appointed round on time, and I have kidded with the two ladies for years afterwards about how it was such a pleasure to see so much of Alabama, but I had not known it was a blur, as Jenice drove that car.

Jenice, a beautiful child, and clearly the apple of her daddy's eye, was at that time and since having a very private battle with cancer. Most of us did not know that because she was so cheerful. This child would lift my spirits on the occasions that I saw her. She was always upbeat, always happy, always optimistic, always enthusiastic, always full of praise for her Lord.

Madam Speaker, she was taken from us during this recess period to heaven. I know it hurts BOB and Patsy and all of us that had the privilege of knowing this wonderful young lady.

Madam Speaker, I rise at this moment to say, for what little comfort I can offer BOB and Patsy, no eye has ever seen, no mind can know the glory and the beauty of Jenice today. As our Lord and Savior told us, if it were not true, I would have told you. Your loss is felt and shared by all of us.

KEEPING OUR PROMISE TO THE COAST GUARD

(Mr. ISRAEL asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ISRAEL. Madam Speaker, as a new Member of this body, let me extend my condolences to the majority leader on the loss that he has suffered.

Madam Speaker, during the August recess, I joined the United States Coast Guard Fire Island Station for a tour of erosion areas on the south shore of my district. As we returned to the station, the Coast Guard received a report of a swimmer in distress. Coast Guard personnel risked their lives that day, despite turbulent waters and an incoming storm to save another life.

Imagine my surprise, Madam Speaker, to learn that many of those same courageous men and women are forced to take part-time jobs because their rate of pay is too low and the cost of housing and health care on Long Island is too high. Some of those people go from saving lives and property during the day to serving pizza and waiting on tables at night.

□ 1415

Madam Speaker, it is not sufficient merely to pay tribute to the men and women of the Coast Guard. We have to pay them living wages for protecting our shores and saving our lives.

As a new Member of the House Coast Guard Caucus, I am honored to join my colleagues in our efforts to keep our promises to those who protect our lives and our shores with fair pay, decent housing, and affordable health care.

CONDOLENCES TO THE FAMILY OF THE REVEREND JIM FORD

(Mr. LAHOOD asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LAHOOD. Madam Speaker, I rise today to offer my condolences to the family of Reverend Jim Ford. Jim was a very, very good personal friend of mine and many of us in this House. He served the House for over 20 years with great distinction; and in serving the people that work in this House, including the Members and the staff, he served his country very well.

He was a very proud man. He cared very much about the House of Representatives, the Members who are sent here. His service to this House and to his country will long be remembered because it was a service of distinction and integrity, and really trying to help Members and families get through troubled times, but also bringing people together through the marriages that he performed for a number of Members.

So we will long remember our friend, Jim Ford, and our condolences go out to his family for the loss that they have incurred. We wish Godspeed to Reverend Ford. He will long be remembered in the halls of the House of Representatives.

CONDOLENCES TO FAMILY OF THE REVEREND JIM FORD

(Mr. COBLE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. COBLE. Madam Speaker, I, too, want to join my friend, the gentleman from Illinois (Mr. LAHOOD) in remembering Jim Ford.

Tom Bliley, a recently retired Member from Virginia, and I and other Members would play tennis frequently with Chaplain Ford. I really came to know him, Madam Speaker, on the tennis court rather than within these halls.

He used to have a shot: He would put an obvious spin on the ball. When the ball would strike the surface of the court, it would be virtually impossible to gauge in what direction it would go. Jim Ford called that his squirrel shot, and Bliley and I used to refer to that as Chaplain Ford's patented squirrel shot.

Madam Speaker, we have an outstanding Chaplain in Father Dan. We had an outstanding Chaplain in Jim Ford. We want to remember Mrs. Ford and the children in this hour of grief.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mrs. BIGGERT). Pursuant to clause 8 of rule XX, the Chair announces that she will postpone further proceedings today on each motion to suspend the rules on which a recorded vote or the yeas and nays are ordered or on which the vote is objected to under clause 6 of rule XX.

Any record vote on postponed questions will be taken after debate has concluded on all motions to suspend the rules, but not before 6 p.m. today.

DRUG-FREE COMMUNITIES SUPPORT PROGRAM REAUTHORIZATION ACT

Mr. SOUDER. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2291) to extend the authorization of the Drug-Free Communities Support Program for an additional 5 years, to authorize a National Community Antidrug Coalition Institute, and for other purposes, as amended.

The Clerk read as follows:

H.R. 2291

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. FIVE-YEAR EXTENSION OF DRUG-FREE COMMUNITIES SUPPORT PROGRAM.

(a) FINDINGS.—Congress makes the following findings:

(1) In the next 15 years, the youth population in the United States will grow by 21 percent, adding 6,500,000 youth to the population of the United States. Even if drug use rates remain constant, there will be a huge surge in drug-related problems, such as academic failure, drug-related violence, and HIV incidence, simply due to this population increase.

(2) According to the 1994–1996 National Household Survey, 60 percent of students age 12 to 17 who frequently cut classes and who reported delinquent behavior in the past 6 months used marijuana 52 days or more in the previous year.

(3) The 2000 Washington Kids Count survey conducted by the University of Washington reported that students whose peers have little or no involvement with drinking and drugs have higher math and reading scores than students whose peers had low level drinking or drug use.

(4) Substance abuse prevention works. In 1999, only 10 percent of teens saw marijuana users as popular, compared to 17 percent in 1998 and 19 percent in 1997. The rate of past-month use of any drug among 12- to 17-year-olds declined 26 percent between 1997 and 1999. Marijuana use for sixth through eighth graders is at the lowest point in 5 years, as is use of cocaine, inhalants, and hallucinogens.

(5) Community Anti-Drug Coalitions throughout the United States are successfully developing and implementing comprehensive, long-term strategies to reduce substance abuse among youth on a sustained basis. For example:

(A) The Boston Coalition brought college and university presidents together to create the Cooperative Agreement on Underage Drinking. This agreement represents the first coordinated effort of Boston's many institutions of higher education to address issues such as binge drinking, underage drinking, and changing the norms surrounding alcohol abuse that exist on college and university campuses.

(B) In 2000, the Coalition for a Drug-Free Greater Cincinnati surveyed more than 47,000 local students in grades 7 through 12. The results provided evidence that the Coalition's initiatives are working. For the first time in a decade, teen drug use in Greater Cincinnati appears to be leveling off. The data collected from the survey has served as a tool to strengthen relationships between schools and communities, as well as facilitate the growth of anti-drug coalitions in communities where such coalitions had not existed.

(C) The Miami Coalition used a three-part strategy to decrease the percentage of high school seniors who reported using marijuana at least once during the most recent 30-day period. The development of a media strategy, the creation of a network of prevention agencies, and

discussions with high school students about the dangers of marijuana all contributed to a decrease in the percentage of seniors who reported using marijuana from over 22 percent in 1995 to 9 percent in 1997. The Miami Coalition was able to achieve these results while national rates of marijuana use were increasing.

(D) The Nashville Prevention Partnership worked with elementary and middle school children in an attempt to influence them toward positive life goals and discourage them from using substances. The Partnership targeted an area in East Nashville and created after school programs, mentoring opportunities, attendance initiatives, and safe passages to and from school. Attendance and test scores increased as a result of the program.

(E) At a youth-led town meeting sponsored by the Bering Strait Community Partnership in Nome, Alaska, youth identified a need for a safe, substance-free space. With help from a variety of community partners, the Partnership staff and youth members created the Java Hut, a substance-free coffeehouse designed for youth. The Java Hut is helping to change norms in the community by providing a fun, youth-friendly atmosphere and activities that are not centered around alcohol or marijuana.

(F) Portland's Regional Drug Initiative (RDI) has promoted the establishment of drug-free workplaces among the city's large and small employers. Over 3,000 employers have attended an RDI training session, and of those, 92 percent have instituted drug-free workplace policies. As a result, there has been a 5.5 percent decrease in positive workplace drug tests.

(G) San Antonio Fighting Back worked to increase the age at which youth first used illegal substances. Research suggests that the later the age of first use, the lower the risk that a young person will become a regular substance abuser. As a result, the age of first illegal drug use increased from 9.4 years in 1992 to 13.5 years in 1997.

(H) In 1990, multiple data sources confirmed a trend of increased alcohol use by teenagers in the Troy community. Using its ''multiple strategies over multiple sectors'' approach, the Troy Coalition worked with parents, physicians, students, coaches, and others to address this problem from several angles. As a result, the rate of twelfth grade students who had consumed alcohol in the past month decreased from 62.1 percent to 53.3 percent between 1991 and 1998, and the rate of eighth grade students decreased from 26.3 percent to 17.4 percent. The Troy Coalition believes that this decline represents not only a change in behavior on the part of students, but also a change in the norms of the community.

(6) Despite these successes, drug use continues to be a serious problem facing communities across the United States. For example:

(A) According to the Pulse Check: Trends in Drug Abuse Mid-Year 2000 report—

(i) crack and powder cocaine remains the most serious drug problem;

(ii) marijuana remains the most widely available illicit drug, and its potency is on the rise;

(iii) treatment sources report an increase in admissions with marijuana as the primary drug of abuse—and adolescents outnumber other age groups entering treatment for marijuana;

(iv) 80 percent of Pulse Check sources reported increased availability of club drugs, with ecstasy (MDMA) and ketamine the most widely cited club drugs and seven sources reporting that powder cocaine is being used as a club drug by young adults;

(v) ecstasy abuse and trafficking is expanding, no longer confined to the ''rave'' scene;

(vi) the sale and use of club drugs has grown from nightclubs and raves to high schools, the streets, neighborhoods, open venues, and younger ages;

(vii) ecstasy users often are unknowingly purchasing adulterated tablets or some other substance sold as MDMA; and

(viii) along with reports of increased heroin snorting as a route of administration for initiates, there is also an increase in injecting initiates and the negative health consequences associated with injection (for example, increases in HIV/AIDS and Hepatitis C) suggesting that there is a generational forgetting of the dangers of injection of the drug.

(B) The 2000 Parent's Resource Institute for Drug Education study reported that 23.6 percent of children in the sixth through twelfth grades used illicit drugs in the past year. The same study found that monthly usage among this group was 15.3 percent.

(C) According to the 2000 Monitoring the Future study, the use of ecstasy among eighth graders increased from 1.7 percent in 1999 to 3.1 percent in 2000, among tenth graders from 4.4 percent to 5.4 percent, and from 5.6 percent to 8.2 percent among twelfth graders.

(D) A 1999 Mellman Group study found that—

(i) 56 percent of the population in the United States believed that drug use was increasing in 1999;

(ii) 92 percent of the population viewed illegal drug use as a serious problem in the United States; and

(iii) 73 percent of the population viewed illegal drug use as a serious problem in their communities.

(7) According to the 2001 report of the National Center on Addiction and Substance Abuse at Columbia University entitled ''Shoveling Up: The Impact of Substance Abuse on State Budgets'', using the most conservative assumption, in 1998 States spent $77,900,000,000 to shovel up the wreckage of substance abuse, only $3,000,000,000 to prevent and treat the problem and $433,000,000 for alcohol and tobacco regulation and compliance. This $77,900,000,000 burden was distributed as follows:

(A) $30,700,000,000 in the justice system (77 percent of justice spending).

(B) $16,500,000,000 in education costs (10 percent of education spending).

(C) $15,200,000,000 in health costs (25 percent of health spending).

(D) $7,700,000,000 in child and family assistance (32 percent of child and family assistance spending).

(E) $5,900,000,000 in mental health and developmental disabilities (31 percent of mental health spending).

(F) $1,500,000,000 in public safety (26 percent of public safety spending) and $400,000,000 for the state workforce.

(8) Intergovernmental cooperation and coordination through national, State, and local or tribal leadership and partnerships are critical to facilitate the reduction of substance abuse among youth in communities across the United States.

(9) Substance abuse is perceived as a much greater problem nationally than at the community level. According to a 2001 study sponsored by The Pew Charitable Trusts, between 1994 and 2000—

(A) there was a 43 percent increase in the percentage of Americans who felt progress was being made in the war on drugs at the community level;

(B) only 9 percent of Americans say drug abuse is a ''crisis'' in their neighborhood, compared to 27 percent who say this about the nation; and

(C) the percentage of those who felt we lost ground in the war on drugs on a community level fell by more than a quarter, from 51 percent in 1994 to 37 percent in 2000.

(b) EXTENSION AND INCREASE OF PROGRAM.—Section 1024(a) of the National Narcotics Leadership Act of 1988 (21 U.S.C. 1524(a)) is amended—

(1) by striking ''and'' at the end of paragraph (4); and

(2) by striking paragraph (5) and inserting the following new paragraphs:

''(5) $50,600,000 for fiscal year 2002;

''(6) $60,000,000 for fiscal year 2003;

''(7) $70,000,000 for fiscal year 2004;

''(8) $80,000,000 for fiscal year 2005;

''(9) $90,000,000 for fiscal year 2006; and

''(10) $99,000,000 for fiscal year 2007.''.

(c) EXTENSION OF LIMITATION ON ADMINISTRATIVE COSTS.—Section 1024(b) of that Act (21 U.S.C. 1524(b)) is amended by striking paragraph (5) and inserting the following new paragraph (5):

''(5) 6 percent for each of fiscal years 2002 through 2007.''.

(d) ADDITIONAL GRANTS.—Section 1032(b) of that Act (21 U.S.C. 1533(b)) is amended by adding at the end the following new paragraph (3):

''(3) ADDITIONAL GRANTS.—

''(A) IN GENERAL.—Subject to subparagraph (F), the Administrator may award an additional grant under this paragraph to an eligible coalition awarded a grant under paragraph (1) or (2) for any first fiscal year after the end of the 4-year period following the period of the initial grant under paragraph (1) or (2), as the case may be.

''(B) SCOPE OF GRANTS.—A coalition awarded a grant under paragraph (1) or (2), including a renewal grant under such paragraph, may not be awarded another grant under such paragraph, and is eligible for an additional grant under this section only under this paragraph.

''(C) NO PRIORITY FOR APPLICATIONS.—The Administrator may not afford a higher priority in the award of an additional grant under this paragraph than the Administrator would afford the applicant for the grant if the applicant were submitting an application for an initial grant under paragraph (1) or (2) rather than an application for a grant under this paragraph.

''(D) RENEWAL GRANTS.—Subject to subparagraph (F), the Administrator may award a renewal grant to a grant recipient under this paragraph for each of the fiscal years of the 4-fiscal-year period following the fiscal year for which the initial additional grant under subparagraph (A) is awarded in an amount not to exceed amounts as follows:

''(i) For the first and second fiscal years of that 4-fiscal-year period, the amount equal to 80 percent of the non-Federal funds, including in-kind contributions, raised by the coalition for the applicable fiscal year.

''(ii) For the third and fourth fiscal years of that 4-fiscal-year period, the amount equal to 67 percent of the non-Federal funds, including in-kind contributions, raised by the coalition for the applicable fiscal year.

''(E) SUSPENSION.—If a grant recipient under this paragraph fails to continue to meet the criteria specified in subsection (a), the Administrator may suspend the grant, after providing written notice to the grant recipient and an opportunity to appeal.

''(F) LIMITATION.—The amount of a grant award under this paragraph may not exceed $100,000 for a fiscal year.''.

(e) DATA COLLECTION AND DISSEMINATION.—Section 1033(b) of that Act (21 U.S.C. 1533(b)) is amended by adding at the end the following new paragraph:

''(3) CONSULTATION.—The Administrator shall carry out activities under this subsection in consultation with the Advisory Commission and the National Community Antidrug Coalition Institute.''.

(f) LIMITATION ON USE OF CERTAIN FUNDS FOR EVALUATION OF PROGRAM.—Section 1033(b) of that Act, as amended by subsection (e) of this section, is further amended by adding at the end the following new paragraph:

''(4) LIMITATION ON USE OF CERTAIN FUNDS FOR EVALUATION OF PROGRAM.—Amounts for activities under paragraph (2)(B) may not be derived from amounts under section 1024(a) except for amounts that are available under section 1024(b) for administrative costs.''.

(g) TREATMENT OF FUNDS FOR COALITIONS REPRESENTING CERTAIN ORGANIZATIONS.—Section 1032 of that Act (21 U.S.C. 1532) is further amended by adding at the end the following new subsection:

''(c) TREATMENT OF FUNDS FOR COALITIONS REPRESENTING CERTAIN ORGANIZATIONS.—Funds appropriated for the substance abuse activities of a coalition that includes a representative of the Bureau of Indian Affairs, the Indian Health Service, or a tribal government agency with expertise in the field of substance abuse may be counted as non-Federal funds raised by the coalition for purposes of this section.''.

(h) PRIORITY IN AWARDING GRANTS.—Section 1032 of that Act (21 U.S.C. 1532) is further amended by adding at the end the following new subsection:

''(d) PRIORITY IN AWARDING GRANTS.—In awarding grants under subsection (b)(1)(A)(i), priority shall be given to a coalition serving economically disadvantaged areas.''.

SEC. 2. SUPPLEMENTAL GRANTS FOR COALITION MENTORING ACTIVITIES UNDER DRUG-FREE COMMUNITIES SUPPORT PROGRAM.

Subchapter I of chapter 2 of the National Narcotics Leadership Act of 1988 (21 U.S.C. 1531 et seq.) is amended by adding at the end the following new section:

''SEC. 1035. SUPPLEMENTAL GRANTS FOR COALITION MENTORING ACTIVITIES.

''(a) AUTHORITY TO MAKE GRANTS.—As part of the program established under section 1031, the Director may award an initial grant under this subsection, and renewal grants under subsection (f), to any coalition awarded a grant under section 1032 that meets the criteria specified in subsection (d) in order to fund coalition mentoring activities by such coalition in support of the program.

''(b) TREATMENT WITH OTHER GRANTS.—

''(1) SUPPLEMENT.—A grant awarded to a coalition under this section is in addition to any grant awarded to the coalition under section 1032.

''(2) REQUIREMENT FOR BASIC GRANT.—A coalition may not be awarded a grant under this section for a fiscal year unless the coalition was awarded a grant or renewal grant under section 1032(b) for that fiscal year.

''(c) APPLICATION.—A coalition seeking a grant under this section shall submit to the Administrator an application for the grant in such form and manner as the Administrator may require.

''(d) CRITERIA.—A coalition meets the criteria specified in this subsection if the coalition—

''(1) has been in existence for at least 5 years;

''(2) has achieved, by or through its own efforts, measurable results in the prevention and treatment of substance abuse among youth;

''(3) has staff or members willing to serve as mentors for persons seeking to start or expand the activities of other coalitions in the prevention and treatment of substance abuse;

''(4) has demonstrable support from some members of the community in which the coalition mentoring activities to be supported by the grant under this section are to be carried out; and

''(5) submits to the Administrator a detailed plan for the coalition mentoring activities to be supported by the grant under this section.

''(e) USE OF GRANT FUNDS.—A coalition awarded a grant under this section shall use the grant amount for mentoring activities to support and encourage the development of new, self-supporting community coalitions that are focused on the prevention and treatment of substance abuse in such new coalitions' communities. The mentoring coalition shall encourage such development in accordance with the plan submitted by the mentoring coalition under subsection (d)(5).

''(f) RENEWAL GRANTS.—The Administrator may make a renewal grant to any coalition awarded a grant under subsection (a), or a previous renewal grant under this subsection, if the coalition, at the time of application for such renewal grant—

''(1) continues to meet the criteria specified in subsection (d); and

''(2) has made demonstrable progress in the development of one or more new, self-supporting community coalitions that are focused on the prevention and treatment of substance abuse.

''(g) GRANT AMOUNTS.—

''(1) IN GENERAL.—Subject to paragraphs (2) and (3), the total amount of grants awarded to a coalition under this section for a fiscal year may not exceed the amount of non-Federal funds raised by the coalition, including in-kind contributions, for that fiscal year. Funds appropriated for the substance abuse activities of a coalition that includes a representative of the Bureau of Indian Affairs, the Indian Health Service, or a tribal government agency with expertise in the field of substance abuse may be counted as non-Federal funds raised by the coalition.

''(2) INITIAL GRANTS.—The amount of the initial grant awarded to a coalition under subsection (a) may not exceed $75,000.

''(3) RENEWAL GRANTS.—The total amount of renewal grants awarded to a coalition under subsection (f) for any fiscal year may not exceed $75,000.

''(h) FISCAL YEAR LIMITATION ON AMOUNT AVAILABLE FOR GRANTS.—The total amount available for grants under this section, including renewal grants under subsection (f), in any fiscal year may not exceed the amount equal to five percent of the amount authorized to be appropriated by section 1024(a) for that fiscal year.

''(i) PRIORITY IN AWARDING INITIAL GRANTS.—In awarding initial grants under this section, priority shall be given to a coalition that expressly proposes to provide mentorship to a coalition or aspiring coalition serving economically disadvantaged areas.''.

SEC. 3. FIVE-YEAR EXTENSION OF ADVISORY COMMISSION ON DRUG-FREE COMMUNITIES.

Section 1048 of the National Narcotics Leadership Act of 1988 (21 U.S.C. 1548) is amended by striking ''2002'' and inserting ''2007''.

SEC. 4. AUTHORIZATION FOR NATIONAL COMMUNITY ANTIDRUG COALITION INSTITUTE.

(a) IN GENERAL.—The Director of the Office of National Drug Control Policy may, using amounts authorized to be appropriated by subsection (d), make a grant to an eligible organization to provide for the establishment of a National Community Antidrug Coalition Institute.

(b) ELIGIBLE ORGANIZATIONS.—An organization eligible for the grant under subsection (a) is any national nonprofit organization that represents, provides technical assistance and training to, and has special expertise and broad, national-level experience in community antidrug coalitions under section 1032 of the National Narcotics Leadership Act of 1988 (21 U.S.C. 1532).

(c) USE OF GRANT AMOUNT.—The organization receiving the grant under subsection (a) shall establish a National Community Antidrug Coalition Institute to—

(1) provide education, training, and technical assistance for coalition leaders and community teams, with emphasis on the development of coalitions serving economically disadvantaged areas;

(2) develop and disseminate evaluation tools, mechanisms, and measures to better assess and document coalition performance measures and outcomes; and

(3) bridge the gap between research and practice by translating knowledge from research into practical information.

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated for purposes of activities under this section, including the grant under subsection (a), amounts as follows:

(1) For each of fiscal years 2002 and 2003, $2,000,000.

(2) For each of fiscal years 2004 and 2005, $1,000,000.

(3) For each of fiscal years 2006 and 2007, $750,000.

SEC. 5. PROHIBITION AGAINST DUPLICATION OF EFFORT.

The Director of the Office of National Drug Control Policy shall ensure that the same or similar activities are not carried out, through the use of funds for administrative costs provided under subchapter II of the National Narcotics Leadership Act of 1988 (21 U.S.C. 1521 et seq.) or funds provided under section 4 of this Act, by more than one recipient of such funds.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Indiana (Mr. SOUDER) and the gentleman from Maryland (Mr. CUMMINGS) each will control 20 minutes.

The Chair recognizes the gentleman from Indiana (Mr. SOUDER).

GENERAL LEAVE

Mr. SOUDER. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 2291.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Indiana?

There was no objection.

Mr. SOUDER. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, it is appropriate and an honor that the first legislation we are to address upon our return is to fund community-based drug prevention programs. Nothing is tearing at the social fabric of our Nation like the abuse of illegal narcotics and alcohol.

Madam Speaker, the Drug-Free Communities Support Program Reauthorization Act is one of the cornerstones of our national strategy to reduce the demand for illegal drugs; and its reauthorization has strong bipartisan support, not only here in the House, but also in communities across the Nation.

The bill is also a priority for the Bush administration. The Drug-Free Communities Support Program, administered by the Office of National Drug Control Policy, works to prevent drug use among youth at the community level by providing Federal financial incentives for coalitions to join together at the local level to keep their children from using drugs.

This legislation will reauthorize the program for 5 years through fiscal year 2007 and improve the services provided to grantees in several important ways.

I would like to thank the primary House sponsors of this bill, the gentleman from Ohio (Mr. PORTMAN) and the gentleman from Michigan (Mr. LEVIN), as well as the primary Senate sponsors, Senator GRASSLEY and Senator BIDEN, for their bipartisan and bicameral leadership on this bill.

I would also like to thank the ranking member of the Subcommittee on Criminal Justice, Drug Policy and Human Resources, the gentleman from Maryland (Mr. CUMMINGS), for his work on the bill, and particularly for his efforts to ensure that drug-free communities' assistance reaches economically disadvantaged areas.

Madam Speaker, prevention and treatment is probably the most challenging area of our Nation's narcotic

strategy, largely because it remains so difficult to determine with certainty which strategies and programs work and which do not.

The Drug-Free Communities Support Program, however, is one of the few programs which have clearly had a meaningful impact on reducing drug abuse by our youth, and it deserves not only our strong support but also the significant increases in authorized funding which are provided in the bill.

The program today assists 307 communities in 49 States, from Ketchikan, Alaska to Kauai, Hawaii; from Old Town, Maine to Fort Lauderdale, Florida, and to San Juan, Puerto Rico, all of which raise the majority of their funds from the private sector rather than from government grants.

I would like to highlight two coalitions from my district with which I am very familiar: Drug-Free Noble County and the United Way of Allen County, both in northeast Indiana.

In Fort Wayne, multiple groups, including faith-based organizations, have joined together to help prevent usage of illegal narcotics. Drug-Free Noble County, under the commendable leadership of Judge Michael Kramer and Barry Humble, won national recognition for the excellence of his PRIDE program, which was supported by Drug-Free Communities Support funds.

Rural communities often do not have the resources to adequately address drug prevention issues, and the success of the Drug-Free Noble County program demonstrates how this program helps build meaningful partnerships between local grass roots coalitions and the Federal government in such rural and small town areas.

We also know that the Drug-Free Communities Support Program can make a meaningful difference from the results obtained by other coalitions nationwide. In Miami, the percentage of seniors who reported using marijuana dropped from over 22 percent in 1995 to 9 percent in 1997.

In San Antonio, the average age of first illegal drug use among teens increased from 9.4 years in 1992 to 13.5 years in 1997. In Nashville, school attendance and test scores rose measurably as a result of the efforts of the Nashville Prevention Partnership.

All of these successes support not only the reauthorization of the program, but also increased funding. This bill supports President Bush's request to increase the authorization from $43.5 million to $50.6 million in fiscal year 2002, accompanied by steady increases each year through fiscal year 2007.

This program has had steadily increasing interest from communities across the Nation looking for assistance with community anti-drug efforts. Our purpose in increasing the authorized funding in this bill was to ensure that adequate funds would be available for grants to deserving communities.

We have also encouraged ONDCP, as well as our oversight committee, to conduct careful evaluation and oversight to ensure that the increased funding does not dilute the recognized quality of drug-free communities support programs or coalitions.

The bill also provides for several improvements to the Drug-Free Communities Support Program over the next 5 years, each of which is aimed at improving the quality of services to be offered to grantees and local coalitions.

First, we have provided for additional grants to be made available to successful coalitions for the purpose of mentoring prospective new coalitions. The program was always intended as one which would foster grass roots antidrug activity and interaction, and I believe that this new provision will work to achieve that goal.

Also, experience has shown that successful coalitions have already been enlisted to help others in neighboring areas build their own program. It is not fair to ask the taxpayers of those areas to bear the cost for others. I believe that Federal assistance is appropriate.

Second, the bill provides for the creation and modest funding to initially support a new Community Antidrug Coalitions Institute to act as a national clearinghouse for technical assistance and training to be provided to local coalitions.

Just as with the grants to the coalitions themselves, the institute is eventually intended to be financed entirely by the private sector. Given the significant increase in the prospective number of coalitions, the committee believed that the creation of the institute was a good and prudent step to ensure the continued quality and effectiveness of the work of the drug-free communities participants.

I would finally like to highlight a couple of additional issues which were addressed in the subcommittee and full committee and are reflected in the reported bill which is the committee amendment under consideration this afternoon.

First, although each of the new entities we are creating to assist grantees is needed and appropriate, it is important to ensure that there is no duplication of effort among the several entities that will now be providing assistance, and the committee amendment directs ONDCP to take steps to prevent such duplication.

Second, the subcommittee has reduced the proposed increase in the current 3 percent statuary cap for administrative expenses from 8 percent down to 6 percent. An analysis of this issue is available in the committee's report. We wanted to ensure, however, that the maximum possible amount of funding in fact is to go to community coalitions.

I very much appreciate the willingness of the bill's sponsors to work with us on this issue.

Third, the committee bill includes an amendment offered by the gentleman from Maryland (Mr. CUMMINGS), which I supported, to ensure that drug-free communities assistance is targeted to economically disadvantaged areas.

Finally, I would like to thank the gentleman from Indiana (Mr. BURTON), the chairman, and the gentleman from Louisiana (Chairman TAUZIN), of the Committee on Energy and Commerce, for working with us to move this bill quickly to the floor.

Madam Speaker, I include for the RECORD an exchange of correspondence regarding the jurisdiction of the Committee on Energy and Commerce.

The material referred to is as follows:

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, July 30, 2001.

Hon. DAN BURTON,
Chairman, Committee on Government Reform,
Rayburn House Office Building,
Washington, DC.

DEAR CHAIRMAN BURTON: I am writing with regard to H.R. 2291, which the Committee on Government Reform ordered reported on July 25, 2001. The Committee on Energy and Commerce was named as an additional Committee of jurisdiction upon the bill's introduction.

I recognize your desire to bring this bill before the House in an expeditious manner. Accordingly, I will not exercise the Committee's right to exercise its referral. By agreeing to waive its consideration of the bill, however, the Energy and Commerce Committee does not waive its jurisdiction over H.R. 2291. In addition, the Energy and Commerce Committee reserves its authority to seek conferees on any provisions of the bill that are within its jurisdiction during any House-Senate conference that may be convened on this or similar legislation. I ask for your commitment to support any request by the Energy and Commerce Committee for conferees on H.R. 2291 or similar legislation.

I request that you include this letter as a part of the Committee's report on H.R. 2291 and in the Congressional Record during debate on its provisions. Thank you for your attention to these matters.

Sincerely,

W.J. ''BILLY'' TAUZIN,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON GOVERNMENT REFORM,
Washington, DC, July 30, 2001.

Hon. W.J. ''BILLY'' TAUZIN,
Chairman, Committee on Energy and Commerce,
Rayburn House Office Building,
Washington, DC.

DEAR MR. CHAIRMAN: Thank you for your letter of July 30, 2001, regarding H.R. 2291, a bill to extend the authorization of the Drug-Free Communities Support Program.

I agree that the Committee on Energy and Commerce has valid jurisdictional claims to certain provisions of this legislation, and I appreciate your decision not to exercise your referral in the interest of expediting consideration of the bill. I agree that by foregoing your right to consider this legislation, the Committee on Energy and Commerce is not waiving its jurisdiction. I will also support your Committee's request to seek conferees on provisions of the bill that fall within your jurisdiction, should the bill go to a House-Senate conference. Further, as you requested, this exchange of letters will be included in the Committee report on the bill and in the Congressional Record as part of the floor debate.

Thank you for your cooperation in this matter.

Sincerely,

DAN BURTON,
Chairman.

Madam Speaker, the Drug-Free Communities Act is one of the most successful demand reduction programs and

has had a meaningful impact on local communities across the country. I strongly support its reauthorization and urge my colleagues to support the bill.

Madam Speaker, I reserve the balance of my time.

Mr. CUMMINGS. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, as the ranking minority member of the Subcommittee on Criminal Justice, Drug Policy, and Human Resources, it gives me great pleasure to express my wholehearted support of H.R. 2291, which authorizes the highly successful and highly popular Drug-Free Communities Support Program for an additional 5 years.

From its original enactment in 1997, the Drug-Free Communities Act has enjoyed remarkable bipartisan support in Congress. The concept of providing direct matching grants and technical assistance to community-based coalitions with a demonstrated will and capacity to combat substance abuse has broad appeal to Members on both sides of the aisle.

Communities across the country have rallied to the challenge by making a long-term commitment to fighting substance abuse through broad-based community anti-drug coalitions. The Drug-Free Communities Support Program is unique and important because it recognizes that substance abuse does not just affect individual users and their loved ones. Substance abuse has a cumulative impact on communities in every aspect of community life.

No one has a better reason or incentive to fight the spread of substance abuse than the people who live, work, and serve in those communities.

The Drug-Free Communities Support Program reinforces this inherent incentive, encouraging all sectors of a community to coalesce at the grass roots level around the objective of substance abuse prevention and anti-drug education. The bill before us both renews and amplifies our commitment to this approach.

H.R. 2291 reflects a great deal of time and effort put forth by the bill's authors, the gentleman from Ohio (Mr. PORTMAN) and the gentleman from Michigan (Mr. LEVIN), and Senators GRASSLEY and BIDEN, who have worked hand-in-hand with the Office of National Drug Control Policy, the Office of Juvenile Justice and Delinquency Prevention, and the Community Anti-drug Coalitions of America to produce a bill that, like the original Drug-Free Communities Act, deserves the support of all Members in this body.

Their collective efforts have given us a bill that not only provides for a 5-year extension of the existing Drug-Free Communities-based Grant Program, but also significantly increases the funding levels for the program in fiscal year 2002 and in each of the out-years.

The gentleman from Indiana (Mr. SOUDER) must be congratulated for his efforts in making this a priority of our subcommittee; and I do appreciate, and I know our entire committee and this Congress appreciates, the bipartisan spirit in which he led us through the process of bringing this bill.

□ 1430

As we put it out of committee, moreover, the bill incorporates an amendment by the gentleman from Illinois (Mr. DAVIS), a fellow member of the Subcommittee on Criminal Justice, that further augments the authorization levels for fiscal years 2005, 2006, and 2007.

Increasing the authorization levels will afford us the flexibility to allow the program to expand, to meet greater-than-expected demands should that circumstance arise. Apart from providing for additional grant money, H.R. 2291 also augments the existing grant program in three very important ways. First, it authorizes coalitions that have completed the 5-year funding cycle to apply immediately for renewal grants subject to an increased match requirement. Second, it creates a new supplemental mentoring program to enable mature coalitions to mentor young and emerging ones. Third, it provides an additional $2 million to establish a national community anti-drug coalition institute for the purpose of stimulating new coalition activity and disseminating state-of-the-art research and technical assistance to coalitions nationally.

In my view, Madam Speaker, the goals of providing mentoring support to emerging coalitions and stimulating new coalition activity are especially important because, in spite of the program's success to date, not all communities affected by the problems of substance abuse have been able to participate in a drug-free community support program. Indeed, even while the increased funding levels in H.R. 2291 will enable more eligible coalitions to participate, more money alone will not undo the hard truth described in the timeless song, ''God Bless the Child.'' ''Them that's got shall have. Them that's not shall lose.''

Sadly, Madam Speaker, that poignant lyric aptly describes the tragic plight of many economically disadvantaged communities that are in the most desperate need of assistance in their fight against the dreadful menace of substance abuse.

A case in point is my own district in Baltimore City. Few, if any, areas in the Nation have been as severely affected by the scourge of drugs as some of the neighborhoods that I represent in Baltimore. Yet despite serious efforts to establish and maintain a community anti-drug coalition capable of qualifying for a drug-free communities matching grant, no funding has yet been awarded to a coalition in the Baltimore area.

At the same time, Madam Speaker, it is plainly ironic and clearly problematic from a public policy standpoint that the very devastation caused by substance abuse also places communities like Baltimore City at serious disadvantage when it comes to qualifying for matching grants. I tell my colleagues firsthand that the lack of drug-free communities coalition in Baltimore City is by no meanings a function of insufficient will. Fundamentally, it is a question of resources.

We must find a way to enable disadvantaged communities to exercise their will to make their neighborhoods and keep their young children drug-free. An amendment that I authored during the mark up of H.R. 2291 in the Subcommittee on Criminal Justice, Drug Policy and Human Resources seeks to address this problem. Quite simply, its provisions amend the original bill to target base grants, supplemental mentoring grants, and institute support to coalitions that seek to serve economically disadvantaged areas.

By giving priorities to such coalitions, economically depressed areas such as my own district in Baltimore City can begin to reap the benefits that the drug-free community support program is providing already to hundreds of communities across this great Nation.

In closing, Madam Speaker, I wanted to congratulate the bill's authors for their hard work. I also thank the Chairman of the Subcommittee on Criminal Justice, Drug Police and Human Resources, the gentleman from Indiana (Mr. SOUDER), for his support of H.R. 2291 and for assisting with my amendment.

I look forward to our moving H.R. 2291 a step closer to enactment today. I urge all of my colleagues to vote in favor of this very, very important and effective legislation.

Madam Speaker, I reserve the balance of my time.

Mr. SOUDER. Madam Speaker, I yield such time as he may consume to the gentleman from Ohio (Mr. PORTMAN) whose efforts in Cincinnati were an early model for this and who, without his persistence at a time when Congress was not adapting too many new programs, managed to move this bill through and is really the father of this legislation.

Mr. PORTMAN. Madam Speaker, I thank the gentleman for yielding me time and for his strong support of this program.

I rise in strong support of H.R. 2291, legislation introduced with the gentleman from Michigan (Mr. LEVIN) to reauthorize the Drug-free Communities Act. This legislation is both bipartisan and bicameral. We have worked very closely with Senator GRASSLEY and Senator BIDEN to draft this reauthorization. I would like to thank and credit all of them for their efforts in bringing this consensus bill to the floor today.

Madam Speaker, I would like to commend the gentleman from Indiana (Mr.

SOUDER) and the gentleman from Maryland (Mr. CUMMINGS) of the Subcommittee on Criminal Justice, Drug Policy and Human Resources for their strong personal commitment to reducing substance abuse in their communities and around this country. They bring a lot of knowledge and passion to this issue, also for their good work to improve this legislation as it worked through the process. I would like to thank the gentleman from Indiana (Mr. BURTON) and the gentleman from California (Mr. WAXMAN) to not just improve the legislation, but to move it expeditiously through the subcommittee and through the committee and also to achieve a waiver from another important committee of this Congress to get this to the floor today.

Madam Speaker, almost every American family has felt the pain of substance abuse. We are here to talk about a very positive, proactive approach to lessening that pain. The Drug-free Communities Act is an innovative program first established in 1997. It establishes a matching grant program to support and encourage local communities that have shown that they have a comprehensive, long-term commitment to reducing substance abuse among young people. The grants which have to be matched dollar for dollar with non-Federal resources, have now been awarded directly to 307 of these community coalitions in 49 States, the District of Columbia, Puerto Rico and the Virgin Islands.

The drug-fee communities act takes a very different approach than this Congress has taken in the past on the so-called war on drugs. Instead of trading new Federal bureaucracies, instead of looking for solutions outside of our borders, this legislation and program deals directly with local coalitions working to reduce the demand for drugs in communities through effective education and prevention. And it is working.

Coalitions are successful because they devise prevention strategies and methods specific to the communities and because they are inclusive, involving all of those who influence a young person's decisions.

In his Rose Garden speech announcing the new nominee for ONDCP director, the President made the point well that the most effective way to reduce the supply of drugs to America is to dry up the demand. He specifically mentioned the Drug-free Communities Act as an effective tool to achieve demand reduction.

I am pleased to say that these community-based coalitions around the country are making real progress. In my own community in Cincinnati, the coalition for drug-free Greater Cincinnati has now trained over 6,000 parents in how to talk to their children about drugs and have launched a new program to reach even more parents. We have partnered with local TV, radio and print media to implement one of the most aggressive anti-drug media campaigns in the country. Last year alone, over $1 million of free public-service time was donated to our effort.

We also fielded the most comprehensive drug use survey ever done in our area to make sure our efforts are truly targeted. Our own survey shows there is a very strong correlation between the number of ads our teens see, these public-service ads, and their choice to remain substance free. We have also spearheaded the faith community initiative which has trained over 100 local congregations to implement substance abuse prevention programs in their churches, mosques and synagogues.

Our student Congress now involves young people from over 25 junior and senior high schools. They are ambassadors who go back to their schools and promote Teen Institute and other good programs in the schools at the peer level. Our drug-free work-place task force has led to over 100 new certified drug-free work places in our area alone.

These are the types of efforts, Madam Speaker, this legislation can help spread throughout our Nation.

H.R. 2291 continues funding for the Drug-Free Communities Act through fiscal year 2007. It also authorizes a new national anti-drug coalition institute which provides needed education, training and technical assistance to coalitions. The institute will be vital, I believe, in developing and disseminating evaluation and testing mechanisms to assist coalitions in the very important and sometimes overlooked area of measuring and assessing our performance in the area of prevention.

The ultimate goal of the Drug-free Communities Act is to get as much bang for the buck as possible and to send dollars and assistance directly into community efforts with a minimal amount being spent on administrative expenses. I am thus pleased that the bill continues to cap administrative costs at a modest level, although some adjustments were made that I think were probably necessary.

It is important to keep in mind that the Drug-free Communities Act was intended to be a catalyst for communities and not a steady stream of funding to cover coalition operating expenses. Therefore, coalitions must start over and reapply for drug-free community grants after an initial 5-year period and must match 125 percent of any new grants, not just 100 percent. Thereafter, it goes up to a 150 percent march. This in effect will encourage coalitions to grow their programs and become less reliant on Federal dollars.

Madam Speaker, some of our larger, more successful coalitions spend a lot of time sharing information and practices with smaller, sometimes-struggling coalitions. That, and trying to get off the ground by these smaller coalitions, is a real struggle.

I am pleased this bill acknowledges this and builds on it. H.R. 2291 includes an optional $75,000 supplemental to the drug-free communities grant application that would foster mentoring among these coalitions. These grants are meant to supercede the basic drug-free communities grant program, and only those meeting very strict criteria will be eligible to be mentors. By the way, this is capped at 5 percent of the total funding.

The bill also includes language suggested by the gentleman from Maryland (Mr. CUMMINGS) that will ensure that economically depressed areas will continue to be served by the drug-free communities program. We talked about that a moment ago. Specifically, that will be helpful when it comes to mentoring. I applaud the gentleman for his efforts in this area.

In conclusion, Madam Speaker, I want to thank once again the gentleman from Indiana (Mr. BURTON), the gentleman from Indiana (Mr. SOUDER), the gentleman from California (Mr. WAXMAN), the gentleman from Maryland (Mr. CUMMINGS), Senator GRASSLEY and Senator BIDEN, and of course my partner in this, the gentleman from Michigan (Mr. LEVIN), for crafting a bill that will continue to redo the demand for drugs in America through what we know works. I urge my colleagues to join us in supporting the continuation of this effective approach to substance abuse.

Mr. CUMMINGS. Madam Speaker, I yield 2 minutes to the gentleman from Maryland (Mr. WYNN).

Mr. WYNN. Madam Speaker, I begin by thanking the sponsors of this legislation, the gentleman from Ohio (Mr. PORTMAN) and the gentleman from Michigan (Mr. LEVIN), for their leadership on this very critical issue.

I am very pleased today to rise in support of this legislation because it truly has bipartisan support.

H.R. 2291, the Drug-free Communities Support Program Reauthorization Act, address one of the most serious problems we have in America today, the scourge of drug use and drug abuse. Unfortunately, many of our efforts in the war against drugs have been very disappointing. Fortunately, however, this program is a notable expect. It focus on two very important elements: first, it focuses on children, early intervention to prevent young people from getting involved in drugs, prevent young people from developing the drug habit. Second and critically and we have heard talk about this today, it focuses on local communities. Not all the knowledge resides here in Washington. And it is very important that we allow local communities, coalitions to come together to provide solutions that make sense in their neighborhoods.

At the heart of this program are grants to broad-based local coalition groups composed of representatives of children, parents, businesses, the media, law enforcement, religious and other civic groups, health care professionals and others all working together to combat drug abuse in their communities.

In my own district, an organization called the Community Services Coalition receives Federal funds which they match to serve these useful purposes. According to the project director, the program has identified some of the risk factors that lead to drug abuse and drug use. It has been a benefit not just to the individuals who are affected but also to their families and to the larger community. The grant helps identify successful programs and also helps identify gaps in services because sometimes our intentions do not meet our efforts. We also need to identify areas which require further monitoring.

Madam Speaker, I think this program is an excellent program. I am very pleased to support it on a bipartisan basis.

Mr. SOUDER. Madam Speaker, I reserve the balance of my time.

□ 1445

Mr. CUMMINGS. Madam Speaker, I yield 4 minutes to the gentleman from Michigan (Mr. LEVIN), a cosponsor of this legislation.

(Mr. LEVIN asked and was given permission to revise and extend his remarks.)

Mr. LEVIN. Madam Speaker, this program is rooted in real local experience. About 5 years ago the gentleman from Ohio (Mr. PORTMAN) and I were preparing notes. We told each other how successful our efforts were in our local communities. In.

My case, one community in particular, where there had been a coalition which had brought together a very diverse group of people from law enforcement, from schools, elected officials, from the religious community, businessmen, parents and students, we asked ourselves in this battle against substance abuse if these were examples of success in Cincinnati and in my case in Troy, Michigan, how could we spread this success throughout the country. So it was the local experience that was the germination of this idea and which led with the help of so many others to the 1997 law.

Madam Speaker, I would like to thank the gentleman from Maryland (Mr. CUMMINGS) and the gentleman from Indiana (Mr. SOUDER) for working with us in taking this program farther down the road because now, instead of a few coalitions, there are over 300, well over 300, which have been supported with seed money, as the gentleman from Ohio (Mr. PORTMAN) indicated.

This is not an effort to give people or coalitions or groups money and then they use that money; they have to use their own resources, their own talents, their own imagination. This is seed money.

So now, while 10 years ago there was one coalition in the district I represent, now there are seven, plus two umbrella organizations. We have learned from this experience, and the gentleman from Indiana and the gentleman from Maryland and the gentleman from Ohio have enumerated that.

We have expanded the authorization levels and we have encouraged self-sufficiency by making sure if there is a further grant, there is additional match. We have also made sure that there is a mentoring program here so that successful entities can parent those that are in their infancy.

Madam Speaker, as mentioned, we have added a new idea, a training and technical assistance institute. I also want to congratulate the gentleman from Maryland (Mr. CUMMINGS) or say a word about that because it is so important that this effort spread in those communities, often so much in need where there is not perhaps the immediate access to resources, receive the support that is necessary. So the amendment of the gentleman from Maryland (Mr. CUMMINGS) is an important amendment.

Let me just close by saying, we all know there is no magic wand to this effort against drug abuse. We all know there is no single answer. We all know that we have to strive to find the answers. We owe it to our children, to our grandchildren, to our friends, to people of all ages at all places, in all circumstances. This is an effort to say to the country, this Congress is serious.

We extend a hand. We extend some resources. Ultimately the job is up to the community. So far so good; and we hope with the help of this program there will be more good efforts in this country to tackle this continuing serious problem, drug abuse.

Mr. CUMMINGS. Madam Speaker, I yield 2 minutes to the gentlewoman from the District of Columbia (Ms. NORTON), who has been at the forefront of this fight.

Ms. NORTON. Madam Speaker, I thank the gentleman for yielding me this time, and I thank the gentleman for his excellent bipartisan work with the gentleman from Indiana (Mr. SOUDER) on this important bill which sailed through the Committee on Government Reform, on its merits, for good reason.

Madam Speaker, I am indebted to the gentleman from Michigan (Mr. LEVIN) and the gentleman from Ohio (Mr. PORTMAN) for taking a good idea and nationalizing it. This bill deals with alcohol abuse, drug abuse, tobacco abuse, and researchers know, perhaps it is in the biology of young people, to get a person hooked, get them hooked when they are young. So it is impossible to overemphasize the importance of reaching people early.

This is an extraordinary bill for the way it leverages almost nothing. It essentially goes into communities and says, here is a little bit of money, let the community do it. What we are doing here with these grants is to say that communities can do far more cheaply and devotedly what it takes a lot more professionals to do if we do not get in there early.

I want to mention a grant that we have in the District of Columbia. We have only one; it is a $100,000 grant. The grants are very competitive. The grant in the District of Columbia is an example of what the faith-based community can do. We have an enormously controversial faith-based bill here, full of constitutional traps, discriminatory patterns.

But look at what the D.C. Community Prevention Partnership is doing with none of that controversy. It increases awareness of faith-based institutions and effective prevention principles.

So take the churches and the faith-based organizations and teach them about the principles, and the churches will do the rest. It also links community-based youth-serving organizations with neighborhood faith-based institutions. Again, none of the controversy, but leveraging faith-based institutions.

Madam Speaker, I congratulate Members on their authorship of this bill.

Mr. CUMMINGS. Madam Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. DAVIS), who sits on the Subcommittee on Criminal Justice, Drug Policy and Human Resources, and was very instrumental in making sure that this legislation was appropriately amended.

Mr. DAVIS of Illinois. Madam Speaker, I rise today in support of H.R. 2291, the Drug-Free Communities Support Program reauthorization. I also commend the sponsors, the gentleman from Ohio (Mr. PORTMAN) and the gentleman from Michigan (Mr. LEVIN). I also commend the gentleman from Indiana (Mr. SOUDER) and the gentleman from Maryland (Mr. CUMMINGS) for their cooperation in moving this legislation to the floor.

Madam Speaker, I also acknowledge and thank the recently appointed drug czar, former Representative Hutchinson, for visiting with me to discuss these issues back at home in Illinois.

I am pleased to support the reauthorization of this vital program because it goes a long way towards reducing drug use in our communities.

All of us are aware of the tremendous drug use problems. We are aware of the fact that even young people today are beginning to use habit-forming drugs at an early age. When we talk about getting a bang for the buck or getting the most for the dollars that we spend, what we are really doing is taking a little bit of money, no more than $100,000, but we are empowering large numbers of people to become engaged, to become involved, to interact with each other, to discuss issues, to find ways to combat a problem.

Madam Speaker, I suggest this is one of the most effective utilizations of small amounts of money that we could ever have. I thank the Committee on Government Reform for accepting my amendment. I thank the chairman and ranking member for their tremendous leadership in moving this legislation.

Mr. CUMMINGS. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, in closing, not long after we held a hearing on this legislation, Judge Michael Kramer of Noble County, Indiana, sent me a note. He testified at our hearing. He talked about how he had to step out of the role as a judge and do things in the community, to do some prevention-type things because he had seen so much pain come before him. One of the things that he said in his note was he said, we have been doing a pretty good job, and he happens to be from the district of the gentleman from Indiana (Mr. SOUDER), and we want to share what we are doing with people in Baltimore and other areas.

Going back to what the gentleman from Illinois (Mr. DAVIS) talked about, the whole idea of people working together to address this problem, here was a wonderful judge in, I am sure, a rural area of our country extending his hand to help us out in the City of Baltimore. The fact is that this is what this is all about: trying to give people an opportunity to affect their lives, to be empowered in their own community and take control of situations.

Madam Speaker, as I listened to the many witnesses that came before us, it was clear that there are so many people that want to do something, and they have two problems: One, they need a limited amount of resources; two, a lot of times they need somebody to help them, to show them how to do what they have to do. This legislation addresses both of those issues very effectively.

As I said in the Committee on Government Reform, and I will say it no matter where I go, out of the many things that I have been a part of in this Congress, this is one of the most important things. One of the things that this legislation does, Madam Speaker, is clearly it saves a lot of lives and it saves a lot of pain. So I am very, very pleased to urge this House to support this legislation unanimously.

Madam Speaker, I thank the gentleman from Michigan (Mr. LEVIN) and the gentleman from Ohio (Mr. PORTMAN) and the gentleman from Indiana (Mr. SOUDER) and the ranking member for all of their support for getting this legislation to the floor. I urge that we adopt this legislation.

Madam Speaker, I yield back the balance of my time.

Mr. SOUDER. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, this is a worldwide battle. It is not a battle just in the United States. Yesterday five Colombian national police were painfully gassed in police headquarters in large part because of a war caused in Colombia because of American drug consumption.

Last week some Members were in Venezuela at the Andean parliament session to discuss antinarcotics efforts in the Andean nations where most of our cocaine and heroin comes from. As they look at creative ways to reduce the amount of poppy and coca that is grown, as they look for ways to reduce the consumption in their area, what we do in America has a direct impact on South America and Central America.

Madam Speaker, we went up to Pucalpa and we saw in the Amazonian jungle fires coming up throughout this national park as peasants stripped the woods along the Amazon basin in order to plant more coca for American consumption.

While Plan Colombia is important and the Andean Initiative is important, and law enforcement efforts are important and interdiction efforts are important, the fact is, unless we concentrate more aggressively on prevention and treatment in America where the demand begins, we cannot make any other program work. The demand is beginning here, and this bill is the anchor of our Federal prevention efforts in America. This is a desperate battle we cannot afford to lose.

Mr. GILMAN. Madam Speaker, I rise today in strong support of H.R. 2291, the Reauthorization of the Drug Free Communities Act (DFCA). I want to commend my colleague, Representative PORTMAN, for introducing this important legislation.

This program is a major component of our national demand reduction strategy. Over the last five years, through its program of distributing grants to community organizations, the DFCA has demonstrated itself to be a resounding success.

This success is due in part to the nature of the grant recipients, various anti-drug coalitions. These coalitions are community groups containing representatives of youth, parents, private industry, media and press, law enforcement, health care professionals and religious and civic leaders working together to provide a cohesive, effective anti-drug message and strategy.

H.R. 2219 reauthorizes the (DFCA) for an additional five years, and increases its overall funding levels by $10 million each year. Prior awardees would be able to apply for new grants, in addition to being eligible for ''mentoring grants'' in order to assist new coalitions with their initial start-up efforts.

Madam Speaker, the threat posed by illegal drugs is one of the largest national security threats facing our nation.

In addition to costs associated with supply and demand reduction, drug use costs our nation billions each year in health care expenses and lost productivity. Moreover, it also has intangible costs in terms of broken families and destroyed lives.

Our children are on the front lines as victims of the drug war. They are the primary target of both the drug producers and the sellers. The (DFCA) has a proven track record of success in reducing demand for drugs among our younger population. Given that today's adolescents are potentially the addicts of tomorrow, I wholeheartedly support extending and expanding a Federal program that has demonstrated past success in our war on drugs.

Accordingly, I urge my colleagues to give this bipartisan bill their wholehearted support.

Mr. HOLT. Madam Speaker, substance abuse is one of our Nation's most pervasive problems. It is a disease that does not discriminate on the basis of age, gender, socioeconomic status, race or creed. And while we tend to stereotype drug abuse as an urban problem, the steadily growing number of heroin and methamphetamine addicts in rural villages and suburban towns shows that is simply not the case.

We have nearly 15 million drug users in this country, 4 million of whom are hard-core addicts. We all know someone—a family member, neighbor, colleague or friend—who has become addicted to drugs or alcohol although we may be unaware. And we are all affected by the undeniable correlation between substance abuse and crime—an overwhelming 80 percent of the 2 million men and women behind bars today have a history of drug and alcohol abuse or addiction or were arrested for a drug-related crime.

All of this comes at a hefty price. Drug abuse and addiction cost this Nation $110 billion in law enforcement and other criminal justice expenses, medical bills, lost earnings and other costs each year. Illegal drugs are responsible for thousands of deaths each year and for the spread of a number of communicable diseases, including AIDS and Hepatitis C. And a study by the National Center on Addiction and Substance Abuse at Columbia University (CASA) shows that 7 out of 10 cases of child abuse and neglect are caused or exacerbated by substance abuse and addiction.

Another CASA study recently revealed that for each dollar that States spend on substance-abuse related programs, 96 cents goes to dealing with the consequences of substance abuse and only 4 cents to preventing and treating it. Investing more in prevention and treatment is cost-effective because it will decrease much of the street crime, child abuse, domestic violence, and other social ills that can result from substance abuse.

If we can get kids through age 21 without smoking, abusing alcohol, or using drugs, they are unlikely to have a substance abuse problem in the future. But there are still those who shrug their shoulders and say ''kids are kids—they are going to experiment.'' Others find the thought of keeping kids drug-free too daunting a task, and they give up too soon.

But the truth is that we are learning more and more about drug prevention as researchers isolate the so-called ''risk'' and ''protective'' factors for drug use. In other words, we now know that if a child has low self-esteem or emotional problems; has a substance abuser for a parent; is a victim of child abuse; or is exposed to pro-drug media messages, that child is at a higher risk of smoking, drinking and using illegal drugs. But the good news is that we are also learning what decreases a child's risk of substance abuse.

The Drug Free Communities program allows coalitions to put prevention research into action in cities and towns nationwide by funding initiatives tailored to a community's individual needs. It currently funds more than 300 community coalitions across the country that work to reduce drug, alcohol, and tobacco use.

And they are making a difference, which is just one of the reasons that I am proud to support this important bill reauthorizing the program.

Drug abuse plagues the entire community. We all feel the consequences—crime, homelessness, domestic violence, child abuse, despair—and we all need to do something about it. Prevention messages must come from all sectors of the community, from a number of

different voices. Coalitions bring those groups together, give them information they need, help develop programs that work, and nurture them to success.

I believe that the Drug Free Communities program is a powerful prevention initiative and I urge my colleagues to support its reauthorization.

Mr. SOUDER. Madam Speaker, I yield back the balance of my time.

□ 1500

The SPEAKER pro tempore (Mrs. BIGGERT). The question is on the motion offered by the gentleman from Indiana (Mr. SOUDER) that the House suspend the rules and pass the bill, H.R. 2291, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. SOUDER. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

SENSE OF HOUSE REGARDING ESTABLISHMENT OF SUMMER EMERGENCY BLOOD DONOR MONTH

Mr. SOUDER. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res 202) expressing the sense of the House of Representatives regarding the establishment of a Summer Emergency Blood Donor Month to encourage eligible donors in the United States to donate blood, as amended.

The Clerk read as follows:

H. RES. 202

Whereas every 3 seconds someone in the United States needs a blood transfusion;

Whereas approximately 32,000 pints of blood are used each day in the United States;

Whereas donated blood is used for transfusions of platelets, red blood cells, and plasma;

Whereas between 5 and 8 pints of red blood cells and approximately 5 pints of platelets are needed for the average open-heart surgery;

Whereas people who have been in car accidents and suffered massive blood loss may require transfusions of 50 pints or more of red blood cells;

Whereas blood centers are often in short supply of type O and type B blood;

Whereas shortages of type O and type B blood are most acute during the summer and during traditional vacation periods during the winter;

Whereas blood shortages can result in canceled surgeries, emergency room closures, and even death;

Whereas the Southeastern United States was in short supply of blood for transfusions before being hit by tropical storm Allison and is now experiencing a blood shortage crisis;

Whereas other States are donating blood from their own fragile blood supplies to the States that were hit hardest by tropical storm Allison;

Whereas the State of New York is experiencing a blood shortage crisis;

Whereas eligible donors in the State of New York are less than half as likely as other eligible donors in the United States to donate blood;

Whereas due to higher rates of cancer and other factors, the demand for blood in New York is higher than in other States;

Whereas the State of New York and the entire United States would benefit from increased blood donation;

Whereas the establishment of a Summer Emergency Blood Donor Season would encourage eligible donors in the United States to donate blood; and

Whereas the summer of 2001 would be an appropriate season to establish as Summer Emergency Blood Donor Season: Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that—

(1) a Summer Emergency Blood Donor Season should be established to encourage eligible donors in the United States to donate blood; and

(2) the President should issue a proclamation calling on the people of the United States to observe the summer of 2001 with appropriate programs and activities, including, in the case of eligible donors, the donation of blood.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Indiana (Mr. SOUDER) and the gentleman from Illinois (Mr. DAVIS) each will control 20 minutes.

The Chair recognizes the gentleman from Indiana (Mr. SOUDER).

Mr. SOUDER. Madam Speaker, I yield myself such time as I may consume.

(Mr. SOUDER asked and was given permission to revise and extend his remarks.)

Mr. SOUDER. Madam Speaker, House Resolution 202 expresses the sense of Congress that the President should establish a Summer Emergency Blood Donor Month to encourage eligible donors in the United States to donate blood. Although we just celebrated Labor Day, which is the traditional end of summer, the health care system continues to experience a shortage of blood donors. This resolution expresses the support of Congress to encourage blood donors to help their families and neighbors in times of need and will hopefully serve to increase public awareness of this issue.

I thank the principal sponsors of this resolution, the gentlewoman from New York (Mrs. MCCARTHY) and the gentleman from New York (Mr. KING), for their work on this resolution, which I support.

Madam Speaker, I reserve the balance of my time.

Mr. DAVIS of Illinois. Madam Speaker, I yield myself such time as I may consume.

Since 1970, the President of the United States has proclaimed January as National Volunteer Blood Donor Month, highlighting the importance of giving the gift of life through the donation of blood. House Resolution 202 will continue to help raise the public's awareness about blood donation by establishing a Summer Emergency Blood Donor Month.

Every 3 seconds, someone needs blood. Each day, patients across the country receive approximately 32,000 units of this vital resource. This year alone, as many as 4 million patients will require blood transfusions, as accident victims, people undergoing surgery and patients receiving treatment for leukemia, cancer and other diseases. By donating blood just once, each of us can save up to three lives. Too many Americans wait until they need blood before they truly realize the importance of volunteer blood donation. Sixty percent of the U.S. population is eligible to donate blood, but only 5 percent do so. While women and minority groups are volunteering to donate blood in increasing numbers, the 5 percent who donate blood are generally college-educated white males between the ages of 30 and 50 who are married and have an above-average income.

The gentlewoman from New York (Mrs. MCCARTHY) should be commended for raising all Americans' awareness about the importance of donating blood and giving the gift of life. Blood donations are most needed during holidays and in the summer. It is during the holidays and summer that the number of donations decline while the demand continues or even increases. This resolution will go a long way in addressing the Nation's need for blood during this critical period.

I have always been told, Madam Speaker, that you cannot lead where you do not go and you cannot teach what you do not know. So I am pleased to note that each year at some point in time I find some way to go to a blood donor organization, get on the couch, get on the table, have my blood pressure taken and give blood, even if I have got some reservation or hesitation.

Again I want to commend the gentlewoman from New York (Mrs. MCCARTHY) and the gentleman from New York (Mr. KING) and urge all Members of this body to enthusiastically support this resolution.

Madam Speaker, I reserve the balance of my time.

Mr. SOUDER. Madam Speaker, I yield 1 minute to the gentleman from New York (Mr. KING), the principal cosponsor.

Mr. KING. Madam Speaker, I thank the gentleman from Indiana for yielding time. I rise in strong support of House Resolution 202.

At the outset, let me thank the gentleman from Indiana for bringing this bill to the floor and moving it along. I also want to pay a special debt of thanks to the gentlewoman from New York (Mrs. MCCARTHY) for the effort and the leadership she has shown in this issue as she has on so many other health-related issues.

Madam Speaker, the gentleman from Illinois really laid out the case. The reality is that every 3 seconds somebody needs a transfusion. Thirty-two thousand pints of blood are needed every