The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. GINGREY) is recognized for 5 minutes.

(Mr. GINGREY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. WELDON) is recognized for 5 minutes.

(Mr. WELDON of Florida addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 5 minutes.

(Mrs. CHRISTENSEN addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Florida (Ms. GINNY BROWN-WAITE) is recognized for 5 minutes.

(Ms. GINNY BROWN-WAITE of Florida addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Without objection, the 5-minute Special Order for the gentleman from Iowa (Mr. KING) is vacated.

There was no objection.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Mr. Sherman Williams, one of his secretaries.

COMBATING METHAMPHETAMINES

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2005, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes as the designee of the majority leader.

Mr. KING of Iowa. Mr. Speaker, I appreciate the opportunity always to come to this floor of Congress and have an opportunity to address the Chair and also the people in this Chamber here on Capitol Hill in Washington, D.C. and all across America.

A lot of important issues come in front of us here in this Congress, and one of the hardest things that we have to deal with is the priorities always change day to day. We keep this big stack of issues, and we continually pull one issue off that has drifted down below the stack aways and put it back up on top, pulling those issues out, putting them on top, trying to get them moved so that we can get them off the table, send them to the Senate, and take up the next most important issue. It is a constant process here of hundreds, in fact thousands, of issues being reprioritized.

But what we do also is keep sitting at the top those most important issues, those that are critical, those that are urgent. Sometimes we have that difficulty of taking up the issues that are urgent at the expense of those that are important, Mr. Speaker. But we have an issue before this Congress that I believe will come to this floor for a vote sometime this week or at the latest we could come back and take it up early in the first week in December, and that is the issue of methamphetamines.

I represent a district in roughly the western third of Iowa, and we have found ourselves in a situation where we have perhaps as much experience, and I will say sad and bad experience, with methamphetamines as any place in the country.

Some of the reasons for that are that the precursors for methamphetamine, and that means the components that are required in order to produce it in a meth lab, are and have been readily available in Iowa, and particularly in the Corn Belt. One of those components is hydrous ammonia, and because it is available essentially everywhere in the Corn Belt, it has been relatively easy for a meth cook to go in and to steal a tank of hydrous ammonia, take that back to their meth lab and use that to produce methamphetamines.

We did not think we really needed to have a security policy and post guards around the hydrous ammonia tanks because, after all, when you crack one of those nozzles, you get a lesson that you will never forget. Yet, these meth cooks are so intent on producing methamphetamines that that kind of a danger has not been a deterrent to them, and they have some experience with hydrous ammonia also, being from the region, and so they are more comfortable using it and handling it.

But, Mr. Speaker, there is a precursor to methamphetamines that is significantly different in that regard and still has been, up until now, readily available on the shelves of most of the stores in America, and that is a component that we are comfortable with that we know called ephedrine and pseudoephedrine, and then there is a PPA, another precursor that is used in some of this. But I brought some of this along tonight so that I can speak about it, Mr. Speaker. So when we have a cold and we have congestion, we will go down to the store and we will purchase pseudoephedrines of some kind.

Here is one example here, and I have another example here. Most people are familiar with that. The active ingredient is pseudoephedrine, and that pseudoephedrine is what the meth cooks are after.

Now, I would point out that about 10 years ago, we recognized this and began to address it legislatively. One of the things we did in Iowa was realize that the people who were making methamphetamine then, and it was fairly early in our experience with methamphetamines, they would go to the drugstore or the grocery store and buy themselves a big pill bottle; and that big pill bottle might have pills in there, mostly it was pills that were 30 milligrams each. They would buy several bottles of those dry pills, those starch-based pills, bring the bottles back to the labs, take the caps off of the big bottles, dump them all into their overall vat, and produce their methamphetamines out of those. No restrictions, easily available, go buy it off the shelf. Nobody asked any questions. After all, it was entirely legal; and up until the time they figured out how to use this, there was no negative to people having pseudoephedrine or ephedrine products in their own medicine cabinet, so there was no restriction.

Once we figured out that that is what they were doing, they were using the pseudoephedrine product in order to produce methamphetamine, in Iowa we decided we are going to fix this. We know how to outsmart these people. Since they buy these big bottles and there are 100 or more in a bottle, sometimes 500 in a bottle, we will just limit the size of the container, the numbers of pills that can be sold in a container.

So in Iowa we said, you cannot have 100 or more of these pills that contain pseudoephedrine, ephedrine, or the PPAs. Well, we thought that would solve the problem. I did not get that involved in the language; I supported it; others worked on it. It seemed to me like it was a step in the right direction. Perhaps it was. It was a step in the right direction for just a little while.

Congress understood that there was a problem too, and they concluded here in about 1995 that, you know, it is just too easy to go into the store and buy a bottle of pills that have pseudoephedrine in them and, like we thought in Iowa, take them back to the meth lab, take the cap off, dump it in their batch and cook an ounce of meth. So Congress did not address it the way we did in the Iowa legislature.

Iowa said less than 100 per container, and Congress said, well, no, no meth cook is going to go to all that work if we just require that these pills go in blister packs. So if you have noticed, for the last 10 years when you go to buy your pseudoephedrine, you will find that it is in blister packs. So you have to take it out and tear one open. I have one in my pocket because of the condition I have been in, Mr. Speaker. There is a pair, that is 30 milligrams per pill, 60 milligrams in there, and you have to tear a little corner off, tear the tin foil off the bottom, push those out of there. It is kind of hard, but you can get them out if you are sick and take your pseudoephedrine in that kind of way, because Congress said, we will put these in these blister packs so that it is too hard for the meth cooks to open up

hundreds of these, and then they will not be making methamphetamines in America any longer. So that was Congress, in blister packs. Iowa was less than 100 per container.

So you put those two things together and that means you get these kinds of packages here. This is one that I picked up at the pharmacy in Iowa a little over a week ago. This is 96 pills. These are dry pills, they are in a blister pack, and they are 30 milligrams each, and that is 96 pills in there because Iowa law said you cannot have 100 or more. Well, that did not take them very long to figure out that they could comply with Iowa law, set these on the shelf, the retailers and the pharmacists had no problem, they complied with Iowa law, they did not complain very much, if at all. And the meth cooks looked at that and said, well, there we go, 96 pills per container. I will grab a stack of those containers, take them back to my lab and make myself a little tool where I can lay these blister packs down, drill some holes in a board, use another one for a press, pop all these pills through and they rattle down into the vat below, and they can quickly remove from the blister packs thousands of these pills and turn them into an ounce of methamphetamines.

So between Iowa's method of less than 100 per pack, now we have 96; between Congress's method of they will all be in blister packs, which these are, Mr. Speaker, and all of them that we can purchase today are, it did not slow the meth cooks down very much, if at all. It made it a little bit inconvenient, but it did not really raise the cost of their transaction.

So here we are, we are back on the floor of this Congress today, tomorrow, perhaps the next day; and part of that time we will spend debating how we are going to control methamphetamines in this country.

I will tell you that this is a bipartisan effort. We have the Meth Caucus that is really headed up by the gentleman from Indiana (Mr. SOUDER). He is one of the four formal leaders there and I would say the most active and the most effective of them. They all deserve credit.

We put together legislation that I was part of back in the early part of this session called the Meth Lab Eradication Act, but the Combat Meth bill is part of this. It is a foundation for a bill that has been brought by Chairman SENSENBRENNER of the Judiciary Committee. They have added to it, made some changes, and taken input from some other areas.

So here we are functioning in the fashion that was envisioned by our Founders when they established this Congress and our Constitution, and we are listening from all over the country. But we come to this: we have toughened penalties, we have done a number of things that are all logical and rational, and I support all of those changes that are in there in the overall meth legislation. Yet, when we come to the piece that is designed to remove the meth precursors from the shelves so that the meth cooks cannot get at it, we have not done enough.

So the proposal that is before this Congress that seeks to remove these kinds of products from the hands of the people that are out there producing methamphetamines, sometimes cooking it, sometimes using other methods, it all takes pseudoephedrine of some kind or a precursor, ephedrine, pseudoephedrine or PPA.

□ 1900

The legislation that is here, I am going to argue, does not do enough. First I want to describe, what does Iowa do? Iowa has this long history of methamphetamines; Iowa has struggled with this for a long time. Iowa is in the corn belt and has anhydrous ammonia readily available almost everywhere.

Iowa, like every place in the country, has had Sudafed and those precursors readily available, almost everywhere, convenience stores, grocery stores and pharmacies. They have struggled with this, gotten it wrong in the past; the package in 1996 did not do much good, just like Congress has struggled with this; a blister pack does not do much good.

So what we have done for more than a year, we have done the research, examined this, we have interviewed retailers, convenience store owners, pharmacists, pharmaceutical companies, meth lab cooks, meth addicts, the law enforcement people, the drug czar in Iowa, put our heads together, churned this legislation through.

A retired highway patrolman, who has been 10 years or more in the Iowa House of Representatives, Trooper Clel Baudler did a lot of work to put together the language in Iowa so that we could provide the medication for the legitimate use, that it absolutely has a legitimate use, so that a mother could have a sick child, run to the convenience store, the grocery store, pick up enough medication to just supply the need.

We had enough medication on the shelf that we are supplying an inventory for a meth cook. With all this work that was done by a team in Iowa, they passed this legislation through. After a long period of work, it was passed March 22 of this year. The Governor signed it into law.

Again, this is bipartisan legislation. Since that period of time, I want to point out the success in addressing the meth labs in Iowa.

I would say here, the taller, the brighter color, is the numbers of meth labs per month that were busted by our drug enforcement teams and our law enforcement officers all across Iowa. 2004, we are up there: 142 for January; 122 for February; 299 meth labs busted in Iowa in March of 2004; then it went down to 213 in April; and in May, the number dropped down to 16.

You can see there is a little seasonal cycle to this, where in the summertime, the meth lab numbers, at least those that are busted, go down, even in 2004, 92 in July; 79, August; 68 in September. By the time October came around, of 2004, the number of meth labs busted jumped back up to 114. November of 2004, 130; December, 110. So you can kind of see the pattern that there is a little seasonal cycle here. Yet we have hundreds and hundreds of meth labs that we had to go in and take down and clean up and pay the clean-up costs, the environmental costs, the risks and the risks to children that we have there.

So this history goes back a number of years prior to 2004, and they looked at this history and determined that we want to do something about this. We want to end, we want to eradicate meth labs in Iowa; we want to eradicate meth labs in the United States of America.

So the legislation came forward, having had input from most everyone involved.

Mr. Speaker, the legislation was put together in Iowa, having taken input from all these other areas and weighed everything. They sat down, talked to the retailers, the pharmacists, the pharmaceutical companies, the consumers and came up with this proposal. The proposal was this: Let us reduce the amount of precursors, the Sudafed, we will call it, the pseudoephedrine, that can be available on the shelf easily at the grocery store, convenience store, at a normal outlet.

Let us set an amount there that is going to raise the transaction costs for the meth cook so that he cannot stop in at enough places and buy enough precursor to come home and produce himself, I will say, an ounce of meth. We have to make it so it is no longer practical to do that.

What we did was we passed a law in Iowa that says, you can buy a daily limit of 360 milligrams of pseudoephedrine, 360 milligrams. Here is an example of it. They just began packaging it in 360-milligram packages. That is 12 gel caps, another distinction. When you use the gel, it takes almost twice as much gel to produce the same amount of meth as it does the powder or the starch-based pills.

So the inconvenience of a gel, I don't know if you can really measure that. You take a gel cap or you take a pill. It is kind of inconsequential as to what you prefer. I can tell you the meth-based cooks prefer the starch-based pills far more than they do the liquid gel caps we have here. So we say, anywhere in retail, you can buy in a day anywhere from 360 milligrams of gel only.

So, for example, if a meth cook wanted to go out and produce an ounce of methamphetamine, you can go to 380 retail stops and those 380 retail stops, buy a package of this everywhere. When you get done, you can come back with 380 packages of this, that times 12

would be the number of pills that he would have to have in order to cook, produce an ounce of meth, 380 stops.

Well, that made it a little difficult for the meth cooks to be able to run around and make 380 stops and produce enough meth that paid for them to be able to do that. The results are clear. They are here in my chart.

Mr. Speaker, this is in blue; this is 2005 compared to the green from 2004. This is under the old law that said under 100 pills, and no other real restrictions on that: January, 81 meth labs busted; February, 27, actually, more than 2004; in March, down to 185, less than 2004, but still a high, high number of meth labs; April, 146, still a high number. You can see enforcement is making a difference.

But we get to this point where the bill was enacted on, actually, the first day of June, past year, March 22, the message went out that said these precursors are going to come off the shelf in large quantities, meanwhile, while we let mom go in and get 360 milligrams in a package. When that happened, the inventory began to be reduced on the shelves in Iowa.

By the time we got to the day of the bill's enactment when it had to be off the shelf, except in compliance with these smaller packages, then we saw the meth labs go up from 116, from the year before, down to 42, Mr. Speaker, a significant difference the first day that bill was enacted into law. The following month, it went down from 42 to 29; July, 25 meth labs; August, only 12; September, only 12; October, only 10.

That is the end of my statistics, but my statistics work out to be this: An 80 percent reduction in the number of meth labs in Iowa. An 80 percent reduction. That means 1,011 fewer meth labs in this 5-month period of time that we have experienced now under the new Iowa law.

You think, boy, what would not be worth it to achieve those kinds of results? How much meth came out of the hands of the addicts? What difference did that make in the lives and the lifestyles of the people that are the addicts and the people that have to live around them? We can compare this number, 1,011 fewer meth labs, 80 percent reduction in meth labs, down to around 10 a month or before we were doing 114 that same month. Who knows what it is going to be like for November, December.

By the time we come around here to January, February or March, I think we see this number way down here or maybe perhaps even in the peak month, it was 229 labs that were busted in 2004, 185 in 2005. I think we see a number down here to around 10 or fewer. But we still have a problem.

Mr. Speaker, we have a problem, because these meth precursors, this pseudoephedrine that is available, is available on the shelves of some of our surrounding States. That allows the meth cooks to drive across the river, across the border, go to the store, buy a big sack of it and bring it back home and then sit there and cook up meth for a while.

I think that these remaining labs that we have here, these 25, 12, 10 and 10 per month that we are busting now, and those that we are not uncovering because we do not have 100 percent enforcement in Iowa. I wish we did, but we do not. I think they are being supplied by the surrounding States that do not have a law that produces this kind of result. Mr. Speaker, this has been recognized. Illinois has adopted a law that is very, very close to that of Iowa.

Oregon has a law that simply requires a prescription in order to purchase anything that has pseudoephedrine in it. Oklahoma has a pretty good law. There are some States out there that made some changes in this language. But what I want to do is have a law that gets this job done. I do not want to come back to Congress 1 year, 2 years, or heaven forbid, 10 years from now and put the fix in place of the things like we did in 1995 when we said, surely a meth cook will not go to all this work to pop a pseudoephedrine out of a blister pack, or if you put it in a package under 100, that is too much trouble to screw the cap off a bottle of 96 or 99. These people are resourceful. We have to raise their transaction costs.

Mr. Speaker, my point is this, if you go to a retail stop and you are a meth cook, and you want to do an ounce of meth, you do 380 stops to get these, times 380 gets you enough to open up all of these caplets and turn it into an ounce of meth.

But under the proposal that is before us today, and this Congress, it allows for 3.6 grams a day rather than 360 milligrams, Mr. Speaker. I would point out the difference. The difference is 10 to 1. I have it just stacked up here, this is, if it does not explode in my hands, this represents 3.6 grams of methamphetamines, a typical purchase-size package that you would have.

Under the Federal law that may pass here tomorrow or the next day, one could go to a store and purchase this anywhere in a retail outlet, grocery store, a convenience, Wal-Mart, wherever it might be, and walk away with this much in one's hands. That is a daily purchase rate.

Now, that is not enough to really bother to fire up the old meth cooker, but it is enough to get one-nineteenth of an ounce, and it would allow an individual then to make 18 other stops around the retail establishments. Yes, they have to sign the book. I am glad they do. They have to show their identification. I am glad they do.

These people are breaking the law regularly. They are not going to be concerned about lying when they sign their name or the fact that we are not able to index other retail establishments so that those 19 are not going to be checking the other 18 records. Neither is law enforcement going to be able to have the resources to do that.

We will just go back on that. If we catch somebody with a truckload of this, then we will say, where did you buy it? We will find out they violated our new law. What we want to do is we want to raise the transaction costs. This meth cook can go 19 stops, get this much legally at every stop, come back home, make an ounce of methamphetamine out of that. By the way, he can buy the starch-based powder as opposed to the requirement for the gel that I have spoken about.

Nineteen stops, an ounce of meth. He can probably do that in a couple of hours, come back home and cook a batch of meth. An ounce of meth is enough to last an average addict 90 days.

The other 89 days he can continue to go out and do the same thing and continue to sell the meth. That is the result we are going to have. Or you can have three people join together. They will go around, have six stops, come back with 18 times this amount, make 1 ounce of meth and then that is good enough for each of those three addicts for a month. There will be an ounce of that meth. Yes, it will be a month.

It is about a 90-day supply for one, 30-day supply for each of the other three. Then he will have 29 days to go out there and do this for a profit.

Mr. Speaker, I do not want this Congress to be short. I do not want a solution that seems to be a solution that retailers and pharmaceutical companies agree to, but not one that is going to inconvenience and raise the transaction costs adequately for the meth cooks. I want to get this done. I want to get it done right. I want to honor the work done by the meth caucus here, all the serious work of people who put up vote after vote after vote. I will recognize it through the appropriations process.

When there was amendment after amendment that came to this floor that struck a blow against methamphetamines, I saw people on both sides of this aisle stand up and put up that vote regularly and consistently. There is a real conviction in this Congress to get this right. Sometimes we have a little trouble being able to get down into the depths of the details in order to get it right.

One of the individuals who has provided that kind of background, that kind of knowledge, who has been one of the leaders here when we introduce one of our friends and colleagues, but this time I am going to say that I am introducing the leader of this meth effort in the United States Congress, the gentleman from Indiana (Mr. SOUDER) who is the chairman of the meth caucus.

Mr. SOUDER. Mr. Speaker, I thank the gentleman from Iowa (Mr. KING) for being such a passionate and aggressive and steadfast leader and part of the meth caucus, not only back home, but out here in Washington, that has been able to help us make a lot of progress.

What I wanted to do, and take some time here, is lay out a little bit of the

history of how we got to where we are. I felt probably the simplest way to do that would be that I chair the Narcotics Subcommittee over in Government Reform where Speaker HASTERT chaired and the gentleman from Florida (Mr. MICA).

The former Congressman Ose had come to the committee when the gentleman from Florida (Mr. MICA) was chair and talked about the super lab problem in California and that it led to the death of a young child. It eventually led to the child endangerment laws in California that have been patterned elsewhere.

□ 1915

Then when I became chairman starting in 2001, we focused a lot on the southwest border. But we held our first hearing on 7/12/2001 with the DEA, with Ron Brooks, who is the national chairman of the National Narcotics Association, with a sheriff from Indiana, a police chief from California, and a sheriff in Washington State, and then a public affairs director, Susan Rook, who used to be with CNN.

Then it was 7/18/2003 when we really started to focus in on metham phetamines. After we had looked at the borders and tackled that for a 2-year cycle, we came back on meth. The gentleman from Arkansas (Mr. BOOZMAN) and the gentleman from Hawaii (Mr. CASE) had both been hard hit and testified, as well as DEA and ONDCP. And then Captain Kelly, the commander of the narcotics division in Sacramento who had been instrumental in the early superlab efforts in California as well as the chief of police in Vancouver, Washington, and the sheriff in Clark County, Washington.

Then we went into the field hearing in my own district, along with the gentleman from Indiana (Mr. CHOCOLA), where we had ONDCP come out and DEA as we usually do at field hearings. We heard from Curtis Hill, the prosecutor in Elkhart County, his chief investigator Bill Wargo, the Starke County detective, Corporal Tony Ciriello from Kosciusko County, and multiple other prosecutors and people in local law enforcement.

Then we moved up to Detroit. At Detroit on 4/20/2004 our hearing was ''Northern Ice: Stopping Methamphetamine Precursor Chemical Smuggling Across the U.S.-Canada Border.'' We had the director of the High Intensity Drug Trafficking Area in Detroit, as well as the Homeland Security, U.S. Immigration and Customs Enforcement person, a special agent in charge of DEA, and the U.S. Customs and Border Protection person in charge of Detroit.

In Detroit they had brought down a pseudoephedrine ring that was supplying at that time 40 percent of the illegal pseudoephedrine coming into the United States. It was the biggest bust in American history and dried up much of the quantity of pseudoephedrine that was coming in. It is still the kind of gold plate standard of what has happened on the north border. Of course this moved a lot to the south border then and to the Internet.

The next hearing we held was 6/28/2004, ''Ice In The Ozarks: The Methamphetamine Epidemic in Arkansas.'' We held this at the request of the gentleman from Arkansas (Mr. BOOZMAN). There we had the DEA, the U.S. Attorney, and the EPA, and then local people from the State drug director. We heard from the drug court about a very innovative program there. We had people from trucking, from children and policy, from drug treatment places.

But the thing that highlighted northwest Arkansas is People Magazine did a story on a small town near there where 70-some percent of the people were addicted. They were people in the medical field, the law enforcement field, school teachers. It started like normal out in a mom-and-pop, fairly isolated individuals, and spread as meth tends to do into this whole town and grabbed it. And People Magazine did an incredible story.

I will insert in the RECORD a list of subcommittee hearings at this point:

SUBCOMMITTEE METH HEARINGS SINCE 2001

(** indicates a field hearing)

07/12/01 ''EMERGING THREATS: METHAMPHETAMINES'' (DC)

Panel I

Joseph D. Keefe, Chief of Operations, Drug Enforcement Administration

Panel II

Ron Brooks, Chairman, National Narcotic Officers Associations Coalition

Doug Dukes, Sheriff, and Doug Harp, Deputy Sheriff, Noble County, Indiana

Henry Serrano, Chief of Police, Citrus Heights, California

John McCroskey, Sheriff, Louis County, Washington

Panel III

Susan Rook, Public Affairs Director, Step One

7/18/03 FACING THE METHAMPHETAMINE PROBLEM IN AMERICA (DC)

Panel I

Representative John Boozman

Representative Ed Case

Panel II

Mr. Roger E. Guevara, Chief of Operations, Drug Enforcement Administration

Mr. John C. Horton, Associate Deputy Director for State and Local Affairs, Office of National Drug Control Policy

Panel III

Captain William Kelly, Commander, Narcotics Division, Sacramento County Sheriff's Department

Mr. Brian J. Martinek, Chief, Vancouver, Washington Police Department

Sheriff Garry E. Lucas, Clark County, Washington Sheriff's Office

**2/6/04 FIGHTING METHAMPHETAMINE IN THE HEARTLAND: HOW CAN THE FEDERAL GOVERNMENT ASSIST STATE AND LOCAL EFFORTS? (FIELD HEARING IN ELKHART, IN)

Panel I

Mr. Scott Burns, Deputy Director for State and Local Affairs, Office of National Drug Control Policy

Mr. Armand McClintock, Assistant Special Agent in Charge, Indianapolis, Indiana District Office, Drug Enforcement Administration

Panel II

Mr. Melvin Carraway, Superintendent, Indiana State Police

Mr. Curtis T. Hill, Jr., Prosecuting Attorney, Elkhart County Prosecuting Attorney's Office

Mr. Bill Wargo, Chief Investigator, Elkhart County Prosecuting Attorney's Office

Detective Daniel Anderson, Starke County Sheriffs Department

Corporal Tony Ciriello, Kosciusko County Sheriffs Department

Panel III

Mr. Kevin Enyeart, Cass County Prosecutor

Mr. Doug Harp, Chief Deputy, Noble County Sheriffs Office

Sergeant Jeff Schnepp, Logansport-Cass County Drug Task Force

Mr. Brian Connor, Acting Executive Director, The Center for the Homeless, South Bend

Mr. Barry Humble, Executive Director, Drug & Alcohol Consortium of Allen County

Mr. Benjamin Martin, Serenity House, Inc.

**4/20/04 ''NORTHERN ICE: STOPPING METHAMPHETAMINE PRECURSOR CHEMICAL SMUGGLING ACROSS THE U.S.-CANADA BORDER'' (FIELD HEARING IN DETROIT, MI)

Mr. Abraham L. Azzam, Director, Southeast Michigan High Intensity Drug Trafficking Area, Office of National Drug Control Policy

Mr. Michael Hodzen, Interim Special Agent in Charge, Detroit, U.S. Immigration and Customs Enforcement, Department of Homeland Security

Mr. John Arvanitis, Acting Special Agent in Charge, Detroit Field Division, Drug Enforcement Administration

Mr. Kevin Weeks, Director, Field Operations, Detroit Field Office, U.S. Customs and Border Protection, Department of Homeland Security

**6/28/04 ''ICE IN THE OZARKS: THE METHAMPHETAMINE EPIDEMIC IN ARKANSAS'' (FIELD HEARING IN BENTONVILLE, AR)

Panel I

Mr. William J. Bryant, Assistant Special Agent in Charge, Little Rock, Arkansas Office (New Orleans Field Division), Drug Enforcement Administration

Mr. William M. Cromwell, Acting United States Attorney, Western District of Arkansas

Mr. James MacDonald, Federal On Scene Coordinator, Region 7, U.S. Environmental Protection Agency

Panel II

Mr. Keith Rutledge, State Drug Director, Office of the Governor of Arkansas

The Honorable David Hudson, Sebastian County Judge

Mr. J.R. Howard, Executive Director, Arkansas State Crime Lab

Ms. Shirley Louie, M.S., CIH, Environmental Epidemiology Supervisor, Arkansas Department of Health

Sheriff Danny Hickman, Boone County Sheriff's Office

Mr. David Gibbons, Prosecuting Attorney, 5th Judicial District

Panel III

The Honorable Mary Ann Gunn, Circuit Judge, Fourth Judicial District, Fourth Division

Mr. Larry Counts, Director, Decision Point Drug Treatment Facility

Mr. Bob Dufour, RPH, Director of Professional and Government Relations, Wal-Mart Stores, Inc.

Mr. Greg Hoggatt, Director, Drug Free Rogers-Lowell

Mr. Lane Kidd, President, Arkansas Trucking Association

Dr. Merlin D. Leach, Executive Director, Center for Children & Public Policy
Mr. Michael Pyle

**8/2/04 ''THE POISONING OF PARADISE: CRYSTAL METHAMPHETAMINE IN HAWAII'' (FIELD HEARING IN KAILUA-KONA, HAWAII)

Panel I

The Honorable James R. Aiona, Jr., Lieutenant Governor, State of Hawaii
Mr. Larry D. Burnett, Director, Hawaii High Intensity Drug Trafficking Area, Office of National Drug Control Policy
Mr. Charles Goodwin, Special Agent in Charge, Honolulu Office, Federal Bureau of Investigation
Mr. Briane Grey, Assistant Special Agent in Charge, Honolulu Office (Los Angeles Field Division), Drug Enforcement Administration

Panel II

The Honorable Harry Kim, Mayor, County of Hawaii
Mr. Keith Kamita, Chief, Narcotics Enforcement Division, Hawaii Department of Public Safety
Lawrence K. Mahuna, Police Chief, Hawaii County Police Department
Mr. Richard Botti, Executive Director, Hawaii Food Industry Association

Panel III

Dr. Kevin Kunz, Kona Addiction Services
Mr. Wesley Margheim, Big Island Substance Abuse Council
Mr. Alan Salavea, Hawaii County Prosecutor's Office, Youth Builders
Dr. Jamal Wasan, Lokahi Treatment Program

11/18/04 ''LAW ENFORCEMENT AND THE FIGHT AGAINST METHAMPHETAMINE'' (DC)

Panel I

Hon. Scott Burns, Deputy Director, State and Local Affairs, Office of National Drug Control Policy
Mr. Domingo S. Herraiz, Director, Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice
Mr. Joseph Rannazzisi, Deputy Chief, Office of Enforcement, Drug Enforcement Administration

Panel II

Mr. Lonnie Wright, Director, Oklahoma Bureau of Narcotics and Dangerous Drugs
Sheriff Steve Bundy, Rice County (Kansas) Sheriffs Department
Lt. George E. Colby, Division Commander/Project Director, Allen County Drug Task Force, Allen County (Indiana) Sheriffs Department
Mr. Joseph Heerens, Senior Vice President, Government Affairs, Marsh Supermarkets, Inc., on behalf of the Food Marketing Institute
Dr. Linda Suydam, President, Consumer Healthcare Products Association
Ms. Mary Ann Wagner, Vice President, Pharmacy Regulatory Affairs, National Association of Chain Drug Stores

**6/27/05 ''FIGHTING METH IN AMERICA'S HEARTLAND: ASSESSING FEDERAL, STATE, AND LOCAL EFFORTS'' (FIELD HEARING IN ST. PAUL, MN)

Panel I

Mr. Timothy Ogden, Associate Special Agent in Charge, Chicago Field Division, Drug Enforcement Administration
The Honorable Julie Rosen, Minnesota State Senator
Sheriff Terese Amazi, Mower County Sheriffs Office
Sheriff Brad Gerhardt, Martin County Sheriffs Office
Lt. Todd Hoffman, Wright County Sheriffs Office
Ms. Susan Gaertner, Ramsey County Attorney

Panel II

Commissioner Michael Campion, Minnesota Department of Public Safety
Mr. Bob Bushman, Senior Special Agent, Minnesota Bureau of Criminal Apprehension; President, Minnesota State Association of Narcotics Investigators; and President, Minnesota Police and Peace Officers' Association
Mr. Dennis D. Miller, Drug Court Coordinator, Hennepin County Department of Community Corrections
Ms. Kirsten Lindbloom, Social Program Specialist, Parenting Resource Center; Coordinator, Mower County Chemical Health Coalition
Mr. Buzz Anderson, President, Minnesota Retailers Association

7/26/05 ''FIGHTING METH IN AMERICA'S HEARTLAND: ASSESSING THE IMPACT ON LOCAL LAW ENFORCEMENT AND CHILD WELFARE AGENCIES'' (DC)

Panel I

Hon. Scott Burns, Deputy Director for State and Local Affairs, Office of National Drug Control Policy
Joseph Rannazzisi, Deputy Chief, Office of Enforcement, Drug Enforcement Administration
Laura Birkmeyer, Assistant U.S. Attorney, San Diego, CA; and Chairperson, National Alliance for Drug Endangered Children

Panel II

Nancy K. Young, Ph.D., Director, National Center on Substance Abuse and Child Welfare; and Director, Children and Family Futures
Valerie Brown, National Association of Counties
Freida S. Baker, Deputy Director, Family and Children's Services, Alabama Department of Human Resources
Chief Deputy Phil Byers, Rutherford County Sheriffs Office (NC)
Sylvia Deporto, Deputy Director, Riverside County Children's Services (CA)
Betsy Dunn, Investigator, Peer Supervisor, Tennessee Department of Children's Services, Child Protective Services Division
Chief Don Owens, Titusville Police Department (PA)
Sheriff Mark Shook, Watauga County Sheriffs Department (NC)

**8/23/05 ''LAW ENFORCEMENT AND THE FIGHT AGAINST METHAMPHETAMINE: IMPROVING FEDERAL, STATE, AND LOCAL EFFORTS'' (FIELD HEARING IN WILMINGTON, OH)

Panel I

Gary W. Oetjen, Assistant Special Agent in Charge, Louisville, Kentucky District Office, Drug Enforcement Administration
John Sommer, Director, Ohio High Intensity Drug Trafficking Area (HIDTA)

Panel II

Sheriff Ralph Fizer, Jr., Clinton County Sheriff
Sheriff Tom Ariss, Warren County Sheriff
Sheriff Dave Vore, Montgomery County Sheriff
Commander John Burke, Greater Warren County Drug Task Force
Jim Grandey, Esq., Highland County Prosecutor

**10/14/05 ''STOPPING THE METHAMPHETAMINE EPIDEMIC: LESSONS FROM THE PACIFIC NORTHWEST'' (FIELD HEARING: IN PENDLETON, OR)

Panel I

Rodney G. Benson, Special Agent in Charge, Seattle Field Division, Drug Enforcement Administration
Chuck Karl, Director, Oregon High Intensity Drug Trafficking Area (HIDTA)
Dave Rodriguez, Director, Northwest High Intensity Drug Trafficking Area (HIDTA)

Panel II

Karen Ashbeck, mother and grandmother of recovering methamphetamine addicts
Sheriff John Trumbo, Umatilla County Sheriff's Office
Sheriff Tim Evinger, Klamath County Sheriff's Office
Rick Jones, Choices Counseling Center
Kaleen Deatherage, Director of Public Policy, Oregon Partnership—Governor's Meth Task Force
Tammy Baney, Chair, Deschutes County Commission on Children and Families
Shawn Miller, Oregon Grocery Association

If I can digress here from what I wanted to do here, I will lay out that meth first really, crystal meth has been in Hawaii for a long time. It is the longest study pattern that we have. Then we saw the superlabs in California and Oregon and Washington were early on. Then we saw in the Ozarks area, spreading through the kind of plains States of Iowa, Nebraska, Kansas, Missouri, Arkansas and into Oklahoma. Then it started to go both east and west from there. Still mostly in small towns and rural areas, still heavily where there are national forests and open lands, and started to push into Colorado, Wyoming, up into Montana, Dakota and simultaneously towards Indiana, Tennessee, Kentucky.

Only now is it starting to reach further into the Deep South, into Titusville, Pennsylvania and a little into Upstate New York. It has basically been a Western and Great Plains phenomenon filling out gradually, and even as we were dealing with June of last year, minimal in any urban area, even in my home State.

Then in 8/2/04 then we went to ''Poisoning in Paradise: Crystal Meth in Hawaii.'' There we had the lieutenant governor who has been aggressive with this. The gentleman from Hawaii (Mr. CASE) hosted this hearing. I was chair, but he was the Member host. We had multiple people we also met not only on the Big Island but over in Maui there with a separate group of individuals. And there they have some of the only 10- and 15-year addiction studies on meth and showing how much of a problem this is.

In Honolulu while I was there, there was an announcement in the paper that one apartment complex, you would have to pay a fumigation fee coming in because so many were cooking inside the city of Honolulu that it was dangerous. If you rented the apartment, the fumes could be consumed by the kids in the apartment.

Then on 11/18/2004 we had ''Law Enforcement and the Fight Against Methamphetamine'' where we came back to D.C. In D.C., like we had earlier, we had Oklahoma back to report on the pseudoephedrine control law in Oklahoma. We first heard from them approximately 2 years before that.

We had the Kansas sheriff from Rice County. We had George Colby from my home area. We also had representatives of the health care industry, pharmacy, and the supermarket industry who were already starting to express concerns about some of the State laws and

things that Mr. KING was already addressing.

Then in June of this year, we held a hearing, ''Fighting Meth in America's Heartlands: Assessing Federal, State, and Local Efforts,'' a field hearing in St. Paul, Minnesota. The extraordinary thing about this particular hearing was this was the first time we were documenting heavy movement of methamphetamines into major urban areas. At this point, the mom-and-pop labs, and I am going to digress here for a second, and we have talked about this before, but I think it is important to have it in the RECORD at this point.

Mom-and-pop labs, or Nazi labs, or however we want to describe the kind of home cookers, are usually different than other drug addiction. You usually have two people involved. It is not like alcohol where often there is an alcoholic and an enabler. The whole family gets involved in it. Sometimes they even get their kids caught up in this. These cookers basically supply for themselves, maybe two or three other people, just enough to fund their habit. Particularly if they lost their job, they start to expand and cook just a little bit more.

But it is the incredible law enforcement problem in the United States because these mom-and-pop labs, we had a fire in a mobile home, I think it is now 2 to 4 weeks ago, in my hometown of Fort Wayne, Indiana. The local fire chief was describing to me how they went in. They did not know it was caused by a cooker because they had not had a home cooker in the city of Fort Wayne, which is 230,000. It had been more of a problem in the rural areas, places on fire.

They could have easily had anhydrous ammonia or something else in there which would have just torched the whole fire department going in, not to mention the chemical and toxic fumes. In this case, they figured out quick enough what was happening there. There was a death, not of the firemen, but of one of the individuals who lived there.

Indianapolis had their first case in the Indianapolis area of a similar-type fire just a few days ago. So we are starting to see in Indiana now after a number of years starting to move into the urban areas. But these mom-and-pop labs are 8,000 of the 8,300 seized in 2001, the last data that are compared. So you are looking at about 90 percent of the labs in the United States that are seized are mom-and-pop so-called home-user labs, whereas crystal meth, the superlabs represent only 4 percent but represent 67 percent of meth consumption in the United States.

But that is not the problem in most of our areas, because in Indiana and in Iowa we are not dealing with superlabs. So our local police force is having to pay overtime. Often they go to this site that may only be supplying three people. They are tied up there. First they have to wait until once they realize it is a lab, if they do not have the equipment, they have to get somebody in who comes in with equipment. At that point, and they also find more guns, more children in danger that you have to come in.

So they come into the site and then after they get the site secure, they then have to call the DEA to the environmental cleanup. The DEA does this. We budget for this through our programs here, but nevertheless it is a tremendous environmental cleanup cost. And probably a typical, and I imagine it is similar in Iowa, in my district it is 4 to 6 hours that the local drug task force is tied up, basically. While hundreds of people are running around abusing drugs in the area in many ways, the law enforcement are tied up at one house trying to deal with one to three people.

So, understandably, they are very upset and the costs and social costs are high on these mini-labs as opposed to a mom-and-pop. Now let me give you an idea. A typical user meth lab, a mom-and-pop, Nazi lab, can basically make a maximum of 280 doses. That is the maximum a mom-and-pop lab user makes.

A superlab makes a minimum of 100,000 to a million doses in a run. And it is purer and cheaper. So we have two problems that are somewhat different from each other.

Now, when we came into Minneapolis where I was in St. Paul, we had representatives from counties to southeast of Minneapolis, southwest of Minneapolis, and north of Minneapolis. That is the standard pattern that we see typically in a rural area, near a national forest or isolated areas or woods where people go out and hunt. They stumble across the labs. They get away from the population centers.

What we had not seen was a deputy prosecutor in St. Paul, Ramsey County, if you take Minneapolis and St. Paul you have about a million and a quarter on each side of the city and the suburbs. On the St. Paul side, she reported that approximately 80 percent of the kids in child custody were because of meth cases. That had been a standing start from 8 months before. It went from zero to 80 percent. Yet, they only had one lab. Crystal meth had hit St. Paul.

On the Minneapolis side, they had much less of a problem. But in that case, one gang in the city and most African American gangs in the big cities will have a cocaine, heroine, and hydroponic marijuana trafficking program; and they had switched over to meth. So all of the sudden this one gang switching in one neighborhood all of the sudden meant that 40 percent of their arrests soared to meth. Whereas, for example, in Elkhart, Indiana, 90 percent of the people in jail right now are meth-related.

So when you have your community get hit, it switches and it switches overnight. And here we have two major metropolitan areas.

Now, the gentleman from Nebraska (Mr. TERRY), a member of our caucus, has said that it has hit Omaha as well. Then we moved down to a hearing over in my neighboring State of Ohio with the gentleman from Ohio (Mr. TURNER), and we held it in a small town of Wilmington, which had been fairly hard hit. And Wilmington is in between Cincinnati and Dayton, two bigger cities.

While we were there in Wilmington we had TV there from both of the major markets, which in itself shows an increasing interest in the United States, because they do not usually go to small towns to cover anything. While we were having the hearing, the City of Dayton had their first bust. They had some before in the suburbs but in the city. And there they found a string of seven houses, I believe it was, where the mom-and-pop labs had connected together so the smell did not permeate around, which is what we are starting to see in some of the urban areas, a clustering like they do when they do these hydroponic grows of marijuana that we see.

That was an interesting thing, to watch it spread into the city of Dayton even as we were watching our hearing, because that was another city being hit.

Then we had another hearing in Washington, picking up and once again reviewing what we have been picking up in the field. And then our last hearing that we had was out in Pendleton, Oregon at the request of the gentleman from Oregon (Mr. WALDEN) and in his district.

Now, there we studied more the Pacific Northwest. We had DEA and the HIDA areas come down from Seattle as well as from Portland. Now, Seattle is famous more for heroine and hydroponic marijuana coming down from British Columbia, but they have had an increase too in meth. But the city of Portland has been overrun.

Now, the reason I wanted to go through that is what we are seeing and the reason our meth caucus has been so concerned and the reason we are pushing for national legislation is this is a drug where we now have a history of watching the pattern. We can see the pattern starts with mom-and-pop labs, and then you can usually get some control over that and it move to crystal meth. We see it start in rural areas, often around forests and fairly isolated areas, moving into the small towns. And then it comes in and mashes the cities, usually with a mix of crystal meth and some mom-and-pop labs. This has been a steady march, and it has been going on for years. We can see it coming. The question is where has the national strategy been?

Now, I believe that we have finally reached an agreement to get control of the pseudoephedrine. Let me step back. We can talk about trying to control it at each grocery store and pharmacy. But there are only nine places in the entire world that make the pseudoephedrine. Yet we have minimal tracking. We can check the raw pseudoephedrine, but we do not have an

international way of checking the pills. We are working with the United Nations to try to track the pills.

Secondly, almost all the pseudoephedrine that is coming in in excess capacity is coming in through the Mexican border. So the legislation that we are trying to get adopted in the near future will have a better tracking mechanism that would hold the countries of China, India, and Mexico accountable for continuing to work with us and to help develop better reporting.

It will also try to get at EPA questions of how we deal with cleanup. It will try to get into regulating because our problem when we work at this, we need laws like Iowa and Missouri. We need laws like Indiana where it is behind the counter.

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We need the daily limit. We need the monthly limit. We need the logbooks. While it may not completely deter individuals, because it is difficult to check, the fact is, as you make a bust, you can go back and see where the person is. As it gets out we are checking that, we also are lowering the threshold for drug kingpins because meth is a different type of thing. You can go back through those books and realize that signing the logbooks does, in fact, do that. We are also going to train it, and we are going to move to that, and we also need a better wholesale regulation system.

This has been a difficult process to work through because States like New York or New York City, we are now going to regulate the sale of pseudoephedrine, even though they have no meth. We are going to regulate the pseudoephedrine in Boston, even though they have no meth problem. It was a difficult process, and I appreciate our leadership, the Senate leadership, Senator TALENT and Senator FEINSTEIN, the leadership of the gentleman from Missouri (Mr. BLUNT), acting leader, and the leadership of the Energy and Commerce chairman, his willingness to work through this, because I think by working together we have as strong a bill as we can get nationally.

We also heard in Oregon, and this is one of the things that we learn in drugs, we just have to make it as difficult as possible. We have our first major case because Oregon has a tough law. They have been going to the Internet, and they are ordering the pseudoephedrine pills on the Internet. We are going to have to work long-term with FedEx, with UPS, with the other companies in distribution to track that.

One last comment, I really want to thank the Partnership for a Drug-Free America and their new meth campaign. I want to encourage Members of the House; they are willing to give these ads, both the TV, as well as developing radio, billboard and newspaper ads, to any Member of Congress who wants to work in his district to get this up on the air.

We need to take leadership ourselves and not just point out everybody else and say, we are going to get involved like the gentleman from Kentucky (Mr. ROGERS) did, like former Congressman Portman did in Cincinnati. More of us actually need to take the leadership, and so we need our local TV, radio, billboard and newspaper companies to get in front of this, to work with us. We need to use our offices to do it.

Partnership has a prevention campaign because ultimately we are going to try to regulate this stuff. We are going to try to lock the people up, but we have got to win the hearts and minds in prevention. We have got to explain to our kids. It is there in the workplace. We need our employers to drug test because many people use this as an amphetamine to try and stay awake longer, and so we need the employers to drug test, and we need to have better treatment programs and better research on how to deal with meth. If we work these things, plus the law enforcement, we will have long-term changes, not just short-term bumps based on them readjusting at our law enforcement.

I believe this bill will buy us 2 years until they adjust to the strategy. Meanwhile, we need to get our prevention and strategy and workplace programs in effect, too.

I thank the gentleman for yielding and thank him for his leadership.

Mr. KING of Iowa. Mr. Speaker, I thank the gentleman from Indiana. This has been no small task on your part, and I appreciate the chronology and the narratives of the efforts at the hearings across this condition and the history you have brought to the floor of this Congress. I know I have got a fair sense of how much work was done here, but you chronicled it in a way that is broader than I appreciated, and I am glad I have a better perspective of it now.

You pointed out some things that I think need to be explored a little bit further, and the language in there that lowers the threshold for drug kingpins is a plus, and the tracking of the few sources in the world that actually produce pseudoephedrine, ephedrine and PPAs is another important part of this legislation. It is things that have been brought together very thoughtfully, and of course, the gentleman from Missouri (Mr. BLUNT) has been a leader on this, and we rolled up our sleeves and put this language together quite a while back.

I want to point out something else, too, which is the concern, what happens with children when they are brought up in an environment where the ma and pa meth labs are and where the fumes are there replete throughout a connection of homes that these poor children are in this toxic environment?

One of the things that we recognize is a statistic that I did not offer here is that, in that 5-month period of time that we have had our law in place that removes the precursors and makes it a lot harder to find those in Ohio, the number of abused children now has gone down in that 5-month period of time. The cumulative fewer number of children is 455 for the State of Iowa, and if that is one child, it begins to be worth the effort; 455 is an astonishing number and a huge success.

It saved $2.4 million in meth labs cleanup. As the gentleman from Indiana (Mr. SOUDER) mentioned, it is 4 to 6 hours to clean up a meth lab. That is not just a one-person team. It is a multiple-person team. These people are trained. They have to have equipment. They have to have the suits to protect them from the toxic material. When it is all done, then they have to throw that all away and go get new stuff.

So between the manpower and the equipment cost and the time that is there and the logistics, and when you charge that back out, a cost to clean up the lab runs somewhere around $4,000 or more. You can kind of figure about $1,000 an hour, but there is a lot of capital involved in just having the equipment to clean up a meth lab.

What we are after here, and I am sure that, Mr. Speaker, you have to be thinking and a lot of the listeners have to be thinking, well, if you are only going to be addressing 15 percent of the meth problem in Iowa and maybe none of the meth problem in New York or in Boston, what purpose is this to try to eliminate as much as we can of the ma and pa meth labs? The purpose is logical, and it is rational because there will be many fewer children that will be abused in that kind of an environment, for one thing. There will be a lot of money that is saved and a lot of law enforcement time that is saved and a lot of resources that are saved if we do not have these ma and pa meth labs out there.

They are scattered. They are divided. They are diversified. They are hard to find. We cannot get them all. So, if we could get them all cleaned up, what remains in the area I represent is 85 percent of the meth now comes across the border from Mexico. We can turn our resources to that.

I yield to the gentleman from Indiana (Mr. SOUDER).

Mr. SOUDER. Mr. Speaker, the interrelationship between the mom and pop labs and the crystal meth lab is tied together in several ways in the pending legislation.

First off, what the pharmaceutical companies are already preparing to do is come up with non pseudoephedrine products. There will be somewhat fewer choices at grocery stores and pharmacies, but still plenty of choices. Some of those choices may not be as effective, but they will be effective. But the net is they are already taking the pseudoephedrine out which also means there will be less pseudoephedrine to divert towards the superlabs.

So while we are addressing at the pharmacy and grocery store level the

mom and pop labs, we are also affecting, because of the changes in the pharmaceutical company industry, which may have been adapting for State level and now are rushing, knowing this bill is about to pass, that we will see an effect on the supermeth, too, in addition, which is probably more like a third, two-thirds in most States, although nobody really knows.

Also, because we are going at the primary sources, this bill will marry the two. In other words, the initial bill that I had drafted, combined with a revised Talent-Feinstein, married together, is going to give us a wall across the country.

I appreciate, and many others like you in these hard hit States appreciate, that this is going to alter behavior patterns in some places where they do not yet have meth. Because of that, children are going to live. Children are not going to be beaten by their parents. They are not going to be abused, and they are not going to have as much problem. Guess what? Meth is coming to a block near you anyway. So this enables us to get in front of the curve, and I know this is going to be difficult in some areas where they have not had meth yet, but the bulk of the States have at least some.

Thirty-five or 37 States are being fairly overrun, and by doing this nationally, we will not hear what you said earlier, is them going to the next State there. But I do believe this will affect not only the ma and pop labs but what you are talking about and what you have been talking about tonight actually helps us with the superlabs as well.

Mr. KING of Iowa. Mr. Speaker, reclaiming my time, you also pointed out something that I think is important when you talked about how we need testing and how we need that as a deterrent.

Traditionally, what we have done with all of our drug enforcement that goes clear back to the heroin days is that we see it from two different ways. One of them is interdiction, and interdiction, you go out on the highway, pull a car over, check to see what they are hauling around, search somebody. When you arrest them, yeah, if they have drugs on them, you take them away from them. You prosecute them. We try to lock some people up in jail. That is the interdiction part of this.

The other side of that is the rehabilitation part, the drug treatment part. Those two things are on opposite wings of the entire problem.

I want to say to the interdiction portion of this, yes, it is important; yes, we need to be aggressive. That is really part of what we are doing. We are trying to take the components of meth out of the hands of the people that make it for one thing and remove some of those components from even overseas on the way that it is funneled through this distribution system that we have, make it harder to access. That is interdiction.

What interdiction does, by definition, when you remove a product, the more successful you are with the interdiction, the higher prices are going to go because this law of supply and demand manifests itself. Another thing that happens is, and I am not particularly concerned about this, is the quality of the drugs will go down because they will be able to sell a lower quality than they can when there is an ample supply for a cheaper price.

So the price of the drug goes up with interdiction because of this law of supply and demand. The quality will go down. In the end, if you only do the interdiction side of this thing, you can reduce that down. If it is hard enough to get, there will be fewer people that are addicted. There will be fewer people that will hand some over to their friend and get them started. It will become a more precious commodity. It will be held together in a smaller group of drug addicts. That is one of the functions that will come from interdiction.

I believe we need to do it, but it is not a solution to it all because on the other side of this is the rehab, the treatment, and meth is one of the hardest things to be successful with the rehab.

I want to at some point ask the gentleman from Indiana what the percentage of success is on rehabilitation and treatment. Do you have some numbers on that?

Mr. SOUDER. Mr. Speaker, there is quite frankly some disagreement in the field. Generally speaking, we figure six to eight times somebody's going to go through drug treatment. Many times they are pressured by a family member, and they did not really make the commitment. If somebody makes an internal commitment you can usually do it in one time.

I would also like to insert into the RECORD at this point the scientific reasons for the effect of meth. I think this will help answer the question. This is a fairly technical document here that comes from a meth report that we are about to release.

SCIENTIFIC REASONS FOR METH EFFECTS

Methamphetamine is a potent central nervous system stimulant that affects the brain by acting on the mechanisms responsible for regulating a class of neurotransmitters known as the biogenic amines or monoamine neurotransmitters. This broad class of neurotransmitters is generally responsible for regulating heart rate, body temperature, blood pressure, appetite, attention, mood and responses associated with alertness or alarm conditions. Although the exact mechanism of action is unknown, it is generally believed that methamphetamine causes the release of these monoamines through the monoamine transporter as well as blocking the re-uptake of these neurotransmitters, causing them to remain within the synaptic cleft longer than otherwise. As in most neurotransmitter chemistry, its effects are adapted by the affected neurons by a decrease in the production of the neurotransmitters being blocked from re-uptake, leading to the tolerance and withdrawal effects. In medicine it is used as an appetite suppressant in treating obesity, treating anesthetic overdose and narcolepsy.

The acute effects of the drug closely resemble the physiological and psychological effects of the fight-or-flight response including increased heart rate and blood pressure, vasoconstriction, pupil dilation, bronchial dilation and increased blood sugar. The person who ingests meth will experience an increased focus and mental alertness and the elimination of the subjective effects of fatigue as well as a decrease in appetite. Many of these effects are broadly interpreted as euphoria or a sense of well-being, intelligence and power.

The 17th edition of The Merck Manual (1999) describes the effects of heavy use of methamphetamines in these terms: ''Continued high doses of methamphetamine produce anxiety reactions during which the person is fearful, tremulous, and concerned about his physical well-being; an amphetamine psychosis in which the person misinterprets others' actions, hallucinates, and becomes unrealistically suspicious; an exhaustion syndrome, involving intense fatigue and need for sleep, after the stimulation phase; and a prolonged depression, during which suicide is possible'' (p. 1593—ch. 195).

Depending on delivery method and dosage, a dose of methamphetamine will potentially keep the user awake with a feeling of euphoria for periods lasting 2–24 hours.

The acute effects decline as the brain chemistry starts to adapt to the chemical conditions and as the body metabolizes the chemical, leading to a rapid loss of the initial effect and a significant rebound effect as the previously saturated synaptic cleft becomes depleted of the same neurotransmitters that had previously been elevated. Many users then compensate by administering more of the drug to maintain their current state of euphoria and alertness. This process can be repeated many times, often leading to the user remaining awake for days, after which secondary sleep deprivation effects manifest in the user. Classic sleep deprivation effects include irritability, blurred vision, memory lapses, confusion, paranoia, hallucinations, nausea, and (in extreme cases) death. After prolonged use, the meth user will begin to become irritable, most likely due to lack of sleep.

Methamphetamine is reported to attack the immune system, so meth users are often prone to infections of all different kinds, one being an MRSA infection. This, too, may simply be a result of long-term sleep deprivation and/or chronic malnutrition.

It is a common belief that methamphetamine gives people super-human strength. This is not really true, but methamphetamine inhibits pain and increases metabolism, which allows a person to push muscles to points of failure that would otherwise be harder or impossible to reach. (See the article entitled Exercise and Stimulants for a better description of the factors involved.)

Other side effects include twitching, ''jitteriness'', repetitive behavior (known as ''tweaking''), and jaw clenching or teeth grinding. It has been noted anecdotally that methamphetamine addicts lose their teeth abnormally fast; this may be due to the jaw clenching, although heavy meth users also tend to neglect personal hygiene, such as brushing teeth. It is often claimed that smoking methamphetamine speeds this process by leaving a crystalline residue on the teeth, and while this is apparently confirmed by dentists, no clinical studies have been done to investigate.

Some users exhibit sexually compulsive behavior and may engage in extended sexual encounters with one or more individuals, often strangers. This behavior is substantially more common among gay and bisexual male methamphetamine users than it is their heterosexual counterparts. As it is symptomatic of the user to continue taking the drug to combat fatigue, an encounter or

series of encounters can last for several days. This compulsive behavior has created a link between meth use and sexually transmitted disease (STD) transmission, especially HIV and syphilis. This caused great concern among larger gay communities, particularly those in Atlanta, Miami, New York City, and San Francisco, leading to outreach programs and rapid growth in 12-step organizations such as Crystal Meth Anonymous. See Crystal and sex.

This meth behaves differently in your brain, much more like ecstasy and much more damaging in that it gives you a false sense of high, and therefore, you become addicted to it rapidly. Thus, you think you can perform better at work. You can go three nights sometimes without sleep if you are driving a truck, but it gets so addictive and it damages your brain so significantly, the gentleman from Nebraska (Mr. OSBORNE), soon to be Governor, has been on the floor with his chart showing how rapidly your teeth start to fall out and hair starts to fall out. It is a different thing that happens to your body.

So part of the question is, how quick do you get treatment? Do you get it early? Do you get it medium? Do you get it late? Some people say, well, oh, meth is much harder to treat than other drugs, but that is really wrong.

What has been disturbing is we finally have eight studies going on out of the national research under Director Charlie Curie, but we need more because, in fact, we are dealing with mom and pop meth. We are dealing with crystal meth. We are dealing with women who use it for weight loss. We are dealing with some who are just drug addicts, and there are some who are using it like an amphetamine at work. That means different types of treatment to deal with it.

We are also not dealing with kids. We are mostly dealing with people in the workplace, 18 to 45, really 25 to 40. It is a different type of drug, and it means different kinds of treatment and success efforts vary.

Mr. KING of Iowa. As I recall, the gentleman from Nebraska's (Mr. OSBORNE) charts are incremental pictures of a lady, by the way she was an Iowan, and I believe the last picture was in the morgue. So that is the end result of an addict that takes this to the 'nth degree, and the odds of being successful on rehab, somewhere between the first time if there is conviction, maybe never if they really do not want to get cured, but six or eight times, one in six or eight might be one of those numbers then. So it sets the framework then I think for the center of this I would like to see us all focus more on.

Yes, push interdiction as much as we can, and let us get treatment for the people that we can help but in between all that is the deterrent portion of it. In between that is the testing portion that you brought up and something that I worked with. Nine years ago, when I was elected to the Iowa Senate, one of my intense planks in my platform was I will work to rewrite Iowa's drug testing law.

As a contractor and employer I have dealt with meth addicts on a construction crew. In fact, I was required to sign contracts where I would pledge a drug-free workplace in order to be able to apply for a Federal contract, and yet, there was no way I could guarantee a drug-free workplace because we did not have a law that allowed me to test my employees.

Well, today we do. On St. Patrick's Day of 1998, our Governor signed that bill into law, spent 2 years working on it, authored it, floor managed it, and pushed it through the legislation. No one's tried to amend it since then that I know of, but it allows for and sets up the legal parameters for an employer to voluntarily drug test their employees, provided that they treat each employee fairly and equally. If they offer treatment, they must offer it to every employee. They have to have a drug assistance personnel there that understands these issues, gone through and taken the educational and training.

So now we have employers that are voluntarily testing their employees, and this drug testing, if I were charged with this responsibility to eradicate all illegal drug use and abuse in America, first, I would have to have the will of the people behind me that would support the will of the people in Congress because believe me these voices in here reflect the will of the people in America. I would say the solution to this is drug testing. Testing in the workplace, people make a decision then that they like their job better than they like their drugs. When that happens, their children go to the ball game, go fishing, spend time with dad, instead of not having a new pair of shoes because the money went for meth or mom for that matter.

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We have got to be equal opportunity here even on the other side of this equation. But the positive decision that gets made because drug testing hangs over their head as an employee is deterrent enough to keep people from even trying it, many, many times. That is just in the workplace. We have also the educational. We have the welfare system. Each one of those zones out there, if we brought our drug testing to those zones, we would be able to eradicate drug abuse in America, and I think that is the most effective way to go.

Mr. SOUDER. Mr. Speaker, will the gentleman yield?

Mr. KING of Iowa. I yield to the gentleman from Indiana.

Mr. SOUDER. Mr. Speaker, in the legislation that hopefully will be before us tomorrow, Congresswoman HOOLEY and Congressman KENNEDY and others were dealing with international, with drug kingpins. We have had many Members dealing with how to control the pseudoephedrine and some of that, but we still have some bills that we need to look at. Congressman GORDON and Congressman BOEHLERT have a bill on EPA because one of the things is this collective impact on water systems, and when we think of it, it is in the forests and it is up high and it is going down, the cumulative impact of all these little labs is fairly damaging from an environmental standpoint and yet they are not the Superfund sites that we deal with.

But the workplace question, I believe, is the one that we are going to have to address next year. And I believe the gentleman from Iowa and Congressman PETERSON have also been huge advocates of drug testing, and we have to understand that drug testing is the best deterrent in the workplace. This is where the meth battle is going to be won or lost, because if employees take meth at the workplace thinking they can produce more, the only real way to do this is targeted education at the workplace and, in effect, a check of responsibility.

A number of Congresses ago when I was on the Small Business Committee and now-Senator TALENT was chairman of the committee, we moved the drug-free workplace bill through that gave guidelines to small business and what kind of testing they needed to do, including testing the managers. I personally believe we in Congress ought to be drug tested and lead by example, but the managers need to be tested as well as employees. There needs to be security that they are not going to get false positives, and I understand all of that. But there needs to be drug testing, and ultimately we also need ad campaigns directed straight at the workplace, posters that can be there, handouts that can be there, education, because ultimately if they do not have a job, it chokes off the habit to some degree. It does not completely, because they can steal and so on; but, ultimately, the drug testing in the workplace, I believe, has been a lot of the missing link in how we have been approaching meth.

Mr. KING of Iowa. Mr. Speaker, reclaiming my time, I am very happy to hear Mr. SOUDER present that here on this floor tonight, and I am an enthusiastic supporter of that philosophy, and I will tell him that I have invested hundreds and hundreds of hours in that very subject matter, and it lights me up to hear it come from him. I am anxious to engage in this battle next year, and I believe that I will be able to bring some background to this that will be part of this team that can bring a solution.

And I have argued that if they test in the workplace, and I would be happy to drug test Members of Congress, but if they drug test in the workplace, that is a huge zone of influence in America, and we could clean up the workplace almost 100 percent. We would have a little trouble with the sole proprietors out there. It is going to be hard to get them to participate if they happen to be an addict. Most of them are responsible business people. But if we can

clean up the workplace, then the other zones of our country that we would address would be the educational system, for example, and that is a little harder nut to crack. There will be significant resistance in a place like that. But that is a place where a lot of the drug addiction gets started. Then the other place is on welfare, those people that are on public benefits.

By the way, I would only do the random testing in any of those places. I would not make it 100 percent testing of anyone. And the way we set up our law, we allow that random to be on a sliding scale. The employer can decide what that percentage is. And if that employer decides that he wants to test 100 percent of his employees once a quarter, he can do that. If he wants to slide that random number selector down, and it must be random, it cannot be personal, down to one-tenth of 1 percent, then fine. Nobody needs to know what that equation is. But the deterrent is always there.

So, Mr. Speaker, I think that we have given a good dialogue to methamphetamines here tonight on the floor of Congress and raised the issue. I hope that we bring this bill to the floor tomorrow. I know that we will do good things for methamphetamines and drug addiction in America.

One of my concerns is we are going to end up with 19 stops to get enough precursor to make an ounce of meth versus the 380 if we have the model that I brought before here. As long as I continue to believe in that, I will continue to bring it to the floor of this Congress. But mainly we have got a broad thrust. We have got a good start, and by next year I hope we do take up drug testing. But this is good work done by the meth caucus led by Mr. SOUDER of Indiana. The hearings that he has had all over this country, the work that he has done deserve a great deal of applause from the parents of America.

THE NATIONAL DEBT

The SPEAKER pro tempore (Mr. JINDAL). Under the Speaker's announced policy of January 4, 2005, the gentleman from Arkansas (Mr. ROSS) is recognized for 60 minutes as the designee of the minority leader.

Mr. ROSS. Mr. Speaker, I rise this evening to visit with the Members of this body about the national debt. I am one of 37 members of the fiscally conservative Blue Dog Coalition, 37 Members of Congress from all over these United States who share a common concern, and that is the amount of our national debt and the amount of our national deficit as it continues to rise each day.

As visitors walk the Halls of the House office buildings, they will occasionally spot one of these posters, which clearly marks that it is a Blue Dog member. What we are trying to do with the American people, as members of the Blue Dog Coalition, is point out that the U.S. national debt today is $8.053 trillion and some change.

If we were to divide the national debt today by the 292 million people that live in America, including the children born today, everyone in America would have to write a check for $27,000 to pay off this national debt. This is a tragedy. And it is time we restore some common sense and fiscal discipline to our Nation's government.

There are some within the Republican leadership that are trying to make us think that that is what they are trying to do, and what I mean by that is this week, we are going to be voting on what they call a budget reconciliation package. The Republican leadership is going to talk about how it is $53.9 billion in reduced spending. That sounds good. What they do not tell us is what programs are going to be cut. They will try to convince us that these cuts are happening to pay for the aftermath of Hurricane Katrina. They will try to convince us that these cuts are being made to pay for the war in Iraq. Not so. These cuts are being proposed by the Republican leadership in this Congress to help offset $70 billion in new tax cuts, new tax cuts that are being proposed in the aftermath of the most costly natural disaster in our Nation's history and, yes, at a time when America is at war, tax cuts that benefit those earning over $400,000 a year.

How are they going to pay for that? By cutting Federal student loans $14 billion; by cutting Medicaid, the only health insurance plan for the poor, the disabled, and the elderly, by $11.9 billion; by reducing child support enforcement, $5 billion; by cutting our farm families, $3.7 billion.

Mr. Speaker, it is time we restore some common sense and fiscal discipline to our Nation's government. And we can do it and we can do it in a humane way, and we can do it in a way that reflects our values, which reminds me of Matthew, chapter 25, verse 40: ''I tell you the truth. Whatever you did for one of the least of these brothers of mine, you did it for me.''

Do we really want to cut Medicaid, health insurance for the poor, the disabled, the elderly; student loans for our children; farm programs including school lunch programs and food stamps to pay for tax cuts for those earning over $400,000 a year? I can tell the Members that does not reflect the kind of values I learned growing up at Midway United Methodist Church just outside of Prescott, Arkansas.

So tonight we want to visit with the Members of this body and talk about why this budget reconciliation bill is bad. We want to address this. And here to do it with me are some of my colleagues in the Blue Dog Coalition. Not only will people find us tonight being critical of cutting programs for the most vulnerable people in America, but they will also find us offering up a solution, an alternative, what we refer to as our 12-point budget plan. And I am pleased to have a number of Blue Dogs join me tonight, including the co-chairman of the Blue Dog Coalition, DENNIS CARDOZA; STEPHANIE HERSETH of South Dakota; DAVID SCOTT of Georgia; and BEN CHANDLER of Kentucky.

Mr. Speaker, I yield to the gentleman from Kentucky (Mr. CHANDLER).

Mr. CHANDLER. Mr. Speaker, I thank Mr. ROSS for yielding to me. I appreciate my fellow Blue Dog from Arkansas putting this very important time together for us to talk to the country about what we all believe is a very important matter.

Mr. ROSS's grandparents, I am sure, just the same as my grandparents, grew up in the Great Depression. And I am sure that they had experiences very similar to mine, and those experiences instilled in them a great sense of fiscal responsibility. My grandfather, in fact, always used to tell me, and I cannot even count the times that he told me, ''If you spent more than you took in, you would go broke.'' Wise words. Too bad that the leadership of the Republican-controlled Congress seems to have forgotten this most basic rule of fiscal management. By all accounts, the mentality of our grandparents and their generation has been lost.

As the gentleman said, later this week, maybe as early as tomorrow, the House will consider the first of two bills the Republican leadership will bring to the floor under the auspices of reducing the deficit. The only problem is that this so-called deficit reduction package actually adds billions to the deficit, hastening a fiscal crisis brought on by the systematic mismanagement of our country's finances.

Our deficit has now passed $8 trillion, and we see right there on that sign that the gentleman has got next to him, that poster, the number 8 trillion. I am surprised we can even breathe a number that big, all those zeros. I did not even know what 8 trillion was until I came up to Congress and I saw that number. And I am sure the American people would be astonished if they realized just how much in debt they were now. And, incredibly, something I heard from the gentleman from Tennessee (Mr. TANNER), who I think is with us tonight, earlier this week he told me that this administration has now borrowed more money from foreign governments and banks than the previous 42 United States Presidents combined. Even using the projections from the budgets adopted by this Republican-controlled Congress, the deficit will grow by over $167 billion over the next 5 years. Bottom line, this Republican-controlled Congress has proven itself utterly incapable of responsibly managing the Federal Treasury.

Rather than use what little funds we have to pay down the deficit and help those in need, many of my Republican colleagues seek another round of tax cuts for the wealthiest of Americans that will drive our country even deeper into debt. This budget package that is being offered is nothing more than