

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

became quite obvious to me that, yes, teenage smoking is a problem. But it is not nearly the problem in America that is caused by the use of illegal drugs and alcohol among young people today. As a matter of fact, if we visit any juvenile facility around the United States, on the average 63 percent of juveniles in every juvenile facility were using drugs on a regular basis before going to that facility.

I firmly believe that while teenage smoking is a problem, the major problem facing teenagers today is the use of illegal drugs and alcohol. Yet despite that, the mobilization against a single legal industry, the tobacco industry, by a President, a Vice President, a former FDA commissioner, Surgeon General, trial lawyers, 40 State attorneys general, and other organized groups may be a first in America.

The wartime fervor with which the antitobacco movement pursues its aims, its deployment of extreme measures, including punitive legislation and coordinated lawsuits, is unprecedented in our country. The issue is much more than simply teenage smoking and the reduction of teenage smoking. These groups want to punish this industry.

Now, last July representatives of the tobacco companies sat down with 40 State attorneys general and various trial lawyers and various health care groups and under the auspices of the White House to see if they could reach an agreement to reduce teenage smoking in America. And they did reach an agreement, and it was a historic agreement in many ways. And yet I would say that I doubt that 1 percent of the American people know what the tobacco industry agreed to do in those negotiations. I want like to review that for the American people this evening.

First of all, the tobacco industry agreed that they would pay \$368 billion every 25 years forever. And from that money, some would go to the States to reimburse them for Medicaid costs, but a lot of the money would go for programs to help teenagers be educated about tobacco, to help teenagers stop smoking this product and maybe not even begin to smoke it.

Second of all, the industry agreed that the FDA, the Food and Drug Administration, would be able to regulate tobacco, going far beyond the FDA rules to regulate tobacco initiated by former Commissioner Kessler. The agreement went far beyond that.

In addition, the industry agreed that a third-party entity, a health care entity, would be able to set goals to reduce teenage smoking each year by a certain percentage point. And if the industry were not able to reach that goal, if the goal was not reached, the industry would pay \$80 million per 1 percentage point that that target was missed. That is even considering that the industry does not necessarily control teenage smoking. Yes, we live in a country that even teenagers have some responsibility and can make a decision of are they going to use the product or

not, knowing full well that it is not healthful to use. But the industry agreed they would pay \$80 million for every percentage point missed.

In addition, they agreed to pay \$5 billion a year into a trust fund for payments to pay off court judgments. In addition, they said that they would voluntarily sign consent decrees waiving their constitutional right to advertise their product.

In addition, they said they would sign consent decrees to voluntarily waive their right to lobby the Congress. Every constituent, every citizen in America has a right to lobby the Congress, to petition government, and they agreed to give that up too.

But despite all of those things, the antitobacco groups now are going forward and saying "We want more out of this industry." I want to urge them to focus more on helping us reduce teenage smoking and the use of illegal drugs and stop trying to punish an industry.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mrs. MORELLA) is recognized for 5 minutes.

(Mrs. MORELLA 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 Pennsylvania (Mr. WELDON) is recognized for 5 minutes.

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

THE BALANCED BUDGET

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from Wisconsin (Mr. NEUMANN) is recognized for 60 minutes as the designee of the majority leader.

Mr. NEUMANN. Mr. Speaker, I rise tonight to talk about an issue that is very much on the forefront in America. We are hearing a lot about the fact that the budget is finally balanced. We know that in 1995 when many of us came here there was this discussion that we were going to balance the budget by the year 2002, and now we are hearing in America that the budget is balanced today.

That is good news for the American people, and I would like to spend most of the hour tonight talking about what it actually means to have a balanced budget and how Social Security fits into this discussion. And I guess most important of all, like I found out in my town hall meetings back home, we had 14 of them over the last week, how it is that Washington's idea and definition of a balanced budget, albeit the same since 1969, is very different than what the people in Wisconsin think and probably what most of America thinks in terms of a budget being balanced.

I thought I would start with a chart that shows what it was like in 1995 when we first got here. In 1995 when we first got here, the President made a budget projection and he presented us his version of what we should be doing. This red line shows where the deficit was headed in 1995 when we got here, if we had played golf, basketball and tennis instead of doing our job. But we did not play golf, basketball and tennis. We fought hard to get Washington spending under control.

Over a two-year period of time we brought the growth rate of Washington spending down by virtually 50 percent. In two short years it came from 5.2 percent, that is how fast it was growing when we got here, down to 2.8 percent. That is how fast it is growing today.

This yellow line on the chart shows what happened in our first 12 months in office, and my colleagues can see the deficit projections were coming down already after only 12 months in office.

The green line shows what we had hoped to accomplish, and that is the plan that we laid out when we got here to get to a balanced budget by the year 2002. And virtually all of America heard about it, but our constituents said, "I do not believe they are going to do it." That is what they said back home.

The facts are in, and for the last 12 months running we not only got to a balanced budget by 2002, we are actually there four years ahead of schedule. Remember, this is the Washington definition of a balanced budget. For the last 12 months running, the United States Government spent less money than they had in their checkbook for the first time since 1969.

Now, when I get into this discussion about how this relates to Social Security, many of us are not going to like the Washington definition very well. But this should in no way take credit away from the fact that this has been done for the first time since 1969.

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In 1969, I was a sophomore in high school dating the young lady who now happens to be my wife so I know that was a long time ago, the last time this actually happened, and America should be cheering for this. We have come so far in such a short period of time.

I would like to focus on what this actually means because there seems to be a lot of disagreement, and Lord only knows, a lot of misunderstanding on exactly what this means when we say we have a balanced budget. I would like to start with exactly what Washington's definition of a balanced budget is.

I come from the business world. This is the first office I have ever held. We were a home-building business. We would not have defined it in the same way that Washington does out there in the business world. Washington looks at the total number of dollars coming in, at the total amount of taxes the American people pay. They add up all of that money coming in. Then they