

The U.S. House of Representatives

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Congressional Record

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

Mr. RAMSTAD. Mr. Speaker, this month marks the 16th annual observance of National Alcohol and Drug addiction Recovery Month. As we celebrate Recovery Month, it is time for Congress to knock down the barriers to treatment and recovery for 26 million Americans suffering the ravages of alcohol and drug addiction.

Mr. Speaker, it is a national disgrace that 270,000 Americans were denied treatment last year. It is a national tragedy that 150,000 of our fellow Americans died last year as a direct result of chemical addiction. It is a national crisis that the costs of addiction amount to \$400 billion a year in increased health care costs, criminal justice costs, social service costs, and other related costs. And think of the costs that cannot be measured in dollars and cents: the costs of human suffering, broken families, shattered dreams and destroyed lives. But there is hope. Treatment for alcohol and drug addiction works and recovery happens.

Mr. Speaker, as a grateful recovering alcoholic of 24 years myself, I am living proof that treatment does work and that recovery is real. The problem is too many people do not have the access to treatment that I have.

That is why Congress must pass the Treat America Act that I have authored with my good friend, the gentleman from Rhode Island (Mr. Kennedy), H.R. 1258. This treatment parity legislation will give Americans suffering from addiction greater access to treatment by prohibiting health insurers from placing discriminatory restrictions on treatment.

Discriminatory barriers, by the way, that do not exist for any other disease. Chemical dependency treatment parity is not only the right thing to do, it is also the cost-effective thing to do. Study after study has shown the average premium increase due to full premium parity is less than one-half of 1 percent. So in other words, for the price of a cup of coffee per day, we could treat 16 million alcoholics and addicts who are presently in health plans and being discriminated against. We also need to provide greater

access to treatment for the 10 million alcoholics and drug addicts in the Medicaid program.

Mr. Speaker, the American Medical Association, the AMA, categorized addiction as a disease in 1956. Now, 50 years later, it is long overdue for Congress to treat the illness of addiction as the progressive and fatal disease it is. It is time to end the discrimination against people who need treatment for chemical addiction. It is time for Congress to deal with our Nation's number one public health problem. It is time for Congress and the President to pass hemical addiction treatment parity. With 26 million Americans still suffering, we cannot afford to wait. With some 300,000 Americans being denied treatment this year, we cannot afford to wait. With 150,000 people dying last year as the direct result of addiction, we cannot afford to wait. Mr. Speaker, I hope my colleagues will join me and the gentleman from Rhode Island (Mr. Kennedy) and thousands of other recovering people in recommitting our efforts to pass treatment parity. Also, we need to recognize the addiction counselors and treatment professionals throughout our great country who have dedicated their lives to helping people recover. They are America's unsung heroes.

Finally, Mr. Speaker, let us celebrate ``Recovery Month'' by honoring the millions of Americans who are experiencing the promise and possibility of recovery, and let us never forget that 26 million Americans are still in need of our help.

CELEBRATING RECOVERY MONTH

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

Mr. BRADLEY of New Hampshire. Mr. Speaker, I too rise with my colleague from Minnesota and my colleague from Rhode Island to speak about ``Recovery Month'' and what it means for individuals and what it means for our country as a whole. But, Mr. Speaker, today I would like to focus my remarks on a story, a life story written by one of my constituents. Her name is Lois Davieau of East Rochester, New Hampshire. I recently met Ms. Davieau when she came to my office to tell me about her long and arduous battle with crack cocaine. She asked me to share her story, a compelling story, on our House floor during the 16th annual celebration of ``Recovery Month'' in the hopes that her story will enlighten others. I would like to now read to you her personal story of addiction and recovery. Let me begin by setting the scene for you, in her words.

A perfect family home on five acres of land in a small quaint country town. Everyone in town knows everyone else. My best friend Steven is a quiet boy, always a bit timid. We have always had great adventures when we play together. We hear Steven's mom yell for him, and Steven runs for the house without saying good-bye. I run to the big tree to go away for a while. I know all too well those screams. Only they are silently held within me.

Later in her life, Lois has five children. And I continue her story again. So here I am with five children, and the only thing that has changed is that I am alone. My parents offered to take the three oldest children over the summer vacation so that I may work some extra hours and get ahead. But something inside of me panics. No, I think, they are the only reason that I pull myself out of bed.

My mother convinces me to send them for a couple of weeks and I had no idea why at that moment. I was overcome with emotional panic. Today I know why. Crack cocaine, though, found me in my darkest and lowest points. I was so lonely and so empty. I was working 60 hours a week, 20 of which were in a bar at night. I made some friends there. They helped me feel better by bringing me into the fold. The drug helped me open up and become much more sociable; so I thought to myself, what is a little social drug use going to hurt? But 8 months later I was living under a bridge, eating oranges off of neighborhood trees and doing what I had to do to stop the vast sea of darkness and emotional pain. I tried to stop 100 times. I would go a couple of weeks, get a job, and then the darkness would swarm back in. That life lasted for about 8 months. I woke, after 3 straight days of using, in a dealer's house on a couch that was infested with fleas. I do not know what I was dreaming, but I know I woke in a complete and total hysterical panic. After sobbing and completely breaking down, I stood up, I walked to the highway. I put out my thumb and headed north. I knew the risks I was taking alone on that highway but it did not matter. I was lost. There was no one piece of me that I recognized.

That is where I begin my journey to recovery. Eighteen years later is where my story of recovery begins today. Recovery for me has been a path strewn with obstacles, gifts in disguise, and self-actualization. My obstacles were both self-inflicted and socially inflicted.

I start my education of recovery in a self-help group. At that time, drug addicts were not to be tolerated. They could not be mingled with alcoholics. Once again, I thought, I do not fit in. I hid in the background and listened. When I had

been around long enough to be recognized, I just replaced the word ``crack'' with ``alcohol'' and everyone was happy. I did what I had to do to stay straight. When asked on a job application about drugs, I lied. When asked on an insurance form, I lied. I was surviving the best way I knew. Now I was living a clean and socially acceptable life, though lying about my disease.

So today I stand, I tell you, it is not just the way it is. I am cured from my disease, and I am not recovered from my disease. Yes, it is in check. I, like most other persons with a progressive chronic disease, am in remission; but I have early warning signs and symptoms of recurrence that I watch for. I know that I am responsible for the stigma of my disease by not coming forward and allowing those who still suffer to see the hope in me. The stigma of my disease stops here and now. I am responsible for giving hope to the person who still suffers from their or a loved one's disease, because without my face, without any voice, I still suffer in silence. I am not ashamed of my disease; I am ashamed of my behavior towards my disease.

Today I ask for you to feel the fear, the struggle, the challenge, the hope, the celebration that resides in this person, a person with addiction.

Mr. Speaker, those are the words of one of the most compelling constituents that I have had the honor of having in my office, who told me in her heartfelt story which I have been able to relate to you of her road through the long journey to a place that many of us do not know and to the recovery. Hers is a story of hope, of compassion that we all need to feel, and a system that needs to work for people like Lois.

Mr. Speaker, I thank you for the opportunity to address this great Nation.

RECOGNIZING RECOVERY MONTH

Under a previous order of the House, the gentleman from Rhode Island (Mr. Kennedy) is recognized for 5 minutes.

Mr. KENNEDY of Rhode Island. Mr. Speaker, I rise today to join my colleagues in recognizing Recovery Month sponsored by the Substance Abuse and Mental Health Services Administration and by the Center for Substance Abuse and Treatment.

As the co-chairman of the newly formed Addiction, Treatment and Recovery Caucus, it has been an eye-opening experience to speak with recovery groups working to bring an end to the

stigma surrounding addictive disorders. At every event and every meeting, someone will inevitably take me aside, quietly whisper to me about how their parent had abused drugs for years without knowing it or how their child was attempting to rebuild their life after spending time in a juvenile detention facility for a drug-related crime or how they lost one after years of battling addiction. While these people quietly share their most intimate family secrets, they may not realize that addictive disorders impact over 63 percent of our Nation and that they are far from alone.

In the past several years, advancements in medical science have allowed us to take incredible images of the brain. The National Institutes of Drug Abuse, NIDA, has found evidence of tissue malfunction in the brain of those with addiction.

Mr. Speaker, I would like to show a few of the slides of what a new technology called the PET scan reveals to us about the various afflictions of the brain and brain disorders and how those brain disorders can appear now under a particular kind of X-ray. As everybody can see very clearly, brains operate differently; and those differences come from different metabolic differences and, in many respects, come from simply genetic differences that predispose some people to having mental disorders or having addictive disorders or having alcoholic disorders. The fact of the matter is now we do not have to be quiet because there is no stigma to alcoholism or drug abuse. This is no reflection on someone's character.

My mother is still battling alcoholism. I am a recovering alcoholic. I know many other members of my family are recovering. I know many of my friends who have families where alcohol and drug abuse plague their families and run amok. The fact of the matter is, for so long, people have kept quiet about these illnesses because they felt that there was something wrong with them. The fact is now we have been able to look into the brain, see the areas that are affected, see the genetic components to alcoholism and drug addiction and begin to repair those.

Just like every other illness, whether it be diabetes or asthma, drug and alcohol abuse is a chronic disorder like those illnesses. Yet, unlike diabetes and unlike asthma and like every other physical illness of the body, the physical illness and disorder of the brain is discriminated against by insurance companies in this country. As a result of it being discriminated against, millions of Americans do not get the treatment that they could be benefiting from in such incredible ways.

Why should we provide this treatment? Well, aside from the fact that it is the humane thing to do, it actually saves us money. For one thing, it saves us all the cost to our prison system. We have, as a Nation, the largest prison population of any industrialized nation in the world; and

Mr. Speaker, the sheriff of Los Angeles County says he runs the largest treatment and drug abuse facility in America. He runs the Los Angeles County jails, and that is appropriate saying that because, quite frankly, our jails are becoming the treatment of last resort.

HON. TAMMY BALDWIN of Wisconsin

Ms. BALDWIN. Mr. Speaker, I rise today to recognize the 16th annual celebration of National Recovery Month, and to salute those who have shown us the promise and possibility of recovering from addiction. I am proud to be a member of the Congressional Caucus on Addiction, Treatment, and Recovery, and I join my colleagues in highlighting the need for increased access to treatment.

Despite the fact that virtually everyone has a relative, coworker, friend, or neighbor who has had problems with alcohol, drugs, or other addictive behaviors, the difficulties in getting into and completing a treatment program are not often publicly discussed. Public stigma further compounds the problems of a system that is alarmingly overburdened. Health insurance policies often do not cover treatment of alcohol or drug dependency; and, when they do, coverage is not always adequate.

In Wisconsin, more than 120,000 people are currently unable to gain access to treatment for alcohol or drug dependence. To family and friends trying to help a loved one, the many obstacles standing in their way can seem insurmountable. With appointment wait times often approaching three weeks or longer and costs of care becoming prohibitively expensive, only one in four people with alcohol or drug addiction is able to get treatment.

In Congress, I'm working to address the problem in several ways. I have re-introduced the Health Security for All Americans Act. This legislation would provide health care for all Americans by encouraging the States to expand coverage through various methods of their own choosing and providing them with the funds to do so. Equally important, the legislation sets standards for the level of coverage and includes parity for mental health and substance abuse treatment benefits. This means that no limitations or financial requirements could be imposed on the treatment of mental illness or substance abuse that are not also

imposed on other medical and surgical benefits.

I'm pleased to report that exciting work is being done on this issue in my home State of Wisconsin. Last year, the University of Wisconsin--Madison, along with The Robert Wood Johnson Foundation and the Federal Substance Abuse and Mental Health Services Administration, launched a national program to help treatment providers find innovative ways to meet their many challenges. The Network for the Improvement of Addiction Treatment, or NIATx, works with providers who are trying to treat more people with fewer resources. The 29 participating organizations are applying business and quality improvement principles to reduce wait times to get into treatment and the number of no-shows for treatment while increasing admissions to treatment and the number of those continuing in treatment.

NIATx agencies experienced dramatic improvements in access to treatment and retention, proving that significant change may be a lot simpler, less time consuming, and less costly than is often presumed. They're also developing new ideas and tools to share with the rest of the treatment field. As we celebrate National Recovery Month throughout September, it's important to recognize and salute the dedicated and determined addiction treatment providers, as well as and the brave and committed individuals who are recovering. I look forward to continuing my work with my colleagues, especially those who are members of the Addiction Treatment and Recovery Caucus, in ensuring that all Americans have access to timely and affordable addiction treatment.

**NATIONAL ALCOHOL AND DRUG ADDICTION RECOVERY MONTH --
(Extensions of Remarks - September 20, 2005)**

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SPEECH OF
HON. CHRISTOPHER SHAYS
OF CONNECTICUT
IN THE HOUSE OF REPRESENTATIVES
TUESDAY, SEPTEMBER 20, 2005

- Mr. SHAYS. Mr. Speaker, as September is National Alcohol and Drug Addiction Recovery Month, I would like to share the story of a resident of the Fourth Congressional District, **Walter Ginter**, who is recovering from a drug addiction.

- I recently met with Mr. **Ginter** and heard of his struggle to overcome his addiction. In addition to wanting to call attention to the plight of recovering addicts, he was particularly concerned that as we consider the plight of many victims of Hurricane Katrina, we ensure that we pay particular attention to those recovering from dependency. Since many are in treatment programs, interruption from these programs can result in setbacks. This is one of the many, many things that we need to consider as we go forward in rebuilding the lives of those affected in Louisiana, Mississippi and Alabama.
- Our country has improved greatly, but we still have work to do in providing access to treatment and eliminating the stigma surrounding chemical dependency. I hope this month of awareness will help us accomplish this worthy goal.
- The following is Mr. **Ginter's** story:

My name is **Walter Ginter**. I am 56 years old. I own a house in Westport CT. I participate in civic activities, have a subscription to the Westport Country Playhouse, and I am a registered Republican. Most days, along with hundreds of other Westport residents, I commute on Metro North Railroad to NYC. I am indistinguishable from the other commuters and completely typical in every way but one. Each day I take medication for a chronic medical condition. Taking a maintenance medication is hardly atypical, I am sure that other commuters take maintenance medications. The difference is that I take a medication to treat my opiate dependence.

I first became opiate dependent in 1971, when I was in the army. I spent much of the next 20 years in and out of various treatment programs in my effort to stop using heroin. For me, the only treatment that was effective was methadone maintenance. While on methadone I got my life together and attained the goal promised by the SAMSHA matrix, "a life in the community for everyone."

However, every few years, no matter how well my life was going I felt pressured to leave methadone treatment. Sometimes the pressure came from well meaning friends but mostly from myself. I felt inadequate, weak; even cowardly. I tried again and again but each time I left methadone treatment I relapsed.

Eventually, through advocacy, I learned that opiate addiction wasn't a moral issue or a matter of strength or weakness but primarily a brain disorder. The reason I did well on methadone was because it restored my normal brain function.

Today, I am Director of Training for the National Alliance of Methadone Advocates. Through training and education we are trying to end the stigma experienced by patients on medication. Some methadone advocates like to say, "Methadone is Recovery." They are wrong! Methadone is not Recovery. Recovery has nothing to do with taking medication or not taking medication. Recovery is living a sober, happy, productive lifestyle. However, thousands of

methadone patients are living that life and haven't been taught anything about recovery.

That is what recovery advocacy is for me. Teaching and training so that my brothers and sisters who take medications can start enjoying life as recovering persons.