

medicine their doctors prescribe. So they do not fill the prescriptions. They cut the pills in half. They do things they shouldn't do, and they get sick. When they get sick, what happens? They end up in a hospital. If they end up in a hospital, guess what. Medicare will pay the bills now. We wouldn't pay for the pills to keep them out of the hospital but we will pay for the pills when they get sick and go to a hospital.

We think a prescription drug benefit makes sense. We think that is what we should be debating on the floor of the Senate. But we do not. Another week passes by. We consider a lot of other things, and families across America return to ask us: Where are your priorities? What are you thinking about?

The PRESIDING OFFICER. The Senator's time has expired.

Mr. DURBIN. I will conclude. I thank you, Mr. President, for the time you have given me this morning and hope that the leadership on Capitol Hill will feel the same passion, the same intensity, and have the same commitment to issues that American families care about than they do about one family from Cuban.

The PRESIDING OFFICER. The Senator from Minnesota.

THANKING THE CHAIR

Mr. WELLSTONE. Mr. President, I thank the Chair. I want to start out by thanking the Chair for his courtesy. There are many who preside over the Senate who do not always listen to Members during debates while they are on the floor. You are one who does, and I have to thank you for your courtesy.

SENATE BUSINESS

Mr. WELLSTONE. Mr. President, I want to build on the comments of my colleague, Senator DURBIN—not in a shrill way but I guess in a determined way.

A good friend of mine has really become a dear friend. I love his work. Jonathan Kozol wrote a book called "Amazing Grace: The Lives of Children and the Conscience of a Nation." He has now written another book. I think people in the country, as is the case with all of Jonathan's work—and I wouldn't be surprised if the Chair in his commitment to children hasn't read some of his work—have read his work because it is very important. He sent to me yesterday in the mail—I didn't bring it with me to the floor because I didn't realize I had a chance to speak—some data about per pupil expenditures in New York City and surrounding suburbs.

The long and the short of it is that the suburbs surrounding the city, because of the wealth of the communities with strong reliance on property taxes, are able to spend about twice as much per pupil as the inner city. Not surprisingly, their teachers are certified and qualified, which is not the case nec-

essarily in the city in terms of having had the experience of certification or expertise in the subject matter. Not surprisingly, therefore, there is tremendous variation in terms of those children and their opportunities to succeed.

I raise this question because I hope that soon we will have the Elementary and Secondary Education Act out on the floor. When we do, I hope it will be the Senate at its best.

I am going to register the same, if you will, grievance or sharp dissent from the majority leader. I haven't done it behind his back. He knows what my position is about the way we have been operating.

I hope when this bill comes to the floor this will not be yet another case of the majority leader essentially saying: Look, only the following amendments will be in order. Any other amendments will not be. What happens is there is no agreement, and the majority leader files cloture. Then cloture is not invoked. Then the bill is pulled. I hope we don't see that.

Last week, or the week before our recess, we had this debate over the marriage penalty tax. There were a number of us who wanted to bring out amendments that we thought were terribly important dealing with prescription drug costs. Again, the majority leader said: This isn't relevant, and therefore I choose not to go forward. We had a debate about it and cloture was invoked. We will have that debate again. Or there was an effort to invoke cloture, cloture was not obtained, and the bill was pulled.

I think that is what happened, and, as a result, I think the Senate has lost its vitality.

I was elected in 1991. Honest to goodness, I think it is the truth. I don't think anybody can present evidence to the contrary. The way I remember it was that up until fairly recently, this was the pattern: A bill would come to the floor. Senators would come with amendments. We might have 60 or 90 amendments. Some would drop off and some of them wouldn't. We could go at it. We would start in the morning, go into the evening, and take a week, or 10 days, or 2 weeks. But we had debates. We had discussion. We had votes. We dealt with issues that were important to people's lives. We voted yes. We voted no. We had some vitality.

I say to the majority leader that I believe we have moved away from that to the detriment of this institution. I think we are sucking the vitality out of the Senate by the way we are conducting business. I strongly dissent from the majority leader in the way he has been proceeding. It is true that in this way people do not have to vote on amendments. But what representative democracy is all about is accountability. What the Senate is all about is it is an amendment body. It is a debate body. And individual Senators, whether you have a lot of seniority or whether you don't, can make a difference in the

Senate—or could make a difference in the Senate before—because you could bring amendments and have at it.

I started out focusing on children and education. I am real interested, as long as we are talking about high standards, in making sure every child has the same opportunity to meet those standards. I would like to talk about that.

You and I, Mr. President, talked some about early childhood development and how important it is pre-K. Why isn't the Federal Government more of a player? Why aren't we getting more resources? Your colleague from Ohio feels just as strongly about it. You and I talked about it. Why is it that people working with children ages 3 and 4 do such important work, and then all of their work is so devalued in terms of the pay they make? How can we provide the incentive for men and women to go into the field?

I am concerned, as is Senator DURBIN, coming from a State such as mine that only one-third of senior citizens in our State have prescription drug coverage at all. I see it all the time in terms of what this has done to people. It is not atypical to talk to a single elderly woman whose husband has passed away. She might be 75. Her monthly income might be \$600 and \$300 of it is for prescription drug costs.

I want to come out here to talk about a bill Senator DORGAN and I have worked on that would make a huge difference in terms of costs. But, no, we couldn't have that debate.

I am from an agricultural State. We have an economic convulsion in agriculture. Many people who I love and respect work so hard. No one can say they don't work hard. It doesn't matter; they can work 19 hours a day. They can be the greatest managers in the world. They are being spit out of the economy and they are losing their farms in this economy. I want to talk about how we can make some changes to the farm bill passed in 1996 called Freedom to Farm—some of us call it "freedom to fail"—so we can deal with the price crises. I would like to talk about whether we can reach an agreement on the antitrust action so producers can have a level playing field.

Mr. President, there are many issues that are important to people's lives, whether people live in metro, urban, rural, or suburban communities. There are many issues that are important to children to make sure that we as a nation at least come closer to reaching our national vow of equal opportunity for every child. There are issues that deal with reform and, God knows, I would think all of us would hate the mix of money in politics. I can't stand raising money. I can't bear it. I hate getting on the phone. I think, systematically, it creates tremendous problems in terms of undercutting representative democracy, where some people have too much access to both parties at an institutional level and too many people don't.

I would like to see us focus on reform. I have just mentioned some

issues and I have taken up more than 5 minutes. I make the appeal to the majority leader in particular that we have at it, with the opportunity to bring amendments to the floor. Let's debate and operate the Senate at its best. We can be good Senators and be at our best. Some Senators can be great Senators if they have the opportunity to offer amendments and have adequate debate and vote them up or down and vote the legislation up or down.

I am speaking in morning business. I am sick of morning business at quarter to 11. I want a bill out here. I want amendments. I want substantive debate and up-or-down votes, and I want us to be accountable.

I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

ECSTASY

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

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

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

Unfortunately, Ecstasy is quickly becoming the drug of choice among many of our young people. It is perceived by many as harmless because negative effects are not immediately noticeable. In fact, Ecstasy is often referred to as

a recreational drug. For this reason, it is not surprising that Monitoring the Future, an annual study that monitors illicit drug use among teenagers, reported Ecstasy use growing. Lifetime use among 12th graders increased from one in fifteen in 1998 to one in twelve in 1999. Past year use went from one in twenty-five in 1998 to one in fifteen in 1999. This is a disturbing upward trend.

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

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

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

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

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

Mr. FEINGOLD. I thank the Chair.

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

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

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

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

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

The Senator from Oregon.

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

PRESCRIPTION DRUG COVERAGE

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

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

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

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

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

If we just have Federal price controls for the Medicare program, a lot of