For example, the 1990 census missed 8.4 million people. The majority of those overlooked were children, the poor and people of color. The 1990 census missed: 4.4 percent of African Americans; 5 percent Hispanics; 2.3 percent of Asians and Pacific Islanders; and over 12 percent of Native Americans.

The 1990 census missed 7 percent of Black children, 5 percent of Hispanic children, and over 6 percent of Native American children.

What is compassionate and logical is to guarantee the right of each and every American to both accurate and fair political representation and a fair share—a fair share—of federal funds for education, health care and transportation and the like.

I am committed to ensuring that all Americans are counted and that all Americans receive their fair share of political representation and federal funds to which they are entitled.

In my District, the devastation caused by Hurricane Floyd has displaced many residents of eastern North Carolina. My staff and I, as well as numerous Census officials have taken steps to ensure that displaced citizens are informed about how to participate in the Census.

It is clear that Census 2000 is a civil rights issue. As such, it affects every citizen. Each of us is concerned with one or more of the following: Medicare; Medicaid; special education preschool programs; job training programs; disabled veterans outreach programs; adult education programs; bilingual education programs; child care programs and education programs; and Voting Rights Act.

This list could continue because the Census count affects a wide-range of programs and persons. However, what is fundamental regarding the significance of obtaining an accurate Census count is fair political representation and a fair distribution of federal funds.

The Census Bureau will provide us with two sets of numbers for the 2000 Census—an actual count and a statistically adjusted count. The Supreme Court ruled that statistically-based figures cannot be used for the reapportionment of U.S. House seats. However, states have the discretion as to which set they may use.

I encourage everyone to seriously consider the implications of obtaining an accurate Census count—one that reflects the U.S. population in its totality and diversity. I am quite cognizant of the fact that all Americans count, that is why I am committed to ensuring that every American gets counted!

CONGRESS NEEDS TO FACE FACTS ABOUT AMERICA'S WAR ON DRUGS

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

Mr. RAMSTAD. Mr. Speaker, every day politicians talk about a drug-free America. Now, the Clinton administration is proposing to spend another $1.6 billion for drug eradication in Colombia so that we can become ''drug-free America.''

Mr. Speaker, let us get real. We have already spent $600 million to eradicate drugs at their source in Colombia, and what has happened? Both cocaine and heroin production in Colombia have skyrocketed. Despite eradication efforts, cocaine production in Colombia has more than doubled since 1995.

Colombia is now the source of 80 percent of the cocaine that comes into America, 75 percent of the heroin; and there is absolutely no sign Colombia's government can stop it or even make a dent in the problem any time soon, even with additional American dollars.

Let us face it. Our supply-side efforts have been a colossal failure. When will Congress and the President wake up and face reality?

Over the last 10 years, the Federal Government has spent over $150 billion to combat the supply of illegal drugs. Yet, the cocaine market is glutted, as always; and heroin is readily available at record-high purities. While the number of casual drug users may have declined slightly, the number of hard-core addicts has not.

In short, Mr. Speaker, the war on drugs by the United States Government has been a costly failure.

Now, Mr. Speaker, a soldier in that war is saying just that, telling it like it is, and Congress should listen to him. We should listen to retired Navy Lieutenant Commander Sylvester Salcedo, who served 3 years as a United States intelligence officer working closely with law enforcement officers and agencies doing antidrug work. As Lieutenant Commander Salcedo put it, quote, ''The $1.6 billion being proposed on drug-fighting efforts in Colombia is good money thrown after bad.''

Lieutenant Commander Salcedo also said recently that the stated goal of the aid package that is to disrupt the production and exports of drugs into our country is unrealistic and unrealizable. In fact, the lieutenant commander was so upset by the proposal, he wanted to return a Navy medal he received for his work with the Defense Department's Joint Task Force 6.

Rather than spend more money in Colombia, we should confront the issue of demand here at home in the United States, providing treatment services to the addicted population.

Mr. Speaker, this veteran of the drug war is absolutely correct. The lieutenant commander's stated goal, to get us to focus on our own drug addiction problem here in America, should be our goal as a Congress and as a country. As the lieutenant commander put it, quote, ''Washington should spend its money not on helicopters and trainers, but on prevention programs and treatment for addicts.''

Mr. Speaker, the cost of helicopters alone for Colombia would provide treatment for 200,000 American addicts. We are about to spend almost $2 billion, with a B, $2 billion on Colombia, while here at home we have 26 million addicts and alcoholics and most are unable to get into treatment.

When President Richard Nixon declared war on drugs in 1971, he directed 60 percent of the funding into treatment. Today, we are down to 18 percent.

The evidence is clear. We have had a misguided use of resources to put the emphasis on interdiction, crop eradication, border surveillance, more helicopters to fly into Colombia. We will never even come close, Mr. Speaker, to a drug-free America until we knock down the barriers to chemical dependency treatment right now for 26 million Americans already addicted to drugs and/or alcohol. That is right, 26 million addicts in the United States today, most unable to access treatment.

Last year, Mr. Speaker, 150,000 Americans died from the disease of addiction. Mr. Speaker, 150,000 of our fellow Americans died. We spent $246 billion in economic terms, lost productivity, absenteeism from work, more jail cells, social service costs, Ritalin for kids from families of addicts. American taxpayers paid over $150 billion for criminal and medical costs alone last year. That is more than we spent on education, transportation, agriculture, energy, space, and foreign aid combined; and 80 percent of our 2 million prisoners are in prison tonight because of drugs and/or alcohol.

How much evidence do we need here in Congress that we have a national epidemic of addiction crying out for more treatment, not more of the same, not more supply side?

Mr. Speaker, let us pass substance abuse parity, knock down the discriminatory barriers to treatment. Let us get real about addiction.

Mr. Speaker, this is not just another public policy issue; this is a life or death issue for 26 million chemically-dependent Americans. If we can pass parity legislation, provide the necessary treatment, then some day we can honestly talk and realistically talk about a drug-free America.

Mr. Speaker, every day, politicians talk about the goal of a ''drug-free America.'' and now the Clinton Administration is proposing to spend another $1.6 billion for drug eradication in Colombia so we can become ''drug-free America.''

Mr. Speaker, let's get real! We've already spent $600 million to eradicate drugs at their source in Colombia and what's happened? Both cocaine and heroin production in Colombia have skyrocketed. Despite eradication efforts, cocaine production in Colombia has more than doubled since 1995.

Colombia is now the source of 80 percent of the cocaine and 75 percent of the heroin coming into the United States. And there's absolutely no sign Colombia's government can stop it or even make a dent in the problem any time soon, even with additional American aid.

Let's face it! Our supply-side efforts have been a colossal failure! When will Congress and the President wake up and face reality?

Over the last 10 years, the federal government has spent over $150 billion to combat the supply of illegal drugs, yet the cocaine market is glutted as always, and heroin is readily available at record-high purities. And while the number of casual drug users may have slightly declined, the number of hard-core addicts has not.

In short, the war on drugs by the U.S. government has been a costly failure.

And now, Mr. Speaker, a soldier in that war is saying just that, and Congress should listen to him.

We should listen to Retired Navy Lt. Comdr. Sylvester L. Salcedo, who served for 3 years as a U.S. intelligence officer working closely with law enforcement agencies doing anti-drug work.

As Lt. Cmdr. Salcedo put it, the $1.6 billion being proposed on drug-fighting efforts in Colombia is ''good money thrown after bad.''

Lt. Cmdr. Salcedo also said recently that the stated goal of the aid-package—to disrupt the production and export of drugs to the U.S.—is unrealistic and unrealizable. In fact, the Lt. Commander was so upset by this proposal he wanted to return a Navy medal he received for his work with the Defense Department's Joint Task Force Six (JTF–6).

Mr. Speaker, we need to listen to this experienced Naval commander who says, ''I don't think we can make any progress on this drug issue by escalating our presence in Colombia. As in Vietnam, this policy is designed to fail. Rather than spend more money in Colombia, we should confront the issue of demand in the U.S. by providing treatment services to the addicted population. That's what's not being addressed.''

Mr. Speaker, this veteran of the drug war is absolutely correct. The Lt. Commander's stated goal—''to get us to focus on our own drug addiction problem''—should be our goal as a Congress.

As Lt. Commander Salcedo put it, ''Washington should spend its money not on helicopters and trainers but on prevention programs and treatment for addicts.''

The cost of the helicopters alone for Colombia would provide treatment for 200,000 Americans who are chemically dependent. We're about to spend almost $2 billion on Colombia, while here at home we have 26 million addicts and alcoholics, and most are unable to access treatment.

When President Richard Nixon declared ''war on drugs'' in 1971, he directed 60 percent of the funding into treatment. Now, we're down to 18 percent!

The evidence is clear that it's been a misguided use of resources to put the emphasis on interdiction, crop eradication and border surveillance.

John Walsh of Drug Strategies, a private company, says $26 billion has already been spent solely on interdiction programs. Yet, by key measures of drug availability, they are all going in the wrong direction. He said ''the focus of anti-drug efforts should be switched from interdiction and eradication to treatment of drug addicts.''

Mr. Speaker, Mr. Walsh is absolutely right! We will never even come close to a drug-free America until we knock down the barriers to chemical dependency treatment for the 26 million Americans already addicted to drugs and/or alcohol.

That's right—26 million addicts in the U.S. today! 150,000 Americans died last year from drug and alcohol addiction. In economic terms, this addiction cost the American people $246 billion last year. American taxpayers paid over $150 billion for drug-related criminal and medical costs alone in 1997—more than was spent on education, transportation, agriculture, energy, space and foreign aid combined!

In addition, more than 80 percent of the 1.7 million prisoners in America are behind bars because of drug/alcohol addiction.

Mr. Speaker, how much evidence does Congress need that we have a national epidemic of addiction? An epidemic crying out for a solution that works. Not more cheap political rhetoric. Not more simplistic, supply-side fixes that obviously are not working.

Mr. Speaker, we must get to the root cause of addiction and treat it like other diseases. The American Medical Association told Congress and the nation in 1956 that alcoholism and drug addiction are a disease that requires treatment to recover.

Yet today in America, only 2 percent of the 16 million alcoholics and addicts covered by health plans are able to receive adequate treatment.

That's right. Only 2 percent of addicts and alcoholics covered by health insurance plans are receiving effective treatment for their chemical dependency, notwithstanding the purported ''coverage'' of treatment by their health plans.

That's because of discriminatory caps, artificially high deductibles and copayments, limited treatment stays and other restrictions on chemical dependency treatment that are different from other diseases.

If we are really serious about reducing illegal drug use in America, we must address the disease of addiction by putting chemical dependency treatment on par with treatment for other diseases. Providing equal access to chemical dependency treatment is not only the prescribed medical approach; it's also the cost-effective approach.

Mr. Speaker, as a recovering alcoholic myself, I know firsthand the value of treatment. As a recovering person of 18 years, I am absolutely alarmed by the dwindling access to treatment for people who need it. Over half of the treatment beds are gone that were available 10 years ago. Even more alarming, 60 percent of the adolescent treatment beds are gone.

Mr. Speaker, we must act now to reverse this alarming trend. We must act now to provide greater access to chemical dependency treatment.

That's why I have introduced the ''Substance Abuse Treatment Parity Act''—the same bill that had the broad, bipartisan support last year of 95 cosponsors.

This legislation would provide access to treatment by prohibiting discrimination against the disease of addiction. The bill prohibits discriminatory caps, higher deductibles and copayments, limited treatment stays and other restrictions on chemical dependency treatment that are different from other diseases.

This is not another mandate because it does not require any health plan which does not already cover chemical dependency treatment to provide such coverage. It merely says those which offer chemical dependency coverage cannot treat it differently from coverage for medical or surgical services for other diseases.

In addition, the legislation waives the parity for substance abuse treatment if premiums increase by more than 1 percent and exempts small businesses with fewer than 50 employees.

Mr. Speaker, it's time to knock down the barriers to chemical dependency treatment. It's time to end the discrimination against people with addiction.

It's time to provide access to treatment to deal with America's No. 1 public health and public safety problem.

We can deal with this epidemic now or deal with it later.

But it will only get worse if we continue to allow discrimination against the disease of addiction and ignore the demand side.

We can build all the fences on our borders and all the prison cells money can buy. We can hire thousands of new border guards and drug enforcement officers. But dealing primarily with the supply side of this problem will never solve it.

That's because our nation's supply-side strategy does not attack the underlying problem of addiction that causes people to crave and demand drugs. We must get to the root cause of addiction and treat it like other diseases.

All the empirical data, including extensive actuarial studies, show that parity for chemical dependency treatment will save billions of dollars while not raising premiums more than 0.2 percent, or 44 cents a month per insured, according to a recent Rand Corp. study.

That means, under the worst-case scenario, 16 million alcoholics and addicts could receive treatment for the price of a cup of coffee per month to the 113 million Americans covered by health plans. At the same time, the American people would realize $5.4 billion in cost-savings from treatment parity, according to another recent study.

Of course, no dollar value can quantify the impact that greater access to treatment will have on the spouses, children and families who have been affected by the ravages of addiction: broken families, shattered lives, messed-up kids, ruined careers.

This is not just another policy issue. This is a life-or-death issue for 16 million Americans who are chemically dependent covered by health insurance but unable to access treatment. It's also a life-or-death issue for the other 10 million addicts and alcoholics without insurance.

This year, Congress should knock down the barriers to chemical dependency treatment and pass treatment parity legislation. The American people cannot afford to wait any longer for Congress to ''get real'' about addiction!

Then someday, we can realistically and honestly talk about the goal of a ''Drug-Free America.''

CENSUS 2000

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

Mr. MILLER of Florida. Mr. Speaker, I rise today to respond to some of the comments by some of my colleagues on the other side of the aisle concerning the upcoming 2000 Census. The census forms are in the mail, and people should have received them by now or will receive them shortly. Please complete those forms. I think, unfortunately, my colleagues tried to make it feel that it was not necessary to complete the forms, because only statistical sampling should be used or something. That was settled by the Supreme Court last year.

The important thing now is to complete the forms. We need to get everybody counted. Everybody living in this