

coupled with an expertise in administering cash reimbursement programs, have convinced the companies that bona fide cash reimbursement programs are more practical. Fair enough.

We should, therefore, make it easier for such companies to offer the benefit through cash reimbursement arrangements. While I am committed to that end, I have serious reservations about the repeal of the voucher preference contained in the Domenici amendment.

My main objection is that the U.S. Treasury is currently developing substantiation regulations for the administration of this benefit through cash reimbursement arrangements. These regulations will provide companies with a clear understanding of their obligations in the verification of their employees' transit usage, an understanding which does not exist today. Until these regulations are promulgated, voucher programs offer the only true mechanism of verification—vouchers, unlike cash, are useless unless enjoyed for their intended purpose. The Congress should not take an action that might rapidly increase the use of a tax benefit without the existence of accompanying safeguards to ensue the program's integrity.

I will work with my colleagues on the Finance Committee, with my revered Chairman, and any Senator interested in this issue, to improve the ease with which companies can offer this important benefit to their employees. It is, after all, in our national interest. But I must strongly oppose efforts to repeal the voucher preference until the Treasury establishes a regulatory framework for cash reimbursement. We have been told to expect proposed regulations from the Treasury within the week. We anxiously await their arrival.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I ask unanimous consent to speak as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### METHAMPHETAMINE

Mr. BAUCUS. Mr. President, I rise today to address an issue that is tearing rural communities apart—methamphetamine.

Last week, our Nation's drug czar, Gen. Barry McCaffrey, and his deputy, Dr. Don Vereen, came to Montana to focus on methamphetamine. We met with law enforcement officers, health care professionals, and concerned citizens.

As many of you know, methamphetamine is a powerful and addictive drug. It is considered by many youths to be a casual, soft-core drug with few lasting effects. But, in fact, meth can actually cause more long-term damage to the body than cocaine or crack.

Methamphetamine users are often irritable and aggressive. They have tremors and convulsions, their hearts working overtime to keep up with the frenetic pace set by the drug. Methamphetamine can stop their hearts. It can kill.

The psychological effects of meth use are also severe: Paranoia and hallucinations; memory loss and panic; loss of concentration and depression.

We have all heard these symptoms manifested around the country, particularly in rural America.

Time magazine reported just 2 years ago, in June 1998, on the meth problem faced in Billings, MT. Time found that until 5 years ago, in Billings—Montana's largest city—marijuana and cocaine were the most often used illegal substance of choice. Today, as reported in Time magazine, it is methamphetamine.

In 1998, the number of juveniles charged with drug-related or violent crimes in the Yellowstone County Youth Court rose by 30 percent.

In Lame Deer—that is the community of the Northern Cheyenne Indian Reservation—kids as young as 8 years old have been seen for meth addiction.

Last November in our State, a meth lab blew up in Great Falls, leading to a half dozen arrests.

Sounds like awful stuff, doesn't it? But if it is bad, why is methamphetamine the fastest growing drug in Montana, and particularly over rural America in the last 5 years? Why did meth use among high school seniors more than double from 1990 to 1996?

The short answer is that methamphetamine provides a temporary high, a short-term euphoria; it feels good; in addition, increases alertness. Although the use of the drug later leads to a dulling of the body and mind, its short-term lure is one of enhanced physical and mental prowess.

Workers may use the drug to get through an extra shift, particularly a night shift; it gives them a real high. Young women often use meth to lose weight. It is interesting, but in our State over half of methamphetamine users are women, single moms, stressed out, working. She needs a break. She takes the drug. It helps her get through the day or week. Athletes also use it to improve performance. People think it helps. It helps them get through the day, helps them to do what they are doing. They do not realize how much it hurts.

Therein lies the danger of methamphetamine. Folks think they can use it for a short time with no long-term ill effects—sort of like straying from their New Year's diet and eating a couple of pieces of cheesecake—but they can't do it, can't get away with it.

Consider this: Dr. Bill Melega is a doctor at UCLA. He researched the effects of methamphetamine on monkeys, giving them meth for 10 days. He

found that not only did methamphetamine physically alter the brain, but these monkeys' brains remained altered 3 years after methamphetamine was administered. Again, 3 years after taking the drug, the brain still had not recovered.

Brain scans show that, whether it is positron or other forms of technology we have that scan the brain, when an individual is taking methamphetamine, the brain is significantly changed. As I said, in the case of monkeys—we do not have test results yet on human beings—it is permanently changed.

So meth is a problem. But is it reasonable to believe we can mobilize a community-wide effort against it? Is it possible to remove meth from Montana and all our communities? I say we can, but it is going to take a lot of work.

A few years ago, for example, in Billings, MT, a group of skinheads threatened Billings and its Jewish community with bodily harm. They threw bricks through windows of Jewish homes. They threatened violence on others and caused a huge problem in my State, particularly in Billings.

But what happened? The people of Billings mobilized. They mobilized to defend against that mindless hatred. They banded together, and they organized the largest Martin Luther King Day march ever in my State. Billings people, in addition to the police, law enforcement officers, and others—basically, the people—the community rose to the challenge and ousted the skinheads from Billings, MT.

Just a few days after yet another Martin Luther King celebration, we are given the chance all across our country to try again, with community efforts, to solve community problems, whether it is racial hatred, whatever it is—in this case, among others, this methamphetamine. We all have a part to play.

Kids, you should know that meth will hurt you. It might even kill you. Our communities need you to serve as examples of how to live a positive, drug-free life. You are doing it already through organizations such as SADD—the Students Against Destructive Decisions—Big Brothers and Sisters, Smart Moves, Smart Leaders. There are lots of organizations.

One encouraging sign in the fight against meth is the incredible people who have been working on this problem.

In my State of Montana, for example, there is a lady named Virginia Gross who for over a decade has been in the "treatment trenches" serving the most serious cases of meth addiction in Billings, MT. A Billings native herself, she got her start in the treatment area, working generally with emotionally disturbed kids. She saw that almost invariably these emotionally disturbed kids had a drug abuse problem tied

with them. In doing intakes at a treatment center called the Rimrock Foundation, she treated her first meth addict 13 years ago.

There is virtually no literature on the subject, particularly on meth treatment, so she, on her own—working with this and that—developed her own treatment techniques—testing this, trying that—and she gradually learned what it takes to treat a meth patient effectively.

In the hundreds of patients she has treated since 1987, she points to one as her greatest success. This fellow, strung out since age 14 on drugs for more of his life than not, came to Virginia with a determination to try anything. He told her he would do whatever it took to beat his addiction. He knew he wanted to be clean, and clean he became. Three years after starting treatment, this former high school dropout got his GED, started college. He has gotten straight A's and aspires to be a forest ranger. He is a symbol of Virginia's and his own success and particularly a symbol of what young people can do who are on drugs and who want to get off.

Success can be achieved. Meth can be defeated. We all have a part to play. Parents, teachers, you must know the symptoms of meth use; recognize them. More importantly, you need to talk to your children. It is true that teens whose parents talk to them about drugs are half as likely to use drugs as those whose parents don't. If you talk to your kids, the chances your kids will take drugs is 50 percent less than if you don't talk to them about drugs. It is a proven fact. It is a statistic that is very amply demonstrated.

Finally, law enforcement, you have a critical part to play, too. Last week, again, the news in Billings reported that the crime rate has fallen significantly in the last 2 years, 10 percent this year alone. That is good news. But the bad news is, it is also true that Billings' violent crime rate has increased over that same time. I believe much of that is attributable to drug use. Until we get a handle on the drug problem, controlling crime is going to be a very steep uphill battle.

To that end, Montana must be a member of the Rocky Mountain High-Intensity Drug Trafficking Area, or HIDTA. It is a collaboration between State, Federal, and local law enforcement agencies. Then there is S. 486, the Meth Act, which passed the Senate last session and waits for action in the House. It provides longer prison terms for drug criminals, more money for law enforcement, education, prevention, and a wider ban on meth paraphernalia. All told, the bill increases Federal funding for law enforcement and education by over \$50 million.

We are proud in our State to call Montana the last best place. We love our way of life. But in the past several

years, we have found that even the last best place is not immune to the scourge of methamphetamine and all the trouble that comes with it. We have gangs. We have thugs. We have crime. We have drugs. We have a problem.

Today a report was released underscoring the fact that rural teenagers are much more likely to smoke, to drink, and to use illegal drugs than their urban counterparts. The report was commissioned by the Drug Enforcement Administration and funded by the National Institute on Drug Abuse, focusing primarily on 13- and 14-year-olds. It showed that eighth graders in rural America are 83 percent more likely to use crack cocaine than their urban counterparts. They are 50 percent more likely to use cocaine, 34 percent more likely to smoke marijuana, 29 percent more likely to drink alcohol. Even more shocking, the report showed that rural eighth graders were 104 percent more likely to use amphetamines, including methamphetamine. That is double the rate of urban eighth graders.

We also have confidence in our State, as I know people do in other communities, that we can solve this, particularly in the face of such adversity. And this battle must be won. Meth use in Montana and in other communities is much too important a battle to lose. So, kids, please understand what meth does to you. Serve as examples to your peers and what it means to lead a drug-free life. We need you. Parents, teachers, recognize the symptoms; talk to your kids. Law enforcement, your efforts are bearing fruit. You need more support and all of us, of course, will continue to help you, particularly here in the Congress, to get it. You need the help of the communities because community problems require community solutions.

One final note. Let me emphasize that last one: Community effort. This is only going to be solved in all communities across our country if it is a total community effort. Doctors have to get more involved. They have to not only get involved with the glamorous cases of heart transplants and hip replacements but also meth use, addiction. Doctors have to get much more involved. Pediatricians have to talk much more to parents of the kids when the kids come into the office. Our faith community can do still more, much more throughout our country in cracking down on meth, working hard to work together with other communities, parents, obviously teachers and schools, treatment centers.

In addition, treatment is so important. So many people are arrested for meth use or for peddling meth. They are addicted. They are put in prison. What happens? After they are out of prison, they are back on meth. There is virtually no treatment or there is very

little treatment of incarcerated persons in prison because of meth. There has to be treatment. Treatment is tough. Treatment takes a long time. It takes more than 30 days. It takes more than 60 days. It takes more than 90 days. Treatment usually takes up to 1 to 2 years. Halfway houses, you have to stick with it. You have to stick with it if we are going to solve it.

Look at it this way: If we leave meth users alone in the community, it is going to cost the community, estimates are, \$38,000, \$39,000, \$40,000 a year. That is the cost of that meth-addicted user to communities, whether it is in crimes, stealing to support the habit, all the ways that addicted meth users are destructive to a community. To put that same person in prison, it is going to be very costly; that is, prison without treatment. It is going to cost maybe up to \$30,000. Incarceration today costs about \$30,000 a person a year. Treatment alone is about \$6,000 to \$8,000. Treatment in prison is going to be less than letting the person free out on the street in the community. It pays.

Taxpayers, rise up. Recognize your tax dollars are spent much more efficiently with treatment, treatment of addicted meth users in prison, than without the treatment, working with law enforcement officials, coordinating all your efforts.

Again, I emphasize that final point. Methamphetamine is a national problem. It is a State problem, but it is more a community solution, all the peoples of the communities working together, certainly with States and certainly with Uncle Sam, but you have to do it together as a well-knit effort. That is how we will solve this scourge in this country.

I thank the Chair.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Mr. President, I compliment the Senator from Montana for his eloquent remarks on methamphetamine and the destruction it is wreaking not only on Western States such as Montana and Utah but throughout the country. We passed a methamphetamine bill out of the Senate. We have to get it through the House. I ask my dear friend from Montana to help us work with House Members to get that through. If we get that through, it will immediately start taking effect.

What these kids don't realize, and their parents, is once they are hooked on meth, it is almost impossible to get them off. I had a situation where a very strong friend of mine had a son, a good kid, but he was picked up and put in jail once for meth. He promised to be OK. He had quite a bit of time to get OK, came outside, he had perfect intentions, wanted to be everything he possibly could be. Then, all of a sudden, he started making meth in his apartment, got picked up again. The father called

me and said: I know he has to go to jail. I hope you can get the help for him.

I called the top people and they said they will try and get him into a Federal rehabilitation center, but it would take at least 3 years just to get him to be able to handle it, not ever get rid of the desire, but just to handle it.

So you parents out there, if you don't realize how important what Senator BAUCUS has been talking about is, then you better start thinking. If your kids get hooked on meth, it is going to be a long, hard road to get them off. Their lives may be gone.

We have to pass that bill. I appreciate the distinguished Senator's remarks for the most part. I thank him for being here. I hope we will all work together to get that bill through Congress so we can solve this terrible scourge.

Mr. BAUCUS. I hope not only for the most part but for the whole part, Mr. President. The Senator from Utah is exactly correct. I must confess, I learned a lot about the scourge this past week when Gen. Barry McCaffrey was in Billings for a whole day and half the next day with his people, meeting with treatment people the whole time, various aspects of the people who deal with this. It is one big problem, as the Senator from Utah said. It is really vicious stuff. Once you are on it, it is worse than cocaine or heroin. It is harder to withdraw. The treatment is longer. I mean, this is wicked stuff.

I might add, one fact I learned is that in our State—and I hope it is not true in Utah—we have a high percentage of users who shoot it with needles, or IV. Therefore, if we don't stamp it out, we are going to face a high incidence of hepatitis C and HIV. Dr. Green, an expert on the subject in Billings, was shocked last week when he came to understand the high rate of users who inject meth instead of taking it orally or smoking it.

All I say is that I hope parents and communities will rally and knock this thing out. It is really bad stuff.

Mr. HATCH. I thank my colleague. It is a real problem, and we have to do something about it. I appreciate his remarks.

#### MORNING BUSINESS

Mr. HATCH. Mr. President, I ask unanimous consent that there be a period for the transaction of routine morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### SUPERFUND RECYCLING EQUITY ACT

Mr. DASCHLE. Mr. President, I take this opportunity to correct an inad-

vertent but significant error in the CONGRESSIONAL RECORD of November 19, 1999, the last day of the first session of this Congress. It concerns a statement submitted for the RECORD by Senator LOTT (145 CONGRESSIONAL RECORD S15048) regarding the Superfund Recycling Equity Act, which was passed as part of the Intellectual Property and Communications Omnibus Reform Act of 1999. The statement erroneously was attributed to both Senator LOTT and me. In fact, the statement did not then and does not now reflect my understanding of the Superfund recycling amendments.

I make this clarification at the earliest opportunity, in order to minimize the possibility of any mistaken reliance on the statement as the consensus view of two original cosponsors, particularly with respect to the availability of relief in pending cases. It is not.

The recycling amendments were passed as part of the end of year appropriations process and did not have the benefit of hearings, debates, or substantive committee consideration during the 106th legislative session. Thus, there is no conference report, and there are no committee reports or hearing transcripts, to guide interpretation of the bill.

However, much, though not all, of the language in the recycling amendments originated in the 103d Congress. At that time, key stakeholders, including EPA, members of the environmental community and the recycling industry, agreed on recycling provisions as part of efforts to pass a comprehensive Superfund reform bill. Although Superfund reform legislation did not reach the floor in the 103d Congress, it was reported by the major Committees of jurisdiction in both the Senate (S. 1834) and the House with bipartisan support. In reporting these bills in the 103d Congress, the Senate Environment and Public Works Committee, the House Energy and Commerce Committee, and the House Public Works and Transportation Committee each produced reports that include discussions of the recycling provisions.

Since the recycling provisions of S. 1834 were identical in most respects to the Superfund Recycling Equity Act of 1999, and the meaning of key provisions of that bill were actively considered and discussed, the Senate Committee Report contains probably the best description of the consensus on the meaning of those provisions.

To the extent the Committee Report does not address a particular provision of the recycling amendments, the Committee may very well have chosen to be silent on the point. With respect to such provisions, the "plain language" of the statute must be our guide.

I am proud of our accomplishment in finally passing the Superfund Recy-

cling Equity Act with broad bi-partisan support. This could not have happened without the hard work and cooperation of Senator LOTT. And the significance of this accomplishment is by no means compromised by the absence of agreement on any legislative history. As usual, it will be for the courts to resolve questions of interpretation on a case-by-case basis, applying the bill to a wide range of potential factual situations.

I again thank the distinguished majority leader for his work on this bill.

#### HEALTH ACCOMPLISHMENTS FOR THE FIRST SESSION OF THE 106th CONGRESS

Mr. HATCH. Mr. President, I will take just a few minutes at the beginning of the second session of the 106th Congress to comment on several legislative initiatives I authored in the first session, and which I am pleased to say either passed or were substantially incorporated into other bills that were approved and signed into law by the President last year.

One of the most important issues for my state of Utah is the Radiation Exposure Compensation Act (RECA) Amendments of 1999, S. 1515, which I introduced last year. I am delighted that the Senate passed this important legislation in November.

This bill will guarantee that our government provides fair compensation to the thousands of individuals adversely affected by the mining of uranium and from fallout during the testing of nuclear weapons in the early post-war years.

Senator BEN NIGHTHORSE CAMPBELL; the distinguished Senate Minority Leader, Senator TOM DASCHLE; Senator JEFF BINGAMAN; and Senator PETER DOMENICI all joined me in introducing this legislation.

In 1990, the Radiation Exposure Compensation Act (42 U.S.C. 2210) was enacted in law. RECA, which I was proud to sponsor, required the federal government to compensate those who were harmed by the radioactive fallout from atomic testing. Administered through the Department of Justice, RECA has been responsible for compensating approximately 6,000 individuals for their injuries. Since the passage of the 1990 law, I have been continuously monitoring the implementation of the RECA program.

Quite candidly, I have been disturbed over numerous reports from my Utah constituents about the difficulty they have encountered when they have attempted to file claims with the Department of Justice. I introduced S. 1515 in response to their concerns.

This bill honors our nation's commitment to the thousands of individuals who were victims of radiation exposure