

our country. We as a Nation, and particularly here in Congress, have a sobering choice to make: We can either continue to bury our heads in the sand and hide behind our tough-on-crime rhetoric and placing the sole blame on things like violent music and video games, or we can be proactive so that we can start seeing real reduction in crime. There are options available to us that are more cost-effective and life-saving than throwing increased resources into cameras and metal detectors and security guards and prisons.

Let it not be misconstrued that I believe that these are not important factors in our society. We certainly have to segregate violent criminals from the society. However, if we continue to unwisely spend an overwhelming amount of our constrained resources on this, we will continue to lose on the war on crime.

According to CNN, cost analyses show that for every dollar spent on youth violence prevention, \$14 is saved on what would have otherwise been spent in the criminal justice system. And so many times an ounce of prevention is worth a pound of cure.

As a matter of fact, as earlier mentioned, the disparity between crack cocaine and powdered cocaine led the sentencing commission once again to say this is discriminatory, it is absolutely wrong to have a 5-year minimum sentence, mandatory, for crack cocaine. But for the same amount, or even 10 times more, and I believe it even goes up to 100 times more for powder cocaine, you can have a suspended sentence. That is absolutely wrong. I am glad that the sentencing commission and the judiciary now are saying we should change this.

Also, I am proud to say in New Jersey, just this past week, for the first State in the Union to ban by legislative action the death penalty in the State senate, and today that is being considered in the assembly, is I think really a just way for our State to move. So let me say that I commend Congressman LARSON.

□ 1515

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

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

APPOINTMENT OF HON. STENY H. HOYER TO ACT AS SPEAKER PRO TEMPORE TO SIGN ENROLLED BILLS AND JOINT RESOLUTIONS THROUGH DECEMBER 17, 2007

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
December 13, 2007.

I hereby appoint the Honorable STENY H. HOYER to act as Speaker pro tempore to sign

enrolled bills and joint resolutions through December 17, 2007.

NANCY PELOSI,
Speaker of the House of Representatives.

The SPEAKER pro tempore. Without objection, the appointment is approved.

There was no objection.

MENTAL HEALTH PARITY NOW

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from Rhode Island (Mr. KENNEDY) is recognized for 60 minutes as the designee of the majority leader.

Mr. KENNEDY. Mr. Speaker, this evening I have an opportunity to address an issue that our country has long seen unaddressed in the many years that we have tackled many issues but failed to address the underlying issue that we seek to talk about this evening. We have just heard many people talk about the issue of gun violence. We have had many people talk about drug smuggling. Well, these are just two examples of the issue that we are going to talk about tonight, in the examples that point to the fact that we are failing to address the underlying problem.

The issue of gun violence, we fail to address the underlying problems of violence in our society when we fail to address the underpinnings of violence. What is it that created the mind of that young man in Omaha that led him to act out in such a way that led to the death so tragically of those innocent people in the mall in Omaha, Nebraska? Why was it that he could not get the help that he needed such that he had to act out in such a way? Why was it that he had to resort to violence?

Why is it in this country that homicide amongst young people is the second leading cause of death for young people? Why is it that suicide is the third leading cause of death for young people 15 to 24?

It is important to ask these questions because if we do, we start to dig below the surface of these questions about whether the issue is really about simply the question of whether we are talking about locking people up or addressing a more fundamental problem and that is addressing people's needs in this country which aren't going to be addressed simply by locking them up, but rather by, as was just addressed by Mr. PAYNE from New Jersey, addressing these problems before they become problems.

What we are here tonight to talk about is addressing people's emotional and mental health needs in this country so that as a Nation we don't have our criminal justice system become the mental health system that it has become in our society.

We as a country incarcerate more people in this country of ours than any other free country on the face of the Earth. We imprison more people in this

country than any other free country on the Earth. It begs the question, why is it that America, which calls itself the land of the free, why do we jail so many people? We jail so many people because we fail to get ourselves prepared to come to grips with the violence in our society. We jail so many people in this country because we fail to come to grips with the drug epidemic in our society.

You just heard Mr. POE from Texas talk about Border Patrol and the fact that these border agents are being held in jail because of drug smuggling charges and the problems that they have in interdicting drug smugglers. We heard from Ms. JACKSON-LEE about the problem of charging criminals, the disparity in sentencing between crack cocaine and powder cocaine and how disparate the charges are.

We are talking around the issue. We are talking around the issue. The issue is: What are we doing as a Nation to address this as a health problem that it is? Why in the world would people choose to keep using drugs if they know it is going to end up putting them in jail? Why would people continue to use drugs when they know it is going to cause them to either die or lose their families or lose their lives? But that is what it does to millions of Americans every year, and yet people continue to go on using.

Why do they go on using? Because this is an addiction. Because this is a physical disease, because this is a compulsion of the mind, of the body of the soul. And unless our country comes to grips with treating this disease for what it is, and that is a physical illness, like every other physical illness, then we as a society will not begin to address all of the other problems that we hear our colleagues come to the floor this evening to talk about.

We will fail to address the criminal justice problems. We will fail to find a way to deal with the incarceration problems. We will fail to find a way to deal with the drug smuggling problems. We will fail to find a way to deal with the violence problems if we don't first find a way to address the fundamental problem of treating people's physical illness which drives them to use drugs and alcohol which forces them into these situations which create the underpinnings of violence that create these problems in the first place.

Now many people say, Well, when people use drugs, that is their choice. It is a moral failing on the person's part if they get addicted. We know better now. We have done scans of the brain and we have done research and we have shown that a brain is an organ of the body, like every other organ of the body. And in fact just like somebody may have diabetes and if they get low sugar and they eat candy bars in order to get that sugar up, for many people who have depression, they use drugs to get their serotonin levels up, to get their neuroepinephrine up, to get their chemicals up in their brain

that are unusually low because of the way their brain is constructed. So they use drugs because they are looking for a way to get themselves back up, and that is the way that they try to compensate for their depression.

Many people have bipolar disorder, like myself. Initially, I used drugs in order to make myself whole again. I got addicted. I am fortunate because I got treatment. Now I am able to get medication and I am able to live a life that is free from addiction because of that treatment. As a result, today I am able to live a free life. But for many people in this country, they don't have that freedom because they don't have that opportunity to get treatment. Why? Because their insurance plans in this country, unlike Members of Congress, do not cover addiction treatment. Their insurance plans do not treat the brain like an organ in the body. As a result, they are denied treatment for their addiction; and as a result, many of them do not survive.

My friends, that is why my friend Congressman RAMSTAD and myself have been working so hard to see that we pass the Paul Wellstone Mental Health Parity Act in the United States Congress that would do away with the discrimination against this disease called addiction because we feel so strongly that people with addictions, illnesses that are mental illnesses, are no different than illnesses like any other illness of the body. They are just physical illnesses in the brain as opposed to physical illnesses in some other part of the body. And they are no different than any other part of the body. It is just that they are above the shoulders. But insurance companies don't treat these illnesses the same for insurance purposes, and that is what we want to see end. We want to see the discrimination against mental illnesses end, and this is about ending that discrimination.

We have stories this evening that we want to share telling about what we have learned in our tour around the country about how this issue is affecting millions of Americans.

At this time, I yield to JIM RAMSTAD who has been a champion of this issue during his many years in Congress and whose leadership on this issue has been second to none and whom I am proud to have worked with in this Congress on this issue. JIM, it has been a pleasure to work with you.

Mr. RAMSTAD. I thank my friend and colleague from Rhode Island for yielding, and I thank him for his outstanding leadership as co-Chair with me of the Addiction Treatment and Recovery Caucus, for his outstanding leadership on the parity legislation, and every other piece of legislation dealing with mental illness and addiction.

I also want to thank my friend and colleague from Rhode Island for the inspiration he has been to literally hundreds of thousands, perhaps millions, of Americans because of his own honesty,

candor, because of the example he has been. By going public with his own story, he has impacted the lives of countless Americans.

Mr. Speaker, as my friend from Rhode Island knows, and many of my friends here know, on July 31, 1981, I woke up in a jail cell in Sioux Falls, South Dakota, under arrest from my last alcoholic blackout as a result of my last alcoholic episode. I had abused alcohol for 12 long and painful years, and I was under arrest when I woke up that morning for disorderly conduct, resisting arrest, and failure to vacate the premises.

I am alive and sober today only because of access to treatment that I had, like other Members of Congress. Like my friend from Rhode Island, we had access to treatment as well as the grace of God and the support of many other recovering people, over the last 26 years in my case.

□ 1530

I'm living proof, as is my friend from Rhode Island, that treatment works and recovery is real. But too many people don't have that access to treatment. It's a national disgrace that 270,000 Americans were denied access to treatment last year for their addiction, people who had admitted their powerlessness over chemicals, and the treatment doors were slammed shut because the insurance companies said, No, we're not going to cover you in treatment, despite the fact that the policy said treatment shall be provided.

It's a national tragedy, Madam Speaker, that 150,000 of our fellow Americans died last year as a direct result of chemical addiction. Thirty thousand Americans committed suicide from their depression last year alone.

And it's a national crisis that untreated addiction and mental illness cost our country, our economy, \$550 billion last year alone.

And think of the costs that can't be measured in dollars and cents. Think of the human suffering, the broken families, the shattered dreams, the ruined careers, the destroyed lives. The statistics are so staggering that sometimes we forget there's a tragic human story behind every figure, as Representative KENNEDY and I heard in those 14 field hearings we conducted throughout the Nation.

Madam Speaker, let me now share a couple of those stories.

In my home State of Minnesota, the second hearing we held, Anna Westin, was a young woman who suffered from anorexia for several years, and her mother, Kitty, talked about how their insurance company, the family's insurance company, refused to cover the inpatient treatment that Anna Westin desperately needed. Anna became distraught at being a financial burden on her parents and committed suicide, took her own life.

I want to thank Anna's mother, Kitty Westin. She has created the Anna Westin Foundation to help other

young people struggling with eating disorders. And Kitty Westin has been a tireless advocate for expanding access to treatment. But her daughter didn't need to die had the insurance company done the right thing, the cost-effective thing, and covered that inpatient treatment that Anna Westin needed so badly.

We also heard horror story after horror story as a result of health plans discriminating against people with chemical addiction and mental illness.

We heard from Steve Winter, a close personal friend of ours because of these hearings. He traveled in his wheelchair to at least half of those field hearings. Steve tells the most compelling story I've ever heard. When he was a teenager, he woke up one morning and his back was stinging. He felt a stinging sensation. He stumbled downstairs to breakfast and he realized that blood was streaming from his back. He put his hand back there to his back, lower back, and had a handful of blood. Then his mother came into the kitchen, and her voice said, your sister is in heaven, and now you and I are going to join her. His mother was pointing a gun at him. Fortunately, Steve was able to talk his mother into putting the gun down after she had killed his sister and critically injured him, causing him to be a paraplegic for the rest of his life. But as Steve said, My mother didn't shoot my sister and me; her mental illness did. It was the family's insurance company who is to blame for stopping the coverage of his mother's drugs for schizophrenia. That's what caused Steve to lose the use of his legs for the rest of his life and his sister to be shot to death.

Clearly, Madam Speaker, there are very few families in America who haven't been touched in some way by mental illness or addiction. And I know my colleague's going to share some of those stories, but let me just say that it's time to end the discrimination against people suffering the ravages of mental illness and chemical addiction. It's time to end the higher copayments, higher deductibles, the out-of-pocket costs and limited treatment stays. It's time to end those discriminatory barriers that don't exist for other physical diseases. It's time to treat mental illness and chemical addiction under the same rules as physical illnesses. After all, it was 1946 when the American Medical Association categorized addiction as a disease. Anybody from the Flat Earth Society who still thinks it's a moral failing, I suggest they consult the American Medical Association, our Nation's doctors, who, as long ago as 1956, realized addiction is a disease.

As my colleague from Rhode Island said, the Paul Wellstone Mental Health and Addiction Equity Act will give Americans suffering from addiction greater access to treatment by prohibiting health insurers from placing discriminatory restrictions on treatment. In other words, it will end the discrimination against people in health plans

who need treatment for mental illness or chemical addiction, plain and simple.

Madam Speaker, expanding access to treatment is not only the right thing to do, it's also the cost-effective thing to do. We've got all the empirical data in the world, all the actuarial studies in the world to prove that equity for mental health and addiction treatment will save billions of dollars nationally while not raising premiums more than 2/10 of 1 percent, and that's according to an exhaustive study by the Congressional Budget Office.

In other words, Madam Speaker, for less than the price of a cheap cup of coffee per month, one cheap cup of coffee per month, 16 million people in health plans could receive treatment for their chemical addiction and millions more for mental illness.

It's also well documented that every dollar spent on treatment saves up to \$12 in health care and criminal justice costs alone. People like Mr. KENNEDY and I, who have been treated, our health care costs are 100 percent less, 100 percent less than people with an addiction or mental illness whose disease has not been treated; 100 percent less in terms of health care costs alone.

This landmark legislation that Representative KENNEDY and I have been working on for 10 years has 273 House sponsors, 273 of you here in the House, cosponsors. It was passed with strong bipartisan majorities in two subcommittees, three full committees in the House.

Let me say, Madam Speaker, the bottom line now, we must not go home this year without enacting mental health parity into law. Let me repeat that. We must not go home this year, Congress must not leave without enacting mental health parity into law. Tens of millions of Americans suffering the ravages of mental illness, chemical addiction, can't afford to wait any longer.

Madam Speaker, before I yield back to my friend from Rhode Island, let me just thank him, again, for his incredible leadership, for his outstanding work, for his passion for people in need, people suffering from mental illness and chemical addiction, and for the example he is to millions of Americans.

I want to conclude, Madam Speaker, by saying that ending discrimination against people suffering from addiction or mental illness is not just another public policy issue. It's a matter of life or death. It's a life-or-death issue for millions of Americans suffering the ravages of mental illness and chemical addiction.

Let me conclude by repeating as strongly as I can, it's time to end the discrimination against people who need treatment for mental illness and/or chemical addiction. It's time to prohibit health insurers from placing discriminatory barriers on treatment. It's time to provide greater access to treatment. It's time to pass the Paul Wellstone Mental Health and Addiction

Equity Act, because, Madam Speaker, the American people, literally, can't afford to wait any longer for Congress to act. The American people should not have to wait any longer for Congress to deal with America's number one public health problem.

Let's keep the ball moving forward. And next week, hopefully, we'll have the best Christmas and Hanukkah present we could ever deliver to the American people; that is, treatment equity for those suffering from mental illness and chemical addiction.

Again, I thank my friend from Rhode Island.

Mr. KENNEDY. I thank the gentleman from Minnesota. I ask him and say to everybody a rhetorical question. If you could imagine in this country insurance companies saying to you, "Cancer is going to cost you a higher deductible or copay. We're going to charge you more for that because we choose to," I can only imagine the outcry in this country. They wouldn't allow it for a second if they charged more for treatment for one disease than another in any other part of the body, but they allow it for mental illness because there's a stigma in society. Let's just face it. People are afraid of mental illness because they think it reflects something about them, their moral character, their ability to be strong and so forth. The fact of the matter is mental health is about being strong.

One of the great opportunities that I had as an early Member of Congress was to go down to Fort Bragg, North Carolina, and rededicate the Special Warfare School named in honor of my late uncle, President John Kennedy. President Kennedy was the first to award the wearing of the green beret in Special Forces. And I was surprised to learn that the Special Forces have for them psychiatrists on staff 24 hours, 7 days a week for each of the units of our Special Forces.

And you'd think to yourself, why in the world would the strongest, most elite, most resilient of all of our military men and women, why would they ever need to see a psychiatrist? And the commanders told me it's not because of any weakness that we want them to have a mental health professional; it's, rather, we want them to be the best that they can be. And we know, we've sunk hundreds of thousands of dollars into the training of these elite Special Forces. We've trained them to jump out of the sky. We've trained them to dive under the water and carry all kinds of things. We've trained them to do the most extraordinary tasks, and we've trained them to shoot at incredible ranges and to do incredible tasks. And we know that for them to be able to do those tasks at the maximum proficiency, they have to have a clear mind. They have to be unburdened by any stress in their life for them to have the maximum use of all their faculties and doing the job that this government

asks them to do when they're tasked to go and defend the United States of America.

And I was astounded. I said to myself, Well, if we want the best for all of our Special Forces and are tasking mental health professionals so that we get the best from our Special Forces, why aren't we tasking this for the rest of our military? And, in fact, as we're finding out now, the military is slowly learning that, in fact, we should be doing that for the rest of our military. It actually makes sense, in order to save lives amongst our own military members, to train them in advance to them going to war, in advance of them going to defend our country, to prepare themselves not only physically, but to prepare them mentally for the challenges that lay ahead. Why? Why? Because, when they get back from that combat theater, we've all read about posttraumatic stress disorder. I prefer to call that combat stress illness because I don't see it as a disorder. Frankly, I see it as a normal reaction to abnormal situations. That's what war is. Soldiers are responding to stress that is absolutely abnormal. People killing people in the streets, bombs going off is abnormal. Soldiers responding to that is normal. So the stress that is known as posttraumatic stress is absolutely a normal response to war. It should be called combat stress illness. That means they can get over it with the proper treatment, and, frankly, we ought to be doing more to treat our soldiers and their families. But, frankly, we, as a country, have seen such a stigma towards mental health that we're losing our soldiers now to suicide at a record rate.

□ 1545

We have got 120 soldiers killing themselves every week back here in the United States after they've survived going over to Iraq. I only wish we added all those soldiers' names to the list of casualties in this the Iraq war, because if we added them to the names of those killed in action, this President's body count for the war in Iraq would be a lot higher than it is right now.

And the fact of the matter is we are missing the opportunity right now to intervene and take care of many of those soldiers because of our stubborn attitude towards mental health; and if we don't get it right with our soldiers and our veterans, we're not going to get it right for the rest of the American public.

Our American public is sympathetic to our soldiers because they've stood the line and defended our country, and if we can't understand why they don't need it, then how are we going to understand why a child in the inner city who is going to school in southwest Washington, who's seeing guns and bullets fly through their neighborhood and seeing police cars at night all around their neighborhood, because of gunshots echoing in the night, how are we

going to understand where that child isn't going to have post-traumatic stress? If a soldier's going to suffer from post-traumatic stress because of guns, bullets and bombs, how are we not going to expect a child growing up in our inner cities around our country not to have stress and not have the impact of that?

We need mental health for our soldiers. We need it for our children in this country who are growing up in traumatic situations.

Mr. RAMSTAD. Would the gentleman yield?

Mr. KENNEDY. Absolutely.

Mr. RAMSTAD. I again appreciate the gentleman's comments.

One of those troops lived not far from me in a neighboring community in Minnesota. Lance Corporal Jonathan Schultze, a brave, proud marine who had returned from combat in Iraq, went to the VA suffering from PTSD, post-traumatic stress disorder, as well as alcoholism. He was told that there were no beds available at the VA, and he would be number 26 on the waiting list, that he will get a call in weeks, probably several months.

Well, 4 days later, Marine Lcpl Jonathan Schultze was found in his apartment hanging, hanging from an electrical cord. Just one victim, one brave marine who didn't have to die after sacrificing so much for his country in Iraq, one brave veteran who didn't receive the mental health treatment he needed and deserved.

And I thank my friend from Rhode Island and others who supported the Veterans Health Care Act. Hopefully, that legislation that we passed and was signed by the President earlier this year will help address that problem.

I also appreciate the gentleman from Rhode Island pointing out that the Paul Wellstone Mental Health Treatment Equity Act only addresses one aspect of the problem here, people who are being discriminated against in health plans. We also need to make sure our troops are getting the adequate mental health care that they need and deserve; our veterans, across the board, from all wars, are getting the treatment that they need and deserve; our Medicare seniors, you look at the rates as people are aging with our aging population, so is the incidence among people over 65, the incidence of alcoholism and drug addiction. We need to address the Medicare population as well.

The Medicaid population, there are roughly 26 million addicts and alcoholics in this country according to SAMHSA, the Substance Abuse and Mental Health Administration. About 16 million of the 26 million alcoholics and addicts are in health plans, which means that at least 10 million are either in Medicaid or have no insurance whatsoever. We've got to address that population as well.

And, finally, as the gentleman from Rhode Island knows well, 82 percent of the people in prisons and jails in the

United States are there directly or indirectly because of mental illness and/or addiction, and we're not treating, in our prisons and jails, we're not treating these problems, the underlying cause. And 99 percent of prisoners are going to get out some day, about one percent being capital offenders who presumably will be executed or will be staying there for the rest of their life without parole.

Mr. KENNEDY. And in fact, within 3 years in the State prisons, those prisoners have a recidivism rate of 70 percent. So those State prisoners will be back in the criminal justice system. Seventy percent of them will be revolving back within the criminal justice within 3 years, the reason being we don't have alternatives. We don't deal with the basic problem.

We need to have drug courts and drug treatment; and if we do that, we establish a way for these prisoners who are spending 35 grand, 40 grand a year to keep these people housed in prison and, yet, we're not. We're releasing them to what? They don't have the skills. They don't have the treatment. Whether they do, when they get out, they're going to go out and use again. If they have to use, they have to break in and enter. They're committing more crimes.

It doesn't solve the problem. It may make lawmakers feel good to beat their chest and say, oh, I sent that criminal to jail, but it is not making our constituents any safer, and it's not solving the problem. And the war on drugs is a joke if it doesn't address the demand side of the war on drugs.

Mr. RAMSTAD. Will the gentleman yield?

Mr. KENNEDY. Yes.

Mr. RAMSTAD. Ironically, when President Nixon declared the war on drugs, he directed 70 percent of the funding to treatment, prevention and education, 30 percent to the supply side. In other words, 70 percent to demand side, to reduce the demand for drugs, and 30 percent for law enforcement, proper adjudication and interdiction efforts. Well, today those funding priorities have been reversed, and we simply aren't spending our resources wisely. We are not doing enough on the demand side of the equation.

That's why over the last decade and a half the treatment beds in America have disappeared. They're gone. Insurance companies aren't reimbursing. That's why, even more alarming, 60 percent of the adolescent treatment beds have disappeared over the last decade. We need to reverse those priorities.

I remember visiting with President Clinton and several other Members of Congress and Mexican President, President Salinas, former President Salinas, and he said, until you Americans curb your insatiable demand for drugs, we're never going to be able to address the supply-side problem, the flow of drugs from Central and South America through Mexico into the United States.

So the gentleman from Rhode Island is absolutely correct: we need to address the demand side. We need to spend more of our resources on treatment, education, and prevention.

Mr. KENNEDY. And, frankly, what the Paul Wellstone Mental Health Parity Act says is that we need to offer insurance because really what private insurance companies are doing is putting this on the public taxpayer because, for example, we heard a story out in Los Angeles about a single mom who was trying to get treatment for her son with a methamphetamine addiction, and the insurance company told her that the in-patient treatment that her doctor told her her son needed was not medically necessary so she couldn't get it for her son. What happened to her son? Her son broke into a house to burglarize it to get the money for the drugs. He got caught up in the criminal justice system. Wouldn't you know, 2 years in jail, at the taxpayers' expense. Imagine what that could have bought in terms of treatment, all of which should have been covered by her insurance policy, which she paid for.

Now, the fact is, when you buy insurance, you should think health insurance, your body. I mean, where does it say health care only starts from your neck down? I don't know. I just can't understand where, when they say you're buying health insurance but your health only starts from your neck down. This is absolutely incredible in the year 2007 that we've got such patent discrimination in our country's laws, and we're still abiding by them, and that it is taking Congress this long to even consider legislation to end this patent discrimination.

So we need the people in this country to call their Representatives, to call their Senators and tell them that we need passage of the Paul Wellstone Mental Health Parity bill, and let me just read another story about what happened about this medical necessity.

We had a woman whose daughter Katie was trying to get help for her heroin addiction. She had insurance. Her insurance company said that they couldn't treat her with in-patient treatment until she had OD'd, overdosed, at least once. So imagine this: they said, we can provide her with outpatient treatment, but of course, the outpatient treatment that they provided her was a great deal of distance from where she lived, so it made it very difficult for them to get to. I'm sure that was no coincidence by the insurance plan to make it difficult for them to get to.

What happened? Well, sure enough, Katie OD'd, but unfortunately, you can never tell whether you're going to survive an OD. Katie never survived her first OD to prove that she was an addict so that she could qualify for medical necessity by her insurance plan so that she could get health care insurance for her drug addiction. That is how crazy our health insurance system is when it comes to mental health. If

she had cancer and malignancy or a tumor in her, she would have been given that care, would have been given that care. But because this is a mental illness, she's been denied that care.

And we are looking to pass this legislation because we believe it's fundamentally wrong that this is not covered, and it should not be denied care. We know, once again, that the brain is part of the body. We can measure the metabolic changes in the brain now due to modern technology. If people and insurance companies are questioning the science based on determining any of this, all they need to do is go to the National Institutes of Health, National Institutes on Drug Addiction, National Institutes on Alcoholism, or National Institute of Mental Health. They can get all the information they want.

There is no sound basis for discrimination. It's patently wrong. It's based in fear and it's based in essential misinformation. And so we are constantly trying to pass this in spite of the efforts by insurance companies to fight us, and we need the American public to join us in this battle. Otherwise, we'll continue to see these tragedies reoccur over and over and over again in this country.

Mr. RAMSTAD. Will the gentleman yield?

Mr. KENNEDY. Yes.

Mr. RAMSTAD. I'd just like to conclude my portion, Mr. Speaker, by quoting from one of our key advisers on this legislation, somebody who's a true expert, Navy Captain Medical Dr. Ron Smith, who is former chairman of the Department of Psychiatry at the Bethesda Naval Medical Center and who's worked in chemical dependency in the field of treatment for dozens of years.

And Dr. Smith, when he testified at a hearing several years ago, said every time you treat a person for addiction or mental illness, you're really helping seven people: their siblings, spouse, significant others, children, grandparents, uncles, aunts and others close to the addicted or mentally ill person. Why? Because these are family diseases that affect the entire family. And Dr. Smith went on to say at that hearing that the Paul Wellstone Mental Health and Addiction Treatment Equity Act has the potential to favorably impact more American people than any other law passed by Congress since Social Security and Medicare; that this bill, to provide treatment, to provide equity in treatment for mental health and addiction has the potential to help more American people than any law passed by Congress since Social Security and Medicare.

Mr. Speaker, we can't afford not to pass this bill next week, the final week of this year of Congress. This is a historic opportunity for the Congress; and I know, I know in my heart that the President will sign the bill if it gets to his desk.

□ 1600

Again, I urge all Americans who have an interest in this life-or-death issue to

e-mail, call your Congress Member, your Senators in the next several days, urge them to pass the Paul Wellstone Mental Health Parity Act. It is absolutely essential that we get it done now.

I thank the gentleman from Rhode Island for yielding.

Mr. KENNEDY. Thank you.

I wanted just to conclude with a couple of stories that I think are uplifting, and they show when people are successful in getting treatment that their lives really do turn around.

Marley Prunty-Lara spoke to us in one of our hearings. She was diagnosed with bipolar disorder. She was first diagnosed when she was 15 years old. And she and her mom were searching for a psychiatrist in her home State of South Dakota, and they were told that she would have to wait 4 to 5 months for an initial appointment. As Marley was stating in her testimony, she did not have that long to live.

Thankfully, she found care 350 miles away, in another State, and was hospitalized for 2 months. However, the residential treatment facility was not covered by her mother's insurance, forcing her parents to take out a second mortgage on their home in order for them to receive the care that their daughter needed for her to survive.

Marley stated that if she had suffered a spinal cord injury requiring long-term hospitalization, the insurance company would have paid for all of her care without any questions asked, but because her hospitalization involved a mental illness, it was deemed unworthy of insurance. Finally, Marley said, "I understand the power of successful treatment because I am living it today. I have passionately lived with the prison of mental illness and I have also experienced the incalculable emancipation that accompanies wellness."

How can Congress continue to deny the opportunity to be well and live a full life to tens of millions of Americans every year?

We met with Amy Smith from Denver, Colorado, who also talked about her unmet mental health needs, how it cost her 40 years of her life, shuffling the roads in Denver, Colorado; muttering to herself; people dismissing her on the sidewalk, not talking to her; panhandling, using drugs; in and out of prison; in and out of detox; always being marginalized from society until one day she finally got the help she needed.

Her life is 180 degrees different today. She has a job. She has a house. She's paying taxes. But she said to us, Members of Congress, I lost those 40 years of my life. You can't give those years back to me. I wish I had gotten the treatment earlier in my life, but I didn't. I only hope that more Americans get the help they need earlier in their lives rather than waste their lives the way I did. But I didn't get that help.

We need to make sure that people live out their dreams. Amy Smith said

that she had had the dream of getting married and having children. She said, I'm too old for that now. I can't have children now. I'm too old for that. She said, Maybe some day I might still get married, maybe I will adopt. But she said, I had all kinds of dreams of having a really successful career and really making the most of my life. She said, I feel like I've squandered so much of my abilities and talents.

And it was so clear to us that she had so much to offer, and those skills and talents were not realized because of her mental illness. And the fact is we have millions of Americans who have so much to offer in our society, and yet they and their potential is being squandered. Squandered why? Because we as a society failed to open up the door of opportunity to them simply because we reject their illness from being treated like every other illness.

And I think that's un-American. That's not what this country is all about. That's not what we as a nation are all about. And that's why we need to pass the Paul Wellstone Mental Health Parity Act.

HEALTH CARE

The SPEAKER pro tempore (Mr. JOHNSON of Georgia). Under the Speaker's announced policy of January 18, 2007, the gentleman from Texas (Mr. BURGESS) is recognized for 60 minutes as the designee of the majority leader.

Mr. BURGESS. Mr. Speaker, why don't we just continue on talking about health care over the next hour. It's a relevant subject, and many of us are concerned about health care in this country. Many of our constituents are concerned about health care.

Mr. Speaker, I was a physician in my former life before coming to Congress almost 5 years ago. Perhaps it's time that we approach this as maybe a checkup on American health care. And like any good physician, as when I approached someone with a medical condition, maybe make a little problem list and try to run through that and see if we can't break things down and come to some problems that are more manageable or come to some solutions that may, in fact, be possible.

The first problem that I want to talk about are problems that affect really the law of supply and demand, the problems that affect the physician workforce in this country. The second problem that I would like to focus on is the one we hear a lot about on the floor of this House, the problem with people who lack coverage for their medical expenses, the people who lack health insurance. The number varies depending upon the source that you check, but by anyone's estimation, the number is too large, and Congress does have an obligation to try to ameliorate that if it can. And then the final problem is how much more government involvement do we want in our health care. And that government involvement, by its involvement, will that lead to the type