

4207th U.S. Army Hospital in 1995, a position he has held until his military retirement.

Lt. Col. Lyons's awards and decorations are many. They include the Meritorious Service Medal, the Army Commendation Medal with three Oak Leaf Clusters, the Humanitarian Service Medal for work with Cuban refugees, the National Defense Service Medal with one Oak Leaf Cluster, the Reserve Components Achievement Medal with two Oak Leaf Clusters, as well as the Armed Forces Reserve Medal and the Expert Rifle Marksmanship badge.

But not only has Lt. Col. Lyons distinguished himself in the military arena. He has also challenged himself academically. Lyons holds a Bachelor's degree in psychology from Fordham University and a Master's and Ph.D. in psychology from Ohio State University. He has been a faculty member at Truman State since 1972 and has served as the head of the Division of Social Science since 1979.

His friend, George Melloh, refers to him as the linchpin of Truman State University, giving Lyons much credit for putting Truman State's name on the map.

Also of importance, Madam Speaker, is how Lt. Col. Lyons has maintained careers in both the military and academic fields while earning honors in both. Kathy Reick, the dean of admissions at Truman State, points out that it takes a very special talent and a very special person to work with faculty during the week and with military on the weekends. The same approach to management and administration certainly does not work with both groups.

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Yet Lyon's colleagues from both the faculty and military praise him for his dedication, for his effectiveness, and for his good judgment.

While Lt. Col. Lyons will retire from the military next month, he will continue to serve in the leadership of the social science department of Truman State University. We thank Lt. Col. Lyons for his service to his community, to his country, and we wish him the best of luck.

SUBSTANCE ABUSE TREATMENT PARITY ACT

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

Mr. RAMSTAD. Madam Speaker, "Minnesota nice" took a hard hit last week. Within a few blocks of downtown Minneapolis, the body of a 77-year-old woman was found wrapped in plastic, stuffed in a cardboard box in a bedroom closet of her own apartment.

Why was "Miss Annie," as her friends and the small children she befriended in the neighborhood called her, so cavalierly and heartlessly murdered and her body left to rot? Apparently, she had become a mere inconvenience

to the drug users and dealers who had literally commandeered her apartment. And as I found out from nearby residents, such hostage takeovers are not uncommon in the Phillips neighborhood of Minneapolis.

During a tour last week at the invitation of frustrated victims of the crime and drug epidemic in this area of our community, neighborhood residents told me of their constant fears living in crack-infested areas where drug dealers and violence dominate their daily lives.

Boarded up, abandoned buildings; drug dealers and crack houses on every block; and gang members and prostitutes readily adapting to the environment. As the exodus of community stakeholders, landlords, small business people and law-abiding residents continues, prospects for a better future dwindle.

Madam Speaker, do not tell the residents of the Phillips neighborhood in Minneapolis that crime statistics are down. They are literally trapped in the vicious cycle of crime and drugs that has gripped America for too long. As person after person after person told me last week in this neighborhood where Miss Annie was savagely murdered, these people are literally without hope.

Madam Speaker, no child, no neighborhood, and no community in America should be without hope. If we are truly serious about addressing the crime and drug epidemic in America, we must first acknowledge what every cop, every treatment professional, and every corrections person in America knows: 80 percent of all crimes are tied to drugs and/or alcohol addiction. 26 million Americans are addicted to drugs or alcohol. One hundred fifty thousand Americans died last year from chemical addiction. Eighty percent of the 1.4 million men and women in American prisons tonight are there because of drugs and/or alcohol. They are addicts.

Madam Speaker, Congress must provide a comprehensive strategy to address the crime and drug epidemic in America. We need to provide consequences for criminals and treatment for alcoholics and addicts. We need to go after the 7 percent of the violent criminals who are committing 70 percent of the violent crimes and lock them up. But we also need to break the cycle of chemical dependency that is causing the bulk of criminal behavior in America.

Of the 26 million American alcoholics and addicts, approximately 16 million of them are covered by health insurance plans. But only 2 percent of them, of this 16 million who had health insurance, are getting treatment for their addiction.

As the recent five-part Public Television documentary by Bill Moyers pointed out, it is time to put chemical dependency treatment on par with other diseases. It is time to knock down the barriers to chemical depend-

ency treatment created by certain health insurers that discriminate against alcoholics and addicts. It is time to treat chemical dependency as the disease that it is, as the disease that it has been recognized to be by the American Medical Association since 1956. It is time to provide access to treatment to deal with America's number one public health and public safety problem.

Senator WELLSTONE and I have introduced the Substance Abuse Treatment Parity Act to provide equal access to chemical dependency treatment with treatment for other diseases covered by health plans. As a recovering alcoholic myself, Madam Speaker, I know firsthand the value of treatment. As someone who stays close to other recovering people and chemical dependency professionals in Minnesota and across the country, I have been alarmed by the dwindling access to treatment for people who need help. The current system either blocks access for people who are chemically dependent or extremely limits their treatment experience.

Providing access to treatment is not only the right thing to do, but the cost-effective thing to do. All the actuarial studies, all the empirical evidence show that treatment parity will actually save money in the long run.

Providing treatment for alcoholics and addicts covered by health insurance will raise premiums in the worst case scenario by one-half of 1 percent. In other words, for \$1.35 per month, or the cost of a cup of coffee, we can treat 16 million chemically addicted persons in our country. For every dollar we invest in treatment, we will save \$7 in costs down the road.

Madam Speaker, I urge my colleagues to join the 56 other Members of the House who have already cosponsored H.R. 2409. The people of America cannot afford to wait any longer.

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

(Mr. MCCOLLUM addressed the House. His remarks will appear hereafter in the Extension of Remarks.)

ANTISMOKING ZEALOTS SHOULD FIGHT ILLEGAL DRUGS WITH EQUAL FERVOR

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

Mr. WHITFIELD. Mr. Speaker, there has been a lot of discussion recently about efforts to reduce teenage smoking in America, and all of us in the Congress recently returned from our Easter recess in which we went back home to work and talk to constituents about problems facing them.

In my district I met with a lot of young people, a lot of educators, and it