

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

(Mrs. MINK of Hawaii 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 gentleman from Washington (Mr. METCALF) is recognized for 5 minutes.

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

IN RECOGNITION OF DR. PAUL COX AND PROTECTION OF TROPICAL FORESTS

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

Mr. FALEOMAVAEGA. Mr. Speaker, I am proud to be a cosponsor of H.R. 2870, the Tropical Forest Protection Act, a bill recently passed by the House of Representatives and which is now before the Senate for consideration.

I regret not being on the floor of the House when this bill was under consideration, due to a conflict of my schedule, but it is for this reason that I take this opportunity to share my views with my colleagues on this matter.

I do commend the authors of this legislation, the gentleman from Ohio (Mr. PORTMAN), the gentleman from Ohio (Mr. KASICH), and the gentleman from Indiana (Mr. LEE HAMILTON), for their vision and leadership in crafting this measure, which facilitates debt reduction in Third World countries to support efforts for conservation of the fragile tropical forests.

I also commend the chairman of the Committee on International Relations, the gentleman from New York (Mr. BEN GILMAN) and the gentleman from Minnesota (Mr. BRUCE VENTO) for their important contributions that have made improvements in this bill.

Mr. Speaker, the provisions of H.R. 2870 basically allow less developed nations that owe loans to the United States to restructure their debt repayments, funneling savings into a tropical rain forest protection fund which will provide for the conservation and maintenance of native forest resources in each participating country.

To qualify, countries with substantial tropical forests must demonstrate that they support human rights and democratic forms of government, and that they are opposed to narcotics trafficking and international terrorism.

Mr. Speaker, according to the World Wildlife Fund, up to 42 million acres of tropical forests are being devastated each year throughout the world. Indeed, approximately one-half of the world's tropical forests no longer exist. In the Asia-Pacific region alone, it is estimated that 88 percent of original forest lands have been destroyed.

Mr. Speaker, I would especially commend the gentleman from Minnesota (Mr. BRUCE VENTO) for his amendments to the bill, which recognize the importance of tropical forest plants for medical treatment of human illnesses, and that native peoples who live in or near rain forests should be consulted, given their tremendous knowledge of plants that have medicinal value.

Mr. Speaker, it is my understanding that during the House floor deliberations the gentleman from Minnesota (Mr. VENTO) also cited the outstanding work of Dr. Paul Alan Cox, one of the finest ethnobotanists in the world today, and who is especially noted for his studies and research work in the South Pacific.

I have known Dr. Cox for several years from his work in the Samoan Islands and throughout Polynesia. I am extremely gratified that Dr. Cox was honored by Time Magazine as one of the world's top medical scientists in 1997.

Dr. Cox first came to Samoa in the early 1970s as a young Mormon missionary. He became enchanted with Samoa and immersed himself in the Samoan culture, learning to read and write fluently in the Samoan language.

After his departure from the islands to obtain his doctorate degree from Harvard University, he later joined the faculty at Brigham Young University in Provo, Utah. He is also the newly appointed director of the National Tropical Forestry Botanical Garden located on the island of Kauai, in the State of Hawaii.

Over the years, traveling back and forth between Samoa and the United States to conduct research, Dr. Cox has discovered 74 medicinal plants with the assistance of native Samoan healers. Extracts from the leaves, bark, and roots of the rain forest plants have proven effective in treating illnesses from high fever to appendicitis to asthma. In particular, one new plant-derived drug isolated by Dr. Cox, Prostratin, holds the promise of a cure for AIDS.

Mr. Speaker, most of the Earth's 265,000 flowering plants are located in tropical regions, and less than 1 percent of these plants have been tested for effectiveness against disease.

Continuing his work with native healers, Dr. Cox hopes to find the answer to cancer, Alzheimer's disease, and other incurable diseases in the rain forests of Samoa and the world. However, the decimation of tropical forests literally threatens to prevent the discovery of hundreds of new medical drugs.

Mr. Speaker, again, I want to commend Dr. Cox for his life's work devoted to research and protection of the tropical rain forests of Samoa and other regions of the world. By following the footsteps of native healers, Dr. Cox best exemplifies the need for our so-called modern technological world not to disregard the tremendous amount of knowledge that can be ob-

tained from indigenous peoples and their understanding of certain plants that have medicinal and healing value. What Dr. Cox is saying to us is that there is much that our modern world can learn from native cultures.

Mr. Speaker, again, I support the provisions of H.R. 2870, and I commend my colleagues for their endorsement and passage of this legislation.

Also, I would note that Dr. Cox is greatly appreciated and respected by the Samoan people. He has even been bestowed with the Samoan title of Nafanua by the elders of the village of Falealupo because of his contributions, including the establishment of a 30,000-acre rain forest preserve, and a construction of a primary school for the village children.

Mr. Speaker, again, I urge my colleagues to support this legislation when it comes back from the Senate.

Mr. Speaker, I am proud to be a co-sponsor of H.R. 2870, the Tropical Forest Protection Act, a bill recently passed by the House of Representatives and which is now before the Senate for consideration. I regret not being on the House floor when this bill was under consideration, due to a conflict with my schedule, but it is for this reason that I take this opportunity to share my views with my colleagues on this matter.

I commend the authors of this legislation—the gentleman from Ohio, Mr. ROB PORTMAN, the gentleman from Ohio, Mr. JOHN KASICH, and the gentleman from Indiana, Mr. LEE HAMILTON—for their vision and leadership in crafting this measure which facilitates debt reduction in third world countries to support efforts for conservation of their fragile tropical forests. I also commend the House International Relations Committee Chairman BEN GILMAN and the gentleman from Minnesota, Mr. BRUCE VENTO, for their important contributions that have improved the bill.

Mr. Speaker, the provisions of H.R. 2870 basically allow less-developed nations that owe loans to the United States to restructure their debt repayment, funneling savings into a tropical rain forest protection fund, which will provide for the conservation and maintenance of native forest resources in each participating country. To qualify, countries with substantial tropical rain forests must demonstrate that they support human rights and democratic government, and that they are opposed to narcotics trafficking and international terrorism.

Mr. Speaker, according to the world wildlife fund, up to 42 million acres of tropical forests are being devastated each year throughout the world. Indeed, approximately one-half of the world's tropical forests no longer exist; and in the Asia-Pacific region alone it is estimated that 88% of original forest lands have been destroyed.

Mr. Speaker, these careless activities have a dramatic negative impact on the environment that is global in nature. The destruction of tropical forest lands on this scale destroys the Earth's ability to recycle carbon dioxide, significantly contributing to greenhouse gases and climate warming. Perhaps more importantly, we sacrifice and lose the rich and unique biodiversity of these tropical forest ecosystems, which, incidentally, contain over half of the world's plant and animal species;

Mr. Speaker, I would especially commend the gentleman from Minnesota, Congressman

BRUCE VENTO, for his amendments to the bill which recognizes the importance of tropical forest plants for medical treatment of human illnesses, and that native peoples who live in or near rain forests should be consulted, given their tremendous knowledge of plants that have medicinal value.

Mr. Speaker, it is my understanding that during House floor deliberations, Congressman VENTO cited the outstanding work of Dr. Paul Alan Cox, one of the finest Ethnobotanists in the world today, and who is especially noted for his studies and research work in the South Pacific.

I have known Dr. Cox for several years from his work in the Samoan Islands and throughout Polynesia, and I am extremely gratified that Dr. Cox was honored by Time magazine as one of the world's top 10 medical scientists in 1997.

Dr. Cox first came to Samoa in the early 1970s as a young Mormon missionary. He became enchanted with Samoa and immersed himself in the Samoan culture, learning to read and write fluently in the Samoan language. After his departure from the islands to obtain his doctorate degree from Harvard University, Dr. Cox later joined the faculty at Brigham Young University in Provo, Utah. Dr. Cox is also the newly-appointed director of the National Tropical Forestry Botanical Garden, which is located on the island of Kauai, in the State of Hawaii.

In 1984, Dr. Cox, with his family, returned to Samoa to pursue his post-graduate studies of plants found in rain forests. The death of his mother from cancer motivated Dr. Cox to search for new avenues outside of traditional medicine for treating incurable diseases. Residing in the isolated village of Falealupo on the island of Savai'i, Dr. Cox initiated research on how native Samoan healers utilized certain plants from the rain forest for medicinal purposes.

Over the years, traveling back and forth between Samoa and the U.S. to conduct research, Dr. Cox has discovered 74 medicinal plants with the assistance of native Samoan healers. Extracts from the leaves, bark and roots of the rain forest plants have proven effective in treating illnesses from high fever to appendicitis to asthma. In particular, one new plant-derived drug isolated by Dr. Cox, Prostratin, holds the promise of a cure for AIDS.

Mr. Speaker, most of the Earth's 265,000 flowering plants are located in tropical regions, and less than one percent of these plants have been tested for effectiveness against disease. In continuing his work with native healers, Dr. Cox hopes to find the answer to cancer, Alzheimer's and other incurable diseases in the rain forests of Samoa and the world. However, the decimation of tropical forests literally threatens to prevent the discovery of hundreds of new medical drugs.

For his efforts to stop the destructive logging of the rain forests of the island of Savai'i, Dr. Paul Cox is greatly respected by the Samoan people. He has even been bestowed the Samoan Matai title of "Nafanua" by the village elders of Falealupo on the island of Savai'i, as a token of appreciation for all that he has done for the villagers, including the establishment of a 30,000 acre rain forest preserve and construction of a primary school for the village children.

Mr. Speaker, again I want to commend Dr. Paul Cox for his life's work devoted to re-

search and protection of the tropical rain forests of Samoa and other regions of the world. By following the footsteps of native healers, Dr. Cox perhaps best exemplifies the need for our so-called modern technological world not to disregard the tremendous amount of knowledge that can be obtained from indigenous peoples and their understanding of certain plants that have medicinal and healing value; What Dr. Cox is saying to us is that there is much that our modern world can learn from native cultures.

Mr. Speaker, again I support the provisions of H.R. 2870, and I commend my colleagues for their endorsement and passage of this legislation.

SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mrs. MYRICK) is recognized for 5 minutes.

(Mrs. MYRICK 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 gentleman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

(Ms. NORTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

PASS THE SUBSTANCE ABUSE TREATMENT PARITY ACT NOW

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

Mr. RAMSTAD. Mr. Speaker, nearly 26 million Americans are presently suffering from the ravages of drug and alcohol addiction. There is an epidemic in America, a national crisis of alcohol and drug addiction. One in 10 people in the United States of America is addicted to drugs and/or alcohol.

The statistics, Mr. Speaker, are absolutely shocking. Alcoholism and drug addiction cost this country \$90 billion last year, in addition to even greater human costs: the shattered dreams; the tragic deaths; the violent crime; broken families; shattered, broken lives. Alcohol abuse alone last year killed 100,000 people in this country.

A recent study by Columbia University's National Center on Addiction and Substance Abuse found that 80 percent of American prisoners, 80 percent of the 1.2 million Americans locked up today, are there because of drugs or alcohol.

Mr. Speaker, as a recovering alcoholic myself, I know firsthand the value of treatment for chemical addiction. Mr. Speaker, I am here to speak from personal experience that treatment works. I ask my colleagues to consider the following facts that make clear the effectiveness of treatment.

A University of Pennsylvania study by Dr. Thomas McLellan found that long-term treatment is just as effective

as long-term treatment for diabetes. Research by former Assistant Health Secretary Philip Lee found that every dollar invested in treatment for chemical dependency can save \$7 in future costs: medical costs, incarceration costs, social service costs, and so forth.

A Rutgers University study found that untreated alcoholics incur health care costs that are 100 percent higher than for treated alcoholics or alcoholics. After treatment, Mr. Speaker, the days lost to illness, sickness claims, and hospitalizations drop by one-half.

A Brown University study found that drug and alcohol treatment could reduce crime by over 80 percent, and a Minnesota study, a study in my home State of Minnesota, evaluated our treatment programs and concluded that Minnesota last year saved \$22 million in health care costs because of treatment.

Mr. Speaker, the facts are clear: treatment works. Treatment is cost-effective. Assuring access to treatment will not only combat this insidious disease, but it will also save health care dollars.

As someone who stays very close to other recovering people in Minnesota and to treatment professionals in our State, I have been alarmed by the dwindling access to treatment in this country. In fact, over the last decade, 50 percent of the treatment facilities in America have closed. Even more alarming, over the last decade, 60 percent of the adolescent treatment centers in our country have closed. The current system either blocks access for addicted people, or greatly limits their treatment experience.

It is time to put chemical dependency on par with insurance coverage for other diseases. That is why I have introduced the Substance Abuse Treatment Parity Act, H.R. 2409. This commonsense and cost-effective legislation would expand access to treatment by prohibiting health plans from imposing limits on substance abuse coverage that are different from those requirements for other health care services.

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All this bill does is provide parity for treatment of substance abuse. This would remove barriers to substance abuse treatment without significantly increasing health care premiums. In fact, we have all the empirical evidence in the world, study after study to show that this is cost effective. In fact, one released just yesterday by the Substance Abuse and Mental Health Services Administration shows how inexpensive and cost effective this legislation is. That study, released yesterday, shows that the average health care premium would only increase by two-tenths of 1 percent per month. So for the cost of a cup of coffee, \$1.35 a month, we could treat 16 million Americans who have insurance but are presently being blocked from treatment because of these barriers, higher copayments higher deductibles, limited hospital stays, and so forth.