

Opening Statement
Chairman Elijah E. Cummings
Hearing on “The Trump Administration’s Response to the Drug Crisis”
March 7, 2019

Good morning. Thank you all for being here at this very important hearing. I believe today’s hearing is one of the most critical hearings we will hold this entire Congress.

In 2017, more than 70,000 people died from drug overdoses in our country. This is the highest number we have ever had in the United States. Families across this nation—in red states, blue states, and purple states, in big cities, suburbs, and rural areas—are struggling with the devastating consequences of this generational crisis.

On our Committee, our Members have many differences. But I am very proud that, despite those differences, we have consistently worked on a bipartisan basis to address this crisis.

For example, when the Commission chaired by former New Jersey Governor Chris Christie issued its report back in 2017, our Chairman at the time, Trey Gowdy, agreed to my request to hold a hearing in my district in Baltimore to hear testimony directly from Governor Christie about his recommendations.

Governor Christie warned us that this crisis “is the greatest and broadest public health epidemic of our lifetime.” He urged us “to rise above the partisanship that we have in our country today.”

That is just what our Committee has done. Last year, we wrote bipartisan legislation to reauthorize the Office of National Drug Control Policy (ONDCP). We strengthened existing authorities and increased funding to help expand treatment and address emerging threats. This would not have been possible without a key compromise that was brokered by Congressman Meadows and Congressman Connolly.

Even in preparation for today’s hearing, Ranking Member Jordan and his staff were instrumental in bringing it together so we could have an effective and efficient hearing with all of our witnesses addressing this issue at the same time.

In fact, our two states—Maryland and Ohio—are among the hardest hit by the drug crisis. Ohio had the second highest rate of death from drug overdoses in the entire nation. More than 5,000 people died from drug overdoses in Ohio in 2017 alone.

In my home state of Maryland, we ranked seventh in the rate of drug deaths, with more than 2,000 deaths from drug overdoses, including 761 in Baltimore alone. These include people like Joseph Banks, a 25-year-old Baltimore police officer who died of a drug overdose just last month.

Unfortunately, in contrast to our bipartisan urgency here in Congress, the White House office charged with leading our nation's efforts to combat the drug crisis has been missing in action as deaths continue to mount.

There is both a leadership vacuum and a competence vacuum at the head of ONDCP.

Under federal law, one of the most basic and important jobs ONDCP has is to issue a national drug control strategy. However, in all of 2017, the Trump Administration failed to meet this most basic statutory requirement. In 2018, it was no different. No strategy was issued.

Let that sink in for a moment. For two years—more than half of President Trump's term—the White House had no national drug control strategy. All while tens of thousands of people were dying and the crisis was escalating every single day.

There was no sense of urgency. There was no sense of passion or purpose.

Finally, this past January, the White House issued its long-awaited strategy. But when we got it, we could see immediately that it is no strategy at all. It is a 23-page pamphlet. It fails to meet even the most basic requirements in the law. For example, it does not include detailed goals or objectives to combat the drug crisis.

Today, the Director of ONDCP, James Carroll, is finally appearing before the Committee. But it was not easy to get him here.

Last year, I repeatedly asked for Mr. Carroll to testify before us as the Acting Director of ONDCP in 2018. But he refused. In January, shortly after I became Chairman, I sent him a letter inviting him to testify, but we delayed the hearing to accommodate his last-minute trip to China to examine issues related to opioids.

However, after we arranged for Director Carroll to appear today, he sent a letter saying that his attendance was "conditioned" on his demand to testify on his own panel without the experts from GAO. This was despite the fact that Chairman Meadows held a hearing in 2015 with the previous head of ONDCP and GAO both on the same panel. A few days after that, Mr. Carroll sent another letter asking for yet another delay.

Mr. Carroll, I have to tell you—I believe your priorities are misplaced. Think about all those days and weeks and months you spent trying to squirm out of today's hearing, or delay it, or fight about who is on which panel. That was a waste of everybody's time.

All the while, you could have been focused on developing a real strategy—with concrete goals and measurable outcomes. You could have been focused on complying with the law that

Congress passed. You could have been focused on saving the lives of tens of thousands of your fellow Americans.

But you squandered that opportunity. Those days are lost forever. Just like the tens of thousands of our friends, our colleagues, our children, and our family members. More than 190 every single day.

In fact, if today's hearing lasts just two hours, 15 more people will die while you are sitting here explaining why you had no strategy for the past two years—and still don't really have one today.

Mr. Carroll, we are going to ask you tough questions today because that is our job. When you respond, you have a choice to make. You can either buckle down and work with us, or you can continue to waste precious time and allow this crisis to worsen. It's up to you.

All of the Members on this Committee, on both sides of the aisle, want to work with you. We are your authorizing committee, and we want to collaborate to battle this crisis. We need you to succeed.

As I close, let me thank the many dedicated career professionals—including at ONDCP—who are working day in and day out to tackle the unrelenting crisis we face.

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