rather than on an ad hoc basis on the Senate floor, particularly the Chairman of the Senate Energy Committee, Senator DOMENICI. This is a positive development.

Congress must act, and act in a concerted, thoughtful way. That's how we have addressed complicated environmental legislation in the past, including the Clean Air Act. But, we're talking about a potential regulatory scheme that could dwarf the scope and impact of even the Clean Air Act and is directly related to our future economic growth. We're also talking about controlling a gas—CO2—for which we currently have no widely available, proven control technology. Implementing mandatory controls now looks to a certain extent like stepping off a cliff and hoping something breaks our fall. We need to take the time to do it right. I pledge my assistance to make this happen.

I also continue to believe that this administration must re-engage with the international community in a meaningful way. The best way to move forward in this body is concurrently with an international effort that encompasses all of the major greenhouse gas emitters—and those that will soon become the major emitters. Not only will this accelerate the technology development curve, but it will level the economic playing field. The fact that Kyoto left out much of the developing world, including China and India, was that treaty's fatal flaw. We don't need to go down that path again, and I think the world is ready to step beyond Kyoto.

As the current number one emitter of greenhouse gases, it is incumbent on the U.S. to lead, not follow, in this effort. That's why I supported Senator KERRY's sense of the Senate.

## INDIAN HEALTH CARE IMPROVEMENT ACT

Mr. GRASSLEY. Mr. President, I want to take a few minutes to explain my action today related to S. 1239, a bill to amend the Indian Health Care Improvement Act. Today, with great reluctance, I asked Leader FRIST to inform me before entering any unanimous consent agreements related to consideration of this bill, which the Indian Affairs Committee reported by voice vote this morning.

S. 1239 would pencil the Indian Health Service, IHS, an Indian tribe, a tribal organization, or urban Indian organization to pay the monthly part D premium of eligible Medicare beneficiaries. The bill defines eligible beneficiaries as individuals who are Indian and who are eligible for the part D prescription drug benefit, but who do not receive any additional financial assistance made available under the Medicare Modernization Act of 2003, MMA, to beneficiaries with limited incomes.

I am all for providing assistance in paying premiums for beneficiaries in financial need. We devoted a lot of time to those provisions in the MMA. I am troubled, however, that as currently drafted, S. 1239 would permit the IHS, an Indian tribe, tribal organization, or urban Indian organization to pick and choose who will get premium assistance. Specifically, the bill would allow them to consider an eligible beneficiary's ''expected drug utilization'' and any other factors to determine the cost-effectiveness of paying the beneficiary's premium.

This provision might be an attempt to reflect that the IHS, tribes, and tribal organizations have limited resources. The bill language, however, raises a number of questions. First, how would the IHS and tribes determine expected drug utilization or cost-effectiveness? Would it be based on the number of drugs a person takes or the severity of illness? Second, how would they account for the fact that a beneficiary's drug needs could change dramatically with just one illness? That is the point of having insurance.

When we crafted the MMA, we were keenly aware of the potential for adverse selection—meaning that beneficiaries might wait until they need part D coverage to enroll in part D. This would have the effect of driving up the cost of the part D premium for all beneficiaries. The additional considerations currently included S. 1239 set a dangerous precedent by seemingly promoting adverse selection in the part D program. This is exactly opposite to what we sought to achieve in the MMA.

Mr. President, I welcome the opportunity to work with the sponsors of S. 1239, Senators MCCAIN, DORGAN, and BAUCUS, and with members of the Indian Affairs Committee on this matter. I had hoped to accomplish that before the bill was reported out of committee. Unfortunately, that did not happen. I do not take actions such as these lightly. But I am deeply troubled that as currently drafted, S. 1239 could end up having unintended consequences for the very people it is intended to assist and for all Medicare beneficiaries.

### COMBAT METH ACT OF 2005

Mr. FEINGOLD. Mr. President, I am proud to add my name today as a cosponsor of the Combat Meth Act of 2005, S. 103. I want to thank Senator TALENT and Senator FEINSTEIN for their leadership on this issue. I have had the opportunity to work with my colleagues on a new version of the bill that I understand will be offered in the Judiciary Committee as a substitute when the bill is marked up, and I am very pleased to support this new version of the Combat Meth Act.

Meth is a highly addictive and particularly destructive drug that can be manufactured from widely available household items. In the last 5 years, the use of this terrible drug has skyrocketed, both nationally and in my home State of Wisconsin. When I talk to prosecutors and police officers from Wisconsin, they consistently tell me that meth use is the most daunting problem they are facing. They tell me that meth is the single most harmful drug—to addicts, families, children, communities, and the environment—that they have ever dealt with. This bill gives law enforcement officials a chance to stem the growing tide of meth use by restricting access to the cold medicines that are commonly used to make meth and by providing funds for programs that have been shown to combat the meth problem. The bill targets those who purchase over-the-counter drugs for the purpose of manufacturing meth, while still allowing law-abiding Americans to have adequate access to the cold medicines they need.

Methamphetamine is derived from pseudoephedrine, a chemical that is found in most common cold medicines. Meth ''chefs'' can manufacture the drug by buying large quantities of cold medicine, mixing it with other common chemicals, and heating it. This process can occur nearly anywhere and requires only limited knowledge and experience. Even beginners can easily manufacture this drug.

Given how easy it is it make, it is not surprising that meth use has been increasing rapidly. A recent report from the National Institute on Drug Abuse finds that meth use has swept across the country, starting in Southern California and moving steadily eastward. The situation has become particularly dire in the Midwest, where meth use accounts for more than 90 percent of all drug prosecutions. Literally millions and millions of individuals have reported using meth—and this trend shows no signs of slowing. Meth cases in my home State of Wisconsin have gone up 500 percent in just the last 4 years, from 101 prosecutions in 2000 to 545 in 2004. And Wisconsin is doing much better than many other Midwestern States thanks to proactive efforts by state officials in the late 1990s, before meth had taken hold, to educate communities about the dangers of meth and the need for prevention. These education and prevention efforts paid off, keeping the number of meth labs relatively low in Wisconsin compared to neighboring States, but the problem remains a very serious one.

Both the manufacture and the use of meth have devastating consequences for users and those around them. In the short-term, even occasional meth use leads to a whole host of physical and psychological problems. It causes inflammation of the heart lining, increasing the risk of heart attacks and strokes. It causes damage to the nervous system and creates abscesses on the skin. It also attacks the brain, leading to bouts of paranoia, anxiety, and insomnia.

Meth's long-term effects are even more destructive. It has highly addictive properties, quickly turning occasional users into desperate addicts. Meth addicts often go for days without eating or sleeping. They suffer from a variety of heart ailments and can sustain permanent and often irreversible

brain damage. The drug's effect on the brain also leaves addicts vulnerable to the entire spectrum of mental health problems, from paranoia and depression to aggression and psychosis. And the drug's chemical effects are particularly insidious, meaning that addicts often require extended detoxification periods before they can begin treatment.

Sadly, meth's harmful effects are not confined to its users. The process of manufacturing meth creates unique environmental hazards that can poison surrounding communities. Cooking the chemicals that create meth can lead to explosions, fires, and the release of noxious gases. Remnants from the procedure are often washed down the drain or dumped in the ground, where they can contaminate local water sources.

Another related danger of significant meth use in a community is an increased crime rate. Meth addicts often resort to violence to gain access to the materials they need or to the money they must have to sustain their addiction. Additionally, people who are high on meth are disposed to aggressive and violent behavior. The results are apparent. For example, local news reports indicate that Eau Claire County in Wisconsin, which has been hard hit by the meth problem, has seen a significant increase in meth-related crimes as meth use has become more prevalent. This drug does not just poison users; it can affect entire communities.

And in the unkindest cut of all, children who are exposed to meth manufacturing or use can be scarred for life. Children of meth addicts are exposed to toxic fumes and volatile chemicals, resulting in potentially serious health problems, and they are often abused or neglected by those in the throes of addiction.

This problem calls for immediate Federal action. When Oklahoma was the first State earlier this year to pass a law that successfully restricted access to pseudoephedrine, the sale of products containing pseudoephedrine grew noticeably in neighboring States. The Oklahoma experience shows that States acting alone cannot address what has become a national meth problem. We need a law that creates national standards for the sale of products containing pseudoephedrine and puts the resources of the Federal Government behind the effort to stop meth use.

The new version of the Combat Meth Act provides the national response that we need. It attacks the meth problem at all stages of the process: It gives State and local officials the tools they need to prevent the sale of products used to make meth, to investigate and prosecute meth manufacturers, and to treat meth addicts and protect the children they harm.

This bill helps prevent meth use by restricting the sale of ingredients needed to manufacture meth. Under the new bill, cold medicines that contain pseudoephedrine will be placed behind pharmacy counters and purchasers will only be able to buy 7.5 grams of the product per month—more than enough for people who really need the medicine but not enough for those who are buying the medicine to make meth. It requires people purchasing pseudoephedrine products to sign a written log, but I am pleased that the new version of the bill ensures the privacy of this potentially sensitive medical information by allowing the information to be used only to find individuals who might be purchasing these products to make meth. The bill also provides funding to States to monitor the sale of products containing pseudoephedrine.

The Combat Meth Act gives States the resources they need to bring meth manufacturers to justice. It provides money for training programs for State and local law enforcement and expands the scope of currently effective meth investigation and clean-up programs. Once meth producers and traffickers are found, this bill helps put them behind bars by hiring additional Federal prosecutors, training local prosecutors in Federal and State meth laws, and cross-designating local prosecutors as Special Assistant U.S. Attorneys, allowing them to bring legal action in Federal courts.

While this bill strengthens enforcement and prosecution measures, it also recognizes that most meth addicts require treatment rather than harsh criminal sanction. To that end, the bill authorizes the creation of a meth treatment assistance center, which will help states learn how to effectively treat those who suffer from this awful addiction. And for this drug's most innocent victims—the children who are exposed to meth by the users around them—the bill provides a $5 million grant to allow Federal, State, and local entities to work together to help assist and educate children who have been harmed by a family member's meth addiction.

The widespread use of meth, particularly in the Midwest, has become an unsupportable burden for many families and communities. The new version of the Combat Meth Act is a commonsense response to a growing problem one that requires immediate Federal attention. While the bill does not address the increasing problem of meth imports from overseas, it will help cut back on domestic meth manufacturing and the many harms that accompany it. I am proud to support this new version of the bill and I urge my colleagues to support it.

## LOCAL LAW ENFORCEMENT ENHANCEMENT ACT OF 2005

Mr. SMITH. Mr. President, I rise today to speak about the need for hate crimes legislation. Each Congress, Senator KENNEDY and I introduce hate crimes legislation that would add new categories to current hate crimes law, sending a signal that violence of any kind is unacceptable in our society. Likewise, each Congress I have come to the floor to highlight a separate hate crime that has occurred in our country.

A gay Latina woman was walking on the beach with her transgender male partner last year when they were approached by two unknown men. The men began making disparaging and intimidating comments at them. The two men then chased and threw rocks at the victims.

I believe that the Government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act is a symbol that can become substance. I believe that by passing this legislation and changing current law, we can change hearts and minds as well.

## ADDITIONAL STATEMENTS

### 100TH ANNIVERSARY OF JUD, NORTH DAKOTA

● Mr. CONRAD. Mr. President, I rise today to honor a community in North Dakota that just celebrated its 100th anniversary. On June 24–26, the residents of Jud, ND, celebrated their community's founding and history.

Jud is a small town of 368 citizens in south-central North Dakota. Despite its small size, Jud holds an important place in North Dakota's history. Like many of North Dakota's towns and cities, Jud began with the railroad. The Northern Pacific Railroad reached the present day site of Jud in 1903 and drew up a plot for the town of Gunthorpe. Shortly following this, the town's name was changed to Jud. Between 1905 and 1911 a plethora of businesses sprang up. Among other businesses, the town once had a weekly newspaper, a pool hall and even its own baseball team.

Today, Jud boasts a number of businesses including The Jud Café, Klassie Kurl Beauty Salon, and The Wander In. Especially unique to Jud is the town's impressive compilation of murals, which adorn twenty-six of the town's buildings.

I ask the United States Senate to join me in congratulating Jud, ND, and its residents on their first 100 years and in wishing them well through the next century. By honoring Jud and all the other historic small towns of North Dakota, we keep the pioneering frontier spirit alive for future generations. It is places such as Jud that have helped to shape this country into what it is today, which is why the fine community of Jud is deserving of our recognition.

Jud has a proud past and a bright future.●

### 100TH ANNIVERSARY OF UPHAM, NORTH DAKOTA

● Mr. CONRAD. Mr. President, I rise today to honor a community in North