AU/ACSC/99-231/1999-04

AIR COMMAND AND STAFF COLLEGE

AIR UNIVERSITY

DOD ROLE IN COUNTERDRUG OPERATIONS—

CAN WE ACHIEVE BETTER RESULTS?

by

Gary M. Wolbert Major, USAF

A Research Report Submitted to the Faculty

In Partial Fulfillment of the Graduation Requirements

Advisor: Lt Col Mitchell L. Heitmann

Maxwell Air Force Base, Alabama

April 1999

REPORT DOCUMENTATION PAGE

Form Approved OMB No. 0704-0188

Public reporting burder for this collection of information is estibated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burder to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.

1. REPORT DATE (DD-MM-YYYY)	2. REPORT TYPE	3. DATES COVERED (FROM - TO)
01-04-1999	Thesis	xx-xx-1999 to xx-xx-1999

4. TITLE AND SUBTITLE DOD Role in Counterdrug Operations--Can We Achieve Better Results? Unclassified	5a. CONTRACT NUMBER 5b. GRANT NUMBER 5c. PROGRAM ELEMENT NUMBER
6. AUTHOR(S) Wolbert, Gary M. ;	5d. PROJECT NUMBER 5e. TASK NUMBER 5f. WORK UNIT NUMBER
7. PERFORMING ORGANIZATION NAME AND ADDRESS Air Command and Staff College Maxwell AFB, AL36112	8. PERFORMING ORGANIZATION REPORT NUMBER
9. SPONSORING/MONITORING AGENCY NAME AND ADDRESS ,	10. SPONSOR/MONITOR'S ACRONYM(S) 11. SPONSOR/MONITOR'S REPORT NUMBER(S)

12. DISTRIBUTION/AVAILABILITY STATEMENT
APUBLIC RELEASE
,

13. SUPPLEMENTARY NOTES

14. ABSTRACT

The flow and use of illegal narcotics in the United States is one of the most significant political and military issues. Drug use economically burdens our country by promoting poor health, increased crime rates, and decreased productivity. The DOD became a main contributor to the national counterdrug effort in 1989 when the President declared a ?War on Drugs.? The DOD?s role in the Military Operation Other Than War (MOOTW) was threefold: lead agency for detection and monitoring of aerial and maritime transit of illegal drugs into the United States; integrate command, control, communications, computer, and intelligence (C4I); and approve and fund governors? plans for expanded use of the National Guard to support the counterdrug effort. Despite adequate fiscal resources pouring into the anti-drug effort, numerous federal, state, and local crime fighting agencies acknowledge only moderate success to date. With the current protracted effort producing limited measurable results, some believe that DOD should be committed to a more aggressive war on drugs, be removed from the counterdrug effort, or be funded at a greater level. This paper examines the current drug problem in our country, describes the DOD?s current activities and the comprehensive challenges, and concludes a more focused DOD effort, as a key support agent of the national counterdrug strategy, is fiscally possible and would provide better results.

15. SUBJECT TERMS

16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19. NAME OF RESPONSIBLE PERSON
			Public Release	53	Fenster, Lynn lfenster@dtic.mil
a. REPORT	b. ABSTRACT	c. THIS PAGE			19b. TELEPHONE NUMBER
Unclassified	Unclassified	Unclassified			International Area Code Area Code Telephone Number 703767-9007 DSN 427-9007

Standard Form 298 (Rev. 8-98)
Prescribed by ANSI Std Z39.18

Disclaimer

The views expressed in this academic research paper are those of the author and do not reflect the official policy or position of the US government or the Department of Defense. In accordance with Air Force Instruction 51-303, it is not copyrighted, but is the property of the United States government.

Contents

Page

DISCLAIMER ii

LIST OF ILLUSTRATIONS iv

LIST OF TABLES v

PREFACE vi

ABSTRACT viii

INTRODUCTION 9

THE UNITED STATES DRUG PROBLEM 11
- Cost to American Society 11
  - Increased Crime 12
  - Medical Challenges and Cost to the Economy 14
- Sources of Illegal Drugs 16

NATIONAL AND MILITARY STRATEGIES 22
- National Counterdrug Control Priorities and Funding 22
- Military Drug Interdiction Control Funding and Strategies 24

INTERDICTION, BORDER PATROL, AND INTELLIGENCE DILEMMAS 29
- Aerial and Maritime Drug Interdiction in the Caribbean 29
- Southwest U.S. Border Patrol 34
- Intelligence Sharing 36
- Host Nation Development 38

CONCLUSION 42
- Principle Conclusions and Recommendations 43

APPENDIX A: NATIONAL DRUG CONTROL STRATEGY GOALS 45

APPENDIX B: WORLDWIDE POTENTIAL NET DRUG PRODUCTION 48

GLOSSARY 49

BIBLIOGRAPHY 51

List of Illustrations

Page

Figure 1. —National Drug Control Budget..... 23

List of Tables

Page

Table 1. 1996 National Household Survey on Illicit Drug Use: 14

Table 2. Air & Maritime Drug Trafficking Event 1992-1996 31

Table 3. Flight Hour Support from E-2 and E-3 Radar Surveillance Aircraft 32

Preface

As an Air Battle Manager and operations director (J3) assigned to the Caribbean Regional Operations Center (CARIBROC) from November 1995 to July 1998, I was exposed to the DOD counterdrug interdiction effort first hand each day. In close coordination with action officers of the co-located Joint Interagency Task Force East (JIATF-E), I have been able to formulate some views on the complexity of the Office of Drug Control Policy (ONDCP) and Department of Defense efforts and strategy on drug interdiction.

Current radar surveillance architecture inhibits the ability to acquire the majority of air traffickers. Likewise, current strategies to conduct adequate surveillance and apprehension efforts on the southwest US border have produced limited results. Coupled with air and land surveillance challenges is the sensitivity of sharing intelligence and information. This stovepiping of critical information has only exacerbated the problem. Additionally, greater focus can be achieved in the realm of host nation development.

The DOD role in the counterdrug interdiction effort is contained in our national strategies of educating our youth and eradicating all drug-producing plants in source zones. The DOD is comfortable with the employment of straightforward tactics in the overall achievement of objectives that produce measurable results. Successes and failures in counterdrug interdiction are difficult to measure particularly since the DOD is relegated to a defined support role in the national counterdrug strategy.

The ACSC research requirement provided me with an opportunity to educate myself further as to the complexities of the military's role in our country's overall anti-drug effort, and to analyze our current efforts. I hope this paper provides some utility to other military professionals who seek to understand and are in a position to focus the DOD role in counterdrug operations.

Individuals who provided me assistance in preparation of this paper include my former commander Captain Jeffrey Stone, United States Navy (retired) who eloquently defined the bridge between funding and tactical employment issues. Commander Terry Cleveland, United States Navy, from Joint Interagency Task Force-East (JIATF-E), who continually explained naval capabilities and employment. Colonel Chuck Kasbeer, United States Air Force (Retired), former JIATF-East J3, and Major Don Perry from the Air Action Officer Division at JIATF-East, who worked with me to develop appropriate air interdiction courses of action based on limited assets. Lastly, my wife Sue for kindly proofreading my paper for readability and typographical/grammatical errors.

AU/ACSC/99-231/1999-04

Abstract

The flow and use of illegal narcotics in the United States is one of the most significant political and military issues. Drug use economically burdens our country by promoting poor health, increased crime rates, and decreased productivity. The DOD became a main contributor to the national counterdrug effort in 1989 when the President declared a "War on Drugs." The DOD's role in the Military Operation Other Than War (MOOTW) was threefold: lead agency for detection and monitoring of aerial and maritime transit of illegal drugs into the United States; integrate command, control, communications, computer, and intelligence (C4I); and approve and fund governors' plans for expanded use of the National Guard to support the counterdrug effort. Despite adequate fiscal resources pouring into the anti-drug effort, numerous federal, state, and local crime fighting agencies acknowledge only moderate success to date. With the current protracted effort producing limited measurable results, some believe that DOD should be committed to a more aggressive war on drugs, be removed from the counterdrug effort, or be funded at a greater level. This paper examines the current drug problem in our country, describes the DOD's current activities and the comprehensive challenges, and concludes a more focused DOD effort, as a key support agent of the national counterdrug strategy, is fiscally possible and would provide better results.

Chapter 1

Introduction

> *Our specific mission is to protect national security. There can be no doubt that the international trafficking in drugs is a national security problem for the United States. Therefore, detecting and countering the production and trafficking of illegal drugs is a high priority, national security mission of the Department of Defense.*
>
> —Secretary of Defense Richard B. Cheney

Drug use in the United States has been a very costly, unwanted endeavor of the government and health care providers of this country. In the late 1960's and throughout the 1970's, drug use in the United States became an ever-increasing dilemma. Governmental, law enforcement, and judicial entities were increasingly dismayed by the sharp increase in the use and abuse of illegal narcotics—particular by young Americans. During the 1980's, the President, along with Congress, began to focus more closely on the cost of illegal drug use to American society. In 1989, President George Bush declared a "War on Drugs" and called for the designation of a National Drug Control Strategy, coordinating the positive attributes of various governmental agencies.

The DOD has been involved in the counterdrug effort since the President declared the "War on Drugs." The Office of National Drug Control Policy (ONDCP) was formed to lead the effort at home, in transit and abroad. The ONDCP has five overarching goals (appendix A) and various forums and discussions have debated the effectiveness and proper funding lines for the myriad of efforts. The DOD is primarily employed in support

of the interdiction goal, but federal law prohibits direct participation in seizure, arrest, and detention of drug traffickers. Thus, the rewards of achieving visible goals and definable end states are out of the DOD's hands. For this reason, the DOD is not completely engrossed in a full counterdrug interdiction support effort as would be seen with a regional war or conflict where they would be the lead, pivotal agent. In addition, the money provided to the DOD for drug interdiction may not be judiciously spent towards the most productive, long-term strategies.

Before suggesting other possible methodologies for the DOD's counterdrug effort, we will review the United States drug problem and associated costs to society in Chapter 2. Following the capstone introduction to the drug dilemma, Chapter 3 will discuss both national and military counterdrug strategies and basic funding. From there, Chapter 4 will explore the military's role in transit zone Caribbean operations, Mexican border patrol operations, intelligence sharing, and host nation support. Success to date, along with key issues that present a serious challenge to winning the "War on Drugs" will be discussed.

Chapter 2

The United States Drug Problem

> *The drug issue is about the responsibility of government to its citizens and the kind of society we aspire to be. There must be a national imperative to reduce drug use. Surely this is a national goal that can unite us all, across the boundaries of party, race, region, and income.*
>
> —President William J. Clinton

The genesis for President Bush's "War on Drugs" began with the Reagan Administration's "Just Say No" campaign in the 1980's, which focused on teaching children to avoid drugs. This program espoused the most important reasons for curbing drug use were the destructiveness to the family, the connection to crime, and the cost to business productivity.[1]

Cost to American Society

Arguments have been posed that the United States is facing a threat as dangerous to its wellness and moral fiber as anything faced in the past 220 years. In 1995, approximately 19.2 million Americans, or about 11 percent of our citizens able to make the choice, used some form of illegal drug. Of those, 12.8 million are coined as regular drug users. Another disturbing fact is that between 1992 and 1995, the rate of increase in drug use by teenagers more than doubled. A 1994 Drug Use Forecasting Program survey

reported that 66 percent of adults arrested tested positive for illegal drugs or alcohol at the time of arrest.[2]

Increased Crime

Overall crime victimization rates have actually declined in recent years. Yet, violent crime has increased for some groups, and as late as 1992, 23 percent of American families fell victim to a crime of violence or theft. The most statistically likely families to be victims of violent crime were African-American, Hispanic, and urban families residing in urban areas.[3] Although drug use and crime are linked, the relationship is very complex, hard to differentiate, and perhaps even harder to address. Deviant lifestyles often bear the common features of drug use and criminal activity.

Some illegal narcotics induce compulsive or cause addictive use, and are more prone to induce criminal conduct. Cocaine and heroin in particular, are labeled as highly additive. Consequently, the heavier the drug use, the greater the risk of serious criminal involvement beyond drug possession and casual use.[4] The Office of National Drug Control Policy (ONDCP) data lays out some clear statements regarding drugs and crime such as: drugs users are more frequently involved in crime and are more likely to have criminal records than nonusers.[5] Also, as drug use increases, so does the number of crimes a person commits. In fact, prison inmates report extremely high drug use rates. Over 25 percent admit they were under the influence when arrested. In addition, overall illegal drug use is tremendously high for persons incarcerated for violent crimes.[6] Moreover, many homicides are related to drug trafficking, and a high percentage of homicide victims have detectable levels of illegal drugs in their system.[7]

Drug use can significantly impact and attract serious crime to neighborhoods and create a sense of decay, disorder, and contempt among residents. The mere presence of drug activity or drug markets in a town can cause residents to sincerely believe that crime is on the rise, legitimate business is being driven away, and to fear for their safety.[8]

In an attempt to link drugs and violence, the ONDCP reports that a Parents' Resource Institute for Drug Education (PRIDE) Study produced evidence that students who bring guns to school tend to participate in gangs, threaten teachers or other students, and are much more likely to use drugs than non-gun toting students. The PRIDE Study says a full 31 percent of gun carrying students used cocaine, compared to only 2 percent of non-gun carriers. Likewise, 19 percent of gang members reported cocaine use verses only 2 percent of non-gang members.[9]

Evidence of the nation's drug problem is indicated by jails and prisons rapidly becoming crowded. Drug arrests rose from about 56,000 in 1985 to approximately 95,000 in 1989—an increase of nearly 70 percent.[10] By 1992, there were more prisoners in jail on drug charges than there were for all crimes in 1980. Despite $1.6 billion to build new federal prisons, there was an overcrowding dilemma. The increase in drug related arrests contributed to this overcrowding, and twice as many people were arrested for possession than for selling or pushing. Unfortunately, this overcrowding led to shorter sentences, which many times resulted in drug dealers quickly back on the street selling drugs.[11]

Drug crimes have persisted in the United States. In 1996, an estimated 1,506,200 individuals were arrested for drug offenses to include possession, manufacture, and sale. Drug tests confirmed use of illegal drugs by a majority of those arrested.[12]

The Substance Abuse and Mental Health Services Administration, in a 1996 national survey, produced the data illustrated in Table 1. The survey reported that 74 million or about 35 percent of all Americans age 12 and older reported some use of illicit drug at least once during their life. Almost 11 percent reported use during the past year, and over 6 percent reported drug use in the month prior to the survey.[13]

Table 1. 1996 National Household Survey on Illicit Drug Use:

Respondent Age	Ever Used	Past Year	Past Month
12-17	22.1%	16.7%	9.0%
18-25	48.0%	26.8%	15.6%
26-34	53.1%	14.6%	8.4%
35 and over	29.0%	5.3%	2.9%

Source: White House, The. National Drug Control Strategy: 1998. Washington D.C., U.S. Government Printing Office, 1998. Online: http://www/whitehouse drugpolicy.gov.

Drug use by young Americans is disturbing, especially since young teenagers are easily influenced to experiment with illegal substances or take a dare. Youth involved in drugs are carrying arms and killing each other over drug money and turf. Rates of homicide committed by youth age 18 and younger more than doubled since the 1980's.[14]

Chronic illegal drug users are responsible for much crime, violence, and health care prioritization and access problems that plague the United States. Drug treatment is critical to help lower the enormous costs and attack the overall drug problem.[15] Unfortunately, the medical and health care communities have struggled and continue to fight the huge costs associated with reducing the costs of illegal drug use to American society.

Medical Challenges and Cost to the Economy

The ONDCP indicate that each year, Americans spend almost $50 billion on illegal drugs and federal, state and local governments spend $30 billion in drug prevention and

crime fighting efforts. The social cost of drug use is about $67 billion annually and includes illness, death and crime. In addition, there are 25,000 annual deaths of U.S. citizens related to drugs use. Finally, several hundred thousand babies are exposed to illegal drugs before birth.[16]

Drug use is straining the nations overburdened health care system. The costs of treating illegal drug users are passed onto others by way of increased insurance premiums. In 1995, 532,000 drug-related emergencies occurred across the nation, particularly for heroin and cocaine overdose. This forces hospitals to staff more fully, and add additional personnel on weekends and nights to support emergencies.[17] Those who use drugs often share contaminated needles and spread the AIDS virus and other diseases. Those seeking medical or psychological drug treatment to rehabilitate and ultimately finding access, do so at the cost to those seeking non-drug related care in communities where the demand for health care exceeds treatment capacity.[18] The four primary contributors to increased economic costs from 1985 to 1991 were emergency room and other medical costs; increased cases of HIV/AIDS; increased criminal behavior; and lost economic productivity.[19]

According to the Centers for Disease Control and Prevention, almost one-third of new AIDS cases are related in some way to illegal drug use by injection. Also, injection drug use and sexual contact with injection drug users account for 71 percent of AIDS cases among adults and adolescent women.[20] Illicit drug use by pregnant women depicts a high correlation with medical complications for both the mother and child. The ONDCP reports that a recent study of women giving birth in California found that 5.2 percent of mothers tested positive for illicit drugs just before giving birth.[21]

Business and industry are cognizant of their profit reduction directly related to diminished efficiency, accidents, medical claims, absenteeism, and theft by illegal drug using employees. Drug using workers are fives times more likely to file a worker's compensation claim, receive three times the average sick benefits, and function at an estimated 67 percent of their potential.[22] This equates to an estimated economic loss of over $145 billion annually.[23]

Human misery and toil on individual families due to illegal drugs has been monumental. Over 200,000 U.S. citizens from illegal drug use in the last decade. We have however, had some success in reducing illegal drug use.[24] While 25.4 million Americans were drug users in 1979, only 12.8 million were users in 1995. Also, 5.7 million Americans were monthly cocaine users in 1985, with only 1.5 million monthly users in 1995 – a 74 percent decrease.[25] However, the illegal drug use challenge is still a major problem for the United States. The source of these drugs plays a major role in our country's future drug fighting strategies and possible courses of action.

Sources of Illegal Drugs

The primary illegal drugs used by Americans are cocaine, heroin, and marijuana. The primary sources of these illegal substances are South America, Southeast Asia and Mexico (see appendix B).[26] Marijuana is the most frequently used illegal drug in the United States and is derived from leaves and flowering tops of the hemp plant, growing best in temperate, tropical climates. These tops are dried and used much like tobacco. The active ingredient in marijuana is tetrahydrocannabinol (THC). THC causes a relaxed, dreamy feeling, often accompanied with increased sensory perception. High doses can

cause hallucinations with an altered sense of identity. Extended use can cause damage to the reproductive system, immune system, and hallucinations or paranoia.[27]

Cocaine is a stimulant and is extracted from coca leaves and comes as a whitish powder or as hard crystalline chunks called "crack." Cocaine is usually snorted or dissolved in water and injected. Crack is smoked, and delivers a very intense effect not unlike intravenous injection. Results of cocaine use are euphoria, with increased alertness, excitability, elevated pulse and blood pressure. Crack provides a relatively short lived high, and a subsequent crash. High doses can cause agitation, fever, convulsions and even death. Cocaine is addictive, and associated withdrawl symptoms can include irritability, depression, disorientation, and apathy.[28]

Heroin is derived from opium, a milky fluid extracted by incisions in unripe seedpods of the poppy plant. Heroin is a narcotic, with historical medicinal benefits. Opium products such as morphine and codeine have replaced heroin in medical practice. Heroin is a white powder in pure form, but on the street, is usually mixed with other powders like milk, starch or sugar. Heroin is much purer today than in the late 1960's and 1970's, and can now be inhaled instead of injected. The western United States has seen an increase in the use of "black tar" heroin, a crudely produced dark brown or black resin-like sticky substance, and must be dissolved and injected by needle. Heroin causes euphoria and drowsiness, with effects lasting two to three times longer than cocaine. Heroin overdoses cause convulsions, coma and death.[29] Availability of these three illicit drugs is a continuous problem for crime fighting agencies, even though they source from known regions of the globe.

Coca is the raw material used for making cocaine, and is grown in the South American countries of Bolivia, Peru, and Colombia.[30] Approximately 60 percent of the coca used for cocaine is grown in Peru, and efforts by the United States and the Peruvian government have been made to reduce the production.[31] A program to target aircraft flying between Peru and processing laboratories in Colombia was implemented by the U.S., Colombia and Peru, and was supplemented by efforts comprised of economic development, crop eradication, and political influence directed at the drug trade.[32] This effort has been rewarded by a 40 percent decline in coca production in Peru from 1995-1997, coupled with an estimated 13 percent decline in Bolivian production. The progress made by Peru and Bolivia was offset by Colombia, who increased coca production by 56 percent over the same two years. This Colombian coca expansion primarily occurred in areas controlled by guerillas and paramilitary forces under cartel influence.[33]

Drug lords were making billions of dollars shipping illegal narcotics to the United States, and despite some basic interdiction effort, the price for one kilogram of cocaine in a drug-cheap metropolitan area dropped from $60,000 in 1980 to about $11,000 in 1988.[34] Since then, and according to a 1996 National Narcotics Intelligence Consumers Committee report, illegal cocaine availability and overall purity have remained relatively constant from 1988 to 1995, with the average price, depending on metropolitan area, of $11,000 to $42,000 per kilogram. Since supply and demand for drugs is difficult to gauge, the report explains the stability in price and purity by noting that the increased illicit drug production was being offset by aggressive interdiction efforts.[35]

A cumbersome task is faced by those who combat heroin availability in the United States, particularly those wishing to interdict supplies entering our country.

Approximately 88 percent of opium production is from Burma and Afghanistan where the United States has little influence or access. However, American consumption is only about three percent of world opium production. Coupled with widely dispersed smuggling organizations and diverse routes and concealment methods, this makes interdiction efforts seem impossible.[36] United States backed crop control programs have shown some success in Guatemala, Pakistan, Thailand, and Turkey, but has not slowed the worldwide availability of opium. Domestically, the difficulty in identifying heroin supply trains and organizations has been difficult at best.[37]

Marijuana's source is primarily from Colombia, Mexico, United States, Latin America and the Caribbean. Marijuana does not cause as much concern to some states as heroin and cocaine. Legislative propositions in Arizona and California, and associated media portrayals send a confusing message to our youth about marijuana, and the potential medicinal value. However, the ONDCP is working through the Institute of Medicine of the National Academy of Science to complete an eighteen-month review of the existing data on the dangers of smoking marijuana. This study will determine the actual risks, scope, and significance of abuse. Results are pending. The bottom line is that marijuana is quite available, potent, and inexpensive. It can bait a new generation of drug users, even middle to lower class children.[38] With a complex, worldwide source of illegal drugs, the United States must be prepared for perpetual involvement in removing them from society.

Notes

[1] Dan Check, *"The Success and Failures of George Bush's War on Drugs."* Available at http://turnpike.net/~jnr/bushwar.htm/

Notes

[2] William Mendel and Murl Munger, "The Drug Threat: Getting Priorities Straight." *PARAMETERS, US Army War College Quarterly-Summer 1997*. Available at http://carlisle-www.army.mil/usawc/Parameters/97summer/munger.htm.

[3] Office of National Drug Control Policy. *Focus On: Drugs and Violent Crime*, 1. Available at http://www.whitehousedrugpolicy.gov.

[4] Ibid,2.

[5] Ibid.

[6] Ibid.

[7] Ibid.

[8] Ibid,3.

[9] Office of National Drug Control Policy. *Focus On: Juvenile Drug Use, Crime and Violence*, 2.

[10] Check.

[11] Ibid.

[12] Office of National Drug Control Policy. *Focus On: The Drug Problem*, 1.

[13] White House, *The. National Drug Control Strategy: 1998* (NDCS 98). Washington D.C., U.S. Government Printing Office, 1998. On-line. Available at http://www.whitehousedrugpolicy.gov.

[14] Office of National Drug Control Policy. *Focus On: The Drug Problem*, 2.

[15] National Criminal Justice Reference Services, "Resources to Implement the Strategy, 1998. Available at http://www.ncjrs.org/htm/resource.htm

[16] Mendel and Munger, PARAMETERS, Summer 1997.

[17] Office of National Drug Control Policy. *Focus On: The Drug Problem*, 2.

[18] Mendel and Munger-PARAMETERS, Summer, 1997.

[19] Office of National Drug Control Policy. *Focus On: The Drug Problem*, 3.

[20] Ibid,4.

[21] Ibid.

[22] Mengel and Munger—PARAMETERS, Summer 1997.

[23] Ibid.

[24] Ibid.

[25] Statements by Barry McCaffrey, Director ONDCP, "Congressional Recognition of the Need for National Leadership." Before the Senate Judiciary Committee, 23 July 97. Available at http://www.health.org/pubs/mcstate/2.htm.

[26] Schaffer Library of Drug Policy, *"Drug Control: Long-Standing Problems Hinder U.S. International Efforts,"* Letter Report, 27 February 1997, GAO/NSIAD-97-75). Available at http://208.214.26.166/schaffer/govpubs/gao/gao29.htm.

[27] Major Kimberly Corcoran, USAF, *"DoD Role in the Counterdrug Effort—Contributions and Limitations."* Maxwell AFB, AL, March 1997.

[28] Ibid.

[29] Ibid.

[30] NDCS: 98,49.

[31] National Criminal Justice Reference Services, "Resources to Implement the Strategy," 1998.

[32] NDCS: 98,49.

Notes

[33] Ibid.
[34] Check.
[35] Schaffer Library of Drug Policy, "Drug Control: Long-Standing Problems Hinder U.S. International Efforts," Letter Report, 27 February 1997, (GAO/NSIAD-97-75).
[36] NDCS: 98,51.
[37] Ibid.
[38] Ibid,53.

Chapter 3

National and Military Strategies

> *A high priority national security mission for our armed forces (counterdrug)…deal with this threat as a clear and present danger. We have accepted that mission…This mission will continue to require deployed, properly trained, well-equipped forces for the foreseeable future.*
>
> —General Colin Powell, former CJCS

Under the U.S. National Drug Control Strategy, the United States has established domestic and international efforts to reduce the supply and demand for illicit drugs. The strategy includes five goals designed to provide an integrated synergistic effect, encompassing all aspects of counterdrug organizations. The goals focus on education, law enforcement, medical treatment, interdiction and eradication of illicit crops, and host nation development outside our borders.[1] Consequently, the United States has developed both national and military strategies to eradicate illegal drug use.

National Counterdrug Control Priorities and Funding

The five goals and thirty-two objectives of the National Drug Control Strategy are formulated to improve our nation's drug problem. These goals and objectives are supported by a ten-year strategy and a five-year fiscal budget depicted in Figure 1 (eight years shown for historical comparison).[2] The annual assessment of the successes and failures of strategy goals will trigger modifications to the next five year budget plan.

National Drug Control Budget

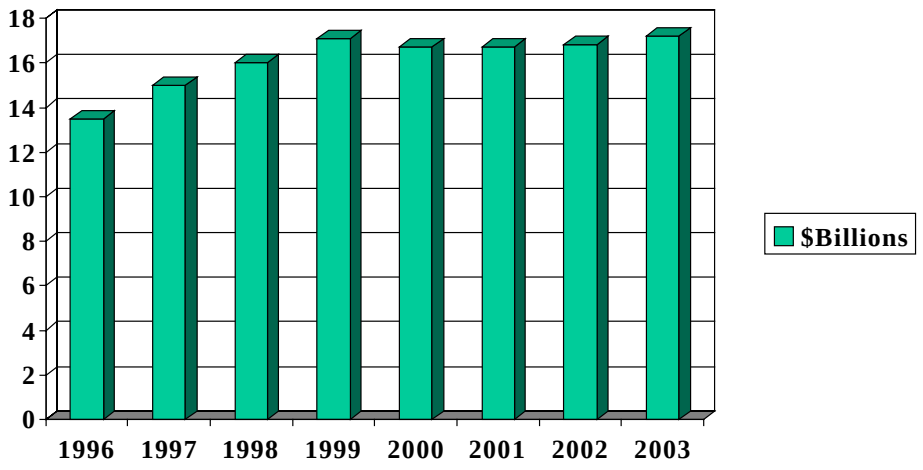

Figure 1. —National Drug Control Budget

The budget will be shared by the following agencies: Department of Justice for their Drug Enforcement Agency and Border Patrol programs; Health and Human Services for their Substance Abuse and Mental Health Services Agency (SAMHSA); Food and Drug Administration and National Institute for Health programs; Department of the Treasury for the U.S. Customs Service; Department of Veteran's Affairs; Department of Defense; Department of Education; Department of Transportation for the US Coast Guard; ONDCP overhead and studies; and the State Department for international country support efforts. All told, the budget is fairly flat, but depicting small incremental increases to support the long-term commitment. Proposed budgets build from 16.7 billion and increase to $17.2 billion by FY 2003.[3]

The ONDCP has several drug-budget certification authorities that emphasize priority programs that are directly related to the ten-year strategy. These authorities serve to establish requirements, portray activities, and act as pseudo lobbies on behalf of ONDCP and the counterdrug budget.[4]

Three national anti-drug goals support demand reduction while the other two are oriented towards supply reduction.[5] Goal 1, to Reduce Youth Drug Use is budgeted for $1.763 billion or 11.8 percent of the drug budget. Goal 2, to Reduce Drug-Related Crime and Violence is slated to receive $5.519 billion or 39.4 percent of budget money. Goal 3 is to Reduce Consequences of Drug Use by providing treatment and promoting responsible citizenship, and is funded at $3.551 billion, equating to 21.9 percent of drug funding. Goal 4 is to Stop Flow of Drugs at Borders and should receive $1.588 billion or 9.8 percent of the budget. Finally, Goal 5 is to Reduce Sources of Supply, and can expect $3.456 billion or 17.2 percent of the FY 1999 national drug budget.[6]

In summation, the "War on Drugs" in an interagency process with a myriad of players, oversight from ONDCP, and an annual budget of over $16 billion.

Military Drug Interdiction Control Funding and Strategies

The Department of Defense primarily supports the fourth drug strategy goal of shielding America's air, land and sea frontiers from the drug threat. In broader terms - interdiction. The DOD's interdiction role can be defined as detecting and monitoring illegal activity, and aiding other government agencies to disrupt, deter, and seize illegal drugs in transit to the United States. This interdiction effort includes air and maritime interdiction in the transit zone, source nation interdiction, and ground interdiction on the southwest border of the United States.[7]

The DOD gets approximately 9.8 percent of the drug budget or about 870 million in planning dollars for FY 2000.[8] DOD personnel are permanently employed detecting and monitoring air and sea smuggling efforts throughout the Caribbean, Atlantic and Pacific, and operate counterdrug command and control centers. DOD personnel also provide training, administrative and logistical support to U.S. drug law enforcement agencies, especially along the Mexican border.[9]

DOD counterdrug funding dollars are not taken out of defense readiness spending. Congress appropriates separate counterdrug funding as a single budget line that accounts for all associated counterdrug resources, with the exception of military personnel and operations and maintenance (O & M) costs.[10] The DOD counterdrug budget of about $870 million, as part of the ONDCP $16+ billion budget, is fiscally insignificant when compared to the estimated $50 billion spent on illicit drugs in 1998.[11]

As previously mentioned, interdiction is the main mission of the DOD counterdrug effort.[12] The Air Force provides aerial detection and monitoring support, the Navy provides maritime detection and monitoring, and the Army and Marine Corps are able to support counterdrug land operations with ground personnel.[13]

Counterdrug interdiction efforts are grouped into the two categories of source zone interdiction and transit zone interdiction. Source zone operations refer to activities in coca plant growing areas of Peru and Bolivia, and the transportation lanes from these countries to Colombia where the cocaine is produced. The transit zone refers to the transportation routes used to bring drugs into the United States, and includes Colombia, Central America, Mexico, the Pacific Ocean, and the Caribbean.[14]

The DOD is relegated to a support role in the "war on drugs" due to the Posse Comitatus Act of 1878. This Act states that members of the active and reserve Armed Forces may not perform law enforcement functions to search, seize or arrest. In 1981, some of restrictions of the Posse Comitatus Act were changed. The changes authorized the DOD to loan equipment, people and facilities, operate equipment used for monitoring and communicating with sea traffic, and operate equipment in support of law enforcement agencies in an interdiction role overseas. The law still does not permit searches or arrests.[15]

Many ordinary Americans do not understand the restriction imposed on the military by the Posse Comitatus Act. In a statement given during congressional testimony on June 22, 1994, Mr. Brian Sheridan, Deputy Assistant Secretary of Defense for Drug Enforcement Policy and Support stated:

> Given the complexity of the issues surrounding drug use, I have become convinced that there is a need for increased dialogue among the Department of Defense, Congress, and the American people about the role of DOD in the counterdrug effort. When the Defense Department was drafted into the counterdrug effort in 1989, many people held out the hope that military involvement was the answer to our Nation's drug problem; the term "drug war" misleadingly implied that, with a concerted effort, the military could engage the enemy and bring victory. We must recognize that illicit drug use is a deep-seated social problem which, like the problems of crime and inner-city poverty, will have to be addressed by all American's over the long-term. As the President's recently announced National Drug Control Strategy indicates, the Federal counterdrug effort should involve multiple agencies cooperating to address the drug issue simultaneously on a variety of fronts. The Defense Department, with its unique assets and capabilities, has a critical, but supporting role to play in that effort. Any assessment of the DOD's contribution should be made in this context, and with an eye toward incremental progress.[16]

To support drug interdiction overseas, the U.S commanders–in-chief are the primary conduits for providing military assistance to the Drug Enforcement Agency (DEA) and other agencies supporting ambassadors and host-nation forces.[17] At home, active and

reserve forces, support various drug law enforcement agencies to include local police, sheriff departments, FBI, DEA, Border Patrol, U.S. Customs Service and others. Joint Task Force-6 (JTF-6) has support responsibilities for the entire United States through the United States Atlantic Command (USACOM), and can offer operational, intelligence, ground, and engineering support to drug law enforcement agencies.[18]

For overseas and transit zone operations, three interagency task forces are in place to specialize in counterdrug actions. The Joint Interagency Task Force East (JIATF-East) located at Naval Air Station, Key West Florida; the JIATF-West at March AFB, California; and JIATF-South at Howard AFB, Panama.[19] With a recent Unified Command Plan change, the U.S. Southern Command accepted control of both JIATF-East and JIATF-South, and plan to merge their operations with the closure of Howard AFB in FY 1999.[20] An additional link in drug interdiction is the US Customs Service's Domestic Air Interdiction Control Center (DAICC) at March AFB, California. DAICC receives numerous radar surveillance feeds, many coming directly from the US Southern Command's Caribbean Regional Operations Center (CARIBROC) in Key West, Florida. DAICC accepts handoff of potential air smugglers from the DOD, and conducts the interception and apprehension of aircraft that illegally fly in U.S. airspace carrying illicit drugs or contraband.[21]

In a counterdrug role, the DOD has done a solid job in support of national anti-drug objectives. With an 870 million dollar budget, the DOD could do a better job supporting the interdiction, southwest border patrol, intelligence sharing, and nation development roles. The remainder of this paper analyzes the DOD contribution and provides recommendations for improvement.

Notes

[1] United States General Accounting Office (GAO), "Drug Control: Update on U.S. Interdiction Efforts in the Caribbean and Eastern Pacific", (GAO/NSIAD-98-30).

[2] NDCS: 98,55.

[3] Ibid,56.

[4] Ibid,59.

[5] Corcoran.

[6] NDCS: 98,58.

[7] Corcoran.

[8] NDCS: 98,56.

[9] Mengel and Munger –PARAMETERS, Summer 1997.

[10] Lt Colonel Ervin Pearson, USA. *"Counterdrug Operations: A Necessary DoD Mission?"* Carlisle Barracks, PA 1996.

[11] Corcoran.

[12] Major Adele Hodges, USMC. *"The Role of the United States Military in Counterdrug Operations in the Year 2000."* Fort Leavenworth, KS, June 1997.

[13] Ibid.

[14] Dr. Barry Crane, Dr. Rivolo Rex and Dr. Gary Comfort. *"An Empirical Examination of Counterdrug Interdiction Program Effectiveness."* Alexandria, VA, Institute for Defense Analyses, 1997.

[15] Colonel James Tracey, USARNG. *"The Drug War: Are We Winning or Losing?"*, Carlisle Barracks, PA, 1996.

[16] "U.S. Anti-Drug Strategy For the Western Hemisphere", Statements of Brian E. Sheridan, Deputy Assistant Secretary of Defense For Drug Enforcement Policy and Support Before The Subcommittee on International Security, International Organizations, and Human Rights and The Subcommittee on Western Hemisphere Affairs House Committee on Foreign Affairs, 22 June 1994.

[17] Mendel and Munger, PARAMETERS, Summer 1997.

[18] Hodges.

[19] Mendel and Munger, PARAMETERS, Summer 1997.

[20] Major Donald Perry, USAF, J35 Air Action Officer, JIATF-East, interviewed by author, 11 January 99.

[21] Mendel and Munger, PARAMETERS, Summer 1997.

Chapter 4

Interdiction, Border Patrol, and Intelligence Dilemmas

> *The Armed Forces, working in close cooperation with law enforcement agencies, will use all means authorized by the President and the Congress to halt the flow of illegal drugs into this country.*
>
> —General John Shalikashvili, former CJCS

In regards to DOD counterdrug operations, an examination of interdiction, border patrol, intelligence sharing, and host nation development identify conditions for improvement, the causes of these shortcomings, and the impact on our nation's ability to make measurable strides in combating illicit drugs.

Aerial and Maritime Drug Interdiction in the Caribbean

The DOD has a strong commitment to the anti-drug strategy. Likewise, the DOD must employ tactics and strategies in both the transit and source zone. Unfortunately, over the last decade, the U.S. counterdrug effort included attempts to reduce the overall supply and availability of Caribbean cocaine, but have met with limited results. Between 1988 and 1995, illicit drug cultivation increased in the source zone. Traffickers increased crop production to ensure that enough product would reach U.S. markets, despite losses due to interdiction efforts.[1]

The transit zone covers a 6-million square mile area to include the Gulf of Mexico, the Caribbean Sea, Central America, the northern coast of South America, Mexico and

the Eastern Pacific.[2] The Government Accounting Office (GAO) estimates that Caribbean illicit drug activity, particularly maritime operations, has increased. The GAO also reports that many Caribbean nations have limited capabilities and resources to aid in the anti-drug effort, and that funding and capabilities for U.S. interdiction efforts has declined.[3]

JIATF-East has classified the major cocaine smuggling routes bound for the U.S. coming through the Eastern Pacific, and the Western or Eastern Caribbean. Interagency estimates in 1996, indicate that 234 metric tons flowed through the Eastern Pacific, 264 metric tons through the Western Caribbean, and 110 metric tons from the Eastern Caribbean. In addition, over 50 percent transited via Central America or Mexico on the way to the United States.[4] Eastern Caribbean smuggling often entails moving illicit drugs by air or ship to areas on and near Puerto Rico, Jamaica, and Dominican Republic. Offshore airdrops, go-fast vessels or small watercraft are used for further transit to the United States. Western Caribbean smuggling includes air and maritime advancement to the Yucatan Peninsula, or Latin American countries for further shipment into the U.S. Eastern Pacific smuggling is noted for multi-ton shipments that depart Colombia, Panama, or Ecuador by private, non-commercial maritime ships for conveyance to either Mexico or at-sea offload to smaller vessels, and continued transit to the U.S. [5]

The GAO report further states that since 1993, cocaine traffickers have shifted to more maritime methods to smuggle cocaine. JIATF-East tracks “known events” that includes drug seizures or other events supported by reliable intelligence. Table 2 compares JIATF-East’s air and maritime event tracking for calendar years 1992 through 1996.[6]

Table 2. Air & Maritime Drug Trafficking Event 1992-1996

	Air		Maritime	
Year	**Events**	**% of Total**	**Events**	**% of Total**
1992	344	N/A	N/A	N/A
1993	217	55	174	45
1994	154	41	223	59
1995	125	33	249	67
1996	86	26	246	74

Source: Joint Interagency Task Force-East. In GAO/NSIAD-98-30 Drug Control

I believe many less air events are detected since the huge drawdown of ground based microwave radars in 1994, and the lessor number of airborne early warning aircraft supporting interdiction efforts. An indication that maritime or air events are not being detected, is the price stability of cocaine on U.S. streets.

The DOD's surveillance mission in support of drug interdiction was determined not cost effective, partially because ONDCP had not established quantifiable goals or measures of effectiveness.[7] As late as mid-1994, the United States had 26 various radar assets that supported counterdrug efforts in the Caribbean and Eastern Pacific. However, to stay within the DOD budget, nine surveillance radars in strategically placed geographic sites were deactivated.[8] Moreover, and based on three years of experience monitoring drug interdiction data, several of these deactivated radars were tethered airborne aerostats. These aerostats are ground radars placed in a blimp-like package and outhauled to several thousand feet in altitude, attached to a large cable. Because of their operating altitude, these aerostat radars had excellent acquisition ability on targets at low altitude. Additionally, despite the fact that there is some basic Navy air and maritime surveillance occurring in the Eastern Pacific, there are no dedicated surveillance radars on the Mexican and Central American coasts to look for air traffickers.

Coverage in the Eastern Pacific is so dismal that from May 1996 through June 1997, JIATF-East initiated Operation Caper Focus to gather intelligence and accurately assess the area. To their surprise, 43 possible smuggling events occurred and only four resulted in seizures. JIATF-East officials indicated that they have little chance of detecting and monitoring these events because they only have two surface ships and approximately 200 flight hours to patrol the area monthly.[9] Occasionally, an Air Force E-3 AWACS or U.S. Navy E-2C Hawkeye is tasked to support JIATF-East in acquiring air smuggling events or to track maritime events in progress. Due to decreasing budgets and exhaustive worldwide operational commitments, these two significant assets have been unable to support the counterdrug effort as in previous years (Table 3).[10]

Table 3. Flight Hour Support from E-2 and E-3 Radar Surveillance Aircraft

Airframe	1992	1993	1994	1995	1996	1997
E-2	4,547	3,608	4,098	3,501	3,618	2,288
E-3	2,734	3,177	1,761	1,125	963	882

Source: JIATF-East in GAO report. Flight hours for 1997 are through August 1997.

The DOD replaced the important microwave (aerostat and ground based) radars with two Relocatable Over the Horizon Radar's (ROTHR) in 1994 and 1995. Mr. Brian Sheridan, Deputy Assistant Secretary of Defense for Drug Enforcement Policy and Support, commented in congressional testimony that the use of more cost effective technologies such as ROTHR, in place of more costly ship steaming and flying done in the past, is allowing the DOD to maintain a flexible and robust detection and monitoring capability. Another ROTHR, in addition to one in Virginia and one in Texas, is being funded and prepared for Puerto Rico.[11] Comparing ROTHR with microwave radars

produces some stark differences that results in less capability. Though ROTHR is very wide area cost effective surveillance, the system provides only basic heading data and latitude/longitude coordinates that can be many nautical miles in error. Likewise, there is no altitude, or transponder modes and codes information provided by ROTHR surveillance. Thus, ROTHR provides hundreds of potential smuggler events to JIATF-East, DAICC, and CARIBROC with no additional discernable data for vectors, interception, and subsequent apprehension.[12]

In addition to CONUS based ground radar, the U.S. operates or funds several sites to fight the drug war in foreign nations. Knowing full well the benefits of receiving microwave radar data shared from U.S. equipment located in their country to fight narco-traffickers, Colombian President Gaviria notified Representative Robert Torricelli (D-NJ) and his committee that the radars were going to be removed by the DOD. President Gaviria specifically asked for Secretary of Defense Perry's intercession. Likewise, six months prior, the same request was made by the Colombians, asking for Secretary Aspin's help.[13]

Representative Torrecelli also stated to Mr. Sheridan:

> Mr. Sheridan, finally, if I could, with all due respects to the intensive interest of the United States military in helping in narco-trafficking interdiction, every six months for the last four years I have had to call successive secretaries of defense and ask that their intentions to close down these radars be reversed. First, it was the Persian Gulf War. The radars are needed in the Middle East. By all means, take them away. Then it takes months to get them back. And then six months later, they were needed somewhere else.
>
> And then six months later they wanted to close them down again. If indeed the United States military has reached the point that they want to help and they are committed to fight against narco-trafficking, I will tell you there is precious little evidence of it. I know that the members of the United States military did not join to fight narco-traffickers. It was for other and

> very admirable goals. This is a dirty and nasty business. And I don't blame you for not wanting to be part of it.[14]

It would be most prudent to have more permanent microwave surveillance radars throughout the source and transit zones, supplemented by available surface ships and airborne surveillance aircraft in blind spots outside of radar coverage. These radars would afford foreign countries fighting in the source and transit zones, our DEA, the Coast Guard, and our U.S. Customs interceptor aircraft more valid events for possible apprehension. End game activities using microwave radar data would provide better results than non-correlated ROTHR information.

Southwest U.S. Border Patrol

Stopping the flow of illicit drugs at the southwest U.S. border is a difficult task. The DEA estimates that a full 70 percent of the cocaine, 50 percent of marijuana, and five percent of the heroin sold in the U.S. comes across the southwest border.

The U.S. established bilateral cooperation with Mexico through the High Level Contact Group in 1996. The group has met several times and numerous initiatives are at work. Cooperation and progress has not been a 50-50 proposition, and the U.S. continually works with the Mexican government to enable it to withstand drug corruption and narco-trafficker influence.[15] Unfortunately, narco-traffickers are exploiting legitimate traffic and commerce that crosses the busiest border in the world.[16]

The U.S. Customs Service has a border inspection force responsible for the ports of entry and currently has little more than handheld devices that manually screen containers to identify false compartments for use by their inspectors. The Customs Service has identified containerized cargo at seaports as their greatest unsolved drug detection

requirement. Tests showed fully loaded containers can be effectively screened for narcotics with high energy X-ray technologies. The DOD and the U.S. Customs Service are procuring X-ray systems with higher energy level, mobile X-ray systems, and even more advanced handheld detection systems.[17]

JTF-6, located at Ft Bliss, Texas, leads the DOD effort along the expansive 2,000 mile southwest border. The DOD effort there includes small exercises conducted by active, guard, and reserve ground forces. Units, usually deployed in Army company size units, are assigned a specific area of responsibility to patrol, particularly at night. As with air and maritime interdiction, drug smugglers on land, who are identified and tracked by DOD ground forces, must be apprehended by law enforcement officers, who often are spread so thin that they simply cannot respond. Unchallenged, illegal border crossings continue to persist and severely hamper counterdrug interdiction successes.[18]

The National Guard has made efforts throughout the country to stem the drug use by initiating drug demand reduction programs and allocating money to individual states to manage and coordinate such programs. The Texas National Guard Drug Demand Reduction Program was started to assist statewide community efforts in stopping drug use and aiding prevention. However, National Guard support might serve our country better on the border than in local communities where local police, government officials and teachers already lead the way in voicing the dangers and pitfalls of illegal drug use.[19]

The problem has been identified: close the border to drugs. The Department of Justice increased Border Patrol agents by approximately 75 in FY 1998, who aid in stemming the flow of illegal drugs and aliens across the southwest border. The Department of the Treasury also added approximately 110 additional customs agents on

the southwest border and in South Florida.[20] Still, the drugs are crossing the Mexican border. Continued well-funded efforts to inspect our borders and improved interdiction programs are vital on our southwest border.

The DOD should consider mobilizing the National Guard and Reserve, as well as available active units to serve side-by-side customs inspectors in a lawfully valid role to check more containers. Since National Guardsmen are not restricted as much as active component personnel under federal law, we should provide funding to allow them to serve as Border Patrol agents in a non-federalized status. This would serve the national counterdrug strategy much better in conjunction with community efforts that have local law enforcement and teachers leading the way.

Intelligence Sharing

Intelligence sharing can occur between nations, between and among federal agencies, and between federal and local law enforcement agencies. Protectionism and parochialism are present in some organizations that fear giving away secrets or losing credit for their work.

The DEA is the principal agency charged with coordinating drug enforcement intelligence overseas, and conducting all drug enforcement operations. This can include criminal investigations, drug trafficking, money laundering, drug production, and banking operations related to drug activity.[21]

In 1996, the GAO reported that intelligence sharing was a contentious issue among many federal agencies. The FBI also noted to the GAO that other law enforcement agencies with jurisdiction in the Caribbean were developing a plan that would provide a much expanded intelligence coordination between involved agencies. However, this

initiative has yet to come to fruition.[22] U.S. foreign intelligence collectors are hesitant to provide law enforcement agencies (LEA's) such as the U.S. Coast Guard, the JIATF's where many DOD personnel are employed, and U.S. Customs Service with drug intelligence because of the potential compromise of sensitive sources and methods. The LEA's are also reluctant to use this intelligence, fearing problems in the defendant's discovery process during trial. The LEA's also horde drug intelligence information, because they desire to protect their sources, and want to ensure their agency gets credit when successful drug busts do occur.[23]

A contentious intelligence sharing issue between the U.S. and Colombia was highlighted in Mr. Sheridan's congressional testimony regarding the sharing of radar surveillance track data. The DOD was accused of withholding the radar feeds because the Colombian military was using the information to shootdown suspected traffickers. The DOD was making sure that all was politically and legally correct before releasing the radar intelligence information, since the Bush administration agreement was to provide information to effect end-game activities on the ground—not provide information to effect successful aircraft shootdown solutions.[24] In the final analysis, the State Department did not provide written policy to the DOD on precisely what U.S. intelligence aided aircraft shootdown assistance could be given to Colombian officials, until after shootdowns actually occurred.

Interdicting drugs before they enter our borders can only help in solving the drug problem. The myriad of national intelligence agencies, LEA's and the DOD should build one "joint service" counterdrug agency that gives credit where credit is due, but

moreover, get valid intelligence into the hands of agencies needing it the most. The cost would be minimal to accomplish a synergistic intelligence sharing plan.

Host Nation Development

Developing good relations with foreign nations, and sharing information and training to assist in disruption of illicit narcotics is critical. Since Southeast Asia is so impenetrable, the U.S. has concentrated closer to home in South and Central America. Nearly every country in northern South America and every country in Central America and the Caribbean are involved as a producer, processor, or transit country for illicit drugs.[25] The U.S. strategy includes promoting international cooperation, assisting source and transit zone countries, supporting crop eradication and alternative crop development, and destroying narco-trafficking organization. The strategy also includes stopping money laundering, drug processing, interdicting shipments, and supporting democracy and human rights.[26]

The DOD can be called upon to provide assistance in source nation support. The DOD focuses efforts in the Andean countries of Colombia, Peru, and Bolivia aimed at strengthening the democratic institutions, encouraging national resolve, and effective law enforcement efforts. The final objective is to produce self-sustained, effective counterdrug capability in these countries.[27] The track record shows these nations have been only semi-cooperative and consider the drug trade to be an American problem. If the U.S. did not have the demand for illicit drugs, the problem would go away. Some countries have reconsidered, knowing that the drug cartels represent a threat to their governmental organizations. These countries also want to be on the positive end of the U.S. anti-drug "certification process."[28] Annual Presidential certification of anti-drug

cooperation is required to receive U.S. aid. In support of dismantling cartels, the DOD provides basic intelligence, translators, and intelligence analysts to the DEA's internal processes designed to dismantle the cocaine cartels.[29]

Human rights consultations are critical with all DOD training of host nation forces. Though we may train these forces, DOD personnel are still prohibited from engaging in, or even joining host nation personnel on law enforcement anti-drug operations. There are also restrictions on the use of DOD equipment. Our forces deliberately monitor the presence and use of U.S. equipment to ensure host nation human rights are not violated.[30]

Host nation development initiatives are significant, and the DOD's role is a supporting effort. With DOD support being provided to host nations with temporary duty (TDY) personnel on a rotational basis, we are sub-optimized or less effective in rendering the support. The cycle of proficiency climbs and crashes with each rotation, and even recent military actions in Bosnia and Somalia had time limits associated with them. A paper published at Naval War College in 1996 quoted General Barry McCaffrey, then, Commander-in-Chief, United States Southern Command, who said: "In Vietnam, we learned that you couldn't be effective fighting the war a year at a time. And we can't tackle this scourge which is killing 10,000 Americans a year with troop deployments of three months duration."[31] In addition, the U.S. Air Force's FY99 closure of Howard Air Force Base in Panama, will annually reduce hundreds of "forward presence" sorties critical to demonstrating U.S. resolve in the counterdrug effort.

Since the DOD is a pivotal agent in host nation support, the DOD should program and plan to stay as long as the U.S. commits to a serious "War on Drugs." We should

permanently assign units and assign permanent change of station (PCS) personnel on two or three year tours of duty. We have the same dilemma in the Middle East now, with rotational crews, stressed logistics and airlift, and inadequate preparatory training. Our valid "wars" include the counterdrug effort and warrant commitment to victory no matter the timeline.

Notes

[1] Schaffer Library of Drug Policy, *"Drug Control: Long-Standing Problems Hinder U.S. International Efforts,"* Letter Report, 27 February 1997, GAO/NSIAD-97-75).

[2] GAO,1.

[3] Ibid.

[4] Ibid,5.

[5] Ibid,7.

[6] Ibid,8.

[7] Schaffer Library of Drug Policy.

[8] Ibid,34.

[9] GAO,21.

[10] Ibid,19.

[11] Mr. Brian Sheridan Testimony on Capitol Hill, 22 June 94.

[12] CARIBROC Command Briefing and author's operational coordination with ROTHR, JIATF East, 1992-1995.

[13] Mr. Brian Sheridan Testimony on Capitol Hill, 22 June 1994.

[14] Ibid.

[15] National Criminal Justice Reference Services, *"Resources to Implement the Strategy,"* 1998.

[16] Ibid.

[17] Schaffer Library of Drug Policy.

[18] Corcoran.

[19] Tracey.

[20] National Criminal Justice Reference Services, *"Resources to Implement the Strategy,"* 1998.

[21] Schaffer Library of Drug Policy.

[22] GAO,25.

[23] Lt Colonel William Flanigan, USA, CDR Kiley Edmund, USN), and Lt Colonel William Lipke, USA, "*Integrating Drug Intelligence*." National Security Program Discussion Paper Series 90-02. 1990

[24] Mr. Brian Sheridan Testimony on Capitol Hill, 22 June 1994.

[25]Corcoran.

[26] NDCS: 98,44.

[27] Mr. Brian Sheridan Testimony on Capitol Hill, 22 June 1994.

[28] Corcoran.

Notes

[29] Mr. Brian Sheridan Testimony on Capitol Hill, 22 June 1994.
[30] Ibid.
[31] LCDR Mark Chicoine, USN, "*National Drug Control Strategy: Guidance Determines the Level of Involvement for the Department of Defense*." Newport RI, March 1996.

Chapter 5

Conclusion

> *Well-conceived source-zone interdiction operations, in cooperation with host nation forces, that significantly and unexpectedly disrupt the normal drug traffickers processes for producing and transporting coca products from the source zone, cause discernible increases in the street price of cocaine in the U.S., and, through normal market relationships between supply and demand, thereby reduce cocaine consumption.*

—Dr. B. Crane, Dr. A. Rivolo, Dr. G. Comfort, Institute for Defense Analysis

The United States can be proud of the effort put forth to identify and attack the scourge of illicit drug use in our country. Drug use effects the economy, industry, health care, but most importantly, families and individuals. Our leadership in Washington D.C. considers slowing demand, interdicting flow, and manufacture of illegal drugs as vital interest to the security of our nation. Our government annually spends about 17 billion dollars to stem the tide and use of drugs, compared to the estimated 50 billion dollar total that illicit drug users illegally spend on drugs. By concentrating on both demand reduction and interdiction, some positive results have been achieved. Moreover, the end state of the national anti-drug effort decreases demand for illegal drugs, so the strategy to slow demand is the right thing to do. However, interdiction is and must be an integral part of the entire process to slow demand, by making illicit drugs less available and much more expensive to purchase.

The DOD effort is no magic cure for the U.S. drug problem. However, since the military had the training, technology, and equipment to assist the effort, the DOD was naturally drafted into the national cause. Military counterdrug operations are restrictive due to the nature of the "drug war," as well as federal law. Yet, the military has a very significant support role and is budgeted at over 870 million dollars annually. With this budget, the DOD could better prioritize and optimize their effort.

Principle Conclusions and Recommendations

The DOD's greatest contribution is in the realm of drug interdiction. Whether working in the source zone, transit zone, or on the southwest border, the military must "handoff" smugglers, contraband, cartel leaders, and potential air and maritime events to law enforcement agencies for legal searches, seizures, and potential apprehension.

The DOD effort is producing results within current budget authorizations. Drug traffickers are spending huge sums of money to purchase sophisticated detection equipment, faster air and maritime craft, cartels have been dismantled, and source nations have joined the interdiction effort. While these results are admirable, results could be better.

Recommendations to produce better results within budget are to cancel the ROTHR systems in Virginia, Texas, and the planned facility in Puerto Rico. The savings from the annual operations and maintenance of these facilities can be used to return ground-based microwave radar sets that produce much better data for potential apprehension. The closure of JIATF-South and the Joint Air Operations Center-South in Panama, and their mission integration with JIATF-East and CARIBROC in Key West, Florida will undoubtedly produce overhead savings. Additionally, JIATF-East, JIATF-West, and JTF-

6 could use the joint campaign planning process to build valid, cost-effective campaign plans designed for mission success. Other recommendations include building a one-stop shop for intelligence information, this joint sharing initiative should be a cornerstone goal of all U.S. government agencies including the DOD. Savings will occur from streamlined intelligence accessibility from one primary agent that will reduce the cost to agencies who have full-time staff dedicated to requesting, validating, procuring, and disseminating intelligence products. Further, the Border Patrol, U.S. Customs Service, and DOD should aggressively program funding and scrub man-day availability to have National Guard personnel augment on the southwest border, since there clearly are not enough agents currently in place to stem the flow of drugs. Finally, sending permanent party DOD members to host nations to interdict drugs shows commitment and resolve. The DOD does not have to build bases or posts in South and Central America. We should dialog closely with the DEA and in-country ambassadors and attaches' to secure permanent housing, medical, and subsistence support for DOD personnel and assign them on two or three year tours of duty. If assigned on PCS, we forego the costly travel, per diem, and operations tempo costs of sending temporary duty personnel.

The DOD counterdrug budget is adequate but we can achieve better results by implementing streamlined, integrated, cost-effective strategies to conduct activities.

The DOD budget of 870 million dollars, which is projected to incrementally increase to as much as 912 million by FY 2003, is more than adequate to tackle the improved interdiction support role advocated by this research.

Appendix A

National Drug Control Strategy Goals

GOAL 1: EDUCATE AND ENABLE AMERICA'S YOUTH TO REJECT ILLEGAL DRUGS AS WELL AS ALCOHOL AND TOBACCO.

The National Drug Control Strategy focuses on youth for both moral and practical reasons. Children must be nurtured and protected from drug use and other forms of risky behavior to ensure that they grow up as healthy, productive members of society. As youngsters grow, they learn what they are taught and see what they are shown.

Strategy Objective: Reduce the prevelance of past-month drug use among youth by 20 percent and increase the average age of first use by twelve months before the year 2002. The long term objectives are a 50 percent reduction in current drug use and an increase of thirty-six months in the average age of first use by the year 2007.

GOAL 2: INCREASE THE SAFETY OF AMERICA'S CITIZENS BY SUBSTANTIALLY REDUCING DRUG-RELATED CRIME AND VIOLENCE.

The negative social consequences fostered by drug-related crime and violence mirror the tradegy that substance abuse wreaks on individuals. A large percentage of the twelve million property crimes committed each year is drug-related, as is a significant proportion of nearly two million violent crimes. Chronic drug users contribute disproportionately to this problem, consuming the majority of cocaine and heroin sold on our streets.

Strategy Objective: Reduce drug related crime and violence by 15 percent before the year 2002. The long term objective is a 30 percent reduction by the year 2007.

GOAL 3: REDUCE HEALTH AND SOCIAL COSTS TO THE PUBLIC OF ILLEGAL DRUG USE.

Drug dependence is a chronic, relapsing disorder that exacts enormous costs on individuals, families, businesses, communities, and nations. Addicted individuals have, to a degree, lost their ability to resist drugs, often resulting in self-destructive and criminal behavior. Effective treatment can end addition. Treatment options include therapeutic communities, behavioral treatment, pharmacotherapies (e.g., methadone, LAAM, or neltrexone for heroin addiction), outpatient drug-free programs, hospitalization, psychiatric programs, twelve-step programs, and multi-modality treatment.

Strategy Objective: Reduce health and social consequences 10 percent by the year 2002. The long term objective is a 25 percent reduction in the consequences by the year 2007.

GOAL 4: SHIELD AMERICA'S AIR, LAND, AND SEA FRONTIERS FROM THE DRUG THREAT.

The United States is obligated to protect it's citizens from the threats posed by illegal drugs crossing our borders. Interdiction in the transit and arrival zones disrupts drug flow, increases risks to traffickers, drives them to less efficient routes and methods, and prevents significant amounts of drugs from reaching the United States. Interdiction operations also produce intelligence that can be used domestically against trafficking organizations.

Strategy Objective: Reduce the rate at which illegal drugs entering the transit and arrival zones successfully enter the United States 10 percent by the year 2002. The long term objective is a 20 percent reduction in this rate by the year 2007.

GOAL 5: BREAK FOREIGN AND DOMESTIC DRUG SOURCES OF SUPPLY

The rule of law, human rights, and democratic institutions are threatened by drug trafficking and consumption. International supply-reduction programs not only decrease the volume of illegal drugs reaching our shores, they also attack international criminal organizations, strengthen democratic institutions, and honor our international drug-control commitments. The U.S. supply-reduction strategy seeks to: (1) eliminate illegal drug cultivation and production; (2) destroy drug-trafficking organizations; (3) interdict drug shipments; (4) encourage international cooperation; and (5) safeguard democracy and human rights. (Additional information about international drug control programs is contained in a classified annex to the Strategy).

Strategy Objective: A 15 percent reduction in the flow of illegal drugs from source countries and a 20 percent reduction in domestic marijuana cultivation and methamphetamine production by the year 2002. Long term objectives include a 30 percent reduction in the flow of drugs from source countries and a 50 percent reduction in domestic marijuana cultivation and methamphetamine production by 2007.[1]

[1] White House, The. National Drug Control Strategy: 1998. Washington D.C., U.S. Government Printing Office, 1998. On-line. Available at http://www.whitehouse drugpolicy.gov.

Appendix B

Worldwide Potential Net Drug Production

(METRIC TONS)

	1992	1993	1994	1995	1996
MARIJUANA					
Mexico	7,795	6,280	5,540	3,650	3,400
Colombia	1,650	4,125	4,138	4,133	4,133
Other Countries	3,763	4,002	3,708	3,706	3,856
Total	13,208	14,407	13,386	11,489	11,389
COCA LEAF (for Cocaine Production)					
Peru	223,900	155,500	165,300	183,600	174,700
Bolivia	80,300	84,400	89,800	85,000	75,100
Ecuador	100	100	---	----	---
Total	333,900	271,700	290,900	309,400	303,600
OPIUM (for Heroin Production)					
Burma	2,280	2,575	2,030	2,340	2,560
Laos	230	180	85	180	200
Thailand	24	42	17	25	30
China	---	---	25	19	---
	1992	1993	1994	1995	1996
Other Countries	40	57	60	119	143
Total (SE Asia)	2,534	2,797	2,157	2,564	2,790
OPIUM (for Heroin Production)					
Afghanistan	640	685	950	1,250	1,230
Pakistan	175	140	160	155	75
India	--	66	82	77	47
Total (SW Asia)	815	891	1,192	1,482	1,352
TOTAL OPIUM	3,389	3,745	3,409	4,165	4,285 [1]

[1] White House, The. National Drug Control Strategy: 1998. Washington D.C., U.S. Government Printing Office, 1998. On-line. Available at http://www.whitehouse drugpolicy.gov.

Glossary

AWACS	Airborne Warning and Control System
CARIBROC	Caribbean Regional Operations Center
CBRN	Caribbean Basin Radar Network
CINC	Commander in Chief
CD	Counterdrug
DAICC	Domestic Air Interdiction Coordination Center
DEA	Drug Enforcement Agency
DIA	Defense Intelligence Agency
DLEA	Drug Law Enforcement Agency
DOD	Department of Defense
DOJ	Department of Justice
DOS	Department of State
GAO	Government Accounting Office
GBR	Ground Based Radar
HIDTA	High Intensity Drug Trafficking Area
IDA	Institute for Defense Analysis
JAOC-S	Joint Air Operations Center South
JIATF-E	Joint Interagency Task Force East
JIATF-S	Joint Interagency Task Force South
JIATF-W	Joint Interagency Task Force West
JTF	Joint Task Force
JTF-6	Joint Task Force Six
NDCS	National Drug Control Strategy
NICCP	National Interdiction Command and Control Plan
ONDCP	Office of National Drug Control Policy
ROTHR	Relocatable Over The Horizon Radar
SATCOM	Satellite Communications
TARS	Tethered Aerostat Radar Systems

THC	Tetrahydrocannabinol
USA	United States Army
USACOM	United States Atlantic Command
USAF	United States Air Force
USCG	United States Coast Guard
USCS	United States Customs Service
USMC	United States Marine Corps
USN	United States Navy
USPACOM	United States Pacific Command
USSOUTHCOM	United States Southern Command

C4I. Command, control, communications, computers and intelligence functions that when shared by two or more agencies, facilitates greater interoperability and success.

Interdiction. To cease or disrupt flow or use of.

Radar. A method of detecting distant objects and determining their position, velocity, or other characteristics by analysis of very high frequency radio waves reflected from their surfaces. Pulse doppler acquisition radars (detect frequency shift) are very common in the Department of Defense.

Stovepiped. Resources developed and or acquired to fulfill one purpose for one branch of service; not jointly or fiscally shared to allow broad, common use.

Source Zone. Geographic areas where illegal drugs are produced (Bolivia, Peru, Pakistan, etc…)

Transit Zone. Geographic areas utilized as staging areas for smuggling illegal drugs into the United States. Examples are Colombia, Mexico, Cuba, Pacific Ocean, Caribbean sea and associated islands, Venezuela, and the Gulf of Mexico.

Bibliography

Check, Dan. *The Successes and Failures of George Bush's War on Drugs*. On-line Internet, 1995. Available at http://turnpike.net/~jnr/bushwar.htm.

Chicoine, E. Mark. (LCDR, USN). *National Drug Control Strategy: Guidance Determines the Level of Involvement for the Department of Defense*. Newport RI, Naval War College. March 1996.

"Congressional Recognition of the Need for National Leadership." Statement by Gen Barry R. McCaffrey, Director, ONDCP, before the Senate Judiciary Committee, 23 July 1997. Available at http://www.health.org/pubs/mcstate/2.htm.

Corcoran, J. Kimberly (MAJ, USAF). *DOD Involvement In The Counterdrug Effort – Contributions and Limitations*. Air Command and Staff College, March 1997.

Crane, D. Barry Dr., Rivolo A. Rex Dr., and Comfort C. Gary. Dr. *An Empirical Examination of Counterdrug Interdiction Program Effectiveness*. Alexandria, VA, Institute for Defense Analyses, 1997.

"Drug Control: Long Standing Problems Hinder U.S. International Efforts," Letter Report, 27 February 1997, GAO/NSIAD-97-75). Schaffer Library of Drug Policy. Available at http://208.214.26.166/schaffer/govpubs/gao/gao29.htm.

Flanigan, E. William (LTC, USA), Kiley, I. Edmund (CDR, USN), and Lipke, R. William (LTC, USA). *Integrating Drug Intelligence*. National Security Program Discussion Paper Series 90-02. 1990

Hodges, H. Adele (MAJ, USMC). *The Role of the United States Military in Counterdrug Operations in the Year 2000*. Fort Leavenworth, KS, 6 June 1997.

Hugins, Chris. "U.S. Anti-Drug Strategy For the Western Hemisphere," *Federal Document Clearing House Congressional Testimony*. Statements of Brian E. Sheridan, Deputy Assistant Secretary of Defense For Drug Enforcement Policy and Support Before the Subcommittee on International Security, International Organizations, and Human Rights and The Subcommittee on Western Hemisphere Affairs House Committee on Foreign Affairs, 22 June 1994. Available at: http:/ground.dyn.ml.org/mirrors/http/paranoia.lycaeum.org-80/

Mendel W. William, and Munger Murl D. "The Drug Threat: Getting Priorities Straight." *PARAMETERS, US Army War College Quarterly-Summer 1997*. Available at http://carlisle-www.army.mil/usawc/Parameters/97summer/munger.htm.

National Criminal Justice Reference Services. "Resources to Implement the Strategy," 1998. Available at http://www.mcjrs.org/htm/resource.htm

Pearson, Ervin (LTC, USA). *Counterdrug Operations: A Necessary DOD Mission?* U.S. Army War College, Carlisle Barracks, PA, 1996.

Office of National Drug Control Policy. On-line Resources. 1998. Available at: http://whitehousedrugpolicy.gov

Tracey, J. James (COL, USARNG). *The Drug War: Are We Winning or Losing?* U.S. Army War College, Carlisle Barracks, PA, 1996.

United States. General Accounting Office. *Drug Control: Update on U.S. Interdiction Efforts in the Caribbean and Eastern Pacific*. Report to Congressional Requesters. Washington D.C.:GAO/NSIAD-98-30, 15 October 1997.

White House, The. National Drug Control Strategy: 1998. Washington D.C., U.S. Government Printing Office, 1998. On-line. Available at http://www.whitehousedrugpolicy.gov.

DISTRIBUTION A:

Approved for public release; distribution is unlimited.

Air Command and Staff College
Maxwell AFB, Al 36112