 5,133 of the victims were male and 3,309 were black. According to the FBI, 3,565 of the offenders in these murder cases were black, and 3,067 of the murders involved both a black victim and a black offender. In 1998, black males between the ages of 14 and 17 were almost six times more likely than white males to be victims of murder or non-negligent manslaughter; black males between 18 and 24 were over eight times more likely to be victims; and for those 25 and over, black males were murder victims at a rate 7.6 times that of white males." As I sought to explain during the hearing, I believe we should work to reduce crime, drug use, and addiction as the best way to help reduce the number of individuals who enter the criminal justice system and the number who enter prison. I have spent a significant portion of my time while working at the Philanthropy Roundtable helping foundations and donors better support not only drug prevention and treatment programs, but the range of assistance to help disadvantaged communities improve schools, job training, housing, health care, and other elements necessary to stabilize neighborhoods and break the cycles of crime and addiction.

Question 17: A recent report from The National Center on Addiction and Substance Abuse at Columbia University showed that of each substance-abuse related dollar that states spend, 96 cents go to dealing with the consequences of substance abuse (criminal justice, health care costs, etc.) and only 4 cents go to preventing and treating it.

I believe that we need a drug czar who will push the states to spend more on treatment and prevention, thereby saving money on incarceration, health care and other related costs.

Given all that you have written in the past questioning the effectiveness of treatment and prevention programs, what makes you think that you are the right man for the job?

Answer: I have long recognized that the best approach to our nation's drug problem is a balanced approach. I agree with you that states should increase their spending in this area, and if I am concerned I will strongly encourage them to do so. I have written many times-indeed I have been criticized for writing-that state and local authorities should take more responsibility for treatment and prevention programs. This is not to say the federal government should do less, rather it is to say that government at all levels should join together to do more.

Question 18: Some 83 percent of Americans support federal funding for the National Youth Anti-Drug Media Campaign. Specifically, 83 percent favor continuing current funding or increasing funding for the campaign. The public clearly favors using $185 million each year—equivalent to 1 % of the federal drug budget—to guarantee that anti-drug ads reach kids and parents through the mass media.

Can I count on you to support the media campaign? (Please respond Yes or No)

Answer: Yes.

Can I count on you to make sure that the campaign will continue to be administered by ONDCP and not shipped off to another agency? (Please respond Yes or No)

Answer: Yes, I have no plans to change the current structure. I believe that the director of the Office of National Drug Control Policy has a critical role in assuring that the media campaign is not only effective, but also thoroughly evaluated.

Question 19: The media campaign's budget is $185 million per year, which works out to $8 per teen in America. This is a lot of money, but in the world of advertising it pales in comparison to the General Motors of the world, who spend $800 million each year to sell their cars and trucks.

In your opinion, given the influence media can and does have on youth each and every day in this country, should we be spending more on the media campaign or less?

Answer: I strongly support the media campaign. I believe it can make a valuable contribution, and I believe it has already done so. I would be inclined to look at ways to increase its funding. But in fairness I do not think it is appropriate for me to commit to specific funding levels until I have had the opportunity, if confirmed, to consult with knowledgeable people inside and outside government about the campaign's effectiveness and strategy.

Question 20: You have suggested that parents—not the federal government—should be taking the lead in preventing drug use among kids. While I agree that parents are the leading factor in drug prevention, research indicates that parents believe that it is everyone else's kids who are doing drugs, not their own. This includes good parents, good people, who just don't believe it is their kid.

Can't we use the media campaign to persuade, enlighten, shake up and motivate parents to take action?

Answer: Yes, I strongly believe that parents are a critical node in preventing drug use among their children, and that the media campaign can play an effective and productive role when directed at them. I believe it is doing this already.

Do you think there is a more efficient way to reach parents on a daily basis with these types of messages than via the media and the media campaign?

Answer: While I believe the media campaign is effective for this purpose, I also believe that we can reach parents through additional channels, like the Community Coalition, as well as through other programs that have direct ties to parents groups. Programs that can get the word about prevention out to parents at the local level-through service organizations, religious congregations, and workplaces-are also very promising.

Question 21: You have questioned the effectiveness of the media campaign. Well, if I only looked at the "official measurement" I would too—because the study of the campaign did not get underway until 18 months into the campaign. That means that the "official measurement" was not even underway when the campaign was making its dramatic changes—changes which are measured by other research instruments including the Monitoring the Future study and the annual tracking study conducted by the Partnership for a Drug Free America.

For example, in February the American Journal of Public Health published a study, funded by the National Institute on Drug Abuse, which found marijuana use declined by more than 25 percent among sensation-seeking (high risk) kids who were exposed to heavy doses of anti-drug advertising.

What are your thoughts on the research regarding the impact of the media campaign to date?

Answer: I support the media campaign. I believe it is making a difference. If confirmed I would like to review the way we measure its effectiveness, both to revise the evaluative tools we now use and to ensure public support for the efforts we are making.

Have you considered independent research on the effectiveness of the media campaign in your questioning of the effectiveness of the campaign?

Answer: I support the media campaign. I have received general information about the media campaign and its effectiveness. I do not believe this information is in any way sufficient to allow a director of ONDCP to make an informed decision about the media campaign, or how to strengthen it for the future. If confirmed, I intend to conduct a thorough examination of the campaign and possible future improvements.

Question 22: What is your view of drug dependence? Should it be viewed primarily as a public health problem?

If not, why not?

Answer: There are components of drug dependence that are undeniably best viewed and treated as public health problems, just as there are other aspects that are more effectively addressed as economic, law enforcement, medical, and social problems. As I have said before, a balanced approach is the most effective.

Question 23: What are your views on the efficacy of methadone maintenance? Do you agree or disagree that some individuals may need to be treated with methadone for life?

Answer: I support methadone maintenance as a legitimate treatment. I do not know whether some individuals need to be treated with methadone for life, and would defer on this point to the advice of qualified experts.

Question 24: You have stated that you are supportive of treatment provided that it is "good" treatment.

How do you define "good" treatment?

Answer: I believe that all drug treatment programs, including faith-based ones, should be evaluated on the basis of how effectively they help the addicted stop using illegal drugs (and alcohol, if they are dependent on alcohol as well) and stay free from such use.

What are the outcomes that you believe should be used to determine whether a treatment program is effective?

Answer: Individuals in need of drug treatment vary tremendously, and one of the limitations of the present system has been in matching individuals with appropriate services. Precisely because of the heterogeneity of the population in need of drug treatment, it is difficult to make across-the board statements about what constitutes "good" treatment and any measure must reflect the range of severity and related conditions clients present. All studies of treatment effectiveness also should be grounded in the obvious measure of how many users desist from drug use and for

how long, but a sampling of other measures could include criteria such as participation in the workforce, cost effectiveness, appropriateness in matching the client with needed services, reduced criminal recidivism, and health indicators.

Question 25: Treatment experts have stated that faith-based drug treatment programs should be held to the same effectiveness standards as secular programs.

Do you agree with this view? Should they be evaluated differently than secular programs?

Answer: I believe that all drug treatment programs, including faith-based ones, should be evaluated on the basis of how effectively they help the addicted stop using illegal drugs (and alcohol, if they are dependent on alcohol as well) and stay free from such use.

Question 26: What is your viewpoint concerning court mandated treatment in lieu of prison?

Answer: I support such diversion programs.

If you support them, what has happened to change your mind about these programs?

Answer: I have supported diversion programs in the past. My reservations in this area was focused on the need to be realistic about what costs and resources were needed for effective diversion programs, including sufficient staff for close supervision, the availability of multimodality treatment services and related support assistance such as mental health care, and recognition that very few first- or second-time, nonviolent offenders who may benefit from treatment face actual prison sentences in many jurisdictions. My concern regarding this last point did not have to do with the desirability of mandated treatment in lieu of prison, rather my point was the potential group of first- or second-time, nonviolent offenders who may benefit from treatment was likely to be smaller than some believed in the early discussions of this approach.

Question 27: There is an increasing recognition that drug abuse occurs in rural areas.

What role, in your opinion, should ONDCP play in helping rural areas address this important problem in terms of law enforcement?

Answer: While I have not been able to engage in detailed discussions with the involved parties prior to my confirmation, it is my impression that some of the HIDTAs are working to provide needed resources and coordination for drug-related law enforcement in rural areas. This was true to some extent along the Southwest Border when I was last in government and it seems to be the case in many more areas now that the program has grown. I also think that the other programs of state and local assistance provide by the federal government have been helpful and I would look to them and the HIDTA programs, in consultation with state and local leaders, to serve as a foundation for what needs to be done in the future.

What about in terms of public health issues (i.e., AIDS, Hepatitis C) and treatment?

Answer: If confirmed, my intention would be to review public health and treatment assistance related to drugs was a whole and include particular attention to rural areas. Such a review should involve current program personnel, knowledgeable state and local individuals, and consultation with the Congress. In addition, the assessment of treatment needs by Secretary Thompson as directed by the president should offer an important component to such a review.

Question 28: What is your view of the role of science in policy making? In what areas would you use science to guide your decisions?

Answer: Throughout my professional career I have been involved with public policy issues and sought to find and develop solutions to our common national problems on the basis of what works-which I believe is the fundamental empirical standard of science. I believe scientific and empirical analysis can-and should-be applied to all aspects of drug control policy from prevention and treatment to law enforcement, national security, and research programs.

Who are the scientists or doctors on whom you rely most closely?

Answer: In regard to treatment matters I have consulted with: Dr. Andrea Barthwell, Dr. Robert DuPont, Dr. Herb Kleber, Mark Parrino, Dr. Laurie Robinson, and Dr. Ian McDonald.

Question 29: In 1995, the Supreme Court, in a case known as *United States* v. *Lopez*, struck down the Gun-Free School Zones Act, which Congress passed overwhelmingly in 1990—by voice vote in the Senate, and by a vote of 313 to 1 in the House—and which was signed into law by President Bush. Shortly after the decision, in an op-ed in the Washington Times, you hailed the invalidation of this bipartisan legislation as a victory against "the intrusion of the federal government into an area of traditional local authority"—namely, "the safety and functioning of our

schools." As you know, both drug abuse and drug-related violence have a severe impact upon "the safety and functioning of our schools." In fact, the Gun-Free School Zones Act, had it not been struck down by the Supreme Court, would have provided law enforcement with an additional tool in preventing the violence of the drug trade from gaining a foothold in our nation's schools.

Given that you feel that the exercise of federal authority to keep guns out of schools is an "intrusion" into "an area of traditional local authority," do you feel the same way about efforts to keep our schools free of drugs and drug violence?

Answer: No and I believe my past work on the drug problem, both in and out of government, reflect my views on this issue. As I also discussed with Senator. Kohl during the hearing, I have changed my opinion on the Lopez decision. I believe federal assistance can be important in these cases—important symbolically as a means of setting priorities and important substantively in providing resources and assistance.

Would you leave these problems to be handled by state and local governments?

Answer: No, although state and local authorities will surely bear the brunt of the responsibilities for addressing problems of drugs and violence in our schools and neighborhoods.

Question 30: I have long supported efforts—both at the National Institute on Drug Abuse and in the private sector—to develop medications to treat addiction. I am sure that you are aware that there are only a handful of medications that are currently approved for this purpose. I am frustrated that more pharmaceutical companies are not trying to develop additional medications, but I can understand why they are reticent to invest in this. First, there is the stigma involved with developing a drug to help addicts. But second—and perhaps more importantly—we do nothing to make this process easier for them.

The Drug Abuse Advisory Committee—which is the body of experts of the Food and Drug Administration who have historically been consulted during the process to approve products to treat drug abuse—has been disbanded. There is now nobody who knows or cares about addiction involved in the approval process.

Will you pledge to do everything you can to smooth the process for the approval of anti-addiction medications, including lobbying to reinstate the Drug Abuse Advisory Committee?

Answer: I was not aware of the history of the Drug Abuse Advisory Committee. If confirmed, I will make a review of the approval process for anti-addiction medications a priority because I too think such drugs can make important contributions to our ability to help more of the addicted. I would like to have an opportunity to review this matter before making a commitment to a specific course of action.

Question 31: When you served in the last Bush Administration, Director Bennett put together the "Andean Initiative," which provided both economic and military assistance to the nations of the Andes.

Last Year, Congress and the Clinton Administration worked together to provide U.S. support to "Plan Colombia." This year, the Bush Administration's budget broadens that approach to provide increased assistance to the other nations of the of the region as well.

So in a sense, we're back where we were a decade ago with a significant assistance program to the region, although I think we are in a lot better position today in terms of the commitment of the local governments to this effort.

You have indicated to my staff that you are dubious about Plan Columbia. What exactly are your doubts? How would you address them?

Answer: I am concerned that public understanding and support for an initiative the size of Plan Colombia and involving the risks it does is very limited. If confirmed, I would like to review this initiative with those implementing the programs, executive and legislative branch leaders, and some of those in the foreign governments that are a part of this effort.

What are your views on the current direction of U.S. support for the Andean region as a whole?

Answer: I believe that our drug control efforts should extend to our foreign and national security policy in appropriate ways. That does not mean that our interests in drug control should be considered more important than all other interests, merely that it should be one of our interests and its priority should be guided by the varying circumstances we face. If confirmed, I would seek full briefings on all aspects of our current policies and programs in the Andean region, but prior to such having such information, I cannot be sure of the specific strengthens and weaknesses of the current direction.

Will you work to make sure that there is continued support within the Administration for Plan Colombia? If so, how?

Answer: I know that many in Congress and in the current and the past administrations worked to develop Plan Colombia as it exists today. If confirmed, I will undertake to learn what they believe we need to keep in mind as we assess the programs and their future. Prior to such consultations and the completion of a review, I would not make decisions on how I would specifically proceed following such a review.

What do you see as Plan Colombia's weaknesses and how would you address them?

Answer: Stipulating that there are specifics related to this question that I will only be able to address if confirmed, I believe the chief weakness is in regard to public knowledge of the basic components of this effort, its objectives, its dangers and costs and why they are prudent, and, in addition, a foundation of basic public support. If confirmed, I would see it as my job to ensure that the most responsible measures were in place and that they were made as clear as possible to the public at large and supported by the broadest possible consensus.

Question 32: Some analysts argue that we should provide direct counter-insurgency assistance to the Colombian military—not merely as part of the drug war but as a means of assisting a democratic ally. I don't think there is any enthusiasm for such an effort in the Congress or in the U.S. military.

Do you have a view on whether the United States should provide assistance for counterinsurgency in Colombia?

Answer: I believe that should be decided and justified on its own. I do not have a considered view on that matter.

Question 33: In recent years, U.S. law enforcement have been wary of sharing intelligence information with their Mexican counterparts. Gaining the trust of U.S. law enforcement will be a slow process, but the Fox administration seems to be off to a good start.

Last April, Mexican National Security Advisor Adolfo Aguilar Zinser met with Attorney General Ashcroft to discuss the United States being able to conduct security checks on their Mexican counterparts. Aguilar Zinser has suggested that there should be cooperative security clearances so that "if they fool us, they fool all of us."

What are your thoughts regarding sharing of intelligence with Mexican police?

Answer: We all want the best possible working relationship with Mexico and President Fox on matters of drug control. In announcing my nomination, President Bush stated that his administration will continue to work with nations to eradicate drugs at their source and enforce our borders to stop the flow of drugs into the U.S. He added that this makes working in close cooperation with Mexico a priority. The key to stopping flow is the disruption of major drug trafficking organizations and in order to accomplish this objective we need improved law enforcement information sharing with Mexico. It is clear that to work together in all important respects, we need to share sensitive information and to do so responsibly we will have to make successful steps that build confidence and solve the problems that inevitably arise in such a process, whether it involves two countries or two agencies. I do not know the specifics of the Mexican National Security Advisor's proposal, but I will seek to become better informed about it and any related proposals and plans if confirmed. I would hesitate to make pronouncements at this juncture that might affect the tactical activities of U.S. law enforcement.

What kind of a role do you think the U.S. should play in conducting background checks for vetted law enforcement units?

Answer: I am not an expert on the specifics of background checks although I know such checks are crucial to national security and law enforcement management in this country and that we help allies conduct them and train their personnel to do so. I support such measures that can help build trust among law enforcement agencies of both countries and protect judges and other foreign government personnel crucial to building and protecting democratic institutions and rule of law.

Question 34: President Fox has recently extradited several Mexican nationals wanted in the United States on drug trafficking charges-including Kitti Paez who is thought to be a member of the 10-person "Board of Directors" for the Tijuana-based Arrellano-Felix organization. Historically, Mexico has not often extradited its own citizens-none before 1995 and only 11 before the beginning of the Fox Administration.

In January, the Mexican Supreme Court handed down a precedent-setting decision allowing the extradition of Mexican nationals.

What—specifically—would you do to maintain this new level of cooperation with the Mexican government?

Answer: If confirmed, I would like to support the new level of cooperation by keeping our two countries engaged on the broadest scale. In addition to fostering law

enforcement and interdiction efforts, I would work to continue cooperation in reducing the demand for drugs in both countries. In this regard the fourth U.S.Mexico Demand Reduction Conference will be held in Mexico City in mid-November. I will seriously consider making this my first foreign trip. In addition to participating in the conference itself, the trip will give me an important opportunity to engage senior GOM drug policy officials. I believe this will provide a very useful context to enhance the mutual effectiveness of our work against major drug trafficking organizations.

Question 35: As you know, since the mid-1980s we have had a process in place by which the President annually "certifies" the counter-narcotics performance of other nations. I had a part in drafting this statute. It hasn't been perfect, but it has succeeded in getting the attention of foreign governments and the State Department.

Last spring, the Foreign Relations Committee unanimously approved a bill sponsored by Senator Dodd to modify the process—on a temporary basis of three years. Under this bill, the President would "decertify" those not living up to their commitments; the process of giving a formal grade of "certification" would end.

What are your current views on the certification process and on the modification set forth in the Dodd bill?

Answer: I have testified in support of the certification process in the past because I found it to be an important means of maintaining accountability in our foreign drug control efforts. I believe the statutory language which mandates that the executive branch certify annually that a country is taking "adequate steps" to combat drug trafficking is reasonable and reflects and important standard for maintaining support for the costs and risks of many of our programs in this area. I also think it is prudent for the certification process to include the current waiver so that in the event that the "adequate steps" requirement is not met, the secretary of state, as delegated by the President, may issue a national interest waiver holding sanctions in abeyance while still being candid about the limitations of a country's efforts.

I also recognize that the certification process is intended to be a tool to help us achieve the best results from our international programs and policies. In this regard, I support the President's effort to work with Congress, including Senator Dodd and yourself, to make adjustments to the certification process to foster greater cooperation between Mexico and the United States on drug control efforts. If confirmed, I would like to have the opportunity to review the current situation and discuss with you, and other leaders in the Congress, and the key officials in the Administration the range of options in this area before stating a final conclusion.

Question 36: As you probably know, the provision of U.S. intelligence for air interdiction to the governments of Peru and Colombia has been suspended since the fatal accident last spring in which a plane carrying U.S. missionaries was erroneously shot down after being suspected of carrying narcotics. The joint U.S.-Peruvian investigation of this accident revealed a tragedy of errors, including serious communication problems—both in terms of language (the key Peruvian on the tracking plane did not speak English) and in communications equipment.

The Administration is still reviewing a separate report prepared by former U.S. Ambassador Morris Busby which assessed whether the program should be resumed.

Do you have any views on whether this program should be resumed?

Answer: I do not have settled views prior to discussing this issue with the knowledgeable executive and congressional individuals and reviewing the report of Ambassador Busby, if confirmed.

Question 37: There has long been a debate in drug policy about the efficacy of source country programs and interdiction programs. The argument, by the economists at least, is that it is not cost efficient to devote significant resources to these programs, given the low prices of the products at that stage of the drug trade.

There are reasons to conduct these programs other than economic efficiency—they do raise the cost of doing business and they also support foreign governments which are under siege. But the economists may not be completely wrong—there may be a point of diminishing returns in these types of programs.

We devote a lot of money to the drug budget, but we don't have a lot of excess federal dollars to spend.

What do you think is the appropriate amount of resources that we should spend—in terms of percentage—on interdiction and source country programs? Have your views changed as you have looked at these programs?

Answer: My views on appropriate levels of spending for interdiction and source-country programs have changed over time, but they have changed in regard to the results produced by particular programs and their value in relation to the other programs they are in direct competition with for funding. We need programs here—as

in all areas of drug control policy that work in reducing the use of illegal drugs. I favor rigorous evaluation of supply reduction programs and have worked to improve such measures in the past. If confirmed, I would review these programs with these criteria in mind.

Responses of John P. Walters to questions submitted by Senator Bingaman

Question: In September 2000, General Barry McCaffrey released a new organizational plan for the Southwest Border (SWB) HIDTA, redefining the current structure and consolidating authority for the SWB H1DTA in an executive committee based in El Paso, Texas. Currently, the SWB HIDTA functions as five partnerships—New Mexico, Arizona, California, West Texas, and East Texas—with administrative oversight based in San Diego. I am concerned that ONDCP's September 2000 plan would result in a considerable loss of autonomy and representation for my state of New Mexico.

Under this plan, the Executive Committee "shall be comprised of an equal number of state/local and federal law enforcement members with a minimum of 16 and a maximum of 20 members with voting authority." No mention is made of state distribution on the Executive Committee. For a small state such as mine, I find this troublesome.

Moreover, the five current Regional Executive Committees "shall be reconstituted as State Advisory Boards. . .representing the Southwest border designated HIDTA counties within the state of California, Arizona, New Mexico, and Texas." No mention is made of what purpose or authority these Boards would have relative to the newly comprised Executive Committee.

Mr. Walters, how will you address these concerns that I have raised? What are your intentions with regard to the organization of the Southwest Border HIDTA? What steps will you take to ensure that the State of New Mexico continues to have a considerable voice in decisions affecting New Mexico HIDTA counties?

Answer: I believe the most essential element of the HIDTA program is the collaborative management structure it can provide to Federal, State, and local authorities. This was a hallmark of the program when we launched it when I last served at ONDCP and we worked diligently to nurture that feature. The goal of the program is to create a genuine team effort and I recognize that this cannot be accomplished with uneven or token involvement by some participants. My past experience has been that the sheer size and the number of jurisdictions involved makes the Southwest Border HIDTA both unique and crucial to our drug control objectives.

I understand the concerns you express and I would propose to address them by first meeting with the authorities in New Mexico and the others involved in the management of the Southwest Border HIDTA, if confirmed. My preference will always be to resolve such issues promptly and directly with the concerned parties.

Responses of John Walters to questions submitted by Senator Cantwell

Question 1: At your confirmation hearing you expressed your support for the autonomy of successful regional and local programs. If confirmed, will you remain committed to structure that gives the local board of the High Intensity Drug Trafficking Areas (HIDTA) discretion over the use of those funds?

Answer: Although I have not had an opportunity to meet with the key members of the HIDTA community, if confirmed, my inclination would be to keep the active state and local management participation as reflected in the program.

Question 2: In my home state of Washington, we have seen an enormous explosion in the production and use of methamphetamine throughout the state. While we are fortunate to have the Northwest HIDTA to aid our local law enforcement communities in the fight against meth, the Northwest HIDTA currently includes only nine counties in Washington, and does not include the heavily affected counties in the eastern and southwest part of the state. The board of Northwest HIDTA is committed to expanding the HIDTA to include counties that meet specified criteria but is reluctant to increase the number of counties if they do not receive a comparable level of increased funding from ONDCP.

As Director of ONDCP would you support an increase of funding for Northwest HIDTA that allows for the inclusion of counties with a demonstrated methamphetamine problem without a corresponding cut in the existing programs?

Answer: I think an important strength of the HIDTA program is its ability to adapt to needs in the states and regions. If confirmed, I would like to discuss the issues you raise with the Northwest HIDTA board and others directly involved in the program. I would be inclined to help under the circumstances you describe, if the resources are available.

Question 3: Northwest ROTA is unique because it is one of only two HIDTAs nationwide that incorporates a prevention and treatment component that is closely tied to the criminal justice mission of the HIDTA. The funding for the treatment and prevention components is limited to $1 million, pursuant to the FY 2000 Treasury Postal Appropriations report and ONDCP policy, and the monies are used to fund drug courts and to provide community prevention funding in conjunction with the local police departments. Assuming that the board of Northwest HIDTA continues to determine that these funds are best used for prevention and treatment purposes, would you maintain the current ONDCP policy of allowing $1 million to be used for these purposes?

Answer: If confirmed, I would like to have an opportunity to review the work of the Northwest HIDTA with the board, and the community affected by its work. It has been my experience that programs designed to respect local authority and management are best preserved by including local and regional authorities in decisions regarding their work. My inclination would be to maintain current practice, however.

Question 4: During your nomination hearing, a study by The National Center for Addiction and Substance Abuse at Columbia was referenced. That study found that eighth graders living in rural America are 104 percent likelier to use amphetamines, including methamphetamine, 83 percent more likely to smoke crack cocaine, and 34 percent more likely to smoke marijuana, than eighth graders living in urban areas. As Director of ONDCP, what specific efforts would you undertake to address the growing problem of drug use, particularly juvenile drug use, in rural communities?

Answer: I think we can best meet the needs of rural areas by ensuring that our programs for prevention, treatment, and law enforcement are designed and managed with an awareness of those needs. From community coalitions, to school-based prevention programs, to meeting the treatment needs of rural communities, to providing law enforcement help that is adapted to rural circumstances, all of these programs provide some resources to rural America. If confirmed, I would like to work with appropriate Federal, State, and local authorities to make the assistance better match the need.

Question 5: During your hearing you voiced support for the use of drug courts. In my state we have also begun to use comparable mental health courts. Do you also support the use of mental health courts as a means of dealing more appropriately with the vast number of mentally ill prisoners who are not currently receiving treatment?

Answer: I am not familiar with mental health courts, but given what I know about the role of mental health problems among those individuals entering the criminal justice system and the way drug courts can help such individuals with drug addiction problems, I can see the promise in this approach. If confirmed, I would like to meet with some of those working in this effort and perhaps have them discuss their work with more of the ONDCP and federal program staff in other agencies.

Question 6: In the past, you have strongly asserted the view that drug use and crime are largely a result of diminished traditional values in society.

a. Do you continue to believe that diminished traditional values are a root cause of the drug problem?

Answer: I believe the arguments against illegal drug use that must be the foundation of our prevention and treatment efforts can be supported by traditional views of right and wrong, of acceptable and harmful, but I also believe those arguments can stand on their own. I do not believe that drug control policy should be used as a vehicle to enforce traditional opinions and I know that many, many Americans holding diverse and untraditional views are opposed to drug use.

b. What specifically do you suggest that parents do to protect their children from drugs?

Answer: Be a good example. Be a good teacher and tell children that drug use is wrong and harmful, and why. Help children find constructive and healthy activities in which they can grow and learn. Ensure that children and young people are supervised by responsible adults, even when they sometimes resist such supervision. Make the effort to learn about the nature of drug problems in your child's school

and the other parts of the community from which your child could face this threat. Help support community anti-drug efforts.

Responses of John P. Walters to questions submitted by Senator Durbin

Question 1: When he nominated you to become Director of the ONDCP, President Bush stated that "the most effective way to reduce the supply of drugs in America is to reduce the demand for drugs in America." In the past, you have taken the opposite view-that the key to solving the drug crisis lies in targeting drug suppliers. I believe you wrote: "[T]he only way of reaching the vast majority of heavy drug users is to drive up the price of drugs. Addicts can only beg, borrow and steal so much." Since you have pledged to support the President's approach, please describe the evolution in your thinking.

Answer: The article to which you refer, "Destroyed by Drugs," was written in response to a report indicating a mounting number of drug-related overdoses during 1995. The full quotation reads as follows: "For most addicts, the only hope of recovery is detox?. followed by repeated stays in a treatment facility. Some, sucked into the criminal justice system, can be coerced into treatment. But the only way of reaching the vast majority of heavy drug users is to drive up the price of drugs. Addicts can only beg, borrow and steal so much. Making drugs expensive forces addicts to spend their limited disposable income on a smaller quantity of drugs." I believe that to be an accurate statement. The article scored the "Clinton Administration's imbalanced drug policy" because of a reduction in the nation's interdiction structure, not because of an increase in treatment spending.

I have long supported a balanced strategy involving drug treatment, prevention efforts, as well as enforcement and interdiction. My views on the subject are perhaps best summed up in the introduction to the 1990 National Drug Control Strategy, which I helped write, and which stated, in part, that:

For reasons both political and institutional, much public discussion has been bedeviled by a persistent but sterile debate over "supply" versus "demand" solutions. But to repeat what we have been saying for almost a year, the reality of the drug problem cannot be met through an exclusive "law enforcement" strategy on the one hand, or a "prevention and treatment" strategy on the other. Most Americans recognize by now that we need both approaches. An effective criminal justice policy needs a good treatment policy; a successful treatment system is hampered by the easy availability of drugs and will ultimately be overwhelmed without a good prevention program; and good prevention programs are harder to carry out absent vigorous efforts directed at international and domestic drug traffickers who are largely responsible for making drugs so ubiquitous in the first place.

Question 2: In your written statement to the Committee, you spoke of "the history of strong bipartisan commitment to our shared national goal of reducing drug use" and the need to "transcend traditional political and party boundaries." I could not agree more with these sentiments. I am troubled, however, by your record of frequent partisan attacks against the last presidential administration. Please describe the steps you have taken over the last eight years to transcend traditional political boundaries and support the Clinton Administration's anti-drug programs. How do you reconcile these efforts with the substance and tone of your public commentary during this time period?

Answer: I have long believed that drug policy is an issue that knows no party affiliation

and which, in fact, is harmed by any attempt to align it with a particular party or interest.

I believe that there are serious students of drug policy in both houses and on both sides of the aisle, including Senators Biden, Feinstein, Grassley, Dewine, and Kyl, and Representatives Gilman, Portman, Rangel, and Levin, to name just a few. These are people who tend to agree on many matters including, with evident differences in emphasis, the need to pursue a strategy that addresses all aspects of this multi dimensional problem. With regard to the Clinton Administration, I should note that, particularly during his first term of office, I was joined in some of my criticisms by Members on both sides of the aisle.

Question 3: I take you at your word that, if confirmed, you would support drug treatment efforts. At your hearing, you repeatedly lauded the President's commitment of $1.6 billion to close the "treatment gap." But the job of "Drug Czar" goes well beyond doling out federal funds. As you know, the Director of ONDCP must employ diplomatic skill and moral persuasion to coordinate the anti-drug efforts of

numerous federal and state agencies and not-for-profit institutions. I am concerned that some of your statements in the past have alienated leaders in the drug prevention and treatment community. For example, you have derided the "notoriously under-performing drug-treatment system" and described the "therapy-only lobby" as "more dogmatic than ever." It does not come as a surprise to me that many proponents of drug treatment programs have written the Committee to oppose your nomination. Can you be an effective "Drug Czar" without the confidence of the drug treatment community? If confirmed, what steps would you take to heal the rift with those who promote drug treatment?

Answer: I am grateful for the many treatment and prevention groups that supported me and even sent representatives to be at my confirmation hearing. They include Dick Bonnette, (Partnership for a Drug-Free America), General Arthur Dean and Sue Thau (Community Anti-Drug Coalitions of America), Melody Heaps (Treatment Alternatives for Safer Communities), John Avery (NAADAC), Jennifer Collier (Legal Action Center), Linda Wolf Jones (Therapeutic Communities of America), Mark Parrino (American Methadone Treatment Association), Judge Karen Freeman-Williams (National Association of Drug Court Professionals), Betty Sembler and Calvina Fay (Drug-Free America Foundation), Judy Cushing, (Oregon Family Partnership), and Henry Lozano, of Californians for Drug-free Youth. In addition, to the extent that there has been criticism of my record from actual treatment providers and associations, I would seek to address that by correcting the record, and which has been one of strong support for drug treatment, fighting for increases in the treatment budget, and supporting improvements both in how we evaluate the effectiveness of our treatment programs and how we target needed expansions in treatment capacity.

Question 4: As we discussed at your hearing, I believe that one of the greatest challenges confronting law enforcement today is restoring trust and confidence in minority communities. Whether intentional or not, the nation's prosecution of the so-called War on Drugs has disproportionably targeted racial and ethnic minorities. Consider the following statistics from the Substance Abuse and Mental Health Services Administration and the Department of Justice: African Americans represent 12% of the U.S. population, only 11% of current drug users, but 35% of those arrested for drug violations, 53% of those convicted in state courts for drug felonies, and 58% of those serving time for drug offenses in state prisons. Please explain in greater detail why you believe it is a "great urban myth" that "the criminal justice system is unjustly punishing black men"? Why do you think that people of color are disproportionably represented among arrestees, convicts, and prisoners for drug crimes, when whites use illegal narcotics at roughly the same rates? Do you believe that the practice of racial profiling is an urban myth?

Answer: I agree entirely with your statement about the importance of restoring trust and confidence in minority communities. Clearly, the government must create and administer laws in a fair and equitable fashion, but it is equally important that the laws be seen as fair by our citizens. I have stated my intention to conduct a review, working in close consultation with the Attorney General, of the current sentencing structure as relates to illegal drugs. In such an examination I also believe we should consider those who are the victims of criminal acts. In the same Weekly Standard article you cite above, I also wrote: "In 1998, of the 7,276 murders in the United States that involved a single offender and a single victim, 5,133 of the victims were male and 3,309 were black. According to the FBI, 3,565 of the offenders in these murder cases were black, and 3,067 of the murders involved both a black victim and a black offender. In 1998, black males between the ages of 14 and 17 were almost six times more likely than white males to be victims of murder or non-negligent manslaughter; black males between 18 and 24 were over eight times more likely to be victims; and for those 25 and over, black males were murder victims at a rate 7.6 times that of white males."

As I sought to explain during the hearing, I believe we should work to reduce crime, drug use, and addiction as the best way to help reduce the number of individuals who enter the criminal justice system and the number who enter prison. I have spent a significant portion of my time while working at the Philanthropy Roundtable helping foundations and donors better support not only for drug prevention and treatment programs, but the range of assistance to help disadvantaged communities improve schools, job training, housing, healthcare, and other elements necessary to stabilize neighborhoods and break the cycles of crime and addiction.

With regard to your question about urban myths, with all due regard for the data and claims that have been advanced on various sides of this issue, I am not of the view that the U.S. Government, Federal, State, or local, is locking up innocent people for drug crimes in significant numbers. I believe that our system is weighted toward avoiding wrongful convictions, and I hope that continues to be the case. I

think most Americans believe in second and third chances, and most are profoundly sad at the waste of human potential when a person of any race is sent to prison for wrongdoing. I also believe that appropriate prison sentences can serve the greater societal purpose of punishment and incapacitation. I believe we must continually strive to balance these aims and insure that our laws and policies are just.

Question 5: At your hearing, you expressed a willingness to reconsider the stark disparity between criminal punishments for the possession of crack and powder cocaine, a disparity which adversely and disproportionably affects racial minorities. Under federal law, those convicted of possessing only five grams of crack receive a mandatory five-year minimum sentence of imprisonment, while it takes 100 times as much powder cocaine to yield the same punishment. How will you go about reexamining this issue? Will you make a formal recommendation to the Congress? Will you make a commitment that, if confirmed, you will return to the Committee and explain your new conclusions?

Answer: As I testified before the Committee, and as you are aware, the Congress created the current sentencing structure in response to the urban crack cocaine epidemic that was blamed for stimulating inner-city violence and crime. The differential reflected the greater addictive potential of crack when compared to powder cocaine, the greater violence associated with the trafficking of crack, and the importance of targeting mid- and higher-level traffickers as opposed to smaller-scale dealers.

I do recognize that the sentencing structure has fostered among some a perception of racial injustice within the criminal system. Clearly, the government must create and administer laws in a fair and equitable fashion, but it is equally important that the laws be seen as fair by the citizens.

If confirmed, I would certainly work with the Department of Justice to review the current drug-related sentencing structure to ensure that it is fair and just. Before that review and broader consultations with knowledgeable and affected parties is complete, it would be premature to indicate either the nature of any recommendation and who in the Bush Administration would be charged with delivering it.

Question 6: I am pleased you are now open to reducing the crack cocaine/powder cocaine sentencing disparity, especially because you have said in the past that it was "irresponsible" for the nonpartisan federal Sentencing Commission to make such a recommendation. You have denied undergoing what is known as a "confirmation conversion." What, then, accounts for your change in position? Why did you think it was not only wrong headed but irresponsible for the Commission in the mid-1990s to make its recommendation? Why are you open to that recommendation now?

Answer: My comments above should be understood in light of my belief that it should be Congress' prerogative to determine whether or not proposed changes implicating mandatory minimum sentences should made by the Commission. Simply as a matter of good government, I am concerned at the potential for disruption that can occur when the Sentencing Commission passes a guidelines amendment that conflicts with a statutory mandatory minimum, since Sentencing Commission amendments take effect automatically after six months, unless blocked by Act of Congress. Indeed, the quotation you referenced continues that "the Commission should be barred from proposing changes in criminal penalties where Congress has established mandatory minimum sentences, except in an advisory format that would require affirmative congressional action before taking effect."

Question 7: You had the opportunity during the last Bush administration to work in ONDCP with Judge Reggie Walton, a well-respected jurist who was recently confirmed to the federal district court in the District of Columbia. As you know, Judge Walton was arrested several times as a teenager, and he has used his experiences to speak extensively about the need for rehabilitating juvenile offenders. You are on record in support of stringent mandatory minimum prison sentences, which have subjected youthful offenders, many of them only marginally involved in nonviolent drug transactions, to years and years of incarceration. You also have written that the principal aim of punishment should be to "exact a price for transgressing the rights of others." How do you reconcile these positions with the life experiences and views expressed by Judge Walton?

Answer: I had the privilege of working with Judge Walton, a fine public servant and a man who I am pleased to see has recently been confirmed for a federal district court judgeship. I visited him several weeks ago, before his confirmation, and spent time observing the juvenile-drug court that was a part of his calendar. His work there was impressive and based on strict supervision and prompt rewards for carrying out the directives of the court and prompt sanctions for failing to do so. Judge Walton was considered by many to be a tough judge and one who is on record as

supporting tougher penalties for drug dealers and violent criminals alike. It goes without saying that justice must be tempered with mercy, which is why youthful offenders get the benefit of special sentencing and (where indicated) prison arrangements. I also believe that serious crime fighting approaches, which have had punishment and incapacitation as their principal aims, have contributed greatly to the sizeable reductions in violent crime we have seen over the past decade.

Question 8: You are on record as opposing needle exchange programs, even on an experimental level, to combat the spread of HIV. You are also a strong proponent of federalism and limits on congressional power. As Director of ONDCP, would you act to restrict state and local authority to experiment with needle exchange programs? Would you use your office as a "bully pulpit" to campaign against such programs? Would you interfere with needle exchanges in the District of Columbia? Why or why not?

Answer: The transmission of HIV/AIDS and Hepatitis C through intravenous drug use is certainly a serious problem, and is of course one of the dangerous and deadly consequences of IV drug use. Needle exchange programs have been and are likely to remain controversial, yet we can all agree that effective treatment and support that protect the IV drug user not only from disease but also from all the other consequences of drug use, is the place to put our effort. Certainly various locales and programs will continue with needle exchange programs, and I plan to carefully monitor and evaluate their effectiveness. I would prefer to focus Federal resources on outreach and treatment, because they best address the full range of problems facing IV drug users and those around them.

Question 9: In 1996, you advocated for greater American involvement in the efforts of the Peruvian military to shoot down airplanes suspected of drug trafficking—the same efforts that resulted in the tragic death of an American missionary and her daughter this April. You wrote: "This is an opportunity to save American lives by helping the Peruvians press their attack on traffickers." What lessons should we draw from the recent incident? Do you still believe that America should provide logistical support to Peru's program?

Answer: Clearly, the situation on the ground in Peru (and Colombia, and Latin America in general) has changed considerably since I was in office, and if confirmed, I would plan to consult extensively with interested parties in the executive branch, the Congress, and outside of government to develop plans and budgets for the future of our international drug control program. My intention would be to conduct a thorough review of these programs. Prior to the conclusion of such a review, I do not have settled views on the shape and direction of our future policy with regard to Peru. With regard to the questions of what lessons to draw, I am not privy to any of the internal intelligence or deliberations of the Department of State team investigating the accident, and I await along with everyone else the findings of Ambassador Busby's inquiry in the causes of the incident. Based on what has been in the press, it appears that the flaw in the Peru operation was less in the agreed-upon procedures than in the failure to follow those procedures. I would conclude from the tragic events in Peru that continued, strong oversight of our foreign programs is vital to the continued success of those programs and to the political support that makes them possible.

Question 10: Many people, including Former Attorney General Janet Reno, have advocated the creation of specialized drug courts for addicts. What are your views on drug courts? As head of the ONDCP, would you sponsor or support efforts to experiment with drug courts, at the federal or local level?

Answer: I support making a strong commitment to funding Drug Court programs, with a focus on the State and local level. I am not aware of Drug Court programs that operate at the Federal level, but I intend to look into this matter if confirmed.

Question 11: Last term, the Supreme Court ruled that the Fourth Amendment prohibits law enforcement from using thermal imaging devices to search for heat emissions from marijuana lamps, absent individualized suspicion. Do you agree with that decision, as a constitutional or a policy matter? How do you believe we as a nation should balance advances in law enforcement technology with the civil liberties of citizens?

Answer: I am generally familiar with the Kyllo case, but would want to consult with relevant officials both inside ONDCP and at the Department of Justice before offering an opinion on this matter. I am not of the view that many investigative techniques of Federal law enforcement agencies inherently conflict with the civil liberties of citizens, but when an investigative technique does implicate a privacy interest, as is in the case with telephone wiretaps, the Congress has always been quick to establish a principled basis, guided by the Fourth Amendment and the way

Supreme Court decisions have construed it, for ensuring that the use of the technique is strictly limited to appropriate instances.

Question 12: Many people, including prominent conservatives like Congressman Henry Hyde, have taken the position that our asset forfeiture laws expand federal power at the expense of civil liberties. For instance, the standard of proof in civil forfeiture cases is considerably less stringent than the "beyond a reasonable doubt" threshold, and the government often seizes property without bringing criminal charges against the owner. Do you think our forfeiture laws need reform? What recommendations for reform, if any, do you support?

Answer: Asset forfeiture laws are an indispensable tool in the effort to go after drug traffickers. One problem with regard to asset forfeiture laws has been the amount of misinformation suggesting that the Federal government seizes yachts as a result of finding a small amount of marijuana onboard. As you know, Federal agencies are not supposed to seize private property unless it is an instrumentality or proceeds of an illegal act, a standard that strikes me as reasonable. You are correct to note Congressman Hyde has expressed concerns about civil forfeiture. In the context of those concerns, then Chairman Hyde proposed, and the Congress passed, legislation raising the standard of proof required to effect an asset forfeiture, from one of "probable cause" to "preponderance of the evidence," and placing the burden of proof on the government, not the defendant. I support those changes.

Question 13: Recently, federal and local authorities have detected a disturbing rise in the non medicinal use of the prescription drug Oxycontin. According to data from the Department of Health and Human Services, abuse of Oxycontin rose over 80% between 1999 and 2000 alone. How do you propose combating the abuse of Oxycontin and other legal narcotics? What lessons should we draw from the rise of Oxycontin as an illicit substance?

Answer: The growing abuse of Oxycontin is a disturbing trend and one that demands special attention. If confirmed, I plan to work with interested parties within the Department of Justice, the Food and Drug Administration, and the pharmaceutical industry, to seek to craft a solution that balances the legitimate need of patients to receive palliative care and the need to restrict the diversion of an important medication that, used inappropriately, is both dangerous and addictive.

Responses of John P. Walters to questions submitted by Senator Feingold

Question 1: You have been someone who has advocated strong criminal enforcement and supply interdiction efforts and downplayed the essential role of treatment programs. Yet, the President, the DEA Administrator Mr. Hutchinson, and Senate leaders are heading in a different direction. In fact, in President Bush's remarks announcing your nomination on May 10th, he essentially said that addressing demand should be our paramount concern. President Bush said:

My administration will continue to work with nations to eradicate drugs at their source, and enforce our borders to stop the flow of drugs into America. . . .However, the most effective way to reduce the supply of drugs in America is to reduce the demand for drugs in America. Therefore, this administration will focus unprecedented attention on the demand side of the problem.

President Bush continued by pledging $1.6 billion over the next five years for drug treatment and by asking Secretary Tommy Thompson to conduct a state-by-state inventory of treatment needs and report back to the President on how to close the treatment gap in the country most effectively.

(a) Given your longstanding commitment to supply interdiction and law enforcement over treatment and prevention, how would you, if confirmed as Director, reconcile your views with the President's pledge to give priority attention to demand reduction? Would you seek to persuade him to adopt your ideas or would you simply carry out the President's plan?

Answer: I am and I have long been an ardent supporter of effective drug treatment. During my first tenure at ONDCP, I oversaw tremendous growth of the drug treatment budget, including the creation of the Targeted Capacity Expansion Program that remains a critical component of our treatment infrastructure. In addition, I highlighted drug—treatment as a fundamental component when I helped draft the first National Drug Control Strategy. More recently, I have spoken with experts in the field such as Mark Parrino, Dr. Robert DuPont, Dr. Andrea Barthwell, and Dr. Herb Kleber. I look forward to reviewing the report President Bush directed Secretary Thompson to deliver concerning the areas of specific need for additional treatment services in America to assess our progress and understand what remains to

be accomplished. While not prejudging the results of that review, areas where improvement may be warranted include making available the proper treatment modality to the individual in need, making available appropriate service linkages, and making available an adequate aftercare component.

As I stated in my testimony before the Committee, if confirmed, I will seek to highlight the importance of a balanced strategy for reducing our nation's dependence on illegal drugs. My views on the subject are perhaps best summed up in the introduction to the 1990 National Drug Control Strategy, which I helped write, and which stated, in part, that:

For reasons both political and institutional, much public discussion has been bedeviled by a persistent but sterile debate over "supply" versus "demand" solutions. But to repeat what we have been saying for almost a year, the reality of the drug problem cannot be met through an exclusive "law enforcement" strategy on the one hand, or a "prevention and treatment" strategy on the other. Most Americans recognize by now that we need both approaches. An effective criminal justice policy needs a good treatment policy; a successful treatment system is hampered by the easy availability of drugs and will ultimately be overwhelmed without a good prevention program; and good prevention programs are harder to carry out absent vigorous efforts directed at international and domestic drug traffickers who are largely responsible for making drugs so ubiquitous in the first place.

(b) Can you assure this Committee that, if confirmed, you would fully endorse the President's pledge to increase attention to demand reduction?

Answer: Yes, I will.

Question 2: I believe it is time for a review of our federal mandatory minimum sentencing laws, which, in some cases, have resulted in unjust punishment of non-violent drug offenders. There are currently over 450,000 non-violent drug offenders serving time in a federal, state or local prison, accounting for almost one-fourth of all inmates. Almost 80% of drug arrests in 1998 were for possession-not sale or manufacture, but possession-of a controlled substance. In 1997, the average federal sentence for a drug offense was 78 months, over twice the average sentence for manslaughter (30 months) and almost four times the average sentence for auto theft (20 months). Possession of crack cocaine warrants five years in a federal prison with no possibility of parole. How can you criticize those who look at these numbers and pause and say that 'there is something wrong here, we need a review of these mandatory minimum sentencing policies'? How do you justify such inequity in our criminal justice system?

Answer: While I am not of the view that the U.S. Government, Federal, State, or local, is locking up innocent people for drug crimes in significant numbers, I do recognize that the mandatory minimum sentencing structure has fostered among some a perception of racial injustice within the criminal system. Clearly, the government must create and administer laws in a fair and equitable fashion, but it is equally important that the laws be seen as fair by the citizens.

My understanding of the legislative history is that Congress adopted the current twotiered mandatory minimum sentencing structure as part of a larger effort both to incapacitate and punish mid- and senior-level drug dealers. While I believe that these sentences have been in many ways effective, I also recognize that there has been some disagreement about their fairness. If I am confirmed as ONDCP director, I would initiate a review of mandatory minimum sentences as they relate to illegal drugs, working in close consultation with the Attorney General. President Bush has expressed his openness to such a review, as has Attorney General Ashcroft. It would be my intention to conduct this review in consultation with interested parties in the executive branch, in Congress, the courts, and in the public.

Responses of John Walters to questions submitted by Senator Grassley

Question 1: One of my continuing concerns is to ensure that rural communities receive more attention when it comes to resources for combating drug use and trafficking. Rural communities share many of the same drug use problems as big cities and the suburbs but they don't seem to receive much policy attention or resources. I would welcome your views on how we can have more effective programs for dealing with drug problems in rural communities.

Answer: The best way to help rural areas derive appropriate assistance for the drug problems they face is to ensure they remain eligible for support within federal programs and that efforts are made to develop and disseminate approaches that are tailored to needs of rural areas. I believe the hIIDTA program is an example of as-

sistance now provided in a range of settings. Some of the community coalition programs also seem to have adapted both support and strategies for urban and rural settings. I would like to review this issue more systematically with the knowledgeable and interested parties and build on the work that has been most successful.

Question 2: The drug Ecstasy has made frequent headlines the last few years. We are now starting to see Raves in Iowa and efforts to market this drug to our young people. As Drug Czar, how do you think that we can more effectively deal with this type of club drug?

Answer: Since my nomination I have spoken to many people who are particularly alarmed the trends in the use of Ecstasy and some of the other club drugs. While I would not make any final decisions prior to being able to consult more widely, my initial view is that we need to do a better job informing young people and the broader public of the dangers many already know are associated with these drugs-we need better prevention efforts. We also need to work with local, state, and federal officials to reverse the trend of normalizing and accommodating such drug use as a regular part of social gatherings in some areas. - Finally; I would like to examine what we can do to reduce the trade in Ecstasy and related drugs.

Question 3: I am increasingly concerned that the Department of Defense is not pulling its weight on drug issues. One of the most important components of that commitment is the support provided by the National Guard. Do you support the National Guard's domestic demand reduction and interdiction counterdrug programs? Do you think that DOD has an active role to play in our national counter drug efforts?

Answer: When I last served in the drug policy office, we made a particular-and successful-effort to expand the role of the Department of Defense, including the National Guard, in national drug control policy. DOD brings unique skills and resources to the effort and I believe we cannot do as good a job in our demand reduction and supply reduction goals with them. At this time of new and evolving demands on our military in connection with the terrorism, I believe we will need to work closely with DOD to help responsibly manage resources in the face of multiple threats.

Question 4: I know that you share congressional concern on the current legalization movement in this country. Would you comment on the effort to legalized drugs under various guises?

Answer: I have been a steadfast opponent of drug legalization for many years, both while in government and out. I have written and spoken on this issue many times. I believe-as do the vast majority of Americans-that legalizing drug use would be a disaster for our nation and particularly for our young people. This debate has shifted in recent years to involve a variety of issues and I believe there is no substitute for addressing those issues directly and the underlying goal of legalization. One of the prices of the free society we all love is that we must be willing to conduct free and open debate on important issues in whatever form those issues arise. But here too, I think that when the debate is joined and national leaders and others give voice to the realities of what legalization would mean-in short, when we push back-the legalization movement will recede.

Question 5: Methamphetamine is a major drug problem, particularly in Western and rural States. While there has been talk of a strategy to combat this, I do not think a lot has actually been done. What are your thoughts on how we need to address meth production and use?

Answer: I share your concern about the growth of methaphetamine use and its trafficking. It would be premature for me to make a judgment on the national efforts against this threat, prior to full discussions with key people working on the supply and demand side of this problem. Nonetheless, I would make such a review a top priority because I share your impression that we need to do much more against this threat.

Question 6: I support the need to reauthorized the Andean Trade Preference Act to help the Andean Countries deal with the economic problems caused by drug production. Can you comment on your views on ATPA?

Answer: I have long believed that expanding opportunities for legitimate trade with the United States is an important tool in working with the Andean nations to attack the drug problem, as well as the many other interests we have in the region. I believe our goal has always been to promote economic development along with democracy, stability, and rule of law. The ATPA was helpful in this effort in the past and should be in the future.

Question 7: What is your position on the Tethered Aerostat Radar System (TARS)?

Answer: I have not had direct experience with this program since I left government over eight years ago. For this reason I cannot give an informed position on the system at the present, but I will look into it and discuss it with you if confirmed.

Responses of John P. Walters to questions submitted by Senator Kennedy

Question 1: In 1997, you criticized General Barry McCaffrey for sending "the wrong message" when he expressed concern about the high percentage of African Americans being imprisoned for drug offenses. In addition to General McCaffrey, many other persons have felt that the criminal justice system is unjustly punishing young black men. Yet as recently as last March, you called this view one of "the great urban myths of our time."

The 2000 National Household Survey of Drug Abuse shows that African-Americans and whites use illegal drugs at the same rate. Nevertheless, according to a recent report by RAND, while drug-related admissions to U.S. prisons by whites increased seven-fold between 1983 and 1998, admissions by AfricanAmericans increased twenty-six-fold. According to the Bureau of Justice Statistics, in 1997 black men accounted for half of all state drug prisoners, even though they comprised only 4% of the U.S. population. White men comprised 30% of the population, but only 16% of state drug prisoners.

Given these flagrant disparities, how can you be so confident that there is no racial bias in the criminal justice system? Shouldn't the Director of ONDCP have an open mind about the possibility of racial injustice in the criminal justice system?

Answer: Racial injustice is intolerable and has no place in our criminal justice system. I recognize that the statistics you cite create an appearance of unfairness, and as I said in my testimony, I believe it is critical that we examine the equity and fairness of our criminal justice system. I have stated my intention to conduct a review, working in close consultation with the Attorney General, of the current sentencing structure as relates to illegal drugs. It is my intention to conduct this review in consultation with people in government and law enforcement, as well as with interested parties and experts from outside government.

In such an examination I also believe we should consider those who are the victims of criminal acts. In the same Weekly Standard article you cite above, I also wrote: "In 1998, of the 7,276 murders in the United States that involved a single offender and a single victim, 5,133 of the victims were male and 3,309 were black. According to the FBI, 3,565 of the offenders in these murder cases were black, and 3,067 of the murders involved both a black victim and a black offender. In 1998, black males between the ages of 14 and 17 were almost six times more likely than white males to be victims of murder or non-negligent manslaughter; black males between 18 and 24 were over eight times more likely to be victims; and for those 25 and over, black males were murder victims at a rate 7.6 times that of white males."

As I sought to explain during the hearing, I believe we should work to reduce crime, drug use, and addiction as the best way to help reduce the number of individuals who enter the criminal justice system and the number who enter prison. I have spent a significant portion of my time while working at the Philanthropy Roundtable helping foundations and donors better support not only for drug prevention and treatment programs, but the range of assistance to help disadvantaged communities improve schools, job training, housing, healthcare, and other elements necessary to stabilize neighborhoods and break the cycles of crime and addiction.

With all due regard for the data and claims that have been advanced on various sides of this issue, I am not of the view that the U.S. Government, Federal, State, or local, is locking up innocent people for drug crimes in significant numbers. I believe that our system is weighted toward avoiding wrongful convictions, and I hope that continues to be the case. I think most Americans believe in second and third chances, and most are profoundly sad at the waste of human potential when a person of any race is sent to prison for wrongdoing. I also believe that appropriate prison sentences can serve the greater societal purpose of punishment and incapacitation. I believe we must continually strive to balance these aims and insure that our laws and policies are just.

Question 2: There are more than two million people imprisoned in the United States. We have 5% of the world population, but 25% of the world's prison population. We have the highest per capita incarceration rate in the world—five times higher than that of the next highest Western nation. Nevertheless, you recently wrote in-the Weekly Standard that the war on drugs is losing out to "the war on punishment and prisons."

Many experts across the political spectrum are concerned about this problem. For example, your one-time co-author and former Bush Administration official John DiIulio has written that "two million prisoners are enough." He believes that we should "aim for zero prison growth, repeal mandatory-minimum drug laws, release drug-only offenders, and mandate drug treatment both behind bars and in the community." Do you agree or disagree with those recommendations?

Answer: All Americans lament the wasted potential represented by so many of their fellow citizens serving time in prison. But at the same time we are obligated to maintain a lawful society and to protect the innocent. So as long as people are committing real crimes, it will continue to be necessary to incarcerate those who break our laws and represent a threat to society. When considering the genuinely troubling number of people serving time, it is worth remembering that drug crimes are only part of the story. As I wrote in the same Weekly Standard article you cite, "According to the most current data, in 1997 only 8.8 percent of the 1,046,705 individuals in state prisons were there for drug possession. Drug trafficking offenses accounted for 11.3 percent of those imprisoned; property offenses 22 percent; and violent crimes 47.2 percent. Throughout the 1980s and 1990s, violent crimes vastly outpaced drug offenses as the cause of the prison population's rapid growth. The situation at the federal level is even more lopsided. In fiscal year 1999, just 2.2 percent of federal drug convictions were for simple possession." I agree that it is important to keep reviewing the way that law and punishment are working in our society, but I believe it is not helpful to simply promise a certain level of punishment or imprisonment detached from the level of actual crime.

Question 3: More than 40,000 people a year become infected with HIV, the virus that causes AIDS. Half of all new infections in the United States occur among drug users. In addition, approximately 4 million Americans have been infected with the hepatitis C virus, and drug use is responsible for at least 60% of those infections.

Numerous authorities, including:

- the National Academy of Sciences,
- the Surgeon General,
- the Centers for Disease Control and Prevention,
- the American Medical Association,
- the Academy of Pediatrics, and
- the American Public Health Association

have concluded that needle-exchange programs reduce the transmission of HIV and hepatitis C without encouraging the illegal use of drugs.

In a 1996 article, you endorsed the view that needle-exchange programs facilitate drug use and "undercut[] the credibility of society's message that using drugs is illegal and morally wrong." You wrote that "emotionalism and junk science" surrounding the needle-exchange debate has "obscured the central fact that there is absolutely no hard evidence" that these programs actually work in reducing HIV transmission.

If you are confirmed, will you now support efforts by state and local communities to reduce I–RV and hepatitis C infection through needle-exchange programs? Will you support federal funding of such programs?

Answer: The transmission of HIV/AIDS and Hepatitis C through intravenous drug use is certainly a serious problem, and is of course one of the dangerous and deadly consequences of IV drug use. Needle exchange programs have been and are likely to remain controversial, yet we can all agree that effective treatment and support that protects IV drug users not only from disease but also from all the other consequences of drug use is the place to put maximum emphasis. Certainly, various locales and programs will continue with needle exchange programs, and I plan to carefully monitor and evaluate their effectiveness. I would prefer to focus Federal resources on effective outreach and treatment because they offer the best means of addressing the full range of problems facing IV drug users and those around them.

Question 4: In 1994, you criticized Attorney General Janet Reno for proposing reductions in mandatory-minimum sentences for certain drug offenses. Many of the people serving mandatory minimum sentences are drug-addicts. Some were convicted of drug possession offenses, while many others were convicted of low-level drug sales or non-violent property crimes committed in order to pay for their addictions. Are you still opposed to efforts to reform federal mandatory-minimum laws?

Answer: I have stated my intention to conduct a review, working in close consultation with the Attorney General, of the current sentencing structure as relates to illegal drugs. It is my intention to conduct this review in consultation with people in government and law enforcement, as well as with interested parties and experts from outside government.

Question 5: In 1996, you co-authored a book titled Body Count. In this book, you predicted that the United States was about to suffer a "new breed" of remorseless "juvenile superpredators." Even though juvenile crime rates had already begun to decline at that time, you wrote: "Over the next decade or so, the number of young men in the population will increase substantially. And a large fraction of boys are likely to be raised in circumstances that put them at risk of becoming street predators.

In short, America is a ticking crime bomb. . . .A new generation of street criminals is upon us—the youngest, biggest, and baddest generation any society has ever known."

Your "juvenile superpredator" prediction was widely publicized. But the rate of violent juvenile crime did not increase during the 1990's. In fact, arrest rates for young people for homicide, robbery, and rape fell dramatically—by more than 70% after 1993.

One of your co-authors, John DiIulio, has since expressed regret about his role in advancing the "juvenile superpredator" prediction. Do you regret your role?

Answer: We are all pleased that juvenile crime rates have fallen. Of course, there is considerable disagreement about why they have gone down, but it seems beyond dispute that some of the factors included strengthening punishment of violent crimes by juveniles, increased law enforcement presence (supported by additional federal resources), and additional programs that divert young people from the paths that lead to violent crime and ruined lives, which I discussed in great detail in the book I coauthored with John DiIulio and William Bennett. We consider Body Count a book about prevention first and foremost, and to the extent that it may have provided people with tools to prevent crime, that was our foremost hope.

Question 6: A 1999 report by the National Center for Juvenile Justice concluded that all of the increase in homicides by juveniles between the mid-1980's and mid-1990's was firearm-related. Similarly, the U.S. Surgeon General recently concluded that both the decade-long upsurge in homicides and the downward trend from 1993 to 1999 related to the use of firearms: "It is now clear that the violence epidemic was caused largely by an upsurge in the use of firearms by young people. . . .Today's youth violence is less lethal, largely because of a decline in the use of firearms." Do you agree or disagree with these conclusions?

Answer: I do not have detailed knowledge of the trends and rates of juvenile crime tied specifically to firearms, although I do believe that the drop in juvenile crime has many causes, as I detailed above. Certainly, keeping guns out of the hands of people who shouldn't have them should be a key law enforcement priority.

Question 7: In a 2001 report on drug policy, the National Academy of Sciences found that "neither the data systems nor the research infrastructure needed to assess the effectiveness of drug control enforcement policies" exists. It concluded that it is "time for the federal government to remedy this serious deficiency. It is unconscionable for this country to carry out a public policy of this magnitude and cost without any way of knowing whether and to what extent it is having the desired effect." Has this report changed your views regarding the effectiveness of federal enforcement and sentencing policies? As Director of ONDCP, what steps will you take in response to the National Academy's report?

Answer: I have always believed that we need more precise and timely data to more effectively craft drug policy, both with regard to controlling demand and controlling supply. It is my intention, if confirmed, to take particular care in reviewing the Academy's report, which I have read, and to draw upon their expertise and that of other experts to create better means of data collection to facilitate more effective policy.

Question 8: RAND's Drug Policy Research Center recently analyzed the federal government's increased sanctions and penalties "applied specifically to drug felons in a manner consistent with a view of drug use as a moral problem rather than an illness." The report concluded:

These sanctions disproportionately and cumulatively affect minority communities. While the effects of these polices are difficult to measure directly, it is not difficult to make the case that these sanctions serve to damage, rather than enhance, social cohesion in minority communities. Patterns of drug conviction and community health disparities appear to be mutually reinforcing. Without adequate resources to facilitate recovery namely, education, job opportunities, access to insurance, health care, housing, and the right to vote—the prospect of recidivism becomes more likely for minority drug abusers and increases the burden on their communities. We can thus expect the factors that fostered drug use in the first place to persist.

What is your response to this analysis? Do you believe the federal government should continue to restrict released drug offenders' access to health benefits, housing benefits, access to higher education, and the right to vote?

Answer: One thing that my work as the president of the Philanthropy Roundtable has shown me is that law enforcement alone cannot come anywhere close to providing everything that we need to provide to those communities that have been hardest hit by drug abuse and drug trafficking. I do not have a settled opinion regarding the specific restrictions you cite for convicted drug offenders, but if confirmed I would like to look at these questions in the broad context of an overall review, in consultation with interested parties and with experts inside and outside government.

Question 9: In your response to the Committee's questionnaire, you stated that during your time at ONDCP during the first Bush administration, you were "a principal author of a new drug strategy and federal spending plan that targeted more resources for treatment than any administration before or after." Isn't it in fact true that the Clinton Administration targeted substantially more resources for drug treatment than the first Bush Administration did? If you dispute this, please provide data in support of your position.

Answer: My apologies for the confusion in regard to this issue. I have attached a table that provides detailed spending information and is what I relied on for the budget references in my written testimony before the Committee. I certainly recognize that during the eight years of the Clinton Administration funding levels devoted to drug treatment were higher than during the four years of the Bush Administration in which I served. The point I was making, however, was that the rate at which treatment spending increased for this important priority was significantly higher drug the Bush Administration than in the Clinton Administration. As the table indicates, overall treatment funding increased 74 percent or $1,041.4 million from FY 1989 to FY 1993 ($1,408.9 million to $2,450.3 million) in 1996 constant dollars. This compares with an increase over eight years for the Clinton Administration of 17 percent or $407.6 million from FY 1993 to FY 2001 ($2,450.3 million to $2,857.9 million) in 1996 constant dollars. It also compares to an increase over eight years for the Reagan Administration of 83 percent or $640.7 million from FY 1981 to FY 1989 ($768.2 million to $1,408.9 million) in 1996 constant dollars.

Question 10: Please correct the percentage funding increases listed on pages 13 and 14 of your questionnaire response.

Answer: Again my apologies for the confusion. Rather than the unadjusted five-year budget period referred to in my questionnaire, I would prefer to use the adjusted fouryear period in the attached table as reflected in my written testimony before the Committee. Thus:

a) overall treatment funding increased 74 percent or $1,041.4 million from FY 1989 to FY 1993 ($1,408.9 million to $2,450.3 million) in 1996 constant dollars;

b) treatment funding excluding research increased 74 percent or $932.8 million ($1,255 million to $2,187.8 million); and treatment research funding increased or 71 percent or $109.6 million ($153.9 million to $262.5 million).

Question 11: In describing your accomplishments at ONDCP during the first Bush Administration, in both your statement and questionnaire response, you cite National Household Survey of Drug Abuse data for the period between 1985 and 1992. What is your basis for selecting this period? Isn't it true that more than two-thirds of the decline in illegal teen drug use between 1985 and 1992 occurred by 1988—before you began work at ONDCP? Weren't you responsible for setting federal drug policy for the year 1993?

Answer: In my statement, I wrote that "I firmly believe that the balanced policies and programs we established in that first Strategy, as well as the supporting budgets the Congress provided, helped make the efforts of millions of Americans more effective and contributed to real results." I would never claim personal credit for what was obviously a national effort to reduce drug use. The Household Survey was conducted every three years. There's a Survey for 1985 and one for 1988.1 chose the year 1985 because it is the closest date to when I began working on drug policy, at the Department of Education. I chose 1992 because that survey was inclusive of the last full year that I worked on drug policy for the federal government. While I am certainly proud of contributions I made to the government's drug policy in 1993, there were substantial changes made at ONDCP and in national drug control policy that year at the beginning of the Clinton Administration for which I was not responsible.

Analysis of Change in Federal Drug Control Resources
Over the Reagan (8 years), Bush (4 years), and Clinton Administrations (8 years)
(in 1996 dollars)

Section 1. Analysis of the FY 1993 to FY 2001 Period (Clinton)

Category	Fiscal Year		Change			Comments
	FY 1993	FY 2001	Dollar	Percent	Avg $ Chg Per Yr	
Demand Reduction						
Treatment	$2,450.3	$2,857.9	$407.6	17%	$51.0	Includes research
Prevention	$1,866.7	$2,269.2	$402.5	22%	$50.3	Includes research
Treatment	*$2,187.8*	*$2,422.6*	$234.8	11%	$29.4	Excludes research
Prevention	*$1,688.5*	*$1,948.2*	$259.7	15%	$32.5	Excludes research
Research	*$440.7*	*$756.3*	$315.6	72%	$39.5	Treatment & Prevention
Supply Reduction:						
Domestic Law Enf	$6,424.7	$8,848.1	$2,423.4	38%	$302.9	
Interdiction	$1,639.3	$1,759.4	$120.1	7%	$15.0	
International	$567.8	$550.0	($17.8)	-3%	($2.2)	
Total Drug Budget	$12,948.8	$16,284.6	$3,335.8	26%	$417.0	Growth 93-01

Section 2. Analysis of the FY 1989 to FY 1993 Period (Bush)

	FY 1989	FY 1993	Change Dollar	Change Percent		
Demand Reduction						
Treatment	$1,408.9	$2,450.3	$1,041.4	74%	$260.4	Includes research
Prevention	$993.9	$1,866.7	$872.8	88%	$218.2	Includes research
Treatment	*$1,255.0*	*$2,187.8*	$932.8	74%	$233.2	Excludes research
Prevention	*$894.1*	*$1,688.5*	$794.4	89%	$198.6	Excludes research
Research	*$253.7*	*$440.7*	$187.0	74%	$46.8	Treatment & Prevention
Supply Reduction:						
Domestic Law Enf	$3,499.6	$6,424.7	$2,925.1	84%	$731.3	
Interdiction	$1,775.5	$1,639.3	($136.2)	-8%	($34.1)	
International	$374.7	$567.8	$193.1	52%	$48.3	
Total Drug Budget	$8,052.6	$12,948.8	$4,896.2	61%	$1,224.1	Growth 89-93

Section 3. Analysis of the FY 1981 to FY 1989 Period (Reagan)

	FY 1981	FY 1989	Change Dollar	Change Percent		
Demand Reduction						
Treatment	$768.2	$1,408.9	$640.7	83%	$80.1	Includes research
Prevention	$184.7	$993.9	$809.2	438%	$101.2	Includes research
Treatment	*$702.4*	*$1,255.0*	$552.6	79%	$69.1	Excludes research
Prevention	*$137.0*	*$894.1*	$757.1	553%	$94.6	Excludes research
Research	*$113.5*	*$253.7*	$140.2	124%	$17.5	Treatment & Prevention
Supply Reduction:						
Domestic Law Enf	$703.5	$3,499.6	$2,796.1	397%	$349.5	
Interdiction	$554.7	$1,775.5	$1,220.8	220%	$152.6	
International	$105.9	$374.7	$268.8	254%	$33.6	
Total Drug Budget	$2,317.0	$8,052.6	$5,735.6	248%	$717.0	Growth 81-89

Responses of John Walters to questions submitted by Senator Leahy

CRACK-POWDER COCAINE AND MANDATORY MINIMUM PENALTIES

Question 1: Chief Justice Rehnquist and the Judicial Conferences of all 12 U.S. circuits have called for the repeal of Federal mandatory minimum sentences. The RAND Corporation found in a recent study of mandatory minimum drug sentences that "mandatory minimums are not justifiable on the basis of cost-effectiveness at reducing cocaine consumption, cocaine expenditures, or drug-related crime." I have found that members of Congress on both sides of the aisle are reconsidering their prior support of mandatory minimum drug sentences. And Asa Hutchinson, the President's selection to head the DEA, has been supportive of revisiting our current use of mandatory minimums. (A) Do you believe that mandatory minimum sentences are effective and appropriate? (B) Are there any current mandatory minimum drug penalties that you would support eliminating? (C) Are there any current mandatory minimum drug penalties that you would support reducing?

Answer 1A: If confirmed, I am committed to conducting a review, working in close consultation with the Attorney General, of the current sentencing structure as relates to illegal drugs. President Bush has expressed his openness to such a review, as has Attorney General Ashcroft. It would be my intention to conduct this review in consultation with interested parties in the executive branch, in Congress, the courts, and in the public.

Answer 1B: As you certainly know, this has been an important and controversial issue and I would intend to address it by, first, allowing interested parties to present their views and concerns, and second, by seeking to build a consensus for an appropriate response. This approach requires openness to all points of view and a decision only after the conclusion of the review described above.

Answer 1C: Any proposal to reduce the penalty associated with a mandatory minimum sentence would have to await the conclusion of the review described above. Broadly, with regard to mandatory minimum sentences for crack cocaine, which were discussed before the Committee, I recognize that the sentencing structure has fostered among some a perception of racial injustice within the criminal system. Clearly, the government must create and administer laws in a just and equitable fashion. It is equally important that the public perceive that the government is doing so. If some believe that a law discriminates against a certain population it hinders the ability of the government to enforce that law for the benefit of all society.

Question 2: In an article you published in the Weekly Standard in March 2001, you wrote that the idea that we are imprisoning too many people for merely possessing illegal drugs was "among the great urban myths of our time." According to a 1999 Justice Department report, over 100,000 people were in State or Federal prison in 1997 merely for possession of an illegal drug. (A) Do you believe the incarceration of over 100,000 people represents an "urban myth?" (B) Do you believe that it is an effective use of existing prison space? (C) Do you have any reservations about the use of mandatory minimum sentences against drug offenders?

Answer 2A: No.

Answer 2B: It is difficult to make generalizations about prisoners in 50 state prison systems absent complete information. As I noted in the Weekly Standard article you referenced, "we do not know for sure how many of those sentenced for a drug possession conviction were actually traffickers who were allowed to plead guilty to a lesser charge, or repeat offenders whose record put them in prison for their most recent offense, or both ...." Recent data from the Federal system, from the Bureau of Justice Statistics, is suggestive: fewer than half of those convicted for a possession offense were first time offenders 67.4 percent of Federal drug possession defendants had prior arrest records, and 54 percent had prior convictions. In addition, 28 percent of possession defendants faced additional charges, and virtually all (98.5 percent) convictions resulted from pleas, suggesting bargaining down more serious charges. In addition, prison sentences for possession amounted to just 1.0 percent of Federal prison sentences. Nonetheless, if confirmed, I would intend to review this area as well and consult widely with knowledgeable and interested parties to determine how we can improve effectiveness and efficiency.

Answer 2C: My understanding of the legislative history is that Congress adopted the current two-tiered mandatory minimum sentencing structure as part of a larger effort both to incapacitate and punish mid- and senior-level drug dealers. If I am

confirmed as ONDCP Director, I would certainly intend to review the regime of mandatory minimum sentences as detailed in response to question one above.

Question 3: Between 1983 and 1998, drug admissions to State and Federal prisons increased almost 16-fold, from over 10,000 drug admissions in 1983 to almost 167,000 new prison entries for drug offenses in 1998. During this time, white drug admissions increased more than 7-fold, Hispanic drug admissions increased 18-fold, and black drug admissions increased more than 26-fold. (A) Do you believe these increases are proportionate to increases in drug crimes among people of each demographic group? (B) What are your thoughts regarding the remarkable disproportion of black Americans entering prison for drug offenses? (C) Do you think the general increase in incarceration, leaving aside questions of race, is problematic?

Answer 3A: I believe that the current state of our data collection is insufficient to support conclusions about the relative rates of increase in incarceration because I believe a complete view of incarceration rates should include information on offenses, original charges and final pleas, and criminal histories (since they too affect sentencing).

Answer 3B: I believe it is critical that we examine the equity and fairness of the criminal justice system and have already stated my intention to do so in this regard, if confirmed. In such an examination I also believe we should consider those who are the victims of criminal acts. In the Weekly Standard article cited in question 2 above, I wrote: "In 1998, of the 7,276 murders in the United States that involved a single offender and a single victim, 5,133 of the victims were male and 3,309 were black. According to the FBI, 3,565 of the offenders in these murder cases were black, and 3,067 of the murders involved both a black victim and a black offender. In 1998, black males between the ages of 14 and 17 were almost six times more likely than white males to be victims of murder or non-negligent manslaughter; black males between 18 and 24 were over eight times more likely to be victims; and for those 25 and over, black males were murder victims at a rate 7.6 times that of white males." As I sought to explain during the hearing, I believe we should work to reduce crime, drug use, and addiction as the best way to help reduce the number of individuals who enter the criminal justice system and the number who enter prison. I have spent a significant portion of my time while working at the Philanthropy Roundtable helping foundations and donors better support not only for drug prevention and treatment programs, but the range of assistance to help disadvantaged communities improve schools, job training, housing, healthcare, and other elements necessary to stabilize neighborhoods and break the cycles of crime and addiction.

Answer 3C: I think most Americans believe in second and third chances, and most are profoundly sad at the waste of human potential when a person of any race is sent to prison for wrongdoing. I also believe that appropriate prison sentences can serve the greater societal purpose of punishment and incapacitation. I believe we must continually strive to balance these aims and insure that our laws and policies are just.

ADDICTION AND TREATMENT

Question 4: (A) You wrote in an article in the Weekly Standard earlier this year that the idea that "addiction is a disease" is an "ideology." What do you mean by that?

Answer 4A: I am familiar with, and understand the expanding body of research demonstrating the biological and neurological effects of drug use, including that continued drug use adversely affects brain chemistry and structure. The research also demonstrates that, for a significant minority, drug use can lead to the compulsive drug craving, seeking, and taking behavior we characterize as addiction.

I also recognize that the treatment and management of drug addiction are in some ways similar to the treatment and management of chronic diseases like diabetes, hypertension, and cancer. For instance, adherence to a treatment plan is critically important in addressing chronic conditions. Whether a person becomes a drug addict or is afflicted with diabetes, he or she must take personal responsibility for obtaining and following through with treatment. Much like a diabetic must monitor blood sugar levels in the bloodstream, maintain a healthy diet, and take insulin, overcoming drug addiction can require the commitment to taking medication that is a part of specific treatment programs, working to change behavior and accepting other services necessary to foster recovery.

I am not a physician, but I believe the consideration of addition as a disease has wide application. I also believe that a full understanding should not obscure the nature of the onset of drug addiction which policy cannot ignore. The repeated, willful use of an illegal, psychoactive substance is behavior we should seek to effectively discourage even though drug use, not drug addiction, is the intent. A comprehensive

prevention policy should assist youth in recognizing their responsibility to avoid drug taking behavior and the threat of addiction that comes with it.

Question 4B: The American Medical Association classified alcoholism and substance abuse as a disease in 1957. Do you believe that the AMA came to that conclusion based on ideological rather than medical foundations?

Answer 4B: No.

Question 4C: Alan Leshner, the head of the National Institute on Drug Abuse, has said he believes drug addiction is a "complex disease." Do you believe that Dr. Leshner is motivated by ideology rather than medicine? Do you believe that Dr. Leshner should retain his position?

Answer 4C: I do not believe that Dr. Leshner is motivated by ideology. I would defer to Secretary Thompson regarding personnel questions related to those under his authority.

Question 4D: Finally, do you believe that drug dependence should be viewed as a public health problem?

Answer 4D: The problem of drug dependence has many dimensions, among them a significant public health component.

Question 5: In a 1996 article you praised Freddie Garcia, a Texas man who ran the faith-based Victory Fellowship center. You praised Garcia for "challeng[ing] the medical model of addiction head-on." You also approvingly quoted the following Garcia statement: "We believe that sin is the reason why people take drugs. We believe that drug addiction is a spiritual problem, and that Jesus Christ is the solution." Now, I do not disagree that people must take responsibility for their actions, or that religion in general, or Christianity in particular, provides valuable assistance for many people looking to overcome addiction. (A) But do you believe that drug use is simply the result of "sin?" (B) Do you believe that environmental or any other factors play a role? (C) What does it mean to you to say that Jesus Christ is the solution to drug addiction? Do you believe that this is a generally applicable solution?

Answer 5A: No.

Answer 5B: Yes.

Answer 5C: I believe that when Pastor Garcia said that, he was referring to the power of religious faith to provide valuable assistance in accomplishing the transformation represented by leaving behind a life of drug addition. While I have seen other treatment programs founded on religious faith that have helped individuals suffering from drug and alcohol dependence, I have also seen many, many more treatment providers who operate on secular principles while still obtaining positive client outcomes. I believe we need all these efforts and more and I do not believe religious programs should be viewed as a substitute or opponent of non-religious programs.

Question 6A: You referred in a 1998 article to the nation's "notoriously under-performing drug-treatment system." What are the strengths and weaknesses of drug treatment in America?

Answer 6A: First of all, I am an ardent supporter of effective drug treatment. During my first tenure at ONDCP, I oversaw tremendous growth of the drug treatment budget, including the creation of the Targeted Capacity Expansion Program that remains a critical component of our treatment infrastructure. Furthermore, I highlighted drug treatment as a fundamental component when I drafted the first National Drug Control Strategy. More recently, I have spoken with experts in the field such as Mark Parrino, Dr. Robert DuPont, Dr. Andrea Barthwell, and Dr. Herb Kleber. I look forward to reviewing the report President Bush directed Secretary Thompson to deliver concerning the areas of specific need for additional treatment services in America to assess our progress and understand what remains to be accomplished. While not prejudging the results of that review, areas where improvement may be warranted include making available the proper treatment modality to the individual in need, making available appropriate service linkages, and making available an adequate aftercare component.

Question 6B: Senator Hatch and I have introduced S. 304, the Drug Abuse Education, Prevention, and Treatment Act. This bipartisan bill would aid treatment efforts nationally. Are you familiar with S. 304? Do you support the bill?

Answer 6B: I am familiar with the bill, but before taking a formal position on a piece of important legislation, I believe I should review these matters with the full range of interested and knowledgeable parties. I intend to do this promptly, if I am confirmed.

Question 7: You have said that you are supportive of treatment provided that it is "good" treatment.

(A) How do you define "good" treatment?

(B) What standard(s) do you believe should be used to determine whether a treatment program is effective?

(C) In your opinion, what is the proper role of science in the development of effective treatments?

Answer 7A: Individuals in need of drug treatment vary tremendously, and one of the limitations of the present system has been in matching individuals with appropriate services. Precisely because of the heterogeneity of the population in need of drug treatment, it is difficult to make across-the-board statements about what constitutes "good" treatment and any measure must reflect the range of severity and related conditions clients present. All studies of treatment effectiveness also should be grounded in the obvious measure of how many users desist from drug use and for how long, but a sampling of other measures could include criteria such as participation in the workforce, cost effectiveness, appropriateness in matching the client with needed services, reduced criminal recidivism, and health indicators.

Answer 7B: I have tried to address this question in the answer above to 7 A.

Answer 7C: The role of science in developing effective modalities and techniques of drug treatment is a large one. The role of science includes, but is by no means limited to, accurately assessing the character of individuals' addictions, creating diagnostic standards for grouping like problems, establishing treatment protocols, measuring the relative effectiveness of resultant treatment programs and modalities, and developing promising pharmacotherapies.

Question 8: Experts in the treatment field have argued that faith-based drug treatment programs should be held to the same effectiveness standards as secular programs. Do you agree with this view, or do you believe that these programs should be evaluated differently than secular programs?

Answer 8: I believe all drug treatment programs should be evaluated first and foremost for their ability to get their clientele to stop using illegal drugs and to begin the process of recovery.

Question 9: You wrote in 1996 that "Washington must get serious about promoting rehabilitation that works, such as religion-based programs." (A) Do you believe that religion-based programs are the most effective treatment programs? (B) What is the scientific evidence—or the effectiveness of religion-based treatment programs?

Answer 9A: No. I do believe that we should encourage all effective treatment regimes that assist those afflicted to overcome their addiction. We should not close the door to an otherwise effective drug treatment program merely because it has a basis in faith or spirituality. I am not, however, suggesting that Federal funds should support proselytizing in the name of drug treatment and I do not intend by saying that religion based programs can do some good to denigrate secular-based programs.

Answer 9B: The relevant evidence for faith-based drug treatment programs, while often quite impressive, has tended to be anecdotal or on a fairly scale small. As noted above, I believe all treatment programs should be evaluated on the basis of their ability to get their clientele to stop using illegal drugs and to begin the process of recovery. We need to find the efficient and inexpensive ways to better track treatment results in these terms for all forms of treatment.

Question 10: Over 600,000 individuals leave State and Federal prisons every year. Many of those people were drug users before they were imprisoned. In prison, many of them had little access to drug treatment but ready access to drugs. As a result, they are poised to return to a life of crime when they are released, if for no reason besides a desire to support their drug habit.

Question A: Would you support providing additional grant money to States and local communities for the purpose of providing drug testing and treatment in prisons and jails?

Answer 10A: Yes.

Question B: What else might we do to assist communities in dealing with the problem of convicts being released from prison with their drug problems intact?

Answer 10B: Additional programs that bear further consideration in my view are those that seek to assist reintegration in society of former prison inmates with a history of substance abuse. I would like to look at this area with greater care and consultation, but I believe there is evidence that such reintegration programs in conjunction with treatment in prisons, substantially improves outcomes.

Question 11: You have written that "the culture of victimhood lies at the core of the therapeutic worldview."

Question A: What do you mean by this statement?

Answer 11A: This passage was not especially clear in conveying my point, which was that there has been a tendency by some to describe the drug addicted as "victims" in a manner that minimizes the crucial role individuals play in their own recovery, including sticking with what can be an arduous treatment and aftercare regimen. Too often the hard work that individuals put into their recovery is ignored, and the process of drug treatment is described in a manner that suggests the participant's role is merely passive.

Question B: Do you believe that drug treatment professionals are motivated by "the culture of victimhood?"

Answer 11B: The drug treatment specialists I have had the privilege of working with over the years have all been motivated by a sincere desire to help people.

DEMAND VS. SUPPLY REDUCTION/INTERDICTION/LATIN AMERICA

Question 12: President Bush has said: "The most effective way to reduce the supply of drugs in America is to reduce the demand for drugs in America. Therefore, this administration will focus unprecedented attention on the demand side of this problem."

Question A: Do you agree with the President's statement?

Answer 12A: Yes.

Question B: If so, why have you consistently argued that our fundamental Federal priority should be attacking the supply of drugs?

Answer 12B: I have not made that argument. As I stated in my testimony before the Committee, if confirmed, I will seek to highlight the importance of a balanced strategy for reducing our nation's dependence on illegal drugs. My views on the subject are perhaps best summed up in the introduction to the 1990 National Drug Control Strategy, which I helped write, and which stated, in part, that:

> For reasons both political and institutional, much public discussion has been bedeviled by a persistent but sterile debate over "supply" versus "demand" solutions. But to repeat what we have been saying for almost a year, the reality of the drug problem cannot be met through an exclusive "law enforcement" strategy on the one hand, or a "prevention and treatment" strategy on the other. Most Americans recognize by now that we need both approaches. An effective criminal justice policy needs a good treatment policy; a successful treatment system is hampered by the easy availability of drugs and will ultimately be overwhelmed without a good prevention program; and good prevention programs are harder to carry out absent vigorous efforts directed at international and domestic drug traffickers who are largely responsible for making drugs so ubiquitous in the first place.

Question 13: A recent National Academy of Sciences report recommended that the ONDCP work with law enforcement research agencies to develop a sustained program of research on how drug production, transport and distribution respond to interdiction and enforcement activities. What is your response to that recommendation?

Answer 13: I agree, and if confirmed would seek to work the ONDCP staff, outside authorities, and other interested and knowledgeable individuals to develop such measures. In my view, the only justification for any program contained under the National Drug Control Budget is whether it ultimately contributes to reducing drug use.

Question 14: You've argued that the market for drugs is highly price-sensitive and that increases in the price of drugs in the "vulnerable inner city" reduce drug use, since addicts are unable to afford more drugs. This theory makes some sense to me as applied to casual drug users. It seems to me, however, that those who are addicted to drugs will generally find other means—often illegal means-to obtain drugs. To what extent do you believe that increasing the price of drugs by limiting supply will decrease drug use among addicts?

Answer 14: While the evidence is not always as clear as one might like, there is precedent for observing that drug use—particularly among those most heavily addicted-is affected by changes in price. For instance, in 1990, an intense law enforcement crackdown on the Medellin Cartel by the Colombian government, combined with renewed U.S. interdiction efforts, paralleled a 43 percent increase in the price of cocaine (the first such increase in five years) and a 27 percent reduction in cocaine—related emergency room admissions (the first such reduction in twelve years). Similarly, in Detroit in 1988, disruption of the Chambers brothers' organization, which controlled many of Detroit's crack houses, resulted in a near—tripling of the street level price of cocaine in that city. Concurrently, there was also a reduc-

tion in indicia of cocaine use, such as emergency room incidents involving cocaine use.

Question 15: You said in 1996 that "we need to do more in Latin America" in "[f]ighting drugs at the source." You praised the anti-drug efforts of former Peruvian President Alberto Fujimon and our policy of assisting the Peruvian government in its efforts to shoot down planes believed to be carrying drugs. As you know, President Fujimori has since had to flee Peru in scandal, and a Peruvian plane receiving CIA assistance shot down an innocent plane earlier this year, killing an American missionary and her daughter. The report on that tragedy is unbelievable-seemingly everything that could have gone wrong did go wrong, even though the pilots of the Peruvian plane had undergone training two weeks earlier.

Question 15A: Has the Peru experience, or the civil war that is intensifying in Colombia, caused you to rethink our anti-drug strategy in Latin America?

Answer 15A: Clearly, the situation on the ground in Peru, Colombia, and Latin America has changed considerably since I was in office, and if confirmed, I would plan to consult extensively with interested parties in the executive branch, the Congress, and outside of government to develop plans and budgets for the future of our international drug control program. My intention would be to conduct a thorough review of these programs.

Question B: Do you believe the Bush Administration should engage in any new anti-drug efforts in Latin America, and if so, what do you recommend, at what cost, and what results would you expect as far as the amount of cocaine and heroin entering the United States?

Answer 15B: Prior to the type of review described above, I do not have settled views on the shape and direction of our future policy.

Question 16: You recently have been extremely critical of Mexico, calling it a "narco state," and stating that it has become "thoroughly corrupted" by drugs, and is a "safe haven" for the drug industry. You have even suggested that the US should impose sanctions on countries that do not reduce their drug production by 50 percent over five years, and you were extraordinarily critical of the Clinton Administration's decision not to employ the certification process against Mexico. This hard-line attitude seems to be in direct contradiction to President Bush's policies. President Bush, for example, has expressed support for a three-year suspension of the certification process for Mexico. President Vicente Fox, in his recent address to a joint session of Congress, supported President Bush's proposal.

Question A: Do you agree with President Bush's position?

Answer 16A: Yes, I support the President's effort to work with Congress to make adjustments to the certification process to foster greater cooperation between Mexico and the United States on drug control efforts.

Question B: If so, how do you square that with your harsh criticism of the Clinton Administration's policy?

Answer 16B: I believe all Americans are all extremely encouraged by the prospects of the new Administration of President Vicente Fox. With regard to my earlier comments, they should be viewed in the context of statutory language which mandates that the executive branch certify annually that a country is taking "adequate steps" to combat drug trafficking. In the event that this is not the case, the secretary of state, as delegated by the President, may issue a national interest waiver holding sanctions in abeyance while still being candid about the limitations of a country's efforts. In the comments noted above, the criticisms were prompted by my desire to see more such candor in assessing the performance not only of Mexico but our other allies in this fight.

Question C: In light of your strong criticism of Mexico, how can you implement President Bush's policy of treating Mexico with respect and as an equal partner?

Answer 16C: During my previous public service, a substantial portion of my responsibilities involved working with many foreign governments in the negotiation and implementation of international drug control efforts. This work also involved the preparation and resulting actions from two drug summits. I believe that my record of working with other governments, including the Government of Mexico, on contentious and sensitive diplomatic matters, is an indication of my ability to work effectively in this important arena.

Question 17: You have strongly supported the military's role in US drug interdiction efforts. Do you believe the Bush Administration should increase the role played by the military? In what ways? In light of our current military commitments, do you think an increased role for the military is realistic?

Answer 17: Pending a review of current programs, and the opportunity to consult with colleagues both inside and outside of government, I do not have settled views

on this question. The Department of Defense has a major role to play in any interdiction structure—a role that is codified in law.

Question 18: Asa Hutchinson, the head of the DEA, recently said that "you cannot win the battle against drugs just through enforcement."

Question 18A: Do you agree with Mr. Hutchinson?

Answer 18A: As we discussed at several points during my hearing, I believe in a balanced approach to drug control policy. I believe that we all agree that, while drug law enforcement is a crucial component of a successful drug control program, it cannot be the only component.

Question 18B: What are some of the other steps you believe that the Administration and Congress need to take to reduce drug abuse and its consequences?

Answer 18B: In addition to the funding enhancements already discussed with respect to treatment, programs/adjustments I support include, but are not limited to, establishment of a Parent Drug Corps, to mobilize parents and families; increased funding for local antidrug coalitions; increased funding for the National Institute of Drug Abuse; resources to support a strong commitment to drug courts and other criminal justice diversion programs; increased support to law enforcement for methamphetamine lab cleanup; reimbursement for border county prosecutions; and technology support to local law enforcement officers.

MEDICAL MARIJUANA

Question 19: As you know, a number of States, including conservative States such as Arizona, have adopted initiatives in recent years legalizing the use of marijuana for medical purposes. The Supreme Court recently affirmed the Federal government's power under the Controlled Substances Act to prosecute those who distribute (or manufacture) marijuana, including those who distribute marijuana to ill people in States that have approved initiatives. I oppose legalizing marijuana, and I have not taken a position on the initiatives that these States have passed. But I am concerned about the tension between State and Federal authority in those States.

Question 19A: Given the many drug cases that Federal agents and prosecutors can bring, do you think the Federal government should make it a priority to prosecute people distributing marijuana to ill people in States with medical marijuana initiatives?

Answer 19A: I support enforcing the law, but as the question notes, this is to some degree academic, since there are inherent and severe limitations in the ability of the Federal government to pursue small, retail-level drug cases that are normally the province of local law enforcement. The Los Angeles Police Department, for instance, is three times the size of the Drug Enforcement Administration, which must cover the entire country with that force.

Question 19B: As head of ONDCP, would you or your staff take an active role in opposing proposals in other States to legalize marijuana for medicinal use? Would you advocate spending Federal funds for that purpose?

Answer 19B: I, like you, oppose the legalization of marijuana. I expect, if confirmed, that I will asked about the various state referenda that have been supported by George Soros and others who are spending a great deal of their own money to advance an agenda of legalizing drugs. At this time, I do not have specific plans to expend Federal funds to oppose such initiatives.

Question 20: In a 1996 article in the Weekly Standard, you advocated that the DEA use the "public interest" provision of the Controlled Substances Act to take away the "registration" license doctors need to prescribe or store controlled substances from physicians who prescribed marijuana in States that had passed medical marijuana initiatives. Do you still believe that would be the best policy? As head of the ONDCP, would you recommend that Asa Hutchinson employ this tactic?

Answer 20: The Weekly Standard article to which you refer focused on the pro-marijuana ballot initiative effort in California, where a doctor's written prescription is not necessary. DEA is authorized by Congress to revoke the registration privileges of physicians for various reasons, but I would first want to consult with relevant officials including those in the Department of Justice. I do not have a settled view of what might be the best policy at the present, but would consult widely before recommending change.

Question 21: In 1996, you testified before this Committee on the issue of medical marijuana. In that testimony, you referred to supporters of medical marijuana initiatives as "potheads."

Question 21A: Do you believe that the majority of voters in California or Arizona are "potheads?"

Answer 21A: No.

Question 21B: Do you believe that elderly pain sufferers who supported these initiatives are "potheads?"

Answer 21B: No.

MISCELLANEOUS

Question 22: There is increasing recognition that drug abuse is a major problem in rural areas. For example, my State of Vermont is struggling with a serious heroin problem. What role, if any, would ONDCP play in addressing the particular problems of rural areas?

Answer 22: It is certainly crucial that the Federal government focus greater attention on the underreported problem of rural drug use. Focusing attention on that area could include the High Intensity Drug Trafficking Areas (HIDTA) program, appropriate use of the ONDCP media campaign, the support of community coalitions, and assistance in the form of guides and other prevention resources.

Question 23: You have been very critical of drug prevention efforts through public service campaigns and educational outreach, saying at one point that they were "too little, too late." In fact, you have criticized Democrats and Republicans alike—including Newt Gingrich—for supporting the Partnership for a Drug-Free America campaign during the 1990s. You wrote at one point that "no serious person can believe that even the best ad campaign is an appropriate centerpiece for the effort to reverse current trends." Yet you were a strong supporter of First Lady Nancy Reagan's "Just Say No" program.

Question 23A: Do you believe there should be a Federal role in public service campaigns to discourage drug use among the nation's children?

Answer 23A: Yes, and I was involved in creating one at the U.S. Department of Education when I served there during the Reagan Administration.

Question 23B: Do you support the Partnership for a Drug-Free America campaign?

Answer 23B: Yes.

Question 23C: Would you support increased funding for that program?

Answer 23C: It would be premature for me to make commitments before consulting relevant program staff, Members of Congress, and other interested parties.

Question 23D: If not, would you support that funding be maintained at current levels?

Answer 23D: Again it would be premature for me to make commitments before consulting relevant program staff, Members of Congress, and other interested parties.

Question 23E: Do you believe this campaign should continue to be managed by the ONDCP, or transferred elsewhere?

Answer 23.E: My intention at this time is to continue to manage the program within ONDCP, mindful however of the need to address the management deficiencies that have been raised about the program's execution.

Question 24: You have previously rejected the notion that federal funding is necessary to prevent drug use, stating that "federal funding is neither necessary nor sufficient" for teaching kids that drug use is wrong. You have also called for the replacement of existing individual grant programs with block grants to states, which would allow States to spend all their federal funding for pure law enforcement purposes, and none on prevention or treatment.

Question 24A: What exactly is the proper role of federal funding?

Answer 24A: As I testified before the Committee, I no longer take the position that the best way to support these programs is to convert them into block grants. I believe that funding should be based on one criterion: the extent to which it contributes to the overarching goal of reducing drug use in the United States. I also believe that levels of support and the shape of such funding should be done after consultation with the knowledgeable and involved parties in government and in our communities where most of the resources are put to work.

Question 24B: Shouldn't the federal government impose some standards to insure that its money is used wisely, to address all aspects of the drug control problem?

Answer 24B: Yes.

Question 25: In 1996, you proposed that the U.S. Sentencing Commission be "barred from proposing changes in criminal penalties where Congress has established mandatory minimum sentences, except in an advisory format that would require affirmative congressional action before taking effect."

Question 25A: Is that still your view?

Answer 25A: I believe it should be Congress' prerogative to determine whether or not proposed changes implicating mandatory minimum sentences should made by the Commission. Simply as a matter of good government, I am concerned at the potential for disruption that can occur when the Sentencing Commission passes a guidelines amendment that conflicts with a statutory mandatory minimum, since Sentencing Commission amendments take effect automatically after six months, unless blocked by Act of -Congress.

Question 25B: To be clear, do you believe the Sentencing Commission should be prohibited from adjusting sentencing guidelines for offenses that trigger mandatory minimums?

Answer 25B: Again, simply as a matter of good government, I am concerned at the potential for disruption that can occur when the Sentencing Commission passes a guidelines amendment that conflicts with a statutory mandatory minimum, since Sentencing Commission amendments take effect automatically after six months, unless blocked by Act of Congress.

Question 25C: Do you believe that Congress should eliminate the Sentencing Commission altogether?

Answer 25C: No.

Responses of John Walters to questions submitted by Senator Wellstone

Question 1: As Director of the Office of National Drug Control Policy, how would you work to reduce the stigma associated with drug and alcohol addiction and encourage Americans with the disease of addiction to enter treatment and begin their recovery?

Answer 1: It takes courage and strength of character to make the decision to enter a drug treatment program. If confirmed, I would like to explore ways of giving greater prominence to the stories of individuals who have been treated and are in recovery. I think the best way to overcome the stigma that may discourage some individuals from seeking treatment is to broaden the public respect for those who confront and work to overcome addiction and those who support them.

I believe in drug treatment as a central part of our national drug control efforts. During my first tenure at ONDCP, I oversaw the largest increase in the growth of the drug treatment budget of any administrationbefore or after-including the creation of the Targeted Capacity Expansion Program and increases for treatment-related research that remain a critical components of our treatment infrastructure. Furthermore, I highlighted drug treatment as a fundamental component when I helped draft and implement the first National Drug Control Strategy. More recently, I have spoken with experts in the field such as Mark Parrino, Dr. Robert DuPont, Dr. Andrea Barthwell, and Dr. Herb Kleber. If confirmed, I look forward to reviewing the report President Bush directed Secretary Thompson to deliver concerning the "treatment gap" in America to assess our progress and understand what remains to be accomplished.

Question 2: Do you believe that drug and alcohol addiction is a disease, and, if so, how will you shape your policies to reflect this belief?

Answer 2: I am familiar with, and understand the expanding body of research demonstrating the biological and neurological effects of drug use, including the fact that continued drug use adversely affects brain chemistry and structure. The research also demonstrates that, for a significant minority, drug use can lead to the compulsive drug craving, seeking, and taking behavior we characterize as addiction.

The treatment and management of drug addiction are in some ways similar to the treatment and management of chronic diseases like diabetes, hypertension, and cancer. For instance, adherence to a treatment plan is critically important in addressing chronic conditions. Whether a person becomes a drug addict or is afflicted with diabetes, he or she must take personal responsibility for obtaining and following through with treatment. Much like a diabetic must monitor blood sugar levels in the bloodstream, maintain a healthy diet, and take insulin, overcoming drug addiction can require the commitment to taking medication that is a part of specific treatment programs, working to change behavior and accepting other services necessary to foster recovery.

I am not a physician, but I believe the consideration of addiction as a disease has wide application. I also believe that a full understanding should not obscure the nature of the onset of drug addiction which policy cannot ignore. No one begins to use

illegal drugs with addiction as a goal. However, the repeated, willful use of an illegal, psychoactive substance often leads to addiction, and so we should seek to discourage effectively any drug use. A comprehensive prevention policy should assist youth in recognizing their responsibility to avoid drug taking behavior and the threat of addiction that comes with it.

Question 3: In your position as Director of the Office of National Drug Control Policy, would you advocate for the Administration passage of legislation providing full parity for drug and alcohol treatment services covered by private health insurance? Would you advocate for the Administration to establish parity for drug and alcohol treatment in other federal programs, such as Medicare and Medicaid. If not, why not?

Answer 3: I believe that it is important for people with private insurance policies to have adequate coverage for themselves and their families concerning substance abuse treatment. I am pleased that insurers who participate in the pool from which federal employees select coverage have parity for substance abuse treatment. While insurers are not required to provide coverage for substance abuse treatment, if they choose to offer that coverage it must be at the same levels as other conditions requiring medical attention. With regard to federally funded programs such as Medicaid and Medicare, President Bush has pledged to increase the drug treatment budget by some $1.6 billion over the next five years, a step that will bring drug treatment resources closer to hand for many of the populations served by those programs.

I believe the parity issue is an important one. It has grown in prominence since the time I last served in government and, if confirmed, it would be my intention to consider the issues related to it seriously in wide consultation with knowledgeable individuals inside and outside government.

Question 4: Do you feel the U.S. provides adequate resources in the private and public health care systems to provide treatment for addiction? If no, what actions will you take to ensure that adequate resources are obtained? Do you believe that the ratio of dollars spent on supply side vs. demand side efforts to eliminate drug addiction in the United States is appropriate?

Answer 4: With regard to the first part of this question, the answer is "no." With regard to your question on what actions I will take, I should note that President Bush has directed Secretary Thompson to lead a state-by-state review of treatment needs and capacity to make sure that effective resources are available where the demand is. With regard to the question about the division of resources, I believe in a balanced approach to major areas of drug control policy: prevention, treatment, law enforcement, and national security, and the research programs related to these areas. This is why areas of demand reduction were the focus of much of our proposed increases in funding when I was last in government. I also believe that a full discussion of balanced spending for drug control needs to include non-federal spending, in state and local governments and the private sector. My experience is that the toughest obstacle to gaining additional funds for drug control programs is not competition between demand and supply efforts, but competition between particular domestic drug control programs and other domestic spending priorities. My approach to this problem would be to prepare the best case possible for the resources we need and present it to the President, the Congress, and the American people.

Question 5: Do you feel there should be stronger safeguarding policies on the licensure and certification requirements for the personnel and the facilities that deliver addiction services?

Answer 5: Answer: I am not conversant with the current issues related to licensure and certification requirements but intend to review these matters, if confirmed by the Senate, with the help of Andrea Barthwell, MD, a specialist in addiction medicine who has been nominated to—serve as Deputy Director for Demand Reduction, and with appropriate knowledgeable and interested individuals and groups.

Question 6: President Bush announced he would provide additional funding for addiction treatment. Is this commitment from the President still valid? What do you believe are the best and most effective ways to spend that additional funding?

Answer 6: Yes, the President intends to increase our nation's treatment capacity with a five-year commitment of $1.6 billion in additional resources. We anticipate dedicating some of that additional funding to areas such as targeted programs for teens and adolescents, as well as other areas where needs are identified in the review being completed by Secretary Thompson. If confirmed, I look forward to working closely with colleagues in the Executive Branch as well as those in Congress and in relevant groups outside of government as we refine those areas.

SUBMISSIONS FOR THE RECORD

BETTY FORD CENTER AT EISENHOWER
RANCHO MIRAGE, CALIFORNIA
October 9, 2001

TO: Senate Judiciary Committee Members
RE: John Walters Nomination Hearing

The Betty Ford center is pleased the Senate Judiciary Committee rescheduled the hearing to consider John Walters as Director of the Office of National Drug Control Policy. We know how difficult it must be to focus on, the nomination process in light of the demands placed on Congress by the tragedies of September 11, 2001.

Mrs. Ford and I are convinced that. Mr. Walters may not have the confidence in the treatment and prevention strategies that we believe are necessary for the creation and implementation of a balanced and thoughtful approach to U.S. drug policy. Now, more than ever, with increased public criticism of U.S. Drug policies that rely heavily on interdiction and criminal justice solutions to the drug problem, we need a director with an unshakable, conviction in strategies to reduce the demand for drugs in this country. According to a 2000 poll conducted by Peter D. Hart, three in five adults said that drug abuse is "more of a public health problem better handled by prevention arid treatment programs" than by the criminal justice system. We believe that U.S. drug policy that reduces this demand, coupled with limited strategic initiatives on the supply side, are more likely to reduce the devastating economic and social consequences of untreated addition.

2Many of our concerns about Mr. Walters first arose from a 1996 paper he wrote for the Heritage Foundation, where Walters denounced [including addiction treatment in U.S. drug policy] as "the latest manifestation of the liberals' commitment to a 'therapeutic state' in which government serves as the agent of personal rehabilitation." In addition, despite Mrs. Ford's offer to longtime friend Dick Cheney to serve as an advisor on key drug policy positions in the Bush Administration, Mr. Walters' launched what some are calling a highly visible campaign this summer to court leaders of the drug treatment and prevention community to convince them of his "balanced" approach to the nation's drug problem, without placing a single call to Mrs. Ford, me or any of our allies in the nonprofit treatment field.

While we applaud the announcement of the Administration's Intent to balance Mr. Walters' supply side experience with Dr. Andrea Barthwell's expertise in treatment, Mrs. Ford and I urge each member of the Committee to use the hearing to ensure your confidence in Mr. Walters' understanding of addictive disease, addiction treatment and individuals and families affected by the disease.

Sincerely,

JOHN T. SCHWARZLOSE
President/CEO

COMMUNITY ANTI-DRUG COALITIONS OF AMERICA
ALEXANDRIA, VIRGINIA
July 30, 2001

Hon. Orrin G. Hatch
United States Senate
Senate Judiciary Committee
224 Dirksen Senate Office Building
Washington, DC 20510

Dear Senator Hatch:

On behalf of Community Anti-Drug Coalitions of America (CADCA) and our more than 5,000 coalition members, I would like to express how extremely pleased we are that John P. Walters has been nominated to lead the Bush administration's anti-drug efforts as Director of the Office of National Drug Control Policy (ONDCP). Throughout Mr. Walters' decades of public service, he has demonstrated a high degree of dedication and passion when it comes to eliminating our country's number one public health problem—substance abuse.

The President's proposal concerning drug policy makes us confident that he and Mr. Walters share our vision of a balanced approach to reducing drug abuse that greatly increases emphasis on education, prevention, research and treatment. We are pleased to see the proposal includes double funding for local anti-drug coalitions over five years, providing up to $3.50 million over that period, including an $11 million increase in FY 2002, to support the Drug-Free Communities Program; adding $1.5billion over 5 years to close the treatment gap; substantially increasing the funding for research in prevention and treatment, and providing $25 million cover five years to create a Parent Drug Corps to mobilize parents and families. We are convinced that Mr. Walters will implement these programs in an outstanding manner using his vision and professional abilities.

CADCA looks forward to working along side the President and Mr. Walters to build safe, healthy and drug-free communities throughout America. Therefore, we respectfully urge you to support Mr. Walters' nomination by holding a confirmation hearing and vote as soon as possible.

Sincerely,

ARTHUR T. DEAN
Major General, U.S. Army, Retired
Chairman and CEO

DRUG FREE AMERICA FOUNDATION, INC.
ST. PETERSBURG, FLORIDA
September 4, 2001

Hon. Patrick Leahy
433 Russell Senate Office Building
United States Senate
Washington, DC 20510

Dear Senator Leahy:

I am writing to encourage you to move forward without delay in holding the hearing to confirm John Walters as the new director of the Office of National Drug Control Policy. Our nation is drowning in drugs and we are rapidly falling to permissive drug policies. We desperately need the direction that would be afforded by filling this position. To delay any further in holding this hearing is a terrible disservice to the country.

John Walters is a capable man who will serve his country well in this position. Our organization has worked with him for several years. We have found him to be knowledgeable and fair. he understands the need for a comprehensive, yet firm approach to the drug problem.

National leadership on this problem has been lacking for far too long. Mr. Walters is an excellent choice for the position and fully capable of providing this leadership. It is now up to you to do the right thing for your country and move forward with the hearing and confirm him so that he can begin with this very serious problem that plagues our country.

Regards,

CALVINA L. FAY
Executive Director

DRUG-FREE KIDS: AMERICA'S CHALLENGE
WASHINGTON, D.C.
September 24, 2001

The Hon. Patrick J. Leahy
433 Russell Senate Office Building
Washington, D. C. 20510

Dear Senator Leahy:

It is now seven days past the fateful terrorism attack on America. On the day of the actual attack I was standing outside 216 Hart awaiting the beginning of the

confirmation hearing for John Waiters, nominee for ONDCP Director. More specifically, I was standing outside 216 Hart having a heated conversation with members of the pro-drug legalization Lindesmith Center which is funded by currency trader George Soros. These young people have been so misguided (I am reluctant to us the term "brainwashed."it is sad beyond belief. For more on Soros' pro-drug activities, see *Reader's Digest*, "*High On A Lie*" Exhibit I.

Frankly, Senator Leahy, while I certainly understand the current delay, I am chagrined that Mr. Waiters' nomination has been languishing since last May when the only real opposition we have found are those who would legalize pot and other Schedule I drugs. Of course they don't want John Waiters to be approved. He understands the drug issue and he understands why we must not legalize marijuana or the other Schedule I drugs. I've known John for 15 years. He believes in a balanced approach with strong interdiction, clear "no use" messages and prevention programs, drug-free treatment, and law enforcement. There is no simple approach. I direct your attention to the October/November issue, (p. 69) of Cannabis Culture, Canada's premier pro-drug publication which reports that "NORML (national Organization for the Reform of Marijuana Laws) will be an integral part of the effort to challenge the nominations of John Walters and Asa Hutchinson for the office of drug czar and DEA head." Comment was made by Nick Thimmech, NORML spokesperson. Cannabis Culture is the Canadian version of *High Times Magazine*. A COPY OF THE MAGAZINE HAS BEEN GIVEN TO SENATORS LEAHY AND HATCH. (Cost is $4.95 prohibiting copies to each member) Please ask to see it.

We're very concerned that our voices are not being heard, that we've lost-not the drug war-because parents and grandparents are with us. We're fearful we've lost the attention of some members of Congress because so many mothers are working that we cannot effectively visit and educate them to the fact that the legalizers have reportedly spent $20 MILLION in a campaign to change America from being a society that has disdain for drugs to legalizing them. We now have to depend on the good sense of our elected officials to do the right thing without constant reminders. We also know that the legalizers have been lobbying Congress and that some members seem to be listening to people like Eric Sterling, now with Soros' Lindesmith Center, who said during the Gulf War the our military should be "home toking (smoking pot) in the US instead of cooking in the desert in Saudi Arabia."

Friends in the intelligence field have told us for years that terrorism is being funded by drug trafficking. Very recently on MSNBC an expert said, "Drugs are now a primary means of funding the overall narco terrorism movement and its subcomponents worldwide—that is no longer a debatable or even debated proposition."

I have been involved in the drug fight for prevention and in opposition to legalization since 1977 when I witnessed a rock concert at the Capital Center. My own boys were 5 and 9 years old at the time. Why was I there? By a twist of fate a young boy in our neighborhood had recently been picked up for possession and distribution of marijuana. A thoughtful teacher who knew my husband from his volunteer baseball coaching called to tell us about it. We called the boy to talk to him and offered to help him in any way we could. He called a few weeks later to say he "needed help." When I asked what it was, he said he had tickets to a "Rock Concert and no driver." Having been home for several years raising my children and volunteering at their schools, Scouts, and as a board member of the Girls & Boys Club I knew nothing about "rock." So, thinking I might turn him around, I agreed to drive. I was shocked to see 17,000 kids getting "stoned" before my eyes. I demanded and received his money back. (Later, Abe Pollin became a member of my board.)

The very next morning I called the U.S. Drug Enforcement Administration and asked that they "dean up the Capital Center." I was told, that was not their jurisdiction but that I "had a much larger problem on my hands." When I asked "What?" He informed me that my own congressman was trying to legalize pot which would make it far more available to all kids. I asked, "Who's my congressman?" He told me. It was Montgomery County Republican, Newton Steers. I called him and stated my case. He refused to withdraw the bill. I called two more times. He refused again and I made him a promise. I promised that my congressman was not going to pass a bill that would endanger all children and that I was going to dedicate the next six months of my life to finding him a new job. With the help of two other mothers we set out to inform the public-especially senior citizens. They were shocked and promised not to vote for him.

However, a few days before the election, a local paper predicted Congressman Steers would win by a landslide. We started a telephone chain asking mothers to "paint a sign and come to Steers' campaign headquarters." Nineteen (19) mothers showed up with signs saying, "A drug pusher cheers for every vote cast for Steers." The media also showed up and the evening news reported, "This could change

things for Mr. Steers." It did. We spent less than $30.00. He lost by a landslide and went back to selling insurance.

Congressman Steers wrote an article for the Montgomery Journal saying he "was wrong about marijuana." He called me to congratulate me on "making democracy work." There are reams of other similar stories including dosing drug paraphernalia shops in Maryland and, with the help of folks like Carol Burnett, Alma Rangel, Jo-Anne Kemp, Carolyn Mattingly, Rosemary Trible, Kathleen Smith, Priclla Mack, Jo Zschau, Norma Lagomarsino, Debbie Dingell, Marilyn Quayle, Jean Lujan, Rosemary Boulter, Caroline McMillan, Gail Tauzin, Kim Seindall, Marcia Coats, Dolores Beilenson, Suzie Dicks, Marian Lewis, Joyce Chandler, Rhoda Glickman, Cece Zorinski, Christine DeLay, Doris Matsui, Laura Bateman, Catherine Stevens, Luwana Shumway Nancy Reagan and others, we closed them in all 50 states.

We received the President's (station for Private Sector Initiatives "for outstanding service to the community and finding innovative private solutions to public problems." The only thing different today is that most of us are grandmothers and feel even more strongly about the issue. Well win but we need this Drug Czar and we need you and every member of Congress on our side.

*****It was this battle against drug paraphernalia that brought us up against the narco network that includes the likes of Keith Stroup, Founder of the National Organization for the Reform of Marijuana Laws. (We have designated Stroup as the Father of the Adolescent Marijuana Epidemic in America and significantly responsible for the deaths of tens of thousands of teens who believed him when he wrote in High Times Magazine, ". . .there is no particular evidence that even those few young people who smoke a great deal of marijuana necessarily hurt themselves or reduce heir level of performance, academic or otherwise," or, "research very convincingly suggests that those who do smoke marijuana and drive shortly thereafter are in no way incapacitated to the degree as those are who drink alcohol and drive." (Exhibit II) NORML was investigated by two former congressmen, Robin Beans and Billie Lee Evans, and reported to be "to a certain extent connected even to traffickers." (See letter enclosed dated September 7, 1979.Exhibit III) We also met Eric Sterling, former Hill staffer, whose colleagues at the Drug Policy Foundation developed the "Safe-Crack Smoking Pipe" described in the enclosed article (Exhibit IV), Kevin Zeese, long-time legalization advocate, Marsha Rosenbaum who received funding from the National Institutes on Drug Abuse and used it to produce a pro-drug brochure called, "Just Say What?" and yes, even George Soros. I met "George" soon after he gave $5.2 million to the Drug Policy Foundation (the safe-crack pipe boys). I was naive enough to think "George" didn't know who he was giving his $5.2 million to so I decided to help him understand. I confronted him at Georgetown University where he was speaking to 300 or so top American businessmen. I told him. the group he was funding had colleagues who testified before Congress that they wanted a "completely open market (for marijuana) with no age controls and no street controls" and regularly wrote letters to the editor in youth-oriented magazines telling kids there "was no evidence marijuana would hurt them academically or otherwise." (See letter from High Times. Exhibit II) George left by the side door and the rest of the folks waiting to ask questions sat down. Given his track record of destabilizing national economies (Britain & East Asia), would this be the time to question George Soros' monetary activities and goals?

Remember, those from the narco network are not considering children or the future of this nation. They are only interested in their own freedom to do drugs. We are asking for a unanimous vote confirming Mr. Walters. We have waited too long.

Respectfully,

JOYCE NALEPKA
President, Drug-Free Kids: America's Challenge

HISTORY:

Following are some important historical facts that may be of interest. Senators Kennedy, Hatch, and Thurmond will remember, I'm sure, December 4, 1979 when the Senate Judiciary Committee voted to table a vote on the Federal Criminal Code Revision that erroneously, in my opinion, included a text to legalize pot. At our request, former Senator Charles Mathias had returned from a trip to lead the way for us. Some of the comments around that table would be shocking today. Senator Mathias asked for and was granted permission to table the issue and hold hearings about whether marijuana was harmful or not (Health Consequences of Marijuana Use, Committee on the Judiciary, January 16 and 17, 1980, Serial No. 96–54)

(IN FACT, SENATOR LEAHY, I JUST PULLED OUT THE HEARING RECORD AND NOTE THAT YOU, TOO, WERE A MEMBER OF THAT SENATE JUDICIARY COMMITTEE. YOU WERE LIKELY PRESENT FOR THE DECEMBER 4,

1979 MEETING AND HEARD SENATOR KENNEDY'S COMMENT THAT "WE HAVE MORE PROOF OF THE TOXICITY IN MOTHER'S MILK THAN IN THE CASUAL USE OF MARIJUANA." I'm sure he knows differently today and we've all learned a lot since then.

A MUCH YOUNGER SENATOR THURMOND COMMENTED TO SENATOR KENNEDY, AFTER READING OUR MATERIALS "SAY, TEDDY, IT SAYS HERE MARIJUANA CAN HARM YOUR TESTICLES." This was followed by raucous laughter. We know today Senator Thurmond was more right than Senator Kennedy. The reproductive damage caused by marijuana is well documented. It is interesting to note that seven members of that Judiciary Committee are still in the Senate. (Leahy, Kennedy, Biden, Byrd, Baucus, Thurmond and Hatch)

Senator Mathias chaired two days of hearings. Carol Burnett's husband and his son testified along with doctors and experts from across the nation. The marijuana that Senator Thurmond was reading about was probably only 2% THC content The marijuana that is available to our kids today is 25 to 30% THC content. In fact, the University of Maryland research shows more kids going into emergency rooms for marijuana problems than for—heroin.

Later, Senators Mathias and Biden held two days of hearings for us in Baltimore on the drug paraphernalia issue. The paraphernalia manufacturers were summoned. They showed up with haircuts and three-piece suits, some with the price tags still dangling from under their arms. They told the Senators, "There's no point in closing us down, you can make a bong from an apple, a toilet paper roller and aluminum foil or "THE BEST COCAINE SPOON IN TOWN IS FREE. IT COMES WITH EVERY CUP OF COFFEE AT MCDONALD'S." He pressed the spoon against his nose to show how well it fit I didn't get to testify until the next day; however, I was outraged with their tactics. I rushed home, tracked down the headquarters for McDonald's. Fortunately, McDonald's was in Illinois giving me an extra hour. I called the office of Ed Schmidt, President. His secretary was off for the day and her replacement naively put me through to him. I told him my story and what the paraphernalia pushers were saying. He replied, "What do you want from me?" I said, I want you to redesign that spoon and let me go back tomorrow and announce it to the Senate committee, proving you will not allow them the privilege of using a legitimate business for their narco scheme." He said, "Lady, we have 4,500 stores." I asked, "How many children do you have? He told me and I said simply, "Don't do it for me. Do it for them." He asked me to call him back in 15 minutes. I did. He said, "We'll do it." The incident got media coverage around the world. It didn't stop the drug epidemic but it was testimony that the good guys will do anything to stop drugs.

FUTURE:

We plan to keep on winning starting with getting John Walters approved as Drug Czar.

We plan to pass an Express Preemption bill to 1011 the effort to pass the medical marijuana cigarette scam. We have already distributed information on the Express Preemption bill to EVERY member on four (4) different occasions. Senators Hatch and Feinstein have actual copies of the bill. Congressman Mark Souder, who introduced the bill last session, has a copy of the new version. Please contact them for a copy and help lead the effort to protect the future of this nation's children.

We plan to work for school drug testing.

We plan to stop all forms of illegal drug legalization.

We plan to do major fundraising to empower us to fight back against the multimillionaires mentioned in the enclosed Reader's Digest article.

We plan to continue organizing especially parents who have lost children and the tens of thousands of grandparents who are forced out of retirement to raise their grandchildren because their parents believed the legalizers. They are focused and determined that other parents don't have to walk down that road. Wait till this group gets moving.

We invite all members of Congress to walk with us.

DRUG FREE SCHOOLS COALITION, INC.
FLEMINGTON, NJ 08822
September 10, 2001

Senator Kyl
Senate Judiciary Committee
Dirksen Bldg. Room 224
1st and C Sts. NE
Washington, DC 20510

Dear Senator

The Drug-Free Schools Coalition is an organization of parents and schools dedicated to helping schools become drug-free. We have members in over 21 states.

We strongly urge you to support the nomination of John Walters to the Director of ONDCP. We believe that he has the experience and the skill to do an outstanding job as our Drug Czar.

We know that he will support strong drug-free school programs including treatment, education and drug testing.

Please do all you can to support him.

Sincerely yours,

DAVID G. EVANS, ESQ.
Executive Director

DRUG PREVENTION NETWORK OF THE AMERICAS
ALPINE, TEXAS 79830
September 7, 2001

The Hon. Patrick Leahy
Senate Judiciary Committee
433 Russell Senate Office Building
Washington, D.C. 20510

Dear Senator Leahy:

I am writing to highly recommend John Walters as Director of the Office of National Drug Control Policy. Our nation needs a strong, experienced, Drug Czar as never before. Drug use by America's youth is too high, pressure from the drug legalization lobby to make harmful drugs legal and available is mounting and the dangers from narcotrafficking threaten U.S. borders and our international neighbors. John Walters has the experience, vision, and leadership necessary to marshall the forces and to turn the tide against this insidious scourge to society. He has a proven track record with his leadership at ONDCP and with the anti-drug movement, which resulted in such dramatic declines in drug use in the 1980's and early 1990's.

Mr. Walter's approach to the drug problem is solution-oriented, balanced, and centered on the prevention of drug us. He recognizes the need for a well-coordinated strategy invloving education, treatment, enforcement, and cooperation with the international community. He was one of the authors of "What Works? Schools Without Drugs" which inspired the nation and the drug-free schools and communities initiative. He is recognized and well-respected by substance abuse professionals and community anti-drug leaders and grassroots organizations across the nation.

The Drug problem can be dramatically reduced, as has been proven; it is not hopeless and inevitable. America needs the leadership, wisdom, and inspiration which Mr. Walters will provide. I respectfully urge you and all Senate Judiciary Committee members to strongly support John Walter's nomination.

Respectfully,

STEPHANIE HAYNES

JEANETTE MCDOUGAL, MM, CCDP
ST. PAUL, MINNESOTA
September 7, 2001

Hon. Joseph Biden
Members of the Senate
Judiciary Committee
United States Senate
Washington, DC 20510

I am asking that you SUPPORT JOHN WALTERS as the Director of the Office of Drug Control Policy (ONDCP) for the following reasons:

First of all, for his stellar record in support of policies which promote and support a drug-free America.

Next, I am assuming that you and your Committee are interested in promoting the good health and welfare of all US citizens, and therefore oppose the use of illegal drugs, especially by youth.I would further assume that you would disassociate yourself from those who would "push a drug-use philosophy," again, especially to youth.

I direct your attention to the latest issue (Oct/Nov 2001 pg 69) of Canada's premier pro-drug publication, CANNABIS CULTURE (their version of USA's HIGH TIMES) which reports that "NORML (National Organization for the Reform of Marijuana Laws) will be an integral part of the effort to challenge the nominations of John Walters and Asa Hutchinson for the office of drug czar and DEA head." This comment was made by Nick Thimmesch, NORMAL spokesperson.

It is telling that NORML is opposed to John Walters—and should be revealing to this Committee.

NORML has promoted and lobbied for the legalization of marijuana and other drugs for over 30 years. I trust that the members of this Committee will not align themselves, either philosophically or by vote, with those who aim is to weaken and undermine our protective drug laws.

It is also telling that NORMAL scheduled their annual conference this year on the 4/20 to coincide with 4:29 which is recognized by the drug culture all over the world as the "time to make marijuana". In fact, the normal conference opening date was described in many prog-drug publications as "National Get High Day."

Some might say, "Guilt by association, that's not fair." I would remind this Committee that:

> "We are known by the company we keep"—a more delicate way of saying—
> "When we lie down with dogs we get up with Fleas."

I am confident that when the members of this Committee and the members of the U.S. Senate carefully review the evidence, you will vote to confirm John Walters.

GRAND LODGE
FRATERNAL ORDER OF POLICE
ALBUQUERQUE, NEW MEXICO 87109
July 25, 2001

Hon. Orrin G. Hatch
Ranking Member
Cimmittee on the Judiciary
United States Senate
Washington, D.C. 20510

Dear Senator Hatch:

I am writing to inform you of the strong of the Fraternal Order of Police for nomination of Mr. John P. Walters to serve as the Executive Director of the Office of National Drug Control Policy (ONDCP).

The F.O.P. first got to know John in 1989 when he served as Chief of staff to William Bennett, the first "drug czar." As the Deputy Director for supply reduction from 1991 to 1993, he helped law enforcement, in 1992, achieve the lowest levels of drug use in the past twenty-five years.

As a nation, we need to recommit ourselves to winning the drug war. The F.O.P. supports a balanced approach to the insidious drug epidemic. Prevention, effective treatment, and diligent and aggressive enforcement are necessary elements of any national drug control strategy. The strategy must include the high Intensity Drug Trafficking Area (HIDTA) and the Edward Byrne Memorial funding programs. These two programs are essential to a comprehensive and coherent attack on drugs.

2We must also be aware that some in this country believe the war on drugs is a failure. Governor Gary Johnson in my home state of New Mexico has, in the past three years, become a high-profile spokesman for those who believe that we have failed and the "war" is unwinnable and not worth fighting. I agree with Mr. Walters, the war is winnable and worth fighting.

Like the Fraternal Order of Police, he recognizes that we must have a balanced attack—prevention and treatment for addicts along with the interdiction of drugs by law enforcement. John's success at ONDCP was a result of his balanced approach to our nation's problems with crime and drug use. In his tenure at ONDCP, funding for drug prevention programs increased three hundred and thirty-five percent (335%) and funding for treatment programs increased two hundred and fifty-nine percent (259%).

John Walters has the experience, the leadership and the knowledge to lead our nation's anti-drug efforts. Also, he is highly respected by those of us on the front lines of the drug enforcement effort. He will be an asset to law enforcement at the local, state and federal level.

I have every confidence in his qualifications and believe he will make an outstanding Executive Director at ONDCP.

Please do not hesitate to contact my Executive Director Jim Pasco, or me at 202–547–8189 if you need further information.

Sincerely,

GILBERT G. GALLEGOS
National President

CONGRESS OF THE UNITED STATES
WASHINGTON, D.C. 20515
September 6, 2001

The Hon. Patrick J. Leahy
Chairman
Senate Judiciary Committee
Washington, DC 20510

The Hon. Orrin G. Hatch
Ranking Member
Senate Judiciary Committee
Washington, DC 20510

Dear Mr. Chairman and Ranking Member:

We write as members of the Speaker's Task Force for a Drug Free Force for a Drug Free America to express our strong support for the President's nomination of John P. Walters to be Director of the Office of National Drug Control Policy (ONDCP). In the area of drug policy, we are at a crucial time in our nation's history. As such, we applaud the President's nomination and the President's decision to maintain the ONDCP Director as a member of his Cabinet.

There is substantial consensus among members of the U.S. House of Representatives that we must pursue an aggressive counter drug strategy "balanced" among demand reduction and supply reduction to adequately address our nation's illegal drug problem. The President and his nominee are committed to such as approach. As former Deputy Director for Supply Reduction and former Chief of Staff to the ONDCP Director, there is no question that John Walters knows the inner workings of the office. This coupled with his extensive work at the Department of Education give him the experience he needs to tackle this most difficult assignment. But beyond his background, we believe John Walters brings renewed energy, Vision and the right approach to this critical position.

We appreciate your Committee's leadership on narcotics control programs in the past and we respectfully urge your Committee's expeditious confirmation of John P. Walters as our nation's next ONDCP Director.

Sincerely,

J. DENNIS HASTERT
Speaker of the U.S. House of Representatives

Signatories:

Speaker J. Dennis Hastert,
Representative Mark Souder,
Representative Rob Portman,
Representative Mark Kirk,
Representative Sue Myrick,
Representative John Peterson,
Representative Ben Gilman,
Representative J.D. Hayworth,
Representative Joe Barton,
Representative Porter Goss,
Representative Kay Granger,
Representative Bob Barr,
Representative John Mica,
Representative Frank Lobiondo,
Representative Anne Northup,
Representative Doug Ose,
Representative Mike Rogers,
Representative Henry Bonilla,
Representative Howard Coble,
Representative Dan Burton,
Representative Hal Rogers,
Representative Frank Wolf,
Representative Melissa Hart,
Representative Nathan Deal,

John L Mica
7TH District, Florida

Congress of the United States
House of Representatives
Washington, DC 20515

July 26, 2001

Our Children Die While The U.S. Senate Fiddles

The Orlando Sentinel

Drug deaths top homicides

By Henry Pierson Curtis
SENTINEL STAFF

In Greater Orlando, overdoses end more lives than killers do

FREE THE U.S. DRUG CZAR!

Dear Colleague:

Every member of Congress and the American public should be appalled that the U.S. Senate has put politics above the interest of those families who are daily losing their loved ones to the ravages of drug abuse and illegal narcotics.

Without Senate confirmation of a Director of the Office of Drug Control Policy our national anti-drug and substance abuse programs are dead in their tracks.

Mr. John Walters has waited **50 days** for confirmation as our nation's Drug Czar, isn't it time we ask Majority Leader Daschle to move forward with this nomination.

Sincerely,

John L. Mica
Member of Congress

John L Mica
7TH District, Florida

Congress of the United States
House of Representatives
Washington, DC 20515
July 26, 2001

USA TODAY

01 JUL 27 AM 9:52

Club drugs send more young people to hospitals

By Donna Leinwand
USA TODAY

7/25/01

Club drugs, including Ecstasy and GHB, are sending increasing numbers of young people to the hospital with toxic reactions, overdoses, emergency-room visits, USA TODAY shows.

In 21 metropolitan areas, the use of Ecstasy, the so-called date rape drug, and GHB, an anesthetic called Ketamine and the so-called date rape drug, are becoming more widespread.

Club-drug users began arriving at emergency rooms in 1994. The drugs, including Ecstasy, GHB, an anesthetic called Ketamine and the so-called date rape drug, are becoming more widespread.

Ecstasy explosion
The number of emergency hospital visits involving the drug Ecstasy, by year:

1999	2,850
2000	4,511

Source: Substance Abuse and Mental Health Services Administration

By Keith Simmons, USA TODAY

people 25 and younger make up 80% of Ecstasy emergencies and 60% of those involving GHB.

"We are concerned about the continued increase of club drugs among young people, which seems to be contributing to the overall increase of young people ending up in emergency rooms," says Martin, spokesman for the Substance Abuse and Mental Health Services Administration.

drugs also increased from 2000. Heroin and morphine creased 15% to 97,287. E room mentions of prescri containing oxycodone, such tin, Percocet and 68% to 10,825.

Although d gency room creased in areas re e (3

FREE THE U.S. DRUG CZAR!

Dear Colleague:

As our nation's young people fall victim in record numbers to the ravages of illegal narcotics, the U.S. Senate ignores the confirmation of our highest ranking federal drug policy officer. What a sad commentary when petty partisan politics become more important than moving forward with saving young lives and families from the devastation of drug addiction.

What a national disgrace!

The average time for confirmation of a high-ranking appointee of the Bush Administration has been **3 DAYS!!** The longest taking only 10 days.

Mr. John Walters has waited **51 DAYS** for confirmation as our nation's Drug Czar. Isn't it time we ask Majority Leader Daschle and Senate Judiciary Chairman Leahy to move forward with this nomination?

Sincerely,

John L. Mica
Member of Congress

John L Mica
7TH District, Florida

Congress of the United States
House of Representatives
Washington, DC 20515
July 31, 2001

Dear Colleague:

U.S. DRUG CZAR HELD HOSTAGE!

With drug deaths mounting across America, U.S. drug policy stalled and drug abuse devastating our youth and communities, the U.S. Senate leadership led by Majority Leader Tom Daschle continue to hold John Walters nomination as Director of the Office of National Drug Control Policy hostage.

YES, it is not Colombian or South American drug lords but our politic-playing U.S. Senators that have stopped our anti-drug efforts in its tracks.

Why play games with drug abuse and drug deaths?

It is now a disgraceful **56 DAYS** since John Walters' nomination as U.S. Drug Czar, even the most controversial Cabinet appointment took only 10 days.

Isn't it time we ask Majority Leader Daschle and Senate Judiciary Chairman Leahy to move forward with this nomination?

Sincerely,

John L. Mica
Member of Congress

John L Mica
7TH District, Florida

Congress of the United States
House of Representatives
Washington, DC 20515
August 1, 2001

Dear Colleague:

2,494 DEATHS!*

There have been 2,494 deaths from drug overdoses and drug-related deaths in the **57 days** since John Walters' nomination as Director of the Office of National Drug Control Policy (ONDCP) has failed to be acted upon by the U.S. Senate.

When will Senate Majority Leader Tom Daschle stop playing politics with confirmation of our top national drug officer? Our ONDCP is at a stand still while the leader of the Senate turns his back on the mounting drug crisis in the United States.

With August recess approaching isn't it time to confirm John Walters, whose delay in approval now exceeds any Cabinet or major appointee? Too many are dying to continue ignoring this most important position in our efforts to curtail drug deaths, drug abuse and illegal narcotics.

Sincerely,

John L. Mica
Member of Congress

01 JUL 32 AM 9:08

* Based on the last drug-related death figures of 15,976 deaths from The Substance Abuse and Mental Health Services Administration.

John L Mica
7th District, Florida

Congress of the United States
House of Representatives
Washington, DC 20515

August 2, 2001

Dear Colleague:

01 JUL 30 PM 9:34

U.S. DRUG CZAR HELD HOSTAGE!

Time it has taken to be confirmed:

John Ashcroft, U.S. Attorney General - 3 Days
Christine Todd Whitman, Administrator of the EPA - 10 Days
Barry McCaffrey, U.S. Drug Czar (Clinton Administration) - 36 Days
John Walters, U.S. Drug Czar - 58 DAYS AND COUNTING!!!

Every day Majority Leader Daschle and Senate Judiciary Chairman Leahy hold this nomination hostage, **44 American citizens die** from the ravages of illegal narcotics.

Since John Walters' nomination there have been 2,538 deaths*. That is more people than the population in 90% of the cities of Majority Leader Daschle's home state of South Dakota or in 74% of Senate Judiciary Chairman Leahy's home state of Vermont.

With drug deaths mounting across America, U.S. drug policy stalled and drug abuse devastating our youth and communities, isn't it time we ask Majority Leader Daschle and Senate Judiciary Chairman Leahy to move forward with this nomination?

Sincerely,

John L. Mica
Member of Congress

* Based on the last drug-related death figures of 15,976 deaths from The Substance Abuse and Mental Health Services Administration.

John L Mica
7TH District, Florida

Congress of the United States
House of Representatives
Washington, DC 20515
August 3, 2001

Dear Colleague: 01 AUG -3 AM10:50

SHAME!

How could they leave and not confirm John Walters as U.S. Drug Czar?

How can Majority Leader Daschle return to South Dakota and Senate Judiciary Chairman Leahy return to Vermont to face the loved ones of the victims of illegal narcotics?

With their inaction the Office of National Drug Control Policy lies dormant without leadership and the Anti-Drug Media Campaign is in disarray. While they play their partisan politics children and minorities are being hit the hardest by the scourge of drugs affecting this country.

It has now been 59 days since John Walters' nomination and 2,582* have died from the ravages of drugs. The inaction of Majority Leader Daschle and Senate Judiciary Chairman Leahy is a national tragedy.

How many more have to die before the "New" majority in the U.S. Senate acts?

Sincerely,

John L. Mica
Member of Congress

* Based on the last drug-related death figures of 15,976 deaths from The Substance Abuse and Mental Health Services Administration.

NATIONAL FAMILIES IN ACTION
ATLANTA, GA 30329
September 10, 2001

The Hon. Joseph Biden, Jr.
United States Senate
Washington DC 20510

Dear Senator Biden:

Tomorrow you will preside over the confirmation hearing of John Walters to serve as Director, Office of National Drug Control Policy. As executive director of a 25-year-old national organization that helps families prevent drug abuse among children, I write to tell you that America's families strongly endorses Mr. Walter's candidacy. For the first time in the history of this office, Mr. Walters has selected a deputy who comes from the prevention field, Deputy nominee Mary Ann Solberg, and those of us in prevention applaud him for doing this. We are equally pleased with his selection of Demand Reduction Deputy nominee Andrea Barthwell, M.D., an expert in addiction treatment. Both are women who have long-term, practical experience in their respective fields. Families who are deeply concerned about keeping children away from drugs, and about improving treatment to help all who have become addicted recover, greatly appreciate the wisdom of Mr. Walters' choices, for they signal that he will truly seek to balance demand reduction with supply reduction, both of which are necessary components of effective drug policy, but neither of which is more important that the other.

You have already heard, and will continue to hear, loud voices opposing Mr. Walters' candidacy. This is an organized protest that comes straight from the drug-legalization movement, which insists our drug policies have failed, that the drug laws do more damage than drugs themselves, and that we should therefore legalize drugs. Legalization would be a disaster for this country and its citizens. Currently 105 million Americans regularly use alcohol and 67 million use tobacco, our two legal addictive drugs, compared to just 15 million who use all illegal drugs combined, according to the 1999 National Household Survey. These levels of use produce 530,700 deaths a year from alcohol and tobacco, compared to 16,000 deaths a year for illegal drugs, according to the Robert Wood Johnson Foundation's newest report, Substance Abuse: The Nation s Number-One Health Problem. If drugs were legalized, new legitimate revenues would be used to mass produce and mass market drugs to increase consumption, and use of drugs that are now illegal would quickly rise to levels similar to alcohol and tobacco today. Legalization proponents are simply wrong, both in their analyses of the problem and their solutions for it. The only people listening to them are drug users, dealers, and traffickers, and many in the press who sympathize with their views.

The policies this Congress has overseen since before and after it created the Office of National Drug Control Policy have not failed: since 1979, our nation has cut past-month drug use by nearly half (from 25 million Americans to 15 million Americans). More importantly, between 1979 and 1992, past-month drug use among adolescents and young adults fell by two-thirds. The crime rate has dropped to the lowest levels since the 1960s. So has the murder rate. Before such drug polices, adolescents suffered so many alcohol- and drug-related deaths in the 1970s that their life span as a group actually decreased, while the life spans of every other age group lengthened. Thanks to our nation's drug policies, this is no longer true: far fewer adolescents use drugs and alcohol today compared to the 1970s, and far fewer suffer all the problems that drug use generates.

Perhaps the greatest anxiety that parents and families feel about legalization efforts is the changes proponents are trying to make in drug-education for children and adolescents. Drug use is not a "fundamental human right," as Ethan Nadelmann, executive director of the George-Soros-funded Lindesmith Center asserts. Nor, God help us, will it ever be appropriate for parents to "model the safe use of heroin, cocaine, marijuana, ecstasy, methamphetamines, and other drugs around the dinner table," as Mr. Nadelmann insisted in a debate with the author of this letter at the 1998 Vail Valley Institute (a debate at which John Walters and I served as the opponents of legalization).

Nor should we ever teach children they can use harmful, addictive drugs "safely," as Mr. Nadelmann's colleague Marsh Rosenbaum, director of The Lindesmith Center West, asserts in her drug-education guide for teachers, Safety Rust., A Reality-Based Approach IV Drug Education. At a Drug Policy Foundation conference, Ms. Rosenbaum warned against sending recovering addicts into the classroom. They are

"failed drug users," she said, and .we should be usurp "successful drug users as good role models for children." At a conference her organization sponsored in 1999, Ms. Rosenbaum featured Healthwise, a British company, whose drug-education curricula tell parents that their children are safer using drugs than participating in outdoor activities.

Parents also worry about the efforts of another legalization organization, the Harm Reduction Coalition, whose newsletter explains how to enter schools as "drug educators" to surreptitiously establish "user groups" to support students' drug use. Gain access, the newsletter advises, with a "proposal that clearly outlines a harm-reduction approach, but uses language that bridges the gap between traditional prevention and harm reduction. One hysterical parent may be enough to get you program thrown out of school." The coalition advises advocates to "cast a wide net to include alcohol, tobacco, caffeine, chocolate, and sugar to breakdown stigma by showing that drug use is the norm, not an aberration."

John Walters will not let these kinds of assaults on school children happen. His experience as Deputy of Supply Reduction in the previous Bush Administration gave him the opportunity to take the measure of the re-emerging drug. legalization movement and the destructive policies it advocates. He will help America's parents and families reduce drug use and addiction among their children and in their communities. We wholeheartedly endorse his candidacy and ask you to confirm him quickly so that he can get on with the critically important task of shaping effective drug policy for our nation.

Thank you for considering our request.

Very truly yours,

SUE RUSCHE
Co-founder and Executive Director
National Families in Action

NATIONAL TROOPERS COALITION
ALBANY, N.Y. 12207
July 11, 2001

Hon. Orrin G. Hatch
Ranking Minority Member,
Senate Judiciary Committee
United States Senate
Washington, DC 20510-4402

Dear Senator Hatch:

The National Troopers Coalition, (NTC), represents this nation's state police and highway patrol law enforcement troopers and retirees. Our membership includes all ranks, inclusive of Trooper through the rank of Colonel. State and local law enforcement efforts account for over 90 percent of criminal arrests and troopers do the majority of highway drug interdictions. Our troopers are on the front lines daily arid some of them are seriously injured and killed in the performance of their duties.

On behalf of our Chairman, Trooper Scott Reinacher, and our membership it gives me great pleasure to give our highest recommendation and support for the nomination of Mr. John P. Waiters to be the Director of the Office of National Drug Control Policy. From 1989 to 1993, Mr. Waiters served in the White House Office of National Drug Control Policy (ONDCP) under the tutelage of William Bennett. During his service at ONDCP; he was responsible for helping guide the development and implementation of anti-drug programs in all areas of prevention, treatment, education and law enforcement.

Prior to his service at ONDCP, Mr. Waiters was a founder of the Madison Center, a public policy organization devoted to advancing improvements in education and related fields, including early childhood education and drug abuse prevention Mr., Waiters began working on drug policy matters at the U.S. Department of Education in the mid-1980's. He was a major designer of the largest federal funding increases for drug treatment and treatment research in U.S. history. He has always been a major supporter of innovative drug prevention programs and a steadfast advocate of a balanced anti-drug effort.

John Waiters is an articulate advocate, an able administrator, old a man of deep and reasoned convictions. The National Troopers Coalition believes that a successful effort depends on a thoughtful and integrated approach with strong law enforcement in conjunction with treatment, prevention and educational programs. John Waiters

is the right man, and the best man, to lead America's anti-drug efforts. In addition to endorsing addition to endorsing John Waiters, the NTC would like to publicly commend him for the fine work he has accomplished in the anti-drug arena.

The NTC hopes the Senate Judiciary Committee will review the record of John Waiters, which is strong and unwavering and that an early Senate judiciary Committee confirmation will be forthcoming.

Sincerely,

JOHNNY L. HUGHES
Director, Government Relations

PARTNERSHIP FOR A DRUG-FREE AMERICA
NEW YORK, NY 10174
July 2, 2001

The Hon. Joseph R. Biden, Jr.
SR–221 Russell Senate Office Building
Washington, DC 20510–0802

Dear Senator Biden:

Thank you for your years of commitment and leadership to drug prevention andtreatment. Your advocacy has been critically important to all of us working to reduce levels of drug use in America.

Recently I had the opportunity to meet with John Walters, the Bush administration's nominee for Director of the Office of National Drug Control Policy (ONDCP). I first came to know John when I Joined the President's Drug Advisory Council in 1989, the same year I became Chairman of the Partnership for a Drug-Free America (PDFA). At that time, John was Deputy Director of Supply Reduction for ONDCP. While most of toy dealings with ONDCP then focused on demand reduction issues,, it was my impression that John was an insightful and outspoken supply reduction advocate.

In our recent conversations with John, he assured us that if he is confirmed the National Youth Anti-Drug Media Campaign—a collaborative effort between ONDCP and the Partnership—would have his continued support.

Further, he made clear he would honor the administration's stated objective of pursuing a balanced approach to the nation's drug policy, one that focuses on reducing demand through prevention, education and treatment as well as on reducing supply through interdiction and law enforcement.

Given the above, I ask you to support the confirmation of John Waiters as Director of the Office of National Drug Control Policy.

Sincerely,

JAMES E. BURKE

PRIDE SURVEYS
ATLANTA, GA 30326
September 7, 2001

The Hon. Jon Kyl
United States Senate
Washington, D.C. 20510

Senator Jon Kyl,

Over the past two decades I have had the opportunity to work with John Waiters on issues surrounding youth, parents and drug use.

I know there are many other issues he must deal with if confirmed by your committee to direct ONDCP but I cannot believe there is a issue more important than preventing drug use among Americas youth. John has always proven to be knowledgeable and truly concerned about use of drugs by our youth.

More importantly, John has shown strong leadership when issues on policy were in conflict during past administrations. His support for America's youth has never wavered.

I want to give my strongest endorsement for the confirmation of John Waiters as Director of the Office of National Drug Control Policy.

Sincerely,

THOMAS J. GLEATON
President, PRIDE Surveys

○