

STATEMENT
OF
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BEFORE THE
UNITED STATES SENATE
COMMITTEE ON HOMELAND SECURITY
AND GOVERNMENTAL AFFAIRS

“WISCONSIN’S DRUG THREAT ASSESSMENT AND THE HIDTA PROGRAM’S RESPONSE”

APRIL 15, 2016

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Executive Director
Wisconsin High Intensity Drug Trafficking Areas Program
(Wisconsin HIDTA)

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Chairman Johnson, Senator Baldwin, and distinguished Members of the
Committee:

It is my privilege to address you today on behalf of the Executive Board of the Wisconsin High Intensity Drug Trafficking Areas (HIDTA) program concerning the statewide drug threat assessment of Wisconsin, and in particular, the HIDTA designated region. My name is James F. Bohn and I have been the Director of the Wisconsin HIDTA since February 2015. Prior to that time I was employed as the U.S. Drug Enforcement Administration’s (DEA) Assistant Special Agent in Charge responsible for overseeing DEA’s three offices in Wisconsin. The HIDTA program in Wisconsin incorporates seven (7) counties around the state. In particular, the HIDTA designated counties include Milwaukee, Racine, Kenosha, Waukesha, Dane, Rock, and Brown counties, which thereby incorporate approximately 46% of the state’s population.

As I am sure you are aware, the HIDTA program is designed to support and encourage federal, state, local, and tribal law enforcement agencies to work together in Task Force situations to target identified drug threats in the local HIDTA-designated areas. Each year the Wisconsin HIDTA Investigative Support Center (ISC) conducts a comprehensive assessment of the drug threats in our area to identify and prioritize any new and continuing trends or threats affecting Wisconsin. It is also designed to provide the HIDTA participating agencies with

strategic intelligence to assist in the development of drug enforcement and prevention strategies. The Wisconsin HIDTA currently has a total of 28 participating federal, state, local, and tribal agencies. In addition, the Wisconsin HIDTA program assists numerous other non-member agencies throughout the state with investigative and intelligence support.

Due to Wisconsin's geography, location, and population, Wisconsin can be described as a "destination" state for illegal drugs and drug activity. By "destination" state, I am referring to the fact that in most instances, once illegal drugs enter Wisconsin's borders, they are almost always going to be used and/or re-sold within the state. Wisconsin's proximity to the major source cities of Chicago and Minneapolis has a direct and significant impact on the presence of illegal drugs and drug activity in Wisconsin. Within Wisconsin, Milwaukee is considered a source area for illegal drugs for other Wisconsin cities in other parts of the state. While Wisconsin is geographically located on the northern border of the United States, our investigations and intelligence reports of any significant seizures being sourced by drug trafficking organizations from the northern border (which are relatively few) confirm that their initial entry into this country occurred in some other northern border location, such as Detroit or one of the more western states, or via the U.S. Postal or some commercial delivery service, before making its way into Wisconsin. While there is often speculation about the possibility of drug smuggling via watercraft transiting the Great Lakes into Wisconsin, there have been no seizures or credible intelligence reports that this type of smuggling activity has occurred, or is presently occurring.

The latest Wisconsin HIDTA Threat Assessment found that, just as in years past, the vast majority of drugs entering Wisconsin are via passenger vehicle on one of the major highways intersecting the state, such as I-94 that goes northwest across the state all the way from Chicago to the south, through Milwaukee, through Madison, and on to the Minneapolis area. In addition, I-90 is also used to transport drugs from Chicago to the Madison area with connections to Wisconsin cities in the northern part of the state. I-43 is a major transit point for Green Bay area drug traffickers to travel to Milwaukee to buy their drugs, or to continue on to Chicago.

The Wisconsin HIDTA is currently in the process of completing its 2016-17 annual Drug Threat Assessment. The preliminary indications are that there are some notable differences from last year's Threat Assessment; however, what is the same is that opioid abuse, including both heroin and prescription drug abuse, remain the number one drug threat in Wisconsin – mirroring the trend of much of the rest of the country. Wisconsin's drug trends often mirror the country's drug trends, albeit sometimes in a delayed status, or on a somewhat smaller scale. For years, Wisconsin experienced relatively low levels of methamphetamine-related activity, while much of the rest of the country struggled with both methamphetamine from Mexico, as well as domestic clandestine laboratories. Unfortunately, methamphetamine is now beginning to show a much larger presence all around Wisconsin.

For years, most of the methamphetamine activity in Wisconsin was concentrated along the western portions of the state due to its proximity to Minneapolis. However, within the past year, larger quantities of methamphetamine are showing up all around the state, but particularly in northeastern Wisconsin (around Green Bay), and also in southern Wisconsin (around the Madison area), as well as the western and northwestern portions of the state, such as in the Eau Claire area. Most of the seizures have been directly linked to groups out of Minneapolis. However, in late 2015, a joint Kenosha County investigation with ties to Chicago resulted in the seizure of 17 kilograms of methamphetamine being seized just over the Wisconsin border. This seizure resulted in the arrest of four Hispanic male defendants who are suspected of adulterating it in such a way as to give it the appearance of cocaine so that it could be criminally marketed as such. In the northeast, around Green Bay, the methamphetamine trafficking has been between Asian (primarily Hmong) groups both in Wisconsin and Minneapolis. In Eau Claire, on the western edge of Wisconsin, methamphetamine trafficking and abuse is significantly more prevalent than heroin. The methamphetamine from Minneapolis is usually sourced from Mexico, and distributed by a number of criminal retail groups, including the Asian groups with ties to the Brown County/Green Bay area. Minneapolis continues to be a distribution center for large amounts of Mexican produced methamphetamine coming directly from the

southwest border by Mexican cartel/drug trafficking organizations (DTOs) into the Minneapolis area.

Much of the heroin abuse in Wisconsin stems from users transitioning from prescription opioid abuse to heroin. In 2015, 100% of the Wisconsin survey respondents listed heroin as their number one drug threat which was up from 41% of respondents as recently as three years ago. For 2015, Milwaukee County alone reported 109 heroin-related overdose deaths. The vast majority of the heroin in Wisconsin is sourced from Chicago-based traffickers with connections to the southwest border and the major Mexican cartels. Wisconsin traffickers, in particular Milwaukee-based traffickers, will often travel 90 miles south to the Chicagoland area several times per week and return with 100-150 gram quantities of heroin, usually of the Mexican or South American variety. The traffickers rely on passenger vehicles, often rental vehicles, to transport their drugs across the border. Some of these vehicles contain hidden compartments to further secret their illegal drugs and/or proceeds.

Over the course of the past two-three years, the majority of heroin present in Wisconsin is one of the several types of high purity Mexican heroin (with the exception of Mexican black tar heroin), as opposed to the high purity South American heroin that was seen routinely for the decade or more prior to that. As I'm sure the Committee is aware, the ultimate sources for the heroin are one or more of the major Mexican cartels with distribution cells based in Chicago. In 2015, Wisconsin HIDTA associated or led Initiatives seized a total of over 10 kilograms of heroin, including the seizure of three kilograms of heroin from a Milwaukee residence, indicating the presence of much larger quantities than previously experienced locally. That Wisconsin investigation traced the source back to Chicago. In that instance, like in most instances of Wisconsin traffickers, the Chicago source was within the same ethnic and/or racial group, or they will have familial ties. Ultimately, the Chicago-based drug trafficking organization (DTO) at some point will have ties to a Mexican source associated with one or more of the major cartels.

In addition, in Milwaukee in particular, the growing heroin problem has led to increased violence and challenges for law enforcement; not only by having to deal with the ever-increasing number of overdoses and deaths, but also due to the change in how the retail market has evolved. In Milwaukee, “mobile drug houses” have become commonplace and have presented law enforcement with a new and more dangerous challenge. Retail distributors will travel around the city and region in passenger vehicles with heavily tinted windows, delivering retail amounts of illegal drugs (usually heroin) to dozens, sometimes hundreds, of customers daily. These transactions literally take just seconds to complete. These perpetrators then brazenly refuse to stop for law enforcement. These traffickers are almost always armed and there will often be more than one violator and more than one weapon inside the vehicle if and when they are stopped; posing an increased level of danger not only to law enforcement, but also to the public with their reckless driving and disregard for their own safety and the safety of the innocent public as they are fleeing.

Of growing concern during 2015 and continuing into 2016 is the increased presence of fentanyl, which has also contributed to the record number of overdose deaths in Milwaukee County. This most recent increase in fentanyl abuse appears not to stem from the diversion of pharmaceutical fentanyl, such as transdermal patches, but rather from fentanyl that is most-likely clandestinely produced and mixed in with quantities of heroin being smuggled into the region.

In addition to all types of illegal drugs sourced from cartel distribution cities and hubs such as Chicago, Wisconsin is also the destination state for a large number of parcel packages that contain all types of illegal substances. In 2015, the Wisconsin HIDTA Interdiction Initiative, based in Milwaukee, interdicted a total of 289 parcels containing a variety of substances, the most common of which was high-grade marijuana. Most of these packages were from western and southwest border states such as California, Colorado, Washington, Arizona, and Texas. The packages range in size from relatively small amounts up to 50 or more pounds. They are usually addressed to vacant lots or buildings. The majority of these packages are sent through the U.S. Postal Service, as well as other commercial delivery companies. Due to the geographical distances between Wisconsin and

the west coast and/or the southwestern border, many drug trafficking organizations find it more economically feasible and less risky to ship numerous parcels to Wisconsin rather than driving larger loads that long distance.

In response to Wisconsin's identified drug threats, the Wisconsin HIDTA program uses a multi-faceted approach to address the identified threats. In particular, the Wisconsin HIDTA has a multi-agency task force made up of federal, state, and local investigators specifically targeting heroin DTOs operating in and around Wisconsin. In the past year, several additional investigators from numerous departments, many of which from smaller suburban departments, have joined the task force due to the prevalence of heroin abuse and trafficking in their areas. However, almost all of the Wisconsin HIDTA enforcement initiatives routinely conduct some level of heroin or opioid focused investigations due to the scope of the problem all around the state.

In addition, our ISC works closely with many departments and agencies around the state to assist with analyzing evidence, in particular, communication devices found at overdose death crime scenes in order to find links between traffickers at all levels. With HIDTA funding and support, our ISC supports numerous intelligence programs and investigative efforts that are specifically designed to encourage collaboration and intelligence sharing so as to identify connections and close intelligence gaps between jurisdictions and agencies.

The Wisconsin HIDTA has been actively and routinely involved in training and education related specifically to the heroin and opioid abuse problem. Wisconsin HIDTA participating agencies regularly conduct heroin-specific training for law enforcement, as well as awareness-type training for the public. During the past several years, the Wisconsin HIDTA has participated in numerous "heroin/opioid summits" all around the state to raise community and public awareness of the problem. The Wisconsin HIDTA funds and supports six full-time collocated local prosecutors, one of which is dedicated solely to prosecuting heroin and pharmaceutical diversion cases.

Our prevention initiative, Safe & Sound, also works closely with residents, youth, and law enforcement in and around Milwaukee's most affected neighborhoods to

assist with the prevention of future detrimental behavior and activity. In 2015, the Wisconsin HIDTA received some discretionary funding from ONDCP that will enable the Safe & Sound program to assist other Wisconsin communities by replicating its unique approach toward improving the quality of life for communities negatively impacted by drugs and the associated violence and crimes.

The Wisconsin HIDTA is committed to facilitating cooperation among federal, state, local, and tribal law enforcement and prevention efforts through the sharing of intelligence, and by providing support to coordinated law enforcement efforts toward identified drug threats.

On behalf of the Wisconsin HIDTA Executive Board, I want to thank you for the opportunity to appear before the Committee today, and for your continued support of the HIDTA program.