

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