programs for postmasters are established.

S. 2733

At the request of Mr. KERRY, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of S. 2733, a bill to provide for the preservation of assisted housing for low income elderly persons, disabled persons, and other families.

S. 2735

At the request of Mr. CONRAD, the name of the Senator from Minnesota (Mr. WELLSTONE) was added as a cosponsor of S. 2735, a bill to promote access to health care services in rural areas.

S. 2787

At the request of Mr. BIDEN, the names of the Senator from Idaho (Mr. CRAIG) and the Senator from Alabama (Mr. SHELBY) were added as cosponsors of S. 2787, a bill to reauthorize the Federal programs to prevent violence against women, and for other purposes.

S. 2806

At the request of Mr. SARBANES, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 2806, a bill to amend the National Housing Act to clarify the authority of the Secretary of Housing and Urban Development to terminate mortgagee origination approval for poorly performing mortgagees.

S. 2879

At the request of Ms. COLLINS, the name of the Senator from Rhode Island (Mr. L. CHAFEE) was added as a cosponsor of S. 2879, a bill to amend the Public Health Service Act to establish programs and activities to address diabetes in children and youth, and for other purposes.

S. 2887

At the request of Mr. GRASSLEY, the name of the Senator from Vermont (Mr. JEFFORDS) was added as a cosponsor of S. 2887, a bill to amend the Internal Revenue Code of 1986 to exclude from gross income amounts received on account of claims based on certain unlawful discrimination and to allow income averaging for backpay and frontpay awards received on account of such claims, and for other purposes.

S. 2967

At the request of Mr. MURKOWSKI, the names of the Senator from Louisiana (Mr. BREAUX) and the Senator from Virginia (Mr. WARNER) were added as cosponsors of S. 2967, a bill to amend the Internal Revenue Code of 1986 to facilitate competition in the electric power industry.

S. 3009

At the request of Mr. HUTCHINSON, the name of the Senator from Maryland (Mr. SARBANES) was added as a cosponsor of S. 3009, a bill to provide funds to the National Center for Rural Law Enforcement.

S. 3017

At the request of Mr. ROTH, the name of the Senator from New Mexico (Mr. DOMENICI) was added as a cosponsor of S. 3017, a bill to amend the Social Security Act to establish an outpatient prescription drug assistance program for low-income medicare beneficiaries and medicare beneficiaries with high drug costs.

S.J. RES. 30

At the request of Mr. LOTT, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S.J. Res. 30, a joint resolution proposing an amendment to the Constitution of the United States relative to equal rights for women and men.

S. RES. 343

At the request of Mr. FITZGERALD, the name of the Senator from Pennsylvania (Mr. SPECTER) was added as a cosponsor of S. Res. 343, a resolution expressing the sense of the Senate that the International Red Cross and Red Crescent Movement should recognize and admit to full membership Israel's Magen David Adom Society with its emblem, the Red Shield of David.

SENATE RESOLUTION 351—TO DESIGNATE THE MONTH OF SEPTEMBER OF 2000, AS ''NATIONAL ALCOHOL AND DRUG ADDICTION RECOVERY MONTH''

Mr. WELLSTONE submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 351

Whereas alcohol and drug addiction is a devastating disease that can destroy lives, families, and communities;

Whereas the direct and indirect costs of alcohol and drug addiction cost the United States more than $246,000,000,000 each year;

Whereas scientific evidence demonstrates the crucial role that treatment plays in restoring those suffering from alcohol and drug addiction to more productive lives;

Whereas in 1999, research at the National Institute on Drug Abuse at the National Institutes of Health showed that although there were improvements in some areas, the use of certain illicit drugs among our 13–18 year old children has increased significantly, particularly in the use of alcohol, Ecstasy, anabolic-androgenic steroids, and heroin;

Whereas the Director of the Office of National Drug Control Policy has recognized that the number 1 priority for the Nation's National Drug Control Strategy is to educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco;

Whereas the severe lack of availability and coverage for addiction treatment is evidenced by the Hay Group Report showing that the value of substance abuse treatment benefits decreased by 74.5 percent from 1988 through 1998;

Whereas the Office of National Drug Control Policy recognizes that 80 percent of adolescents needing treatment are not able to access services either through lack of insurance coverage, or the unavailability of addiction treatment programs or trained providers in their community;

Whereas the lives of children and families are severely affected by alcohol and drug addiction, through the effects of the disease, and through the neglect, broken relationships, and violence that are so often a part of the disease of addiction;

Whereas a number of organizations and individuals dedicated to fighting addiction and promoting treatment and recovery will recognize the month of September of 2000 as National Alcohol and Drug Addiction Recovery Month;

Whereas National Alcohol and Drug Addiction Recovery Month celebrates the tremendous strides taken by individuals who have undergone successful treatment and recognizes those in the treatment field who have dedicated their lives to helping our young people recover from addiction;

Whereas the 2000 national campaign focuses on supporting adolescents in addiction treatment and recovery, embraces the theme of ''Recovering Our Future: One Youth at a Time'', and seeks to increase awareness about alcohol and drug addiction and to promote treatment and recovery for adolescents and adults; and

Whereas the countless numbers of those who have successfully recovered from addiction are living proof that people of all races, genders, and ages recover every day from the disease of alcohol and drug addiction, and now make positive contributions to their families, workplaces, communities, State, and Nation: Now, therefore, be it

Resolved, That the Senate does hereby designates the month of September of 2000 as ''National Alcohol and Drug Addiction Recover Month''.

Mr. WELLSTONE. Mr. President, I rise today to introduce a resolution that I will soon send to the desk to proclaim September, 2000, as ''National Alcohol and Drug Addiction Recovery Month,'' and to recognize the Administration, government agencies, and the many groups supporting this effort highlighting the critical need to support our children and adolescents in addiction treatment and recovery. The Year 2000 Recovery Month theme is ''Recovering Our Future: One Youth at a Time,'' with a clear message that we need to increase awareness about alcohol and drug addiction and to promote treatment and recovery for our youth.

Addiction to alcohol and drugs is a disease that many individuals face as a painful, private struggle, often without access to treatment or medical care. But this disease also has staggering public costs. A 1998 report prepared by The Lewin Group for the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, estimated the total economic cost of alcohol and drug abuse to be approximately $264 billion for 1992. Of this cost, an estimated $98 billion was due to addiction to illicit drugs and other drugs taken for non-medical purposes. This estimate includes addiction treatment and prevention costs, as well as costs associated with related illnesses, reduced job productivity or lost earnings, and other costs to society such as crime and social welfare programs.

Adults and children who have the disease of addiction can be found throughout our society. We know from the outstanding research done at the National Institute on Drug Abuse at the National Institutes of Health that although there were improvements in 1999 in some areas of drug use, the use of illicit drugs among our 13–18 year old children has increased significantly, particularly in the use of alcohol, Ecstasy, anabolic-androgenic

steroids, and heroin. More than half of our nation's 12th graders reported that they have tried an illicit drug, and more than one-quarter have tried a drug other than marijuana. And, although the consumption of alcohol is illegal for those under 21 years of age, more than 10 million current drinkers are age 12 to 20.

The Director of the Office of National Drug Control Policy (ONDCP) has recognized that the number one priority for the nation's National Drug Control Strategy is to educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco. And yet, 80% of adolescents needing treatment are unable to access services because of the severe lack of coverage for addiction treatment or the unavailability of treatment programs or trained health care providers in their community. The 1998 Hay Group Report revealed that the overall value of substance abuse treatment benefits has decreased by 74.5% from 1988 through 1998, leaving our youth without sufficient medical care for this disease when they are most vulnerable.

We know that addiction to alcohol and other drugs contribute to other problems as well. Addictive substances have the potential for destroying the person who is addicted, as well as his or her family. We know, for example, that fetal alcohol syndrome is the leading known cause of mental retardation. If a woman who was addicted to alcohol could receive proper treatment, fetal alcohol syndrome for her baby would be 100 percent preventable, and more than 12,000 infants born in the U.S. each year would not suffer from fetal alcohol syndrome, with its irreversible physical and mental damage.

We know too of the devastation caused by addiction when violence between people is one of the consequences. A 1998 SAMHSA report outlined the links between domestic violence and substance abuse. We know from clinical reports that 25–50% of men who commit acts of domestic violence also have substance abuse problems. The report recognized the link between the victim of abuse and use of alcohol and drugs, and recommended that after the woman's safety has been addressed, the next step would be to help with providing treatment for her addiction as a step toward independence and health, and toward the prevention of the consequences for the children who suffer the same abuse either directly, or indirectly by witnessing spousal violence.

The physical, emotional, and social harm caused by this disease is both preventable and treatable. We know from the outstanding research conducted at NIH, through the National Institute on Drug Abuse and the National Institute on Alcoholism, that treatment for drug and alcohol addiction can be effective. The effectiveness of treatment is the major finding from a NIDA-sponsored nationwide study of drug abuse treatment outcomes. The Drug Abuse Treatment Outcome Study (DATOS) tracked 10,000 people in nearly 100 treatment programs in 11 cities who entered treatment for addiction between 1991 and 1993. Results showed that for all four treatment types studied, there were significant reductions in drug use after treatment. Moreover, treatment resulted in other positive changes in behavior, such as fewer psychological symptoms and increased work productivity.

Addiction to alcohol and drugs is a disease that affects the brain, the body, and the spirit. We must provide adequate opportunities for the treatment of addiction in order to help those who are suffering and to prevent the health and social problems that it causes, and we know that the costs to do so are very low. A 1999 study by the Rand Corporation found that the cost to managed care health plans is now only about $5 per person per year for unlimited substance abuse treatment benefits to employees of big companies. A 1997 Milliman and Robertson study found that complete substance abuse treatment parity would increase per capita health insurance premiums by only one half of one percent, or less than $1 per member per month—without even considering any of the obvious savings that will result from treatment. Several studies have shown that for every $1 spent on treatment, more than $7 is saved in other health care expenses. These savings are in addition to the financial and other benefits of increased productivity, as well as participation in family and community life. Providing treatment for addiction also saves millions of dollars in the criminal justice system. But for treatment to be effective and helpful throughout our society all systems of care—including private insurance plans—must share this responsibility.

The National Alcohol and Drug Addiction Recovery Month in the year 2000 celebrates the tremendous strides taken by individuals who have undergone successful treatment and recognizes those in the treatment field who have dedicated their lives to helping our young people recover from addiction. Many individuals, families, organizations, and communities give generously of their time and expertise to help those suffering from addiction and to help them to achieve recovery and productive, healthy lives. The Recovery Month events being planned throughout our nation, including one in St. Paul, Minnesota, on September 18, will recognize the countless numbers of those who have successfully recovered from addiction and who are living proof that people of all races, genders, and ages recover every day from the disease of alcohol and drug addiction, and now make positive contributions to their families, workplaces, communities, state, and nation.

I urge the Senate to adopt this resolution designating the month of September, 2000, as Recover Month, and to take part in the many local and national activities and events recognizing this effort.

SENATE RESOLUTIONS 352—RELATIVE TO THE DEATH OF REPRESENTATIVE HERBERT H. BATEMAN, OF VIRGINIA

Mr. LOTT (for himself and Mr. DASCHLE) submitted the following resolution; which was considered and agreed to:

S. RES. 352

Resolved, That the Seante has heard with profound sorrow and deep regret the announcement of the death of the Honorable Herbert H. Bateman, late a Representative from the Commonwealth of Virginia.

Resolved, That the Secretary communicate these resolutions to the House of Representatives and transmit an enrolled copy thereof to the family of the deceased.

Resolved, That when the Senate adjourns today, it stand adjourned as a further mark of respect to the memory of the deceased Representative.

AMENDMENTS SUBMITTED

U.S.-CHINA RELATIONS ACT OF 2000

BYRD AMENDMENT NO. 4131

Mr. BYRD proposed an amendment to the bill (H.R. 4444) to authorize extension of nondiscriminatory treatment (normal trade relations treatment) to the People's Republic of China, and to establish a framework for relations between the United States and the People's Republic of China; as follows:

Beginning on page 16, strike line 11 and all that follows through line 2 on page 17 and insert the following:

''(k) STANDARD FOR PRESIDENTIAL ACTION.—

''(1) FINDINGS.—Congress finds that—

''(A) market disruption causes serious harm to the United States industrial and agricultural sectors which has grave economic consequences;

''(B) product-specific safeguard provisions are a critical component of the United States-China Bilateral Agreement to remedy market disruptions; and

''(C) where market disruption occurs it is essential for the Commission and the President to comply with the timeframe stipulated under this Act.

''(2) TIMEFRAME FOR ACTION.—Not later than 15 days after receipt of a recommendation from the Trade Representative under subsection (h) regarding the appropriate action to take to prevent or remedy a market disruption, the President shall provide import relief for the affected industry pursuant to subsection (a), unless the President determines and certifies to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate that provision of such relief is not in the national economic interest of the United States or, in extraordinary cases, that taking action pursuant to subsection (a) would cause serious harm to the national security of the United States.

''(3) BASIS FOR PRESIDENTIAL CERTIFICATION.—The President may determine and certify under paragraph (2) that providing import relief is not in the national economic