

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.

□ 1845

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.