

PHSA and that complements the Medicare Value Purchasing Act of 2005. Ultimately, I believe that we have the same goals in mind. If we can come to an agreement now, we can continue moving forward with these important policies that can change the shape, quality, and ultimately the cost and benefit of our health care system.

#### METHAMPHETAMINE CRISIS

Mr. WYDEN. Mr. President, to draw attention to the meth crisis facing Oregon and a growing number of States around the country, I stand once again on the floor of the Senate introducing two more newspaper articles into the RECORD. Both articles highlight the plight of the most vulnerable victims of the meth crisis: America's children.

As the first piece, "The Little Round Faces of Meth," from The Oregonian points out, "The drug lurks behind nearly all of Oregon's most shocking and horrifying cases of child abuse and neglect."

The second article, "A Drug Scourge Creates Its Own Form of Orphan" was printed in the New York Times a little over a week ago. As the article explains, "In Oregon, 5,515 children entered the [foster care] system in 2004, up from 4,946 the year before, and officials there say the caseload would be half what it is now if the methamphetamine problem suddenly went away."

The burden that meth is placing on Oregon communities is enormous. And we have to do something about it. Because even if we get the epidemic under control right now, we are going to be dealing with the consequences for years to come. And one of these consequences will be taking care of the child victims of meth. As Jay Wurscher, director of alcohol and drug services for the children and families division of the Oregon Department of Human Services explains in the New York Times article, "In every way, shape and form, this is the worst drug ever for child welfare."

We cannot afford to wait any longer. Each day we fail to act, another child is neglected, abused or even worse—dead—as a result of meth. I urge Congress to pass and the President to sign the Combat Meth bill, a solid step that will help us fight this terrible drug in Oregon and around the country. Among other things, the bill provides \$5 million in grants to help kids affected by meth.

Mr. President, I ask for unanimous consent that the full text of The Oregonian article and the New York Times article be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From The Oregonian, July 9, 2005]  
THE LITTLE ROUND FACES OF METH

You will have to imagine the face of a tearful 16-month-old boy found toddling alone last Wednesday morning alongside River Road North in Keizer. You usually only see the faces of the child victims of methamphetamine, or learn their names, when they die.

The familiar faces of meth are the mug shots of the drug users and dealers spilling out of Oregon's jails and prisons. You have seen them so often in newspapers and on television newscasts that they have all but blurred into one gaunt face with hollow eyes, straggly hair, jack-o-lantern smiles.

But when a toddler winds up standing alone in a T-shirt and soiled diaper along a busy Oregon commuter street, while his parents apparently sleep off another night of drugs, it is time to realize the most awful thing about meth is not the rotten teeth it produces but the rotten parents.

That little boy in the diaper standing along River Road is among thousands of Oregon children who have suffered neglect and abuse linked to methamphetamine. State authorities say at least half of the investigated cases of abuse and neglect in Oregon trace back to the drug found in the apartment of the little boy's parents, Kurt Michael Quinn, 42, and Ivory Angela Williams, 26. The couple was arrested on multiple charges, including child neglect and possession of a controlled substance.

Of, course, meth was there. The drug lurks behind nearly all of Oregon's most shocking and horrifying cases of child abuse and neglect:

The parents who nailed a sheet of plywood over their baby's crib so that he would not escape while they were on a meth high.

The 10-month-old baby who crawled out of a two-story window and fell to the ground while his mother was strung out on meth.

The infant who died of an overdose from breast-feeding from a mother addicted to meth.

There was meth in the family of Ashton Parris, who died at 15 months from severe head injuries after the state returned him to his birth mother.

Jewell Newland was only 3-months-old when her meth-laden father, James Dean Newland, picked her up and then fell on her—with what the police affidavit called a "whoof." Baby Jewell was bleeding from the mouth, but no one took her to the hospital for 14 long hours. She died of her injuries.

These are the little round faces of meth. They are the faces that demand the additional police, the tougher prison sentences, the expanded drug treatment and the hassle of a few extra minutes at the pharmacy waiting for the cold medicines that drug cooks turn into meth.

Yet, some still are not enlisted in this fight. Some oppose the tough international restrictions needed to control the ingredients in meth. Others want to weaken restrictions on cold medicines.

If only they all had a chance to pass River Road the other morning. If only they could see the face of that little boy toddling along in his T-shirt and diaper.

[From the New York Times, July 11, 2005]  
A DRUG SCOURGE CREATES ITS OWN FORM OF ORPHAN

(By Kate Zernike)

The Laura Dester Shelter here is licensed for 38 children, but at times in the past months it has housed 90, forcing siblings to double up in cots. It is supposed to be a 24-hour stopping point between troubled homes and foster care, but with foster homes backed up, children are staying weeks and sometimes months, making it more orphanage than shelter, a cacophony of need.

In a rocking chair, a volunteer uses one arm to feed a 5-day-old boy taken from his mother at birth, the other to placate a toddler who is wandering from adult to adult begging, "Bottle?" A 3-year-old who arrived at dawn shrieks as salve is rubbed on her to kill the lice.

This is a problem methamphetamine has made, a scene increasingly familiar across the country as the number of foster children rises rapidly in states hit hard by the drug, the overwhelming number of them, officials say, taken from parents who were using or making methamphetamine.

Oklahoma last year became the first state to ban over-the-counter sales of cold medicines that contain the crucial ingredient needed to make methamphetamine. Even so, the number of foster children in the state is up 16 percent from a year ago. In Kentucky, the numbers are up 12 percent, or 753 children, with only seven new homes.

In Oregon, 5,515 children entered the system in 2004, up from 4,946 the year before, and officials there say the caseload would be half what it is now if the methamphetamine problem suddenly went away. In Tennessee, state officials recently began tracking the number of children brought in because of methamphetamine, and it rose to 700 in 2004 from 400 in 2003.

While foster populations in cities rose because of so-called crack babies in the 1990's, methamphetamine is mostly a rural phenomenon, and it has created virtual orphans in areas without social service networks to support them. In Muskogee, an hour's drive south of here, a group is raising money to convert an old church into a shelter because there are none.

Officials say methamphetamine's particularly potent and destructive nature and the way it is often made in the home conspire against child welfare unlike any other drug.

It has become harder to attract and keep foster parents because the children of methamphetamine arrive with so many behavioral problems; they may not get into their beds at night because they are so used to sleeping on the floor, and they may resist toilet training because they are used to wearing dirty diapers.

"We used to think, you give these kids a good home and lots of love and they'll be O.K.," said Esther Rider-Salem, the manager of Child Protective Services programs for the State of Oklahoma. "This goes above and beyond anything we've seen."

Although the methamphetamine problem has existed for years, state officials here and elsewhere say the number of foster children created by it has spiked in the last year or two as growing awareness of the drug problem has prompted more lab raids, and more citizens reporting suspected methamphetamine use.

Nationwide, the Drug Enforcement Administration says that over the last five years 15,000 children were found at laboratories where methamphetamine was made. But that number vastly understates the problem, federal officials say, because it does not include children whose parents use methamphetamine but do not make it and because it relies on state reporting, which can be spotty.

On July 5, the National Association of Counties reported that 40 percent of child welfare officials surveyed nationwide said that methamphetamine had caused a rise in the number of children removed from homes.

The percentage was far higher on the West Coast and in rural areas, where the drug has hit the hardest. Seventy-one percent of counties in California, 70 percent in Colorado and 69 percent in Minnesota reported an increase in the number of children removed from homes because of methamphetamine.

In North Dakota, 54 percent of counties reported a methamphetamine-related increase. At what was billed as a "community meeting on meth" in Fargo this year, the state attorney general, Wayne Stenehjem, exhorted the hundreds of people packed into an auditorium: "People always ask, what can they do

about meth? The most important thing you can do is become a foster parent, because we're just seeing so many kids being taken from these homes."

Officials also say methamphetamine has made it harder to reunite families once the child is taken; 59 percent of those surveyed in the national counties study agreed.

The federal Adoption and Safe Families Act of 1997, enacted as babies born to crack users were crowding foster care, requires states to begin terminating parental rights if a child has spent 15 out of 22 months in foster care. It was intended to keep children from languishing in foster homes. But rehabilitation for methamphetamine often takes longer than other drugs, and parents fall behind the clock.

"Termination of parental rights almost becomes the regular piece," said Jerry Foxhoven, the administrator of the Child Advocacy Board in Iowa. "We know pretty early that these families are not going to get back together."

The drug—smoked, ingested or injected—is synthetic, cheap and easy to make in home labs using pseudoephedrine, the ingredient in many cold medicines, and common fertilizers, solvents or battery acid. The materials are dangerous, and highly explosive.

"Meth adds this element of parents who think they are rocket scientists and want to cook these chemicals in the kitchen," said Yvonne Glick, a lawyer at the Department of Human Services in Oklahoma who works with the state's alliance for drug endangered children. "They're on the couch watching their stuff cook, and the kids are on the floor watching them."

The drug also produces a tremendous and long-lasting rush, with intense sexual desire. As a result of the sexual binges, some child welfare officials say, methamphetamine users are having more children. More young children are entering the foster system, often as newborns suffering from the effects of their mother's use of the drug.

Oklahoma was recently chosen to participate in a federally financed study of the effects of methamphetamine on babies born to addicted mothers. Doctors who work with them have already found that the babies are born with trouble suckling or bonding with their parents, who often abuse the children out of frustration.

But the biggest problem, doctors who work with children say, is not with those born under the effects of the drug but with the children who grow up surrounded by methamphetamine and its attendant problems. Because users are so highly sexualized, the children are often exposed to pornography or sexual abuse, or watch their mothers prostitute themselves, the welfare workers say.

The drug binges tend to last for days or weeks, and the crash is tremendous, leaving children unwashed and unfed for days as parents fall into a deep sleep.

"The oldest kid becomes the parent, and the oldest kid may be 4 or 5 years old," said Dr. Mike Stratton, a pediatrician in Muskogee, Okla., who is involved with a state program for children exposed to drugs that is run in conjunction with the Justice Department. "The parents are basically worthless, when they're not stoned they're sleeping it off, when they're not sleeping they don't eat, and it's not in their regimen to feed the kids."

Ms. Glick recalls a group of siblings found eating plaster at a home filled with methamphetamine. The oldest, age 6, was given a hamburger when they arrived at the Laura Dester Shelter; he broke it apart and handed out bits to his siblings before taking a bite himself.

Jay Wurscher, director of alcohol and drug services for the children and families divi-

sion of the Oregon Department of Human Services, said, "In every way, shape and form, this is the worst drug ever for child welfare."

Child welfare workers say they used to remove children as a last resort, first trying to help with services in the home.

But everywhere there are reminders of the dangers of leaving children in homes with methamphetamine. In one recent case here, an 18-month-old child fell onto a heating unit on the floor and died while the parents slept; a 3-year-old sibling had tried to rouse them.

The police who raid methamphetamine labs say they try to leave the children with relatives, particularly in rural areas, where there are few other options.

But it has become increasingly clear, they say, that often the relatives, too, are cooking or using methamphetamine. And because the problem has hit areas where there are so few shelters, children are often placed far from their parents. Caseworkers have to drive children long distances to where parents are living or imprisoned for visits; Leslie Beyer, a caseworker at Laura Dester, logged 3,600 miles on her car one month.

The drain of the cases is forcing foster families to leave the system, or caseworkers to quit. In some counties in Oklahoma, Ms. Rider-Salem said, half the caseworkers now leave within two years.

After the ban on over-the-counter pseudoephedrine was enacted—a law other states are trying to emulate—the number of children taken out of methamphetamine labs and into the foster care system in Oklahoma declined by about 15 percent, Ms. Glick said. But she said the number of children found not in the labs but with parents who were using the drug had more than compensated for any decline.

The state's only other children's shelter, in Oklahoma City, was so crowded recently that the fire marshal threatened to shut it down, forcing the state to send children to foster families in far-flung counties.

At Laura Dester, three new children arrived on one recent morning, the 3-year-old being treated for lice and two siblings, found playing in an abandoned house while their mother was passed out at home. The girl now wanders with a plastic bag over her hair to keep the lice salve from leaking. She hugs her little brother, then grabs a plastic toy phone out of his hand, leaving him wailing.

"Who's on the phone?" asks Kay Saunders, the assistant director at the shelter, gently trying to intervene. "My mom," the girl says, then turns to her little brother. "It's ringing!"

## HONORING OUR ARMED FORCES

TRIBUTE TO PRIVATE FIRST CLASS ERIC P. WOODS

Mr. GRASSLEY. Mr. President, I rise today to salute an extraordinary native Iowan who has fallen in service to his country in support of Operation Iraqi Freedom. PFC Eric P. Woods, of the 2nd Squadron, 3rd Armored Cavalry Regiment, died on the 9th day of July, 2005, in Tal Afar, Iraq, due to injuries sustained when an explosive device detonated under his vehicle. Woods, a combat medic was killed en route to aid an injured soldier. My prayers go out to his wife Jamie, his 3-year-old son Eric Scott, his parents Charles and Janis Woods, and his many other friends and family.

Eric Woods grew up in Urbandale, IA, and was an active member in the youth

group at Westchester Evangelical Free Church. At Urbandale High School he wrestled and played football and baseball before graduating in 1997. While attending Iowa State University, he became manager of Krause Gentle Company. After a move to Omaha, Eric became a medic in the U.S. Army.

Private First Class Woods was a truly thoughtful soldier, requesting packages from home containing soccer balls, candy, and toys to give out to the children of Iraq. He will be remembered not only for his sacrifice for freedom but also the way in which he served, giving his life on the way to help an injured fellow soldier. Recently, his pastor said of Eric: "His motto was to charge, not retreat. He squeezed the most out of life." Again my thoughts and prayers are with his family and friends. I ask my colleagues in the Senate and all Americans to remember with gratitude and admiration this courageous Iowan, PFC Eric P. Woods.

## ADDITIONAL STATEMENTS

### 50TH ANNIVERSARY OF THE CALIFORNIA ASSOCIATION OF SANITATION AGENCIES

● Mrs. FEINSTEIN. Mr. President, I rise today to honor the achievements of the California Association of Sanitation Agencies, and to celebrate the organization's 50th anniversary.

CASA has provided the State of California with clean, safe, and reliable drinking water since its founding in 1955. Not only has CASA worked hard to ensure the well-being of Californians, but it has also championed a multitude of environmental issues related to clean water and water infrastructure that have been vital to California's long-term economic and social stability.

I want to recognize CASA's proactive leadership in promoting partnerships with a variety of organizations to create a sound public health and environmental agenda. For the past 50 years CASA has been the voice of the public wastewater agencies and served to assist and monitor a variety of water quality, and related policy issues.

CASA has fought hard on behalf of California's sanitation agencies and played an active role in numerous legislative struggles. Among CASA's legislative achievements include sponsoring legislation that gives publicly owned treatment works the authority to levy civil and administrative penalties against industrial dischargers for violations of local wastewater ordinances. Additionally, CASA has worked in partnership with the U.S. Environmental Protection Agency to develop and implement effective water rules for air toxics, sewer overflows, and biosolids management.

CASA has acted as a valuable resource by helping its member agencies understand and comply with varying