

Increased taxes were not a solution in 1993, and they will not be a solution in the future.

Last year, Republicans proposed to preserve, protect and strengthen the Medicare program. We worked hard to put together a balanced proposal that did not cut Medicare but slowed the rate the cost of the program was expected to grow. Under our plan that was approved by Congress, annual per beneficiary Medicare spending would have increased from average spending of \$4,800 in 1995 to more than \$7,200 in 2002.

Under the original Senate Balanced Budget Act as reported out of Finance Committee, the Medicare program would have remained solvent for about 18 years. According to the CBO estimates, under our proposal, the Medicare HI Trust Fund balance would have totaled \$300 billion in 2005. The CBO stated, the HI Trust Fund would meet the Trustees' test of short-range financial adequacy." In other words, for the next 10 years, the HI Trust Fund balance, at the end of every year, would have been more than enough to pay Medicare benefits for the following year.

More importantly, using the CBO's estimates through 2005, our Finance Committee staff, in consultation with the Office of the Actuary within the Department of Health and Human Services, estimated that the Medicare HI Trust Fund would have been solvent through about the year 2020. That would have meant 10 years after the baby-boom generation begins to retire a quarter of a century from today.

We need to preserve and protect the Medicare program. We need to make sure we leave a solid legacy for the next generations. The demographics and the predictions of cost growth confirm that the program is not sustainable. It is no longer time for rhetoric, but time for action. Playing politics with Medicare is simply wrong. Putting off what needs to be done is the cruelest tactic.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. REID. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. REID. Mr. President, I ask unanimous consent that I be allowed to proceed as in morning business.

The PRESIDING OFFICER. The Chair advises the Senator that we are in morning business for statements of up to 10 minutes.

#### MEDICARE

Mr. REID. Mr. President, there have been a number of speeches made today by colleagues on the other side of the aisle about Medicare. I ask the American public to understand the opposi-

tion to Medicare, as a program. For example, I wonder if those same Senators who talk about how they were rallying to help Medicare would recognize that just last year, late in the year, the majority leader of the Senate, Senator DOLE said, "I was there fighting the fight against Medicare, one of 12, because we knew it would not work in 1965." On that same day, at another place in Washington, a speech was given by the Speaker of the House, where he said, "Now, let me talk about Medicare. We don't get rid of it in the first round because we don't think it would be politically smart. We believe it's going to wither on the vine." We have another leader in the House of Representatives, the majority leader, DICK ARMEY, a Congressman from Texas, who is second in command in the House of Representatives. He said, "Medicare has no place in the free world. Social Security is a rotten trick. I think we are going to have to bite the bullet on Social Security and phase it out over time."

This is where they are coming from. The Republican leadership does not like Medicare. Look at what Haley Barbour said: "This is manna from Heaven." The Republican National Committee chairman was responding to the Medicare trustees' report that was released when the Republicans were looking for a way to justify their scheme to cut Medicare. "This is manna from Heaven"—the fact that the Medicare trust fund is in trouble.

The fact of the matter is, Mr. President, we have had Medicare for some 27 years, and there have only been 2 years where in the annual report of the trustees it has indicated that Medicare is in trouble. The reason for that, of course, is that Medicare is a pay-as-you-go system. Every year, the trustees have said, "You have to do something to take care of Medicare," and we do. One of the things we recently did, in 1993—all the Democrats did it, and we did not get a single Republican vote—is we extended the solvency of the trust fund for 3 additional years.

There is a lot of work that we need to do to take care of Medicare. Medicare is a tremendous program. In the early 1960's, less than 40 percent of the American senior citizens had some type of health insurance. Today, almost 100 percent—over 99 percent—of senior citizens have health insurance. The reason they have health insurance is because of Medicare.

Of course, there are things we need to do with Medicare. For people to stand, though, with a straight face and say, "We are not cutting Medicare; all we are doing is cutting the rate of increase," certainly does not answer the question. We have thousands of people coming on the rolls—thousands and thousands of people—every week in the United States. People are living longer. During that period of life extension, they need additional health and medical care. Medicare has been a boon to these senior citizens in their older years to take care of that.

We need money to do that. If you use the argument that has been used by my colleagues on the other side, where, in effect, Mr. President, they are saying, "This is not a cut; we are only cutting the rate of increase," well, if that is a fact, we keep hearing on the Senate floor all the time about defense funding, defense forces. They talk about this increase that we are getting, and that a 5-percent increase is really a decrease in defense spending. Well, that same argument then would certainly apply to Medicare, a nominal funding increase of \$1,653 a person. But the fact of the matter is that the purchasing power is at a loss of about \$1,000.

So let us talk realistically. The fact that you raise the dollars does not mean in fact that you increase the ability of people to purchase. In fact, it is quite to the contrary.

We know that the Speaker wants Medicare to wither on the vine. The majority leader in the Senate was glad that he voted against it in 1965 because he said he knew it would not work—some 30 years ago.

Well, we are willing to take care of the problems in Medicare. In the budget submitted by the President there is an extension of the problems with Medicare. There are a lot of things that we need to do, and we can do those. But the one thing that we cannot do is continue this Presidential debate and in the process damage the image of Medicare. Medicare has billions and billions of dollars in the trust fund today. Those trust fund dollars will continue to be there for the foreseeable future. We have to, as we have in years gone by, change certain things, and we are going to do that. But we are going to have to wait, it appears, until the Presidential election season is over before we can constructively take care of the problems with Medicare.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. KEMPTHORNE). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. GREGG. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

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

The PRESIDING OFFICER. The Chair advises the Senator that we are in a period for morning business with Senators allowed to speak for up to 10 minutes.

Mr. GREGG. I thank the Chair.

#### MEDICARE

Mr. GREGG. Mr. President, I want to talk a little bit about Medicare, which I know has been discussed by other Members on the floor, and specifically about the Medicare trustees' report which I know has also received a fair

amount of attention, as well it should. This Medicare trustees' report, remember, is the second—there have been a number of reports—second in a series of reports that have raised a very large red flag, which red flag essentially had printed on it "The Medicare Trust Fund is Going Bankrupt."

The Medicare trustees are independent in the sense that their job is to review what is happening with the Medicare system, do it in an analytical way, and issue a report. Even though three or four of the members are officially members of the administration, they have great credibility as to the integrity of this report.

The first report that they initiated in this area that threw up the red flag in such a large way stated unequivocally—this was almost a year ago now—"We strongly recommend that the crisis presented by the financial position of Medicare trust fund be urgently addressed on a comprehensive basis, including a review of the program's financing method, benefit provisions, and delivery mechanisms."

Well, the U.S. Congress—specifically the Republican leadership in the U.S. Congress—did address the Medicare trust fund and that specific direction from the trustees. We put forward a proposal which was included in the balanced budget, which unfortunately the President vetoed, that addressed the underlying problem of the Medicare trust fund. It did it by giving seniors an opportunity to have more choices as to the type of health care that they receive. Unfortunately, that proposal was vetoed.

So we now have another report coming out which has said that the original report of a year ago grossly underestimated the problem. This chart sort of reflects the situation. I call this the plane crash chart, the nose dive chart, or whatever you want to call it. This is the blue line that shows what is happening in the Medicare trust fund in the original report that we most refer to around here of a year ago. This red line is the new timeframe for insolvency. It has been moved from the year 2002 to the year 2001. But actually that only tells a little bit of the story when you use those 2 years because of the insolvency which is being projected by the trustees. In the year 2001 they are talking about an insolvency or a deficit of \$33 billion in the Medicare trust fund, part A. But in the year 2002, under this new report, they are talking about a deficit of over \$100 billion—a massive deficit in the trust fund in the year 2002.

What has the administration's response to this been? It has been to take their head and stick it as far down in the sand as they can and flap their wings in some demagogic manner about how the Republican proposals are going to slash Medicare when nothing could be less accurate or less truthful.

The Republican proposal was that we should slow the rate of growth of Medi-

care from 10 percent annually down to 7 percent annually and that we should do that by, as I mentioned earlier, giving Medicare beneficiaries essentially the same type of choices that Members of Congress and the Federal employees have today. Today, unfortunately, a Medicare beneficiary has only one really viable choice. They have some experimental choice, and that is called "fee for service." This is the type of health care delivery service we had in the 1950's and 1960's in this country; the type of health care service seniors grew up with and, therefore, are most comfortable with. It happens to be the most expensive type of health care delivery service. People who work in the private sector today, who work in a business place today, who have health insurance, know that there are very few fee-for-service programs, that for the most part we have what is known as mixed cost programs where you buy a health care delivery service that takes care of all your activities when you are an employee.

It might be an HMO; it might be something called a PPO; it might be a group of doctors practicing together. There are a group of variables about how this is done. But today we have basically fixed-cost delivery systems.

What we as Republicans said to the seniors was, all right, if you like fee-for-service, you can stay with it. We are not going to tell you that you have to change, but we are going to encourage you to look at some other services, HMO's, PPO's, groups of doctors practicing together, other types of insurance programs, and to the extent you choose one of these other programs which has to deliver at the minimum the same benefits you are now getting under your health care system, under health care services, to the extent you choose one of those that costs less, because many of them can cost less, then we in the Federal Government are going to give you an incentive to choose that less expensive system.

You may say, well, how can there be a less expensive system that is going to give the same type of care to seniors? It is called the marketplace. It just happens in the marketplace there are a lot of health care providers that are willing to give the same or even better services for less than what Medicare today pays to the average senior for fee-for-service.

That is because we pay so much for the average care for seniors. We pay about \$4,800 a year. That is a lot of money for seniors. There are a lot of systems out there that could probably supply that care, and maybe more care—maybe eyeglass care, maybe pharmaceutical care—and do it for less than \$4,800 a year. To the extent it was less, we were going to give our seniors the option to choose the least costly service which may be a better service. And the incentive we were going to give them to do it was to keep the difference. If their plan they choose were to cost \$4,500, that today costs us \$4,800

to pay for their fee-for-service, and the plan they choose was a fixed-cost system that cost \$4,500, the senior would keep the \$300 difference.

That would create three events. No. 1, it would mean that seniors would have an incentive to go out and look for cost-effective health care. No. 2, it would mean the marketplace would respond with lots of different opportunities for quality health care. And No. 3, it would mean that the Federal Government would get a predictable rate of growth in health care. Instead of having a 10 percent rate of growth, we can conservatively estimate that the rate of growth would be about 7 percent. Why? Because in the private sector, which has done exactly this, which has gone to a variety of different health care programs, the cost of the premiums has actually dropped by about 50 percent.

What we are talking about is getting a 30-percent drop in the cost of premiums, so we know if we use this opportunity we would have the opportunity to control costs especially in the outyears and therefore give us a better chance at maintaining the solvency of the Medicare trust fund.

What was the response of President Clinton and his minions when we put this plan forward? The response—and we still hear it from Congressman GEPHARDT and his group—was, we are slashing Medicare. We are slashing Medicare. Well, we said, Mr. President, tell us what you are going to do then to get the system under control. He did not have an idea, did not have a proposal. He said, you are just slashing Medicare. Let me go scare some seniors and tell them that you are slashing Medicare.

It was the most demagogic position taken by a President in a long time because it was dealing with such an important issue and they did it in such a purely partisan and political way, so demagogic, in fact, that even the Washington Post, which is the spokesman for basically the liberal agenda in this country, if you are going to be honest about it, in its editorial policy, said that what the President was discussing was "medagoguery," coined a phrase "medagoguery," a very appropriate word to add to our lexicon.

And so now with the trustees' report coming forward and telling us that the situation has even gotten significantly worse, that the system now instead of going broke in the year 2002 is going to go broke in the year 2001, now we hear rumblings in the administration, murmuring from the administration, well, we have a program to save this, to push it out a few years.

Let us look at what the administration is proposing because what they are proposing is a terribly crass act of intergenerational transfer of burden. What they are proposing essentially is to take a major part of the cost of the present Medicare system which is borne by the hospital trust fund and to shift that cost on to all Americans who pay taxes.

The program that they are proposing is to take the home health care portion of the hospital trust fund, which represents about \$55 billion, and transfer that out of the hospital trust fund, part A, into theoretically part B. But they do not put it in part B really. What they are doing is they are putting it on the backs of all the taxpayers in America. Today, of course, this item, \$55 billion in home health care, is paid for out of the hospital trust fund.

What does that mean? It means it is paid for by the taxes which go into the trust fund which are to accumulate for the purposes of buying insurance for seniors when you meet the age eligibility requirements. And so these costs of home health care are supported by the taxes paid to the trust fund. But what they are proposing is to take it out of that trust fund, and they put it in the part B trust fund and they have it paid for by the general taxpayers.

In fact, they go so far in this exercise of political gamesmanship as to not only take it out of the hospital part A trust fund, but when they put it into the part B trust fund they do not even require that seniors pay what is the traditional percentage of the part B trust fund, which is 25 percent.

Let me explain that because that is fairly complicated. Basically, the part B trust fund, as many people know, pays for things other than hospitalization, other than acute care. Under our system today, a senior citizen pays 25 percent of the costs of their nonacute care, nonhospitalization costs, and the general taxpayers, John and Mary Smith who are working down at the local restaurant or at the gas station or on an assembly line, they pay 75 percent of the senior citizens' costs for their nonhospitalization. That is the part B trust fund.

Well, when they took the \$55 billion out of the part A trust fund and put it into the part B, the administration at the same time said, no, seniors are not going to have to pay even the 25 percent. So the full \$55 billion falls on Mary Smith and John Smith who are working at the local restaurant, the local gas station, or the local assembly line. And it is a clear transfer from one generation to the next generation of the costs of \$55 billion.

Does it do anything at all to address the underlying problem of the Medicare system, which is that it is growing at an annual rate of 10 percent? No, nothing. Absolutely nothing. It does not address the primary problem of the Medicare trust fund one iota. All it does is create a political benefit for this administration of being able to say to seniors, well, by taking \$55 billion out of your obligation and putting it on your children's back, we have been able to extend the life of the trust fund by a couple of years.

That is truly a crass and, I think, cynical approach to addressing what is a very core and significant problem. Because as I mentioned when I began the talk, the size of the Medicare prob-

lem in the part A trust fund is now estimated to be a \$100 billion deficit in the year 2002. So through this little bit of gamesmanship, they may buy a year or two, but they do not do anything at all to address the underlying problem—nothing. All they did is create the ability to go into this election and say to seniors, listen, we corrected this problem.

Of course, there is not going to be any asterisks by that which says to the seniors' kids, to the children and their grandchildren, oh, I am sorry; we just raised your taxes \$55 billion—because that is all this is. This is a tax increase on the children of our seniors and their grandchildren who are working of \$55 billion.

Now, it is not unusual for this administration to resolve problems by raising taxes. They gave us the largest tax increase in the history of the country which was, under a 5-year budget, \$265 billion or \$285 billion, but actually now that we are funding under a 7-year budget it turns out it was a \$550 billion tax. Now, on top of that tax increase of \$550 billion, they want to hit working Americans with another \$55 billion tax increase, while at the same time, and most amazingly with a straight face—and this is what I find rather ironic, they do this with a straight face—at the same time they say to our seniors, oh, we have taken care of the Medicare problem.

They have not done a thing about the Medicare problem. There is no effort at all in the administration proposal to address the factors which are driving a 10-percent annual rate of growth in the trust fund. In fact, if anything they have aggravated it because they have taken the \$55 billion and put it on the back of the average taxpayer in this country, John and Mary Jones, working someplace on Main Street. That means that we created a whole new burden on them, which is an entitlement, which they will have to pay taxes on and then expand the program as a result of lack of accountability, which is the way programs expand around here. They get created as entitlements and put in the general fund and then there is no way to control them at all. That is essentially what they are doing here.

If you are going to address the Medicare issue, you have to look at the fundamental question, what is driving the rate of growth of inflation in Medicare costs? I have heard some pundits saying, "It is demographics, it is people. It is all the new people coming in the system."

That is not true at all, not during the timeframe we are talking about. Yes, it is true when the postwar baby boom people hit the system. When Bill Clinton's generation and mine hit the system it is. But between now and 2010 it is not a demographic issue, it is a generational issue. It is not a demographic issue. It is a function of the fact that the rate of inflation in health care costs in Medicare are dramati-

cally exceeding the rate of inflation of health care costs in the private sector and in the costs of health care for people who are under the age of 60.

Last year, the rate of growth in the premium costs of people under the age of 60 was flat, essentially no inflation. The rate of growth of Medicare was 10 percent. You can see that is what is driving the problem with the Medicare trust fund. So, until you address that rate of growth of costs of the health care in Medicare you are not going to be able to make the system solvent.

So, when the Republicans came forward last year and put down a proposal which was aimed specifically at bringing market forces into play in the Medicare system, taking it out of the system which is a 1960's system designed for the health care delivery system of the 1950's, and moving it into the 1990's by bringing market forces into it—when we did that we put forward a proposal which was fundamentally sound and which was directed at the core problem, which was the fact that the rate of growth of health care costs was too great. Through the use of market forces we tried to control that.

What we have here essentially, in the Medicare system, is a 1959 Chevrolet driving down a 1990's highway. It has not been repaired. The hubcaps have fallen off, it is running on three pistons, the exhaust system is spewing out pollution, and it cannot keep up to speed. What we suggested, as Republicans, is that we should put a new car on the 1990 highway, something that can keep up with the times and something that would actually give the seniors a better choice of options for health care delivery.

What the White House suggested, what the administration suggested, was that we simply get more oil and more gas and pour it into the car, the 1959 Chevrolet, and we get that oil and gas from John and Mary Jones, who are working on Main Street. It was a cynical act, to say the least. Exceeded, of course, by their statements that our proposals were slashing and cutting Medicare. That was the most cynical act by this White House, but in the tradition of that, equally or competitively similar, to suggest we should make this type of a transfer.

If we are going to resolve the Medicare problem, we are going to have to have a White House which thinks about something other than reelection; that thinks about substantive policy, that thinks about how you govern, not how you get reelected to govern.

I have not seen any sense that that is the character of this White House, but there is still time. Republicans still have on the table a proposal which would substantively improve the Medicare system, and do it in a way that would lead to a real direction of solvency for the trust fund, rather than to a shell game of transferring burden from one generation to the next. I hope, if nothing else, the American public will see through the games that

the White House has been playing on this and would put some pressure on the administration to begin to act responsibly in this area.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DEWINE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

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

The PRESIDING OFFICER. The Chair advises the Senator we are in morning business and is recognized for 10 minutes.

#### WORDS AND ACTIONS ON CRIME

Mr. DEWINE. Mr. President, one of the key measures of any government is how well it protects the people from the threat of violent crime. In the preamble to our Constitution, the charter of our Government, we are told the purpose of Government is to "establish Justice, insure domestic Tranquility

Only by doing those things and doing them well do we hope to "secure the Blessings of Liberty to ourselves and our Posterity"

I would like to talk today about the record of the Clinton administration in regard to crime. In doing so, I will contend that mere words are not enough to fulfill that sacred trust between Government and the people. To fulfill its obligation, its obligation to protect people from crime, Government must act.

One of the President's closest advisers said recently, "Words are actions." Words are actions. They really are, Mr. President. The record of this administration gives grave cause for doubt.

For 2 years, 1993 and 1994, President Clinton and his party controlled the White House and both Houses of Congress. One-party control means the party in charge generally gets to set the agenda. It is pretty clear that the fight against crime should be at the top of any sensible national agenda.

Violent crime remains at historic highs. Every year 43 million Americans become victims of crime, and 10 million become victims of violent crime. Juvenile crime is a problem now of historic proportions.

Frankly, Mr. President, there is no reason to believe that this is going to change unless we take some very drastic measures. Here is why. Violent crimes by young people age 18 to 24 have gone up 50 percent since 1986. These young predators are moving coldly, dangerously into a career that will wreak havoc on their communities for years to come. That is bad enough.

But it will get even worse, even scarier, because while crime among 18- to

24-year-olds has gone up 50 percent, crime by even younger offenders, those aged 14 to 17, has gone up 150 percent—150 percent—since 1986. So if we think violent crime is bad now, wait until these 14- to 17-year-olds get into their prime age for crime, the late teens and early twenties. The problem we will have to face is when today's violent teenagers grow up. They are going to be a major social force in this country. To me, that would indicate cause for serious concern about the kind of America we are going to have in the next couple of decades.

Mr. President, the picture is bad in regard to violent crime. But, unfortunately, it does not get any better when we look at the issue of drugs. Since the Reagan-Bush years, marijuana use has tripled—tripled—among those 14 years of age and 15 years of age. In 1992, 1.6 million young people were reported to have used marijuana—1.6. Today that number has risen to 2.9 million.

Mr. President, one good way to find out what our real social problems are is to visit a hospital emergency room. Today cocaine-related episodes have hit their highest level in history. People talk about the 1980's as the cocaine decade. But visit any emergency room and you will see that it is even worse today.

Heroin-related episodes are rising, too. They jumped 66 percent in 1993 and have stayed at that higher level.

In summary, Mr. President, I think any fair observer would characterize this as a very bleak picture. A fair observer would say that violent crime, especially youth violence, is a major challenge to America and very probably the single greatest challenge we face in this country.

Let us talk for a moment about how the U.S. Government has coped with this crisis. Let us examine what the new Clinton administration wanted to do after they took office, what it proposed to do in its first 2 years. Then let us examine what the Clinton administration actually accomplished in its first 2 years. Finally, I would like to examine what was accomplished after the first 2 years.

Let us start first with the new administration's proposals. So I begin with the first phase: The new Clinton administration and its agenda and what they wanted to do.

For 2 years, Mr. President, 1993 and 1994, we had an undivided Government, a Government under the control of a single party. A President with a free hand could create positive change and do what is necessary to protect the American people from the plague of violent crime. What use was made of this opportunity? What did the new administration propose to do about this major national crisis?

Here is the answer. Here, Mr. President, if you can believe it, is what the new administration proposed to do. This is what the President's budget proposed to do. The President wanted to cut 790 agents out of the FBI. The

President wanted to cut 311 agents out of the DEA. The President wanted to cut 123 prosecutors, take them out of the Federal courts. The President wanted to construct zero—zero—new Federal prisons. Finally, the President wanted to cut prison personnel by 1,600. That was the proposed response of the Clinton administration to this major national crisis.

It is true, Mr. President, that much of this agenda did not actually become a reality. It did not happen because, fortunately, congressional approval was required. Again, fortunately, concerned Senators on both sides of the aisle said to the administration, "No. No way. We're not going to do it." Thanks to Senators like ORRIN HATCH, JOE BIDEN, PETE DOMENICI, FRITZ HOLLINGS, much of that misguided agenda was not passed, was defeated.

Let me turn, Mr. President, to the actual Clinton administration record. There is, Mr. President, of course, a lot that the President of the United States can do without congressional approval. The President has a great deal of discretion. Let us look at what the new administration actually did without congressional approval. I think when we look at this we will find that on every front of the war on crime there was a monumental retreat.

First, no new FBI agents were trained. No class. No FBI class.

Second, the White House Office of Drug Policy was absolutely gutted, an 83 percent cut in staff.

Next, the prosecution of gun criminals went down 20 percent. The prosecution in Federal court of those who use a gun in the commission of a felony went down 20 percent.

Prosecution of drug criminals—drug criminals—went down 12.5 percent.

No new FBI agents trained, the White House drug office was gutted, gun prosecutions down 20 percent, drug prosecutions down 12.5 percent. That is what the President did by himself.

Here is what else actually happened under the President's leadership.

Federal spending on drug interdiction went down 14 percent. The Federal drug budget accounts that fund anti-smuggling efforts dropped by 55 percent. In fact, the Clinton administration made a conscious decision to ignore the fact that drugs were coming into this country. They thought it would be enough to focus on the drugs once they were already in the country.

But, Mr. President, we should make no mistake, spending less on interdiction does have consequences. It does make a difference. According to recent Federal law enforcement statistics, the disruption rate, the amount of drugs that are blocked from actually entering the country, dropped 53 percent between 1993 and early 1995. The projection is an additional 84 metric tons of marijuana and cocaine coming into the United States every year.

What was the result of this cut? What was the result of this change in policy by the administration, change in emphasis?