

There is an atmosphere, of course, which has pervaded American politics, and especially politics in Washington, that discussing substantive reform to Social Security laws of our country is to commit political hari-kari; that any discussion of Social Security must be done in the most passive and benign way or else a person in public office will suffer great consequence.

But we can no longer afford to take this head-in-the-sand approach to this absolutely critical and core issue of public policy. We know that the Social Security system is fundamentally broken and that it is headed toward an enormous bankruptcy. We know that if we take no action, purely as a function of demographics, we will see a collapse of the Social Security system in the early part of the next century, and with it probably a collapse of our Nation's finances, as we will simply be unable to bear the load of paying for the system.

This is not a result of having a failed system for the last 40 years. We have had an extraordinary system for the last 40 or 50 years. It is a result simply of the fact that the Social Security system was not structured to deal with the generational demographics which we are headed toward. The post-war baby-boom generation is going to turn the tables of productivity upside down and the tables of who gets and who gives relative to the Social Security system.

Today, approximately 3.1 people pay into the system for every 1 person who takes out. By the time the post-war baby-boom generation is fully taking down its share of Social Security, we will only have two people paying into the system for every one person taking out. That means that by the year 2020, the Social Security system will be running approximately a \$216 billion deficit which will be escalating in a geometric progression.

This deficit will essentially absorb all the discretionary dollars of the U.S. Government, and we simply will be unable to fund the operation of Government, beyond either paying for Social Security or choosing some other course. What will happen is, we will have to create a massive economic disruption to address the issue, probably a national inflation on the order of what happened in the German Weimar Republic after World War I.

So this issue must be addressed. It is like that television ad for an oil filter that says, "You can pay me now or pay me later." By paying now, by doing something now, we can alleviate the problem for the next generation or reduce it dramatically at a low cost, but if we wait until later, the cost to the next generation will be astronomical, and we will not have fulfilled our obligation as passers of the torch.

So I have proposed a piece of legislation which addresses this issue. I recognize that stepping into this water maybe doesn't make political good sense, but I happen to believe that if

we do not step into this water, or if somebody doesn't begin to step into this water, nothing will happen. So I put on the table a proposal on Social Security, which I introduced last week, which addresses the underlying problems of the system.

It has four basic elements, and, as a practical matter, it addresses the next generation—my generation—and younger people's generations as to how they will be impacted. It has very little significant impact on the people who are presently receiving benefits from the Social Security system.

The first element of it, and probably the most magic, unique—I won't use magic, that will be too egotistical a term—the most unique is I am suggesting we take now what is presently the surplus in the system, which surplus we expect to run through the year 2010, and we refund that surplus to the wage earners.

Today, \$20 billion more is paid into the system than is paid out of the system for benefits. That means the wage earners in this country are paying \$29 billion more in taxes than they need to pay under Social Security to support the Social Security system.

My suggestion is that we refund that by reducing the payroll tax by that 1 percent, from 7.5 percent to 6.5 percent, which works out to about 12 percent actually, but a 1-percent reduction. And we allow the wage earner to take that 1-percent savings and put it into a savings account, into a savings vehicle like an IRA or some other personal savings vehicle and invest it for their future. This would allow us to begin to prefund the liability of a system which is now subject to contingent funding.

We now have a pay-as-you-go system. There is no account which is set up for anybody who is on Social Security. What is paid in today is paid out today. This would allow us to begin to prefund that liability and to give working Americans who are under the age of 50 an opportunity to start to save for their retirement. And it would do it without impacting at all—at all—the present benefit structure of senior citizens.

In addition, we must acknowledge that our society is living longer and being more productive. When the Social Security system was officially created, the average life of an American male was 61, and the retirement age was set at 65. Franklin Roosevelt was no fool. Today, the average life expectancy of an American male is 72 and is moving toward 78. Retirement age remains 65.

My proposal, for people who are under the age of 45, would scale up the retirement age and give them lead time to anticipate that. Again, it would affect nobody who is on the system or about to come on the system.

In addition, I do something which is called changing the bench points, which is essentially affluence testing, not for people who are on the system today but people who are under the age of 45.

These are some changes that would bring about a solvent system. They are different, but they are proposals that need to be put on the table and discussed. Mr. President, I thank the indulgence of the Chair.

The PRESIDING OFFICER. The Chair recognizes the Senator from Iowa.

Mr. GRASSLEY. Thank you, Mr. President.

THE NATIONAL DRUG CONTROL STRATEGY

Mr. GRASSLEY. Mr. President, the drug czar released the national drug control strategy recently, as he is required to do. The President held a press conference to announce the strategy and his budget for fiscal 1998 to combat drug use in this country. This strategy now includes a request for almost \$16 billion. That is about a 5.4-percent increase, which is just about average for recent drug budgets. While I welcome the strategy and the increase, I am concerned that it does not live up to the requirements set out in the law. I am even more concerned that the strategy seems to walk away from the war on drugs. This strategy would seem to have us believe that we can combat the problem of rising teenage drug abuse by simply treating the wounded. It is walking away from a war on drugs to talking about fighting a cancer.

I have heard Mr. McCaffrey on this issue before. The view seems to be that a "war" is the wrong metaphor for our efforts. It seems that we must act as if our problem is more akin to therapy. We must treat the problem of illegal drugs and not combat it. In this view, it is time to trade in our old car for a sleek new model. I appreciate the drug czar's sensitivities on this issue, but quite frankly, this trade-in is going to buy us a lemon.

This walking away from years of efforts to combat drug abuse and instead substituting "phrases about treating a condition" is simply waving a white flag. It sends the signal that instead of combating illegal drugs we must accept them like we would a disease. While I agree that the problem of illegal drug use and smuggling are deeply imbedded in our society, I do not buy the idea that we need to tolerate this situation.

I do not think we gain much by blurring the language we use. I do not believe that we gain ground with our efforts to keep kids off drugs by sending weaker signals about our efforts. This is even more true at a time when kids are using more drugs.

I am concerned that the present strategy simply doesn't have the juice needed to get us moving. The real story about the present situation of drug use in this country today is that we are losing. By the only standard that matters, whether more kids are deciding to use more drugs, our efforts are failing. In every reporting mechanism that we have, it is clear that in the last 5 years, more kids are using more drugs.

It is clear that fewer kids are seeing drug use as dangerous. It is clear that drug use is increasingly glorified in our popular culture, in movies, music, and on TV. It is clear that legalization themes are gaining a wider circulation among our elite media and cultural leaders. With all of these things happening under our very noses, it is clear that we have a crisis on our hands.

Today, there are some 3 million hardcore addicts in this country. Reflect for a moment on how we got this population. Most of these individuals decided to use drugs the last time this country flirted with idea that drugs were OK. Their decision in the 1960's, 1970's, and early 1980's left us with a major abuse problem. We were making progress, however, in keeping new generations from making the same mistake. That is now changing. And it is changing rapidly. We face a problem of major dimensions. In that context, we need to have a clear idea of what we need to be doing. We need to know how we are going to make a difference.

Unfortunately, as I read the present strategy, I do not come away with a sense that we have a plan that comes to grips with the problem.

According to section 1005 of the Anti-Drug Abuse Act of 1988, the drug czar is required to submit to Congress each year a strategy that includes "long-range goals for reducing drug abuse in the United States," and short-term objectives which the Director determines may be realistically achieved in the 2-year period beginning on the date of the submission of the Strategy." It was the intent of Congress that this strategy include standards of measurement so that we could see what was being achieved. Last year, I wrote Mr. McCaffrey on this issue and made it clear that Congress expected to see clear, straightforward language on measurable standards. The House communicated a similar message.

What we find, however, is a series of goals and objectives that contain no measurable standards. What we find is the promise that at some future date we will see an effort to have such standards. What we find is a watering down of our drug control efforts by trying to present vague guidelines in a 10-year strategy that does not address our present crisis in teenage drug use.

We know from every survey on drug use done in this country that teen use of drugs is increasing dramatically. We know that increasingly kids see fewer dangers in using drugs. We know that kids at younger ages are starting to use drugs. We know that the legalization movement in this country is working overtime to get dangerous drugs accepted as part of normal life.

In my view, when we are failing in our goal to keep kids off drugs, we are failing in our job. The present strategy does not tell us how we are going to reverse this trend. Certainly, vague goals and objectives and the effort to bury the need for decisive action in a 10-year approach falls short of the mark.

This strategy is disappointing and it seeks to avoid accountability. We are in the midst of a crisis of teenage drug abuse and increasing legalization talk. Yet, the strategy avoids addressing this crisis in a clear and straightforward way. It tries to bury this crisis in tables and charts that talk about progress made in reducing drug use in the 1980's and early 1990's. This is a sandwich without the beef.

IT'S FOR KIDS

Mr. GRASSLEY. Mr. President, what responsible parent has not forgone something he or she wanted for the benefit of a child? We make sacrifices today for the tomorrows of our children. We defer doing things, we give up buying something, we go out of our way.

But it is not just in our own lives that we do things for our children's sake. We support public education. We pass safety laws. We take steps to ensure the well-being of kids. We do this out of responsibility as parents. We do this as members of a civilized community that knows the importance of investing in its future through future generations.

Those of us who are adults today benefited from the efforts and sacrifices our parents made on our behalf. And their parents before them.

It is in acknowledgment of these simple truths that I wanted to talk briefly about this Nation's drug problems. I want to talk about the serious challenge that we face to the health and well-being of our tomorrows in the lives of our children today.

While we were out on the recent recess, something happened that needs concern us. In essence that was the advancement of an effort to legalize drugs in this country. It was not a fair fight. The American public, overwhelmingly, in just about every opinion vehicle I can think of, has indicated its enduring opposition to drug legalization. The well-funded legalization lobby knows this. They know they cannot fight for legalization on the merits. They cannot tell the truth about what their real agenda is. So they resort to weasel words and fast talk. As the old saying goes, you can fool some of the people some of the time, and that's usually good enough.

What I'm talking about in this case is that those who promote legalization of drugs have resorted to appealing to the public's sense of care and concern for the sick and dying to promote drug legalization. The notion that is advanced by the legalization advocates and their money men is that smoking marijuana is a treatment for a number of physical disabilities and terminal illnesses. Relying on anecdotal evidence and the exploitation of the public's generous and caring impulses, they have slipped in legalization measures in two States and are targeting a number of others for similar treatment. They are also using this ap-

proach to go around Federal controls on illegal drugs and international treaties that commit the United States to maintaining adequate drug control policies.

Briefly, I want to review what is being claimed and the tactics that have been used. First, let's recall a little history. We are not inexperienced in this country in seeing the medicalization of dangerous substances. At one time in this country, individuals and businesses could market anything as a medicine and make any claim for its effectiveness. In this fashion, opiates and cocaine were freely marketed in nostrums sold over the counter and through the mail. The makers of these drugs claimed miracle cures for their products. They also had endless testimonials from satisfied customers on how well the products performed. Here was no evidence for the claims, however. There was an increasing number of addicts, hooked on self-administered, dangerous substances marketed as medicine. As a recent article in the *New Republic* noted, as a result of these freely available over-the-counter drugs, addiction in this country soared in the early years of this century. Public health officials estimated that 1 in 200 Americans, including children, were addicted.

In addition to marketing these dangerous drugs, unscrupulous businesses, and individuals also sold many concoctions made from unknown ingredients. And they made claims that these could cure anything that ailed humanity.

Again, they could call upon boxcars full of anecdotes to support their claims. We have coined a word for these so-called medicines. We call them snake oil. We also have a word for the people who pushed them—snake oil salesmen or quacks. Our grandparents, who had to deal with these practices, woke up to the fraud that was being perpetrated on the public. They realized that dangerous drugs were creating a major addiction problem. They realized that unknown ingredients were doing great harm, either directly by poisoning people, or by keeping people from seeking real treatments for real problems. They demanded better. They demanded that we control dangerous drugs sold to the public. They insisted on truth in advertising. And they required scientific support to establish the value of things offered to the public as medicine.

In addition, they also took steps to ban dangerous drugs and to determine what drugs had medical uses that also could be demonstrated to be safe and effective. Based on this experience, our predecessors in this body passed the Pure Food and Drug Act in 1906. They created the Food and Drug Administration in 1938 to ensure the availability of safe medicine. They also passed a variety of laws to deal with the use and distribution of dangerous drugs. We have continued these efforts.

Among more recent efforts, were the development of schedules for drugs