

THE DRUG SCOURGE
AS A HEMISPHERIC PROBLEM

General Barry R. McCaffrey

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FOREWORD

In this timely monograph, General Barry McCaffrey, USA (Retired), the former Director of National Drug Control Policy, argues that Colombia's 40 million citizens must not be deserted by their neighbors. Leaving the Colombians to deal in isolation with a pervasive drug problem will deeply affect all 800 million of us in the Western Hemisphere through addiction, violence, and corruption. Moreover, he argues that the United States and the entire international community must support a long-term commitment to *Plan Colombia* and to building cooperative multinational approaches to the tough drug-associated problems that face us all. This is an undertaking in which we all have an equal stake and an equal responsibility.

This monograph is the last of a special series stemming from a major conference held in Miami, Florida, on February 1-2, 2001. That conference, entitled "Implementing *Plan Colombia*: Strategic and Operational Imperatives," was cosponsored by the Dante B. Fascell North-South Center at the University of Miami and the Strategic Studies Institute at the U.S. Army War College. The intent was to clarify issues, focus the debate, and learn from it. General McCaffrey was the keynote speaker at the dinner meeting of that conference. We are pleased to contribute to a resolution of Colombia's, the hemisphere's, and the global community's problems through greater dialogue and debate.

DOUGLAS C. LOVELACE, JR.
Director
Strategic Studies Institute

PREFACE

Retired U.S. Army General Barry R. McCaffrey has never been a person to mince his words. In approaching the multifaceted and tragic dilemma of Colombia, he warns us not to forget that the problems of that country affect the entire Western Hemisphere. The global criminal enterprise of the illegal drug industry reaches into all of our neighborhoods. Yet the Hemisphere, says McCaffrey, "is in a state of denial." Until now, drugs have been seen as someone else's problem.

When McCaffrey took off his general's uniform in 1996 to join the president's cabinet as Director of National Drug Control Policy, he laid down two markers which he has repeated with great consistency. The first is that the drug problem in this country should be understood primarily as a problem of demand, not supply. The second is that it is inaccurate to talk of a "war on drugs." Wars, he said shortly after taking office, can be fought and won if armies have the resources and the will to fight. Would that the drug problem were so simple. McCaffrey compares it more to the search to cure cancer. In attacking the demand side, for which he had to fight continuously for more congressional funding, McCaffrey can claim success. Adolescent drug use, he points out, declined by 21 percent just over the last 2 years.

But ultimate success is not so close at hand. As was the case of other experts who addressed the *Plan Colombia* conference in February 2001, McCaffrey recognizes in this monograph that the crux of the drug problem in the United States is the existence of five million hard-core drug users. The majority of these are addicted to cocaine. The illegal trade directed at them alone fuels much of the funding for the three armed factions which undermine the stability of Colombia and its neighbors, not to mention the huge level of criminality generated in the United States.

As Commander in Chief of the U.S. Southern Command, McCaffrey culminated a military career that involved intimate knowledge of Latin American countries. He was therefore well placed, during the Clinton administration, to help devise an appropriate U.S. response to *Plan Colombia*. The Congress appropriated an impressive \$1.3 billion, thanks to such efforts. But McCaffrey is quick to tell us that the Colombian and U.S. solutions are inadequate without the full support of the rest of Latin America, as well as that of Europe and Japan. Just as he is optimistic about the direction of the antidrug campaign in the United States, he also believes that there is a growing degree of international cooperation, pointing out the results of the April 2001 Summit of the Americas in Quebec City.

It is not surprising, of course, that he sees U.S. leadership as the key element in bringing about that required level of cooperation on a sustained basis. The task will need tremendous vision and outreach; McCaffrey speaks of the potential problems faced within the vast population of China and elsewhere in Asia. His monograph leaves the question unanswered, since it is no longer his watch as antidrug "czar," as to whether this country will be up to that worldwide challenge.

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ACKNOWLEDGEMENTS

During my tenure as Director of National Drug Control Policy under President Clinton, I was fortunate to have the advice and assistance of scores of smart, dedicated people, only a few of whom I can mention here. They would include Dr. Ambler Moss, Director of the North-South Center at the University of Miami, a man I've learned a great deal from; Jeremy Travis and Laurie Robinson of the U.S. Department of Justice, who produced some of the best think pieces I've encountered in government; Dr. Alan Leshner, Director of the National Institute of Drug Abuse, who so frequently supplied me with the needed facts; and Donna Shalala, Secretary of Health and Human Services, and in my judgement, absolutely the finest leader in the Clinton administration, who sponsored richly productive internal discussions on drug policy.

In addition to the organizations associated with the people mentioned in the paragraph above, I want to commend the contributions by the John F. Kennedy School of Government, Harvard Law School, Center for Strategic and International Studies, Substance Abuse and Mental Health Services Administration, Johns Hopkins University, University of Michigan, University of Maryland, and University of California at Los Angeles. All have been strong contributors to the seedbed of ideas underlying U.S. drug strategy.

BIOGRAPHICAL SKETCH OF THE AUTHOR

GENERAL BARRY R. MCCAFFREY is retired from the U.S. Army. During the period 1972-75, he was an instructor in the Department of Social Sciences at the U.S. Military Academy, West Point, New York. His combat tours included action in the Dominican Republic with the 82nd Airborne Division in 1965, advisory duty in Vietnam in 1966-67, company command with the 1st Cavalry Division in Vietnam in 1968-69, and command of the 24th Infantry Division during Operation DESERT STORM in the Persian Gulf in 1991. General McCaffrey was Assistant Commandant at the U.S. Army Infantry School; Deputy U.S. Representative to NATO; Assistant Chairman, Joint Chiefs of Staff (JCS); Director of Strategic Plans and Policy, JCS; Commander in Chief, U.S. Southern Command; and, following retirement from the U.S. Army in 1996, Director of National Drug Control Policy in the cabinet of President William Clinton. Upon leaving the cabinet in 2001, General McCaffrey became the John Olin Distinguished Professor of National Security Studies at West Point, a position he still occupies as of this writing. General McCaffrey graduated from the U.S. Military Academy in 1964, receiving a B.S. degree and a 2nd lieutenant's commission in the Infantry. He received an M.A. degree in Government from American University in 1970, and is also a graduate of the U.S. Army Command and General Staff College and the U.S. Army War College.

THE DRUG SCOURGE AS A HEMISPHERIC PROBLEM

Introduction.

Colombia's 40 million citizens must not be deserted by their neighbors. Leaving the Colombians to deal in isolation with a pervasive drug problem will deeply affect all 800 million of us in the Western Hemisphere through addiction, violence, and corruption. To achieve the degree of Pan-American solidarity suggested by such a thesis, we must first build a broad consensus that the drug problem is indeed hemispheric in its geographical extent, long-term in its duration, and broad-spectrum in its consequences. Approaches to the problem must therefore extend beyond such familiar objects of interstate cooperation as intelligence, law enforcement, evidence, chemical precursor control, gun smuggling, and money laundering—though these are vitally important.

Our approaches must also grow to acknowledge the enormous social, medical, legal, economic, diplomatic, and security reverberations that sweep across national borders and embrace entire populations. Our approaches must recognize that the ultimate problem is driven not by the supply of cocaine and heroin, much of which does indeed come from the bleeding nation of Colombia, but rather by the demand. That demand emanates mainly from the United States but also increasingly from Brazil, Venezuela, Peru, and even Argentina and Chile. Drug corruption, violence, and addiction gradually spread until all of us are affected.

Obviously, our approaches will require considerable time to achieve success, and they must involve the active cooperation of the entire community of nations. John Donne once wisely reminded us that no man is an island. He could as well have spoken of nations themselves, none of which in

this crowded world can long escape the contamination of drug abuse and violence emanating from beyond its shores and borders. This bedrock reality argues for the absolute essentiality of a multinational focus. For this reason, we should be very grateful for the engagement of the Organization of American States (OAS), the United Nations (U.N.), and the European Union (EU), as well as the energetic and precisely targeted efforts of the Japanese government.

In the pages that follow, I shall discuss, in turn, the following topics: *Plan Colombia*, the U.S. drug strategy, international cooperation, and the responsibility of academia and the think tanks to contribute to solutions.

Plan Colombia.

When we look at the nation of Colombia, most Americans, accustomed to thinking in terms of the “tiny” republics down in Central America, are shocked to discover its enormous size. If you lay a properly scaled map of Colombia over a map of the contiguous United States, you will see that Colombia, covering 439,829 square miles, is over a seventh the size of the original 48. That’s a lot of physical space to govern and control, considering the few roads available.

Colombia is blessed with talented, hard-working people, most of whom have nothing to do with the drug trade. Drawing on its Spanish heritage, the country enjoys a rich culture, marked particularly by strong literary and judicial traditions.

The people of Colombia today, however, find themselves enmeshed in a singularly unforgiving national tragedy. Some of the cause is historical, rooted in the desperate tragedy of *La Violencia*, which killed 200,000 Colombians in a decade of mindless violence. Some of it is an inability to break out of the implacable culture of internal distrust that has taken root, a distrust that poisons all realms—political,

economic, social. Despite this, the overwhelming majority of Colombians are decent people who are appalled by the violence engulfing their nation. In fact, the most profound emotion one will find among most Colombians is revulsion toward the nation's internal violence. They are trying desperately to break the cycle of murder and chaos, but they need help. The stark reality is that they are faced with several violent groups comprising 26,000 heavily armed narco-insurgents, and I use that term deliberately. The Revolutionary Armed Forces (FARC), the National Liberation Army (ELN), the United Self-Defense Forces of Colombia (AUC), or simply the "militias," remain narco-insurgents plain and simple. The money and power generated by drugs and rebellion against the established order constitute their defining essence.

Collectively these groups have been showered with enormous sums of money—somewhere between a half-billion and one billion dollars per year—generated by one of the most evil criminal conspiracies ever known. When one analyzes the actions of these groups in all their gruesome detail, we learn that it is not just bank robbery, kidnapping, extortion, destruction of oil pipelines, mindless civil violence, intimidation of civil authorities, and the like with which one has to be concerned. It is also the growing military capabilities of the narco-insurgents. We are witnessing the appearance of crisp new soldier uniforms and sophisticated weaponry. A FARC battalion, for example, now packs more automatic weapons than a regular Colombian infantry battalion. These narco-insurgents now field scores of aircraft and helicopters and employ 120 mm mortars. These are not isolated bands of guerrillas. They are organized, led, and equipped to stand up and fight, and to challenge civil authority on its own ground. Skeptics should fly to Colombia and look at the stunning military power in Putumayo Province fielded by warring factions of the drug trade. The contaminating effects of the drug-based complex of criminal and violent activity are by no means confined to Colombia itself, but

ripple out to infect the region, as well as U.S. cities like Miami, San Francisco, New York, and Detroit. Ultimately, every street corner in Hometown America becomes a tempting target for this global criminal enterprise. The problem and the solution do not lie only with the Colombians. The hemisphere is in a state of denial.

The Colombians recognize their centrality to the drug problem and are trying to organize a coherent national response. They have a viable government and an operative democracy. They have political parties and hold regular elections. They enjoy a long tradition of economic and political freedom. Perhaps most important, they have strong political leadership capable of sound strategic thinking. This must not be a U.S. strategy to solve the drug problem—the Colombians themselves have to pull together a solution based on their own political dynamics, and legal and historical traditions.

We need to remind ourselves that it was President Andres Pastrana and his government who produced *Plan Colombia*. They cobbled it together in an extraordinarily complex undertaking with our active support. Like most measures in democratic politics, incrementalism and factional compromise are frequently the characteristics of solutions to large, difficult problems. *Plan Colombia* is not perfect—but the strategy does represent the deliberate will of the elected Colombian government in a good-faith effort to engage this intractable drug problem.

The American team who worked closely with Undersecretary Tom Pickering and me on *Plan Colombia* believes it represents a sound, sensible approach, and we continue to give it our support. The United States has stated consistently that Colombia's regional partners must also extend cooperation, goodwill, intelligence, and, in some cases, resources to support a unified regional attack on a drug tumor that has metastasized well beyond its original site.

The U.S. commitment of 1.3 billion dollars in support of *Plan Colombia* over the next couple of years is a miniscule price to pay when measured against the 52,000 American deaths and 110 billion dollars in damage attributed to the domestic drug scourge. Many have incorrectly argued that the U.S. contribution is aimed at a “military solution.” However, the facts show that U.S. resources flow to several nations besides Colombia—Bolivia, Peru, Venezuela, Panama, Ecuador, Curacao, Aruba, and El Salvador. Furthermore, the money is allocated for a variety of purposes. For example, more than 240 million dollars of the total package is allocated to alternative economic development, strengthening the judicial system, support for international cooperation, and security for human rights monitors.

Plan Colombia should be viewed as a work in progress, one that requires continued debate, careful monitoring, and mid-course refinements in the light of accumulating experience. The plan reflects a broad-gauged attempt to build support in the United States, while at the same time sustaining support of Colombia’s internal political constituencies. In addition, we should be cautious about accepting some news media critics’ characterization of this plan as controversial. The U.S. funding support of the plan was passed by Congress with overwhelming bipartisan support.

I accompanied President William Clinton to Cartagena, Colombia, in 2000 to meet with the senior officials of the Pastrana administration. We took with us a bipartisan congressional delegation that included House Speaker Dennis Hastert (Republican) and Senator Joseph Biden, Jr. (Democrat). This visit represented a major effort to underscore a serious long-term commitment on the part of the American political leadership to stand with an ally. Colombians are our friends. They live right next door to us, and they are in trouble. They have a million internally displaced people and a half million that have fled the country. Many are in south Florida, Panama, Canada, and

Spain. The Colombians benefit the United States enormously. The families are highly accomplished and bring bright children, investment capital, and entrepreneurial savvy. However, the resulting talent drain from Colombia itself compounds that nation's problems. There can be no hemispheric solution unless we stop the flow of drugs and money that is driving levels of violence such that Colombia is being drained of its most talented people.

Under the broad umbrella of *Plan Colombia*, we can expect steadily increasing resolve and determination on the part of the armed forces, police, judges, journalists, and legislators to defend their country and reimpose control over their sovereign territory. I believe the plan is going to work. In the next 2-5 years, we should expect a massive reduction in the production of drugs on Colombian soil and a comparable lowering of the level of violence.

U.S. Drug Strategy.

America's own national drug strategy has been developed over the past 5 or so years with the advice and instruction of some very smart and experienced people. To cite a single example, I would point to Edward T. Foote III, President of the University of Miami, a distinguished educator of wide experience who has helped focus national drug policy on the kinds of prevention, treatment, and community programs that have produced such spectacular results in south Florida. Thanks to bipartisan support from Congress, we now have huge increases in resources focused on the right areas—prevention (an increase of 58 percent in 5 years), education, and treatment (an increase of 36 percent in 5 years). For example, we are running a billion-dollar antidrug news media campaign targeting our young people and their adult mentors in 11 languages. Our antidrug campaign is tailored uniquely to over 100 separate regional strategies. The highly successful drug court system that originated in south Florida now serves as the model for

other areas of the country. From the original dozen, we now have over 700 of these special courts on-line or coming on-line this year. More than 200,000 chronic addicts are now in treatment, and probably some 70 percent or more respond with dramatically altered drug-taking behavior.

Our antidrug campaign is working. Adolescent drug use in this county has declined by 21 percent over the last 2 years alone. The campaign is actually reshaping youth attitudes, which is a precondition to change in youth drug-taking behavior. We are also deeply involved in building community antidrug coalitions around the United States directed toward creating business—health care—law enforcement educational coalitions. Over 300 such federally funded coalitions—many of them absolutely superb examples—have been pulled together over the past 2-plus years. This modest investment in federal money is changing America. We are definitely moving in the right direction—America doesn't have a national drug-problem—we have a series of community drug epidemics. Drug-related crime is also down dramatically. Drug-related murders, for example, have declined by 50 percent, while casual use of cocaine has declined by 70 percent, both over the past decade. Drug use among Americans (i.e., use during the month prior to polling), which stood at about 14 percent of the population in 1979, is now down to about 6 percent. It is essential, however, to keep up the pressure and continue a coherent long-term U.S. national strategy with the principal focus being on drug prevention and education. The so-called "war on drugs," as the pundits so often refer to it, is not yet won, not by a long shot. Actually, the term war on drugs is a misnomer in the domestic context. We don't wage war on our own children and employees who make bad personal choices and then find themselves trapped in the misery, sickness, and illegality of compulsive drug and alcohol abuse. We need to substitute the more useful metaphor of a "cancer affecting American communities." This leads us to a more accurate conceptual approach for producing long-term community solutions and effective

prevention and treatment programs backed up by unrelenting local law enforcement.

Congress has been sensitive to the nation's drug problem and willing to underwrite solutions. It has provided, for example, a 55 percent increase in dollars going to prevention programs over the last 5 years. The research budget has risen by a third, while drug treatment funding has gone up by 35 percent during that same period.

The analysis, organization, programs, and resources are all in place. They are going to pay off. In the meantime, however, we are stuck with five million hard-core addicts who damage our families and communities as they gradually destroy their own lives. Some 3.6 million of these addicts became hooked on cocaine primarily during the 1980s. Ironically, it was during this period that many naïve and misguided so-called drug experts argued that cocaine was not an addictive substance. It was thus a palpable shock to them and their believers to discover that by the late 1980s, nearly four million Americans were hopelessly and compulsively using this "nonaddictive" drug, which has such devastating impact on their physical, mental, and moral health. We now have to deal rationally with these addicts, all five million of them.

Of course, it's easy to talk about providing effective drug treatment for millions of chemically addicted Americans, but actually establishing the mechanisms for providing the treatment is uncommonly hard work. Rhetoric is perhaps useful at the beginning, but when matters come down to the hands-on phase, then skilled drug treatment providers, health-care professionals, social workers, criminal justice representatives, and other community support agencies must sit down and put together programs in both clinical and residential settings. Residential treatment puts a premium upon the tough and essential business of organizing community follow-on drug treatment care. One of my favorite such programs is the Village in Miami. This

superb center can serve as a model for what community drug treatment endeavors should and can be.

Our U.S. national drug strategy is basically on track. We have a coherent, long-term approach. Even so, the problem of successfully dealing with hard-core addiction is so intractable that we will have to struggle another 10 years to build the treatment infrastructure we need and to allow our antidrug prevention and education programs to gradually reduce the rate of new additions to the roster of those compulsively using drugs. This shouldn't discourage us. We've been fighting a campaign against ignorance in this country for over 200 years and yet we clearly recognize that educating each generation of adolescents to build antidrug attitudes is a never-ending task.

International Cooperation.

The climate of international cooperation on the hemispheric drug problem has improved dramatically over the past 5-7 years. U.S. drug policy used to be characterized by mutual recrimination with our international partners—particularly in our own hemisphere. We have had excellent support from many senior international figures; for example, Pino Arlacchi, working the U.N. Drug Control Program out of Vienna; Kofi Annan, Secretary-General of the U.N.; and Cesar Gaviria, Secretary-General of the OAS. In addition, we have been grateful for the partnership offered by the Inter-American Drug Abuse Control Commission and the various summit meetings of national leaders from the Americas. All of these leaders have shown increased recognition that a joint approach to drugs is absolutely essential if we hope to cooperatively address not only law enforcement and interdiction—but also effective cooperative approaches on drug abuse prevention, treatment and research. We now have some 130 nations that have joined collectively under U.N. auspices to work to alleviate this global tragedy of drug addiction and violence.

The United States views its own campaign against drugs as part of a global struggle conducted as an integral part of its foreign policy. The 1996 summit of the Americas in Santiago, Chile, with strong U.S. leadership, reached a consensus to build a common strategy for attacking the problem. Member nations have in fact responded positively to this mandate. The cooperative approach which was agreed to by 34 nations in October 1998 in Montevideo, Uruguay, was further solidified during the Quebec Summit of the Americas in April 2001. Thirty-four democratic leaders of the hemisphere agreed with President Bush that multinational cooperation is better than a series of bipolar confrontations. The OAS is moving in the right direction. We hope that the European Union will also recognize the hard realities of the international drug traffic.

The U.S. Government has been frank with the Europeans. We have reminded them of the rapidly rising consumption rate by European citizens of heroin, cocaine, methamphetamines, ecstasy, and other drugs. Europe, with a land mass and population approximating that of the United States, now sees its drug users spending double the price that Americans pay for a kilogram of cocaine. We believe some 200-plus metric tons of the drugs were shipped into Europe during the year 2000 alone. There is rapidly growing use of cocaine among European youth, which is beginning to produce a growing addiction problem. It is going to get worse. The Europeans are not paying adequate attention to educating their citizens. They like to talk about police and intelligence cooperation, military cooperation, and reciprocal extradition protocols; but in my view, their appreciation of antidrug prevention and education is inadequate.

I have engaged in some well-documented and frank public exchanges of views on the drug question with the Dutch and the Swiss. Personally, I don't believe the United States should try too aggressively to change other nations' internal drug policies so long as those policies are not adversely affecting our own interests. But I certainly do not

want to hear Dutch drug legalization suggested as a grand new model of rational and progressive thinking to be emulated by the United States. Many of us believe it is an invitation to disaster to be tolerant of drug use by American children and society.

The Pacific Rim countries are also now much more constructively engaged in the drug problem. I led an interagency U.S. delegation to visit such critical states as China, Hong Kong, Vietnam, Laos, and Thailand for candid exchanges of views and information. Thailand is a shining example of what government resolve can achieve over a period of 15 years in creating honest national counterdrug police forces, activating effective national prevention and treatment programs, and eradicating illicit drug crops. Thailand now contributes less than 1 percent of the heroin production of the entire region, certainly a remarkable record.

The Chinese, we believe, are taking due notice. We traveled to Beijing, Kunming, and Hong Kong, visiting senior political leaders, treatment centers, and law enforcement authorities. Burmese heroin is distributed throughout China, and it is also going to Europe. We in the United States don't have to be as much concerned about Burmese heroin (the great majority of U.S. heroin now comes from Colombia and Mexico), but we do need to be concerned about China as an expansible future market for the drug. Some 1.266 billion Chinese engulfed in chronic addiction would be a threatening and destabilizing regional situation. We need to continue to build on the cooperative agreements with Chinese authorities that we first discussed during my June 2000 visit to Beijing. We also had good conversations with and the promise of cooperation from both Vietnam and Laos. International communication and mutuality of effort will continue to improve if we sustain a skillful and unrelenting diplomatic focus on building multinational cooperation.

Responsibility of Academia and the Think Tanks.

Our nation's policy formulation process—whether involving the economy, agriculture, highway construction, international security, etc.—should always include the contributions of academia, the think tanks, and other intellectual centers. We need to take the time to check with serious expert thinkers who have reflected on the knotty problems associated with the various policy themes. We also need to base public policy formulation on sound technical input from experts in specific fields. We should consult the U.S. Army War College, particularly its Strategic Studies Institute, and the other senior service colleges.

While we certainly require conceptual clarity, we also require facts. Facts do not come easily. Policy recommendations must always be grounded on the bedrock of reality.

Conclusion.

My long association with the peoples of Latin America makes me an optimist. As a young captain serving as aide-de-camp to the Commanding General of U.S. Army South, headquartered at Fort Clayton, Republic of Panama, during 1967-68, I had the unique opportunity to travel to every country in Central and South America on multiple occasions. I learned a lot, soaked up as much of the culture as possible, and practiced my halting West Point Spanish. I also fell in love with the region. Twenty-six years later, I returned as Commander in Chief, U.S. Southern Command, repeating my earlier travels to all the countries, continuing to learn as much as I could, still practicing my halting Spanish. When I retired from that position in 1996 and joined President Clinton's Cabinet as the civilian Director of National Drug Control Policy, I continued a personal commitment to building cooperative, long-term multinational approaches to the tough economic, political, cultural, and criminal problems which face the 800 million of us in the Americas.

A career-long affection and respect for the culture, institutions, and, above all, the people of this vital neighboring region to our south leaves me feeling confident that our OAS concept of counterdrug cooperation will, over time, help build democratic institutions that will better serve the interests of our people. My own strong belief is that we will better serve such interests if we continue to help the people of this region in our hemisphere's common struggle against drugs. This is an undertaking in which we all have an equal stake and an equal responsibility.

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