

THE USE OF NATIONAL GUARD ASSETS
FOR COUNTERDRUG OPERATIONS IN
THE WAR ON DRUGS

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General Studies

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This study explores the continued use of the National Guard in support of drug law enforcement agencies (DLEAs) and community based organizations (CBOs) in counterdrug operations. The National Guard, or militia, has been involved since its founding in what senior military leadership today calls non-traditional missions or military operations other than war (MOOTW). Civil support is not new for the National Guard, and neither is counterdrug operations. The National Guard has been involved in counterdrug operations since 1977, and this role increased after President Reagan declared a "War on Drugs" in 1983, involving all of DOD. The use of the National Guard to provide domestic support to DLEAs and CBOs has grown into a mission that is relied upon by the DLEAs to perform their mission, and is mutually beneficial to the National Guard and the supported agencies. The National Guard provides countless hours of manpower support, and loans advanced technological equipment, which enhances the DLEAs as they perform their mission. The National Guard also benefits in this support because the missions enforce the skills necessary to perform their wartime mission. This study acknowledges the difficulty in measuring the success of National Guard involvement, but its continued participation is necessary to domestically protect the security of the United States.

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The opinions and conclusions expressed herein are those of the student author and do not necessarily represent the views of the U.S. Army Command and General Staff College or any other governmental agency. (References to this study should include the foregoing statement.)

ABSTRACT

THE USE OF NATIONAL GUARD FOR COUNTERDRUG OPERATIONS IN THE WAR ON DRUGS by Major Larry W. Wilbanks, 111 pages.

This study explores the continued use of the National Guard in support of drug law enforcement agencies (DLEAs) and community based organizations (CBOs) in counterdrug operations. The National Guard, or militia, has been involved since its founding in what senior military leadership today calls non-traditional missions or military operations other than war (MOOTW). Civil support is not new for the National Guard, and neither is counterdrug operations. The National Guard has been involved in counterdrug operations since 1977, and this role increased after President Reagan declared a “War on Drugs” in 1983, involving all of DOD.

The use of the National Guard to provide domestic support to DLEAs and CBOs has grown into a mission that is relied upon by the DLEAs to perform their mission, and is mutually beneficial to the National Guard and the supported agencies. The National Guard provides countless hours of manpower support, and loans advanced technological equipment, which enhances the DLEAs as they perform their mission. The National Guard also benefits in this support because the missions enforce the skills necessary to perform their wartime mission.

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ABBREVIATIONS

ANGI	Air National Guard Instruction
AWACS	Airborne Warning And Control Station
CBOs	Community-Based Organizations
CD	Counterdrug
CNGB	Chief, National Guard Bureau
CONUS	Continental United States
DARE	Drug Abuse Resistance Education
DEA	Drug Enforcement Administration
DLEAs	Drug Law Enforcement Agencies
DOD	Department Of Defense
DOJ	Department Of Justice
FLIR	Forward Looking Infrared
FTNGD-CD	Full Time National Guard Duty-Counterdrug
FY	Fiscal Year
Go-Fast boats	Speed boats used to transport narcotics
HIDTA	High Intensity Drug Trafficking Areas
IONSCAN	ION Mobility Spectrometer
JIATF	Joint Interagency Task Forces
JTF	Joint Task Force
LAV	Light Armored Vehicle
LEA	Law Enforcement Agency

LSD	Lysergic Acid Diethylamide
LSV	Logistics Supply Vessel
LP/OP	Listening Post/Observation Post
MOS	Military Occupational Specialty
MOOTW	Military Operations Other Than War
MOU	Memorandum of Understanding
NGB	National Guard Bureau
NGB-CD	National Guard Bureau Counterdrug Office
NGR	National Guard Regulation
O & M	Operations and Maintenance
OCONUS	Outside the Continental United States
ONDCP	Office of National Drug Control Policy
ONNI	Office of National Narcotics Intelligence
OOTW	Operations Other Than War
OSD	Office of the Secretary of Defense
P & A	Pay and Allowance
RAID	Reconnaissance and Interdiction Detachment
SECDEF	Secretary of Defense
USCS	U.S. Customs Service
VACIS	Vehicle and Cargo Inspection Systems
WMD	Weapons of Mass Destruction

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CHAPTER 1

INTRODUCTION

History of the Drug Problem

Drug use, abuse, and trafficking are not new problems to the United States. It is a multifaceted epidemic that can be traced back 150 years to early periods in the history of the country.¹ Most notable were the problems with opium dens in the middle nineteenth century and the cocaine epidemic in the early twentieth century. Opium, after its introduction in California by the Chinese, became the first popular form of chemically stimulated mental escape from the normal hardships of life, and it became a popularly abused drug during the period of the Civil War. It was touted as being beneficial for health, and its use skyrocketed.² The high incidence of opium use, and the insistence of the drug-using population to obtain opium, produced numerous drug-use locations known as “opium dens” in the crowded cities. As more and more Americans patronized these opium dens and became addicted, communities responded with alarm and concern.³

In 1875 the city of San Francisco enacted the first anti-drug law, a municipal ordinance prohibiting opium dens. Two years later the federal government prohibited the importation of opium by Chinese nationals.⁴ Morphine and heroin abuse followed the opium scourge, but the next major drug epidemic was cocaine. Doctors prescribed cocaine-based products for the treatment of several ailments. Cocaine was used to treat everything from minor problems, such as the common toothache, to alleviating opium addiction. Initially the use of cocaine was a substantial medical breakthrough, but it was subsequently misused and abused. Like opium in the nineteenth-century, cocaine became the early twentieth-century's drug of choice. In 1906 the country took its first step to

regulate narcotics and passed the Pure Food and Drug Act. This act prohibited the interstate shipment of cocaine and restricted the importation of coca leaves.⁵ In addition to the restrictions imposed, it also required the accurate labeling of patients' medicines.

In 1910, President William Taft established a precedent for future presidents and declared that cocaine was a national threat. By 1912 nearly every state had laws controlling the distribution of cocaine and other drugs. The International Opium Convention of 1913 forced the United States to enact legislation to suppress the abuse of opium, morphine, and cocaine.⁶ In response to the increased national and international pressure, the United States Congress followed President Taft's lead and passed the Harrison Act in December of 1914, in an attempt to show support and take action to combat the abuse of illegal drugs. The Harrison Act required persons who prescribed or sold specified drugs to register with the federal government and buy special tax stamps in order to sell those drugs. The government established the Bureau of Narcotics in 1930 as a continuation of earlier drug enforcement efforts. Up to this point the Drug laws passed in the United States were viewed by many as merely pure tax generation efforts in the war on drugs. The Bureau of Drug Abuse Control was created in 1960.

As mentioned above, the drug epidemic in the United States is not a new or unique problem, but it does appear to be growing larger with the continued use of traditional drugs and the widespread introduction of new designer drugs. The federal government's initial response in 1910 began the process to rid America of drugs. With the enactment of additional legislation and the creation of enforcement organizations, the effort continues to the present. The military was not part of the original solution but has become quite involved over the last thirty years.

President Richard M. Nixon first used the term “War on Drugs” during his election campaign in 1968, referring to the problems with the drug-using youth movement throughout the Vietnam War era. In a message to Congress on 17 June 1971, President Nixon portrayed drug abuse as a national emergency.⁷ In 1972 he began the first comprehensive effort to enforce the prohibition of drugs since the Harrison Act of 1914. Nixon did several things to combat the scourge of drugs, such as creating the Drug Enforcement Administration (DEA). He accomplished this by combining the Bureau of Narcotics and Dangerous Drugs, the Office of Drug Abuse Law Enforcement, the Office of National Narcotics Intelligence, and the Customs Service Drug Investigation unit, and declared an “all-out global war on the drug menace.”⁸ The DEA was charged with the responsibility of enforcing the nation's federal drug laws and worked closely with local, state, federal, and international law enforcement agencies to identify, target, and bring to justice the most significant drug traffickers in the world.⁹ Again Nixon was the first president to declare a war on drugs, however, he did not commit any military resources to address the problem. Since then the role of the federal government in fighting this war has continued to increase. The military finally became involved in the war on drugs under President Ronald Reagan, when he claimed that drugs posed a threat to national security. The drug-trafficking organizations grew larger and quite sophisticated as enforcement efforts increased, but so has the United States’ commitment and ability to combat the narcotic trafficking groups.

Legislation Authorizing Military Involvement

In 1981 Congress passed the Defense Authorization Act of 1982, or Public Law 97-86, which was an amendment to the Posse Comitatus Act of 1878.¹⁰ The Posse

Comitatus Act was the congressional response to the controversial use of federal troops by President Ulysses S. Grant to monitor elections in the former Confederate States. Its purpose was to prevent similar future abuses of federal power on the citizens of the United States. Originally it was applicable only to the Army, but was later amended to include all branches of the service. The Posse Comitatus Act restricted direct participation by any member of the Army, Navy, Air Force, or Marine Corps in a search, seizure, arrest, or other similar law enforcement activity, unless the law authorized participation in such activity by a service member.¹¹ The authorized participation mentioned above specifically referred to military forces acting to suppress insurrections or domestic unrest and to assist in crimes involving nuclear, biological, or chemical weapons. Anything outside this limited scope was prohibited.

The Defense Authorization Act (commonly known as the Military Cooperation With Law Enforcement Agencies Act) opened the door for military involvement in the war on drugs by loosening the restriction of the Posse Comitatus Act. Military Cooperation With Law Enforcement Agencies is actually the title of the lengthy section, which amended the original act.¹² It repealed the prohibitive language and allowed the President of the United States to provide Department of Defense (DOD) support to Law Enforcement Agencies (LEAs). The Defense Authorization Act allowed military support to go beyond insurrections and domestic unrest and authorized direct support to LEAs, to include limited counterdrug support to federal agencies. The military has continually conducted counterdrug operations since fiscal year (FY) 1983.

The specific support provided to Drug Law Enforcement Agencies (DLEAs) includes providing relevant information, equipment, facilities, training, advice, and

general assistance. However, this aid cannot adversely affect military readiness or preparedness, and members are still restricted from direct participation in interdiction, search, seizure, and arrest type activities.¹³ After the 1981 amendment of the Posse Comitatus Act, which allows DOD to provide logistical support to civilian police, the military loaned equipment to civilian law enforcement agencies on a regular basis.¹⁴

President Ronald Reagan declared the war on drugs in a speech delivered at the Department of Justice (DOJ) on 14 October 1982. In this speech he pledged that he would do what was necessary to end the drug menace.¹⁵ He tasked DOD to support DLEAs, because the DEA, the federal agency traditionally assigned to stop the flow of drugs into the United States, was unable to successfully accomplish its mission. The DEA lacked the manpower to conduct the number of operations needed, and they lacked the sophisticated intelligence gathering devices and other technology available within DOD.

Military participation in drug interdiction on the borders and abroad expanded rapidly after April 1986, when President Reagan issued National Security Directive 221 declaring drug trafficking “a lethal threat to the United States National Security.”¹⁶ This declaration opened the door for increased military involvement, as the military is charged with defeating threats to the national security when other elements of national power fail. Since 1986, the United States military has increasingly conducted counterdrug operations, and it appears that this role will continue into the future. As long as America has a drug problem, the military will continue to provide counterdrug support to community based organizations (CBOs) and DLEAs.

In 1987 President Reagan signed Executive Order 12590 and established the National Drug Policy Board, which provided a central coordinating agency for the federal counterdrug effort and facilitated the process for requesting military support. Shortly thereafter, in 1988, congress passed the Anti-Drug Abuse Act, which required the war on drugs to focus on both the supply side (interdiction) and the demand side (using education, treatment, and other social programs) in the United States.¹⁷ This act improved the coordination of federal agencies, including the military, in international and domestic counterdrug law enforcement efforts.¹⁸ The act also created the Office of National Drug Control Policy (ONDCP), which replaced the National Drug Policy Board.

In 1989 ONDCP released the first *National Drug Control Strategy*. The *National Drug Control Strategy* is the President's strategy for combating illegal drugs in the United States and is a comprehensive program of counterdrug actions employing a multinational and multiagency approach.¹⁹ In 1989 DOD was designated as the lead federal agency in the detection and monitoring of aerial and maritime transit of illegal drugs into the United States with the passage of the Defense Authorization Act.²⁰ This act made DOD responsible for integrating federal command, control, communications, and intelligence assets into an effective communications network and provided the approval and funding mechanism for the Governor's State Counterdrug Support Plans, thereby allowing the National Guard to support interdiction and enforcement operations.²¹ The Defense Authorization Act of 1989 is also referred to as Public Law 100-456.²² Over the years, DOD has increased the support provided to DLEAs and expanded the ways in which support is provided. A problem in providing support to the DLEAs is their dependence

on military support to conduct routine operations, and the resulting inability of the DLEAs to perform basic missions without DOD support.

The purpose of this thesis is to examine the current role of the National Guard in counterdrug support in order to determine if the National Guard should continue counterdrug operations in the twenty-first century. This very pertinent issue relates to the other missions the National Guard is performing: peacekeeping, humanitarian support, homeland defense, and assigned wartime missions. The United States military, including the National Guard, has performed the counterdrug mission for almost twenty years. Although there have been significant decreases in some categories of drug use, some say that America has neither won nor lost the war, but has simply maintained the status quo.

This thesis will review the ways in which the United States Government uses National Guard assets in counterdrug operations and will attempt to determine whether a more efficient approach is possible. The study will consider whether the funding currently provided for National Guard counterdrug operations can be better utilized by DEA, United States Border Patrol, United States Customs Service (USCS) and local DLEAs. In other words, would the United States be better served by using the National Guard funding to hire additional law enforcement personnel and purchase equipment directly for the respective departments? This thesis will review the latest readiness studies to determine if involvement in counterdrug missions detracts from readiness and impairs the individual service member from performing the unit's wartime mission.

Appropriate funding for the National Guard is essential to perform the counterdrug mission because of the structure of the organization. This thesis will describe current funding for the National Guard and demonstrate how National Guard

counterdrug funding differs from that of the active component. One argument against using the military for operations other than war is that there is not enough funding to train and equip the force for assigned wartime missions, let alone the additional missions including counterdrug. This thesis will show that this argument is irrelevant in regard to the National Guard, because the National Guard does not redirect funds from wartime missions to fund counterdrug activities.

The final area of research for this thesis is a review of authorization documents, such as National Security Directive 221, Executive Order 12590, the *National Drug Control Strategy*, and the Posse Comitatus Act of 1878, along with the 1981 Defense Authorization Act. This review will consider the suitability of using the National Guard in the war on drugs. Many believe that the inclusion of the military in the counterdrug mission still violates the Posse Comitatus Act of 1878, even with the amendment of 1981 and the other authorization documents. As the research progresses, and if continued National Guard involvement in counterdrug missions appears warranted, the thesis will address the balance of active versus National Guard forces assigned to perform counterdrug operations. With this research, the theses will determine if DOD has the proper mix to provide the best service to the DLEAs, and if not, how it can be changed to provide better and more efficient service.

Scope and Limitations

This thesis will review the role of the National Guard counterdrug support in reaching the president's goals as outlined in the *National Drug Control Strategy*. The study will focus on the primary function of the National Guard in this mission. Additionally the research will address how well the National Guard is performing this

mission, and if it is determined the mission should continue, how it should change. The research will address whether the National Guard should be the lead military agency providing domestic LEA support, and also if it is the most capable. The thesis will determine whether a redundancy exists between the technical skills and equipment possessed by the DLEAs and the National Guard, or if the support provided by the National Guard is truly unique.

Assumptions

Three assumptions are necessary for this study. The first assumption is that National Guard counterdrug program operations will continue to receive funding for the next five years based on the current budget projections in the Program Objective Memorandum. The funding may be reduced and shifted between the active and reserve components, but some funding will remain in place for near-term planning. Second, illegal drugs will continue to plague the nation, therefore the need for the counterdrug mission will still exist. Third, based on the current *Quadrennial Defense Review*, the reduction in military force structure will continue, but because of the “fenced” nature of the program it will not impact upon the current forces available to conduct counterdrug operations. In light of the terrorist attacks on 11 September 2001, the nation will task the National Guard to provide forces to support the “Homeland Defense Mission,” but this additional tasking will not impact the counterdrug program's ability to continue to perform the counterdrug mission.

Definitions of Terms

There are some key differences in support provided by members of the National Guard versus similar support provided by active and reserve members. Across the component lines some terms used to describe the types of missions are the same, whereas others, such as “demand reduction,” have an entirely different meaning between active duty and the National Guard. The description of the interdiction mission, supply reduction is the same for each component, where both provide equipment, technology, and service members to perform DLEA support to stop the flow of drugs into the United States. Guardsmen are assigned to support DLEAs and CBOs, and when assigned, they are not limited to one hundred and eighty days of service, as are service members assigned by the active component, as is the case at Joint Task Force (JTF) 6. The National Guard is able to provide continuity to the program and its members are usually able to gain the trust and confidence of the DLEA officers they are supporting. Additionally, the mutual respect and healthy working relationship often proves invaluable. The National Guardsmen assigned to the counterdrug program perform this mission on a full-time basis, but are not authorized absences from weekend drills or annual training periods with his or her assigned units. This is one of the advantages the National Guard delivers, and will be described further when the National Guard members' use in the counterdrug mission is discussed.

Demand reduction will be discussed since the term means different things to the active and reserve components. Both reduce the demand for drugs, but the target audience of the demand differs. Active component leadership defines “demand reduction” as the urinalysis program, (drug testing of soldiers and DOD civilians). This

is beneficial to the services, but does not have much effect outside the military community. In the National Guard, the term “demand reduction” refers to the outreach programs conducted in support of the CBOs in local communities, as directed by the governor. Many of these outreach programs are similar to the activities conducted by police officers in the Drug Abuse Resistance Education (DARE) program.²³ These programs reach a large number of individuals through the local schools or community anti-drug organizations and coalitions. Through these programs, service members actually reach out to the young people in the community in hopes of mentoring and guiding the youth to make healthy choices and remain drug free. In the National Guard, urinalysis is a component of the Substance Abuse program, which also includes prevention education for National Guard members. However, it is entirely separate from the counterdrug program in terms of administration and funding.

Many citizens believe the military, including the National Guard, should not be involved in the counterdrug mission. Others, together with some elected officials, feel the government should not be involved in any form to stop the flow of illegal drugs. They claim that drug use and the trafficking of drugs is a victimless crime and that drugs should be either legalized or at least decriminalized.²⁴ Even President Jimmy Carter recommended that marijuana be decriminalized during his presidential administration.²⁵ Several individuals claim that it should be left to the individual states to regulate drug use within their borders, just as is currently done with alcohol and tobacco. These advocates point to the period of prohibition, when the federal government tried to prohibit the sale of alcohol. They claim that the war on drugs will fail just as prohibition failed. The research conducted for this thesis will review and analyze the bases of their argument.

A potential problem could surface in the future because some current governors have taken the stance that drugs should be legalized. This stance could cause more than a little controversy in the future for the National Guard counterdrug programs in those states. The governor, as the peacetime Commander in Chief of the National Guard units within his or her state, controls the counterdrug program. For the counterdrug programs, the governors, along with the adjutants general and the attorney general, must read, approve, and sign the state plan. This document governs the use of counterdrug personnel and equipment in each of the programs in the states. After the governor approves and signs the document, it is returned to the Office of the Secretary of Defense (OSD) for approval. The Secretary of Defense and his staff review all the documents, make recommendations for changes, and eventually give approval for each state to conduct counterdrug operations. After OSD authorizes the states to conduct counterdrug operations, they release the funds allowing the states to actually perform these missions. As public sentiment changes, the programs may cease to exist on their own. If the governors refuse to sign the documents, based on personal feeling or laws and propositions passed within the states, the programs may cease to exist. If the governor refuses to sign the State Plans document, the program in that state will not be funded, and the DLEAs and CBOs will not receive military support.

The first National Guard counterdrug operation occurred in Hawaii in 1977. Operation Green Harvest supported police officers in Hawaii with marijuana eradication. This mission was the starting point for the National Guard counterdrug program. The National Guard now provides support in eighteen separate mission categories, and each category must fall under one of the five goals of the 1999 *National Drug Control*

Strategy. In 2003 the support missions will be realigned to fall under the three priorities in the 2002 *National Drug Control Strategy*

National Guard counterdrug support in the war on drugs grew from this first support effort in Hawaii to the current level of support. The National Guard maintains a program in each state, the District of Columbia, and the territories of Puerto Rico, Guam, and the United States Virgin Islands. The programs in each state and territory provide a valuable service to the DLEAs and CBOs in the community as America attempts to rid the country of the drug problem. The opinions and assessments of previous researchers in this field vary considerably. Their views are presented in the next chapter, and are analyzed to determine ways to improve the effectiveness of National Guard support to the counterdrug mission.

¹Curtis D. Potts, "America's 100-Year War: An Historical Analysis of Counterdrug Strategy," (research paper, US Army War College, Carlisle PA, 2000), 2.

²*Ibid.*, 2.

³US Drug Enforcement Administration, *Illegal Drugs in America: A Modern History* (Washington, DC: US Drug Enforcement Administration Museum, no date provided); www.usdoj/dea/deamuseum/home.htm; accessed 18 November 2001.

⁴Jack Collins, "The 1999 National Drug Control Strategy: Time to Reduce the Demand for Illegal Drugs," (research paper, US Army War College, Carlisle PA, 2000), 1.

⁵Potts, 3.

⁶Collins, 1.

⁷Steven Wisotsky, *Breaking The Impasse In The War On Drugs* (Westport: Greenwood Press, 1986), 3.

⁸*Ibid.*, 3.

⁹US Drug Enforcement Administration, *Illegal Drugs in America: A Modern History* (Washington, DC: US Drug Enforcement Administration Museum, no date provided); www.usdoj/dea/deamuseum/home.htm; accessed 18 November 2001.

¹⁰Scott Taylor, "Analysis of the Military Role in America's Domestic Counterdrug Effort," (research paper, Army War College, Carlisle PA, 2000), 3.

¹¹*Posse Comitatus Act*, Chapter 23, Section 15, Title 10 US Code, Sec 375 (1878).

¹²Timothy J. Dunn, *The Militarization of the US-Mexico Border, 1978-1992: Low-Intensity Conflict Doctrine Comes Home* (Austin: University of Texas Press, 1996), 106.

¹³Taylor, 3.

¹⁴Donald J. Mabry, "The US Military and the War on Drugs" in *Drug Trafficking in the Americas*, ed. Bruce M. Bagley and William O. Walker III, (Miami: North-South Center Press, 1996), 43.

¹⁵Wisotsky, 3.

¹⁶Bruce M. Bagley, "Myths of Militarization: Enlisting the Armed Forces in the War on Drugs" in *Drug Policy in the Americas*, ed. Peter Smith (Boulder: Westview Press, 1992), 131.

¹⁷Cooper, 4.

¹⁸Hodges, 22.

¹⁹Department of Defense, Joint Publication 3-07.4, *Joint Counterdrug Operations* (Washington: Joint Chiefs of Staff, 1998), xi.

²⁰Collins, 4.

²¹Cooper, 4.

²²Scott Taylor, "Analysis of the Military Role in America's Domestic Counterdrug Effort," (research paper, Army War College, Carlisle PA, 1998), 4.

²³DARE America, *D.A.R.E. Is Community Policing* (Los Angeles: D.A.R.E. America, no date provided); <http://www.dare.com/index2.htm>; accessed 4 March 2002. Drug Abuse Resistance Education is a drug prevention program founded by the Los Angeles Police Department (LAPD) in 1983. The LAPD and the Los Angeles Unified School District (LAUSD) formed a task force to create the drug prevention program for

use in the LAUSD. It has since become a national program with a coordinator in 49 states and in several foreign countries.

²⁴Decriminalization and legalization sound the same but have different meaning. Decriminalization of drugs would reduce or abolish criminal penalties for possession, however, possession with intent to distribute, along with transportation and selling of the drugs would remain illegal. Legalization would make drugs legal or lawful entirely.

²⁵Wisotsky, 3.

CHAPTER 2

LITERATURE REVIEW

Although the levels of the use and abuse of various drugs have fluctuated over the years, the drug problem in the United States continues to plague the country. The situation is very complex and is not new. Drug use among America's youth, twelve to seventeen years of age, has hovered at unacceptably high levels for most of the past decade. As in the 1960s and 1970s, drug use has once again become all too acceptable among the nation's youth.¹ The *1999 National Drug Control Strategy* provides the following drug use statistics. Marijuana use remains at approximately 5 percent for those over the age of eighteen, whereas youth first time use rates are lower than previous years, and the quantity of marijuana interdicted by law enforcement has increased. Cocaine use is lower than the previous year, but not significantly. The first time use rate is slightly higher than previous years, and the amount seized by law enforcement is lower, with larger quantities entering the country.² The following 2000 to 2001 statistical sample of high school seniors details America's victories and defeats in its war on drugs: Marijuana use increased by 0.8 percent, inhalants decreased by 0.5 percent, hallucinogens increased by 0.6 percent, Lysergic Acid Diethylamide (LSD) increased by 0.7 percent, cocaine decreased by 0.1 percent, steroids increased by 0.2 percent, and alcohol use, an indicator for possible drug use, decreased by 0.3 percent to 49.8 percent of all high school seniors.³ Both the 1999 and the 2002 National Drug Control Strategies demonstrate that drug usage trends have remained fairly stable for the past three years, but do show the large increase in 1992 during President Clinton's administration.⁴

The use of the military for counterdrug missions is not a new policy, remaining relatively constant for over twenty years and for the foreseeable future. Research conducted pertaining to National Guard counterdrug missions included numerous government and military publications dealing with drug trafficking and the use of the military to address this problem.

The Posse Comitatus Act currently allows the military to provide support in civil matters, but limits the law enforcement activities, such as searches and arrest, that military members can carry out. It provides the basic limitations for the military's involvement in support to civil authorities, of which counterdrug missions are a part.⁵ The Posse Comitatus Act along with the other controlling documents gathered in this research clearly define the military support role in regard to domestic law enforcement. The National Guard is not subject to the Posse Comitatus Act while involved in the counterdrug mission directly under a governor's control in accordance with Title 32 United States Code. However, the National Guard tends to follow the guidelines set forth in the Act as a general rule.

The DEA provided much of the information concerning the history of drug abuse and recent drug use trends in the United States. The DEA website and their *Drugs of Abuse Handbook* were used for the majority of this material.⁶ *The Drugs of Abuse Handbook*, which was produced by the DEA in cooperation with the National Guard, describes the Controlled Substance Act, originally passed in 1970, which classifies all drugs according to a schedule. The schedule is based on the medical use and the propensity for addiction of each drug. It also describes the penalties associated with violating the federal statutes governing drugs in the United States. The handbook groups

the drugs as narcotics, depressants, stimulants, cannabis and hallucinogens. It also provides contact lists for the DEA demand reduction coordinators and the National Guard drug demand reduction administrators.⁷

The current *National Drug Control Strategy* produced by ONDCP provides the president's priorities regarding all supply interdiction and demand reduction activities in the United States.⁸ The newest strategy was released on 12 February 2002 and is intended to provide the strategy for the United States pertaining to the war on drugs. The *National Drug Control Strategy* was first released in 1989 and was produced annually until 1999. In 1999 General (Retired) Barry McCaffrey, the Director of ONDCP, changed the process. General McCaffrey and his staff produced the *National Drug Control Strategy*, which aimed to provide the long-range goals of United States Drug control through 2009 with a status implementation report annually. The *National Drug Control Strategy* articulates the president's goals and is applicable for all organizations involved in the interdiction of drugs and the reduction of drug use in the United States. The strategy is important to the military because all support provided by the military to Drug Law Enforcement Agencies DLEAs must fall under one of the five primary goals outlined in the *National Drug Control Strategy*. ONDCP was not due to release another *National Drug Control Strategy* again until 2009, unless the need arose to produce one sooner. The Bush administration felt the need to provide additional direction in the drug war and produced a new *National Drug Control Strategy* on 12 February 2002.

The 2002 *National Drug Control Strategy* has three national priorities as opposed to the five presidential goals depicted in the 1999 strategy. Both the 1999 and the 2002 strategy covered the three means used to combat drugs in the United States: demand

reduction, treatment, and supply interdiction but the 1999 strategy divided supply into three separate actions. The 2002 strategy has three priorities, each concerning one avenue used to reduce drug use and availability in the United States. Priority I, Stopping Use Before It Starts: Education and Community Action, deals with demand reduction activities.⁹ Priority II, Healing America's Drug Users: Getting Treatment Resources Where They Are Needed, covers the treatment piece of the strategy.¹⁰ Priority III, Disrupting the Market: Attacking The Economic Basis Of The Drug Trade, is the supply interdiction portion.¹¹ Demand reduction remains the number one priority, as it was in the 1999 *National Drug Control Strategy*.

The 2002 *National Drug Control Strategy* also set two-year and five-year goals for the reduction of drug use in America.¹² The new strategy allows law enforcement and support organizations to better classify missions based upon where they truly belong. Under the previous strategy, because of the similarity of assets, missions could be categorized under more than one goal. The categorization was left to the interpretation of the individual developing the plan, which led to problems when trying to discuss operations. This study will primarily refer to the 1999 *National Drug Control Strategy*, because the current operational plans for the National Guard Counterdrug program are based and categorized upon the 1999 strategy.

Major Adele E. Hodges prepared a Master of Military Art and Science thesis in 1997 entitled "The Role of the United States Military in Counterdrug Operations in the Year 2000," which discussed the various uses of the military performing the counterdrug mission in the war on drugs.¹³ In this thesis, Major Hodges discussed the role of the military, how it developed, the current capabilities, and the future roles of the military in

the counterdrug mission. However, the thesis did not discuss the use of the National Guard in great detail. It mentions the use of National Guard members, but primarily reports on the use of service members from the active component. It did provide much of the background information concerning the initial role of the entire military in the counterdrug mission. Many of the referenced sources were used as starting points for this research, however more emphasis was placed on recent published material describing the current military roles and the specific use of the National Guard. Hodges concluded that the optimal role of the military in 2000 remained unchanged from 1997. She states that it is not in the best interest of DOD to increase or maximize the use of military capabilities, because Congress would have to modify or eliminate the Posse Comitatus Act in order to allow the military to take action against United States Citizens. This study expounds upon her research, using it as a basis.

Jamie Malamud-Goti discusses United States and Bolivian drug enforcement policies in *Smoke and Mirrors*, and claims that drugs affect not only the psyche of the people who ingest them but also the minds of the professionals and officials who intend to control their production and use.¹⁴ He expresses his view that the United States policy concerning counter-narcotic operations was a failure in Bolivia, and in his opinion, the current policies in other Latin American countries would also fail. Mr. Goti does not like the phrase “war on drugs.” He claims that the “war” image is not only inappropriate, but is also inevitably bound for failure, as “war” implies a win or lose proposition, not a trade-off of interest.¹⁵

In Bolivia, the peasant populace manufactures the coca paste as a source of income where in lies the problem, while the rich merchants exploit them and become

richer. Threats to the peasants and their families' well-being, along with the possible loss of income, insure the growers continued cooperation in the drug production process. The exporting of cocaine is big business for all involved, and Malamud-Goti claims that the drug-enforcement personnel along with local officials are corrupt and are also profiting from the war on drugs. He paints a picture of despair concerning Bolivian drug trafficking, because the manufacturing of coca paste is currently the only relevant source of income for the peasants.

Malamud-Goti argues that the United States policy is unable to address the lowest common denominator in the manufacturing of cocaine, therefore the lack of enforcement action as a result of this policy facilitates the importation of cocaine into the United States. His book describes how corruption breeds from within the forces sent to fight the war on drugs, and portrays the war on drugs as unwinnable. United States counter-narcotics efforts in Bolivia and Peru, as well as other Latin American countries, have also provided disappointing results. It has been a series of false starts and unfulfilled promises that have not produced the desired or intended results. He states that enforcement or the lack thereof in the Drug War has actually increased drug production, the proportion of the rural population engaged in trafficking of narcotics has increased, and the drug offenders are no longer an identifiable group separate from the local populace.¹⁶ He also discusses a seminar conducted at Columbia University on drug policy at the School of International Affairs. Many of the scholars involved claim that decriminalization of drug offenses was a necessary step. The main arguments for this claim were that enforcing the drug laws infringe upon civil liberties, the cost of enforcement is too high, the meddling in other peoples' privacy is immoral, international

relations are deteriorating, and current attempts to cope with the drug trade are ineffective.¹⁷ These are some of the same reasons Malamud-Goti lists as failures of United States drug policy in Latin America.

Murl D. Munger and William W. Mendel, in *Campaign Planning and the Drug War*, discuss the different agencies involved in the war on drugs and explain the interoperations of these agencies in the counterdrug fight.¹⁸ The authors provide additional information on how the drug problem evolved in the United States and describe how to more efficiently use the DLEAs and the military forces involved. They discuss using the proven military decision-making methods to bridge the gap between the strategy provided by ONDCP and the methods and tactics involved to conduct this mission. Additionally they provide numerous sources from the footnoted material, the appendices, and the bibliography. Specific agencies are described and purported to be dysfunctional as a team. They discuss the use of the National Guard in the Title 32, or state-controlled status, and their role in the war on drugs. They reiterate that while in Title 32 status, the National Guard is not limited by the Posse Comitatus Act, but generally follows the guidelines set forth in the act. They also conclude in 1991, the date of publication, that the drug war was winnable, but the United States was not winning.¹⁹ In contrast to some of the other material researched, they state that the drug war is winnable, but only if the United States changes the way it plans and fights the war.

Peter Reuter, Gordon Crawford, and Jonathan Cave provide an analysis of the profitability of drug trafficking in the United States in *Sealing the Borders: The Effects of Increased Military Participation in Drug Interdiction*.²⁰ This book discusses the role of the military in counterdrug operations and conducts an analysis of the successes and

failures of increased military involvement. It also discusses the adaptation of the trafficker involved in bringing drugs into the country as the policies and procedures of the DLEAs change. They end the study by concluding that they do not have much optimism about the effectiveness of increased expenditures in the drug interdiction mission, but they do bring out two key points concerning interdiction. Interdiction has objectives other than the reduction of drug use. It provides a degree of equity in drug enforcement, forcing those involved in trafficking to be at a greater risk. It also signals to other countries that the United States takes combating drug importation seriously.

Alfred W. McCoy and Alan A. Block, in *United States Narcotics Policy: An anatomy of Failure*, discuss the failures of the narcotics policy in the United States, Latin America, and Asia.²¹ The work describes the failed United States narcotics policy. They describe the war on drugs in Turkey as a success. In Turkey, President Nixon forced the eradication of legal poppy production. They then qualify that statement by saying that Nixon won this battle against opium, but Washington could not win the war. They go on to discuss the failings of President George H.W. Bush's drug policy. They claim the Bush drug war was an extension of President Reagan's policy. The strategy was three pronged: press the eradication of coca in the Andean region, cut the flow of drugs from the Caribbean and Mexico, and enact draconian law enforcement measures against domestic users and dealers.²² They contend that increased enforcement activity and mandatory prison sentences have overcrowded the prison system and created a repressive climate that affects the quality of life in America. They conclude that reducing supply is not the way to have an impact upon demand. The solution to reducing domestic demand is through education and treatment.²³

Breaking the Impasse in the War on Drugs, by Steven Wisotsky, provides information on the production, distribution, use and abuse of illicit drugs.²⁴ He also claims that the war on drugs has failed. Mr. Wisotsky sites the increased volume of drugs reaching the United States in spite of the efforts at home and abroad to stop narcotics trafficking as proof of policy failure. He claims intensified efforts have done nothing to curb the flow of drugs, but the increased enforcement actions have filled the prisons with petty traffickers. He claims these efforts have had little effect on the flow of drugs even with the increases in drugs seized by DLEAs. Mr. Wisotsky states: “One way or another, no matter what the War on Drugs does to supply, the black market in cocaine will play its trump; it thrives on enforcement, depends on it. There is no escape from the drug supply, or from the effects of enforcing it.”²⁵ Wisotsky discusses primarily the coca production in Latin America and the importation of cocaine. He claims the drug laws need to be changed because drug use is a personal decision, not something that should be legislated. Drug use should not have an influence on national policy. Additionally, Wisotsky claims that the drug war has not only failed, but that it has damaged the United States both economically and politically.²⁶

War on Drugs: Studies in the Failure of United States Narcotics Policy, edited by Alfred W. McCoy and Alan A Block, discusses the failure of policy and the effects of that failure in the United States, Latin America, and Asia.²⁷ *War on Drugs: Studies in the Failure of United States Narcotics Policy* is a compilation of writings by several authors describing the United States drug policy as a failure. The researchers base these failings on the increase in cocaine addiction and heroin use in the United States, along with an increase in narcotics production in Third World countries. The authors discuss

United States drug enforcement policy in Asia and Latin America and the hypocrisy involved. They claim that the war on drugs was really fought so that the United States intelligence community could continue their Cold War missions. Their study discusses the opium trade in Asia and cocaine trafficking in Latin America. They describe the opium production in Pakistan, Burma, Laos, and Thailand in the Golden Triangle, as well as the cocaine trade in Bolivia, Columbia, Honduras, and the chain of Caribbean islands. The authors do not mention the use of the National Guard in counterdrug missions, but they provide additional background information about the incoming drug threat--a threat the National Guard will obviously have to deal with when the drugs arrive in the United States.

The National Drug Control Strategy: 2001 Annual Report covers a myriad of information on drug trends and the feasibility of strategy implementation. General McCaffrey and his staff at ONDCP assert that the war on drugs is not a failure.²⁸ He does show some areas where improvement is needed but depicts the strides made on behalf of interdiction and demand reduction efforts by those DLEAs and CBOs involved. The reported use of hard drugs, cocaine, and heroin has decreased from the previous year, while the use of LSD and other hallucinogens has remained constant. Marijuana and other drugs, touted by the drug-using community as harmless, show an increased usage over this same time period. The report speculates that the recent passage of decriminalization laws for marijuana leads to the belief that the drug is harmless. It is speculated that their claim--that marijuana is harmless--has caused the increase in use rates. Ecstasy, another drug claimed to be harmless by users, also shows an increase in current usage rates.

FM 3-0, *Operations*, the Army's latest operations manual, classifies counterdrug missions as a domestic support operation and as support to civil law enforcement.²⁹ It states that the Constitution allows the use of Army forces to protect the states against invasion and to protect it against domestic violence. It discusses the amended Posse Comitatus Act and the restrictions implied on federal soldiers and federalized reserve component soldiers and units in this mission. It states that criminal penalties can be imposed for using the Army and Air Force to execute laws or to perform civilian law enforcement functions within the United States. It mentions the National Guard and the number of communities where they are involved, and reiterates the utility of the National Guard in these operations. When guardsmen are in a state-support or non-federalized role, they are not subject to the Posse Comitatus Act, unlike federal units. It emphasizes that the DOJ, through the DEA, is responsible for the United States drug laws and the military functions only in a support role. It mentions the four combatant commands with counterdrug responsibilities--United States Southern Command, United States Pacific Command, North American Air Defense Command, and United States Joint Forces Command.

Several research papers from the United States Army, Navy, and Air War Colleges provided additional information on the use of the National Guard in the counterdrug mission. The information in these research papers proved quite valuable, providing various courses of action for the use of the National Guard. The views of the researchers ranged from increased use of the military to no use of the military, to a complete abandonment of the enforcement of the drug laws.

Lieutenant Colonel Curtis D. Potts' research paper, titled "America's 110 Year War: An Historical Analysis of Counterdrug Strategy," provides information about the effectiveness of the current drug policy and valuable information about how to increase the military involvement in the war on drugs.³⁰ In it he discusses the problem of drug trafficking in the United States and the current costs associated with the counterdrug efforts. Potts claims that drugs continue to enter the United States borders without an end in sight and discusses the historical background of the counterdrug fight for both the DLEAs and the military, along with the strategy currently employed. In his research Potts proposes transforming ONDCP into a war-fighting command called the National Counterdrug Command to facilitate better command and control. All non-military assets would be under this command, while the military would remain under DOD. Potts also discusses changes to the Posse Comitatus Act, stating that it is too restrictive on military units performing the counterdrug support mission. He claims that it is time that the United States treated the war on drugs as a real war and applied all the instruments of power in order to win.

Lieutenant Colonel Reginald Geary's research paper, "The Impact of the National Guard Counterdrug Program In America: Where Do We Go From Here?," provides very valuable information concerning the domestic approach to solving America's drug problem.³¹ He provides a good synopsis of how the National Guard became involved in the war on drugs and discusses the current missions that the National Guard performs while helping to create strong partnerships between the federal, state and local agencies. The agencies do this by providing interdiction support to the DLEAs and demand reduction activity support to the CBOs within the local communities. Lieutenant Colonel

Geary advocates continuing the support to the interdiction missions at the level the Guard is currently providing, but requires additional influence in the area of drug demand reduction support in the communities. His final conclusion concerns assigning operational control of JTF6 mission to the National Guard. He bases this on the demonstrated effectiveness of the National Guard in the counterdrug mission and the additional real world missions assigned to the army.

Lieutenant Colonel DeLuca's research paper, "An Analysis of the National Drug Control Strategy: Are We Winning the War Or Is It Time For A Change?," provides additional insights concerning shifting the emphasis of the counterdrug program to demand reduction.³² He describes how the military became involved in the war on drugs and comes to some very interesting conclusions in his paper. He claims that the nation has four options: legalization, expanded military support, expanded law enforcement, and reducing drug dependence. He describes the first three options as unobtainable, leaving demand reduction as the only feasible option. He provides some of the benefits and liabilities of legalization but dismisses it as unobtainable, which this thesis will discuss later. With respect to expanded military support, he believes the military should get completely out of the war on drugs and the support currently provided to law enforcement should shift to civilian agencies. He claims that there are not enough funds for the military to effectively blockade 12,000 miles of coastline, a 2000-mile border with Mexico and a 5,500-mile border with Canada.³³

DeLuca asserts increased funding for demand reduction is the most feasible solution in the war on drugs. His most commanding statement, "Without demand there is no drug problem," implies that if the insatiable demand can be stopped the need for

interdiction would no longer exist.³⁴ He discusses how civilian corporations must conduct aggressive random drug testing, just as the military has done, to successfully eliminate drug use from the ranks. He also describes how the government has begun the same initiatives as the military to eliminate drug use in its workforce.

He also mentions the demand reduction outreach activities conducted by the National Guard and states that the government should fund similar programs in the local communities. According to DeLuca these programs, along with drug testing and stricter policies, will be the formula in winning the war on drugs. He concludes his argument by stating, "America cannot lead into the next millennium with needles in our veins and powder up our noses."³⁵ We must get America's citizens off drugs if we are to win this war.

In his research paper, "The War on Drugs: What Role Should the National Guard Play?," Lieutenant Colonel Carden provides some of the best information on the employment of the National Guard in counterdrug operations.³⁶ He describes how the National Guard became involved in the war on drugs and provides some valuable insights in his paper. He provides a firsthand perspective from the initiation of the program in New Mexico, due to the fact that he was the Plans, Operations, and Military Support Officer at the time. He discusses the billions of dollars spent on the war on drugs and claims the money was lost because it was spent in the wrong area. He claims the money was misspent by attempting to eliminate drugs from entering the United States and that it could have been better spent by placing more emphasis on drug demand reduction programs. The National Guard spends approximately 90 percent of the operating budget on drug interdiction and only 10 percent on demand reduction. According to Carden, the

National Guard has spent their budget building bureaucracies and is subsequently fighting a losing battle. He suggests eliminating interdiction funding and allocating it to programs that have been proven to work. He supports the National Guard remaining in the war on drugs, but directs a shift in emphasis from drug interdiction to demand reduction. He claims that the massive amounts of funding spent on interdiction programs provides America with a false sense that the war on drugs is being won. He discusses the failed attempts in America's drug war under both Republican and Democratic administrations and claims that they all failed because of the interdiction emphasis.

Lieutenant Colonel Carden claims that the National Guard should change its focus from supply interdiction to demand reduction, because it is the course of action that provides the most feasible solution in the war on drugs. He claims that the majority of the funding provided to the National Guard should be redistributed to other efforts such as Big Brothers/Big Sisters and similar organizations that can galvanize community mobilization and rid America of its drug problem. He states that the National Guard is supporting a failed strategy. With a shift in focus to demand reduction the National Guard can employ the soldiers in the community to end the demand for illegal drugs and finally win the war on drugs in America. The threat to national security from illegal drugs is removed without demand for the product.

Lieutenant Colonel Jack Collins, in his research paper "The 1999 National Drug Control Strategy: Time to Reduce the Demand for Illegal Drugs," discusses the previous strategy in the war on drugs, and describes the need to place more emphasis on demand reduction and treatment.³⁷ He provides additional information on how America became entrenched in fighting the drug problem and suggests improvement in how the United

States can win this war. His proposed approach places additional emphasis on demand reduction with more influence on treatment-based solutions to win the war on drugs.

Collins analyses military involvement in the war on drugs, and he discusses the Defense Authorization Act and the three phases it provides for the use of the military in this fight. Phase I is interdiction at the source, through nation-building assistance. Phase II is interdiction from the source country. Phase III is domestic interdiction. He does not mention the National Guard specifically in this paper, but does discuss the types of programs the National Guard supports through the demand reduction portion of its mission. His primary focus, however, tends to be on national strategy versus the use of the National Guard or the military.

Furthermore, Collins provides valuable information and makes a sound argument in favor of the demand reduction and treatment approach versus the current interdiction or supply side approach. He indicates that the effective treatment of drug addicts is cheaper and more productive than incarceration, but the landside of funding is still focused on interdiction. He claims that the United States interdiction of Mexican drug traffic led directly to the evolution of the Columbian drug flow and restates this with the need to reduce demand rather than interdict drugs coming into the United States.³⁸

His focus rests on shifting the balance from supply side interdiction to prevention programs, which are categorized on the demand reduction side of the equation. He proposes three changes or adjustments to the current strategy. The first change is creating a treatment program in every major American city where addicts can receive treatment. Along with the increased treatment programs, he proposes using federal and state funds to support the addict's family while the individual is undergoing treatment.

The second is community service focused on demand reduction programs. This entails activities, such as speaking at schools, handing out anti-drug information and being proactive in the community. This portion is very similar to some of the current demand reduction activities conducted by the National Guard. The third change is providing tax incentives for corporations funding 50 percent of the total cost of long-term drug rehabilitation. He claims programs such as these would put teeth into a demand reduction strategy and this would allow America to take ownership of the program.³⁹

Treatment of the addict, rather than interdiction, is the primary focus of his research. He states that the current strategy is working and will continue to work, but it would be more effective if the treatment of addicts were the primary focus. He sites data obtained from Phoenix House, which claims an 85 percent success rate for drug addicts entering an eighteen to twenty-four month treatment program.⁴⁰ This data suggest that if addicts are treated successfully, meaning they do not return to drug use and abuse, the demand for drugs will be reduced. With effective treatment the number of drug users could be reduced by 50 percent over the next ten years, and the reduction would free more resources for educating America's youth. In the current approach of interdiction or supply type programs, only one-half of the problem is solved. Without prevention and treatment the drug problem will not be defeated.

In "National Guard Involvement in Counterdrug Operations and Its Impact on Readiness," Lieutenant Colonel Nickey Philpot discusses both state and federal aspects of the counterdrug mission and its effects on the readiness of the National Guard.⁴¹ The use of military forces for anything other than their wartime mission sparks heated debate among military members, congress and citizens in general. Philpot primarily addresses

National Guard issues and refrains from outlining the active component. Senior leadership within the military claim that stability and support operations, along with operations other than war, degrade the service members' ability to perform their wartime mission. These leaders claim it distracts service members from their primary military occupational specialty tasks, and degrades their ability to perform their unit mission. Philpot addresses this issue and attempts to validate that service members involved in counterdrug operations actually increase their readiness by honing rather than losing their war-fighting skills. He provides an outstanding discussion of three key mission categories of National Guard support and describes how each increases the individual's readiness. He discusses linguistic, aviation, and marijuana eradication support throughout the program and then discusses specific operations along the Southwest border. There is a recent trend to make use of the military in a variety of non-traditional ways in support of the national strategy; however, Lieutenant Colonel Philpot reaffirms the primary mission of the military is to fight and win the nation's wars. He claims that each emerging mission must be carefully studied to insure the military can still accomplish the primary mission, before diverting forces to conduct nontraditional missions. He describes the informal readiness study conducted by the National Guard in regards to the readiness issue. He also claims that along with improving the wartime tasks of soldiers involved in counterdrug operations the service members become better performers in their assigned units. He states that unit data demonstrates counterdrug personnel consistently perform above average in areas such as inactive duty training or drill attendance, weapons qualification, and the army physical fitness test.⁴²

An area of particular interest is his description of operations along the Southwest border. The units involved in operations in this area continue to shield the 2,000-mile stretch of border, preventing illegal drugs from entering the United States. He discusses three key components: providing service members for listening post-observation post (LP/OP), cargo inspection at USCS ports of entry, and engineer support building roads and fences along the border. He claims that each of these missions is invaluable to the DLEAs and provides leadership and military occupational specialty skill enhancement for the service members as well. Due to the nature of border missions, service members receive countless opportunities to practice and hone skills beyond the level afforded to traditional National Guard personnel. Counterdrug operations provide ample opportunity in which both the DLEAs and the National Guard can gain significant advantages in many ways.

Debra Cooper makes some very interesting statements in “DOD Crime Fighters: Do the Right Rules Apply?” She provides historical information on how DOD became involved in counterdrug operations and then discusses two key points to improve the mission. She states that DOD should seek reduced legal constraints, so the military can pursue a more primary role in counterdrug operations overseas, and advocates military counterdrug operations being placed under unified commands.⁴³ She also suggests providing formal senior executive military training for key DLEA leaders that DOD supports.

She primarily discusses the use of active duty forces but does mention the National Guard briefly. While discussing the capabilities provided by the separate services, she mentions the use of the Army and Air National Guard conducting ground

and aerial surveillance for intelligence missions. She also outlines the governor's state plans approval and funding process under OSD.

In summary, she asserts that because the military is not in the primary role commanders seldom have the opportunity to apply the military operational planning skills to their counterdrug efforts. She claims that the current structure creates loopholes for military commanders to justify reduction in counterdrug support for a variety of reasons. In other words, DOD's counterdrug commitment varies depending on what else is happening in the world.⁴⁴ Changing the command structure would provide greater responsibility in the war on drugs and give them the ability to plan and carry out their operations rather than just support DLEAs. Cooper states that given the value of DOD's counterdrug efforts to law enforcement in deterring the supply of illegal drugs into the United States, it seems unlikely that DOD's involvement in counterdrug operations will end any time in the near future.⁴⁵ Cooper's assertions are valid. DOD provides a valuable service to DLEAs that will probably not end. However, the funding may not remain at the current level, which will ultimately lead to decreased support.

Cooper states that senior executive level military training should be provided to key personnel in the lead DLEAs that DOD supports. Her statement is appropriate, however, the National Guard already provides these very courses to DLEAs through the National Interagency Civil-Military Institute, the Regional Counterdrug Training Academy, the Northeast Counterdrug Training Center, and the Multi-Jurisdictional Counterdrug Task Force Training program. The federal DLEAs also send students to the military senior service colleges.

This review of the current literature on the role of the DOD (including the National Guard) in the war on drugs clearly shows that there is continued interest in this subject. It also shows that opinions concerning the drug enforcement policy vary and cover the entire spectrum. Some writers claim that America is not doing enough to effectively win the war on drugs, while others state that America should not be doing anything to combat the problem. Of those who claim that this nation should actively enforce the drug laws, most believe the drug problem in the United States is not going to simply vanish. Lieutenant Colonel Philpot is correct in his ascertainment that America must actively fight to end the drug problem, and the fight must be balanced on both fronts. The United States cannot focus entirely on interdiction and neglect demand reduction, nor can it focus entirely on demand reduction and leave its borders wide open. The United States cannot just wish the problem away. Regardless of whether the war is to be fought entirely by the DLEAs or with the support of the military, the focus cannot be entirely on either the supply or demand side of the equation. The solution to winning the war on drugs is a balanced unified approach between both fronts.

¹Office of National Drug Control Policy (ONDCP), *The National Drug Control Strategy, 2002*, (Washington, DC: US Government Printing Office, 2002), 1.

²Office of National Drug Control Policy (ONDCP), *The National Drug Control Strategy, 1999*, (Washington, DC: US Government Printing Office, 1999), 15.

³*The National Drug Control Strategy, 2002*, 43.

⁴*Ibid.*, i.

⁵*Posse Comitatus Act*, Chapter 23, Section 15, Title 10 USC, Sec 375 (1878).

⁶US Drug Enforcement Administration, *Illegal Drugs in America: A Modern History* (Washington, DC: U.S. Drug Enforcement Administration Museum, no date provided); www.usdoj/dea/deamuseum/home.htm; accessed 18 November 2001.

⁷Drug Enforcement Administration and National Guard Bureau, *Drugs of Abuse: 1997 Edition*. US Department of Justice. (Washington, DC: US Government Printing Office, 1997), 4.

⁸*The National Drug Control Strategy, 2002*, iii.

⁹*Ibid.*, 9.

¹⁰*Ibid.*, 13.

¹¹*Ibid.*, 21.

¹²*Ibid.*, 3.

¹³Adele M. Hodges, “The Role of the United States Military in Counterdrug Operations in the Year 2000” (thesis, Command and General Staff College, Fort Leavenworth KS, 2000), 20.

¹⁴Jaime Malamud-Goti, *Smoke and Mirrors: The Paradox of The Drug Wars* (Bolder: Westview Press, 1992), ix.

¹⁵*Ibid.*, 96.

¹⁶*Ibid.*, 44.

¹⁷*Ibid.*, 109.

¹⁸Murl D. Munger and William W. Mendel, *Campaign Planning and the Drug War* (Carlisle Barracks: Strategic Studies Institute US Army War College, 1991), 15.

¹⁹*Ibid.*, 77

²⁰Peter Reuter, Gordon Crawford, and Jonathan Cave, *Sealing the Borders: The Effects of Increased Military Participation in Drug Interdiction* (Santa Monica: The RAND Corporation, 1988), 127.

²¹Alfred W. McCoy and Alan A Block, “U.S. Narcotics Policy: An Anatomy of Failure” in *War on Drugs: Studies in the Failure of U.S. Narcotics Policy* (Boulder: Westview Press, 1992), 3.

²²*Ibid.*, 1.

²³Ibid., 14.

²⁴Steven Wisotsky, *Breaking The Impasse in the War On Drugs* (Westport: Greenwood Press, 1986), 63.

²⁵Ibid., 8.

²⁶Ibid., 217.

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³³Ibid., 21

³⁴Ibid., 23.

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³⁶Dana E. Carden, "The War on Drugs: What Role Should the National Guard Play?," (research paper, Army War College, Carlisle PA, 1998), 14.

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³⁹Ibid., 8.

⁴⁰Ibid., 8.

⁴¹Nickey W. Philpot, “National Guard Involvement in Counterdrug Operations and its impact on Readiness,” (research paper, Army War College, Carlisle PA, 1998), 7.

⁴²Ibid., 15.

⁴³Deborah K. Cooper, “DOD Crime Fighters: Do the Right Rules Apply?,” (research paper, Naval War College, Newport RI, 2000), 7.

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CHAPTER 3

RESEARCH METHODOLOGY

The goal and purpose of this study is to determine if the DOD, specifically the National Guard should continue to conduct counterdrug operations in the war on drugs. The goal of this thesis is not to question the use of active component forces, but it will discuss their operations as they relate to the origins of the counterdrug mission. A review of the active component role must be conducted to provide a basis for the National Guard mission as well as to compare and contrast the differences. The effectiveness of the National Guard's effort in providing counterdrug support to DLEAs and CBOs is what this research seeks to investigate.

The methodology used for this study will be analysis and synthesis of military involvement, followed by a comparison and contrast of the civilian organizations involved and the components providing military forces. The historical background and perspective of the military involvement is necessary to determine the future status of the mission. Content analysis will be conducted to determine if the mission should be omitted, or entirely relegated to the DLEAs and CBOs. This analysis will also determine if the mission should be continued. If the analysis substantiates that the mission should be continued, is the status quo the answer? The conclusions will determine optimal roles for the National Guard in the war on drugs and will outline feasible opinions regarding the United States' counterdrug strategy in general. Should the National Guard be used in the counterdrug role? These are the questions this study hopes to answer.

Analysis of the counterdrug support mission is significant in order to understand how the mission developed and where the National Guard plans to be in this mission in

the future. One must understand the basis of the mission and how it evolved before future usefulness can be determined. The desired outcome may change the means of accomplishment based upon measurements of effectiveness. America continues to spend a vast amount of money on drug law enforcement and demand reduction programs attempting to solve the drug problem. The main focus of this study will be to determine whether it is being optimally spent to accomplish the task at hand. The use of the military and the National Guard in the war on drugs may have been a sudden reaction to this overwhelming problem in attempts to gain a quick solution. With that said has the effectiveness of using the military passed? It is now time to revisit the role of the military to determine if it is still an appropriate mission. America must find the most effective means to accomplish the task in the war on drugs.

Synthesis will be employed to bring together the vast degree of differing opinions on the subject of military support for the drug enforcement mission. The literature review showed that there are many views on the subject matter and begins with the argument of whether a drug problem actually exists in the United States. Those who conclude that America does has a problem vary their observations concerning the problem, and provide even more points of view on how it should be solved. Synthesis will provide rational order to the material reviewed.

The methodology will take the primary form of deduction, and after the background material is presented, the material will be compared and contrasted. The National Guard will be compared to the DLEAs and the active component. Further analysis will determine if the National Guard is providing the correct support or if it is overextended. Varying terminology between different agencies and within the military

must be addressed, thus providing a common picture for all forces involved. The mission statement must be conveyed in such a manner in which all involved parties understand their roles and requirements in the mission. Conclusions and recommendations will be made from the deductions arrived upon through analysis.

The format of the thesis will be based upon deductive methodology. Chapter 1 will introduce the topic and provide some basic background for the mission and its present importance. This will develop the primary and secondary research questions for the thesis.

Chapter 2 comprises the literature review. The historical review touches upon the genesis of military support then transitions to more current literature, doctrine and operations manuals. The chapter is intentionally lengthy. It is not all-inclusive, but does provide a synopsis of the considerable differing views and evidence on the topic of military support.

The methodology is explained in the current chapter. Chapter 4 expounds upon the introduction provided in chapter 1 and explores the specific methods used as the National Guard performs the counterdrug mission. It will explain the means in which the National Guard fulfills the president's five primary goals outlined in the 1999 *National Drug Control Strategy*. The differences between the active component and the National Guard as well as the support provided to DLEAs will be explained. Both advantages and disadvantages of support will be explored, as well as how each provides a portion to the total solution.

Chapter 5 discusses the drug war and proposed solutions as they apply to the National Guard. It describes the support provided by the National Guard, those that are

unique as well as those that duplicate the role of the DLEAs. It discusses the accomplishments and failures of the support provided by the National Guard to the DLEAs. The focus is on the specific areas concerning the National Guard and how better to accomplish the mission.

Chapter 6 presents the conclusions of this research and provides recommendations for change, as well as possible areas of future study on the use of the National Guard. The recommendations for change are based on analysis and synthesis of the presented material currently available in this field of study.

CHAPTER 4

THE NATIONAL GUARD'S ROLE IN WAR ON DRUGS

The Beginning

The first recorded use of the National Guard in a counterdrug operation was conducted in 1977 in the state of Hawaii. With the approval of this mission the Governor and the Adjutant General of Hawaii were both establishing precedence for support operations. The National Guard had not conducted this type of mission (counterdrug support) during its recorded history. The mission was a relatively simple and routine transportation mission for the National Guard, but it would set the stage for all counterdrug missions in the future. The mission was known as Operation Green Harvest.¹ During this mission, the National Guard provided personnel and military helicopters to transport law enforcement agents from Hawaiian police departments as they attempted to identify cultivated marijuana plots along the Hawaiian landscape. The mission was conducted as part of the state's marijuana eradication program. The DLEAs determined helicopters were essential due to the rugged mountainous terrain. Additionally, airborne platforms provided better reconnaissance. It was quicker and covered a wider area than could be conducted on the ground. Once the marijuana was located, troops and officers were inserted by air. The marijuana was cut, bundled and evacuated by helicopter. The use of National Guard assets in this mission was extremely successful.² The domestic cannabis suppression and eradication operation continues to be one of the most requested missions in the National Guard counterdrug program.

Operation Green Harvest was conducted using National Guard service members and equipment borrowed from a local National Guard unit. The service members were

not assigned to a specific counterdrug unit, as they are today. Providing counterdrug support to DLEAs was a revolutionary new concept for the National Guard. The National Guard members merely conducted training with their assigned equipment, however, in this case law enforcement personnel were aboard the aircraft. The mission was conducted “incidental to training,” because there was not a category for classification at this time. The guardsmen flew their routine training mission to maintain currency while the law enforcement agents searched for and located marijuana on the landscape below. From these humble beginnings the National Guard counterdrug program was established and has grown into a robust organization.

Counterdrug operations performed by the National Guard entered a lull until the Military Cooperation with Civilian Law Enforcement Agencies Act was passed in 1981.³ This act allowed the military, both active and reserve, to collaborate with civilian law enforcement agencies. Table 1 provides the chronological listing of legislation and actions that affected the counterdrug efforts in the United States. Although this act was passed, only a handful of states actually began to conduct counterdrug operations with National Guard members. The states primarily involved were those along the southwest border, the predominant importation site for drugs into the United States. In FY 1986 President Ronald Reagan signed National Security Directive 221, which declared drug trafficking to be a threat to national security.⁴ He asked congress to expand the role of the military, which provided the first formal acceptance of DOD support to the war on drugs.

Table 1. Chronology Of Legislation Affecting Military Support

Date	Act or Action	Activity effecting Military Role
1878	Posse Comitatus Act	Restricted Military Involvement in law enforcement activities
1981	Military Cooperation With Civilian Law Enforcement Agencies Act	Allow the military to collaborate with civilian LEAs
1986	National Security Directive 221	Increased military support to DLEAs
1986	Anti-Drug abuse Act	Empowered the Executive Branch to increase the use of the military in the war on drugs
1987	Executive Order 12590 established the National Drug Policy Board	Provided a central coordinating agency for requesting military support
1987	National Defense Appropriation Act	First proposed budget for National Guard counterdrug
1988	New Anti-Drug Abuse Act	Improved the coordination of federal agencies including the military in the counterdrug effort
1988	New Anti-Drug Abuse Act also established the Office of National Drug Control Policy (ONDCP)	Director of 30 federal agencies
1989	National Defense Authorization Act (PL 100-456)	Assigned the military the detection and monitoring mission
1989	National Drug Control Strategy published	Provided the President's strategy for military support to counterdrug missions
1989	National Defense Authorization Act	60 million budget proposed for National Guard Counterdrug
1989	National Defense Appropriations Act	40 million budget received
1999	Last Yearly Produced National Drug Control Strategy	Annual updates
2002	President Bush National Drug Control Strategy	Redefined priorities

In FY 1987 Congress appropriated additional funds for increased counterdrug efforts by the National Guard, but these funds were placed in the wrong account. The appropriations were placed in the operations and maintenance budget, but funding was actually needed in the pay and allowances budget. Even without appropriate funding and establishment of official counterdrug units, twenty-five states had already performed 376 missions in the war on drugs.⁵

In FY 1988 twenty-nine states were conducting some form of counterdrug operations. All missions were still performed “incidental to scheduled training” because no additional funding was provided. In FY 1989 the National Defense Authorization Act provided up to sixty million dollars in funding for the National Guard state programs to support DLEAs with supply interdiction operations.⁶ The National Defense Appropriations Act only allocated forty million dollars to the National Guard Bureau Counterdrug Office (NGB-CD) out of the sixty million dollars authorized for counterdrug operations. NGB-CD had to reduce the proposed DLEA support because of this shortfall. This was the first National Guard appropriation provided specifically for counterdrug operations. Congress directed these funds to be placed in a “fenced” account to insure the money went directly to counterdrug operations. The Secretary of Defense (SECDEF) provided funding under the authority of Title 32, United States Code, Section 112, for the state and territorial programs. Counterdrug program operations were required to be conducted in addition to normally scheduled weekend drills and annual training periods and could not distract from the wartime readiness training of the service members or their units.⁷

After President George H. W. Bush committed DOD to the war on drugs in September 1989, the Deputy Chief of Staff for Plans and Operations for the Air Staff directed the Air National Guard to establish a division to support the President's effort in the war on drugs. The Counterdrug Support Division of the Military Support Directorate, now know as NGB-CD, was established formally on 12 May 1989. This division was established as a joint office consisting of both Army and Air National Guard personnel due to the dual nature of counterdrug participation.⁸

In FY 1989 all fifty states, the three United States territories and the District of Columbia became involved in counterdrug operations. Each state and territory developed a “State Plan” in coordination with city, county, state, and federal law enforcement agencies. The state plan is the funding authorization document for OSD and will be discussed later. Title 32, USC 112 states that the SECDEF may provide funding through the Chief, National Guard Bureau (CNGB) to the states that received OSD approval of their Governor’s State Plans for National Guard counterdrug support.⁹ The plans were submitted to NGB-CD for review and forwarded through the appropriate military channels to the SECDEF for approval. After the SECDEF reviewed the plans, he referred them to the United States attorney general for a legal review. The attorney general evaluated the legality of the plans and after compliance certification returned them to the SECDEF for final funding decisions. The CNGB then distributed funding to the states.¹⁰

Current Operations

Currently the National Guard maintains a counterdrug program in each of the fifty states, the District of Columbia, and the three United States territories of Guam, Puerto Rico, and the US Virgin Islands. Each program will hereafter be referred to as states. Title 32, USC is very specific in the guidance provided for National Guard counterdrug operations. It stipulates two main points. First, the funding provided covers both pay and allowances for assigned personnel and operations and maintenance for equipment and facilities.¹¹ Second, a state plan must be received from each participating state. The state plan specifies how many personnel will be involved in the state counterdrug program, and certifies that operations will be conducted while personnel are not in a federal or Title 10 status. It must also officially state that all operations are in addition to the

regular training requirements. The governor and state attorney general must certify that the plan is authorized by, and consistent with state law. The National Guard counterdrug program has a congressionally mandated ceiling of 4,000 service members in a Title 32 status involved in the program.¹²

In 1994, Colonel John Mosbey, the former director of NGB-CD stated: “The counterdrug program is the most extensive program in the Air National Guard where non-combat tasked missions have also evolved force structure.”¹³ Colonel Mosbey made these remarks in a research presentation while discussing the Air National Guard, but the statement is applicable to the entire National Guard counterdrug program, and is still relevant today.

The National Guard is unique in the manner in which counterdrug support is provided to the DLEAs and the CBOs in the respective programs. The National Guard Bureau (NGB,) located in Washington, DC, in conjunction with the Departments of the Army and Air Force, controls the National Guard counterdrug program through the NGB-CD Office. NGB-CD provides accountability and supervisory control along with providing program guidance for the CNGB, but does not have command and control of the program. NGB is not a command, nor is CNGB a commander. As a joint program NGB-CD reports directly to CNGB. A joint program in the National Guard has members from both the Army and Air National Guard. Funding, supervision, and accountability for counterdrug operations are provided by NGB-CD, but command and control remains with the governors of each state.

National Guard Regulation 500-2/Air National Guard Instruction 10-801 (NGR 500-2/ANGI 10-801) provides guidance for the National Guard with respect to

counterdrug operations. Service members working full time in the counterdrug program in the states and territories are in a Title 32 Full-Time National Guard Duty-Counterdrug (FTNGD-CD) status under state control. Title 32, USC specifies that a guardsman is under the command of the adjutant general of the state, but receives the same pay and benefits of soldiers or airmen on federal active duty. A Title 32 guardsman is restricted and may not participate in counterdrug support operations outside the confines of his or her assigned state. Exceptions are possible under a Memorandum of Understanding (MOU) between the two states involved, or if the member is temporarily placed on Title 10 orders to go Outside the Continental United States (OCONUS.)¹⁴

The service members working in each state are not federalized, however those working at NGB-CD and those working OCONUS are in a Title 10 federal status. Title 10, USC specifies that a guardsman is under the command of the president--the same as any service member on federal active duty. A Guardsman in Title 10 status is under the control of DOD and their respective service.¹⁵ Additionally, in Title 10 status, guardsmen are subject to the Uniform Code of Military Justice and the Posse Comitatus Act. This dual control provides confusion when dealing with DLEAs, CBOs, civilians and active duty members not familiar with the different regulations governing members of the National Guard.

A Guardsman assigned to the counterdrug program in the states is also assigned to a traditional or Military Table of Organization and Equipment Guard Unit. The assignment in counterdrug is in an FTNGD-CD status. FTNGD-CD is a newly created status, but is essentially the same as the Active Duty Special Work status. This new status only differentiates the guardsman working in counterdrug duties from those that

might be tasked for some other special assignment, and allows the guardsman to remain on active duty orders longer than the 180 day limitation imposed under Active Duty Special Work regulations. While in FTNGD-CD status, the guardsman must attend Inactive Duty Training during weekend drill periods and annual training with his or her unit of assignment.

National Guard Regulation 500-2/Air National Guard Instruction 10-801

specifies that a counterdrug coordinator be assigned in each of the fifty-four states to administer the program. The counterdrug coordinator is a Title 32 Active Guard Reserve officer, who is normally a lieutenant colonel from either the Army or Air National Guard. The counterdrug coordinator is the only individual in the state counterdrug program not in the FTNGD-CD status. The counterdrug coordinator is responsible for coordinating all counterdrug support efforts with the DLEAs and CBOs in the state.¹⁶ The counterdrug coordinator completes the state plan on behalf of the adjutant general and the governor. He assures that, following approval at the state level, the plan is submitted through NGB-CD to OSD. The counterdrug coordinator is the most important person in the state regarding counterdrug operations. He must complete and prioritize the state plan and ensure it complies with the intent of the adjutant general and the governor.

Along those same lines, the state plan is the most important document for the program, because it details all aspects of the counterdrug program for the state and is effective for the entire FY.¹⁷ If there is a change in a support mission, the plan must be modified and resubmitted to OSD. Change to the plan may entail adding a support mission not previously conducted, reversal of the governor's priorities or a change in the

drug threat. Each adjustment to the original plan must be approved by OSD before it becomes effective. The change remains in effect for the remainder of the FY.

The National Guard missions' complement and support the five Presidential goals outlined in the *National Drug Control Strategy*. There are six primary mission categories and each is divided into subcategories. Category one is used to track management activities for the program, whereas mission categories two through six directly correlate to the *National Drug Control Strategy*. Missions two through five deal with supply oriented operations and category six applies to demand reduction operations. The authorized missions are displayed in Table 2.

Currently NGB-CD is configured into four regions: Northeast, Southeast, Northwest, and Southwest as opposed to the three regions of the active component, which will be discussed later. The regions do not have an equal number of states assigned because the original assignments were based upon the common drug threats within the area. The Southeast Region primarily deals with drugs flowing through the Caribbean, whereas the Southwest Region chiefly deals with drugs entering the United States through Mexico. The monetary disbursements are generally similar but not entirely equal.

The Southwest Region is the smallest, comprising only eight states: Arizona, California, Colorado, Nevada, New Mexico, Oklahoma, Texas, and Utah. It has the fewest number of states but the largest budget. The budget is based on the percentage of drugs that enter the country through transshipment across the 2000-mile border with Mexico. More than half of the cocaine on America's streets and large quantities of heroin, marijuana and methamphetamine come across the Southwest border.¹⁸ OSD guidance

states that the Southwest border, along with the other High Intensity Drug Trafficking Areas (HIDTA) must receive 40-45 percent of the National Guard counterdrug budget.¹⁹ HIDTAs are regions with critical drug-trafficking problems that harm or affect other areas of the United States.²⁰ The budgets for California and Texas are the two largest in the counterdrug program and both states are in this region. The Southwest Region includes two regional HIDTAs and two metropolitan HIDTAs. The Southwest Border HIDTA encompasses Southern California, Arizona, New Mexico and Texas, and the Rocky Mountain HIDTA comprises Colorado and Utah. Los Angeles and Houston are the Metropolitan HIDTAs in this region.²¹

The Northeast Region is the largest, with nineteen states consisting of New York, Virginia, West Virginia, Delaware, Maryland, Pennsylvania, Connecticut, Massachusetts, Vermont, New Hampshire, Maine, Indiana, Illinois, Michigan, Wisconsin, Rhode Island, New Jersey, Ohio, and the District of Columbia. New York has the largest budget in this region, based upon the number of aerial and seaports under its control. Sixty percent of the world's cargo is shipped in containers and seventy-five million persons arrived in the United States aboard commercial and private aircraft.²² New York is one of the major hubs for both sea and air traffic. The other states in the region have small and medium sized counterdrug programs. This region includes five metropolitan HIDTAs consisting of New York City, Chicago, Philadelphia, Washington/Baltimore, and Lake County Indiana.²³

Table 2. Counterdrug Support Category Description²⁴

Category	Counterdrug Mission	Support Category Description
1	Program Management	Counterdrug Coordination, Liaison, and Management
2	Technical Support	
2a		Linguist Support/Translator Support
2b		Investigative Case and Analysis Support
2c		Deleted IAW OSD policy
2d		Communication Support
2e		Engineer Support
2f		Subsurface/Diver Support
3	General Support	
3a		Domestic Cannabis Suppression/ Eradication Operations
3b		Transportation Support
3c		Maintenance/Logistical Support
3d		Cargo/Mail Inspection
4	Counterdrug Related Training	Training LEA/Military Personnel
5	Reconnaissance/Observation	
5a		Surface Reconnaissance
		Unattended Sensor Support
		Visual reconnaissance/observation mobile patrols
		Listening posts/observation posts (LPs/OPs)
		Ground Surveillance Radar (GSR)
5b		Aerial Reconnaissance
		Radars
		Unmanned Aerial Vehicles (UAVs)
		Aerial visual techniques, including infrared/thermal imagery, and photographic reconnaissance
		Photo reconnaissance/film processing
6	Drug Demand Reduction	
6a		Community Based demand reduction support
6b		Educational Institution Demand Reduction Support
6c		Informational Demand Reduction Support
6d		Leadership Development
6e		Coalition Development

The Northwest Region is next in size and contains fifteen states including Alaska, Hawaii, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, North Dakota, Oregon, South Dakota, Washington, Wyoming, and the territory of Guam. The budget for this region is the smallest because many of the central states within the region have very small programs.

The budgets are smaller because the drug threat tended to be less when the original allocations were made. Importation states were more likely to have larger drug problems than the interior states. Wyoming has the smallest counterdrug program in the National Guard even though it is within the Rocky Mountain HIDTA.²⁵

The Southeast Region is the second smallest region, with only twelve states including Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and the territories of Puerto Rico and the US Virgin Islands. Florida and Puerto Rico have the largest budgets in this region because of the drug activity in the Caribbean basin. Florida has six hundred miles of coastline, rendering it an attractive area for marine and airdrop deliveries of narcotics. Florida, along with the US Virgin Islands and Puerto Rico, is located in the drug trafficking corridors from the Caribbean and Latin America.²⁶ This region contains the two metropolitan HIDTAs in Miami and Atlanta and two regional HIDTAs in Puerto Rico/Virgin Islands, and the Gulf Coast HIDTA. The Gulf Coast HIDTA encompasses Alabama, Louisiana, and Mississippi.²⁷

In the active component, each member performing counterdrug duty falls under the control of the SECDEF. The National Command Authority NCA has assigned four

counterdrug commanders specific counterdrug missions: Commander in Chief, US Joint Forces Command; Commander in Chief, US Atlantic Command; Commander in Chief, North American Air Defense Command; and Commander in Chief, US Southern Command.²⁸ The services contribute to the counterdrug effort by providing personnel and equipment support to the Commander in Chiefs for the entire range of DOD mission categories.²⁹

The National Interdiction Command and Control Plan provide for three geographically oriented counterdrug Joint Interagency Task Forces (JIATFs): JIATF-East, JIATF-South, and JIATF-West, and one Domestic Air Interdiction Coordination Center.³⁰ JIATF-West in Alameda, CA works directly for Commander in Chief, Pacific Command and is responsible for the transit zones on the west coast. Their primary mission is to reduce the flow of illegal drugs from source countries into the United States by monitoring fishing boats, trawlers, logistics supply vessel and “Go-Fast” boats. Counterdrug operations involving United States personnel are conducted by request of the host nation to the Commander in Chief, Pacific Command.

Go-Fast boats are high-power speedboats that narco-traffickers use to outrun USCS officials. The boats are loaded with drugs and several barrels of gasoline, allowing them to refuel while in transit from the source countries to the United States. They traditionally travel only at night and hide during the day. They accounted for 70 percent of the known maritime smuggling activity in 1999.³¹ Logistics Supply Vessels support the go-fast boats in narcotics trafficking.

JIATF-East in Key West, FL works directly for the Commander in Chief, Southern Command and is responsible for the transit zones on the east coast. The

primary mission is to reduce the flow of illegal drugs from source countries into the United States by monitoring riverine and naval traffic for LSVs and Go-Fast boats. Additionally, they are tasked to detect coca fields, cocaine labs, and associated airfields. With the loss of Howard Air Force Base in Panama, JIATF-South, along with its responsibility for the source zone focused mission, has been merged into JAITF-East. Counterdrug operations involving United States personnel are conducted by the request of the host nation to the Commander in Chief, US Southern Command.

In the Continental United States (CONUS), a Joint Task Force (JTF) conducts the military's involvement in counterdrug operation. JTF-6 is an active duty unit assigned to United States Joint Forces Command, under the operational control of US Army Forces Command.³² JTF-6 has support responsibilities for the entire United States, Puerto Rico, and the US Virgin Islands.³³ JTF-6 provides thirty-eight types of CONUS support to DLEAs in three categories: operational, training, and intelligence.³⁴ JTF-6 and the National Guard operate together to support domestic DLEAs. All requests for support are processed through Operation Alliance, a multi-agency law enforcement body that reviews and prioritizes the requests for military support, or the state National Guard counterdrug coordinator. JTF-6 encourages all state and local LEAs to first solicit support from the National Guard counterdrug coordinator. If the National Guard is unable to fulfill the request, LEAs may forward their request to Operation Alliance for consideration.³⁵ After Operation Alliance validates and approves the request it is forwarded to JTF-6 for resourcing.

National Guard Support

Currently the National Guard provides assistance to LEAs and CBOs in support of the President's *National Drug Control Strategy* throughout the states and territories. The National Guard Counterdrug program, with members in most major communities, provides highly skilled personnel, specialized equipment, and facilities to support LEAs and CBOs in response to the changing drug threat.³⁶ The bulk of the effort is devoted to the governor's use of National Guard personnel in drug interdiction and demand reduction activities while in Title 32, USC status. NGB's major role in counterdrug activities involves coordination with the Army and Air National Guard units, which support LEAs requesting counterdrug assistance. However, the National Guard, in conjunction with NGB, is also engaged in activities OCONUS where individual guardsman will be in a Title 10, USC status.

The National Guard provides a wide range of counterdrug support capabilities both in Title 10 and Title 32 status. The National Guard has traditionally performed seven federal missions in the counterdrug arena.³⁷ the first was Coronet Nighthawk, a National Guard operation that provided fighter support to US Southern Command operations to intercept possible drug trafficking aircraft. This mission evolved into using all Air Force assets, National Guard, Active and Reserves, but was discontinued in October 2001. The second is Shula Pen, formerly called Flowing Pen, another US Southern Command operation the National Guard supports. Shula Pen uses a mobile signals intelligence platform called Senior Scout. This intelligence platform is operated by the Utah National Guard, and can transform any C-130 into an intelligence-gathering apparatus. It is rolled on and rolled off the C-130 with ease and is used to gather signals

intelligence information in the transit zones and source countries.³⁸ The third federal mission is Host Nation Rider Escort, a program where bilingual National Guardsmen fly along with members of the host nation and work as translators. Aircraft used include Air Force E-3 Sentry (AWACS), USCS P-2, and Navy P-3 aircraft. Each of these aircraft must have an escort aboard to fly over the host nations. The fourth is Radars, a mission in which National Guardsmen operated and maintained radars in Latin America and provided coverage feeds to the United States Coast Guard and DLEAs. Civilian contractors working for Air Combat Command now operate the radars in Latin America, but the National Guard is still involved providing support. The Air National Guard operates a maintenance and logistics center at Dobbins Air Reserve Base, Georgia, which provides spare parts, components, technical expertise and refurbishment of radars and support equipment. The National Guard operates CONUS radar sites in response to CONUS DLEAs. The fifth mission is support of the Air and Maritime Interdiction Coordination Center, located at March Air Reserve Base, Riverside, California. It is composed of National Guard detection system specialists tracking probable drug traffickers in support of the USCS. As part of the Air and Maritime Interdiction Coordination Center, the National Guard also operates a radar site in Imperial Valley, CA. The sixth is support to JIATF-East, and JIATF-West, an operation in which Guardsmen are assigned to provide detection assistance to facilitate the missions of both JIATFs. The final mission is the Joint Southern Surveillance Reconnaissance Operations Center. The National Guard has assigned twelve enlisted surveillance operators to assist the Commander in Chief, US Southern Command in the identification of narco-traffickers coming out of the source zone. Another federal mission supported by National

Guard personnel, but not funded through state plans appropriations, is the Drug Interdiction Operation Center. National Guardsmen in Puerto Rico operate the interdiction center for the USCS, providing support for drug interdiction operations in the Caribbean region. The Drug Interdiction Operation Center mission is exclusive to the National Guard.

Title 32 Support

The National Guard performs eighteen missions in a Title 32 status. The missions are listed in Table 2, and the main focus of the National Guard Counterdrug Support Program is threefold. National Guard counterdrug units provide support to LEAs to interdict illegal drugs entering the United States. Personnel and equipment assigned to supply reduction missions are used by LEAs to eradicate domestically grown marijuana. National Guard personnel assigned in demand reduction assist LEAs and CBOs to diminish demand through increased education, prevention, and community service.

In addition to these three primary areas the National Guard also produces map products and provides training to community leaders and law enforcement agents. Counterdrug training is provided in the respective states, but training is also conducted at the four National Guard counterdrug specific schools. The National Interagency Civil-Military Institute located in San Louis Obispo, California;³⁹ the Multi-Jurisdictional Counterdrug Task Force Training Program located in St. Petersburg, Florida; the Regional Counterdrug Training Academy located in Meridian, Mississippi; and the Northeast Counterdrug Training Center located in Fort Indiantown Gap, Pennsylvania. The National Guard is opening another training center in Des Moines, Iowa to serve the central portion of the United States.

This study will discuss six state programs in the National Guard to provide a representation of the force. California, with a budget of \$16,548,868 represents the largest counterdrug program. The California counterdrug task force is comprised of 347 Army National Guard soldiers and 77 Air National Guard airmen. However, these numbers increase during the marijuana eradication season and when other special mission support is requested.⁴⁰ California is the third largest state and comprises 156,297 square miles of land area and shares 141 miles of common border with Mexico. Along this border there are five primary points of entry located at San Ysidro, Otay Mesa, Tecate, Calexico, and Andrade, where the National Guard supports the USCS.⁴¹ The California task force is actively involved in interdiction efforts along the southwest border and in the Los Angeles and San Francisco ports of entry. In FY 2000 the California counterdrug task force assisted DLEAs with the seizure of 539,405 marijuana plants, 391,500 pounds of processed marijuana, 11,666 pounds of cocaine, 8,361 pounds of methamphetamine and 5,437 doses of ecstasy. The street value of these drugs is approximately three billion dollars.⁴² California is the primary state involved with JTF-6 in constructing the border fence and road system along the United States border with Mexico. Concerning demand reduction, the California National Guard has partnered with 116 schools, the police athletic league, and DOJ reaching 161,335 Californians with a drug free prevention message. Seventy percent of those reached were children or teens.⁴³ The governor has also tasked the California counterdrug task force with oversight of the substance abuse program in the state.

Texas is the second largest counterdrug program with a budget of \$14,821,273. The Texas counterdrug program involves 215 Army National Guard soldiers and 58 Air

National Guard airmen. Their numbers also increase during the marijuana eradication season and when other special mission support is requested.⁴⁴ Texas is the second largest state and comprises 267,277 square miles of land area and shares 1,254 miles of common border with Mexico. Along this border there are twelve primary points of entry located at Brownsville, Hidalgo, Progreso, Rio Grande City, Roma, Larado, Eagle Pass, Del Rio, Presido, Fabens, Houston, and El Paso where the National Guard supports the USCS.⁴⁵ Methamphetamine use has increased in nearly every Texas population center and as much a 200 percent in certain demographics. Cocaine continues to plague the state, and in some areas has surpassed marijuana. Marijuana, imported and locally grown, is smuggled through the state. Heroin use has also drastically increased over the past few years. To help combat the drug problem, the Texas counterdrug program uses x-ray imaging systems in interdiction efforts at the ports in Presidio, Roma, Houston, Larado and El Paso. In FY 2000 the Texas counterdrug program assisted DLEAs in the seizure of 9,668 marijuana plants, 340,834 pounds of processed marijuana, 23,287 pounds of cocaine, 81,998 pounds of methamphetamine and 45,109 doses of ecstasy. The total street value exceeds one and a half billion dollars.⁴⁶ Regarding demand reduction, the Texas National Guard has partnered with several schools and coalitions, the police athletic league, and DOJ reaching 319,000 Texans with the drug free message. Eighty percent of those affected were children or teens.⁴⁷ The governor has also tasked the Texas counterdrug program with oversight of the substance abuse program in the state.

New Mexico is the seventh largest program with an operation budget of \$4,327,693. The New Mexico counterdrug program includes 78 Army National Guard soldiers and 6 Air National Guard airmen. These numbers also increase during the

marijuana eradication season and when other special mission support is requested.⁴⁸ New Mexico is geographically the fifth largest state and comprises 121,598 square miles of land area and shares 180 miles of common border with Mexico. Along this border there are three primary points of entry located at Santa Theresa, Las Palomas, and Antelope Wells. In addition to supporting the USCS at these ports, the New Mexico program assists the Texas counterdrug program at the port in El Paso.⁴⁹ In FY 2000 the New Mexico counterdrug program assisted DLEAs in the seizure of 1,861 marijuana plants, 190,736 pounds of processed marijuana, 1,244 pounds of cocaine, and 41 pounds of methamphetamine. These drugs with a total street value of four hundred and twenty million dollars did not reach New Mexico's streets.⁵⁰ New Mexico is working with DLEAs using ground based sensors and remote observation cameras to interdict smugglers along the border with Mexico. LP/OPs are still used, but the use of technology rather than manpower significantly reduces the number of times the soldiers are employed in this role. In demand reduction, the New Mexico National Guard has partnered with several schools and coalitions, the police athletic league, and DOJ, reaching 30,060 New Mexicans with an anti-drug message. The most prominent program is the peer and adult mentoring program where at-risk youth are tutored and provided positive role models from within the National Guard. Seventy-five percent of those reached were children or teens.⁵¹ The New Mexico counterdrug program also provides oversight of the substance abuse program in the state.

New York is the third largest counterdrug program with a \$5,990,776 budget and provides representative information about the Northeast Region. The New York counterdrug program is comprised of 110 Army National Guard soldiers and 22 Air

National Guard airmen. Cargo blitzes in New York City, marijuana eradication and special missions will increase these numbers.⁵² New York only covers 54,475 square miles of land, but has the third largest population, with the largest city in the nation, and shares 460 miles of common border with Canada. Along this border there are five primary points of entry where the National Guard supports USCS: Buffalo, Wellesley Island, Ogdensburg, Massena, Champlain, and Rouses. New York City is also a primary maritime and aerial port of entry.⁵³ The New York counterdrug program uses x-ray imaging systems in interdiction efforts in New York City. In FY 2000 the New York counterdrug program assisted DLEAs in the seizure of 39,500 pounds of processed marijuana, 4,240 pounds of cocaine, 233 pounds of heroin, and sixteen million dollars in drug related currency. The total street value exceeds eight hundred and fifty four million dollars.⁵⁴ With regard to demand reduction, the New York National Guard has partnered with several schools, coalitions and DOJ, reaching 40,000 New Yorkers with a drug free prevention message. The most promising drug demand reduction activity is the Corps of Cadets Program, where young people are provided with a leadership and esteem building program with a military structure. Seventy-five percent of those affected were children or teens.⁵⁵ The governor has also tasked the New York counterdrug program with oversight of the substance abuse program in the state.

Wyoming is the smallest program, with a \$614,438 budget, and represents the Northwest Region. The Wyoming counterdrug program operates with nine Army National Guard soldiers and two Air National Guard airmen.⁵⁶ Wyoming is the ninth largest state and comprises 97,014 square miles of land area, and is surrounded by six other states.⁵⁷ Although Wyoming does not have national borders it is not free of drug

trafficking. In FY 2000 the Wyoming counterdrug program assisted DLEAs in the seizure of 1,760 pounds of processed marijuana, 286 kilograms of cocaine, 5,471 pounds of methamphetamine and over thirty eight thousand dollars in drug related currency. The total street value exceeds one million dollars.⁵⁸ Regarding demand reduction, the Wyoming National Guard has partnered with several schools and coalitions touching 12,522 people with a drug free prevention message. Seventy-five percent of those influenced were children or teens.⁵⁹

The US Virgin Islands has an operating budget of \$768,048 and provides representative information about the Southeast Region. Because of the cost of living, geographical location, and other OCONUS peculiarities the US Virgin Islands provides some distinctive challenges for the counterdrug program. The US Virgin Islands counterdrug program is very small, comprised of just twelve Army National Guard soldiers and three Air National Guard airmen.⁶⁰ The US Virgin Islands are made up of approximately 150 square miles of land, and thus the smallest United States territory. The US Virgin Islands' 250 miles of open coastline on the Atlantic Ocean and the Caribbean Sea include numerous aerial and maritime entry points where the National Guard supports USCS.⁶¹ In FY 2000 the Virgin Islands counterdrug program assisted DLEAs in the seizure of thirty-six marijuana plants, sixty-five pounds of processed marijuana, and 354 pounds of cocaine. The total street value exceeds fifty-four million dollars.⁶² Concerning demand reduction, the Virgin Islands National Guard has partnered with several schools and coalitions and the United States Attorneys office, reaching 80,000 islanders with an anti-drug message. The most distinguished program is the Drilling Against Drugs program, where young people are provided with a leadership and

esteem building program within a military structure. Seventy percent of those reached by the demand reduction efforts in the US Virgin Islands were children or teens.⁶³

Funding

The funding for the National Guard counterdrug program is very complex. Support provided by the National Guard is conducted in a Title 32 status, but the funding comes entirely from the federal government as part of DOD counterdrug budget. In FY01 the DOD counterdrug budget was \$1.026 billion, of which 25 percent or \$252.1 million was allocated to the National Guard counterdrug program.⁶⁴ State Plans received approximately \$172.1 million of this budget for operations.⁶⁵ The president's budget was \$152.1 million, to which congress added \$20 million dollars in a discretionary supplemental budget allocation. Congress also provided \$28 million in line-item additions for specific projects, such as the California border fence, marijuana eradication, Reconnaissance and Interdiction Detachment (RAID) sensors and counterdrug initiatives in Florida, Nevada, and West Virginia. These projects had ties to the state plans but were not considered a part of the actual state plans budget.⁶⁶

The National Guard counterdrug program differs from that of the other components in that all costs must be covered entirely by this budget. The funding does not just cover the cost of missions; pay and allowances for personnel must also be derived from this budget. When DOD receives a pay increase or the basic allowance for housing is increased, support to LEAs and CBOs must decrease to offset the increase in the payroll. Colonel John C. Mosbey, Chief of the National Guard Bureau Counterdrug Office, projected that the National Guard would need an additional \$23.6 to \$28.7 million above the president's budget to maintain status quo.⁶⁷ This amount would cover the pay

raise, the increase in the Basic Allowance for Housing, the cost of living increases, and adjust the budget for inflation. If the program receives the exact amount provided in the previous year, the budget will essentially decrease because of inflation. Each year the budget must be adjusted for increases elsewhere, and support to DLEAs and CBOs decreases proportionately. Table 3 depicts historical funding for the National Guard Counterdrug Program.

Table 3. Historical Funding For The National Guard⁶⁸

Fiscal Year	Counter drug State Plans Funding
1989	40 Million
1990	110 Million
1991	166 Million
1992	173 Million
1993	203 Million
1994	164 Million
1995	175 Million
1996	123 Million
1997	180 Million
1998	149.1 Million
1999	167.6 Million
2000	169.5 Million
2001	172.1 Million
2002	154.3 Million Does not include congressional plus up

The State Plan

Each state submits a state plan through NGB-CD to OSD for mission approval and funding. Every plan is produced from the same “shell” and maintains this precise format for submission to OSD. However, each plan is unique in regard to how the state assesses the threat and allocates resources to perform the different missions. The plan covers every mission that the governor wants to conduct within the state, and the

missions are ranked by priority and assigned a specified amount of funding. Each state normally lists all eighteen missions for approval in the original request, even if they do not plan to initially conduct the mission. They do this in order to prevent amendments to the state plan during the FY if the threat or governors priorities change. For example, New Mexico will request approval for mission 2f, subsurface/diver support, even though they do not have Special Forces units or divers to perform the mission. This allows the governor to avoid the inconvenience of resubmitting the plan if such a mission request arises. To perform the diving mission, certified Special Forces divers from another state would be used to perform the mission in New Mexico. This is legal because the mission is already approved in the state plan. Each state participating in the mission must produce a MOU, which is signed by the counterdrug coordinator, the adjutant general, the attorney general and the governor of their state. This provides the authority for members from one state to leave their state, travel to another, and perform the mission in the state where it is needed.

Specialized Equipment

To perform some of the counterdrug missions, the National Guard has several unique pieces of equipment. Funding precludes purchasing and assigning this equipment in each state, but the equipment can be shared throughout the regions. A MOU is also needed to allow the equipment to operate across state lines. Counterdrug specific equipment includes the Light Armored Vehicle (LAV), the Vehicle and Cargo Inspection System (VACIS), the OH-58 RAID helicopter, and the Counterdrug modified C-26 airplane. A MOU must be in place for every mission that crosses state lines, such as when an OH-58 conducts marijuana eradication along state borders crosses into the

neighboring state, and when the OH-58s or the C-26 are used to assist DLEAs with controlled deliveries of narcotics.

The Vehicle and Cargo Inspection Systems (VACIS) is an inspection system that uses low energy x-ray imaging to identify anomalies in a targeted object. The anomalies may indicate concealed cargo such as narcotics and explosives. The National Guard operates both stationary and mobile versions of the VACIS systems in support of DLEAs at border crossings as they check vehicles for narcotics.

The LAV is an eight-wheeled tactical vehicle containing various items of communications and sensor equipment. It is capable of carrying eight to twelve law enforcement and military personnel. It is used as a mobile command center to facilitate tactical operational control during law enforcement missions, but it can also be used to transport special weapons and tactics teams and provide cover during entry missions. It is also used as a static display during demand reduction missions.

The OH-58 helicopters in the RAID are equipped with an infrared thermal imaging system, a daylight television camera, a law enforcement compatible Wolfsburg radio, and a global positioning system. They can be flown in blackout conditions using night vision goggles during covert operations or illuminate an area using the thirty million-candlepower Nitesun spotlight for nighttime operations. They are used primarily for aerial reconnaissance and marijuana eradication operations, but they can also be used as an aerial command and control or communications relay platform for a variety of law enforcement operations. It has also been used as a static display for demand reduction missions.

The modified C-26 aircraft are equipped with a color television imager capable of one hundred power zoom magnification, thermal imaging system, a moving map display, and high-resolution digital and color photo cameras. These aircraft are used principally for covert aerial reconnaissance and observation. They can also be used as an aerial command and control platform. It is ideal for missions requiring long-term “on station” time because it can remain airborne for several hours. The C-26 is also used for “controlled deliveries.” A controlled delivery is used when DLEAs transport narcotics from the location where they were interdicted to their original intended destination, in an attempt to arrest the intended receiver.

National Guardsmen use radars, night vision devices, thermal imaging equipment, ground sensors, communications equipment, area observation cameras, and other non-intrusive inspection devices such as Ion mobility spectrometers (IONSCAN), mobile and stationary vehicle and cargo inspection systems (VACIS) to support DLEAs at border crossings as they search vehicles attempting to locate narcotics. These nonintrusive devices have also been loaned for Weapons of Mass Destruction (WMD) responses. One such mission involved the Kosovar refugees that were relocated to the United States and temporarily housed at Fort Dix, New Jersey. The commander of Fort Dix requested the New Jersey National Guard to use an IONSCAN, traditionally used to scan for narcotics, to search the refugees and their property as they entered Fort Dix, New Jersey. For this mission the IONSCAN was reprogrammed to include a scan for weapons residue in addition to narcotics. Members of the New Jersey and New York National Guard Counterdrug programs conducted twenty-four hour operations until all the refugees were

processed. Two suspicious readings were detected amongst the refugees' personal belongings.

This study discusses the use of National Guard assets in the counterdrug mission. However, there are ties between drugs, homeland defense and terrorism, and the points discussed in this thesis may be equally applicable for the other missions. The National Guard is now postured and tasked to conduct missions in counterdrug, weapons of mass destruction (WMD), and homeland defense. James Mack, Deputy Assistant Secretary of State for international narcotics and law enforcement affairs stated:

In the wake of the September 11 terrorist attacks against the United States, providing support for counter-narcotics and other anti-crime efforts around the world is more important than ever. There often is a nexus between terrorism and organized crime. Many of the skills and types of equipment needed to attack organized crime are applicable to combating terrorism. The same criminal gangs involved in narcotics smuggling have links to other criminal activities and to terrorist groups.⁶⁹

Mr. Mack's statement emphasizes the point that narcotics, crime, and terrorism are intermingled. The National Guard has expertise in counterdrug operation and maintains MOUs to occasionally use counterdrug specific equipment and assigned personnel for the WMD mission. This mission will be discussed further in the areas for future study.

¹John C. Mosbey, *The National Guard Strategic Plan 1999-2004 revised*. (Washington DC: US Government Printing Office, 2001), 5.

²Preston Brown, National Guard Bureau Counterdrug Program Evaluation Officer, telephonic interview by author, 28 March 2002, Fort Leavenworth, KS.

³United States Code, Title 10, Chapter 18.

⁴Joint Staff, *Joint Counterdrug Operations*, JCS Pub 3-07.4. (Washington DC: US Department of Defense, 17 February 1998), I-1.

⁵Nickey W. Philpot, “National Guard Involvement in Counterdrug Operations and Its Impact on Readiness,” (research paper, Army War College, Carlisle PA, 1998), 3.

⁶Ibid., 3.

⁷Headquarters, Departments of the Army and Air Force, *Emergency Employment of the Army and Other Resources National Guard Counterdrug Support*, Army National Guard Regulation (NGR) 500-2/ Air National Guard Instruction (ANGI) 10-801. (Washington DC: Departments of the Army and Air Force, 2001), 29.

⁸William T. Nance, “Necessary Details of Troops: The United States Air Force and Counterdrug Operations,” (staff study, Air War College, Maxwell AFB AL, 1989), 13.

⁹Headquarters, Departments of the Army and Air Force, *Emergency Employment of the Army and Other Resources National Guard Counterdrug Support*, Army National Guard Regulation (NGR) 500-2/ Air National Guard Instruction (ANGI) 10-801. (Washington DC: Departments of the Army and Air Force, 2001), 5.

¹⁰United States Code, Title 32, Section 112, (1998).

¹¹Nance, 16.

¹²United States Code, Title 32, Section 112, (2002).

¹³John C. Mosbey, “Strategy, Policy, and Force Structure in Operations Other Than War: Counterdrug Issues and the Air National Guard,” (research paper, Naval War College, Newport RI, 1994), iii.

¹⁴Headquarters, Departments of the Army and Air Force, *Emergency Employment of the Army and Other Resources National Guard Counterdrug Support*, Army National Guard Regulation (NGR) 500-2/ Air National Guard Instruction (ANGI) 10-801. (Washington DC: Departments of the Army and Air Force, 2001), 29.

¹⁵United States Code, Title 10 (2002).

¹⁶Headquarters, Departments of the Army and Air Force, *Emergency Employment of the Army and Other Resources National Guard Counterdrug Support*, Army National Guard Regulation (NGR) 500-2/ Air National Guard Instruction (ANGI) 10-801. (Washington DC: Departments of the Army and Air Force, 2001), 5.

¹⁷Ibid., 7.

¹⁸Office of National Drug Control Policy (ONDCP), *The National Drug Control Strategy, 2000 Annual Report*, (Washington, DC: US Government Printing Office, 2002), 73.

¹⁹Deborah G. Rosenblum, "Preparation of Fiscal Year 2002/2003 National Guard Counterdrug Governors' State Plans and Other National Guard Counterdrug Programs." (memorandum, Office of the Secretary of Defense, Washington DC, 2002) 2.

²⁰Office of National Drug Control Policy (ONDCP), *The National Drug Control Strategy, 2000 Annual Report*, (Washington, DC: US Government Printing Office, 2002), 68.

²¹Executive Office of the President, Office of National Drug Control Policy, *High Intensity Drug Trafficking Areas Program, Fiscal Year 1997*, by Richard Y. Yamamoto, Memorandum, Executive Office of the President, (Washington, November 1996), 2.

²²Office of National Drug Control Policy (ONDCP), *The National Drug Control Strategy, 2000 Annual Report*, (Washington, DC: US Government Printing Office, 2002), 73.

²³High Intensity Drug Trafficking Areas Program, Fiscal Year 1997, "Memorandum, Executive Office of the President, Office of National Drug Control Policy," Washington, November 1996, 1.

²⁴NGR 500-2, 8.

²⁵*Ibid.*, 1.

²⁶Office of National Drug Control Policy (ONDCP), *The National Drug Control Strategy, 2000 Annual Report*, (Washington, DC: US Government Printing Office, 2002), 74.

²⁷*Ibid.*, 1.

²⁸Joint Pub 3-07.4 Joint Counterdrug Operations, III-5.

²⁹*Ibid.*, III-6.

³⁰*Ibid.*, III-5.

³¹Office of National Drug Control Policy (ONDCP), *The National Drug Control Strategy, 2000 Annual Report*, (Washington, DC: US Government Printing Office, 2002), 77.

³²JTF-6 web site, *Mission*, available from <http://www-jtf6.bliss.army.mil/html/mission.html>; internet accessed 28 February 2002.

³³William W. Mendel and Murl D. Munger, "The Drug Threat: Getting Priorities Straight," *Parameters* (US Army War College Quarterly) 27, no. 2 (summer 1997).

³⁴United States Joint Forces Command website, *Joint Task Force 6*, available from http://137.246.33.101/About/com_jtf6.htm; internet accessed 28 February 2002.

³⁵JTF-6 web site, *Requesting Support*, available from <http://www-jtf6.bliss.army.mil/html/reqsupport.html>; internet accessed 28 February 2002.

³⁶John C. Mosbey, *CD capabilities Brief*, 2001 Counterdrug Coordinator Conference, (Orlando: National Guard Bureau-Counterdrug Office, 26 March 2001), 2.

³⁷Robert Moat, National Guard Bureau Counterdrug Federal Programs, Radars and Sensors NCOIC, Telephonic interview with author 28 March 2002, Fort Leavenworth, KS.

³⁸Robert Welsch, National Guard Bureau Federal Programs, Federal Aircraft NCOIC, telephonic interview by author, 28 March 2002, Fort Leavenworth, KS.

³⁹In September 1990, at the direction of LTG Herbert Temple, Chief, NGB, 1986-1990, the California National Guard began operation of the National Interagency Counterdrug Institute (NICI) at San Louis Obispo. This provided an opportunity and place for LEAs and military personnel to exchange ideas and share counterdrug training and experience. This was later expanded to include the other counterdrug specific schools.

⁴⁰Richard C. Russell, "California National Guard Counterdrug Program," (Memorandum, NGB-CD Informational Papers, Washington DC, 2001), 1.

⁴¹Russell, 1.

⁴²Russell, 3.

⁴³Russell, 2.

⁴⁴Suzanne Adkinson, "Texas National Guard Counterdrug Program," (Memorandum, NGB-CD Informational Papers, Washington DC, 2001), 1.

⁴⁵Adkinson, 1.

⁴⁶Adkinson, 3.

⁴⁷Adkinson, 2.

⁴⁸Andrew Salas, “New Mexico National Guard Counterdrug Program,” (Memorandum, NGB-CD Informational Papers, Washington DC, 2001), 1.

⁴⁹Salas, 1.

⁵⁰Salas, 3.

⁵¹Salas, 2.

⁵²Robert Hawthorne, “New York National Guard Counterdrug Program,” (Memorandum, NGB-CD Informational Papers, Washington DC, 2001), 1.

⁵³Hawthorne, 1.

⁵⁴Hawthorne, 2.

⁵⁵Hawthorne, 2.

⁵⁶Max BeBe, “Wyoming National Guard Counterdrug Program,” (Memorandum, NGB-CD Informational Papers, Washington DC, 2001), 1.

⁵⁷BeBe, 1.

⁵⁸BeBe, 2.

⁵⁹BeBe, 1.

⁶⁰Michael McDonald, “Virgin Islands National Guard Counterdrug Program,” (Memorandum, NGB-CD Informational Papers, Washington DC, 2001), 1.

⁶¹McDonald, 1.

⁶²McDonald, 2.

⁶³McDonald, 2.

⁶⁴Mosbey, 3.

⁶⁵Ken Hartson, “FY 97-01 Budget Targets” (CD Budget Spreadsheet, NGB-CD Informational Papers, Washington, DC, 2002), 4.

⁶⁶Mosbey, 6.

⁶⁷Mosbey, 9.

⁶⁸Carden, 15. The first portion of this table was in Carden's research paper but the data stopped with 1997. The remaining data 1998 through 2002 was taken from Ken Hartson's Budget presentation.

⁶⁹James Mack, "Testimony to House Committee on International Relations" (Testimony, State Department, Washington DC, 2001), 2.

CHAPTER 5

COMPARISONS OF RESEARCH MATERIAL

The Nature of the Problem

The complex nature of the drug problem in America has developed over decades, and therefore cannot be solved with one quick solution, but rather will require considerable effort by all the organizations involved. It requires several forms of action that must be unified and focused to effectively fight the problem. This research suggests a number of possible courses of action to end the war on drugs. The extent of the solutions was very diverse. On one extreme was drug legalization. The other extreme was changing current restrictive legislation and increasing military support almost to the level of martial law.

Proposed Solutions

The support provided to LEAs to combat the problem yielded the same over-zealous types of suggestions. Lieutenant Colonel Philpot stated that the support provided by the National Guard was adequate and required no change, while other authors in favor of continued military support claimed that at least some changes were needed. Most claimed many radical changes involving the military's role were needed if the National Guard was to continue counterdrug support missions. The most common variants for these changes were between the support provided to supply interdiction and demand reduction activities.

Still others declared funding provided to the military should be withdrawn and applied elsewhere. Some advocated giving the funding directly to the DLEAs allowing them to combat the problem themselves. Others campaigned to provide the funds to

civilian demand reduction programs allowing them to fight this battle. The majority of the views expressed were divided between supply interdiction and demand reduction.

Legalization

The easiest and most radical solution presented was to legalize drugs. This radical solution would solve the issue concerning the use of the military in counterdrug support because DLEAs would no longer be in this fight and would therefore not require military support. Lieutenant Colonel DeLuca presents the legalization option as a possible but highly unlikely solution to the United States' battle against illegal drugs. Legalization would provide some positive benefits for the nation, but at a very high premium. He claims it would reduce four key areas where drugs are concerned. The price of drugs would plummet, in that a one thousand dollar weekly habit could be satisfied with twenty dollars.¹ The petty crimes associated with drug use, those committed to support the users habit, would be committed less frequently. The violent crime associated with the gangs involved in drug trafficking would be eliminated because the profit margins would be abolished, along with the associated trafficking areas. Finally, legalization would free the overloaded judicial system of many of the current drug related cases. He also reports that legalization would deprive organized crime of billions of tax-free dollars and bring the trade into the open market where it could be controlled or regulated.² Other proponents of legalization claim that along with regulating drugs the government could tax drug sales and generate more income for the nation.

However, the negative consequences of legalization far outweigh the benefits stated above. If drugs were legalized there would be more casual users, and more of

these casual users would become habitual users and future addicts. This would further burden the medical community with increased incidents of drug overdoses and emergency room admissions. The taxes generated by the legal sale of drugs would not provide as much income as proponents claim. Additionally, the increased revenue from drug sales would not cover the increase in medical expenses incurred by the government. Those who claim crime would be reduced fail to realize that petty crimes would still occur. Regardless of the price of drugs, some users would be unable to support their habits and would still resort to crime to provide the needed funds to purchase drugs. Additionally, other crimes such as domestic abuse and impaired driving would increase, thus placing higher demands for law enforcement actions, further draining the police forces of precious resources. The most damaging effect would be the exponential increase in first time usage rates.

With respect to legalization, DeLuca states that it is not politically correct to talk “soft” on drugs, and talk of legalization is taboo, therefore politicians will not take this approach.³ This statement is inaccurate as indicated by the number of politicians actually pushing for legalization and decriminalization of some if not all drugs. It is becoming easier and more popular for politicians to publicly support drug legalization and decriminalization.

During the 1970s, President Jimmy Carter, along with the American Medical Association, the American Bar Association, the American Public Health Association, the National Council of Churches, the National Commission on Marijuana and Drug Abuse, and other prominent organization went on record in favor of decriminalization.⁴ On 10 September 2000, Gary Johnson, the Governor of New Mexico, debated with General

(Retired) Barry McCaffrey, the Drug Czar, about the legalization of marijuana, heroin, and cocaine. Governor Johnson claims that drugs are an individual choice and therefore not something the government should regulate.⁵ Johnson said legalizing some drugs, including marijuana and heroin, would keep drug use static or even cause a decline in use.⁶ Johnson further states that the use of what he calls “these minor drugs” does not contribute to the crime in our nation.⁷ Mr. Wisotsky presents the same argument about individual choice pertaining to drug use. He claims that the ills of drug use and abuse spread by the government are misrepresentations. Wisotsky claims these misrepresentations are just scare tactics used by government officials to prevent others from using and enjoying the benefits associated with drug use.⁸

The most damaging aspect of legalization would be the double standard provided to the youth of America. The National Guard uses hospital admissions and criminal statistics in the threat assessment portion of each state plan to demonstrate the problem associated with drug abuse. The *National Drug Control Strategy* also uses hospital admissions to depict the severity of the drug problem. These trends clearly demonstrate that drug use and abuse is terrible and very damaging to society. Legalization may be the easy way out, but it is not the right answer to end the drug war. Even with his legalization stance, Johnson acknowledged that legalizing drugs would create a whole new set of problems.⁹ The view that drugs are an individual choice and should be available for use if you are a consenting individual can cause one to consider this alternative until the damaging effect of drug use are applied to the equation.

Legalization propositions continue to be placed on ballots across the country; however, the American public is not in favor of legalization. When asked if they

supported making these drugs legal in the same way that alcohol is, 82 percent said they opposed legalization.¹⁰ Similarly, support for the legalization of marijuana is also not favored. A 2000 Gallup poll found that 64 percent of Americans oppose the legalization of marijuana.¹¹ Many drug users enter treatment every year to recover from chronic abuse of marijuana and other so-called “soft” drugs.¹²

The idea of legalizing these drugs overlooks the dangers they pose to society. Unless drugs are legalized, DLEAs will continue to investigate narcotics traffickers and attempt to stop these dangerous drugs from entering the United States. In this regard, some have suggested that the military support for DLEAs be expanded. In 1997, General McCaffrey encouraged DOD to add an additional \$141 million to the proposed \$809 million budget for FY 1999. SECDEF William Cohen rejected the proposal stating that it was excessive.¹³ General McCaffrey claimed that receiving the same budget from the previous year truly represented a budget decrease, claiming that the budget decreased by 34 percent from 1992 to 1998.¹⁴ This single action to increase the funding for military support and its results demonstrate that except for minimal inflation adjustments the counterdrug budget is not likely to be expanded. If the National Guard counterdrug program is to continue, the leaders in each state will have to reprioritize the current mission support requests received from the DLEAs and CBOs. This reduction in available funding will force them to support only those agencies and organizations that provide the best possible results for the allocated funds.

Military Support

Many authors suggested that the military should not be involved in counterdrug missions. Those who were in favor of continuing this fight in the war on drugs without

support of the military went on to suggest that the funding currently provided to the military be eliminated and redistributed directly to the DLEAs to fight this war. This is a possible solution that would provide some positive benefits. However, many departments could not afford to duplicate the personnel and equipment support currently provided to them by the military. This is especially true for the small local departments supported by the National Guard.

The highly technological equipment used by the military in support of the DLEAs provides some great capabilities in the war on drugs, which are unmatched in the civilian market. The use of this equipment in the support role is very practical because it remains in constant use. The military is able to rotate the support assets to various departments as missions are conducted. This would not be the case for a single department owning the same specialized equipment. If the equipment were owned by a DLEA, it would sit idle when they were not conducting an operation requiring application of that asset.

Furthermore, some of the military items used to support the DLEAs in the counterdrug mission are currently unavailable for purchase on the commercial market. Therefore the majority of the support currently provided by the National Guard cannot be duplicated.

National Guardsmen operate ground-based sensors, remote video cameras, and recorders along the Southwest border, thus enabling law enforcement agents to actively pursue drug offenders. They also operate specialized non-intrusive inspection devices, again freeing agents to perform actual law enforcement activities at the ports of entry. This increases the chance of success by reducing the response times of the officers.

Aviation assets and similar military hardware is either too expensive for, or unavailable to the DLEAs. It is impractical to expect that shifting funding from the

National Guard and providing it to the DLEAs directly would produce the same results. The DLEA budgets would have to increase to levels much higher than current funding levels allocated to the National Guard. Individual DLEAs would be required to purchase their own equipment, hire operators and maintenance personnel, and provide training, licensing, and all of the other logistical requirements inherent in ownership of these systems just to maintain the status quo currently provided by the National Guard. This would simply be impractical.

There are areas where the National Guard could improve with regard to DLEA support. One area involves the specialized pieces of equipment owned and used by the National Guard. This equipment must be appropriately employed with regard to the intended missions. The Air National Guard C-26 aircraft has an information-gathering pod under the aircraft that provides Forward Looking Infrared (FLIR) and photo reconnaissance capabilities for DLEAs, which would not be available without National Guard support. The DLEAs are tempted to request this aircraft to conduct routine transportation missions such as hauling quantities of narcotics to their crime labs for destruction. When the National Guard is flying routine transportation missions for DLEAs this specialized aircraft is not being used for its intended purpose. The pilots are maintaining their currency, but the intelligence equipment is not used to its full potential. When flying this mission the aircraft cannot use the sensor package for its intended role of generating intelligence for other agencies. Routine transportation can be accomplished using DLEA aircraft that are not equipped with sensors, or through commercial cargo transportation centers.

Colonel Tappan claims that the military should not be involved in fighting the war on drugs for the following reasons: resources are declining, interdiction efforts are ineffective, troops are not trained for this mission, legal restrictions are too confusing, and this mission is a distractor from the real war-fighting mission. In respect to the National Guard, his only valid point pertains to declining resources. Interdiction methods are not ineffective. There are areas within interdiction that could be improved, most notably in the planning arena, but the results presented in chapter 4 demonstrate the effectiveness of the program. There is no doubt, however that supply reduction efforts must become more effective. Mr. Mendel discusses using a coalition approach where the different agencies work together and strengthen each other as they fight a unified battle against the drug threat.¹⁵ DLEAs have begun moving in this direction but there is definitely room for improvement. DLEAs still tend to be territorial and protective of their information and cases, which hampers the entire operation. Other authors have also suggested creating some form of a National Joint DLEA Counterdrug Task Force with a single civilian head. The single agency plan would provide direction and organization, which would lead to the creation of viable operation plans. Interdiction levels in this scenario would increase with National Guard support, as indicated in the discussions of the various state programs in Chapter 4. The increased interdiction levels provide positive results for the DLEAs.

The National Guard is trained for the counterdrug mission, conducting both military and non-military training for its members. The four National Guard counterdrug-specific schools conduct training year round for military members, community leaders, and law enforcement officials. For military members, the training is

designed to increase knowledge of counterdrug operations. The programs in the individual states also conduct training for their assigned members. They do this in order to insure that the best trained soldiers and airmen are conducting counterdrug missions in the most efficient manner.

The legal restrictions concerning the use of the military are very straightforward and direct. The law is very specific when outlining what military members conducting counterdrug missions can and cannot do. In addition to the law, numerous regulations, publications and legal opinions provide guidance and instruction in this area. Support provided to law enforcement by the National Guard is not new. There are previous uses of the National Guard that can be studied and interpreted to provide additional insight and clarify the current guidance pertaining to their use in the counterdrug mission.

Tappan's final assertion that counterdrug missions distract from real-world missions is unsubstantiated, and is even conclusively disproved in regard to the National Guard. Lieutenant Colonel Philpot discusses the readiness issues of National Guard members conducting counterdrug operations and claims that conducting these missions enhances individual readiness. The counterdrug program allows traditional guardsmen to gain additional skills and practice thus enhancing Military Occupational Specialty and Air Force Specialty Code performances.¹⁶ Philpot states that unit data demonstrates that counterdrug personnel consistently perform above average in areas such as Inactive Duty Training and Annual Training attendance, weapons qualification, and Army Physical Fitness Test standards when compared to non-counterdrug service members.

Another area that provides valuable military training for guardsmen is armed LP/OP missions. In May 1997, a Marine corporal on an armed reconnaissance LP/OP

mission along the Mexican border fired his weapon at an 18-year-old, killing him. An investigation revealed that the youth initially fired a weapon at the Marines and they returned fire in self-defense. The investigators discovered that the shooting was justified, but the incident raised considerable suspicion about conducting this type of mission in the war on drugs. The Pentagon abruptly suspended all ground reconnaissance missions by active component personnel after the shooting incident in Redford, Texas.¹⁷ However, the National Guard still conducts this mission throughout the United States. Members receive specialized training for this mission category and further hone their military skills as they perform the operation. This unique service benefits the DLEAs and the individual service member. The DLEAs receive current intelligence and the National Guard members remain current in their military skills

The *National Guard Bureau-Counterdrug Office's: Study on Counterdrug Personnel Combat Readiness-Final Report* conducted by SAIC also found that the counterdrug members of the National Guard are better prepared to conduct their wartime missions.¹⁸ This increase in preparedness directly relates to the increased training and experiences gained while working in the counterdrug arena. The study states:

The FY99 data illustrates that CD program participation appears to have little or no negative effect upon unit readiness and may have a positive effect. These comments validate the earlier findings that CD program participants are mostly leaders, who have completed additional military and non-military training, work daily in OOTW, stability and support operations, and domestic disaster/emergency state duty, attend IDT and AT at a high percentage and are highly qualified.¹⁹

It also states that units supporting CD Programs with personnel and equipment almost always experience positive effects concerning the individual combat readiness of CD Participants, unit equipment, unit readiness, and unit training evaluations.²⁰

Major Hodges' thesis affirms that the operations conducted through JTF-6 provide an opportunity for real-world experience that regular training exercises may not provide.²¹ The opportunities she describes refer directly to missions the National Guard and Reserves conduct on a regularly scheduled basis in counterdrug support missions through JTF-6.

Demand Reduction

Several authors claimed that demand reduction is the course of action that provides the best possible solution to the drug war. Mr. Chepesnik quotes Eva Bertram and her coauthors when discussing demand reduction, "If law enforcement can restrict the growing, manufacturing and distribution, and sale of illegal drugs . . . these illicit drugs will become scarce, their prices will soar and drug consumption will drop."²² They claim that this interdiction-based approach is flawed because the drug prices have not dropped and the supply is abundant.

Colonel Billingsly and Colonel Carden claim that the National Guard needs to redirect its current emphasis from supply interdiction to demand reduction. Historically, the National Guard provided approximately 90 percent of the counterdrug budget to supply interdiction and less than 10 percent toward demand reduction.²³ This is the only point they agree upon.

Colonel Carden states that the funding levels need to be reversed. He further states that with a shift from a supply interdiction to a demand reduction focus the cost of the counterdrug program could be reduced. He states that National Guard volunteers could perform most of the demand reduction missions.²⁴ His reference pertains to guardsmen volunteering to conduct these missions at times other than when they are at

drill or at their civilian job. He illustrates the failure of the current interdiction-based strategy with the decrease in the average price for one kilogram of cocaine from 1990 to 1995. He uses this illustration to point out that supply interdiction strategies have not worked. A workable strategy would have caused prices to soar, but instead they decreased. He argues that if the strategy does not work, the funding should be shifted to a strategy that does. Using positive qualitative results, he reasons that the funding should shift to demand reduction programs. Several of Colonel Carden's points are correct. The emphasis should be focused on programs that work. Demand reduction does work, but it takes several years to quantify the results. However, he is incorrect by stating that shifting priorities and National Guard budget cuts would entice volunteers to sign-up to conduct demand reduction missions. Volunteers currently perform demand reduction missions, but not at a level that could sustain the operations if the budgets were cut and all FTNGD-CD personnel were eliminated. To simply cut the National Guard counterdrug budget and expect volunteers to support the entire mission is an idea based upon flawed reasoning. There are National Guardsmen who volunteer to perform demand reduction missions in their local communities, however the majority of the unit members do not. Reversal of funding will by no means improve the volunteerism rates.

Colonel Carden takes this one step further. He purports that shifting priorities from supply interdiction to demand reduction, and using volunteers in those demand reduction missions would save money. He suggests the money saved should be given to civilian demand reduction efforts such as Big Brothers/Big Sisters for their work in the local community. Organizations such as Big Brothers/Big Sisters, Pounders, and DARE are great programs that are making great strides in demand reduction. However, many of

the great strides in these programs are possible in part because of the support provided by the National Guard.

Colonel Billingsly proposes another alternative within demand reduction. He claims that the National Guard would gain the most momentum by helping the communities establish coalitions.²⁵ He states that the governors in the fifty-four state programs should place more emphasis on coalition building and less in these other areas. General McCaffrey has claimed that the *National Drug Control Strategy* is a demand reduction based strategy, but as several authors point out the funding levels between interdiction and demand reduction provide a different picture.

The Drug Czar and President Clinton set a goal in 1998 to establish 14,000 coalitions across America to combat the drug problem.²⁶ The number 14,000 was based upon the number of Community Anti-Drug Coalitions of America (CADCA) memberships and in 1998 CADCA reported approximately 4000 coalition members. Supported by the growing success of coalitions in the war on drugs, President Clinton wanted to establish an additional 10,000 coalitions. In addition to the goal in the *National Drug Control Strategy* to increase the number of coalitions to 14,000, NGB has established coalition building as one of its objectives outlined in the *National Guard Strategic Plan*. It states that to support the ONDCP objective of increasing the number of community coalitions the National Guard counterdrug programs will support local communities in their efforts to establish effective coalitions.²⁷ This is a difficult area to measure effectiveness. There are probably more than 4,000 coalitions currently established in America, however not all of them choose to be members of CADCA. If several of those established coalitions chose to join CADCA increasing their membership

numbers, was this objective and the intent to increase the number of coalitions in the war on drugs really met?

General McCaffrey and Colonel Billingsly are correct in claiming coalitions are effective ways to combat the drug problem in America. However, not every coalition will choose to become a member of CADCA, nor is it possible for the National Guard to support all the coalitions in the community. The National Guard must selectively support coalitions based on effectiveness. Coalitions are great assets because they bring together many sectors from the community and focus them in a community-wide prevention effort.²⁸ However, this is true only if they are focused and represent the entire community. The problem with the National Guard supporting coalitions is that not all the community coalitions fit the parameters of what the Guard can support. The National Guard needs to focus more attention on demand reduction, but if additional funding is provided the decision to apply that funding currently rests with the counterdrug coordinator in each state. The current percentage used to support coalition development is set individually by the states based on the threat and the priorities of the governor and the adjutant general.

Colonel Collins outlines a different approach in his paper. He suggests that the treatment of addicts provides the best course of action. He provides some good ideas, but some appear questionable. He states that drug abuse is not a major problem in America and the current strategy is working and will continue to work.²⁹ Drug abuse must be a very big problem in America. Why else would such tremendous efforts be focused on it? He also contradicts himself by saying that we can win this war at the current level, however more money must be spent on treatment. He claims that by treating drug addicts

the number of users could be reduced by 50 percent over the next ten years. He also declares that the only reason drugs keep flowing into to the United States is because of the incredible demand. He claims additional funding for treatment would reduce the number of addicts, thus reducing the demand for drugs. He makes some valid points concerning treatment, but he is naïve to believe that it is the only answer. President George W. Bush's 2002 National Drug Control Strategy is on the right track and provides sound guidance. It addresses all three areas mentioned in the war on drugs: interdiction, demand reduction, and treatment, and recognizes that a combined effort on all three fronts is the best solution we have against this menace.

A Balanced Approach

Colonel Potts and Lieutenant Colonel Hale advocate a balanced approach to the war on drugs. Hale states the approach must be balanced, multifaceted, long-term, wide-ranging, and realistic.³⁰ The answer lies between a balanced approach of supply, demand reduction, and treatment. Each provides a leg in the solution and without one the strategy will not stand. This approach, a balanced approach, is how America can win the war on drugs.

National Guard CONUS Role

Lieutenant Colonel Geary suggests in his research paper that DOD and the National Guard should consider assigning operational control of JTF-6 to the National Guard. This is an idea that has been discussed at JTF-6 and in Washington, DC. It has been suggested that JTF-6 should relinquish the CONUS counterdrug mission to the National Guard and assume the federal portion of the homeland defense mission in light of recent events. If the senior military leadership chooses this course of action both

agencies could stand to benefit. Colonel Mosbey advocates that the National Guard could continue the CONUS counterdrug mission if this proposal is put into effect.³¹

Colonel Mosbey also described some possible future force structure changes concerning the National Guard in response to counterdrug, WMD, and homeland defense. Currently each of these programs is a separate entity in the National Guard, but a move is underway that will combine all three missions under one command. The most likely command would be homeland defense. The counterdrug mission has set precedence by establishing force structure and control for the National Guard. When the National Guard established the WMD mission, its commanders turned to the counterdrug leadership for guidance in establishing policies and procedures. With the new role established in the Guard for homeland defense, they could gain valuable experience by incorporating the lessons learned in the counterdrug program over the past twelve years. This proposed move is logically sound; it could prove beneficial to combine all three of these separate missions under one overarching leadership branch, since they are all interrelated. The illegal drug trade has substantial ties to each of the other areas. There is also the efficiency to be gained by sharing technology, equipment, and expertise, which would benefit each organization.

National Guard counterdrug support in the war on drugs is an effective way to help DLEAs and CBOs fulfill the intent of the *National Drug Control Strategy*. The National Guard Counterdrug Program has a proven track record of how a federally funded asset, which is held in readiness for a required federal mission, can be used on a regular and recurring basis to benefit the day-to-day requirements of the states.

¹Russell J. DeLuca, "An analysis of the National Drug Control Strategy: Are we winning the War or is it time for change?," (research paper, US Army War College, Carlisle PA, 2000), 18.

²Ibid., 18.

³Ibid, 19.

⁴Steven Wisotsky, *Breaking The Impasse in the War On Drugs* (Westport: Greenwood Press, 1986), 7.

⁵NPR Broadcast, *Directing America's Drug War: Which way to a Safer Society*, Albuquerque, 10 September 4 pm, available online at www.justicetalking.org.

⁶Wren Propp and Loie Fecteau, "Johnson Backs Drug Legalization," *Albuquerque Journal*, 10 June 2000, Sec 1A, p. 3.

⁷NPR Broadcast.

⁸Wisotsky, 18.

⁹Ibid, 3.

¹⁰ONDCP, 1999 NDCS, 69.

¹¹Ibid.,70.

¹²Ibid., 69.

¹³Unknown author, "Drug Czar, Defense Chief Spar over Interdiction Budget," *Alcoholism and Drug Abuse Weekly* 11/17/97, Vol. 9 Issue 44, 1.

¹⁴Ibid, 2.

¹⁵Murl D. Munger and William W. Mendel, *Campaign Planning and the Drug War* (Carlisle Barracks: Strategic Studies Institute US Army War College, 1991), 76.

¹⁶Nickey W. Philpot, "National Guard Involvement in Counterdrug Operations and its impact on Readiness," (research paper, US Army War College, Carlisle PA, 1998), 12.

¹⁷Richard J. Newman, "A Timeout In The Military's War On Drugs: Should Troops Hunt Smugglers?" *US News And World Report* 08/04/97, Vol 123 Issue 5, 40.

¹⁸National Guard Bureau Counterdrug Office's Study on Counterdrug Personnel Combat Readiness--Executive Summary, Science Applications International Corporation, (McLean, VA: 3 April 2001), 57.

¹⁹Ibid., 58.

²⁰Ibid., 9

²¹Adele M. Hodges, "The Role of the United States Military in Counterdrug Operations in the Year 2000" (thesis, Command and General Staff College, Fort Leavenworth KS, 2000), 35.

²²Ron Chepesiuk, *Hard Target: The United States War Against International Drug Trafficking, 1982-1997* (Jefferson, North Carolina: McFarland and Company, Inc, 1999), 257.

²³Dana E. Carden, "The War on Drugs: What Role Should the National Guard Play?," (research paper, US Army War College, Carlisle PA, 1998), 25.

²⁴Ibid., 26.

²⁵Harold W. Billingsly, "Coalitions and Drug Demand Reduction - Pathway to a Better Tomorrow," (research paper, US Army War College, Carlisle, PA, 1999), 4.

²⁶Ibid., 3.

²⁷John C. Mosbey, *The National Guard Strategic Plan 1999-2004 revised*, (Washington DC: US Government Printing Office, 2001), 15.

²⁸Billingsly, 6.

²⁹Jack Collins, "The 1999 National Drug Control Strategy: Time to Reduce the Demand for Illegal Drugs," (research paper, US Army War College, Carlisle PA, 2000), 15.

³⁰Monique M. Hale, "United States International Counterdrug Initiatives: Are they Working?," (research paper, US Army War College, Carlisle, PA, 1998), 5.

³¹John C. Mosbey, Former National Guard Bureau Counterdrug Office Director. Telephonic interview by author, 24 March 2002, Fort Leavenworth, KS.

CHAPTER 6

CONCLUSIONS, RECOMMENDATIONS, AND SUGGESTIONS FOR FURTHER RESEARCH

Conclusions

The use of the military to conduct the counterdrug mission in the war on drugs creates heated arguments both inside and outside the military. The use of the National Guard is no exception. The research conducted displays that there are many views concerning the use of the military and each author makes valid arguments. It appears that the United States will not rush toward legalization and will continue to fight the war on drugs in support of federal, state, and local DLEAs.

The research indicates that the National Guard counterdrug mission is relevant and should be continued, however there are changes that the National Guard could make which would enhance its role and insure that the best support is provided to the DLEAs. The active component was not reviewed for this thesis, nor was the OCONUS mission studied in detail, but many points concerning the role of the military in counterdrug missions are applicable for both components.

The National Guard is truly unique when discussing the counterdrug support mission. It has one program with fifty-four subunits, but in reality it has fifty-four units providing counterdrug support. Each program, while combined under NGB, is a functioning unit in the hands of the governor of the state. This is the unmatched quality provided by the National Guard. A one-size-fits-all plan will not work in each situation, because what works in Texas and New Mexico will not work in Wyoming or New York. The National Guard counterdrug program relies on each state to create an exclusive

program to fit the threat posed in that state. NGB has established a standard format for the state plans to facilitate ease of submission and approval, but after the local threat and priorities are added, no two state plans are the same. Each portrays the individual method the state will use to fight the war on drugs.

Each state conducts its own mission analysis and risk assessment and tailors the program to fit the needs of the state. In New York, drug trafficking organizations importing cocaine, heroin, and other drugs through the various ports of entry pose the greatest threat.¹ Texas is a primary smuggling route and trans-shipment point for the major drug trafficking organizations, as well as a prominent supplier of domestically grown and synthetically produced drugs of every type.² According to the latest statistics available, New Mexico is number one in the nation for drug related deaths per capita, at 11.4 deaths per 100,000 persons; the national rate is 5.4 deaths per 100,000. Rio Arriba County is the number one county for drug related deaths in the United States, with 18.3 deaths per 100,000 persons.³ Cocaine and heroin are the principle drugs smuggled into the US Virgin Islands from production sites in Latin American source countries.⁴ Wyoming is ranked number one for first-time use in cocaine for thirteen year olds, and is second in first-time inhalant use.⁵ These varied risk assessment numbers display that one plan will not suffice to fit all fifty-four programs equally.

The Militia, or National Guard, has been used since the founding of the colonies to mobilize the local citizens to meet regional and national needs. It has the dual role of duty to the nation and duty to the state. The wartime mission is primary, but the National Guard has traditionally been mobilized to support missions within the state. Many of these support missions have been called non-traditional or non-combat duties for the

military. The National Guard is well suited to perform counterdrug missions as well as the other missions assigned by the president and the governor. It is clear that there is a strong impetus for continuing the National Guard's role in the counterdrug mission. The counterdrug program offers the service member real-world mission experience not found in routine training exercises. Leaders in counterdrug units must conduct risk assessments daily, assign personnel to approved missions, analyze intelligence and information for DLEAs, and perform the actual missions assigned.

The National Guard provides many specialized pieces of equipment that are useful to law enforcement and community-based organizations. This equipment is readily available, as it is located at thousands of National Guard armories and Air National Guard bases in communities across the nation. The National Guard provides aircraft, secure communication networks, satellite teleconferencing, distance learning networks, night vision optics, and devices that can detect chemical compounds. These high technology pieces of equipment cannot be as affordably provided directly to DLEAs as they are currently provided through the National Guard. Technological advancements in military equipment are ongoing, and more sophisticated counterdrug equipment is being researched and developed in partnership with the National Guard at locations around the country. The National Guard will continue efforts to make this advanced equipment available to law enforcement agencies. However, the National Guard must change its approach and use this specialized equipment to perform routine missions rather than using labor-intensive methods of support. The National Guard must move away from missions, which simply provide additional labor to supplement the DLEAs, and instead take

full advantage of the available support equipment to do these missions. This is the most efficient and cost-effective way to provide this type of support.

The National Guard must also provide more support to demand reduction as indicated earlier by Colonels Carden and Billingsly. However, support must be balanced and not just shifted entirely one way or another. Neither approach can win the war on drugs alone. Interdiction without demand reduction will not win the war on drugs; neither will demand reduction without interdiction. Treatment of addicts must also be applied, but the National Guard does not provide support in this area. Several key individuals have claimed that America cannot interdict its way out of the drug problem. This is a valid statement, but focusing entirely on demand reduction will not provide a viable solution either. America cannot afford to focus entirely on demand reduction and neglect its borders. Nevertheless, as long as there is demand, all barriers imposed by the government will be defeated by the drug trafficking organizations to fill the unquenchable need in America. The war on drugs must be fought with a two-edged sword. The sword used in this battle is a combination of interdiction and demand reduction. Each side of the sword must be sharp in order to be effective. If one side is neglected the other is useless.

The National Guard faces a challenge that is not faced by the active component in the war on drugs. The budget provided for active duty is only required to cover the cost of the mission, whereas the National Guard budget must also cover the pay and allowances of all members assigned to the counterdrug programs. This poses a difficult challenge to the counterdrug coordinators in each state. Counterdrug coordinators must reallocate support based on the continual fluctuations in funding received. There is

currently no real stability in the support provided to DLEAs and CBOs. The level of support varies from year to year based upon the budget. Individuals providing support must be released occasionally because of the need to operate within a shrinking budget. The National Guard must receive budget adjustments for inflation and salary changes in order to continue the same level of support to law enforcement. The DLEAs and CBOs continually claim that they cannot effectively perform their assigned missions without the National Guard support, but the budget situation continues to force personnel cuts, which then decreases the support to the DLEAs.

The NGB-CD strategy has set five goals for the state counterdrug programs: increase cost effective unique support services, reduce the drug threat within our communities, enhance the quality of the workforce, enhance the National Guard combat readiness of its personnel, and reduce the transport of drugs across the nation's borders. These are realistic and obtainable goals, which fall directly in line with the *National Drug Control Strategy*. The National Guard's role in counterdrug operations is crucial. Some of the effects are difficult to measure; however, if the support were eliminated the negative effects would be manifest. If the support has any positive results in the war on drugs, then it is effective. As is often stated when describing the effect of demand reduction activities, if one life is saved, or one individual spared the effects of drug use and abuse, then all the effort was worthwhile.

Many people claim that interdiction efforts are ineffective because only fifteen to 20 percent of the drugs destined for the United States are actually interdicted. If military support were withdrawn, the quantity of drugs interdicted would significantly decrease, and America would be fighting yet another pitched battle, only this time in the demand

reduction and treatment fields. The National Guard plays a very important role in the war on drugs--by helping DLEAs to interdict the amount of drugs at current levels. However, the support of the Guard reaches even further, because it is interaction in each of the local communities. Guardsmen support demand reduction activities in each city where an armory or Air Guard base is located, and in each community where National Guardsman live.

Future Studies

There are three areas where additional research could add significant knowledge to this field. The constraints of time and the limited scope of this study prohibited their investigation in this paper.

1. Is DOD counterdrug support conducted Outside the Continental United States a relevant mission for the military? The conclusions in this study provide some parallel insights but the true applications cannot be determined unless the subject is researched further. The judgments and ideas expressed in this thesis should be applicable to the active component as well, but will not be truly known without additional research.

2. Should the Posse Comitatus Act be changed or eliminated? There are several lawmakers on Capital Hill who claim that it should be eliminated in light of the recent terrorist attacks on Washington, DC, and New York City. Some of the authors researched for this study stated that for the military to better conduct counterdrug operation it should be eliminated. A feasibility study on the ramifications would provide valuable insight for future leaders of the military.

3. Should the National Guard combine the missions of homeland defense, weapons of mass destruction and counterdrug under a single directorate? It appears

logical based upon the nexus of drugs and terrorism involved in the three missions. Each mission could share resources, and gain insights and knowledge of the other missions. However, further study might determine if all three missions could actually function under a single directorate. The issue of competing for resources may be an inhibiting factor in this approach.

¹David Slocum, *New York Counterdrug State Plan*, (Washington DC: National Guard Bureau, 2001), 4.

²Russell Malesky, *Texas State Counterdrug State Plan*, (Washington DC: National Guard Bureau, 2001), 4.

³Andrew Salas, *New Mexico Counterdrug State Plan*, (Washington DC: National Guard Bureau, 2001), 4.

⁴Michael McDonald, *Virgin Island Counterdrug State Plan*, (Washington DC: National Guard Bureau, 2001), 4.

⁵Max S. Beebe, *Wyoming Counterdrug State Plan*, (Washington DC: National Guard Bureau, 2001), 4.

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