

must always remember that freedom is not free; and to ensure that we have the freedoms that we enjoy, we must continue to invest, as the gentleman from California (Mr. HUNTER) was saying, in a missile defense system.

And I am saying today, as have many of my colleagues on both sides of the aisle, and the gentleman from Missouri (Mr. SKELTON) has been on the floor talking about this issue, he is the ranking member of the Committee on Armed Services, this year we must be sure that we work with a President who campaigned and said that we need to rebuild the military.

Mr. Speaker, I thank the men and women in uniform; and I say respectfully, God bless America, and God bless those who served this Nation.

#### CONGRESS NEEDS TO ADDRESS DRUG ABUSE AND DRUG ADDICTION PROBLEMS IN AMERICA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from Maryland (Mr. CUMMINGS) is recognized for 60 minutes as the designee of the minority leader.

Mr. CUMMINGS. Mr. Speaker, as I listened to the last speaker talk about our national defense, and I certainly agree that we must do everything in our power to make sure that our country is safe, I come before the House this afternoon to address another issue that certainly goes to our national defense. It is one that if we are not careful to address from many different angles, we will find that it will erode our country from the inside.

Mr. Speaker, that is the subject of drug abuse, drug addiction, how to address this problem in this new century.

Just a few weeks ago, President Bush announced his nominee for director of the National Drug Control Policy Agency. As ranking member of the Subcommittee on Criminal Justice, Drug Policy and Human Resources and one of the representatives of Baltimore, a city plagued by drugs and its related social ills, I must stress to my colleagues the importance of drug treatment and the significant role it plays in our national drug control policy.

I appreciate the fact that President Bush and the nominated ONDCP director, John Walters, both of them have affirmed their commitment to increased funding for drug treatment and prevention.

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I look forward to reviewing their proposals. We must work together to ensure that drug treatment dollars spent are spent effectively and efficiently and that they work to save lives, families and eventually entire communities.

Drug addiction is a disease that poses a serious national public health crisis which requires a strong Federal response. If we do not act now, a whole

new generation of Americans will be exposed to the high social, economic and health costs associated with addiction. In this Nation today, the annual economic cost of drug abuse and dependence in loss of productivity, health care costs and crime have been estimated at \$256 billion. Before I discuss how drug treatment works to address the crisis, I must first outline the impacts drugs have had not only on my City of Baltimore but also on this Nation as a whole. In many instances, it disproportionately targets minorities.

Like many communities in our Nation, Mr. Speaker, Baltimore, Maryland and its populace have suffered from the ill effects of drug addiction and its related crime. The low price, high purity and availability of heroin in the city have had a dramatic impact on the city's population. According to the Drug Enforcement Administration, one out of eight citizens of the City of Baltimore is addicted to drugs. They spend an estimated \$1 million a day on illegal drugs in the city. In 1998, 252 of the 401 heroin overdoses documented in Maryland occurred in Baltimore City. Baltimore is ranked second in the rate of heroin emergency room incidents and, as in many urban areas, illegal drug activity and violent crime have gone hand in hand. Open air drug markets in areas that are known for drugs are not only havens for drug dealers, users, customers and criminals, but are also hot spots for violent crime. It is estimated that more than 70 percent of crimes are committed by individuals that are under the influence of drugs.

The Baltimore-Washington region has been designated as a High Intensity Drug Trafficking Area, better known as a HIDTA. Established in 1994, it is one of the 28 antidrug task forces established and financed by the White House's Office of National Drug Control Policy. The Baltimore police department estimates that 40 to 60 percent of homicides are drug-related. Baltimore has endured 10 straight years of more than 300 homicides each year, making it the fourth deadliest city in the United States. I am pleased to say that the year 2000 marked the first time in 10 years our murder rate was below 300.

The city has made tremendous strides in this area. I strongly believe that drug treatment must be made more widely available to low-income users without the prerequisite of arrest and involvement in the criminal justice system. Sadly, low-income drug users are more likely to become involved in the criminal justice system due in part to the shortage of treatment options available to them. Given this shortage, in many inner city areas, drug abuse is more likely to receive attention as a criminal justice problem rather than a social/health problem.

A recently released 3-year study by the National Center on Addiction and Substance Abuse at Columbia University, entitled "Shoveling Up: The Im-

pact of Substance Abuse on State Budgets," reveals that in 1998 States spent approximately \$81.3 billion on substance abuse addiction, 13.1 percent of the \$620 billion in total State spending. Of each dollar, 96 cents went to shovel up the wreckage of substance abuse and addiction; only 4 cents to prevent and treat it. The study looked at 16 areas of State spending, including criminal and juvenile justice, transportation, health care, education, child welfare and welfare, to detect how States deal with the burden of unprevented and untreated substance abuse. They found that the \$77.9 billion was distributed as follows: \$30.7 billion to the justice system, \$16.5 billion for education, \$15.2 billion for health care, \$7.7 billion for child and family assistance, \$5.9 billion for mental health and developmental disabilities, \$1.5 billion for public safety. According to the study, States spend 113 times as much to clean up the devastation that substance abuse visits on children as they do to prevent and treat it.

The study reports that the best opportunity to reduce crime is to provide treatment and training to drug and alcohol abusing prisoners who will return to a life of criminal activity unless they leave prison substance free and upon release enter treatment and continuing aftercare.

Although the State of Maryland is making strides, I believe that we can do more. According to the CASA report, 10.2 percent of the budget is spent on the highlighted programs that deal with societal effects of drug addiction, while only .03 percent is spent on prevention, treatment and research. That means for every substance abuse dollar spent in the State, a mere 3 cents is used for treatment. We can do better.

I am pleased to note that the State of Maryland's drug treatment funding has risen. In fact, Governor Parris Glendening has proposed a \$22 million increase in the State funding for drug treatment in the next fiscal year, of which more than one-third will go to Baltimore, where it is desperately needed.

Nationally, over 50 percent of all crimes are committed by individuals under the influence of drugs. The National Institute of Justice's ADAM drug testing program found that more than 60 percent of adult male arrestees tested positive for drugs. The National Center on Addiction and Substance Abuse at Columbia University found that 80 percent of men and women behind bars, approximately 1.4 million, are seriously involved in alcohol and other drug abuse. States estimate that 70 to 85 percent of their inmates need some kind of substance abuse treatment. Less than 20 percent of the inmates receive treatment while in prison.

Although drug use and sales cut across racial and socioeconomic lines, law enforcement strategies have targeted street-level drug dealers and users from low-income, predominantly minority, urban areas.

Unfortunately, this law enforcement tactic has disproportionately and unfairly affected black men. The rate of imprisonment for black men is 8.5 times the rate for white men. Over the last 10 years, black men's rate of incarceration increased at a 10 times higher rate than that of white men. If the current rate of incarceration remains unchanged, 28.5 percent of black men will be confined in prison at least once during their lifetimes, a figure six times that of white men. Black women are incarcerated at a rate of eight times that of white women. The increasing rate of incarceration in general has had a magnified effect on the black population.

Current laws regarding mandatory minimum sentencing are biased at all stages of the criminal justice system. These laws have had a devastating effect on black and Latino communities. The issue can be addressed by ending the disparity between crack and powder cocaine sentencing. The powder form of cocaine that is preferred by wealthier, usually white consumers, requires 100 times as much weight and an intent to distribute to trigger the same penalty as the mere possession of crack cocaine. In 1986, before mandatory minimums instituted this sentencing disparity, the average sentence for blacks was 6 percent longer than the average sentence for whites.

Four years later following the implementation of this law, the average sentence was 93 percent higher for blacks. Possession of crack cocaine, which is prevalent in the African American community, is subject to mandatory minimums. Methamphetamine, which is prevalent in the Hispanic community, receives mandatory minimums. However, for Ecstasy and powder cocaine, which we know are prevalent in the white community, there are no mandatory minimums. We need to establish fair and less racially divisive and polarizing sentencing guidelines.

In reviewing these issues and learning the facts about drugs and crime and their related effects on livable communities, I decided to further explore this issue to identify the problems and what I could do as a Federal legislator to fix them. In March of last year, I requested that the Subcommittee on Criminal Justice, Drug Policy and Human Resources hold a hearing in Baltimore entitled "Alternatives to Incarceration: What Works and Why?" The proliferation of drugs in my city has led to an increase in violent crimes, the creation of profit motivated drug gangs and an increase in the prison population. The combination of these elements has led to the destruction of many of Baltimore's youth, families and communities and has been at epidemic levels far too long.

Programs that combine drug treatment, social services, and job placement are frequently discussed as alternatives to incarceration and as tools in reducing the recidivism rate among of-

fenders. The hearing gave us the opportunity to explore such alternatives in an effort to combat the growing societal cost of drug abuse and criminal activity. Witnesses included the chief of police, political leaders, policy experts and treatment graduates. We learned about a program called the Drug Treatment Alternative to Prison program, better known as DTAP. This program, run by the Kings County, New York district attorney's office, combines drug treatment, social services and job placement. It has saved lives and reduced criminal justice problems, health and welfare costs. With adjustments, I believe that this program could go a long way toward assisting nonviolent offenders to getting on the right path.

Maryland's Great Disciple program initiative is another successful alternative that was discussed during the hearing. The Great Disciple program uses drug testing, treatment and escalating sanctions for failed or missed drug tests to reduce recidivism. The program has cut in half the rate of failed drug tests during the first 60 days of supervision and lowered the probability of rearrest by 23 percent during the first 90 days.

Diversion programs like DTAP and BTC work on the premise that with treatment, social services and job placement, offenders return to society in a better position to resist drugs and crime. Such programs lower the costs associated with incarceration, public assistance, health care and recidivism. Further, they produce taxpayers that can make positive contributions to society.

I am well aware that there is no simple solution to combating this crisis. However, I believe that this hearing provided myself and the chairman of the Subcommittee on Criminal Justice, Drug Policy and Human Resources with additional perspectives on how to uplift offenders, eradicate drug-related crime and substance abuse and ultimately revitalize communities in Baltimore and nationwide.

Since that hearing, the gentleman from Florida (Mr. MICA), chairman of the Government Reform Subcommittee on Criminal Justice, Drug Policy and Human Resources introduced, and the House passed, H.R. 4493, which seeks to establish grants for drug treatment alternative to prison programs administered by State and local prosecutors.

□ 1500

On September 14, 2000, during the Congressional Black Caucus Foundation's 30th annual legislative conference, I hosted an issue forum entitled "Fighting the Drug War; Reclaiming Our Communities." The forum featured a viewing of the motion picture "The Corner." It is a six-part miniseries based on the true story of a family in Baltimore, Maryland, and their struggle with drug addiction and the societal and economic effects of drugs in their community.

The film put a human face on the percentages, facts and figures you have heard about this afternoon. It provided a starting point for our discussion of real people, real issues and real lives. The panel included Dr. Donald Vereen, former deputy director of the Office of National Drug Control Policy, Dr. Peter Beilenson, health commissioner of Baltimore, Mr. Gus Smith, father of Kemba Smith, a student who has been incarcerated 24 years with no parole because of current mandatory minimum sentencing laws. I have already discussed issues related to mandatory minimums and racial disparities in sentencing. I am pleased, however, that prior to the end of his last term, President Clinton commuted her sentence. Mr. Charles "Roc" Dutton, Baltimore native and director of "The Corner," was also a part of the panel.

The panel was moderated by Ms. Cherri Branson, former Democratic staffer of the Committee on Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources. Among the various discussion points, those that clearly resonated included the need to address drug problems as a health issue, rather than a criminal justice issue, the treatment gap, and "The Corner."

Many in the audience felt that "The Corner" helped them to understand what drug-addicted persons face on a day-to-day basis. Mr. Dutton spoke eloquently about his experience directing "The Corner," the HBO miniseries about the life in Baltimore's most drug infested neighborhoods.

One day, while Mr. Dutton's film crew was on location in west Baltimore, they heard the unmistakable sound of gunfire. The police officers who were providing security for the filmmakers raced off to the crime scene. When they returned 20 minutes later, they reported that a young man was lying dead in a nearby alley. Two young boys from the neighborhood overheard the police report, and one suggested that they run down the street to see the dead man. "No," the other replied, "we see that stuff every day. Let's stay and watch them make the movie."

Mr. Dutton's account of real life on "The Corner" reveals two of the most chilling side effects of our national drug epidemic. While too many of our young people are dying or living destroyed lives, younger children are becoming so hardened by the carnage that they may never enjoy the innocence of childhood.

We can begin to save young lives by understanding that it is within our power to restore the local economies and social fabric of even our most drug devastated neighborhoods. We need only to apply the necessary will, commitments, and resources to this task.

I am convinced that we can prevail in gaining adequate funding for drug treatment, because the crisis we face is not limited to poor African Americans hanging out on the Nation's urban

street corners. Americans everywhere now realize that drugs are one of their biggest problems, too.

In Baltimore we are witnessing a growing grassroots movement that is leading the way toward reversing that appalling distinction. Within the historic East Baltimore Community Action Coalition, the Edmondson Community Organization and Project Garrison, private citizens are combining their personal commitment and their understanding of local drug problems with financial assistance from the United States Department of Justice's Weed and Seed Program and private foundation backing. As a result, these communities are now better able to reclaim their neighborhoods from drug addiction, even as they reclaim their streets from the drug dealers. They understand, as Charles Dutton observed during our Washington forum, that if we want to protect our children, we must do it ourselves.

The statistics, the hearing and the issue forum I have just discussed all point to one important reality: treatment works. Studies show that prevention and treatment programs effectively reduce alcohol and drug problems, but such programs are severely underfunded.

A recent SAMHSA study found that only 50 percent of the individuals who need treatment receive it. Nevertheless, prevention, treatment, and continued research are our best hope for reducing alcohol and drug use and their associated crime, health, welfare and social costs. The 1997 National Treatment Improvement Evaluation Study found that sustained reductions in drug use and criminal activity increased employment and decreased welfare dependence among 5,700 individuals 1 year after they completed treatment. Employment increased by 20 percent and welfare dependence decreased by 11 percent. Crack use decreased by 50 to 70 percent, and heroine use by 46.5 percent. Homelessness decreased by more than 40 percent.

Women's treatment programs show real success. Overall, 95 percent of the children born to women in treatment are born drug free. According to the 1996 data for the Center for Substance Abuse Treatment, Pregnant and Postpartum Women and Infants Program, after treatment 86.5 percent of children were living with their mothers.

Drug treatment means crime reduction. A 1997 National Treatment Improvement Evaluation Study found that with treatment, drug selling decreased by 78 percent, shoplifting declined by 82 percent, assaults declined by 78 percent. There was a 64 percent decrease in arrests for crime, and the percentage of people who largely support themselves through illegal activity dropped by nearly half, decreasing more than 48 percent.

Drug treatment within and outside the criminal justice system is more cost efficient in controlling drug abuse

and crime than continued expansion of the prison system. Three-fourths of arrestees test positive for drugs. Only 22 percent have ever been treated for substance abuse. In prison, treatment is only available for 18 percent of inmates.

The Rand study concluded that spending \$1 million to expand the use of mandatory sentencing for drug offenders would reduce drug consumption nationally. Spending the same sum on treatment would reduce consumption almost eight times as much.

When we discuss ensuring that our Nation's citizenry has effective and efficient treatment, a cost-benefit analysis is important. For every penny invested in drug treatment, society saves one penny in stolen and damaged property, one penny in victim injuries and lost work, one penny in police and court costs, one penny in jail and prison costs, one penny in hospital and emergency room visits, one penny in preventing infectious diseases and one penny in child abuse and foster care.

According to the California Drug and Alcohol Treatment Assessment, treated substance abusers reduced their criminal activity and health care utilization during and in the years subsequent to treatment by amounts of over \$1.4 billion. About \$209 million was spent providing this treatment, for a ratio of benefits to costs of 7 to 1.

As I speak of Baltimore, I cannot fail to mention our dynamic health commissioner, Dr. Peter Beilenson, trained at Johns Hopkins University. He has served as a key source of information for me and my staff regarding the extent of the drug abuse and addiction in the city of Baltimore.

In March of last year, Dr. Beilenson had an editorial placed in the Baltimore Sun entitled "How \$40 million more can aid addicts."

Mr. Speaker, I will place this editorial in the RECORD.

[From the Baltimore Sun, March 6, 2000]

HOW \$40 MILLION MORE CAN AID ADDICTS

(By Peter L. Beilenson)

The Consequences of Baltimore's drug problem are well-known: 75 percent to 90 percent of all crimes committed in the city are drug-related and 80 percent of all AIDS cases are a result of injected drug use.

Many businesses have trouble locating drug-free employees, and our schools are full of kids coping with at least one drug-affected parent.

If we want to be serious about dealing with Baltimore's high crime and AIDS rates, and improve our economy and schools, then we must be serious in addressing our drug problem—which is 55,000 addicts strong.

Part of the solution is to reform the criminal justice system as Mayor Martin O'Malley is proposing, which will allow the courts to focus on violent drug-related offenders. However, we cannot simply arrest our way out of the drug problem.

Why? Because while we can temporarily clear our streets of the most violent offenders (who are often related to the drug trade), so long as the demand for drugs remains, new suppliers will take their place. The only way to decrease this demand is to significantly expand substance abuse prevention and treatment.

Baltimore's publicly funded drug treatment system treats about 18,000 addicts a year, and does so fairly effectively. In fact, a national scientific advisory group recently called Baltimore's treatment system one of the best in the country.

That doesn't mean it can't be better. The treatment system is about to begin using extensive performance measures to evaluate individual treatment programs.

But the basic fact remains: We do not have anywhere near the treatment capacity we need.

Our best estimate is that about 40,000 addicts each year will request treatment or be required by the courts to receive it.

For this to happen, the treatment system would need an influx of approximately \$40 million—in addition to the current \$30 million budget.

What would this \$70 million buy? It would allow for treatment within 24 hours of a voluntary request or an order from the courts. Immediate care is crucial because treatment is most effective when addicts admit their problem and seek treatment or sanctions are rapidly enforced.

While getting clean is relatively easy, staying clean is harder. The key to long-term success is keeping recovering addicts drug-free. To that end, it is crucial that we address other problems in their lives. Thus, the \$40 million would also provide enhanced services on-site at substance-abuse treatment programs in the city, including mental health and medical services, job readiness training and placement, legal services, housing coordination and day care.

Even in this time of economic prosperity and budget surpluses, \$40 million in new funding sounds like a lot of money.

But let's put it in perspective: Crime committed by Baltimore's 55,000 addicts costs an estimated \$2 billion to \$3 billion each year. The consequences of our city's substance abuse problems are so detrimental to Baltimore's health that fully funded and readily available comprehensive drug treatment is absolutely imperative.

I am so convinced of the importance of this funding and the effectiveness of treatment in preventing crime that I will make this pledge in writing:

If Baltimore's crime rate is not cut in half within three years of obtaining \$40 million in additional funding for drug treatment, I will resign.

Additionally, I would like to share some of the information with you now. The article explains why I fight daily for expanded drug treatment and prevention funding.

The drug epidemic we face in Baltimore permeates every aspect of my constituents' lives. Seventy-five to 90 percent of all crimes committed in the city are drug related, and 80 percent of all AIDS cases are a result of injected drug use. Businesses have trouble locating drug-free employees, and our schools are full of kids coping with at least one drug-affected parent.

We have nowhere near the treatment capacity we need. According to Dr. Beilenson, the best estimate is that 40,000 addicts each year will request treatment or be required by courts to receive it. Dr. Beilenson believes that to meet the need, Baltimore City must have at least \$40 million, in addition to the current \$30 million budget. He believes that it would allow for treatment within 24 hours of a voluntary request or an order from courts. Medical

care is most effective when the addicts admit their problem and seek treatment.

Dr. Beilenson further explains that the additional funds would provide enhanced services on site at substance abuse treatment programs in the city, which would include mental health and medical services, job readiness training and placement, legal services, housing coordination, and day care.

What really hit home for me in Dr. Beilenson's op-ed was the way he put it into perspective. Crime committed by Baltimore's 55,000-plus addicts costs an estimated \$2 billion to \$3 billion each year, so \$40 million is like a drop in the bucket when compared to the potential savings. Dr. Beilenson was so convinced that this \$40 million was necessary for the city that he pledged to quit his job in Baltimore if Baltimore's crime rate was not cut in half within 3 years of obtaining that funding for drug treatment. That is the commitment, and I thank Dr. Beilenson for his continued work.

When I urge for increased funding for drug treatment services on the floor, in committee, and in "Dear Colleagues," please know that the city of Baltimore has dedicated people like Dr. Beilenson who will use the funds in the most effective and efficient manner possible.

Expansion of drug treatment can stop the spread of AIDS also. In 1997, 76 percent of the new HIV infections were among drug users. Of those diagnosed with AIDS, drug use is linked to more than 36 percent of adult cases, 61 percent of women's cases, and more than 50 percent of the pediatric cases.

Alcohol and drug treatment effectively prevents HIV disease and costs far less than HIV medical care. Needle exchange programs also have been shown to reduce the spread of HIV and open the door to treatment for injection drug users.

In 1996, a National Treatment Improvement Evaluation Study found a significant reduction in risky sexual behavior among individuals who participated in substance abuse treatment. The percentage of individuals who had sex with an intravenous drug user or exchanged sex for money or drugs dropped by more than 50 percent.

As I stated earlier, it is clear that our drug laws, particularly mandatory minimum sentencing, have fallen disproportionately on black males. This has led to the breakdown of many black family units, entire communities, and undermines efforts to reduce the impact of drug use and abuse.

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We do not yet know how effective faith-based drug treatments are. In spite of the fact that faith-based charitable choice provisions have been Federal law since 1996, we have no information on how these programs work.

The General Accounting Office in their 1998 report entitled "Drug Abuse: Studies Show Benefits May Be Overstated," revealed "that faith-based

strategies have yet to be rigorously examined by the research community."

Last year, the National Institutes of Health and the National Institute on Drug Abuse, in response to an inquiry from the National Association of Alcoholism and Drug Abuse Counselors, wrote:

Although there are a number of studies emerging that "faith" or "religiosity" may serve as a protective factor against initial drug use, there is not enough research in the treatment portfolio for NIDA to make any valid conclusive statements about the role that faith plays in drug addiction treatment.

As such, in early April I asked the GAO to investigate the role or effectiveness of faith-based organizations in providing federally-funded social services. If Congress and the President are going to expand the role of faith-based organizations in fulfilling federal mandates via charitable choice, we must have a basis for assessing how these organizations have performed and the effect government support will have on constitutional principles, civil rights, competition within treatment communities, and accountability.

Questions must be asked. Are we prepared to forgo the "separation of church and State" by allowing groups to proselytize with public funds or discriminate in employment and the provision of services on the basis of religion, sex, gender, or race?

Who qualifies? Will we create unhealthy competition, with the more dominant or better-financed faiths winning the prize?

How will our government funds be regulated? Will groups forgo the full expression of religious beliefs in exchange for money? Are we comfortable with our houses of worship becoming houses of investigation?

As the son of two ministers, I recognize the role faith and spirituality can play in helping to treat a person suffering from drug addiction. Make no mistake about it, drug addiction is an illness, and as an illness it requires medical and psychological attention.

Treating drug, alcohol addiction, and abuse is about treating a diseases, it is not about using federal funds to proselytize. It is about providing trained and licensed addiction counseling professionals to assess an individual's needs and method of treatment.

It is not about relaxing State licensing and certification standards for substance abuse counselors. It is about ensuring that our poorest and our least-served receive the best treatment available as they struggle to overcome a devastating disease.

In their time of need, they deserve and must demand accountability in the provision of drug treatment services. Drug addiction treatment demands quality resources and effective treatment. It should not be used as a testing ground for unproven methods of unlicensed professionals.

We must never lose sight of the fact that the federal funding of drug treatment services is a public service, one

available to every person everywhere. As a result, public health services must never be placed in a position of competing for federal funds. In treating drug addiction, integrity, accountability, and responsibility must be a part of any treatment package.

According to the National Institute of Justice, 65 percent of inmates in New Jersey released from prison lack adequate access to resources needed in order to live productive lives after incarceration. In Maryland, of the annual 13,000 new commitments to prison, to the prison system, 60 percent are from Baltimore City. Unfortunately, many of these offenders return to the same neighborhoods, and because they do not have an alternative, often return back to the same life of drug use and petty crime.

A recent survey conducted by the Maryland Department of Corrections identified jobs, education, and housing as the top three concerns among returning ex-offenders. Seventy-five percent of Maryland's inmates have not had job training while in prison. Further, the majority of repeat offenders with a sentence of 18 months or less are not in long enough to receive needed skills and training.

Fortunately, community organizations and the Department of Corrections became involved in the Reentry Partnership Initiative. They recognized the increasing need for law enforcement and correction systems to work collaboratively and with community-based service providers to increase the likelihood that returning ex-offenders will stay out of prison, make a livable wage, and become contributing members of their communities.

In mid-September of 2000, Janet Reno traveled to my district to participate in a round table discussion of Baltimore's Reentry Partnership Initiative. At that time, she called on Congress to fully fund the administration's request of \$145 million for the reentry initiative in the FY 2001 Commerce, Justice, State, and Judiciary appropriations bill.

That funding would assist State, city, and community partners in their efforts; provide an integrated reentry program to help prepare inmates for their transition from prisons to their communities; develop resources to efficiently manage program services that focus on an offender's needs; partner with private, nonprofit, and other governmental services to maximize the effectiveness of key service providers, and reduce recidivism; cooperatively develop a comprehensive plan that supports an offender's post-incarceration needs, including coping and decision-making skills, and effective use of a variety of community-based social and medical services. The program hopes to serve 250 ex-offenders during the first year.

In 1998, the White House Office of National Drug Control Policy launched an initiative to encourage our Nation's youth to stay drug-free. The campaign

targets youths age 9 to 18, particularly middle-aged schoolchildren, adolescents, parents, and other adults who influence the choices of young people.

To get the word out to a range of economic and ethnic groups, the campaign uses advertising, public relations, interactive media, television programs, and after-school activities to educate and empower young people to reject drugs.

The campaign also partners with civic and nonprofit organizations, faith-based groups, and private corporations to enlist and engage people in prevention efforts.

Nearly a year of research went into designing this comprehensive campaign. Hundreds of individuals and organizations were consulted, including experts in teen marketing, advertising, and communication, behavior change experts, drug prevention practitioners, and representatives from professional, civic, and community organizations.

This campaign raises the bar for public service campaigns because it has an unprecedented level of accountability. It has been constantly monitored, evaluated, and updated to ensure that it effectively reaches teens and their parents.

The Subcommittee on Criminal Justice, Drug Policy, and Human Resources of the Committee on Government Reform has held oversight hearings on this campaign. ONDCP has demonstrated that they continue to meet Congress's mandates while remaining cost-efficient and effective.

Last year, former ONDCP director General Barry McCaffrey joined me in Baltimore with a group of students to discuss the campaign and its effectiveness. General McCaffrey mentioned to me that a youth town hall meeting provided him with valuable information to take back to Washington to refine the campaign's message.

The students shared that some people in the ads that they could relate to greatly added to the effectiveness of the message. One ad featuring the singer, Lauren Hill, particularly stood out to them. Several surveys have been released in the past couple months that show that although we have a long way to go towards eliminating youth substance abuse, the media campaign is making strides towards this goal.

I hope that during the 107th Congress, Members will work hard to expand substance abuse and prevention programs so that our Nation's youth can live happy, productive, and drug-free lives.

I requested \$2.5 million in the fiscal year 2002 Labor-HHS-Education bill for substance abuse and mental health services in the administration's Center for Abuse Treatment account to assist the city of Baltimore with its efforts to provide expanded drug treatment services.

The city of Baltimore suffers from an enormous drug abuse problem, so much so that the U.S. Drug Enforcement Administration called it the most addicted city in America.

According to Drug Strategies, a national nonprofit research organization that studies drug addiction and treatment programs, Baltimore is home to 60,000 drug addicts. Its six drug treatment facilities are currently running at 104 percent capacity, and several thousand addicts await treatment.

The city currently services 18,000 voluntary or court-ordered drug treatment patients, which is approximately 25 percent of the total number of people seeking treatment.

In fiscal year 2001, Congress provided \$2.21 million to assist Baltimore in its effort to provide treatment on request, an innovative drug treatment regimen aimed at ensuring that drug treatment slots are available for every addict who seeks voluntary treatment, as well as those ordered into treatment by the courts.

In order to address the burgeoning drug epidemic in Baltimore, the city health department plans to utilize fiscal year 2001 resources to provide drug treatment services for 1,241 addicts. With an additional investment of \$2.5 million in fiscal year 2002, the city would provide 75 additional immediate residential care beds.

Currently, Baltimore has the capacity to provide this 28-day regimen to only 75 people who request treatment. However, the city receives more than 100 calls each day requesting these services. Additional federal funding would enable Baltimore to double the capacity of its current intermediate residential treatment program, improve quality of life, and reduce the crime that is endemic among addicts.

I requested \$250 million in the fiscal year 2002 Treasury-Postal appropriations bill for the National Youth Anti-Drug Media Campaign. The Office of National Drug Control Policy, in collaboration with the Partnership for a Drug-Free America, coordinates this effective public-private drug prevention media campaign.

The media campaign is an integral, cost-effective, and results-driven component of our national drug control policy, and it is working. Since the campaign was launched in 1998, more kids see risks in drugs. Fewer see benefits.

The critical shifts are fueling an unmistakable decline in drug use, as documented by two leading national tracking studies. Past-year use of marijuana has declined significantly. Congressional funding for the effort has stayed constant since 1998. However, the cost of placing these ads is up 23 percent.

To ensure anti-drug messages maintain their impact, to counter inflation, and to address the rise in new types of drug use, more funding is needed. According to a recent Baltimore Sun article, 45 percent of Americans believe it is a good idea to invest even more funding to protect future generations from the scourge of drug addiction and abuse.

Given the campaign's reach into society and its proven ability to leverage

hundreds of millions of private industry dollars, it will surely continue to be one of the most cost-effective demand reduction programs ever funded by the Federal government. It is a wise investment for our country and for our children.

I also supported the \$50.6 million funding level in the fiscal year 2002 Treasury-Postal appropriations bill's Drug-Free Communities Act. This effort was spearheaded by the gentleman from Ohio (Mr. PORTMAN). The level of funding is necessary to build and strengthen effective anti-drug coalitions, a central, bipartisan component of our Nation's drug demand reduction strategy.

It is crucial that communities around the country are organized to respond to their local drug problems in a comprehensive and coordinated manner. The DFCA recognizes that federal anti-drug resources must be invested at the community level with those who have the most power to reduce the demand for drugs: parents, teachers, business leaders, the media, religious leaders, law enforcement officials, youth, and others.

□ 1530

The bill makes Federal support contingent upon a community first demonstrating comprehensive commitment to addressing the drug problem, sustaining the effort over time with non-Federal financial support and evaluating the specific initiatives they undertake.

While other priorities will constrain the amount of funding available for discretionary programs, the DFCA warrants the administration-proposed increase. The community coalition approach has proven effective in reducing teenage drug use in communities around the country.

This additional funding will allow hundreds of additional communities to build and sustain effective coalitions that are the backbone of successful local antidrug efforts.

In conclusion, I submit to you that the data is overwhelming, and it is becoming increasingly difficult to help those facing addiction, particularly when we cannot secure desperately needed funding for a comprehensive drug treatment plan.

We know that drug treatment reduces stolen and damaged property, injuries and lost work time, police and court costs, hospital and emergency room visits, rates of infectious diseases and child abuse and foster care.

With appropriate funding, a comprehensive drug treatment plan could address the prevention treatment and after-care services our Nation needs.

After-care services in particular can save jobs, families and lives. Effective after-care includes child care services, vocational services, mental health services, medical services, educational and HIV services, legal and financial services, housing and transportation, and family services.

According to the National Institute on Drug Abuse, the best treatment programs provide a combination of therapies and other services that meet the needs of an individual patient.

Drug addiction is a disease that poses a serious national public health crisis. As such, it requires an adequate Federal response; and if we do not act now, a whole new generation of Americans will be disposed to the high social, economic, and health costs associated with addiction.

Ultimately, my goal is to make Baltimore a livable community through increased services to residents, reduction in crime and drug abuse, and increased citizen productivity.

Mr. Speaker, I include the following story from Time magazine for the RECORD as follows:

[From TIME Magazine, June 5, 2000]

THE LURE OF ECSTASY

*The elixir best known for powering raves is an 80-year-old illegal drug. But it's showing up outside clubs too, and advocates claim it even has therapeutic benefits. Just how dangerous is it?*

(By John Cloud)

Cobb County, GA., May 11, 2000. It's a Thursday morning, and 18-year-old "Karen" and five friends decide to go for it. They skip their first period and sneak into the woods near their upscale high school. One of them takes out six rolls—six ecstasy pills—and they each swallow one. Then back to school, flying on a drug they once used only on weekends. Now they smile stupid gelatinous smiles at one another, even as high school passes them by. That night they will all go out and drop more ecstasy, rolling into the early hours of another school day. It's rare that anyone would take ecstasy so often—it's not physically addictive—but teenagers everywhere have begun experimenting with it. "The cliques are pretty big in my school," Karen says, "and every clique does it."

Grand Rapids, Mich., May 1997. Sue and Shane Stevens have sent the three kids away for the weekend. They have locked the doors and hidden the car so no one will bug them. Tonight they hope to talk about Shane's cancer, a topic they have mostly avoided for years. It has eaten away at their marriage just as it corrodes his kidney. A friend has recommended that they take ecstasy, except he calls it MDMA and says therapists used it 20 years ago to get people to discuss difficult topics. And, in fact, after tonight, Sue and Shane will open up, and Sue will come to believe MDMA is prolonging her marriage—and perhaps Shane's life.

So we know that ecstasy is versatile. Actually, that's one of the first things we knew about it. Alexander Shulgin, 74, the biochemist who in 1978 published the first scientific article about the drug's effect on humans, noticed this panacea quality back then. The drug "could be all things to all people," he recalled later, a cure for one student's speech impediment and for one's bad LSD trip, and a way for Shulgin to have fun at cocktail parties without martinis.

The ready availability of ecstasy, from Cobb County to Grand Rapids, is a newer phenomenon. Ecstasy—or "e"—enjoyed a brief spurt of mainstream use in the '80s, before the government outlawed it in 1985. Until recently, it remained common only on the margins of society—in clubland, in gay America, in lower Manhattan. But in the past year or so, ecstasy has returned to the heartland. Established drug dealers and mobsters have taken over the trade, and they are

meeting the astonishing demand in places like Flagstaff, Ariz., where "Katrina," a student at Northern Arizona University who first took it last summer, can now buy it easily; or San Marcos, Texas, a town of 39,000 where authorities found 500 pills last month; or Richmond, Va., where a police investigation led to the arrest this year of a man thought to have sold tens of thousands of hits of e. On May 12, authorities seized half a million pills at San Francisco's airport—the biggest e bust ever. Each pill costs pennies to make but sells for between \$20 and \$40, so someone missed a big payday.

Ecstasy remains a niche drug. The number of people who use it once a month remains so small—less than 1% of the population—that ecstasy use doesn't register in the government's drug survey. (By comparison, 5% of Americans older than 12 say they use marijuana once a month, and 1.8% use cocaine.) But ecstasy use is growing. Eight percent of U.S. high school seniors say they have tried it at least once, up from 5.8% in 1997; teen use of most other drugs declined in the late '90s. Nationwide, customs officers have already seized more ecstasy this fiscal year, more than 5.4 million hits, than in all of last year. In 1998 they seized just 750,000 hits.

The drug's appeal has never been limited to ravers. Today it can be found for sale on Bourbon Street in New Orleans along with the 24-hour booze; a group of lawyers in Little Rock, Ark., takes it occasionally, as does a cheerleading captain at a Miami high school. The drug is also showing up in hip-hop circles. Bone Thugs-N-Harmony raps a paean to it on its latest album: "Oh, man, I don't even f\_\_\_\_\_ with the weed no more."

Indeed, much of the ecstasy taking—and the law enforcement under way to end it—has been accompanied by breathlessness. "It appears that the ecstasy problem with eclipse and crack-cocaine problem we experienced in the late 1980s," a cop told the Richmond Times-Dispatch. In April, 60 Minutes II prominently featured an Orlando, Fla., detective dolorously noting that "ecstasy is no different from crack, heroin." On the other side of the spectrum, at <http://ecstasy.org>, you can find equally bloated praise of the drug. "We sing, we laugh, we share/and most of all, we care," gushes an awful poem on the site, which also includes testimonials from folks who say ecstasy can treat schizophrenia and help you make "contact with dead relatives."

Ecstasy is popular because it appears to have few negative consequences. But "these are not just benign, fun drugs," says Alan Leshner, director of the National Institute on Drug Abuse. "They carry serious short-term and long-term dangers." Those like Leshner who fight the war on drugs overstate these dangers occasionally—and users usually understate them. But one reason ecstasy is so fascinating, and thus dangerous to antidrug crusaders, is that it appears to be a safer drug than heroin and cocaine, at least in the short run, and appears to have more potentially therapeutic benefits.

Even so, the Federal Government has launched a major p.r. effort to fight ecstasy based on the Internet at <http://clubdrugs.org>. Last week two Senators, Bob Graham of Florida and Chrls Grassley of Iowa, introduced an ecstasy antiproliferation bill, which would stiffen penalties for trafficking in the drug. Under the new law, someone caught selling about 100 hits of ecstasy could be charged as a drug trafficker; current law sets the threshold at about 300,000 pills. "I think this is the time to take a forceful set of initiatives to try to reverse the tide," says Graham.

What's the appeal of ecstasy? As a user put it, it's "a six-hour orgasm." About half an hour after you swallow a hit of e, you begin

to feel peaceful, empathetic and energetic—not edgy, just clear. Pot relaxes but sometimes confuses; LSD stupefies; cocaine wires. Ecstasy has none of those immediate downsides. "Jack," 29, an Indiana native who has taken ecstasy about 40 times, said the only time he felt as good as he does on e was when he found out he had won a Rhodes scholarship. He enjoys feeling logorrheic: ecstasy users often talk endlessly, maybe about a silly song that's playing or maybe about a terrible burden on them. E allows the mind to wander, but not into hallucinations. Users retain control. Jack can allow his social defenses to crumble on ecstasy, and he finds he can get close to people from different backgrounds. "People I would never have talked to, because I'm mostly in the Manhattan business world, I talk to on ecstasy. I've made some friends I never would have had."

All this marveling should raise suspicions, however. It's probably not a good idea to try to duplicate the best moment of one's life 40 times, if only because it will cheapen the truly good times. And even as they help open the mind to new experiences, drugs also can distort the reality to which users ineluctably return. Is ecstasy snake oil? And how harmful is it?

This is what we know:

An ecstasy pill most probably won't kill you or cure you. It is also unlike pretty much every other illicit drug. Ecstasy pills are (or at least they are supposed to be) made of a compound called methylenediosymethamphetamine, or MDMA. It's an old drug: Germany issued the patent for it in 1914 to the German company E. Merck. Contrary to ecstasy lore, and there's tons of it, Merck wasn't trying to develop a diet drug when it synthesized MDMA. Instead, it's chemists simply thought it could be a promising intermediary substance that might be used to help develop more advanced therapeutic drugs. There's also no evidence that any living creature took it at the time—not Merck employees and certainly not Nazi soldiers, another common myth. (They wouldn't have made very aggressive killers.)

Yet MDMA all but disappeared until 1953. That's when the U.S. Army funded a secret University of Michigan animal study of eight drugs, including MDMA. The cold war was on, and for years its combatants had been researching scores of substances as potential weapons. The Michigan study found that none of the compounds under review was particularly toxic—which means there will be no war machines armed with ecstasy-filled bombs. It also means that although MDMA is more toxic than, say, the cactus-based psychedelic mescaline, it would take a big dose of e, something like 14 of today's purest pills ingested at once, to kill you.

It doesn't mean ecstasy is harmless. Broadly speaking, there are two dangers: first, a pill you assume to be MDMA could actually contain something else. Anecdotal evidence suggests that most serious short-term medical problems that arise from "ecstasy" are actually caused by pills adulterated with other, more harmful substances (more on this later). Second, and more controversially, MDMA itself might do harm.

There's a long-standing debate about MDMA's dangers, which will take much more research to resolve. The theory is that MDMA's perils spring from the same neurochemical reaction that causes its pleasures. After MDMA enters the bloodstream, it aims with laser-like precision at the brain cells that release serotonin, a chemical that is the body's primary regulator of mood. MDMA causes these cells to disgorge their contents and flood the brain with serotonin.

But forcibly catapulting serotonin levels could be risky. Of course, millions of Americans manipulate serotonin when they take Prozac. But ecstasy actually shoves serotonin from its storage sites, according to Dr. John Morgan, a professor of pharmacology at the City University of New York (CUNY). Prozac just prevents the serotonin that's already been naturally secreted from being taken back up into brain cells.

Normally, serotonin levels are exquisitely maintained, which is crucial because the chemical helps manage not only mood but also body temperature. In fact, overheating is MDMA's worst short-term danger. Flushing the system with serotonin, particularly when users take several pills over the course of one night, can short-circuit the body's ability to control its temperature. Dancing in close quarters doesn't help, and because some novice users don't know to drink water, users' temperatures can climb as high as 110 [degrees]. At such extremes, the blood starts to coagulate. In the past two decades, dozens of users around the world have died this way.

There are long-term dangers too. By forcing serotonin out, MDMA resculpts the brain cells that release the chemical. The changes to these cells could be permanent. Johns Hopkins neurotoxicologist George Ricaurte has shown that serotonin levels are significantly lower in animals that have been given about the same amount of MDMA as you would find in just one ecstasy pill.

In November, Ricaurte recorded for the first time the effects of ecstasy on the human brain. He gave memory tests to people who said they had last used ecstasy two weeks before, and he compared their results with those of a control group of people who said they had never taken e. The ecstasy users fared worse on the tests. Computer images that give detailed snapshots of brain activity also showed that users have fewer serotonin receptors in their brains than nonusers, even two weeks after their last exposure. On the strength of these studies as well as a large number of animal studies, Ricaurte has hypothesized that the damage is irreversible.

Ricaurte's work has received much attention, owing largely to the government's well-intentioned efforts to warn kids away from ecstasy. But his work isn't conclusive. The major problem is that his research subjects had used all kinds of drugs, not just ecstasy. (And there was no way to tell that the ecstasy they had taken was pure MDMA.) AND critics say even if MDMA does cause the changes to the brain that Ricaurte has documented, those changes may carry no functional consequences. "None of the subjects that Ricaurte studied had any evidence of brain or psychological dysfunction," says cuny's Morgan. "His findings should not be dismissed, but they may simply mean that we have a whole lot of plasticity—that we can do without serotonin and be O.K. We have a lot of unanswered questions."

Ricaurte told TIME that "the vast majority of people who have experimented with MDMA appear normal, and there's no obvious indication that something is amiss." Ricaurte says we may discover in 10 or 20 years that those appearances are horribly wrong, but others are more sanguine about MDMA's risks, given its benefits. For more than 15 years, Rick Doblin, founder of the Multidisciplinary Association for Psychedelic Studies, has been the world's most enthusiastic proponent of therapeutic MDMA use. He believes that the compound has a special ability to help people make sense of themselves and the world, that taking MDMA can lead people to inner truths. Independently wealthy, he uses his organization to promote his views and to "study ways to take drugs to open the unconscious."

Doblin first tried MDMA in 1982, when it was still legal and when the phrase "open the unconscious" didn't sound quite so goopy. At that time, MDMA had a small following among avant-garde psychotherapists, who gave it to blindfolded patients in quiet offices and then asked them to discuss traumas. Many of the therapists had heard about MDMA from the published work of former Dow chemist Shulgin. According to Shulgin (who is often wrongly credited with discovering MDMA), another therapist to whom he gave the drug in turn named it Adam and introduced it to more than 4,000 people.

Among these patients were a few entrepreneurs, folks who thought MDMA felt too good to be confined to a doctor's office. One who was based in Texas (and who has kept his identity a secret) hired a chemist, opened an MDMA lab and promptly renamed the drug ecstasy, a more marketable term than Adam or "empathy" (his first choice, since it better describes the effects). He began selling it to fashionable bars and clubs in Dallas, where bartenders sold it along with cocktails; patrons charged the \$20 pills, plus \$1.33 tax, on their American Express cards.

Manufacturers at the time flaunted the legality of the drug, promotion it as lacking the hallucinatory effects of LSD and the addictive properties of coke and heroin. The U.S. Drug Enforcement Administration was caught by surprise by the new drug not long after it had been embarrassed by the spread of crack. The administration quickly used new discretionary powers to outlaw MDMA, pointing to the private labs and club use as evidence of abuse. DEA officials also cited rudimentary studies showing that ecstasy users had vomited and experienced blood-pressure fluctuations.

Most therapeutic use quickly stopped. But Doblin's group has founded important MDMA studies, including Ricaurte's first work on the drug. Sue Stevens, the woman who took it in 1997 with her husband Shane—he has since died of kidney cancer—learned about the drug from a mutual friend of hers and Doblin's. She believes he helped Shane find the right attitude to fight his illness, and she helps Doblin advocate for limited legal use. Soon his association will help fund the first approved study of MDMA in psychotherapy, involving 30 victims of rape in Spain diagnosed with post-traumatic stress disorder. In this country, the FDA has approved only one study. In 1995 Dr. Charles Grob, a UCLA psychiatrist, used it as a pain reliever for end-stage cancer patients. In the first phase of the study, he concluded the drug is safe if used in controlled situations under careful monitoring. The body is much less likely to overheat in such a setting. Grob believes MDMA's changes to brain cells are accelerated and perhaps triggered entirely by overheating.

In 1998, emergency rooms participating in the Drug Abuse Warning Network reported receiving 1,135 mentions of ecstasy during admission, compared with just 626 in 1997. If ecstasy is so benign, what's happening to these people? The two most common short-term side effects of MDMA—both of which remain rare in the aggregate—are overheating and something even harder to quantify, psychological trauma.

A few users have mentally broken down on ecstasy, unprepared for its powerful psychological effects. A schoolteacher in the Bay Area who had taken ecstasy in the past and loved it says she took it again a year ago and began to recall, in horrible detail, an episode of sexual abuse. She became severely depressed for three months and had to seek psychiatric treatment. She will never take ecstasy again.

Ecstasy's aftermath can also include a depressive hangover, a down day that users

sometimes call Terrible Tuesdays. "You know the black mood is chemical, related to the serotonin," says "Adrienne," 26, a fashion-company executive who has used ecstasy almost weekly for the past five years. "But the world still seems bleak." Some users, especially kids trying to avoid the pressures of growing up, begin to use ecstasy too often—every day in rare cases. In one extreme case, "Cara," an 18-year-old Miami woman who attends Narcotics Anonymous, says she lost 50 lbs. after constantly taking ecstasy. She began to steal and deal e to pay for rolls.

Another downside: because users feel empathetic, ecstasy can lower sexual inhibitions. Men generally cannot get erections when high on e, but they are often ferociously randy when its effects begin to fade. Dr. Robert Kiltzman, a psychiatrist at Columbia University, has found that men in New York City who use ecstasy are 2.8 times more likely to have unprotected sex.

Still, the majority of people who end up in the e.r. after taking ecstasy are almost certainly not taking MDMA but something masquerading under its name. No one knows for sure what they're taking, since emergency rooms don't always test blood to confirm the drug identified by users. But one group that does test e for purity is DanceSafe, a pro-rave organization based in Berkeley, Calif., and largely funded by a software millionaire, Bob Wallace (Microsoft's employee No. 9). DanceSafe sets up tables at raves, where users can get information about drugs and also have ecstasy pills tested. (The organization works with police so that ravers who produce pills for testing won't be arrested.) A DanceSafe worker shaves off a silver of the tablet and drops a solution onto it; if it doesn't turn black quickly, it's not MDMA.

The organization has found that as much as 20% of the so-called ecstasy sold at raves contains something other than MDMA. DanceSafe also tests pills for anonymous users who send in samples from around the nation; it has found that 40% of those pills are fake. Last fall, DanceSafe workers attended a "massive"—more than 5,000 people—rave in Oakland, Calif. Nine people were taken from the rave in ambulances, but DanceSafe confirmed that eight of the nine had taken pills that weren't MDMA.

The most common adulterants in such pills are aspirin, caffeine and other over-the-counters. (Contrary to lore, fake e virtually never contains heroin, which is not cost-effective in oral form.) But the most insidious adulterant—what all eight of the Oakland ravers took—is DXM (dextromethorphan), a cheap cough suppressant that causes hallucinations in the 130-mg dose usually found in fake e (13 times the amount in a dose of Robitussin). Because DXM inhibits sweating, it easily causes heatstroke. Another dangerous adulterant is PMA (paramethoxyamphetamine), an illegal drug that in May killed two Chicago-area teenagers who took it thinking they were dropping e. PMA is a vastly more potent hallucinogenic and hyperthermic drug than MDMA.

Most users don't have access to DanceSafe, which operates in only eight cities. But as demand has grown, the incentive to manufacture fake e has also escalated, especially for one-time raves full of teens who won't see the dealer again. Established dealers, by contrast, operate under the opposite incentive. A Miami dealer who goes by the name "Top Dog" told TIME he obtains MDMA test kits from a connection on the police force. "If [the pills] are no good," he says, customers "won't want to buy from you anymore." It's business sense: Top Dog can earn \$300,000 a year on e sales.

As writer Joshua Wolf Shenk has pointed out, we tend to have opposing views about

drugs: they can kill or cure; the addiction will enslave you, or the new perceptions will free you. Aldous Huxley typified this duality with his two most famous books, *Brave New World*—about a people in thrall to a drug called soma—and *The Doors of Perception*—an autobiographical work in which Huxley begins to see the world in a brilliant new light after taking mescaline.

Ecstasy can occasionally enslave and occasionally offer transcendence. Usually, it does neither. For Adrienne, the Midwestern woman who has been a frequent user for the past five years, ecstasy is a key part of life. "E makes shirtless, disgusting men, a club with broken bathrooms, a deejay that plays crap and vomiting into a trash can the best night of your life," she says with a laugh. "It has done two things in my life," she reflects. "I had always been aloof or insecure or snobby, however you want to put it. And I took it and realized, you know what, we're all here; we're all dancing; we're not so different. I allowed myself to get closer to people. Everything was more positive. But my life also became, quickly, all about the next time I would do it \* \* \* You feel at ease with yourself and right with the world, and that's a feeling you want to duplicate—every single week."

#### THREAT OF THE PEOPLE'S REPUBLIC OF CHINA AND MASSIVE UNCONTROLLED IMMIGRATION

The SPEAKER pro tempore (Mr. ISSA). Under the Speaker's announced policy of January 3, 2001, the gentleman from Colorado (Mr. TANCREDO) is recognized for 60 minutes as the designee of the majority leader.

Mr. TANCREDO. Mr. Speaker, today being Flag Day, millions of Americans around the country are honoring the Nation through honoring the flag. Naturally, our thoughts turn to a number of subjects on a day like today.

I just returned from a particularly stirring presentation that was held over in the Cannon Caucus Building for veterans, at which time I was able to give a little bit of a presentation. It was a very powerful event, beautiful music, and a lot of great speeches about the country, about the Nation, about where we are as a Nation and about where we hope to go.

Mr. Speaker, this evening I want to talk about a couple of things that I believe to be the most significant threats this Nation faces; one is an external threat, and that threat is the People's Republic of China.

I characterize that nation as a threat, because of the actions taken by the Chinese, not just in the recent past, by the forcing down of one of our planes, but I suggest that China is a threat to the United States and can be identified as such as a result of analyzing China's history and its most recent actions together.

China is a nation with a very long history of aggressive behavior; that behavior is often activated by grievances, both actual grievances and perceived and contrived.

It is motivated by a sort of raging nationalism that finds expression in expanding its borders in xenophobia. I believe that the best way to success-

fully deal with China is to understand these realities and to fashion a foreign policy accordingly.

Later on, I will discuss what I believe to be the other most significant threat to the United States and that is internally. It is not a foreign threat, it is an internal threat, and that is massive uncontrolled immigration into this country, both legal and illegal.

I recognize that both of these subjects are quite controversial. Both of these subjects always engender a lot of emotion and a lot of discussion. The latter, the issue of immigration, does not get much attention on this floor, because there is a fear, a natural fear, on the part of a lot of people, a lot of my colleagues to address this, for fear that they will be characterized or mischaracterized, as the case may be, as a result of their opposition or concern about massive immigration into this Nation.

It is, nonetheless, the second topic I will deal with. First, I want to stay with the topic of the People's Republic of China.

Another important understanding for Americans with regard to China, something we must come to grips with is the fact that China believes itself to be our number one enemy. They look at us as their enemy. There is absolutely nothing we can do by way of appeasement that will ever change this reality.

Here in the United States, as in most democracies, there is a basic unwillingness to confront the harsh realities of nature. We want to attribute always the hostile actions of others to benign intent.

History, of course, has proven that this particular course of action is always dangerous and sometimes disastrous. From a historical perspective, China provides an unparalleled view of a nation in the constant grip of absolutism. Indeed, this tradition goes back to the very founding of the Chinese state by the Chang dynasty in 1766 B.C. The governmental structure at that time was sophisticated, and an autocrat ruled it. When addressing his subjects, he referred to himself as I, the single one man.

For literally thousands of years, the Chinese people have been treated as disposable resources of the state. The recent discovery of the famed Terra Cotta Warriors in China's ancient Capitol of Xian have survived far longer than the bones of the thousands of construction workers who were buried alive to hide the location of the tomb from grave robbers.

I find this to be a more interesting aspect of Chinese and a more revealing aspect of Chinese culture than the craftsmanship of the artists involved.

China's long history is an unbroken international internalization of the concept of externally expanding power as a guiding principle of foreign policy.

A China scholar by the name of Steven Moser states that this desire for hegemony is still deeply embedded in China's national dream work, intrinsic

to its national identity and implicated in what it believes to be its natural destiny.

Mr. Moser divides China's quest for hegemony in three parts, basic hegemony, he says, the recovery of Taiwan, and the assertion of undisputed control over the South China Sea. Regional hegemony is the extension of the Chinese empire to maximum extent of its old, what they call their old Celestial Empire.

Finally, global hegemony, this is a worldwide contest with the United States to replace the current Pax Americana with a Pax Sinoca.

Certainly many observers disagree with Mr. Moser's characterization of modern day China. They would argue that time have changed and that new realities have forced a cultural and political metamorphosis in the PRC.

They go on to contend that the United States should fashion a foreign policy to accommodate this change. This, of course, is one of the arguments that was made during the recent debate here in this Congress over PNTR, or permanent normal trade relationships, with China.

The other very powerful argument that was made for PNTR, and about which I will say more later, when something like this, we do not really care about America's national security interests. There is money to be made by buying cheap in China and selling dear in the rest of the world. Well, let us test the theory of the modern day Chamberlains that rely on the accommodating rather than confronting China.

China, of course, is already acquired, through more peaceful mechanisms, Hong Kong and Macau; but they are now preparing for Taiwan to follow suit, peacefully or otherwise. China is aggressively assembling the military capabilities to protect its war power beyond its present internationally recognized borders.

Six days ago, China masked amphibious vehicles and landing craft on an island near Taiwan as part of a large-scale military exercise. These exercises are expected to be one of the largest shore-based war games held by the Chinese military in recent history.

China's capability to deliver the nuclear weapons to targets which include Los Angeles and many other cities in the United States has been perfected by the application of advanced technology that has been both purchased and stolen from the United States.

China has embarked upon the construction of three missile bases along the coast to threaten Taiwan. My colleagues may recall that they fired several missiles toward Taiwan just not too long ago.

Mr. Speaker, a little over 1 year ago, China exploded a neutron bomb; that event went relatively unpublicized in the Western press. Included in the plans for this basic hegemony of the region is the occupation of the Spratly and Paracel Island group. No fewer