turn, is resulting in high-tech job creation and retention for the state of Georgia.

The work of the Alliance has only begun and they have great plans to build on their current successes by creating a stronger technology infrastructure in the State in the future. Their goal, as it has been in the past, is to make Georgia's technology economic sector one of the top five in the nation by the year 2010. The outstanding successes of the men and women of the Alliance have already proven that they are capable of achieving this goal. Based on the successes they have already achieved, I believe they will reach their goal sooner than expected. Ladies and gentleman of the Georgia Research Alliance, I am very grateful for your contributions and I am looking forward to your continued successes. Thank you very much for making Georgia a world class leader in technology development and for making Georgia's technology economy one of the best in the nation.●

THE IMPACT OF OSTEOPOROSIS

● Mr. GRASSLEY. Mr. President, I'd like to take a few moments to address a health issue of critical importance to Americans, especially older women. Osteoporosis affects 28 million Americans, 80 percent of whom are women. Nearly one in every two women and one in every eight men over age 50 will experience an osteoporotic fracture in his or her lifetime. This disease measurably impact the ability of many older Americans to maintain the independence and mobility so integral to mental well-being.

Osteoporosis is estimated to cost the United States care system $14 billion annually. In my home state of Iowa, it is estimated that $2.9 billion will be spent over the next 20 years as a result of hip, wrist and vetebral fractures. Annual costs are expected to increase from $76 million in 1995 to more than $229 million in 2015.

According to the Iowa Department of Elder Affairs, Iowa is the state with the highest proportion of people considered to be the ''oldest old'' in the country. Twenty percent are 80 years of age and over. The people in this age segment are more frequently women. They are usually living alone; and they are probably the persons with the lowest incomes.

One of the most sobering facts is that osteoporosis is largely preventable. Prevention is a key element in fighting the disease, because while there are numerous treatments for osteoporosis, there is no cure. According to the National Osteoporosis Foundation, there are four ways an individual can prevent osteoporosis. First, maintain a balanced daily diet rich in calcium and vitamin D. Participate in weight-bearing exercise. Do not smoke or drink excessively. And finally, when appropriate, have your bone density tested and take any physician-prescribed medications. All this to say, osteoporosis is a disease which we in the Senate cannot afford to take lightly.

The National Osteoporosis Foundation has declared May to be National Osteoporosis Prevention Month. In my capacity as an honorary member of the foundation's board of trustees, I am glad to have the opportunity to come to the floor to raise the issue of osteoporosis and speak on the need for continued vigilance in battling this disease.

In addition to being National Osteoporosis Prevention Month, May also marks a one-year anniversary for a special group in Iowa. In May 1999, a group of Newton, Iowa, residents formed the Newton Support Group under the leadership of Peg Bovenkamp and with the help of Skiff Medical Center. The Newton group is the first Iowa support network affiliated with the National Osteoporosis Foundation. Today, the members of the Newton Support Group are participating in Newton's Senior Citizen's Health Fair. I wish them success as they provide information to older Iowans about osteoporosis prevention and treatment. It is my sincere hope that in coming years we will see similar groups form in other parts of my great state and throughout the region.

Throughout my years in Congress, I have championed effort to increase awareness and research funding for osteoporosis. In the 102nd Congress, I introduced legislation to increase research at the Arthritis Institute, form a research center on osteoporosis, and create a Health and Human Services interagency council to set priorities for osteoporosis research.

More recently, I cosponsored legislation which passed as part of the Balanced Budget Act (BBA) of 1997. The Bone Mass Measurement Coverage Standardization Act, as included in the BBA, provides Medicare reimbursement for bone mass density tests for vulnerable beneficiaries. This benefit took effect July 1, 1998. And, yesterday I sent a letter to the Health Care Financing Administration (HCFA) requesting information and the most recent data possible on program utilization.

Osteoporosis deeply affects the lives of older Americans, mostly women. And, it is preventable if healthy lifestyle choices are made at a young age. As we recognize National Osteoporosis Prevention Month, I would commend the National Osteoporosis Foundation, the Strong Women Inside and Out coalition, Peg Bovenkamp and the Newton Support Group, and all those working to raise awareness of the disease. It is my sincere hope that someday in the not too distant future, I can again come to the floor with news of a cure for osteoporosis. Until that time, I will continue supporting efforts to eradicate this devastating disease.●

THE HISTORIC WOMEN'S COLLEGES AND UNIVERSITY BUILDING PRESERVATION ACT

● Mr. COVERDELL. Mr. President, I rise to announce that I have added my name as a cosponsor to S. 2581, the Historic Women's Colleges and University Building Preservation Act, which supports the preservation and restoration of historic buildings at seven historically women's public colleges or universities. One of the colleges eligible under this bill is Georgia College and State University, which is located in Milledgeville, Georgia. This campus was founded in 1889 as the sister institution to Georgia Tech. At the time, its emphasis was on preparing young women for teaching or industrial careers.

Georgia College and State University has grown significantly over the years and is now the state's designated liberal arts university, with a mission of combining the educational experiences typical of esteemed private liberal arts colleges with the affordability of public education. The school serves as a residential learning community with an emphasis on undergraduate education and offers selected graduate programs as well.

Several historic buildings comprise the campus which is located in the heart of the historic district of the city, which served as my state's capital for much of the 19th Century. The former Governor's mansion, the old Baldwin County Courthouse, and several historic residence halls are all candidates for the $10 million proposed in this legislation.

Mr. President, the schools which would receive funding under S. 2581 serve as a reminder of the struggle women went through to obtain access to higher education in our Nation. It is important that we do not allow these campuses to fade into history. I encourage all of my colleagues in the Senate and House to fully support this important legislation.●

DRUG COURTS IN THE YEAR 2000

● Mr. CAMPBELL. Mr. President, today I want to recognize Drug Courts and highlight the invaluable role they play in our Nation's war on drugs. As I have done at this time of the year for the past two years, I take this opportunity to call my colleagues' attention to the significant contribution Drug Courts make. Above all, I want to take this opportunity to once again recognize and applaud the dedicated professionals who have made our Nation's Drug Courts the successes they are today.

As our Drug Courts enter their eleventh year of operation, they are as important as ever in our Nation's battle against drug abuse and the devastating impact drugs have on our Nation and its families. Over the past year 100-plus new Drug Courts have been established throughout the country, bringing the

total number to over 700. Additionally, Drug Courts are now expanding internationally, underscoring their value around the world.

I am especially glad to hear that some of our Drug Courts' best practices are now being tailored to the needs and values of native communities, which for many years have suffered disproportionally from the scourge of substance abuse. The kinds of programs offered by Drug Courts could play a vital role in breaking the ''Iron Triangle'' of substance abuse, gangs and crime that trap far too many of our Nation's Native Americans and others in a cycle of poverty and hopelessness.

Next week—from June 1st and 3rd, 2000—the National Association of Drug Court Professionals (NADCP) will host the 6th Annual NADCP Drug Court Training Conference entitled ''Expanding the Vision: The New Drug Court Pioneers.'' in San Francisco, California. The NADCP expects that this year's drug court conference will be the largest ever, with over 3,000 drug court professionals slated to attend.

This year, six individuals will receive the 2000 NADCP New Pioneers Award. I congratulate and thank each of these six outstanding people. I especially want to recognize an award recipient from my home state of Colorado, the Denver District Attorney, William Ritter, Jr.

The Denver Drug Court is the first—ever drug court system which now handles 75 percent of all drug cases filed in the city and county of Denver. All offenders, with the exception of illegal aliens, those arrested with a companion non-drug felony case or who have two or more prior felony convictions, are handled in this court. Most individuals are assessed within 24 hours of arrest. The pre-trial case managers monitor offenders on bond, while they await entry into the program. Over 8,000 participants have entered the program since it began operations on July 1, 1994.

As the Chairman of the Treasury and General Government Subcommittee, which funds the Office of National Drug Control Policy (ONDCP), I took the opportunity to visit the Denver Drug Court with ONDCP Director Barry McCaffrey. We met with the Drug Court professionals and observed their judicial procedures. We also saw first-hand how the court's programs have a direct impact on drug-abusing offenders. I believe the Denver Drug Court serves as a role model for the next generation of Drug Court practitioners

Drug Courts continue to revolutionize the criminal justice system. The strategy behind Drug Courts departs from traditional criminal justice practice by placing non-violent drug abusing offenders into intensive court supervised drug treatment programs instead of prison. Drug Courts aim to reduce drug abuse and crime by employing tools like comprehensive judicial monitoring, drug testing, supervision, treatment, rehabilitative services, as well as other sanctions and incentives for drug offenders.

Statistics show us that Drug Courts work. More than 70 percent of Drug Court clients have successfully completed the program or remain as active participants. Drug Courts are also cost-effective. They help convert many drug-using offenders into productive members of society. This is clearly preferable to lengthy or repeated incarceration, which traditionally has yielded few gains for those struggling with drugs or our Nation as a whole. Drug Courts are proving to be an effective tool in our fight against both drug abuse and other drug-related crime.

I urge my colleagues to join me in recognizing those Drug Court professionals who are improving their communities by dedicating themselves to this worthwhile concept and expanding the vision for the next generation of practitioners.●

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Ms. Evans, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry treaties, nominations, and withdrawals which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

THE AGREEMENT ON SOCIAL SECURITY BETWEEN THE UNITED STATES OF AMERICA AND THE REPUBLIC OF CHILE—A MESSAGE FROM THE PRESIDENT—PM 108

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report; which was referred to the Committee on Finance.

To the Congress of the United States:

Pursuant to section 233(e)(1) of the Social Security Act, as amended by the Social Security Amendments of 1977 (Public Law 95–216, 42 U.S.C. 433(e)(1)) (the ''Act''), I transmit herewith the Agreement Between the United States of America and the Republic of Chile on Social Security, which consists of two separate instruments: a principal agreement and an administrative arrangement. The Agreement was signed at Santiago on February 16, 2000.

The United States-Chilean Agreement is similar in objective to the social security agreements already in force between the United States and Austria, Belgium, Canada, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, and the United Kingdom. Such bilateral agreements provide for limited coordination between the United States and foreign social security systems to eliminate dual social security coverage and taxation, and to help prevent the loss of benefit protection that can occur when workers divide their careers between two countries. The United States-Chilean Agreement contains all provisions mandated by section 233 and other provisions that I deem appropriate to carry out the purposes of section 233, pursuant to section 233(c)(4) of the Act.

I also transmit for the information of the Congress a report prepared by the Social Security Administration explaining the key points of the Agreement, along with a paragraph-by-paragraph explanation of the provisions of the principal agreement and the related administrative arrangement. Annexed to this report is the report required by section 233(c)(1) of the Social Security Act, a report on the effect of the Agreement on income and expenditures of the U.S. Social Security program and the number of individuals affected by the Agreement. The Department of State and the Social Security Administration have recommended the Agreement and related documents to me.

WILLIAM J. CLINTON.
THE WHITE HOUSE, *May 22, 2000*.

THE AGREEMENT BETWEEN THE UNITED STATES OF AMERICA AND THE REPUBLIC OF KOREA ON SOCIAL SECURITY—MESSAGE FROM THE PRESIDENT—PM 109

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report; which was referred to the Committee on Finance.

To the Congress of the United States:

Pursuant to section 233(e)(1) of the Social Security Act, as amended by the Social Security Amendments of 1977 (Public Law 95–216, 42 U.S.C. 433(e)(1)) (the ''Act''), I transmit herewith the Agreement Between the United States of America and the Republic of Korea on Social Security, which consists of two separate instruments: a principal agreement and an administrative arrangement. The Agreement was signed at Washington on March 13, 2000.

The United States-Korean Agreement is similar in objective to the social security agreements already in force with Austria, Belgium, Canada, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, and the United Kingdom. Such bilateral agreements provide for limited coordination between the United States and foreign social security systems to eliminate dual social security coverage and taxation and to