

awhile and see if people understand the origins of where their resentment comes from; but there is also allied with this a great deal of misunderstanding and misimpressions and a lack of information about what immigrants are all about.

I want to bring some attention to a study, a recent study, done by Prof. Alejandro Portes, of the Johns Hopkins University, and Ruben Rumbaut of Michigan State, who have recently concluded a study entitled "Growing up American: Dilemmas of the New Second Generation," which I believe refutes many, many of the misconceptions people have about immigrants.

One of the things that perhaps we need to bring to this debate about the role of immigrants in American society is certainly the role of language choice and language use by such immigrants in American society, in order to better inform the debate about declaring English the official language of the United States.

This study collected data from over 5,000 children and is the largest study of its kind in recent history. There are those who want to establish English as the official language who believe and frequently try to get others to believe that English is somehow in jeopardy of becoming extinct because immigrants are not willing to learn English.

In direct contrast to these assumptions, in San Diego, according to the Portes-Rumbaut findings, 90 percent of the respondents reported speaking English well or very well, and in Miami, this figure was over 99 percent. In fact, also sometimes advocates of declaring English the official language have proclaimed that immigrants have too strong a desire to retain their native language, a desire which I do not find problematic, but perhaps some people do.

However, this study found that, surprisingly, between 65 to 81 percent of the children of immigrants preferred speaking English to their parents' native language. So what we have, basically, is a replication of the exact same linguistic assimilation process that existed in this country at the turn of the century, and it has been largely undocumented and not well understood because people do not want to find out what exactly is going on in these communities.

In fact, the exact opposite problem has been expressed by many immigrant communities where, in fact, language loss is occurring at a very rapid rate, something that should be of concern to a country interested in educating its children, and certainly a country that should learn how to value bilingualism for its own sake.

This study also pointed out that quite contrary to the common assumption, if students live in kind of ethnic enclaves or neighborhoods where they have larger numbers of people from similar ethnic backgrounds, they actually are likely to learn English faster than people who live in more isolated

communities related to their ethnic background. So this study challenges a lot of commonsense assumptions about the nature of linguistic assimilation in this country.

This really should be the basis of our understanding of why we may not need to declare English the official language of the United States. It already functions as the lingua franca of the country. There are no problems associated with that. Any attempt to introduce English as the official language is an attempt to solve a problem which simply does not exist.

THE PRESIDENT'S VETO OF THE PARTIAL BIRTH ABORTION BAN LEGISLATION

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Minnesota [Mr. GUTKNECHT] is recognized for 5 minutes.

Mr. GUTKNECHT. Mr. Speaker, I probably will not take my 5 minutes. I do want to take a few minutes tonight and talk a little about a newspaper that came to our house that we get every month from the diocese of Winona.

Hubert Humphrey, who came from Minnesota, a great Senator from the other party, once observed that if you love your God, you must love his children. I want to talk for a few minutes about the issue that was at the center of this month's issue of the Courier newspaper that is published by the diocese of Winona; that is, the partial birth abortion ban veto of the President by a few weeks ago.

In some of the strongest language I think I have ever seen on the pages of this newspaper, they take the President and the veto and the entire issue of the partial birth abortion ban to task. I would like to read for the RECORD, and I will place this into the RECORD, a letter that was written by all of the Minnesota bishops to express their position on this issue, because, as I say, this is some of the strongest language I think I have ever heard them use, and I think it needs to be part of this debate.

I think Americans of all faiths, Americans of all particular stripes, and frankly, an awful lot of Americans who would describe themselves as pro-choice, find themselves somewhat surprised by the veto, and are saying that it is time that the Congress try to muster the votes so we can override this veto.

I want to read the letter that the Catholic bishops put together, because it is such a strongly worded letter and such a good letter.

Let me read it:

President Clinton's veto of the Partial Birth Abortion Ban Act is no less offensive for being widely expected. We denounce it. We do so not only from the resources of our faith, but also as citizens who, like millions of others, fear that this veto further imperils the human rights principles that have guided our nation for over 200 years.

The President claims that the Constitution forces him to veto the partial birth ban because *Roe v. Wade* requires an exception for serious adverse health consequences. But as the President and everyone familiar with abortion law knows, neither the *Roe* Court nor any other has ever ruled on the constitutionality of a law against killing a child during the process of being born. It is also well known that a "health" abortion, as interpreted by the Supreme Court, includes reasons having to do with a woman's marital status and age, as well as for any reason relevant to a pregnant woman's social or emotional "well being." In other words, the exception the President insists upon would only ensure the continued practices of partial-birth abortions for virtually any reason whatsoever.

No claims about "what the Constitution requires" and no rhetoric about "safe, legal and rare" abortions can camouflage the nature of this Presidential veto. It is a declaration of unconditional support for abortion—abortions under any circumstances and by any means whatsoever, even those bordering on infanticide.

We strongly urge Congress to override this indefensible presidential veto and to begin to bring a modicum of sanity to the abortion debate in our country.

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As I said, Mr. Speaker, this is one of the strongest letters I think the Minnesota Bishops have ever put together, but this is an important issue. I hope that all Americans will join in this debate, and I hope all Americans will pray for this Congress, pray for this national leadership so that we can bring an end to this grisly, destructive practice which the Congress is attempting to outlaw. If we can get the votes to override this veto, we can bring an end to this procedure once and for all in the United States.

MENTAL ILLNESS PARITY SHOULD BE PART OF HEALTH INSURANCE REFORM

The SPEAKER pro tempore (Mr. HUTCHINSON). Under a previous order of the House, the gentleman from New York [Mr. TOWNS] is recognized for 5 minutes.

Mr. TOWNS. Mr. Speaker, each year mental health services are being provided to millions of our constituents, representing every age, ethnic and economic group in the country. Unlike many insurance policies, mental health illness does not discriminate among its victims. The illness could hit any one. And, without the proper treatment, leave an entire family scarred for life.

Mental illness can be every bit as debilitating as other major medical illnesses including heart disease and cancer; like them, mental illness can be successfully treated, enabling patients to return to productive lives. It would be unconscionable to legislate limits on the scope and duration of treatment for cancer, heart disease or diabetes. Unfortunately, time after time, limits are placed on mental health services and it is wrong.

For some strange reason there is a stigma placed on mental illness and I

believe this stigma is the root of ignorance. Mental illness is not due to some sinful behavior. The stigma has kept many individuals from seeking help, and it has prevented health professionals from providing needed services. It is my honest belief that if health plans provided parity in their mental health coverage the stigma would be instantaneously removed. No longer would patients be too embarrassed to seek help. And, no longer would providers be forced to turn patients away, and discriminate between illnesses.

People with mental illness, severe and otherwise, are just as sick as the next person who is suffering from cancer. The idea of not being able to think and reason for yourself is as disabled as one can be. The only real and important difference between physical illnesses such as cancer, or heart disease is that mental illness is a disease of the brain, and it appears to be more complicated. This disease can manifest itself in our centers of thought, reason, and emotion and leave us totally dependent on someone to think for us.

Individuals in need of health benefits for physical disabilities has come a long way. But mental health benefits are not at the same level, even though they serve an important population. These individuals are desperately in need of insurance reform. According to the American Psychological Association, overall national mental health costs are small—only 7 percent of the total health care spending. Insurance carriers have traditionally limited mental health benefits out of fear that parity of coverage would attract poor risks, increase their costs, and put them at a competitive disadvantage.

During the 103d Congress I actively worked to pass universal health coverage and was pleased that the disparity of mental health benefits was brought to the forefront of that debate. Now in the 104th Congress, we have a real opportunity to do something about this disparity.

I urge the conferees to allow the mental health community a chance to be on equal footing with other illnesses that are receiving benefits.

ADMINISTRATION UNVEILS NATIONAL DRUG CONTROL STRATEGY

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

Mr. MICA. Mr. Speaker, I come to the House floor tonight to talk about President Clinton and this administration's supposedly new policy relating to national drug control strategy.

Yesterday the President was in my State, and I was somewhat excited about the possibility of his coming to Florida and announcing a new drug strategy. Unfortunately, my hopes for some new approach to this tremendous problem facing our country, particu-

larly under his stewardship, were immediately dashed when I first learned that the President's major activities were several Democratic fund-raising events in the Miami area and I guess a golf game and some other activities. I really thought he was going to come forth with a new strategy, but that was not the case.

Then I got my hopes up until I got a copy of the national drug control strategy that was just released by the administration. I had hoped that there would be some solid solutions to some of the problems, and I find that actually it is just sort of repackaging in sort of a slick cover some of the same approaches that have proven so ineffective during the past 3½ years.

What is particularly disturbing is this whole pattern from this administration relating to drug abuse, substance abuse, and it started right after the President came into office when he first of all dismantled the drug czar's office and fired the bulk of the staff. Most of the reductions in the Executive Office of the White House, the downsizing, in fact, took place in the drug czar's office. Then the President ended drug testing for White House and executive staff members.

Then the President in fact appointed Joycelyn Elders our chief health officer for the Nation, and she adopted a policy of, instead of "Just say no," her theme was "Just say maybe." Maybe we should allow legalization. Maybe we should allow children to use drugs.

Then we saw the reversal of the policy in the Andean region, where we shared information with countries that were trying to stop drug trafficking. We denied radar and intelligence sharing through a distorted policy of this administration.

Then we saw the dismantling of interdiction for 2 years under the Democrat control of the House. We saw them take apart a program which had so many successes in the 1980's and early 1990's of stopping the flow of narcotics into this country.

Then we saw drug treatment as the major emphasis in the drug war. I heard my colleague from Indiana, Mr. SOUDER, say yesterday that drug treatment as the major emphasis in a drug war is like treating only the wounded in a conflict. We see the results of it even in the President's own strategy.

Adolescent drug use. If we look at this chart, in 1992 we see it going down. In 1992, when this administration took office, we see a dramatic, sharp increase. Every one of these chart figures streaming off the chart there in marijuana, LSD, inhalants, stimulants.

With marijuana, marijuana use increase has dramatically leaped forward in the past 3½ years. In fact, there has been a 50-percent increase in marijuana use among our adolescents for each of the last 3 years.

So we see really a lack of leadership, we see a lack of initiative, ideas, and we see packaged again the same policy. We are not even at the level of inter-

diction funding of the last year of the Bush administration.

I look forward to working with the new drug czar, General McCaffrey, and the Members of Congress to turn this around. But this is another policy for disaster. In fact, we must start getting serious about narcotics control and we must take a new, positive direction, not the path so unsuccessful in the past.

IN MEMORY OF DONNIE MINTZ

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas [Mr. FROST] is recognized for 5 minutes.

Mr. FROST. Mr. Speaker, my friend Donnie Mintz was buried yesterday in New Orleans—the victim of a heart attack that took his life too soon at age 53.

Donnie led a remarkable life and will be missed by many.

Donnie and I met 38 years ago in 1958 when we were teenagers attending a leadership training institute of the National Federation of Temple Youth in Kresgeville, PA. Two southern boys at a camp of highly talented teenagers, mostly from the Northeast and Midwest, Donnie and I became lifelong friends.

Our lives intersected many times in the years that followed. Donnie was elected regional president of the Southern Federation of Temple Youth [SOFTY], and I was elected vice-president of the Texas-Oklahoma Federation of Temple Youth [TOFTY]. Later, Donnie was elected national president of the temple youth movement, and I was elected national treasurer.

Donnie attended Columbia University in New York where he became a Fulbright scholar and ultimately returned to Louisiana to earn a law degree from Tulane. While he attended Tulane, Donnie helped establish the annual direction speakers series and later was named to the Tulane Leadership Hall of Fame.

Though at different schools, we were members of the same college fraternity, Zeta Beta Tau, and served in the same Army Reserve program [JAG] but in different cities. During those years, we would see each other at Army Reserve summer camps.

We shared a love for politics and talked about it often. I always thought Donnie Mintz would be elected to public office long before I would be.

But Donnie's life took a different path. He built a successful law firm in New Orleans, was active in a variety of civic causes and served numerous Jewish organizations on both a local and national level. Donnie served as chairman of the Anti-Defamation League's national advisory board. He also was one of a few Jewish lay leaders chosen to meet with Saudi Arabia royalty when Israel's contacts with that country were minimal. He was granted a papal audience.

In addition, Donnie served as chairman of the Louisiana Health Care Authority, the Board of Commissioners