Thank you, Mr. Chairman, for holding this hearing on DEA’s role in combating the opioid epidemic, a top priority of this committee.

For nearly a year, this committee has been investigating how inordinate numbers of pills were shipped to pharmacies in rural West Virginia. The numbers that we have seen thus far are nothing short of staggering – more than 20 million prescription opioids shipped to a West Virginia town with a population of fewer than 3,000 people. Another West Virginia pharmacy, in a town with a population of fewer than 2,000 people, received an average of more than 5,600 prescription opioids a day during a single year.

As part of our investigation, we have also looked at the Sav-Rite pharmacies in Kermit, West Virginia, a town with a population of approximately 400 people.

During last October’s full committee hearing, I asked your colleague at the DEA a very straightforward question: Which companies provided the Sav-Rite #1 pharmacy with so many opioids that it ranked 22nd in the entire country for the number of hydrocodone pills received in 2006?

After extended delay, we received the DEA data and now know the answer to that question. This is not the end of the matter, however.
We have learned that in 2008, a second Sav-Rite location opened, just two miles away from the original pharmacy. However, the second Sav Rite was forced to close and surrender its DEA registration after it was raided by federal agents in March 2009. In most instances, this would be a success story. But in this case, the original Sav-Rite pharmacy—the one that received 9 million pills in just two years—stayed open for more than two years. In those two years, Sav-Rite #1 dispensed about 1.5 million pills into the community. How is this possible?

The raid on Sav-Rite 2 was based on observations made during undercover investigations conducted at both Sav-Rite locations as well as a pill mill medical practice. As part of the undercover operation, federal investigators saw pharmacy customers sharing drugs with one another in the parking lot, a cash drawer so full that the clerk could not close it, and learned that the owner of the Sav-Rite pharmacies apparently developed a “get-rich quick scheme” with a pill mill medical practice. This scheme may have filled their cash drawers, but it was devastating the community.

It doesn’t make any sense as to why the DEA did not shut down both pharmacies at the same time – they were owned by the same person and were part of the same criminal scheme. DEA has acknowledged that breakdowns occurred, and lessons were learned—in this case and others. We need to make sure DEA has fixed its own problems so that an effective DEA is part of the many solutions needed to combat the opioid crisis.

People are dying. Lives are being ruined. We must be united in our efforts to end this horrible epidemic. That is why myself and this entire committee have
been so frustrated that it has taken this long to obtain DEA’s full cooperation in this investigation.

And while progress is being made in DEA’s efforts, we still have plenty of unanswered questions coming into today’s hearing. I am hopeful that we can learn the answers to those questions today. I am also pleased with the commitments DEA has made to fulfill our remaining requests in this investigation. I expect those commitments to be honored. If they are not, we’ll be back here again soon.

Our most pressing questions are intended to get DEA on a better path. Every one of us on this dais, and in this room, supports a strong and effective DEA. We know you have an enormous job to do and we are grateful to all of the dedicated law enforcement personnel at the agency. Quite simply, we want you to have the tools and the resources you need to combat this epidemic, among the other many duties of the DEA.

So thank you again for being here with us today, Acting Administrator Patterson. We look forward to your candor, and I would like to yield the balance of my time to the gentleman from Virginia, Mr. Griffith.