

OVERSIGHT AND REAUTHORIZATION  
OF THE OFFICE OF NATIONAL  
DRUG CONTROL POLICY

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HEARING  
BEFORE THE  
COMMITTEE ON  
OVERSIGHT AND ACCOUNTABILITY  
HOUSE OF REPRESENTATIVES  
ONE HUNDRED EIGHTEENTH CONGRESS

FIRST SESSION

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C O N T E N T S

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Hearing held on July 27, 2023 .....	Page 1
-------------------------------------	-----------

WITNESSES

---

Dr. Rahul Gupta, Director, Office of National Drug Control Policy Oral Statement .....	5
---	---

*Opening statements and the prepared statements for the witnesses are available in the U.S. House of Representatives Repository at: docs.house.gov.*

INDEX OF DOCUMENTS

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*The documents listed below are available at: docs.house.gov.*

- \* Article, The Heritage Foundation, “Deceptive Numbers and Word Games Are Hiding Continued Mass Illegal Immigration Post Title 42”; Rep. Gosar.
- \* Letter, July 26, 2023 to Reps. Comer and Raskin, from The United States Conference of Mayors; submitted by Rep. Raskin.
- \* Statement for the Record; submitted by Rep. Connolly.
- \* Questions for the Record: to Dr. Gupta; submitted by Chairman Comer.
- \* Questions for the Record: to Dr. Gupta; submitted by Rep. Sessions.
- \* Questions for the Record: to Dr. Gupta; submitted by Rep. McClain.
- \* Questions for the Record: to Dr. Gupta; submitted by Rep. Connolly.



# OVERSIGHT AND REAUTHORIZATION OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY

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Thursday, July 27, 2023

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON OVERSIGHT AND ACCOUNTABILITY,  
*Washington, D.C.*

The Committee met, pursuant to notice, at 10:02 a.m., in room 2154, Rayburn House Office Building, Hon. James Comer [Chairman of the Committee] presiding.

Present: Representatives Comer, Gosar, Foxx, Grothman, Palmer, Higgins, Sessions, Biggs, Mace, LaTurner, Timmons, Greene, McClain, Boebert, Fry, Luna, Edwards, Burlison, Raskin, Norton, Connolly, Krishnamoorthi, Khanna, Mfume, Ocasio-Cortez, Porter, Brown, Stansbury, Frost, Lee, Crockett, Goldman, and Moskowitz.

Also present: Representative Gonzalez-Colon.

Chairman COMER. The Committee on Oversight and Accountability will come to order.

I want to welcome everyone here today to this very important hearing.

Without objection, the Chair may declare a recess at any time.

I recognize myself for the purpose of making an opening statement.

Today's hearing is an opportunity for the Committee to address the plague of fentanyl flowing into our communities, fueling misery across the country, and leading to historically high level of drug overdose deaths. I am sure that every single Member of this Committee knows constituents and their families who have been tragically impacted by illicit narcotics, especially synthetic opioids like fentanyl. "Fentanyl is the deadliest drug threat that our country has ever faced." That is a direct quote from a letter the Drug Enforcement Administration wrote me this past December.

In 2021, over 100,000 people tragically lost their lives to drug overdose in the United States, the majority caused by fentanyl. In 2022, again, over 100,000 people lost their lives to drug overdose, again, with the majority caused by fentanyl. We must continue to conduct oversight of the U.S. Government's efforts to prevent these tragedies and must make sure programs are using the best available resources and targeting taxpayer funds where they will make the biggest impact. Director Gupta from the Office of National Drug Control Policy or ONDCP is well suited to provide this information to Congress today.

ONDCP was formed with the mission to coordinate a governmentwide effort to combat the loss of life and human misery caused by illicit narcotics. We need to understand from the ONDCP what is working, what is not working, and what can be improved by legislation to prevent illicit drugs from coming into our country, entering our communities, and poisoning our families, friends, and neighbors.

The DEA assesses that virtually all of the deadly fentanyl found in the United States is mass produced by transnational criminal organizations in Mexico using precursor chemicals sourced from China, and then smuggled in the United States across the Southwest border. We need to know what ONDCP is doing to disrupt the criminal organizations that traffic in human misery and smuggle enormous quantities of drugs across our Southern border.

The border crisis caused by the Biden Administration's policies has diverted resources and manpower away from securing the border, and cartel criminals take every tactical advantage they can to cross narcotics at our ports of entry and in between as well. We need to know what ONDCP is doing to ensure that our Customs and Border Protection officers and border patrol agents have the technology, legal authorities, and manpower to intercept and disrupt the flow of narcotics coming across the Southern border. We need to know how ONDCP is working with law enforcement partners here and abroad to shut down the secret labs that manufacture poisonous fentanyl from depriving these labs of the chemicals they need to make fentanyl, to dismantling illicit financing networks that fund these labs. We need to know about the investments in prevention efforts, ensuring that the public is well-informed of the dangers of fentanyl, how to obtain treatment for drug use disorders, and ensuring access to life saving treatments like Narcan.

We know that China is not our ally in reducing drug overdose deaths in the United States. Not only are they the precursor chemical source from China, but money laundering organizations operating out of China have partnered with the cartels to launder the proceeds of their death and destruction at a fraction of the cost as before. We need to know what this Administration is doing to combat the aggression from China and expose the Chinese Communist Party's complicity in the deaths of hundreds of thousands of Americans. I am also alarmed with the increasing presence of xylazine in the drug supply, which Director Gupta has classified as an emerging threat. I am particularly concerned that Narcan cannot save someone from overdosing on it. We need to know how this illicit drug is making its way into the supply chain and what authorities ONDCP is leveraging to respond to this emerging threat.

Our oversight in this matter is critical not just to ensuring that Federal programs are working as intended, but this hearing will also inform authorization of that office beyond Fiscal Year 2023. ONDCP was last authorized by the bipartisan SUPPORT Act in 2018. A lot has changed in that time, but our resolve to put an end to the daily drug overdose tragedies in our communities is only strengthened. As the Committee of jurisdiction over ONDCP, it is up to us to make sure that ONDCP is equipped and directed to

take all appropriate actions to fight this crisis. And with that, I yield to Ranking Member Raskin for his opening statement.

Mr. RASKIN. Thank you very much, Mr. Comer, and thank you, Director Gupta, for joining us today. The Committee is going to be facing in the coming weeks the reauthorization of your office, which plays a critical role in the executive branch coordinating a whole-of-government response to reduce drug addiction and to prevent overdoses, which touch nearly every family and certainly every community in the country.

Overdose deaths have reached record levels in recent years, and while deaths remain shockingly too high, we are making progress reducing their frequency, partially because of the work of your office. Without ONDCP's coordination and oversight of drug policy and strategy, our public health and law enforcement agencies would still be working myopically in silos, and Federal investments to tackle the problem totaling \$41 billion in Fiscal Year 2022 alone would be drained off into waste and inefficiency. Instead, because of your office, our Federal agencies collaborate to address the problems of addiction and overdose as part of a well-focused National Drug Control Strategy. This comprehensive approach means that we can better deploy Federal resources to help the communities hit hardest by trafficking and the staggering rates of addiction, including by working to keep drugs out of the hands of children and to make sure people experiencing overdoses have the access to life-saving overdose reversal medication.

After rising for more than two decades, overdose deaths in America skyrocketed to historic highs during the coronavirus pandemic when they increased by more than 30 percent in 2020. The rate of increase slowed to 15 percent in 2021 and then again in 2022. While overdose has remained far too common and a single overdose is too many for our people, we have made remarkable strides in the last year and new CDC data show opioid overdose rates plateauing for the first time in many, many years, but we cannot continue this progress without reauthorizing your office.

Democrats and Republicans should work together to address the underlying causes of addiction in our society. When we talk about the opioid crisis or the fentanyl crisis, we are really talking about many different social crises bearing down upon us, including the mental and emotional health crisis and, in many communities and regions, an economic and opportunity crisis. It does no service to our communities and our families harmed by addiction to completely blame opioid overdoses on a crisis, whether real or fake at the Southern border. We are talking about more than 40 million people in America who have substance use disorders, with many of them facing serious underlying mental health conditions. We are talking about people who lack the resources they need to treat mental illness, who face stigma in obtaining treatment, and who may self-medicate with alcohol, fentanyl, and other illicit drugs.

More than 100,000 of our constituents, family members, and friends lost their lives to drug overdose last year. We must reauthorize ONDCP to ensure that America's young people have access to treatment, both for substance use disorders and other mental illnesses, so they do not end up overdosing or going to prison for committing drug-related crimes. More than 60 percent of children who

experience depression do not get the treatment they need, which exposes them then to the temptation to use dangerous substances to self-medicate in the absence of the mental health support networks that could actually see them through to safety. We have to reauthorize your office to halt the flow of fentanyl into our country.

Thanks to the work of ONDCP and the entire Administration, U.S. Customs and Border Protection seized nearly 245,000 pounds of illicit drugs at the Southern border including 21,000 pounds of illegal fentanyl from March 2022 through February 2023. Because we now have a coordinated all-of-government response, we are seizing more fentanyl before it invades our communities, and we are ensuring that law enforcement agencies have the tools they need to arrest illicit drug traffickers.

We are disrupting the criminal cartel networks that operate from China to Mexico and have denied nearly \$2 billion to the manufacturers and traffickers. Under ONDCP's leadership, the High Intensity Drug Trafficking Areas Program is working effectively, and in 2022, we saw a return on investment of \$82 for every dollar put into the program. The office is working with our Homeland Security agencies to ramp up the use of high-tech device drug detection technology along the Southern border, including installing new non-invasive scanners to catch trucks entering with fentanyl into the country. These new technologies appear to be working in dramatic fashion because fentanyl seizures are up nearly 400 percent along the Southern border, and 90 percent of illicit fentanyl is now being caught at ports of entry and vehicle checkpoints.

Earlier this month, your office released the Nation's first response plan for fentanyl adulterated with xylazine, after designating the substance an emerging threat. ONDCP would not have been able to make this designation without new authorities granted to you during reauthorization in 2018. Because of the new designation, ONDCP can coordinate a rapid response to the drug by surging resources to state and local entities combating the threat in real time at street level.

We cannot efficiently address the addiction and illicit drug control problems we face without discussing both supply and demand. While blocking fentanyl, methamphetamine, and other dangerous drugs from entering America is crucially important, we must also address the prevalence of untreated mental illness and rampant drug use, which create a market for these drugs in the first place. And significantly, we must also ensure that people who experience drug overdose can get access to the emergency medications they need to save their lives. Thanks to the bipartisan, bicameral work of this Committee and others in Congress, naloxone and opioid overdose reversal medication is set to be available over the counter in just a few weeks. And thanks to the good work of your office, more of our schools and workplaces have overdose reversal medication readily available. We must continue our work to ensure these medications remain affordable and accessible where they can mean the difference between life and death for our constituents.

Dr. Gupta, I look forward to hearing from you today about your critical work, and I thank you for joining us for this hearing as we work to reauthorize your office. I yield back, Mr. Chairman.



Chairman COMER. The gentleman yields back. I am very pleased to introduce our witness today. Dr. Rahul Gupta is the Director of the Office of National Drug Control Policy, which leads and coordinates the Nation's drug control policy. Dr. Gupta was confirmed by the Senate and assumed office on November 5, 2021. I look forward to hearing from Director Gupta today on his office's efforts to combat the overdose crisis as well as the reauthorization of the Office of National Drug Control Policy.

Pursuant to Committee Rule 9(g), the witness will please stand and raise his right hand.

Do you solemnly swear or affirm that the testimony that you are about to give is the truth, the whole truth, and nothing but the truth, so help you God?

Dr. GUPTA. I do.

Chairman COMER. Let the record show that the witness answered in the affirmative.

We appreciate you being here today and look very forward to your testimony. Let me remind the witness that we have read your written statement and it will appear in full in the hearing record. Please limit your oral statement to 5 minutes. As a reminder, please press the button on the microphone in front of you so that it is on, and the Members can hear you. When you begin to speak, the light in front of you will turn green. After 4 minutes, it will turn yellow. You know the routine. You have done it before, and if you need to take more time, feel free.

I recognize Dr. Gupta to please begin his opening statement.

**STATEMENT OF DR. RAHUL GUPTA  
DIRECTOR  
OFFICE OF NATIONAL DRUG CONTROL POLICY**

Dr. GUPTA. Chairman Comer, Ranking Member Raskin, and Members of the Committee, thank you for having me here today.

I recently called a mother to express my condolences. She just lost her daughter, Michelle, to drug overdose. Michelle left behind two young children. Michelle was not the only one lost to drug overdose and poisoning in the family. Her sister, Maya, had passed away 3 years prior after becoming addicted to pain medications prescribed to her, and the mother I spoke to had been the one to find Maya unresponsive at home, every parent's worst nightmare. So, I asked myself, how could we as a Nation have saved these two young women and more than 109,000 other Americans over the past year? Some say we just need to lock up everyone involved with illicit drugs, including people like Michelle and Maya, just lock them up and throw away the keys. Others say we should focus on treatment and ignore drug traffickers.

With an American dying every 5 minutes around the clock, we cannot just focus on supply or just on demand. We have got to do both because we cannot treat dead people, so here is the bottom line: drug trafficking is a crime and must be prosecuted, and drug addiction is a disease that must be treated. And here is what we are contending with today: drug traffickers who are motivated only by profit, too few support systems for people with the disease of substance use disorder. These drugs are accessible right on your phone, and emerging threats of fentanyl mixed with xylazine, com-

monly known as tranq, has made matters worse. Tranq dope is making fentanyl look like a walk in the park.

Disrupting today's drug traffickers and producers is like playing Whac-A-Mole. The global supply chain for synthetic drugs is more robust than ever, with precursors predominantly coming from China, which refuses to cooperate on counter-narcotics. So, we are bringing world leaders together to address the global supply of precursor chemicals for synthetic drugs, with or without China.

Last fall, Congress itself put a price tag on the staggering toll of opioid epidemic, \$1.5 trillion in 2020 alone—\$1.5 trillion. So, this is a national security problem, it is an economic prosperity problem, and it is a public health problem, and President Biden and his Administration are determined to solve it. The President's National Drug Control Strategy is going after the two key drivers of this crisis—untreated addiction and drug trafficking profits that fuel it—and we are getting results. Let me give you an example.

El Chapo's son is behind bars, and naloxone or Narcan is over the counter, and treatment for addiction is more accessible than it has ever been. We have the technology, the expertise, and the courage to stop drugs at the border. When almost 90 percent of fentanyl is coming through our ports of entry, we must put technology to work for the American people.

[Chart]

Dr. GUPTA. I want to point your attention to the poster on my left. We are installing new high-tech drug detection scanners on our Southwest border to make sure that every single vehicle that needs to be scanned, gets scanned. Every single one.

This is what commercial disruption of drug trafficking looks like in the 21st century. If you look at the post to my right, these images show from side-to-side and top-to-bottom how technology is helping seize more fentanyl than ever before. All the pieces in the red circle. With record-breaking seizures, we have denied traffickers more than \$22 billion in profit just last year, thanks largely to the brave officers and the agents of Custom and Border Protection and our High Intensity Drug Trafficking Areas program or HIDTA.

At the same time, we have invested \$83 billion in treatment, 42 percent more than the previous Administration, to address the opioid crisis in local communities. We are tracking non-fatal overdoses in near real time so communities can respond to hotspots. And using the emerging threats authority granted by Congress in the SUPPORT Act, we have developed a Federal response to xylazine and are implementing it as we speak. Our Drug-Free Communities Support Program or DFC is preventing youth substance use in all 50 states. And our social media campaign warning youth about the dangers of fentanyl and the importance of carrying naloxone has made more than 1.7 billion impressions: 1.7 billion. And as a result of all these actions and so many more, our Nation is finally seeing progress. In 2022, overdose deaths flattened after sharp rises for several years. Still, we cannot stop. We must keep pushing forward.

Now, to President Biden and to me, the path is clear. We must double down on what works and address the challenges that remain to save American lives, and we must prepare for future

threats. I want to thank Congress for your role in the progress our Nation has made, and I am eager to work with you to make sure that law enforcement and public health have the tools that they need. But make no mistake about it: this is a fight for the very future of our Nation. The American people deserve nothing less than our very best. Thank you.

Chairman COMER. Thank you, and we will now begin our questioning phase. The Chair recognizes Mr. Gosar of Arizona for 5 minutes.

Mr. GOSAR. Thank you, Chairman. Thank you, Dr. Gupta, for your comments. One hundred and seven thousand people died of overdoses in 2021, as you said. It appears that 109,000 people died of overdoses from February 2022 to 2023. No matter how the Administration spins this, the problem is getting worse. There are many reasons for the drug crisis. Instead of dependency that we saw on drugs, now we are seeing tranq and fentanyl being put together, and we are seeing instant death. Yes, there are more granular policy fixes that are worthy of focus. However, I would like to zoom out on this one problem. Biden's National Drug Control Strategy is 150 pages. The words "God" and "faith" are not mentioned one time.

People need a purpose to be happy. To quote Robert F. Kennedy and I know that is awful hard, "Unemployment kills." The left offers endless benefits, in other words, dependency, because dependent population votes for the providers of those benefits, but a human being needs a purpose, a good job, the ability to provide for a family, a belief in a creator in order to be happy. He or she does not need lockdowns that destroy their small businesses. He or she does not need free needles and syringes so they can inject themselves with deadly drugs. He or she does not need lower wages and more crime to thank illegal alien invasion. That only raises anxiety. He or she does not need to fight in pointless foreign wars. Words related to race are mentioned 50 times in the same document. Racism and white supremacy have nothing to do with the fact that our population is being decimated by illegal drugs and high rates of suicide. The lack of purpose fostered by the left is the real culprit.

Now, I have got some questions for you. I would first like to submit for the record the following article by the Heritage Immigration expert, Lora Ries, "Deceptive Numbers and Word Games Are Hiding Continued Mass Illegal Immigration Post Title 42," for the record.

Chairman COMER. Without objection.

Mr. GOSAR. In January 2023, the Administration decided to abuse the parole system, which only allows illegal aliens to enter the United States on a case-by-case basis for urgent humanitarian reasons or public benefit, by allowing 30,000 Haitians, Cubans, Nicaraguans, and Venezuelans to arrive per month. Dr. Gupta, does the decision to allow 30,000 individuals from these very poor countries to enter the U.S. every month exacerbate or improve the drug crisis in the United States?

Dr. GUPTA. Thank you, Congressman. I will say that the levels have flattened. We need to do more. We need to create a recovery-ready Nation, recovery-ready businesses, as you mentioned, and we

need to have people find hope and purpose in their life, and we are taking all aspects of it. You mentioned faith. We are meeting with faith leaders across the Nation very soon next month.

Mr. GOSAR. But I do not see it published.

Dr. GUPTA. I am sorry?

Mr. GOSAR. It is one thing to say that you are meeting with these people, but it is another thing to be acknowledged, right?

Dr. GUPTA. I can tell you that this is an important piece of what we are trying to do is accomplish or bring all communities together, whether they are business, faith, treatment, public health or public safety, law enforcement. It is important all of us have a role to play. None of us can fix this problem by themselves to recognize that.

Mr. GOSAR. I agree, but allowing thousands of people who do not speak English and who will have a very hard time finding a job to enter the United States will exacerbate the crisis in the United States, but that is not all. The Biden Administration is bastardizing the use of Federal app originally created by the Trump Administration to facilitate cross-border tourism and commerce under the Trump Administration called the CBP One app, that allows illegal aliens to make an asylum appointment at a port of entry. Thirty-seven thousand five hundred illegal aliens can enter the U.S. per month. According to Ries, if aliens entering through the parole and CBP One app were added to the DHS official encounters numbers, then encounters would return to historic levels of 200,000-plus per month, numbers only seen under the Biden Administration.

Do you believe facilitating the entry of 37,500 aliens per month, many of whom do not speak English and will have a very hard time finding a job, will exacerbate or improve the drug crisis in the United States?

Dr. GUPTA. Thank you, Congressman. What we are trying to do is put technology at the border to make sure that where the drugs are coming through, we are stopping every piece of that drug, what we can stop.

Mr. GOSAR. But you are not because I am from Arizona and we see hundreds and thousands of pounds of fentanyl coming across the border, so no matter how you try to intercept it, it is going to make it worse. So, I got limited time. The National Drug Control Strategy published by your office says advancing racial equity is one of the seven priorities that your office deems to be most important in fighting the drug crisis. Another is harm reduction, which means facilitating drug use for drug abusers. How is Congress supposed to take your office seriously when you espouse these positions? I do not know how any of these have anything to do with those circumstances.

Mr. Chairman, I yield back, and I thank you for the time.

Chairman COMER. The gentleman yields back. The Chair now recognizes the Ranking Member, Mr. Raskin, from Maryland for 5 minutes.

Mr. RASKIN. Thank you, Mr. Chairman. I am surprised to hear my colleague from Arizona say some of the things he is saying. First of all, the purpose of our government is laid out very clearly in the preamble of the Constitution: "We the people, in order to

form a more perfect union, establish justice, ensure domestic tranquility, provide for the common defense, promote the general welfare, and preserve to ourselves and our posterity the blessings of liberty, ordain the Constitution.” The gentleman is somehow looking for some kind of religious test, which is explicitly forbidden in the Constitution of people for public office in the drug control strategy. What about the free exercise clause? What about the establishment clause of the Constitution, which says that Congress shall make no law respecting an establishment of religion?

So surely, we can make a difference in terms of people’s individual lives and individual paths to recovery. People will derive sources of strength from many different places, including religious faith, including their friends and their family, including psychology, and so on, but the idea that our drug strategy is flawed because it does not put religion to the center seems, to me, to be preposterous.

And the gentleman also said, no matter how you try to intercept it, it is going to make it worse. On the contrary, what I have heard from Dr. Gupta is that the new technologies of interception are working in order to reduce the flow of fentanyl into the country. Dr. Gupta, you say in the National Drug Control Strategy, saving lives is our North Star. What are you doing to save lives and prevent overdoses, and how is this different from what was happening before?

Dr. GUPTA. Thank you, Congressman, Ranking Member, for that question. It is really important we meet people where they are today because of the crisis. One of those things is to make sure that we have naloxone or Narcan available to people when they are overdosing. As a doctor, I have seen people come into the emergency room five times sometimes in the same day. I have not judged them, but I do feel that saving that life was important to me, make sure that they have a chance of getting into treatment. We are expanding treatment with telehealth, with expanding the ability.

Congress was instrumental in making sure we are removing the X waiver that now goes from 129,000 doctors to almost 2 million doctors in this country, and then we are making sure that we are putting technology. I was down in Arizona, saw a 445 percent increase in detection. Thirty-eight million pills is what Custom Border Protection told me down there at the border—

Mr. RASKIN. So, you are saying that the technology is working?

Dr. GUPTA. It is absolutely working.

Mr. RASKIN. That your strategies of interception are not failing, and we should not surrender to the fatalism, which says there is nothing that can be done about it, other than everybody go home and pray about it. How are you addressing mental illness as an underlying cause of substance abuse?

Dr. GUPTA. Thank you, Ranking Member. Mental illness and drug addiction go hand in glove, and they overlap with each other. And it is really important that we address both the mental health, social isolation, as well as addiction as piece of that. Just the day before yesterday, the President announced the importance of parity enforcement to make sure that people with physical health and mental health get the same level of care and not discriminated

against. That is one of the reasons for not getting Americans the help the need and the President is completely focused on that.

Mr. RASKIN. I read a fascinating article that I want to submit to the record, Mr. Chairman, called, "How to Stop the Mexican Cartels? Stop Supplying Them With Guns."

Mr. RASKIN. And it makes the point that 75 to 90 percent of Mexican drug cartel firearms come from U.S. manufacturers and U.S. gun stores. As I understand it, there is only one gun store in all of Mexico. There is a much stricter control on firearms there, and the firearms that are being used by the cartels that are pumping fentanyl into our country are armed by American gun manufacturers. Would we actually be striking a blow for our efforts to reduce the flow of fentanyl into our country if we reduce the flow of firearms into Mexico coming from our gun dealers?

Dr. GUPTA. Ranking Member, it is critical to have a strong, stable partner on the south of border. Part of that is to address the illegal weapons that are going on, smuggled down into Mexico, causing violence as part of the drug and other trades.

Mr. RASKIN. Twenty-thousand Mexicans were killed last year. They are killing thousands of people, these syndicates and these cartels, and they are getting their guns from America.

Dr. GUPTA. Ranking Member, the cooperation on this issue and as well as the drug issue has never been stronger in terms of making sure that the Governor of Mexico is holding accountable both the traffickers, but also, we are sharing data, e-track, and other systems so that we can go after the weapons trafficking that is happening in this country as well.

Mr. RASKIN. Well, thank you very much, and I yield back to you, Mr. Chairman. Thank you kindly.

Chairman COMER. The Chair now recognizes Dr. Foxx from North Carolina for 5 minutes.

Ms. FOXX. Thank you, Mr. Chairman, and thank you, Dr. Gupta for being here today. I voted in favor of the SUPPORT Act in 2018, which created the ONDCP. And I believe in the work that you and your staff do to marshal our government's resources to keep dangerous drugs, like fentanyl and xylene, off of our streets. However, I am deeply concerned that the Biden Administration is pursuing radical, open border policies that invite cartels and their Chinese enablers to flood our country with absurd amounts of fatal drugs, making the ONDCP's job even harder than it ought to be. Dr. Gupta, can you tell the Committee how many pounds of fentanyl were seized in Fiscal Year 2020?

Dr. GUPTA. Congresswoman, I can get you the exact data for years, but the fact is we are seizing more fentanyl now than ever before, and—

Ms. FOXX. I believe the official CBP data shows it is 5,600 pounds, so can you tell us how many pounds were seized in Fiscal Year 2021?

Dr. GUPTA. It was certainly less than what we have now.

Ms. FOXX. It is 11,201 pounds. I am using official figures: Fiscal Year 2022, 14,700 pounds. And this year, and I will remind those watching that we still have a few more months to go, in fiscal 2023, 22,037 pounds. We have seized nearly 17,000 pounds more fentanyl in 2023 than we did in 2020. That is just a difference of 3 years.

Dr. Gupta, could you please inform the Committee just how little fentanyl is needed to kill the average-sized man?

Dr. GUPTA. Congresswoman, as little as 2 milligrams is potentially lethal, but I could tell you there are two reasons primarily for seizing high numbers. One is the use of technology that we are doing and our brave women and men at the Custom Border Protection are working, officers in blue and green to stop it; and the second is to make sure that these drug traffickers and producers are being motivated by profits.

Ms. FOXX. Well, we very much appreciate the work that is being done to seize the fentanyl. My understanding was it takes 3 milligrams. You said 2, so my math will be off on 2. But let me say on 3 milligrams, the 22,037 pounds of fentanyl seized so far this year is enough to kill over 3 billion people—3 billion people—so under your numbers it would be even more. That is nearly half the global population. So, we learned in a hearing hosted by this very Committee in late April the Chinese firms produce and sell the chemical precursors used in fentanyl production to South American cartels, who in turn manufacture and traffic fentanyl across the Southern border using the flow of migrants as a smokescreen.

Dr. Gupta, I want to inform both you and the public, that in 2020, our Southern borders saw some 242,000 encounters with illegal immigrants. I should note that these are the encounters that were recorded and that the true number is much higher. And so far in 2023, there have been a whopping 783,993 encounters. That is over three times higher than in 2020. And while I appreciate the good work that you and the people who work with you are doing, it is very clear to me and most Americans that this President's open border policies are contributing to the deaths of thousands of American citizens and lining the pockets of drug cartels and illicit Chinese drugs manufacturers. This is a disgrace. Mr. Chairman, Congress must act. I yield back.

Mr. RASKIN. Will the gentlelady yield for just a moment?

Ms. FOXX. My time is up, Mr. Raskin.

Mr. RASKIN. OK. Thank you.

Ms. FOXX. Thank you.

Chairman COMER. The Chair now recognizes Ms. Norton from Washington D.C. for 5 minutes.

Ms. NORTON. Thank you, Mr. Chairman, for this important hearing.

Dr. Gupta, I think you would probably agree that the opioid epidemic is one of the greatest public health crisis facing our Nation today. Lack of access to treatment, and I am interested in my questions on treatment, is a primary driver of this crisis. In 2021, 24 million people in the United States aged 12 years and older met the scientific criteria for having a substance use disorder, but the vast majority did not receive treatment. Dr. Gupta, are medications to treat opioid addiction effective?

Dr. GUPTA. Yes, Congresswoman.

Ms. NORTON. And are most health insurance plans required by law to cover medications for substance abuse disorders?

Dr. GUPTA. Yes, they do, minus sometimes the games that get played about preauthorization and other aspects of this that we are trying to address at this point.

Ms. NORTON. That is important. There is no reason people should face continued barriers to treatment, but tragically, they do. For example, a recent study indicates that Medicaid is one of the primary payers for medication that helps treat opioid addiction in the United States, also known as therapeutics. However, 50 percent of Medicaid enrollees with opioid use disorder still lack access to therapeutics. Dr. Gupta, based on your knowledge and expertise as a medical doctor, why is it important that people who experience opioid use disorder have access to medicines that help treat the disorder?

Dr. GUPTA. Thank you, Congresswoman. It is critical. We have less than 1 out of 10 people who need treatment today, is getting treatment. It is worse for communities that are marginalized communities of color and rural populations. So, it is important that when we look at telehealth, we look at being able to cover for these medications. There are three FDA-approved medications that people get the help when and where they need it, and that is exactly the work that this Administration is trying to do, expand it to have the goal of universal access to treatment by 2025.

Ms. NORTON. Thank you. Just last week, the Biden-Harris Administration announced plans to distribute almost \$48 million in grant funding for programs that expand access to medications for opioid use disorder. This was part of the Administration's overdose prevention strategy, and it has coordinated whole of government approach to making opioid addiction treatment more accessible. So, Dr. Gupta, how would these grants help ensure people experiencing opioid use disorder have access to treatment including therapeutics, such as buprenorphine?

Dr. GUPTA. Thank you, Congresswoman. The fact is that today, there are \$24 billion more that are going into the local communities than in the past 4 years, and the reason for that \$83 billion in total is to get people the help where they need it and when they need it. These moneys will help people access treatment. And one of the things that I will say is oftentimes people do not ask for treatment because of stigma, so it is important that we start to work to remove that stigma, whether we are working with employers, small businesses, or others. And that is an important piece of this work to make sure that people can access it. They do not have the fear of being, you know, punished for that, and then treatments are available and accessible to them wherever they live.

Ms. NORTON. Thank you. Dr. Gupta, how would reauthorizing the Office of National Drug Control Policy allow you to continue coordinating across government agencies so that people have access to opioid use disorder medications regardless of socioeconomic status or other barriers to care?

Dr. GUPTA. Congresswoman, what my office does is works across the \$40-plus billion budget across 19 Federal agencies to coordinate the response to this. It is a congressionally created office. It is critical to saving lives that we make sure that treatment is available to anyone and everyone that needs it. It is an important tool in the toolbox to be able to help people save lives.

Ms. NORTON. Substance use disorders are incredibly complex challenges that require multifaceted solutions. I look forward to



continuing to work with the Administration to get lifesaving treatment into the hands of people struggling with opioid use disorder.

Mr. RASKIN. Would the gentlelady yield for a moment?

Ms. NORTON. I yield.

Mr. RASKIN. Just quick question on Ms. Foxx's point. Does an increase in the amount of fentanyl seized indicate the failure of our drug strategy or the success of the policies of the Administration?

Dr. GUPTA. Ranking Member, obviously increased seizures means that more is being done at the border to hold people accountable, so it is an indication of the success of the policy and the strategy.

Mr. RASKIN. Thank you. I yield back.

Chairman COMER. The Chair now recognizes Mr. Palmer from Alabama for 5 minutes.

Mr. PALMER. I thank the Chairman. In response to what our measure of success ought to be, we had a record number of people die from fentanyl poisoning last year. It exceeded another record year of the previous year. And I think if we want to talk success and dealing with fentanyl, and particularly fentanyl crossing our Southern border, I am very appreciative of the fact that we have interdicted an enormous amount of it, but when the death rate is as high as it is, Dr. Gupta, with all due respect, that is not exactly success by anyone's definition.

I want to ask you about something else. We also are seeing something, and I appreciate the fact that ONDCP has alerted the public about the use of xylazine, also known as tranq. It is, as you know, a non-opioid veterinary tranquilizer. It is not approved for human use. It depresses the central nervous system, and we are starting to see people to die from that. I just saw a report the other day with a young mother talking about her son. They tried to administer Narcan to revive him. That did not work because it is a non-opioid, and I just want to ask you, where is most of the xylazine produced?

Dr. GUPTA. Thank you, Congressman, for the question. A lot of it is coming from illicit sources from China.

Mr. PALMER. Right.

Dr. GUPTA. It is also being trafficked through traffickers and mixed on the street.

Mr. PALMER. You are ahead of me on where I was going with this because I want to make this point, Mr. Chairman, that it is not enough for the cartels and the Chinese to kill Americans with fentanyl. We have developed some ways to save people who have taken that drug with Narcan, but Narcan does not work, as we pointed out, and Dr. Gupta knows this. It is a non-opioid, the xylazine is, and it does not work. So now they are mixing it in with fentanyl. And I just have to ask myself and this is probably unfair for me to ask you this, but it seems to me, Dr. Gupta, that this is intentional, that, I mean, most people when they are selling a product they want to preserve their customer base, but it seems to me that the intent here is to kill as many Americans as they can.

Dr. GUPTA. Congressman, the intention is to make as much money as they can. I will say this, Narcan or naloxone does work, but it complicates the response. So, you got to have more respiratory control and all of those things, so it is making it difficult to save lives because of the tranq dope now, but the intent here is

all about money. We have got to follow the money and that is exactly what this Administration is doing.

Mr. PALMER. Well, if it is all about money, they would be producing a drug that gave the same results that the drug user wants to experience without killing them, but when you have over 100,000 people dying, there is a problem here. And I am almost to a point, Mr. Chairman, where I think that the cartels ought to be classified as non-state adversaries. I am serious. When you have that many people dying. And I bet there is not a person in this room that does not know someone who has lost a family member to a drug overdose.

Dr. GUPTA. Congressman, what they are trying to do, if you allow me to say this, is collateral damage that is acceptable to them and is not to us. This is what they are trying to do. They try to make sure that fentanyl is 50 to 100 times more potent and addictive than morphine. So, their goal is to get as much as possible to the people and not just in the United States but across the world. So, their population and clients is limitless, and we want to make sure we can stop them by denying them profits and operating capital, and do everything we can.

Mr. PALMER. Well, don't we also know that the Chinese are providing not only the xylazine and the fentanyl, but also the chemicals for mixing these for the combinations that they need to produce the drugs that people are taking?

Dr. GUPTA. We are doing everything. We have asked Chinese to work. They are refusing to cooperate with us at this point. That is why we have put together a global coalition of 80-plus countries and 11 international organizations to go after the chemical precursors across the earth.

Mr. PALMER. Well, when they are refusing to work with you, I do not think China needs the drug money. They are not making the money that the cartels are making. At some point, you have to realize that there is a level of intent here, of malevolence, that has to be taken into account. I think we are going to have to, I know Congressman Dan Crenshaw was involved with the select committee on dealing with the cartels. But when you have over 100,000 people dying, and that is probably underreported by 10, 15 percent, because so many families do not want it on the death certificate how their family member died, I think we are going to have to reevaluate how we address this, and it needs to be a bipartisan effort. And I thank you for being here. I yield back.

Chairman COMER. The gentleman yields back. The Chair recognizes Mr. Frost from Florida for 5 minutes.

Mr. FROST. Thank you, Mr. Chair, and thank you, Dr. Gupta for being here.

The Office of National Drug Control Policy is responsible for coordinating the United States Drug Control Policy response. This includes policies addressing the flow of harmful drugs into the country, but also includes supporting our neighbors, who are directly impacted by substance use disorder. And also, to clarify, the ONDCP has been around since 1989. Once again, the ONDCP has been around since 1989. It was reauthorized in 2018, so it was not founded in 2018. It was in 1989.

Each year in Florida, around 750,000 people misuse prescription pain relievers and 165,000 live with an opioid use disorder, and it gets worse. In America, approximately 85 percent of the prison population has an active substance use disorder or were incarcerated in connection with drugs or drug use. Forced withdrawal in prison can be deadly. Doctor, how has your office supported the expansion of substance use treatment for incarcerated folks?

Dr. GUPTA. Thank you, Congressman, for that important question. The fact is today that any given day there is 2 million Americans incarcerated. Sixty to 80 percent of them are incarcerated because of either drug use or drug-related crime, and when they are released, they are up 120 times more likely to die from overdose or be re-incarcerated. It is become so critical to get people the help they need to get them treatment so when they come out, that not only 85 percent less likely to die, but actually go back and assimilate in the community and be contributing members to the community. So, we are both working within the Federal Bureau of Prisons to expand treatment so anyone who wants treatment is offered treatment. We are also providing Medicaid waivers to states. Fifteen states have already applied for the waivers to get treatment available for 90 days before release. Two have been approved, including California and Washington, which I believe was just approved last week.

Mr. FROST. OK. Thank you. And you brought this up. It is not just during incarceration. The first 2 weeks someone is out of jail, they are 129 times more likely to overdose.

Dr. GUPTA. Congressman, here is the problem. We have 18 to 42 years old, No. 1 cause of death today in America—this is working age population—is overdose, and these folks are being released and they are dying. I look at this also from an economic prosperity in the future for our country's standpoint, and this is not a 1 year, 2-year project. This is something we will continue to see results into the future.

Mr. FROST. Has your office developed recommendations on dealing with overdose in terms of reentry?

Dr. GUPTA. Yes, Congressman. We have developed a state model law for prisons and jails to look at to how to measure because we want to make sure the taxpayer dollars are being appropriately used to measure what works, what does not work as well, and we will be happy to share.

Mr. FROST. I also want to hear what you have to say about the CMS 1115 waiver. Can you explain for people what that is and why it is so important?

Dr. GUPTA. Yes, Congressman. As I mentioned, the numbers do not lie. We have too many Americans dying that are being released back into the community because their threshold goes down and they go back, and they end up dying or worse being incarcerated. The 1115 waiver allows states to apply for the ability to treat people for 90 days before they are released, and then the most important piece of this is connecting. Oftentimes when people are released, they are lost in the community. The next time you know it, either they are in prison or they are dead. This connection transition of care is so important that this waiver allows. It is, literally, lifesaving and life changing for these individuals.

Mr. FROST. And as I understand it, my home state of Florida is not yet among the states making use of the waiver. Is that correct?

Dr. GUPTA. In my understanding as well.

Mr. FROST. In 2022, the National Drug Control Strategy, you outlined specific goals and field performance goals for 2025. How confident are you that, if given that amount of resources needed, that you can hit those targets that you set for yourself?

Dr. GUPTA. These are goals that we have outlined of saving 165,000 American lives by 2025 are doable, but just between 2022 and 2021, we have avoided the death of 19,000 Americans. Again, to me, as a doctor, every one of these as an individual that is at the dinner table at the holiday party with each other with their family. So, we have that. The goals I think we are putting together, the policy that are there are working. We need to make sure the resource and folks get the help that they need.

Mr. FROST. Thank you. You know, I think the Chair and my colleagues on this Committee on both sides of the aisle can agree that the size of our commitment should match the size of the challenge, and this is a huge challenge for our country right now. Thank you. I yield back.

Chairman COMER. The Chair recognizes Mr. Higgins from Louisiana for 5 minutes.

Mr. HIGGINS. Thank you, Mr. Chairman. Doctor, your background, you are primarily a medical doctor, correct?

Dr. GUPTA. Yes, Congressman.

Mr. HIGGINS. OK. So, do you consider yourself a law enforcement professional?

Dr. GUPTA. Congressman, I have worked in West Virginia with law enforcement as commissioner of health for two Governors, as well as local health of public.

Mr. HIGGINS. We appreciate that service. I am not trying to do anything other than clarify your background. The position you are in, as our Nation faces an unprecedented crisis of incoming deadly drugs across our Southern border, it is going to call for a great deal of coordination between the executive branch and your particular department which we have to determine if we intend to support reauthorization or not, and I am not there yet. So, as a law enforcement professional myself, I have questions about the direction that you are leading your department. And so, I am asking you legitimately, it is OK to be a doctor and not a cop, but when you are talking to folks about who you are, are you a doctor or are you a cop?

Dr. GUPTA. I am proud to be a physician, but also, I have tremendous respect for the law enforcement officers across this Nation.

Mr. HIGGINS. Excellent and polished answer. So, the meetings that you have, how would you describe how extensive they are, the meetings that you have with the heads of CBP and Homeland Security Investigation?

Dr. GUPTA. I have regular meetings with all of the agencies and more, as you mentioned, and they are—

Mr. HIGGINS. Specifically, CBP and Homeland Security Investigations, how frequently? You said regular meetings. What does that mean?

Dr. GUPTA. Congressman, I just had a phone call this week with the Acting Commissioner Troy Miller of CBP, and I intend to see him again next week.

Mr. HIGGINS. How about HSI?

Dr. GUPTA. It is more or less I have detailees in my office every single day. They come to work from HSI, from CBP, from a number of law enforcement agencies.

Mr. HIGGINS. OK. Let us shift from your level of interaction with the leading department, Homeland Security law enforcement and investigative forces at our border that are tasked with stopping fentanyl from coming into our country and the meth. Are you familiar with the term "China White?" Do you know what that—it was back in the 1990's. That is not a trick question. I will just tell you.

When fentanyl first showed up on the street, we did not know what it was. It was very rarely encountered. It was called China White. It was known to be super powerful and deadly, but it was not really an issue because the issue at the time, the 1990's and into the mid-2000's, was meth labs in America. Those were largely shut down by legislative action taken at the Federal and state level to take Sudafed and Sudafed-type products off the shelf, to make them all available over-the-counter, but with an ID through the pharmacy. That pretty much shut down the labs, but this vacuum was filled as the fentanyl trafficking began building, and it largely coming through Mexico. We knew this.

And this stuff was so deadly, and I am trying to get there, was so deadly it was killing our canine dogs and officers who would come into contact with it. We had to change all our protocols on how to deal with this stuff. And now it is so prevalent and so cheap, \$100 to \$150 a gram, and only requires 2 milligrams as a deadly dose. It calls a point on the street because you pick it up with the point of a pen. That is how deadly it is, and it is so cheap and so readily available, drug dealers are giving it away in order to establish an addicted clientele to grow the addicted clientele. They are giving it away. We had 107,000 deaths in 2021, 108,000 in 2022, and your quote from earlier, good sir, was that you are not failing to intercept. So please explain.

Dr. GUPTA. Thank you, Congressman. And let me just be clear that I was involved in putting through the pseudoephedrine behind the walls. I was involved in those meth lab busts on the ground, actually, and the reason, if you think about it, why it went South of the border, the production of meth, is because of money. The reason that fentanyl is so profitable is because the small amounts affect the same amount and is so potent.

So, I think we have to understand what persuades these bad guys to actually go to the verge of killing 109,000 Americans a year, and it is actually profits. It is money. It is important, and this is why this Administration is going through commercial disruption, going after the traffickers, but also their profits, pill pressers, die molds, shippers, and working with shippers, and express consignment carriers, and putting highest level of sanctions that we have on both Chinese companies, these companies, as well as the Mexican cartels and producing the indictment along with arrests of hundreds of hundreds of the members in recent days that you have

seen. Part of that all reason is to disrupt and dismantle these organizations but also understand what drives them in the 21st century.

Mr. HIGGINS. You have been very professional. My time has expired. Thank you, Mr. Chairman.

Chairman COMER. The gentleman yields back. The Chair now recognizes Ms. Stansbury from New Mexico for 5 minutes.

Ms. STANSBURY. Thank you. Dr. Gupta, welcome to our Committee. Mr. Chairman, I want to start by thanking you, sincerely, for convening this panel today, and I do mean that from the bottom of my heart because I have watched as this Committee has devolved into a platform for conspiracy theories and misinformation and political theater over the last 6 months. And I think it is notable that many of our colleagues do not even bother to show up when we hold a real hearing, and the conspiracy theories and cameras are not rolling. So, it is about high time that we actually turn to an issue that affects the American people.

And I think, like so many Americans, these issues of addiction, drug trafficking weigh heavy on my heart, especially for so many New Mexicans, which is the state that I represent. The opioid crisis has hit close to home, and in fact, I will never forget the morning in January in 2019, when I received the first call. I was actually sitting on the floor of the New Mexico State House of Representatives. I had just been elected to the legislature when I received the call that one of my oldest and dearest friends had died suddenly of a heart attack. We later learned that it was a fentanyl overdose, and over the years that have now come since that first call, there have been more.

And I think for many New Mexicans, this is a story that is all too familiar, and it is why I have spent a lot of my time in this body working on real solutions to address the fentanyl crisis because it is real, because it hits close to home, because it is affecting every single family in our communities and in my state. And we can sit here and yell about the border and talk about all of these issues, but if we are not actually addressing the real issues that are leading to the crisis, then our family members and our friends are going to continue to die.

That is why I have been working with law enforcement, our state, local, and tribal officials, our behavioral health providers to help rebuild the behavioral health and addiction recovery systems that were gutted by a Republican Governor just one cycle ago. We are working to invest in the drug interdiction programs, the drug trafficking technologies and tools for a law enforcement. We are helping to support the border intervention programs that help to stop the tide of those raw materials coming in and actually helping those, whether they are in the homes of their family members or loved ones or living on the streets, actually connect with the care that they need to recover. That is how we address this crisis, not sitting in rooms screaming to cameras.

And so, Dr. Gupta, I am grateful for your service, and I know that you understand that. And I am grateful that President Biden has actually made this a priority and a centerpiece of his Administration, and I think in spite of what we have heard here today, it is important that the American people really understand that. And

I wonder if you could just take a moment to help us understand how high a priority this is for the President and for your office and how you are addressing the crisis.

Dr. GUPTA. Thank you, Congresswoman, and I am deeply sorry for the loss. It is something that stays with me every day. Every morning I wake up, this is something I think about, so this is very personal to me. The President is extremely committed to this. I can tell you that this is his top priority. Not only is the President's drug control strategy completely data driven and focused on getting resources and help to Americans and in an evidence-based manner, doing everything we can from both supply side and demand side, but he is personally committed.

I spoke to him this week about this. This is how much committed he is, and so is the Vice President. We brought in eight attorneys general last week to the White House to talk about it, and it is important, it is bipartisan, it is part of the President's unity agenda. And it is something that 109,000—a million Americans—have passed away in the last 2 decades and tens of millions have suffered a non-fatal overdose. I think we have got to find a way to work together on this and solve this problem.

Ms. STANSBURY. Thank you, Doctor. I also want to just take a moment to clarify and correct some misinformation that was shared just a few moments ago by one of my colleagues that is not only incorrect, but dangerous. Now, Dr. Gupta, in New Mexico, our law enforcement are very clear with us. The vast majority of raw materials that is used for the manufacturing of fentanyl is actually coming across legal ports of entry. Is that correct?

Dr. GUPTA. That is correct.

Ms. STANSBURY. And the vast majority of those materials is actually being transported through those legal ports of entry by crime syndicates and drug traffickers, not by individuals who are seeking asylum in this country, correct?

Dr. GUPTA. That is correct.

Ms. STANSBURY. Thank you. And, you know, Dr. Gupta, and to my colleagues, I think that the propagation of dangerous rhetoric against those from other countries who are seeking asylum in our country not only threatens the lives of those individuals who are trying to come to our country for a better life, like so many of our families did, but it also threatens the safety of our communities and our ability to address this crisis. So, let us be honest with the American people, let us be bipartisan, and let us actually work to solve this problem, and with that, I yield back.

Chairman COMER. The Chair recognizes Mr. Grothman from Wisconsin for 5 minutes.

Mr. GROTHMAN. Yes. First of all, I got to do a follow-up on that last thing because I have been at the border several times, and if you talk to the Border Patrol, what they will tell you is the majority of drugs caught at the border are in designated points of entry. We have, like, well over 30,000 got-aways who come across the border when there are diversions made by the Mexican drug cartels. The got-aways, of course, we do not catch them with drugs because we do not catch them at all, right? And the guys on the ground, the guys with the Border Patrol, believe that most of these drugs are coming through got-aways, but they do not show up in the sta-

tistics because they got away, and the reason they are getting away is there are a lack of Border Patrol agents. So, you should just be aware what the people on the ground think.

Now, I think to look at this problem, we have to see who is doing these drugs because that is where the problem is. I am going to ask you some general questions about the 108,000 people or whatever died last year. Percentage wise, how many of those folks about had full-time jobs?

Dr. GUPTA. I do not know if we have that level of details on data.

Mr. GROTHMAN. OK.

Dr. GUPTA. I can tell you that when I did the same survey for West Virginia as a commissioner, we found that most of these people that did have job were blue-collar workers, and they were less than high school educated.

Mr. GROTHMAN. OK. There is an interesting follow-up, but we do not know. Percentage wise, what percentage of the people who died are married?

Dr. GUPTA. I can tell you, Congressman, that this problem cuts across all—

Mr. GROTHMAN. No. I know, I know, and I know it affects everybody and there are examples in any area, but if we want to reduce the number of people dying, we got to look at where most of the people die. And when we look at the people who are not dying, maybe we can get some suggestions how we can have the population as a whole take less of these drugs. Do we know percentage-wise, the people who died, about how much are married?

Dr. GUPTA. So, Congressman, if you want to get at stopping people from dying, we put up a non-fatal overdose platform for the whole state, the whole country at a county level. We can get that data, and that is available near real-time right now.

Mr. GROTHMAN. OK. So, do you have data? Is it available?

Dr. GUPTA. It is publicly available. All the 911 call data is publicly available near real-time. It is helping local communities right now.

Mr. GROTHMAN. OK. So, you know what percentage are married and what percent are not?

Dr. GUPTA. We know who is getting overdosed, and we know how to respond to them and get them into treatment.

Mr. GROTHMAN. OK. So, of the percent overdose, what percent have full-time jobs? Say, what percent are married? What percent are on antidepressants? These are all questions that I would be asking to see if we can identify how to prevent people from overdosing or what our target population should be. Are we collecting that data?

Dr. GUPTA. That data sometimes is collected by individual states, but here is what I can tell you, is there are individuals who go through a non-fatal overdose 14 times. There is 14:1 ratio in some places. It is, like, people are coming to the cliff to fall off. They are saved until they are not saved, then they fall off.

Mr. GROTHMAN. I understand, but you are not answering my question, which is frustrating because it means you do not know the answer to my question, which is frustrating because, to me, your job should be to know the answers of my questions. Now, I will ask you a question on this Narcan stuff. There are a variety



of efforts being made to make Narcan more available. I mean, it is amazing you talk to your local law enforcement, the number of people who they have brought back compared to the number of people who have died. There is a bill that people are floating around out there saying that we should have Narcan in every Federal building. Do we know where most people are dying? Are they dying in their bedroom? Are they dying in a car? Say, what are the five most popular places that we find people dying?

Dr. GUPTA. Publicly, and let me tell you a very specific example. When you look at the teenagers doubling in deaths from poisonings from 2019 to 2021, in 2 out of 3 situations, bystanders were nearby, but naloxone or Narcan was not, and I am talking about the youngest in our country that we could have saved.

Mr. GROTHMAN. OK. So, you believe that if we were to put more Narcan available in the country, it would be places—where were these people dying? Are they dying in a school setting? Are they dying out in a park at midnight? I mean, where are they dying?

Dr. GUPTA. Public places. I would think about naloxone, Narcan, like a smoke alarm or a defibrillator, the more it is available, the more lives will be saved, and the more publicly available, schools, restaurants, businesses, malls, all of these places.

Mr. GROTHMAN. OK. I know I am a little bit over here, but I would ask you to find the answers to the questions I ask you, you know, because we should know if only 5 percent of the people that are dying are married, that is an interesting statistic. OK. If only 15 percent of the people that are dying had a full-time job, that is an interesting statistic. If a lot of them are on antidepressants, that is an interesting statistic. And if you cannot do a study nationwide, maybe you can just do a sample of a random 5,000 people, and the results might surprise you, and maybe we could use those results to probably solve this scourge. Thank you.

Chairman COMER. The Chair now recognizes Ms. Lee from Pennsylvania for 5 minutes.

Ms. LEE. Thank you, Mr. Chair. I would like to thank the Committee for holding this hearing and giving us an opportunity to discuss this health crisis because that is what addiction is, a health crisis.

Dr. Gupta, last year, when you described substance abuse disorder in your testimony before our Committee, you stated, “One of the things we realized in the last few decades is this is a brain disease. Just like a lot of other disease, it is a brain disease. The way that we need to treat that is as a disease of the brain.” We need to continue the work started by the National Drug Control Strategy to act on this medical understanding and prioritize treatment for people struggling with substance abuse disorders just as our society seeks to treat other forms of diseases. For example, the strategy aims to “make evidence-based treatment as accessible and available as primary care.” Dr. Gupta, how would achieving this goal benefit American families, like those I represent in Pittsburgh?

Dr. GUPTA. Thank you, Congresswoman. Really important because today, when someone wants to get help at 2 a.m., they are told that they have to wait in line for the next 30 days and sometimes people are not even alive for that. What we are trying to do

is to make sure, just like we treat in primary care—hypertension, high blood pressure, diabetes, obesity, you name it—this is a problem that can be treated in primary care. This is the reason that we have extended telehealth, the ability for Americans to get the help no matter where they are. We made sure that people can take some of these medications home with them. We have removed, with the help of Congress, the X waiver. I am an X waiver physician, but now we have expanded the ability for almost 2 million doctors to be able to treat as opposed to 129,000, and we are committed to making medications more available and affordable as well. The President is fully committed on that to make sure that everyone gets the help that they need when and where they are need it.

Ms. LEE. Thank you, Dr. Gupta. And how is the ONDCP centering evidence-based solutions in response to the addiction crisis?

Dr. GUPTA. Thank you, Congresswoman. I think it is important to see for what it is. As you mentioned, it is a disease of the brain. We are also going beyond treatment because the fact is, there are 20 million-plus Americans today successfully in recovery, 60 percent of whom are gainfully employed and often getting their health insurance from employment. So now we know that people need more than just treatment, need housing, transportation, food security. Those things are important to make sure that we are taking an approach that centers around success of each individual in their community because that spells the success of the state and success of the Nation.

Ms. LEE. Thank you for lifting up the holistic needs that we have in our struggle to treat this disorder. The need to prioritize treatment in our approach to Drug Control Policy cannot be overstated also. Ninety-four percent of people with a substance abuse disorder did not receive any treatment in 2021. We are talking about the difference between life and death here as overdoses have accounted for over one million deaths in the United States since 1999. How is ONDCP making treatment more accessible for people with complex needs who face barriers to care?

Dr. GUPTA. Thank you, Congresswoman. I think it is really important to make sure that we make treatment accessible and affordable to anyone and everyone that needs it. When we look at people who are incarcerated, people in custody, it is important to make it available because of the high risk of dying or reincarceration. When we look at communities that have historically been marginalized, it is important to make sure that they are receiving treatment. We look at rural America, it is important to make sure that treatment is there because I, as a physician in rural America, have seen why people often do not go to treatment because it is 80 miles away.

So, these are the few things that we are doing with telehealth, with extension, expansion of treatment aspects, and making sure we are reaching people through harm reduction and other programs so we can meet them where they are and help them move forward in getting the help they need.

Ms. LEE. Thank you. Barriers to treatment disproportionately affect people of color, pregnant people, individuals with children, those in rural communities as Dr. Gupta pointed out, tribal communities, and states that have not expanded Medicaid. This is

largely because these people may not have access to health insurance and may live in areas without access to substance use disorder treatment. Dr. Gupta, really quickly, how would reauthorizing ONDCP make treatment more accessible for people who already are marginalized within our healthcare system?

Dr. GUPTA. Thank you, Congresswoman. It is really important that the reauthorization of ONDCP will allow us to continue and actually be able to double down on our efforts of the progress that we are making. There are a lot more work to be done in order to save the 165,000 lives that the President is committed to doing by 2025, and the reauthorization will be a critical part of that.

Ms. LEE. Thank you, Dr. Gupta, for your testimony today and your important work tackling this crisis. I yield back.

Chairman COMER. The Chair recognizes the Subcommittee Chair McClain from Michigan for 5 minutes.

Mrs. MCCLAIN. Thank you, Mr. Chairman, and thank you, Dr. Gupta, for being here today. We all know the stats, but they are worth repeating, right? In 2019, over 70,000 people died from an opioid overdose. In 2021, 106,000 Americans died from drug-related overdoses. These numbers are shocking, and right now, in 2023, we also know that fentanyl is the leading cause of death for individuals between 18 and 45, right? Again, these numbers are shocking and clearly deserve our attention. This is why I agreed to chair the Bipartisan Mental Health and Substance Abuse Task Force.

I mean, to your point, it crosses all sections in all lines, but I think we have to take a look at, if I had a funnel, at really the small end of the funnel, can we stop it before it even gets here? Can we choke it off? To me, Dr. Gupta, it is apparent that China supplies precursor chemicals to the cartels that produce fentanyl and other drugs. Is that correct?

Dr. GUPTA. Predominantly China.

Mrs. MCCLAIN. Thank you. Right. I am sure there are other actors, but thank you. In April, I actually held a Subcommittee hearing where our Committee learned that Chinese money laundering organizations now dominate the money laundering networks for the Mexican cartels. I want to focus my questioning around that because, again, if we can cutoff the money supply, and we can stop the drugs from getting in, and something that we may agree on, I think we might be on to something. Can you explain what your office has done to address this money laundering operation?

Dr. GUPTA. Thank you, Congresswoman. The Anti-Money Laundering Act of 2020 has been very critical, in addition to the Bank Secrecy Act, to make sure that we are flushing out the bad actor in the system. The Chinese underground banking system, as well as money laundering of illicit actors that are free riders, along the expansion of the PRC is a critical aspect that we need to be looking at very carefully. Now, we have also done more sanctions, double the sanctions this year than last year, and last year was double of the previous year of both the cartels, but also chemical companies in China that are shipping these precursor chemicals as well and individuals that are involved in it.

Mrs. MCCLAIN. And I appreciate that, but I want to focus, and I know I am getting really narrowly focused, but we had a whole hearing on this, and if you follow the money, a lot of times we can

cut it off. What specifically, and maybe we are not there yet, but what specific actions have you taken to stop and choke off the money laundering scheme? Can you talk to that?

Dr. GUPTA. I can talk, obviously, about some of these, including some of the dark web operations and cryptocurrency. There are 2,000 or so cryptocurrencies out there to be able to do, but I will also invite you to a classified briefing on Monday and your staff to do that.

Mrs. MCCLAIN. OK. All right. Thank you. I mean, I think you would agree that China is complicit in America's drug overdose and academic problem here?

Dr. GUPTA. I think the refusal of cooperation on current narcotics of the PRC is indicative of how much they value the lives of the 109,000 Americans that we are losing every single year.

Mrs. MCCLAIN. Right. I mean, again, follow the money, and if we can choke the money supply off, we know that the money laundering from the Chinese Government is happening. I would just encourage you to spend more time, effort, energy, and most of all resources because if we cut it off here, we can save deaths, we can save a lot of lives as it gets down the funnel. In 2022, there were almost 600,000 got-aways that crossed our border illegally, and there have already been 530,000 got-aways in 2023. As a reminder, "got-aways" is a term used for illegal immigrants who have been spotted crossing the border by agents on camera, but were not caught or processed by the officials. Is it possible that some of these got-aways are smuggling fentanyl into the United States?

Dr. GUPTA. Congresswoman, when we talk about what is killing Americans in large numbers, like—

Mrs. MCCLAIN. No. Can we talk about my question, though, and my question is, is it possible that some of these over 530,000 got-aways are smuggling fentanyl? Is it possible?

Dr. GUPTA. Congresswoman, look, tunnels are possible and happening.

Mrs. MCCLAIN. OK. All right.

Dr. GUPTA. Drones are possible and happening, so I—

Mrs. MCCLAIN. So, it is possible. The answer is yes. I appreciate you, and I am out of time. Thank you so much. I look forward to our classified briefing.

Chairman COMER. The gentlelady yields back. The Chair recognizes Representative Crockett from Texas for 5 minutes.

Ms. CROCKETT. Thank you so much for being here and thank you so much for the work that you do. I just want to talk about my state really quickly since we are talking about the border and how my colleagues have been down there once or twice, and so they feel like they know everything that happens at my border because they go on a little field trip, but I live in this state. I have also legislated specifically in this state, the state of Texas, and recently, my Governor, who seemingly does nothing but atrocious things, decided that he was going to order that migrants, and this does not say it, but specifically the headlines that we saw were children as well as pregnant mothers be pushed back into the Rio Grande.

Currently, the DOJ is suing my Governor because he decided that he wanted to use razor wire. This is not fixing fentanyl as far as I am concerned. Because you are the expert, do you believe that

razor wire or ordering that women and pregnant mothers and children be pushed into the water, do you believe that that is fixing our fentanyl crisis?

Dr. GUPTA. Thank you, Congresswoman, for that question. I would say majority of the fentanyl is coming through the ports of entry, and our focus should be where the problem is predominantly.

Ms. CROCKETT. Thank you so much. And when you talk about ports of entry, I want to be clear, because sometimes in this chamber it seems like we only have one border and only one way to get into the United States, and somehow it is through Mexico. I just want to be clear, there is a Northern border. There are also planes. Are you of the impression that drugs only come from Mexico?

Dr. GUPTA. Thank you, Congresswoman. Oftentimes, machinery parts, like pill presser parts, die-mold parts, they will come through other countries to the United States and smuggle southwards to be built into pill pressers, so the business traffic goes in all directions and across all ways in order to produce the final product.

Ms. CROCKETT. Thank you so much for sharing that with us because I think we need to go back to step one in this process. You do not know it, but I practiced criminal law for almost 17 years in multiple states and on the Federal level. I was on the defense side, so I dealt with people that were arrested for drug crimes. One of the things that I want to talk about is the difference in fentanyl and, say, cocaine. Cocaine is typically not prescribed by somebody's doctor, but it is my understanding that most people that are struggling with fentanyl are people that have become sometimes addicted to opioids because they were prescribed opioids. And it may have been for a car wreck—I also did those as well—have a back issue. And ultimately, the doctor takes you off, but because of the addictive nature, you are going out and you are trying to get it wherever you can, and so it sounds like we have a demand problem, No. 1. Would you agree with me that if we could reduce demand, then maybe people would not be looking to supply where there was no demand?

Dr. GUPTA. I think it is both sides. And I think, as you very accurately said, I have prescribed people who have gone out on the streets and then ended up on heroin and fentanyl as well, so I have a really direct experience with some of that work as well.

Ms. CROCKETT. Absolutely. And so also, one of the things that is so frustrating to me is that we do not treat this as something that is multifaceted. You talked about it is not just the Southern border. It is all things connected. It is not just saying that the cartels are the problem, which I think we can all agree. That is one thing that we can all agree upon. The cartels are a problem for a lot of different reasons, and it is not just fentanyl. But one of the things that you talked about was locals. I believe that the National Drug Control Strategy notes that local problems need local solutions. Is that correct?

Dr. GUPTA. Yes, Congresswoman.

Ms. CROCKETT. And ONDCP is responsible for administering a grant program specifically, focused on local solutions, the Drug-Free Communities Support Program, correct?

Dr. GUPTA. Correct.

Ms. CROCKETT. All right. And I am going to agree with you. As somebody who has had to deal with multiple clients that have been addicted, and as someone who is a Black woman in this country, the 1994 Crime Bill was a failure, and seemingly, the only solutions that we ever have is more and more incarceration. I appreciate what you do because you are taking a multifaceted look. You are looking at the criminal aspect. You are looking at not just cash, but you are looking at crypto. You are also looking at more than one country, more than just Mexico. You are looking to try to solve the solutions while also making sure that those that are addicted get treatment instead of put into jail cells. And so, I appreciate the work that you do. I hope that my colleagues understand that it is not so simple as let us just blame the border, and we will fix all the problems.

And the last thing that I will say is, in a very bipartisan way, I have introduced the STRIP Act. And that is to make sure that these fentanyl testing strips can get to the people that need them so that even if they are struggling with addiction, they have the ability to test and to determine whether or not this odorless, this tasteless thing is actually laced within the product that they receive. Would you agree with me things such as testing strips are invaluable to helping us fight this war?

Dr. GUPTA. Yes, Congresswoman, we will be happy to work with you on that as well.

Ms. CROCKETT. Thank you. With that, I yield back.

Chairman COMER. The Chair now recognizes Mr. Edwards from North Carolina for 5 minutes.

Mr. EDWARDS. Thank you, Mr. Chair. Doctor, you testified a while ago that the precursor chemicals to create fentanyl were being sent to Mexico from China. Is that what I understood you to say?

Dr. GUPTA. Yes, Congressman.

Mr. EDWARDS. So, who in China is supplying these chemicals to the cartels in Mexico? Is it Chinese Government? Is it Chinese corporation? Is it Chinese cartels? Who in China is providing these drugs?

Dr. GUPTA. Thank you, Congressman, for that question. There are Chinese chemical companies that often work with brokers, both on the China side and the cartel side, and the accountants that ship those things, so it oftentimes is these chemical companies that are doing it. They could be a licit business doing illicit work or they could just be an illicit business, period.

Mr. EDWARDS. So, I am not sure I understood your answer. Is it legal for these chemical companies to provide these chemicals to Mexican drug cartels?

Dr. GUPTA. That is a great question, Congressman. Here is the thing. If someone just asks you for a ton of certain chemical that is precursor for dual use and that company does not check out who that is and is going through a broker, which is a questionable background, then obviously, it is not for any good purpose as opposed to the legal pieces of it. Are they just ignoring that? Absolutely, many times that they are ignoring. Even these legitimate companies are ignoring that.

Mr. EDWARDS. What is this Administration doing to prevent those companies from selling drugs that you say are illicit?

Dr. GUPTA. Probably two or three things I will be quick about it. First, we have more sanctions that are being placed in these companies every single day. We have got about 100 sanctions so far, overall, between Chinese and Mexican traffickers. We have put a global coalition together that is talking about precursors for the entire globe, not just, and we are watching China to put pressure. We have asked China that there is the three things you can do, very specific ask: know your customer for these companies, make sure you have shipping label that follow global norms, and then—

Mr. EDWARDS. So, Doctor, in the interest of time, I am going to jump forward just a little bit. So, the Administration, you are saying hundreds of sanctions are being put in place. It seems to me like you only need one sanction. So, what is this Administration doing in China to prevent these drugs from going to Mexico?

Dr. GUPTA. We are working constantly. Our Ambassador, Nick Burns, in Beijing, I am in contact with him regularly to speak with the Chinese about this. We are working with the Government of Mexico to make sure that they are talking to China as well. We are putting international pressure.

Mr. EDWARDS. So, when do we stop talking? When does something become actionable where the United States, where this Administration can put its foot down inside of China and say we have had enough, you are killing Americans through Mexican cartels? When do we hold China accountable?

Dr. GUPTA. Congressman, first of all, we will work with you if you have any ideas. We are working here. I would be happy to both share that with you. Some of those will be in the classified briefing that we are giving on Monday.

Mr. EDWARDS. All right. I feel like you dodged the question, and it seems to me that we also have to cutoff the source at several different places. We have talked about reducing demand. We all agree it would be great if folks did not feel better as they take these drugs. We talked about the border, which, quite frankly, we have got evidence from many folks that is not being secured. I believe we also need to cutoff the supply of these chemicals from China. I believe this Administration, I believe you have to have the courage to go to China and say enough is enough. This is a multidimensional problem and that is one that I see is not being adequately addressed.

In my last few seconds, I would just like to say that I heard you imply to another Member in questioning earlier that the fact that we are capturing more fentanyl than ever before is somehow a success story. I am not sure that I can agree with that. I am looking at the fentanyl deaths over the last 5 years ending January 2019: 68,000. And then you told us a while ago that ending January 2023, we had 109,000 deaths. I do not know how we can say that that is a success, particularly, if you are a family member of someone who died with a fentanyl overdose. Thank you, Mr. Chair. I yield.

Chairman COMER. The gentleman yields back. The Chair now recognizes Mr. Moskowitz from Florida for 5 minutes.

Mr. MOSKOWITZ. Mr. Chairman, thank you, and thank you for holding this important topic. I replaced Congressman Ted Deutch in Congress in the last election, and he lost his nephew to fentanyl, and I remember when that happened to an accidental fentanyl overdose. And I am happy that the state of Florida has just recently passed the use of fentanyl test strips because that will obviously help us in this battle.

And, you know, I would say to my friends across the aisle, very few that are here, but I would say to them that, listen, this is a bipartisan effort on going after fentanyl. We do not need to be convinced. We do not need to be educated. We know what is happening. We have seen the numbers. We know this is affecting kids across the country.

We have heard a lot about the cartel, Doctor, and the drug trafficking trade that is going on in Mexico, and so I want to ask you a question, Doctor. These cartels, these drug traffickers, in addition to the drugs that they are carrying, do you know what else they like to carry? It is not a trick question. Just yell it out when you know it. Guns. They like to carry guns, Dr. Gupta, right? That is what protects the cartel. That is what protects the drug trade. Do you know where they get their guns? Do you know where the cartel, the guys that they are talking about, get their guns. Do you know where they get their guns?

Dr. GUPTA. From illicit illegal purchases—

Mr. MOSKOWITZ. That is right. And do you know where those illicit illegal purchases are happening and where they are coming from?

Dr. GUPTA. Largely from United States.

Mr. MOSKOWITZ. That is right. According to U.S. Customs and Border Control, 200,000 guns pour over the border every year from the U.S. to Mexico. These weapons are being used to contribute to organize crime. They are being used by the drug trade, the cartel, and 70 percent of all of the weapons the cartel is using are manufactured in the United States. The drug sales and the cartel in China, what they are doing is intentional. I agree with my colleagues across the aisle. I think what the cartel in China is doing is intentional, but so is what the gun manufacturers are doing. It is intentional.

And so, all of these guns manufactured here, pouring over the border, we, the United States are arming the cartel. We, the United States, are allowing the cartel to protect the illicit drug trade by allowing guns manufactured here to pour over the border. My colleagues across the aisle are very concerned about things coming in, but they have no concern about weapons going out. And so, Mexico has even filed lawsuits against the gun manufacturers. In fact, just 3 days ago, Mexico has asked the U.S. Appeals Court to reinstate the \$10 billion lawsuit that they have against the gun manufacturers. And the lawsuit specifically states, and Mexico contends it is 500,000 guns pouring over the border every year, but in that lawsuit, Mexico says that the lawsuit that is against the drug manufacturers is specifically for facilitating the trafficking of weapons to the drug cartels, right?

So right now, we have a foreign country suing the drug manufacturers saying that we are arming the cartel, our U.S. companies,



and so what is even better than that is the gun manufacturers in this lawsuit are saying they have immunity. They have immunity in this lawsuit because my colleagues across the aisle have provided them immunity that they cannot be sued. Now we are fighting over whether that applies to a foreign government. That is what the lawsuit really is about, but we are with you on a bipartisan basis to try to stop fentanyl from coming in. But can you be with us on a bipartisan basis that maybe the gun manufacturers should not have immunity to sell guns, to have guns get in the hands of the cartel?

I understand you are not with us on wanting to prevent that in this country. But maybe together we can do it to make sure that our guns are at least not going to the drug cartels facilitating fentanyl from coming in. I mean when, when, when are you guys going to wake up and realize that guns are a part of this equation? I yield back, Mr. Chairman.

Chairman COMER. The Chair recognizes Mr. Biggs from Arizona for 5 minutes.

Mr. BIGGS. I was intrigued to hear the gentleman say he did not need to be educated, but let me educate you. For the last 7 years, I have advocated for southern-bound vehicles and individuals to be searched for guns and money. I have advocated for that strongly. I want you to be educated. Go read a book called, "Operation Wide Receiver." That is an ATF operation. Go read up about Operation Fast and Furious, and then go look at cross-border trafficking heading South and the few operations that we run. I have advocated for more resources to go there. We have lost our dogs that can sniff for guns and money. We have found millions of dollars and guns going across. Gun laws exist to prevent that Southern crossing, but we are not enforcing it. That is the biggest problem in my mind.

Mr. MOSKOWITZ. Will the gentleman yield?

Mr. BIGGS. No, I will not yield. Our colleagues across the aisle regularly cite the vast majority of drug seizures are at the port of entry. I love that. I love that. You know why that is? It is not because that is where all the drugs are coming through. It is because—guess what—we inspect every person and vehicle coming through port of entry. That is what you have done. Isn't that true, Dr. Gupta?

Dr. GUPTA. I am sorry. Could you repeat the question?

Mr. BIGGS. No, I cannot. We have density readers. We have technology that allows us to screen the structures of vehicles being used to transport humans and drugs, isn't that correct, Dr. Gupta, at the ports of entry?

Dr. GUPTA. We do have technology at the ports of entry.

Mr. BIGGS. In fact, they are examining a high proportion of trucks we need to be inspecting more, whether it is in Nogales, San Isidro, all the way down to RGV, but we inspect a significant number of them as well as individuals. If there is an anomaly in a vehicle, our density readers pick it up. We then take apart that vehicle, and guess what we find? Drugs. That is where we find more drugs in the ports of entry. Isn't that not true, Dr. Gupta?

Dr. GUPTA. Better screening does lead to better detection.

Mr. BIGGS. Right. I saw you went down to the Tohono O'odham Reservation. You went to the San Miguel Gate. I would ask you, did you go 3 miles east to the San Miguel Gate?

Dr. GUPTA. I did.

Mr. BIGGS. And there is nothing there, is there? There is a four-string barbed wire from San Miguel Gate that runs literally for 20 miles till you get to the port of entry at Sasabe. Did you see that?

Dr. GUPTA. Yes, but I did not see the 2,000 trucks a day that goes through there either. I did at Nogales.

Mr. BIGGS. Yes, that is right, but you know what you can see if you go there? If you wait, you will see lots of people coming through. And you went down. I asked you last time you were here to go down with me without the officials because the official is going to give you that sanitized version. I asked you to come down with me, and just you and I, we would drive along there. I could show you that. We could go to Lukeville. We could go anywhere around Lukeville. We could go down to Yuma and from Yuma and move west, and you would see massive amounts of trafficking coming across from drugs and individuals. So, you missed out a little bit on that. And—

Dr. GUPTA. With no disrespect, but I went down there with Shadow Wolves in the Tohono O'odham Nation.

Mr. BIGGS. Yes, I know. I have been down there with the Shadow Wolves myself.

Dr. GUPTA. Yes.

Mr. BIGGS. Absolutely.

Dr. GUPTA. It is a great trip.

Mr. BIGGS. Yes, but we get back to my point. You were watched. They took you. They had a message and a narrative for you to see. You need to go down without the narrative created for you. And the problem that you have here, is I am told that you guys do not need to be educated on the other side, and that somehow we do not care what goes South. Heavens, go back and watch the many times I have said we need to see what is going South. But moreover, pull your heads out of the sand. What is going on between the ports of entry? I find it intriguing that people from the Northeast say, oh my gosh, you guys are making this up. There are videos of 3 days ago watching the traffic just outside of Lukeville, Arizona, the Organ Pipe National Monument. What is going on?

What is going on is people are moving from ports of entry. You know what the Tucson sector did last week? Over 9,000 apprehensions, many pounds of fentanyl coming in. That is between the ports of entry. Face the facts. Between the ports of entry is where the drug smugglers and human traffickers come. Why is that? Because all of our resources are depleted. You have got OFO working the ports of entry, but between the ports of entry—when I was last down there driving east from San Miguel Gate, do you know how many border patrol agents we saw? None.

And when we saw a group come across, we had to get on top of the vehicle, make a call. They could not come. They could not spare anybody until they said, well, we got a Congressman with us. OK. Next thing you know, 45 minutes later, here comes the six vehicles from Border Patrol. That is what is going on. Please wake up. The drugs are pouring through the ports of entry for sure, but between

the ports of entry, that is where it is flowing, and we cannot catch them because we do not have anybody there. I yield back.

Chairman COMER. The Chair recognizes Mr. Mfume from Maryland for 5 minutes.

Mr. MFUME. Mr. Chairman, thank you very much. I want to thank you and Ranking Member Raskin for calling us together for this hearing, and I want to thank Mr. Gupta for his appearance. Mr. Gupta, I have got a lot of respect for your work over the years. I follow that work. It is quite creditable, and I cannot speak for other Members, but it is my plan and intention to vote for and to fully fund ONDCP.

Dr. Gupta, you mentioned in your opening statement that the drug trafficking is a crime that must be prosecuted, and that drug addiction is a disease, it must be treated as an interesting intersection there. And I could not agree more and believe that this is a cornerstone of the Biden-Harris Administration's approach to drug policy because it is evidence-based, it is common sense, and it is long, long overdue. I want to talk about both of those things. I have just been making so many notes. There has been so much said here today, and as one great philosopher once said, "Everything that can be said has been said. It is just that not everyone has said it." So, bear with me while I be deliberately redundant.

Since its start, the Biden-Harris Administration has shown a robust commitment to advancing equally the sort of things that we need centering on recovery over punishment in our Federal response to the overdose crisis. And the Administration understands, as I said before, that addiction is a disease. And we actually want to see results, and we must treat it like that, rather than to simply over-criminalize it and the people who, unfortunately, find themselves using it.

There is a part of me that believes that art imitates life and sometimes vice versa, and I could not help but to think of the movie, "The Godfather," and a point in time when we did not have addictions in this country, that the greatest crime was to go make some moonshine, put a cap on it, and sell it as alcohol. And so, we had prohibition for a long, long time. Prohibition was ended, and there is the scene in the movie where the five Dons get together to decide how are they going to make money off of addiction since they could not deal with selling moonshine anymore. And they are sitting around a table, and Don Corleone asks the five of them, what should we do, and they said, oh, we have got this great, great, great drug, it is addictive. It is called heroin, and we can spread that out. It will triple our sales. And Corleone thinks about it for a minute, and he says, no, no, no, that is bad. That is bad. We will not do that in our communities. Give it to the Blacks, and in those days, the Blacks meant the Blacks and the Browns. And so, Latinos and African Americans in the greater New York area became the new marketplace, and the addiction in those communities, because the drug was given away free of charge at first to make sure there was addiction, that just grew and grew and grew.

And so, we fast forward from there and we look at what happened in the 1940's, 1950's, and 1960's. Heroin was king. In the 1970's and 1980's, crack was king. In the 1990's, we all talked about and were afraid of meth. At the turn of the century, opioids

became the big thing because it broke out from those communities, and it was everywhere in everyone's community, and all of a sudden it got great, great attention. And now we have been dealing with fentanyl, which has taken 109,000 lives in just the last year. It is the drug of death, the one that we are all afraid of, but I suspect that it is going to take strong will to deal with this and a realization that it is not just guns or something else. It is cartels who ought to be gone after on an international level and gone after in the most severe way.

It is not just the little kid on the corner that is selling something that he got from somebody that he got from somebody. We could lock him up 1,000 times. But what we used to call the old French connection, the people who control the drugs, the international cartels continue to do what they want to do, and they do it by buying off people left and right. And in some instances, buying off elected officials in one country after another. So, I would just strongly urge that you continue to do what you do, to remember that this is an addiction. Thirty years ago in this Committee room, Kurt Schmoke, the Mayor of Baltimore, came and testified that we ought to treat it as an addiction, he and a group of progressives, and were laughed out of this room by people who said no, we need a war, a war on drugs. And his point was, no, we need to take the profit out of it so that there is no war.

So, I think I have exhausted my time, Mr. Chairman. Again, I have no question because I have no time left, but thanks for the opportunity to share some of the things that are here. And Dr. Gupta, thank you very much for your work.

Chairman COMER. The Chair now recognizes Representative Fry from South Carolina for 5 minutes.

Mr. FRY. Thank you, Mr. Chairman, for having this hearing. Dr. Gupta, we are over here on the bottom bench here, but thank you for being here today.

Prior to my service in Congress starting just this year, I was in the General Assembly of South Carolina where I was the Chairman of the South Carolina Opioid Response Team, so to speak. There was a select committee that was tasked with listening to medical doctors, law enforcement, teachers, people in long-term recovery, grieving families, and all types of professionals on how we can get a hold of this. And, you know, we borrowed a lot of our strategies from what other states were doing. We did some of our own that other states borrowed. That is kind of the beauty of the labyrinth of democracy, if you will, in our Federal system, and I think that there were some pretty healthy policy initiatives that were passed into law, that were signed into law.

But unfortunately, we have seen those numbers continue to climb with fentanyl coming into our country through ports of entry, between the ports of entry, through really everywhere. I mean, for a while there, you could almost FedEx it in. So, this is certainly important to me because I have talked with a lot of families. I think everybody here has. I have talked with families just last week. We had a county councilwoman whose son died of a fentanyl overdose. And so, you think about the stories and the human capital and casualty associated with them, and you really want to fix it, not only from the prevention side, which is where it is probably

most effective, but from the substance abuse and treatment side, too, and try to get these folks back.

So, during President Trump's tenure in 2018, they passed the SUPPORT Act related to ONDCP. In your mind, what improvements were made because of that 2018 law coming or being signed into law?

Dr. GUPTA. Thank you, Congressman. I testified during that time for this passage as a commissioner of West Virginia. I think a lot of work has been done to hold our Agency more accountable and transparent in terms of data, dashboards, and really having the plans to be able to get done the work of the American people and coordinating the 19 drug budget control agencies with a drug control budget. So, the value of this Agency in the mind of Congress, but also in the mind of American people, is actually being able to bring all the agencies together to fight this scourge, the challenge that has both addiction, on one hand, as a disease and the trafficking, on the other hand, as a profit.

So, the SUPPORT Act has been critical, and central, pivotal to making the improvements. Numbers do not always reflect it, but we have gone through a pandemic at the same time, so we are in tough times right now in so many ways, but we are making consistent progress every single day in terms of those people. And again, I have treated so many people, hundreds, if not thousands, of people with addiction myself, I have seen some of them die in my hands.

Mr. FRY. Right, and thank you for sharing that, and I think this was a big step forward. What in your mind related to the SUPPORT Act moving forward deserves an examination or improvement since we are going to be examining this coming up shortly?

Dr. GUPTA. Well, certainly we think that there are a lot of things in terms of emerging threats, like xylazine, that we could improve on how to get us there. The first time we did that, declared it to save more lives. We could do better on that. The coordination, there is some aspect of having a better use of taxpayer money and what positions are needed prescriptively or not in order to get the job done. And then there is, obviously, data and dashboard. I think we have had some questions today that the data could be very helpful if we were to keep that data with us to be able to answer those questions.

Mr. FRY. Doctor, I think there was a Carnegie Mellon, and I am going on memory, but there was a Carnegie Mellon study several years ago that said for every \$1 that you invest in prevention, you save either, and I am going to probably inverse these, but either \$4 in medical costs and \$7 in criminal justice—it is one of the two—but for every \$1 that you invest in prevention, that you save that on the back end. The SUPPORT Act in 2018 allowed for some HIDTA funds to be allocated for prevention and treatment of drug abuse. What percentage was allowed?

Dr. GUPTA. We can get you the numbers exactly, but for HIDTA, is the best return on investment, \$83 for every dollar invested. And the prevention of HIDTA as well as other departments, education, health and others, it is so critical at this time right now to invest more in prevention, especially for our youth.

Mr. FRY. Doctor, and what types of prevention and treatment programs does that fund? Just curious.

Dr. GUPTA. It funds partnership with other program called Drug-Free Communities Program, which is focused on youth prevention across all communities, 50 states, 750 programs almost, and it helps prevent youth, both initiation of drug use, but also delaying in drug use sometimes as well.

Mr. FRY. Thank you, Doctor. Mr. Chairman, I yield back.

Chairman COMER. The gentleman yields back. The Chair recognizes Representative Ocasio-Cortez from New York for 5 minutes.

Ms. OCASIO-CORTEZ. Thank you so much, Mr. Chair and thank you, Dr. Gupta for testifying before the Committee today, and thank you for your tireless commitment to ending the overdose crisis, which has devastated so many families across the United States.

ONDCP holds a unique position within the Federal Government, coordinating across 19 Federal agencies and overseeing \$41 billion as part of a whole of government approach to address addiction and the overdose epidemic. In addition to that, ONDCP's unique structure also enables it to be both nimble and comprehensive in its response to the addiction crisis. Dr. Gupta, how does the ONDCP utilize its unique cross Agency structure to effectively combat the addiction crisis?

Dr. GUPTA. Thank you, Congresswoman, for that question. We utilize the ability to have both drug-control budget, fund-controlled notice, as well as the ability to work through policy implementing and making sure that the drug control strategy is implemented across all 19 drug control agencies, and really the coordination is so critical in this area when 109,000 Americans are dying a year.

Ms. OCASIO-CORTEZ. And for emphasis, since releasing the 2022 National Drug Control Strategy, what are some of the successes of the ONDCP's whole of government approach?

Dr. GUPTA. So, on the treatment side, we are seeing more naloxone or Narcan get out there, 37 percent increase in prescribing while 12 percent reduction in price. It will go over the counter in the upcoming days to weeks to months. We have seen expansion of treatment, making sure that telehealth provision happens. Removal of X waiver, with the support of Congress, we have been able to do is to expand treatment providers from 129,000 to almost 2 million now. We have seen that more resources, \$83 billion in this Administration, 42 percent over the previous Administration, go into local communities. At the same time, we have seen having more seizures at the border, but understanding the problem does not begin or end at the border, working across the entire global supply chain as well.

Ms. OCASIO-CORTEZ. Fabulous. And are there any changes the Committee should consider making through the ONDCP reauthorization process to improve the office's ability to coordinate drug control policy and action across the Federal Government?

Dr. GUPTA. Thank you for that question, Congresswoman. I think it is important that, as we move forward, that we allow more ability for getting better data as well as being more proactive in emerging threat. The fact is today, not even 5 to 7 years ago, the threat we faced with synthetic compounds, not just United States, but

across the globe, we are going to have to be more nimble, but more proactive. And those aspects will allow us to do that, to remove less of the bureaucracy, more of the actionable parts that have more return on the taxpayer dollars.

Ms. OCASIO-CORTEZ. OK. And just to put a finer point on what you just shared, when you talk about getting better data, what does that look like? What are the levels of data that you all seek in order for us to make sure that we properly address that?

Dr. GUPTA. Thank you, Congresswoman, for that question. The fact is that over 20 years today, with this crisis, 100,000 people dying, we still do not have real-data of overdose and non-fatal overdoses. We know for every fatal overdose, there are 14 potential non-fatal overdoses. We do this with heart attacks, we do this with strokes, we do this with so many of the diseases. It is important to have that data so we can get people the help that they need sooner than wait for them to die.

Ms. OCASIO-CORTEZ. And so, it is my understanding that, currently, you all do not have, and consequently we do not have, real-data on overdoses happening in the United States, including non-fatal overdoses. Wow. OK. With that, I yield back to the Chair. Thank you very much.

Mr. CONNOLLY. Will my friend yield?

Ms. OCASIO-CORTEZ. Absolutely.

Mr. CONNOLLY. I thank my friend. Just clarify, Dr. Gupta, because you were asked about, well, why aren't we pressing China, and I do not think your answer fully responded. I want to give you the opportunity. Surely, we are pressing China. Surely, for example, it is on every agenda when a senior U.S. official, like the Secretary of State goes to visit China. Would you comment?

Dr. GUPTA. Thank you, Congressman. It is. This is one of the most important topics for our conversation with the People's Republic of China, with the government. Every that our Ambassador is talking to the Chinese, this comes up, Secretary of State's visit. This is a high priority item for the President and for this Administration to hold China accountable for the precursor shipments, but we are also at the same time not waiting on China to act. We are taking actions proactively, not only sanction them, create a global coalition and work with our partners, like Mexico and others, to make sure that we are holding them accountable. Thank you.

Chairman COMER. The time has expired. The Chair now recognizes Mr. LaTurner from Kansas for 5 minutes.

Mr. LATURNER. Thank you, Mr. Chairman. Thank you, Dr. Gupta for being here today. The ONDCP has been on the frontlines of our Nation's battle against drug addiction, and it has had a far-reaching impact on public health and safety in our communities. I would like to commend you, Dr. Gupta, as well as all the dedicated men and women at your Agency for their hard work.

Today, I want to talk about fentanyl. Over the past few years, Kansas has seen a staggering 73-percent spike in fentanyl overdoses, one of the highest increases in America. It is hard to find a community in my district that has not been impacted by this epidemic. Two milligrams of fentanyl, a lethal dose for most people, is cheaper than a can of pop, and it is killing more young Americans than car crashes, suicides, and COVID-19 combined. Major

drug trafficking routes along I-35 and I-70 corridors make my home state of Kansas ground zero for the fentanyl crisis. Over 1,200 Kansans have already died from fentanyl poisoning, and when I talk to local law enforcement, it is clear that this crisis is only getting worse by the day.

In addition to securing the Southern border, I believe proper education and awareness in our schools, homes, and communities can be the difference between life and death. We need to educate parents and teens on the reality we are facing that a lethal dose of fentanyl in a Percocet pill or another illegal street drug is often just one wrong Snapchat message away. I have seen this tragic sequence of events play out far too many times in my district. The ONDCP must do its part and take serious action to help ensure communities across Kansas are educated on the dangers of one of the deadliest drugs our Nation has ever seen.

Dr. Gupta, the DEA has recently reported “a sharp increase in the trafficking of fentanyl mixed with xylazine.” Can you explain what xylazine does when mixed with fentanyl?

Dr. GUPTA. Thank you, Congressman, for that question. Xylazine mixed with fentanyl, or as it is known as tranq dope on the streets, basically enhances the duration, the high of the use of fentanyl so people have to use fentanyl less often. It is an animal tranquilizer that was never and has never been approved for human consumption, so it is a terrible drug. It causes flesh wounds and leads to amputations like I, as my 25 years of career as physician, have never seen, and it has its own addictive capacity and capability, which makes the response both overdose as well as treatment much worse.

Mr. LATURNER. Are there any notable domestic sources of xylazine? Where is it coming from?

Dr. GUPTA. It is predominantly coming from Chinese manufacturers being shipped directly into U.S. or into Mexico and trafficked. There is some that has been diverted in other places as well, but at this point, it is mostly being mixed in on the streets or being mixed in from the cartels.

Mr. LATURNER. Can you please briefly elaborate upon the High Intensity Drug Trafficking Areas, what it does and what your role is in administering it?

Dr. GUPTA. So, one of the two grant programs that Congress intended for and our office wants us to call the HIDTA program or High Intensity Drug Trafficking program. They are located in all 50 states, especially where there are high drug trafficking areas that work at the fusion center more or less for intel sharing about programs that bring the local, state, Federal law enforcement officials together and really process and work on cases. It is the best return on taxpayer dollars. For every dollar that is invested, \$83 in return happens, and it was responsible for seizing domestically 26,000 pounds of fentanyl just last year.

Mr. LATURNER. You talked about the fusion center. I think Kansas has a model perhaps for the Nation for doing that doing that doing it well. Thank you, and, Mr. Chairman, I yield back.

Chairman COMER. The gentleman yields back. The Chair now recognizes Ms. Brown from Ohio for 5 minutes.



Ms. BROWN. Thank you, Mr. Chairman, and thank you, Dr. Gupta for joining us today and for continuing the Biden-Harris Administration's tireless efforts to eradicate the crisis of addiction and drug abuse, which stretches into every corner of this country, red and blue districts alike.

I want to be clear. Dr. Gupta, you and I both know there is still work to be done to end this horrific epidemic. Just this week, Axios reported that Cuyahoga County, which I represent, experienced 343 deaths from opioid and cocaine overdoses last month alone. Those 343 deaths were tragic and preventable. We also know that many overdose deaths involved illegal synthetic fentanyl. That is why the Biden-Harris Administration's proactive, preventive, and powerful action has been so welcome.

One of the Biden-Harris Administration strategies to prevent opioid overdoses is to make sure opioid overdose reversal medications are readily available over the counter and accessible to the public without stigma or shame. That includes the lifesaving, easily administered nasal spray, naloxone, as well as Narcan. Dr. Gupta, easy for me to say. Dr. Gupta, what steps have the Biden-Harris Administration taken to make sure that any person can access Narcan when they need it or can keep it on hand if they live or work with people experiencing opioid addiction?

Dr. GUPTA. Thank you, Congresswoman. The amount of resources that are going to states right now to make sure that anyone who needs the naloxone or overdose reversal medication, also known as Narcan, is available. We are also making sure that it is available over the counter later this summer. There will be other products what will help us reduce the price in the market as well. We want to make sure that anyone can get this medication but also proactively carry it, not just necessarily for themselves, for someone in their family or someone in their neighborhood, school, other places. So, the access to naloxone or Narcan is critical to reducing these numbers down and getting people a chance to be connected to care.

Ms. BROWN. Thank you for that, and those decisions by the Biden-Harris Administration will continue to save lives. Additionally, President Biden's Fiscal Year 2024 budget proposes a historic investment of \$46 billion to combat the overdose epidemic, which is largely driven by opioids, like fentanyl. The President's budgets also calls for increased funding to support overdose prevention, addiction treatment, and care for people recovering from addiction because we know that addiction is a disease that can happen to anyone. So, Dr. Gupta, how will increased investments help your Office of National Drug Control Policy and Federal agencies do more to address the fentanyl and opioid crisis?

Dr. GUPTA. Thank you, Congresswoman. The reason that President is proposing an unprecedented and historic investments at a time into drug policy when we have an American dying every 5 minutes around the clock is because people need help right now. Expanding treatment, expanding overdose reversal medication is critical to saving lives. And at the same time, we have got to put more technology at the border, make sure that working to disrupt the entire global supply chain. Both of these things go hand in

glove, and that is exactly the plan that the President proposes budget behind.

Ms. BROWN. Thank you again. The President's Fiscal Year 2024 budget request demonstrates the Biden-Harris Administration's dedicated efforts to continue to combat the fentanyl crisis, which is exactly what we need to do to bring American families the relief they so desperately need. So, with that, Mr. Chairman, I yield back.

Mr. CONNOLLY. Would my friend yield?

Ms. BROWN. Oh, yes. I happily yield to the gentleman from Virginia.

Mr. CONNOLLY. I thank my friend. Ms. Brown just mentioned Narcan and other drugs to try to help wean people off addiction, but one of the problems documented say of Beth Macy's book, "Dopesick," is that we do not really regulate rehab facilities, and a lot of them take the AA, you know, Alcoholics Anonymous, cold turkey approach. Absolutely lethal, if you are talking about opioids. You cannot just go cold turkey. Would you comment on the need for regulation or what we are doing to try to educate these pop-up rehab facilities that are probably doing more harm than good driving people to heroin?

Dr. GUPTA. Thank you, Congressman, for that question. It is important, like we treat diabetes, think about, or high blood pressure because addiction is a disease and we have FDA-approved medication. The evidence supports utilizing these medications to help people, not only save lives, but be productive, back into the community. So, the goal here, in my view, and I have treated a lot of patients, is to make help people enable themselves to become productive members of society, and medication and a proper treatment system, infrastructure allows us to do just that.

Mr. CONNOLLY. I thank my friend for yielding. Thank you.

Chairman COMER. The Chair recognizes Mr. Burlison from Missouri for 5 minutes.

Mr. BURLISON. Thank you, Mr. Chairman. Thank you, Dr. Gupta for being here.

According to the U.S. Drug Enforcement administration, the Mexican cartels are the ones that are responsible for most of the fatal drug poisonings. In 2022, it was over 107,000 people, and, as you know, the data is 67 percent of that was from fentanyl. My question is that some people are coming in contact with this, some victims are coming in contact with fentanyl, not necessarily by taking a pill, but in everyday items, like cash and food. Can you elaborate on the extent of that?

Dr. GUPTA. So, the powder, if you think of the powder, it poorly absorbs through the skin surface. Of course, if you are inhaling a large dose of fentanyl, like, 2 milligrams is a lot of dose for unsuspecting person, it is potentially fatal. So, it is important for us to distinguish the ability of casual versus actual. But at the same time, I will say that if someone, anyone that thinks that they have come across in touch with fentanyl, it is important to get them checked out. That is the important piece here.

Mr. BURLISON. But do you think of the cases of overdoses, is there a percentage of people that are inadvertently these are not

drug users, these are people that accidentally inhaled, apparently, fentanyl from a dollar bill they gained or—

Dr. GUPTA. Thank you, Congressman. If we look at the number of people who die, of the 100,000 and 70 percent roughly or 80 percent of them are being fentanyl, what we find is that either they are still accidental oftentimes because they have taken a pill that they think is Xanax or Adderall, or others. Those are the majority of people.

Mr. BURLISON. The majority. OK. OK. So, we now know that the Chinese have for a long time been supplying the precursors for fentanyl, but they are not supplying fentanyl itself. Is that correct?

Dr. GUPTA. They are not. It come down to literally zero after 2019 May, that we had success with the Chinese to stop fentanyl production, but then started the precursor production.

Mr. BURLISON. So, there is an ability for the United States put pressure on China to curb some of this?

Dr. GUPTA. And we are doing exactly that, Congressman.

Mr. BURLISON. OK. So, with that, just can you elaborate what your office is doing to work with China on the supply of the precursors for fentanyl?

Dr. GUPTA. Every meeting, literally, that have senior high officials, that we have with U.S. official in China, we are bringing this up to them to demonstrate why this is so important to us. We are also making sure that every one of those companies that we find to be illegitimately supplying precursors we are working to sanction them. At the same time, we also created a global coalition, launched it with 80 countries and 11 international organizations around, is signaling that this is the synthetic drugs are a global threat. With or without China, we are going to continue to do that. And then at United Nation, we have gotten more substances controlled than ever before with U.S. leadership to make sure that China understands that, and we still have other tools that we will, again, work with that.

Mr. BURLISON. So, speaking of other tools, in the Subcommittee meeting that we had in April, we learned that the Chinese money launderers have taken over the money laundering operations for the Mexican drug cartels. Has this been impacted or how have China's strict capital flight laws motivated Chinese individuals to aid in laundering money for the cartels?

Dr. GUPTA. We definitely feel some of the laws, overall policies are supporting the creation of these illegal and criminal networks that allow both underground Chinese banking cash as well as other financial institutions that are being created outside of the United States to launder money.

Mr. BURLISON. And so, if you will, what role do the money launderers play there? I guess now they are called brokers. These are Chinese brokers.

Dr. GUPTA. So, President Biden executed an EO 14059, I believe it was, to go after, beyond the Kingpin Act, the enablers of a drug trade. That includes brokers, accountants, real estate agents, lawyers of these traffickers. So, what we are doing is we are going after all of those individuals—

Mr. BURLISON. Everyone in the chain?

Dr. GUPTA. Everyone in the chain because it turns out sometimes it is these brokers, these accountants that are more important than just the lowest hanging fruit.

Mr. BURLISON. Are there any apps or software that they are utilizing that we could pull some of that data for that we are not able to get today?

Dr. GUPTA. FBI has a program called JCODE, the Joint Criminal Opioid Document Enforcement program, and HSI has another program as well. We are working with those, but we have a classified briefing on Monday. We would love to have you over to talk more about this as well.

Mr. BURLISON. I look forward to that. Thank you. My time has expired.

Chairman COMER. The Chair now recognizes Mr. Connolly from Virginia for 5 minutes.

Mr. CONNOLLY. Thank you, Mr. Chairman. Dr. Gupta, I did not hear you answer the question about are you or have you issued guidelines and/or regulations to those entities that are purporting to help opioid or fentanyl addicted individuals try to recover, because as I understand, it is a pretty unregulated market.

Dr. GUPTA. I think if we are talking about the treatment sites of this—

Mr. CONNOLLY. Are you issuing guidance to those people? Does the Federal Government say, hey, this is not AA, you cannot go cold turkey? You got to allow Narcan or other drugs that stepped down, and by the way, you are going to have to allow that for a long period of time because this is a different kind of addiction?

Dr. GUPTA. Thank you, Congressman, for that question. Our grants that go out, especially Federal grants through Health and Human Services, do require some of these things that you were mentioning.

Mr. CONNOLLY. Require if they take Federal money?

Dr. GUPTA. Correct.

Mr. CONNOLLY. OK. All right. I just want to clear up a couple of things that were said earlier or hinted at earlier in this hearing, and hopefully quick answers, but the source of fentanyl in the United States comes through illegal border crossings in Mexico. Is that correct?

Dr. GUPTA. The majority of the fentanyl is coming through the ports of entry.

Mr. CONNOLLY. So, it is not on the backs of people trying to cross into the United States illegally?

Dr. GUPTA. I can speak over 90 percent or almost 90 percent are coming through the ports of entry.

Mr. CONNOLLY. The use of consumption of illegal substances, like fentanyl, is primarily an immigrant problem. It started there, and it really is characterized by that population in the United States apparently consuming drugs inordinately. Is that correct?

Dr. GUPTA. Congressman, of course, the fact is exemplified that 109,000 Americans are dying every year, that it pervades through all communities, all geographies, all socioeconomic—

Mr. CONNOLLY. But it is not factually correct or is it that it is primarily immigrants in that population?

Dr. GUPTA. Not factually.

Mr. CONNOLLY. Not fact. For example, I represent one of the wealthiest communities in the United States. We have addiction problems, and we have addiction overdose in Fairfax County, Virginia. Is that not correct?

Dr. GUPTA. That is correct, I am a resident of your community.

Mr. CONNOLLY. And those are not necessarily immigrant individuals or communities. There was also a suggestion and, you know, your office claims these successes. One of our colleagues suggested "I am not sure I want to reauthorize ONDCP." And what would be the consequences if we did not have your office in this struggle to get our hands around tranq, fentanyl, opioids, and the like?

Dr. GUPTA. Congressman, I think it will send the wrong message to the American people about the seriousness that this Congress takes when it comes to the killing and the deaths of 109,000 Americans each year. And, you know, just within the last time we have been in this Committee, we have over 25 Americans that have been killed.

Mr. CONNOLLY. I take it that it is the wrong signal, but put that aside. Some people do not care about that. Operationally, what would be the consequence if you did not exist, if you went away and we did not reauthorize you?

Dr. GUPTA. Thank you, Congressman. It will weaken significantly the response of Federal, local, and state law enforcement as well as first responders and public health officials to respond to this crisis.

Mr. CONNOLLY. Because what? Grants would not flow, coordination would not happen, intelligence would not be shared?

Dr. GUPTA. Because coordination would not happen. Obviously, intelligence will not be shared. HIDTA program that does so much of the prosecutions and the efforts will not happen, and as a result of this, more Americans will surely die.

Mr. CONNOLLY. And finally, are you experiencing people moving from fentanyl, because of our successes and trying to get some control over that, to tranq? And how concerned should we be about that shift if, indeed, there is such a shift?

Dr. GUPTA. We should be quite concerned. There is several hundred percent increase in what we find tranq associated with fentanyl deaths right now. It is primarily happening because of the pursuit to make more money by the traffickers and producers, and that is where we have to go after. We have got to make sure that we are helping people who need the help, but at the same time, we are denying the profits and the operating capital of these cartels as well as transnational criminal organizations.

Mr. CONNOLLY. My time is up. I thank the Chair and thank him for holding this hearing. I think this has a lot of potential for all of us finding common ground because all of our communities are affected, and I thank Dr. Gupta.

Chairman COMER. I agree with the gentleman from Virginia. Without objection, the Member from Puerto Rico, Jenniffer Gonzalez, is waived on to the Committee for the purpose of questioning witnesses at today's Subcommittee hearing.

Without objection, so ordered.

The Chair now recognizes, Mr. Timmons from South Carolina for 5 minutes.

Mr. TIMMONS. Thank you, Mr. Chairman. Dr. Gupta, thank you for being here today.

I was a prosecutor for 4 years in South Carolina, and one thing that my worst cases had in common was drug use. Most of the people that irreparably harmed themselves, someone else killed someone, did so while under the influence of a wide variety of drugs, sometimes many drugs. And, you know, I think historically, this country has been dealing with drugs. We have tried to use the stick, and that might have been a little bit too harsh. We have tried to use the carrot. I do not think that is going very well, either. So, I would argue that we might need to have a more balanced approach to holding people accountable that are perpetuating drugs and profiting off of drug-addicted individuals, and also help people that do, in fact, need help. Drug addiction is real, and we have tools in our toolbox to help address that. Would you say that that is a fair assessment of the history, we used too much of a stick in the 1970's and the 1980's, and now we might be a little bit too nice?

Dr. GUPTA. Thank you, Congressman, for the question. I would say this way. When we were doing what we were doing 50 years ago, we did not know any better. I never questioned the intent of what we were doing. It was we did not know any better. Today, we know addiction is a disease, and it has to be treated. We also know trafficking is a crime and it has to be prosecuted.

Mr. TIMMONS. But you would agree that when somebody overdoses and goes to the hospital multiple times, that, you know, the first time you give them some education, maybe some resources. The second time, maybe involuntary commitment and do inpatient, and try to help them help themselves. We do not really do that. We have recidivism, as it relates to drug abuse. Well, real quick, just tell you about these harm reduction efforts, and how do you justify some of those efforts relative to helping people because I do not think getting people needles helps them. I think giving them inpatient rehab and helping to get them clean and giving them resources helps them.

Dr. GUPTA. So, thank you, Congressman. As you mentioned, a person is suffering from a disease at the time, not often able to know what is needed, helping them with overdose reversal so they can stay alive because we cannot treat dead people. I want to say this as a doctor. Getting them the ability to check the drugs to see if they have fentanyl—they can make a decision not to use it after that—is important and smart, making sure the spread of chronic diseases does not happen, infectious diseases, and here is why it works.

When I ran and saw the Quick Response Teams in West Virginia, they would go back to someone and knock on their door for next day, next day after that, after the overdose. We got 30 percent people or more entered treatment eventually by just talking to them, and this is the kind of policy we need to be thinking it. How do we approach people, help them get into treatment? And sometimes as a law enforcement and a social worker going together to knock on the door and say, hey, what do you need.

Mr. TIMMONS. Sure, I appreciate that, but it seems that a lot of our cities across the country are not really holding people account-

able. We are not enforcing the criminal code. I will give you a great example. You walk down the street in Georgetown with a beer or glass of wine, you are going to get an open container ticket, but if you want to go smoke marijuana at Wisconsin and M, they knock it out. I mean, you know, marijuana is federally illegal, and the fact that we have this nebulous enforcement mechanism where in South Carolina you go to jail, if you are smoking in the military, you get kicked out. I mean, you know, we are failing. We are failing at creating a structure through which our society can thrive, and it is causing problems. What are your thoughts on that?

Dr. GUPTA. Thank you, Congressman. I can limit it to just marijuana. This is exactly why the President last fall took these actions: A, to make sure that people in Federal system who are for simple possession of marijuana are pardoned because it is about their life beyond that. Challenging the Governor should do the same. And then asking the attorney General and the HHS Secretary to work through and look at the what the current evidence is around scheduling in an independent way.

Mr. TIMMONS. It is a very complicated issue, and I would argue that the Federal Government has lost the ability to enforce the law because it has refused to enforce the law for so long, and the fact that we have not addressed it in some meaningful way creates a lot of problems. I am a JAG officer, captain in the South Carolina Air National Guard, and we regularly remove people from the military for smoking marijuana, and you cannot walk a block in D.C. without smelling somebody smoking. So, I mean, we need to get our policies in line with carrots and sticks and need to have nuances to achieve our objective. With that, Mr. Chairman, I am out of time. I yield back.

Chairman COMER. The gentleman yields back. The Chair recognizes Mr. Goldman from New York for 5 minutes.

Mr. GOLDMAN. Thank you, Mr. Chairman, and thank you, Dr. Gupta for being here. Quick first question. Is it the policy of the ONDCP and the Biden Administration to assist the Mexican cartels to traffic fentanyl into the United States?

Dr. GUPTA. Absolutely not.

Mr. GOLDMAN. So, you try to stop fentanyl from coming into the United States, right?

Dr. GUPTA. Correct.

Mr. GOLDMAN. And, in fact, we have seen some statistics recently that my colleagues on the other side of the aisle have touted that there has been more success by this Administration in seizing fentanyl coming into the United States. Is that right?

Dr. GUPTA. Yes, Congressman.

Mr. GOLDMAN. Well, I guess I am a little troubled by tweets such as this, who is a colleague of mine from New York, who criticizes President Biden because during his Administration, more than 34,000 pounds of deadly fentanyl have been seized at the Southern border. That means that it did not come into our communities, right?

Dr. GUPTA. Yes, Congressman, and if the assertion is we should let all of this come in and kill Americans, I will disagree with that every single day and every single minute.

Mr. GOLDMAN. Right. We are trying to stop the fentanyl from coming in, and there is no question and there is bipartisan agreement, as we have been talking about throughout this hearing, that fentanyl and the opioid epidemic is devastating communities all around this country. It does not differentiate between Republican districts and Democratic districts, and there is no question that far too many people are dying. But it just really surprises me when my colleagues on the other side of the aisle try to criticize this information for successfully seizing some of that fentanyl coming across the aisle or coming across the border rather.

And I go back to what my distinguished colleague from Arizona, Mr. Biggs, had said earlier that he supports trying to curtail the exportation of American manufactured weapons of war to the Mexican cartels. There has been a lot of talk on the other side of the aisle that the Mexican cartels fully control the fentanyl trade, and, of course, they only are able to do that because of their possession of weapons of war. So, I do hope they will come around as well to support bipartisan legislation to eliminate immunity for American gun manufacturers who are knowingly exporting guns. I did not hear him say that.

I would like to turn my focus a little bit to the work that we are doing with foreign partners to address the issues of the fentanyl trafficking coming across the border. There has been some talk of China and India and some of the component parts of certainly of fentanyl and synthetic drugs being provided by them. Is the Administration and your office finding that you are running into obstacles and roadblocks from the Chinese Government or even the Indian Government in assisting you and your efforts to stop the fentanyl trade?

Dr. GUPTA. Thank you, Congressman. When we look at foreign nations, we look at the willingness and the capacity to take action to prevent the diversion of these precursor chemicals. With India we are finding more willingness and a lot of capacity. PRC has the capacity but has demonstrated absolutely no willingness to cooperate.

Mr. GOLDMAN. So, in many respects, they are tacitly facilitating this devastating drug trade. Is that accurate?

Dr. GUPTA. Certainly, they are not engaged, and they do not seem to be interested in becoming a global leader on this issue.

Mr. GOLDMAN. And what, from your vantage point, has the United States done, has this Administration done, and should continue to do in the future to combat the control and power of the Mexican drug cartels?

Dr. GUPTA. I think it is important to have a strong and stable partner on the south of our border. Part of that involves working closely with their law enforcement and military counterparts, working with the President and his security cabinet. Those are the things that we are doing right now. As you know, I have noticed that El Chapo's son has been captured, we have Quintero and other drug cartel leader captured, we have the killer of Kiki Camarena, 40 years ago, a DEA agent, captured. So, we are getting more successes, but it is because of the partnership, the support that we are providing, but it is important to also hold the Government of Mex-



ico accountable for the actions of cartels and other producers within Mexico as well.

Mr. GOLDMAN. I am out of time. I appreciate you being here and your testimony. And I thank the Chairman for holding this hearing, and I yield back.

Chairman COMER. The Chair now recognizes Mrs. Boebert from Colorado for 5 minutes.

Mrs. BOEBERT. Thank you, Mr. Chairman. Dr. Gupta, nationwide, over 100,000 people have lost their lives from drug overdoses. We have heard a lot about that today. Seventeen hundred ninety-nine of those deaths were Coloradans. Now, your office works with 19 Federal agencies and oversees \$41 billion with a goal of addressing overdoses and addictions, correct?

Dr. GUPTA. Yes, Congresswoman.

Mrs. BOEBERT. Your office is also responsible for implementing the Biden-Harris National Drug Control Strategy that was released over a year ago, correct?

Dr. GUPTA. That is correct.

Mrs. BOEBERT. Dr. Gupta, a key component of the Biden-Harris plan is to go after those who smuggled drugs into our borders, correct?

Dr. GUPTA. That is correct.

Mrs. BOEBERT. Why has this Administration rolled back immigration policies that have a proven track record to secure the Southern border, such as Title 42, or remain in Mexico?

Dr. GUPTA. Thank you, Congresswoman, for that question. Of course, I defer all the questions to Homeland Security on the immigration piece. I can tell you on the drugs piece, we have more seizures today that we have had at any time.

Mrs. BOEBERT. Do you believe that is because more is coming over than at any other time?

Dr. GUPTA. I think we have better technology. I think we have more committed men and women in uniform.

Mrs. BOEBERT. Fentanyl is currently the No. 1 cause of death for adults 18 to 45, so this is still getting into our country and still killing Americans throughout our Nation. So, would you agree that more fentanyl is coming across and that is why the seizures have increased?

Dr. GUPTA. I think what I would say is this. It is important to seize every piece of fentanyl that comes across our border. At the same time, it does not begin or end at the border. It is important for us to look at the supply chain globally, as well as the profits that the traffickers are making often as well as producers.

Mrs. BOEBERT. Dr. Gupta, you have noted that a significant amount of fentanyl comes through the ports of entry at the Southwest border, correct?

Dr. GUPTA. Yes, Congresswoman.

Mrs. BOEBERT. You are aware that the Biden Administration's parole program through the CBP One app, correct?

Dr. GUPTA. I am not involved with that program.

Mrs. BOEBERT. Are you aware of the program?

Dr. GUPTA. Just publicly whatever I hear on the news.

Mrs. BOEBERT. Do you know how many inadmissible aliens were encountered at the ports of entry at the Southwest border in Fiscal Year 2020?

Dr. GUPTA. I would have to defer those to Homeland Security.

Mrs. BOEBERT. Oh, I just happen to have that answer. In Fiscal Year 2020, OFO encountered a little over 57,000 inadmissible aliens at the ports of entry. Do you know how many were encountered in Fiscal Year 2022?

Dr. GUPTA. I would not know.

Mrs. BOEBERT. Up from 57,000 to over 172,000. Do you know how many have been encountered so far in Fiscal Year 2023?

Dr. GUPTA. I would still defer you to Homeland Security.

Mrs. BOEBERT. So, in Fiscal Year 2020, we had 57,000 inadmissible aliens at the ports of entry, 2022, over 172,000, and Fiscal Year 2023, it is over 276,000. Now is it fair to say that the OFO officers are much busier under Biden CBP One app parole program?

Dr. GUPTA. Once again, Congresswoman, I would make sure that I would just defer all those questions because I am not engaged in the immigration policy of the United States.

Mrs. BOEBERT. Well, I would recommend that you possibly have a discussion with OFO, if you have not already, on how that increased flow affects officers' ability to interdict fentanyl at the ports. Would you agree?

Dr. GUPTA. I will continue to have those conversations. I have visited the border several times, and it is really important that we ensure that 109,000 Americans are dying, that we do everything in our capacity.

Mrs. BOEBERT. I agree, and I think that that starts with securing the border since we are seeing this increase of inadmissible aliens at our ports of entry. We know that people are coming over illegally, we have hundreds of thousands of got-aways, and certainly the amount of fentanyl deaths that you just mentioned are extremely severe. And I would say that that is because more fentanyl is coming through our wide-open Southern borders, and it is because of the policies that have been implemented since January 2021.

Dr. Gupta, I urge you and the Biden Administration to please crack down on fentanyl and secure our borders, have this conversation to keep Americans safe so we can put an end to this. I appreciate your time here today. My time has expired, but thank you for testifying before our Committee, sir.

Chairman COMER. The Chair now recognizes Mrs. Luna from Florida for 5 minutes.

Mrs. LUNA. Thank you, Chairman. Mr. Gupta, referencing the prison system, has your organization done anything to set up a nationwide policy on rehabilitation measures for people? The reason I ask that is because I have personally had family in and out of the prison systems, and sometimes the only way that these people get clean is by going to jail. And when someone does not go through that transition, they end up back within, whether it is the criminal cycle or the jail system itself. So, can you elaborate on that a little bit for me?

Dr. GUPTA. Thank you, Congresswoman. As you have rightly pointed out, this is a very important population. At any given day, there is 2 billion Americans incarcerated, and 60 to 80 percent of them are in prison or jails because of either drug use or—

Mrs. LUNA. Addiction?

Dr. GUPTA [continuing]. drug-related crimes. We have committed to offering treatment to everyone in custody in the Department of Federal Bureau of Prisons, and we have also released guidelines for 1,115 Medicaid waivers to states to do the same for the jails and prisons. Fifteen states have already applied, two have been approved, including state of Washington and California.

Mrs. LUNA. What does that treatment involve? Is it drug related or is it actually a step program that something like you would see out of Narcotics Anonymous?

Dr. GUPTA. So, these waiver applications can state what they want to be. They can state if they want state prisons or jails or both. They can state what details they want. But 90 days before release, they will have that treatment ready and ready to go, and then they will have a continuity of care into the community, which is really important step, which is sought.

Mrs. LUNA. So just to be clear, so a system is offered within the jail system, a rehab that they can go through and then is that considered part of their releasing for sentencing? If they continue the program, are they given more lenience in it? How does that work?

Dr. GUPTA. So that might be a drug court program, which we also support. We also support diversion or deflection programs as the entire arc of the criminal justice system. But in this case, when they are planned to be released in 90 days, and for a lot of jails, that turnover time is lot shorter than that, so oftentimes 50, 70 days, so that will be that their Medicaid or whatever insurance will not be turned off. They will continue to have that treatment, and they can get that treatment while they are in custody.

Mrs. LUNA. As part of that treatment, is there any faith-based organizations that are allowed to go in to facilitate that?

Dr. GUPTA. I think at this point—I can get the details for you—but it is going to be the states that are going to have to propose that to CMS.

Mrs. LUNA. OK.

Mrs. LUNA. The next question I had was to follow up on one of my colleagues from across the aisle over there. I heard you answer on China being uncooperative with basically stopping some of the initial, I guess, chemicals for fentanyl production. I did not hear you touch on India, how they have been effective. If you can just reiterate that?

Dr. GUPTA. Thank you, Congresswoman. We are having, since 2020, a counter narcotics working group with India. India being a large chemical industry as well as pharmaceutical, they have been very cooperative. We are working today right now to have the 21st century drug policy framework developed with India to make sure that there are diversion protocols in place to hold again, bad actors accountable. The same is not true for the PRC, the People's Republic of China. We will be going to continue to press on them as much as we need to in order to get them to have them cooperate.

Mrs. LUNA. OK. And then just to ask for my own clarification, you had mentioned that the Biden Administration basically gave some form of forgiveness for those who were in possession of marijuana. Is that backdated, or when is that effective as of date wise?

Dr. GUPTA. That was last fall and for all those in Federal custody—

Mrs. LUNA. At that point in time?

Dr. GUPTA. And that is backdated as well, I believe, where we could certainly get you details on that.

Dr. GUPTA. There is a mechanism that Department of Justice has to go through to get those records removed.

Mrs. LUNA. “Expunged” would be the term. OK. And then my last question is, if you had a magic wand, what would you do to fix the crisis that you are currently seeing because I know that sometimes the legislation takes a while. So, what is your opinion?

Dr. GUPTA. Congresswoman, that is an excellent question. Two things I would say. One, attack the entire global supply chain with focus on money, follow the money. On the other hand, make sure that every American who needs to get treatment, their life safe, gets that opportunity to do so.

Mrs. LUNA. And you said that in the jail system, it is about 60 percent that are struggling with addiction?

Dr. GUPTA. Exactly. Yes. Yes, madam.

Mrs. LUNA. OK. All right. Cool. Thank you. Chairwoman, I yield my time.

Mrs. BOEBERT. [Presiding.] Thank you. The Chair now recognizes the gentleman from Texas, Mr. Sessions.

Mr. SESSIONS. Madam Chairman, thank you very much. Doctor, welcome. This is an issue that will not go away, has not gone away. I remember meeting with one of your former colleagues, General Barry McCaffrey, on this same issue. My staff, a day or two ago, called what I believe is your staff and asked a simple question, and was do you ever say it is illegal in your advertising. Do you ever say that this is detrimental to your health? I do not know if you know what that answer, what they told us, but I know what that answer was. Do you know what it was?

Dr. GUPTA. Congressman, if you are asking that we say about illegal drugs, that they are illegal? So, yes, we do, but I do not know what form and where are you asking that, that we do say that.

Mr. SESSIONS. To the people who live in the United States. At least the answer that we were given, that I was told was, well, we do not control the message. That just is given out to someone else. They control the message on drug policy, we do not at ONDCP, and I was perhaps not surprised, but stunned that that would be the answer, that ONDCP outsources their message completely to someone else.

I am also stunned today that, in my opinion, and thank you for being here, that this Administration is blaming other countries for our drug problems. I have heard you mentioned in the little bit of time I have been here “China” about 14 times. I have heard you blame other people. You remind me of a firefighter who has shown up when arson has already taken place. You show me the viewpoint that you want to shift the blame. Well, that is an old story. That is an old story that came back that we had in the 1980’s and

1990's. When we effectively dealt with this issue, it does move somewhere else. It moved to the Keys, from the Florida Keys. It moved to high-speed cigarette boats. Different time, different era, but when there is effective law enforcement, you force criminal organizations drug cartels to do something different.

Next line of questioning please, Dr. Gupta. Have you ever seen the series that is called "Drugs, Inc.," that is on National Geographic?

Dr. GUPTA. I probably have.

Mr. SESSIONS. Well, if you had, you would know because it is in its at least 7th or 8th year. I encourage you, and if you cannot get it, I will get you all the years. When they string them together, they tell the story because they look at the drug cartels and the people who are pushing these products over the years, and then they show what the response is from the Federal Government. Is it the cat and mouse game? Yes, it is. Is it one where the drug cartels knew that they had to be very smart and do a number of things to evade getting arrested, going to jail, finding out where that method of operation was, and the United States catching on. That is how we caught on to submarines. That is how we caught on to tunnels. That is how we caught on to things, because we forced them, meaning drug cartels and criminals, to do different things.

In my opinion, this Administration and the Democratic Party, is openly allowing this open border policy that is contributing to the hundreds of thousands of people that die. Over the years, you have referenced 100,000 a year for a long period of time. That is almost equal to or larger than the number of men, people, we lost in World War II and any other war since, and yet this Administration allows them full access to our United States border, full access for drug cartels, to where they can put their marketing organizations.

And I know you talked about HIDTAs. The HIDTA are seeing this, too. They are putting their marketing organization now instead of in the big cities, they are in the next two-tier cities down to where they have people in place who are called illegal aliens, who have come to this country illegal, been given a free pass to move somewhere, and they just become part of the marketing organization, and the DEA knows that and the head of ONDCP should.

So, my recommendation to you is that I think that you should go back and relook at and constitute yourself to where you are aware of these problems and "Drugs, Inc." over the last 7 to 10 years offers you—and it might be a good time over the month of August that you invest some time to look at this, and you will see how the drug trade and how the fight by this government takes place. One last question.

Mrs. BOEBERT. The gentleman's time has expired.

Mr. SESSIONS. When is the last time that you met face to face with the President of the United States to give him the facts of the case that you have to us today?

Dr. GUPTA. Thank you, Congressman. I just told you, first of all, please, that we do control our own message. I would be happy to talk to you about that.

Mr. SESSIONS. Well, hopefully, your staff will learn that. I will be glad to take that. I will be glad to take that in writing.

Mrs. BOEBERT. The gentleman may answer the question, but the gentleman's time has expired.

Dr. GUPTA. And then as far as the process of the drug trafficking cartel, we are very engaged in working with our 19 drug control agencies, including DEA, to manage a whole-of-government response, and they do not have full access. The cartels do. I just spoke to the President this week, and he has my cell phone number, and we talked about this, how level of high importance he places on this issue, and he is fully committed to it. Thank you.

Mr. SESSIONS. Thank you, sir.

Mrs. BOEBERT. The gentleman's time has expired. The Chair now recognizes the gentlewoman from Puerto Rico, Mrs. Gonzalez-Colon.

Mrs. GONZALEZ-COLON. Thank you, Madam Chair, and thank you, Chairman Comer. I appreciate the opportunity to join the Committee, as you can see, the Reauthorization of the Office of National Drug Control Policy, and Director Gupta, it is good to see you. Your office is tasked with overseeing our Nation's drug control efforts, including through the development and implementation of a National Drug Control Strategy. Congress has required by law that this strategy also includes accompanying strategies to combat the flow of illicit drugs across the Southwest and the Northern border.

Through appropriations report language, we have also required inclusion of a strategy to combat the flow of illicit drugs coming through our maritime border in the Caribbean. Your office has released this Caribbean Border Counternarcotics Strategy with a particular focus on drug related threats in Puerto Rico and the U.S. Virgin Islands in 2015, 2020, and last one in 2022. However, unlike the existing statutory requirement for the Southwest Border and the Northern Border Counternarcotics Strategy, your office is not statutorily required to develop this third strategy despite the real threats we face from drug trafficking organizations in the Caribbean. And that is the reason I have introduced H.R. 920, The Caribbean Border Counternarcotics Strategy Act, which is a bipartisan and bicameral legislation to codify the requirement for ONDCP to include a Caribbean Border Counternarcotics Strategy in the National Drug Control Strategy, just as Congress has previously codified the requirement to include the Southwest Border and the Northern Border Counternarcotics Strategy.

Drug trafficking in the Caribbean continues to represent a major threat to our Nation. Nowhere is the risk clearer than in Puerto Rico and the U.S. Virgin Islands where we are home for 3.3 million Americans, and where the illicit activities of drugs for smugglers operating in the region contributes to violent crime in our communities and higher than average homicides rates. In fact, in a recent hearing, a CBP Air and Marine Operations official testified that Puerto Rico is the most violent maritime threat vector of any location they patrol, and that was here following the events of last November when drug smugglers shot and killed CBP Marine Interdiction Agent Mike Maceda and injured two other agents during the interdiction off of our coast.

Let me provide you another example of the problem. According to publicly available data from CBP, CBP Office Field of Operation

and Border Patrol seized over 241,000 pounds of cocaine nationwide during fiscal years 2020 and 2022. Approximately 52 percent of that cocaine seizures were carried out by the San Juan Field Office and the Ramey Border Patrol sector in Puerto Rico and the U.S. Virgin Islands. This is almost 127,000 pounds of cocaine, and this should not be seen as a local or regional problem. According to law enforcement agencies, approximately 75 to 80 percent of the drugs coming into Puerto Rico from Colombia, Venezuela are then smuggled onwards to the continental U.S., specifically the Eastern coast of the United States, and that is why a strong border security presence and a counter-narcotic strategy focused on the Caribbean is a critical for the entire Nation, and that is the reason my bill will ensure we achieve this.

In addition, to codify in the requirement for the Caribbean Border Counternarcotics Strategy, this bill will also amend the definition of “supply reduction” in ONDCP authorization to ensure the National Drug Control Strategy explicitly includes effort to disrupt the financial networks of drug trafficking organizations. And to effectively combat these criminals, it is essential that we hit them where it will hurt them the most, their wallets. So, I want to thank Chairman Comer for having me today here. What is your comments on this bill, Dr. Gupta, or the efforts to support counter drug operations in Puerto Rico?

Dr. GUPTA. Thank you, Congresswoman. We would love to work with you on the bill. It is critical. As you mentioned, Agent Macera, the three agents of Custom Border Protection, which is unusual to have them be fired upon in the high seas in November of last year, was really important. We were so saddened to see his demise. We actually brought his colleagues to the White House recently to award him with the U.S. Interdiction Coordinator National Award from the White House for that courageous work where he gave the ultimate sacrifice of his life. So, thank you for bringing that up, and we would love to work with your office on that.

Mrs. GONZALEZ-COLON. Thank you. Mr. Chairman, I yield back.

Chairman COMER. [Presiding.] The gentlelady from Puerto Rico yields back. The Chair now recognizes Ms. Greene from Georgia for 5 minutes.

Ms. GREENE. Thank you, Mr. Chairman. Thank you for being here today, Dr. Gupta.

I want to talk to you about my district in Georgia. It is located in the Northwestern part of our state where fentanyl is a very serious, serious issue. From 2019 to 2022, fentanyl-involved deaths increased in our state by over 230 percent. This is significant, it is alarming, but it is also deadly. People are dying almost daily. In counties throughout my district, in the 14th District, from 2019 through 2022, fentanyl-involved deaths increased by over 350 percent. That is in my district. The Northwestern part of Georgia is nowhere near the border of our country.

Fentanyl deaths in my district, here are some examples. There were three deaths in Walker County in February of this year, 37-year-old, 55-year-old, and 70-year-old, so it spans all ages. A 16-year-old girl in Whitfield County, who had never taken any illegal substance in her life, took a Xanax that she thought was going to help her with anxiety. Within 5 minutes, she was dead. In 2021,

Catoosa County had nine fentanyl overdose deaths. In January of this year alone, it is suspected that fentanyl is responsible for eight overdose deaths. In November 2020, Corporal Christopher Jackson Dye, a Walker County sheriff's deputy, died after being exposed to fentanyl during an arrest.

Fentanyl does not discriminate. It does not care about our skin color, it does not care about our age, does not care about our gender, does not care about our religion. It is a poison, and it is killing people, and it is extremely concerning. With approximately 300 Americans dying from drug overdoses each year, Fentanyl is flowing into the country at record levels. As a matter of fact, the local law enforcement in my district blame the border policies of this Administration for the fentanyl deaths in the increase of 350 percent.

Your office is charged with coordinating the budgets of agencies to carry out National Drug Control Policy, but while the drug crisis in this country soars out of control, the Biden Administration is busy sending crack pipes, syringes, and safe sex kits to drug addicts in the name of harm reduction. There has not been any harm reduction.

Dr. Gupta, people are dying every day, but are these so-called harm reduction strategies really the most effective way of dealing with the drug crisis in America? Wouldn't it be easier to deal with the drug addiction and drug overdose if there were fewer drugs in our country?

Dr. GUPTA. Thank you, Congresswoman. Clearly, there were fewer drugs that would help, but at the same time we got to deal with a crisis we have at hand. I understand the plight of rural America coming from West Virginia every single day. I have treated patients. I know the pain. I know the suffering. I have seen people die in my arms. What we are trying to do right now is to meet people where they are. Somebody is overdosing, they need naloxone or Narcan. I, as a doctor, as you know this, cannot treat dead people.

So, first thing we got to do is keep people alive. We also have to get them into treatment and go after the bad guys and their trafficking profits. And this is the reason that the President is committed to making sure we have technology at the border that detect every bit of fentanyl that is coming through. That is a commitment and top priority of the President.

Ms. GREENE. But, Dr. Gupta, if I may? This Administration and Democrats proved to us they believe in walls because they erected one around the Capitol when they felt threatened after January 6. A wall at the Southern border would stop drugs from flowing in. That is the fact. Walls work. We know they work. We lock our doors and windows at night inside when we go inside our homes. We protect our children with locked doors and walls. They work. A wall would be the best way to stop drugs from coming in and reduce the amount of drugs. I think that would be the wisest way to go, don't you?

Dr. GUPTA. Congresswoman, thank you. I went down there several times. The last time I saw, I saw gaps in the border barrier system—

Ms. GREENE. But the Biden Administration has stopped construction. There are gaping holes. There are broken fences. There



are portions that do not work because the Biden Administration has stopped construction and stopped funding.

Dr. GUPTA. There are 68 that had been already fixed, and there are 62 more on the way to be fixed. We still have tunnels to deal with. We have drones to deal with. So, I think what we can do coming together on this is to build the best barrier protections possible. That includes those barriers.

Ms. GREENE. Yes. Thank you, Dr. Gupta. I agree. One last question because our time is short. I read in the news the Biden Admin is funding crack pipe distribution to advance racial equality. Is that a practice you agree? I am not sure how crack pipes advance racial equality? As a matter of fact, I will go ahead and say it for the record, I believe we are all equal, and I think crack pipes are probably leading to furthering the drug problem, not helping it.

Dr. GUPTA. I can commit to you that no Federal funding is going to what you have mentioned. But I will say that naloxone, and ability for people to check for fentanyl in drug supply so they cannot take it, and syringe service programs are critical and they are life-saving, and that is why we are doing it.

Ms. GREENE. Thank you, Dr. Gupta. I yield back, Mr. Chairman.

Chairman COMER. The gentlelady yields back. Now I will ask my questions for 5 minutes. So, Director Gupta, when we recently met in my office, discussed the issue of fentanyl overdose deaths, you spoke about your mission and sense of urgency. Would you agree that illicit fentanyl is one of the most urgent crises facing our Nation, especially considering that majority of the overdose deaths in the United States are happening due to fentanyl?

Dr. GUPTA. Yes, Mr. Chairman, and that is exactly the way we are approaching this.

Chairman COMER. You are familiar with the supply chain of illicit fentanyl entering the U.S. markets, correct? You mentioned that.

Dr. GUPTA. Yes.

Chairman COMER. Do you concur with DEA's assessment that virtually all the deadly fentanyl found in the United States is mass produced by transnational criminal organizations operating in Mexico using China sourced precursor chemicals, and then trafficked across the border?

Dr. GUPTA. Borders.

Chairman COMER. It is being smuggled in both at ports of entry and in between ports of entry. So, can you describe for me and for my constituents in Kentucky, who will be watching this clip, what efforts Office of National Drug Control Policy has directed to increase the ability of law enforcement personnel at the border to identify and seize as much of the fentanyl as possible?

Dr. GUPTA. Thank you, Mr. Chairman. We have significantly increased the ability of law enforcement to be able to do that. We have some of the highest numbers of law enforcement officials, including Custom and Border Protection, on the border to make sure, and we are investing in technology that is known to detect fentanyl. When we have so much traffic back-and-forth understanding, we want to be able to detect every vehicle that we need to detect with fentanyl, and the President's proposed budget is

\$500 million dollars. It includes \$300 million for technology to be able to do just that.

Chairman COMER. So, we have heard that the historic levels of illegal border crossings in the last few years has had an impact on the ability of Customs and Border Protection personnel with respect to the fentanyl crisis by diverting manpower and resources, and in some cases even temporarily shutting down interior checkpoints operated by U.S. Border Patrol that frequently encounter narcotics loads that made it past Customs and Border Patrol at the ports. So, what has Office of National Drug Control Policy been doing to coordinate with border and immigration officials to ensure that they are able to respond to narcotics smuggling across the border?

Dr. GUPTA. Thank you, Mr. Chairman. We are proposing and providing them more resources than ever before. We are making sure that they have what they need to protect, safeguard when we talk about drugs coming in—

Chairman COMER. But they tell us they do not have what they need. When we talk to them and there are not any of their superiors around, they tell us they do not have what they need?

Dr. GUPTA. I will give you, Mr. Chairman, an example. I was down at the Arizona border. I talked to them same way when there were no superiors there. I asked them. I saw a gaping in the barriers, and I said why isn't this fixed. It needs to come through us, and we want to make sure that this gets prioritized. So, we are listening to the folks on the ground what they need. We are proud of the work they are doing, and we want to provide support them in an urgent way.

Chairman COMER. So, does Office of National Drug Control Policy has the ability to direct agencies' funds in some cases?

Dr. GUPTA. It is there, but it is inconsistent, Mr. Chairman.

Chairman COMER. So, what authorities do you have as director to certify or direct agencies' funding toward fighting the overdose crisis?

Dr. GUPTA. Mr. Chairman, we have something called the fund control notice, and that allows us to direct drug control spending on particular projects or activities to ensure that agencies are appropriately implementing those policies, but that is not consistent across.

Chairman COMER. Do you have the authority over the Department of Justice or its component agencies?

Dr. GUPTA. I think that one, based on an almost 30-year-old appropriations piece, we do not have that.

Chairman COMER. That is a problem. That is not your fault. So that would include the DEA, the Drug Enforcement Administration, correct? You do not have authority over DEA?

Dr. GUPTA. We have inconsistent authority across the 19 drug budget control agencies, of course.

Chairman COMER. So how has that affected your ability to respond to the opioid crisis?

Dr. GUPTA. Well, I will give you an example. During the Bush Administration, ONDCP frequently issued this fund control notice to each of the agencies, restricting a portion of their available budget authority until they submitted a financial plan for the Di-

rector for approval. That ability exists for most agencies, but does not exist for every Agency.

Chairman COMER. So, my last question, I assume you would agree that criminal prosecutions of individuals involved in the illicit fentanyl trade are important at disrupting the supply chains, correct?

Dr. GUPTA. Yes.

Chairman COMER. Don't you think it would be a better use of Department of Justice's prosecutorial efforts, instead of retaliating against whistleblowers or investigating parents at school board meetings, to coordinate with you and go after the individuals who are poisoning the American people?

Dr. GUPTA. Mr. Chairman, we work very closely with the Department of Justice and other 18 Federal drug control agencies. I could tell you they are very fully committed to going after both sanctioning and after prosecution of the cartel members and their enablers.

Chairman COMER. Well, we could debate that all day long, but again, I appreciate you being here, and that concludes our questioning portion. I am going to now yield to Ranking Member Raskin for closing remarks he would like to give.

Mr. RASKIN. Mr. Chairman, thank you for a very good hearing today. I want to start by introducing for the record a letter from the United States Conference of Mayors, expressing their strong support for Reauthorization of the Office of National Drug Control Policy.

Chairman COMER. Without objection, so ordered.

Mr. RASKIN. Thank you, Mr. Chairman. The fentanyl and opioid crisis is a nightmare for America, for our communities, and for our families. Every Member of this Committee has lost young constituents in this public health and public safety catastrophe. We hope and we pray that we will never have to call another family in our districts to send our sympathy and our love. In Maryland, last year, there were more than 2,500 overdoses in the state total, more than 2,000 of them coming from fentanyl alone.

Mr. Chairman, I just want to make a couple of points in closing to this significant hearing. As Dr. Gupta has explained, there has been this massive increase and unprecedented investment in new technologies for the CBP and for the DEA to crackdown specifically, on the importation of illicit fentanyl into the country.

In 2022, the High Intensity Drug Trafficking Areas program led to the seizure of \$22 billion in illicit drugs and in cash, which actually meant that it yielded \$82 to our law enforcement agencies for every dollar that was spent in taxpayer money in the program. In the same year, the DEA seized a historic 260,000 pounds of illicit drugs, including 15,000 pounds of illicit fentanyl. So, we are seeing huge increases in the number of drugs being stopped at the border.

And the only real dispute I heard today was whether or not that was a sign of progress or a sign of failure. Some of our colleagues were claiming that that was a sign of failure that there was this massive increase in the drugs being interdicted. But I was persuaded very much by Dr. Gupta's testimony that this is as a product of the massive new influx of technology catching the drugs that are coming over, so it is a major success in interdiction.

Now, that does not necessarily represent overall success in drug control, which involves not just interdiction, but also public health measures, combating of addiction, and so on. So, it was just a non-sequitur when some of our colleagues were saying, well, yes, there is this huge increase in interdiction, but why are all these people dying, and there is an increase in many communities and people dying. Well, it is because of a potentially increased use, but also the infiltration of dangerous drugs in other kinds of drugs that people are taking, for example, anti-anxiety medicine and so on. But that, to me, underscores the importance of doing an investment in public health and getting our people off of these drugs.

My distinguished colleague from Georgia said, well, just build the wall. Of course, there was a promise in last administration that Mexico would pay for a wall. We are still waiting for that to happen. But my colleagues said, well, we build walls and fences around our houses and that works. It does not work if people are voluntarily bringing drugs into your home, and we cannot deny the demand side of this equation. I salute the Administration's work on reducing the supply coming in with all of these great new technologies. But as long as the demand is there, we are going to have a very serious problem in America. So, we need to address the demand side as well, and I am happy to know, Dr. Gupta, that you are equally invested in reducing the supply and the demand.

Now, the other point I want to make, Mr. Chairman, that came up today and I think most recently from our distinguished colleague from Texas, Mr. Sessions, where he said, well, it is easy enough to blame China, but what is the role we are playing in contributing to this, and I appreciated his saying that we do not want to just blame everything on China and then just go home. On the other hand, it is very important. I agreed with Mr. Edwards from North Carolina saying we should be doing whatever we can do to try to get China to crack down on the supply of these chemicals to the Mexican narco traffickers, the drug traffickers in Mexico, even if they are legal. He was saying, even if these are legal chemicals, it is important to crack down if they know what it is going to be used for.

And the exact same point applies to the trafficking of firearms from America to buyers, who know they are going to be dealing to the Mexican fentanyl dealers and when the gun dealers in America and the gun manufacturers in America understand precisely where those guns are going. At least 70 percent of the firearms that are being used by the fentanyl traffickers in Mexico come from the United States, and some estimates are as high as 90 percent are coming from the United States. And so, the recipe seems to be for these drug traffickers and gun traffickers is guns down from the U.S. to Mexico, drugs back from Mexico into the U.S. Those are the two sides of the coin.

And so, Mr. Chairman, I think we have got to address the problem, that it is American gun dealers and manufacturers who are supplying Mexican fentanyl and opioid dealers with the guns that they need to operate with impunity in complete lawlessness in Mexico, and they are responsible for the deaths of tens of thousands of people in Mexico and upwards of a hundred thousand disappeared people in Mexico. So, if we are going to take the problem

seriously, let us take our own investment in the problem seriously, as Mr. Sessions was saying, because it is American guns that are making it possible for Mexican drug traffickers to operate in such a lawless way.

But I am pleased that we are making bipartisan progress on this. I am pleased at the interdiction efforts that are taking place. We need to accelerate our investment in the public health measures to get our people off of these deadly drugs and to see dramatic reductions in the number of people, who are overdosing in our country.

With that, I thank you for your leadership on this. Mr. Chairman, I yield back to you.

Chairman COMER. The gentleman yields back. I now recognize myself for a closing statement.

Again, I would like to thank you, Director Gupta, for appearing before the Committee today. Fighting this crisis is an urgent battle and it is essential that we conduct rigorous oversight over the government's efforts to stem the tide of drug overdose deaths. The drug overdose crisis is one of the most urgent issues our Nation faces. And as Director Gupta informed us, emerging threats, like xylazine, continue to make the situation even more dire. I agree with how Director Gupta framed this issue as not just an issue of public health, but a national security crisis as well. Getting the border crisis under control is an essential component of this issue, but I agree with my Democratic colleagues that the border is only part of the story.

We know that foreign bad actors, like the Chinese Communist Party, are taking actions to hurt our Nation through the fentanyl trade. We know that because China is the source country for the precursor chemicals, that are making fentanyl in secret labs in Mexico. We know that China is involved in illicit financing and money laundering operations, and we know that the Chinese Communist Party refuses to cooperate with our efforts to reduce the illicit supply of these deadly narcotics. And we know that transnational criminal organizations in Mexico operate labs to manufacture these deadly poisons and exploit every advantage presented by the crisis on the border to smuggle these drugs into our communities. So, I look forward to continue working with Director Gupta's office as we look toward Reauthorization of the Office of National Drug Control Policy, and continue to fine tune efforts to begin to get this crisis under control.

With that, and without objection, Members will have 5 legislative days in which to submit additional materials for the record or questions for the witness.

Chairman COMER. The Committee stands adjourned.

[Whereupon, at 1:15 p.m., the Committee was adjourned.]

