

amendments. I want substantive debate and up-or-down votes, and I want us to be accountable.

I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

#### ECSTASY

Mr. GRASSLEY. Mr. President, many times I have come to the floor to express my concerns regarding the threat of illegal drugs to our young people. Today, I want to address one drug in particular, a designer drug called Ecstasy. Although it has been around a long time, its use has exploded recently. As with most such drugs, drug pushers are marketing it as a safe drug. That's a lie.

Ecstasy is a Schedule I synthetic drug with amphetamine-like properties that is inexpensive and easy to make. It acts as a stimulant and a hallucinogen for approximately 4 to 6 hours and gives its users a false sense of ease and relaxation. Because of these effects, Ecstasy is often found in big city club scenes that specialize in attracting young people. Recently, however, the nation is experiencing an Ecstasy explosion, which is spreading this dangerous drug into suburban and rural areas. With the recent release of a study on substance abuse in mid-size cities and rural America by the National Center on Addiction and Substance Abuse (CASA), this is particularly disturbing.

In January of this year, CASA warned that Americans need to recognize that drugs are not only an urban problem, but a rural problem as well. I see this in my own state of Iowa. CASA reports that 8th graders living in rural America are 34 percent more likely to smoke marijuana and 83 percent more likely to use crack cocaine, than those in urban areas. It also reports that among 10th graders, use rates in rural areas exceed those in urban areas for every drug except marijuana and Ecstasy. The key here is that Ecstasy is not yet, but is quickly becoming a rural drug. It is imperative that parents and kids become aware of Ecstasy and the dangers of use.

Unfortunately, Ecstasy is quickly becoming the drug of choice among many of our young people. It is perceived by many as harmless because negative effects are not immediately noticeable. In fact, Ecstasy is often referred to as a recreational drug. For this reason, it is not surprising that Monitoring the Future, an annual study that monitors illicit drug use among teenagers, reported Ecstasy use growing. Lifetime use among 12th graders increased from one in fifteen in 1998 to one in twelve in 1999. Past year use went from one in twenty-five in 1998 to one in fifteen in 1999. This is a disturbing upward trend.

Ecstasy is a dangerous drug that can be lethal. Many are unaware that it

can cause increased heart rate, nausea, fainting, chills, and sleep problems. In addition to physical effects, there are also psychological effects such as panic, confusion, anxiety, depression, and paranoia. Scientists are also learning that Ecstasy may cause irreversible brain damage, and in some cases it simply stops the heart. We need to put an end to the spread of Ecstasy into our communities. We need to take away its image as safe. We need to counter the arguments, that it is a fun drug.

However, with recent reports of rises in Ecstasy seizures by the U.S. Customs Service, it seems we have a long, hard battle ahead of us. In fiscal year 1999, Customs seized 3 million doses of Ecstasy. In the first 5 months of fiscal year 2000, Customs seized 4 million doses. Ecstasy has become such a threat that Customs has established an Ecstasy Task Force to gather intelligence on criminal smuggling of Ecstasy. Customs has also trained 13 dogs to detect Ecstasy among those crossing the border and entering major airports.

Although much is being done to stop the flow into our country, we need to play our part and educate the young people in our communities. In my home state of Iowa, Ecstasy is not yet a major problem and this may be the case in your home states as well. However, I am here today to tell you that if it isn't a problem now, it may be soon. We need to stop the use of Ecstasy before it starts. And the way to do that is to educate the parents and young people in our communities on the dangers. I don't want to see any more innocent lives cut short or careers ruined because of bad or no information.

Mr. FEINGOLD. Mr. President, I ask unanimous consent to speak for 15 minutes as in morning business.

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

Mr. FEINGOLD. I thank the Chair.

(The remarks of Mr. FEINGOLD pertaining to the introduction of S. 2463 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. HELMS. I ask unanimous consent that I be permitted to yield to the distinguished Senator from Oregon and that I follow him.

The PRESIDING OFFICER (Mr. HUTCHINSON). Without objection, it is so ordered.

Mr. DEWINE. Mr. President, I also ask unanimous consent that I follow the Senator from North Carolina.

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

The Senator from Oregon.

Mr. WYDEN. Mr. President, before I begin I want to thank Chairman HELMS for his courtesy. There is no Senator more gracious. I particularly appreciate the Senator giving me the opportunity to speak today at this time.

#### PRESCRIPTION DRUG COVERAGE

Mr. WYDEN. Mr. President, this morning there is fresh evidence that millions of our older Americans cannot afford their prescription medicine. I have come to the floor of this Senate on more than 20 occasions now to make this point. But the news this morning comes at an especially important time. On both sides of Capitol Hill efforts are underway to develop a practical approach to making sure older people can get prescription drug coverage under the Medicare program.

I have had the opportunity for many months now to work with colleagues on both sides of the aisle, and I am especially appreciative of the efforts of Senator DASCHLE to try to bring Members of the Senate together to find common ground in this session to get prescription drug coverage for older people. Under Senator DASCHLE's leadership, principles have been developed that every Member of the Senate would find appealing and attractive to. We have talked, for example, about how this program would be voluntary. No senior citizen who is comfortable with their prescription drug coverage would be required to do anything if they chose not to. That is something that would be attractive to both parties.

We have talked about making sure this is a market-oriented approach, that we use the kind of forces that are available to individuals receiving coverage in the private sector through private insurance and through health maintenance organizations. We want to make sure the benefit is available in all parts of the United States. There are areas of this country where there may not be big health plans, but as long as there is a telephone, a pharmacy, and a mailbox, we are going to be able to get the medicine to those older people in an affordable way.

Finally, many of my colleagues and I believe coverage ought to be universal. It ought to be available to all people on the Medicare program.

The most important point—and it is why I come to the floor today—is that we have fresh evidence that millions of seniors can't afford their medicine. We have to take steps to make the cost of medicine more affordable to the elderly. There is a right way to do this and a wrong way to do this. The wrong way is to institute a regime of private controls, a Federal one-size-fits-all approach because that involves a lot of cost shifting to other groups of citizens.

If we just have Federal price controls for the Medicare program, a lot of women who are 27, single, with a couple of kids will see their prescription drug bill go through the roof. We will have to develop a market-oriented approach along the lines of what Members of Congress receive through the Federal Employees Health Benefits Plan. That way we can give senior citizens the kind of bargaining power that

folks have in a health maintenance organization or in a private plan. We could do it without price controls that produce a lot of cost shifting.

This is an important date in the discussion about prescription drugs. Our older people don't get prescription drug coverage under the Medicare program. That has been the case since it began in 1965. When they walk into a pharmacy and don't have coverage, in effect, they are subsidizing the big buyers—the health maintenance organizations and the private plans.

I hope we can come together in the Senate to find common ground. Senator DASCHLE is trying to bring Members of the Senate together. I know there are colleagues on the other side of the aisle who feel exactly the same. Let's not let this issue go off as campaign fodder for the 2000 election. Let's not adjourn this session without coming together and enacting this important benefit for the elderly.

I don't believe America can afford not to cover prescription medicine. A lot of these drugs today might cost up to \$1,000, such as an anticoagulant drug that is so important for the elderly. That is certainly a pricey sum. If a senior citizen can get anticoagulant medicine to prevent a stroke that would cost upwards of \$100,000 or \$150,000, it is pretty clear that prescription drug coverage is a sensible and cost-effective approach for the Senate to take.

I intend to return to the floor in the future, as I have done on more than 20 occasions, in an effort to bring the Senate together. I am especially appreciative of Senator DASCHLE's patience in our effort to try to find common ground. I know there are colleagues on the other side of the aisle who feel the same.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. HELMS. Mr. President, I have a slight difficulty with my balance due to a temporary defect in my feet. I ask unanimous consent I be permitted to deliver my remarks seated.

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

#### NEGOTIATIONS WITH RUSSIA ON A REVISED U.S.-SOVIET ABM TREATY

Mr. HELMS. Mr. President, the news media is buzzing with speculation that President Clinton will attempt, in his final month in office, to strike a major arms control deal with Russia—including a major ABM Treaty that would limit the ability of the United States to defend itself against ballistic missile attack.

White House officials have openly stated their concern that Mr. Clinton faces the prospect of leaving office without a major arms control agreement to his credit—the first President

in memory to do so. And from this President—a man uniquely absorbed with his legacy—that perhaps would be, to him, a personal tragedy.

Mr. Clinton wants an agreement, a signing ceremony, a final photo-op. He wants a picture shaking hands with the Russian President, broad smiles on their faces, large, ornately bound treaties under their arms, as the cameras click for perhaps the last time—a final curtain call.

I must observe that if the price of that final curtain call is a resurrection of the U.S.-Soviet ABM Treaty that would prevent the United States from protecting the American people against missile attack, then that price is just too high.

With all due respect, I do not intend to allow this President to establish his legacy by binding the next generation of Americans to a future without a viable national missile defense.

For nearly 8 years, while North Korea and Iran raced forward with their nuclear programs, and while China stole the most advanced nuclear secrets of the United States, and while Iraq escaped international inspections, President Clinton did everything in his power to stand in the way of deploying a national missile defense. Do you want some facts, Mr. President? Let's state some for the record.

In 1993, just months after taking office, Mr. Clinton ordered that all proposals for missile defense interceptor projects be returned unopened to the contractors that had submitted them.

In December of that same year, 1993, he withdrew the Bush administration's proposal for fundamentally altering the ABM Treaty to permit deployment of national missile defenses at a time when Russia was inclined to strike a deal.

By 1996, 3 years after taking office, Mr. Clinton had completely gutted the National Missile Defense Readiness Program. He slashed the national missile defense budget by more than 80 percent.

In 1997, he signed two agreements to revive and expand the U.S.-Soviet ABM Treaty, including one that would expand ABM restrictions to prevent not only national missile defense for the American people but to constrain theater missile defenses to protect our troops in the field.

Then for the next 3 years, the President, heeding some of his advisers, no doubt, refused to submit those agreements to the Senate, despite making a legally binding commitment to submit them. He made that commitment to me in writing. He did not submit them because he was afraid the Senate would reject them, while in doing so would clear the way for rapid deployment of missile defenses. To this day, he still has not fulfilled his legal requirement to submit those treaties for the Senate's advice and consent.

In December 1995, Mr. Clinton vetoed legislation that would have required the deployment of a national missile defense with an initial operational capability by the year 2001.

Three years later, in 1998, he again killed missile defense legislation—the American Missile Protection Act—which called for the deployment of national missile defense, as soon as its technology was ready, by threatening a veto and rallying Democratic Senators to filibuster the legislation.

Only in 1999 did he at long last sign missile defense legislation into law, but only after it passed both Houses of Congress by a veto-proof majority and only after the independent Rumsfeld Commission had issued a stinging bipartisan report declaring that the Clinton administration had dramatically underestimated the ballistic missile threat to the United States.

But while Mr. Clinton was doing all this, costing America almost 8 years in a race against time to deploy missile defenses, our adversaries were forging ahead with their missile systems.

While Mr. Clinton was dragging his feet, for example, foreign ballistic missile threats to the United States grew in terms of both range and sophistication. Today, several Third World nations possess, or are developing, ballistic missiles capable of delivering chemical, biological, or nuclear warheads against cities in the United States.

According to the Rumsfeld Commission, both North Korea and Iran are within 5 years of possessing viable ICBMs capable of striking the continental United States, and North Korea may already today have the capacity to strike Alaska and Hawaii. Last month, Communist China explicitly threatened to use nuclear weapons against United States cities should the United States take any action to defend democratic Taiwan in the event Beijing launched an invasion of Taiwan.

So Mr. Clinton is in search of a legacy? La-di-da. He already has one. The Clinton legacy is America's continued inexcusable vulnerability to ballistic missile attack. The Clinton legacy is 8 years of negligence. The Clinton legacy is 8 years of lost time.

But in the twilight of his Presidency, Mr. Clinton now wants to strike an ill-considered deal with Russia to purchase Russian consent to an inadequate U.S. missile defense—one single site in Alaska to be deployed but not until 2005—in exchange for a new, revitalized ABM Treaty that would permanently bar any truly national missile defense system.

The President is attempting to lock this Nation, the United States of America, into a system that cannot defend the American people, and the President is trying to resurrect the U.S.-Soviet ABM Treaty which would