

Hony Wilson
222-7961
FRI ON SHOW
SAM DONALDSON

ABC NEWS
MATH

VISIONS
OFC
UMBRELLA
OVAL

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PITAL

Gay, Lesbian
Bisexual +
Transgendered
Once

PRESIDENT WILLIAM J. CLINTON
VIDEOTAPED REMARKS FOR THE DIDI HIRSCH CENTER
[LOCATION TBD]
[DATE TBD]

I am so glad to have this opportunity to join the mental health leadership campaign in honoring your award recipients, Nancy Hirsch Rubin and Surgeon General Dr. David Satcher – and to thank them for their years of commitment to erasing the stigma of mental illness. ~~I also want to thank the Didi Hirsch Community Mental Health Center.~~ ^{STB} You have played a critical role in making mental health a national priority.

Every day, in every community in ^{the nation} America, millions of Americans and their families face the ^{challenge} ~~problem~~ of mental illness. In fact, more than one in five Americans experience one form of mental illness ^{each} ~~every~~ year – from depression to schizophrenia; one in four Americans has a family member with a mental illness; and virtually every American has a friend, a neighbor or a colleague with a mental illness.

With your support, our Administration has worked hard to break down the barriers that stand in the way of ^{those} ~~so many people~~ living in the way of mental illness. In 1996, I signed into law the Mental Health Parity Act, which prohibits health plans from setting lower ~~annual and lifetime~~ ^{annual and lifetime} limits for mental health care, than for other medical services. I also signed Kennedy-Jeffords, which allows people with disabilities to purchase health insurance at a reasonable cost when they go back to work. ^{As a result} ~~Additionally~~, last year, I directed all federal agencies to ensure that their hiring practices give people with mental disabilities the same opportunities ^{as those} with physical disabilities. ~~My~~ ^{My} budget this year/ last year ~~XXX~~ includes/d \$ for community mental health services– the largest increase in history.

~~It~~ in the first White House Conference on Mental Health, Tipper Gore and I unveiled our campaign to fight stigma and dispel myths about mental illness. We learned then that if we are ever going to put an end to this viscous cycle, we have to take responsibility and dispel the myths of mental illness once and for all.

Nearly forty years ago, President Kennedy said that we had to “return mental health to the mainstream of American medicine.” If we continue to work together, we can ^{do that by} ~~replace~~ stigma with acceptance, ignorance with understanding, and fear with new hope for the future. ^{ing} The work you do every day is putting us on the right track. Thank you and God bless you.

**PRESIDENT WILLIAM J. CLINTON
VIDEOTAPED REMARKS FOR THE DIDI HIRSCH CENTER
[LOCATION TBD]
[DATE TBD]**

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we can fulfill part of job.

Final 04/24/00 6:30pm
Gottheimer/Silver

PRESIDENT WILLIAM J. CLINTON
VIDEOTAPED REMARKS FOR MILLION MILLENNIUM MARCH
WASHINGTON, DC
April 30, 2000

It is my honor to welcome you to our nation's Capitol for the Millennium March on Washington for Equality. Your presence here today is a moving testament of your commitment to the fundamental values of fairness and equality for all Americans.

Nearly eight years ago, when I first ran for President, I said that I had a vision for America – and that you were a part of it. Since then, with your help, we have made important progress in ending discrimination against gays and lesbians, and in working toward the day that you have the same rights that are guaranteed to every American.

First, we have tried to lead by example. We have created an Administration that is the most inclusive in history – with more than 150 openly gay and lesbian appointees. Additionally, I signed an Executive Order that prohibits discrimination in the Federal civilian workforce based on sexual orientation. And with your help, we are continuing our fight for an employment nondiscrimination act that would ban discrimination against gays and lesbians in the workplace.

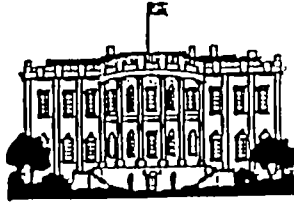
As part of our commitment to fight the terrible scourge of HIV and AIDS, our Administration has increased funding for AIDS research by more than 57 percent and for HIV prevention by 36 percent. For the first time in the history of the AIDS epidemic, the number of Americans diagnosed with AIDS has declined.

But while we have come a long way on our journey toward tolerance, understanding and mutual respect, we still have a long way to go. Over the last few years, we've seen a stark increase in the number of hate crimes committed against individuals, solely because of their skin color, faith, or sexual orientation. These crimes tear at the fabric of the American community and at our common values. That's why it is so important that we all work together to pass a strong, fair Hate Crimes Prevention Act.

But we all know that we cannot achieve equal rights through legislation alone. Our greatest hope for a just society is to teach our children to respect one another, to see our diversity as our greatest strength, and to recognize the fundamental values that define us as One America.

As Dr. Martin Luther King once said, "Darkness can not drive our darkness; only light can do that. Hate can not drive our hate; only love can do that." This event, and your numbers, are further evidence that no matter how difficult the road may be, we must keep moving forward and not succumb to the sirens of hate. Thank you again for coming together for this important cause.

947-869-9352
m



THE WHITE HOUSE OFFICE OF SPEECHWRITING

Fax (202) 456-2505

Tel (202) 456-2777

TO: ELI SEBAL

FAX: _____ PHONE _____

FROM: JUSTIN GOTTMEIER

Comments PLEASE PAGE ME THROUGH

SIGNAL WITH ANY QUESTIONS —

202 757-5000

Thanks

Date: _____

Number of Pages (including cover): 2

Final 04/25/00 2:30pm
Gottheimer/Silver

PRESIDENT WILLIAM J. CLINTON
VIDEOTAPED REMARKS FOR WELFARE TO WORK DINNER
NEW YORK, NY
May 4, 2000

I am grateful for the opportunity to address the Third Annual Welfare to Work Partnership Independence Awards Dinner. I'd like to congratulate Jonathan Tisch on this well-deserved honor, and to thank him, and the entire board of the Partnership, for their dedication to this important cause. I'd also like to thank Eli Segal and Jerry Greenwald for their leadership of the Welfare to Work Partnership.

Seven years ago, I asked the American people to join me on a crusade to transform our system of welfare into a system of work; to turn a system of dependence into a system of independence; and to bring a whole generation of Americans from the margins into the mainstream of our national life.

Three years later, when I signed historic welfare reform legislation, we took important steps to break the cycle of welfare for good. Today, with your help, we've cut the welfare rolls by more than half – to the lowest levels in 30 years. Every year, we're moving more than a million people from the welfare rolls to the payrolls – more than 1.3 million in 1998 alone. And those who are on welfare today are four times as likely to work as when I took office.

As I said back then, the hardest challenge we faced was creating the private-sector jobs for people making the transition from welfare to work – and I called on private business to help. Under your leadership, the Partnership has grown from nearly 100 companies three years ago to more than 12,000 today – bringing the dignity of work to more than 650,000 people. I congratulate you on launching your new BizLink effort that will help even more low-income parents – both mothers and fathers – go to work and support their children.

The welfare system no longer holds people back, it helps them move ahead – with the child care, transportation, housing and health care working families need to succeed. Our Administration has cracked down on deadbeat parents, so children get the child support they deserve. And my budget this year makes further investments for working families – more funding to help low-income fathers and working families increase their skills and succeed on the job; an expanded EITC to help make work pay; and increased childcare subsidies to help working parents find child care they can afford and trust.

Robert Kennedy once said, "Work is the meaning of what this country is all about. We need it as individuals... we need it as a society and as a people." Together, we can make welfare dependency a memory of the 20th Century and build a community of work and responsibility in this new millennium. Thank you and keep up the good work.

New index

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ERASING THE STIGMA

LEADERSHIP AWARDS 2000

March 24, 2000

Eli and Phyllis Segal
195 St. Paul St.
Brookline, MA 02446

LEADERSHIP AWARD

DAVID SATCHER, M.D., Ph.D.
U.S. SURGEON GENERAL

Dear Eli and Phyllis,

Please join to help eradicate one of the last taboos of the 21st century as we honor both Nancy Hirsch Rubin and Dr. David Satcher, US Surgeon General. You can add the power of your voice to theirs by joining our "Erasing the Stigma" Mental Health Leadership Campaign.

Sharon Butler
Event in Los Angeles
April 28-29
Public statement to be made
at the time of the award
ceremony. The award will
be presented to Dr. Satcher
by Nancy Hirsch Rubin.

617-731-1084

LEGACY AWARD
NANCY HIRSCH RUBIN
AMBASSADOR TO THE
U.N. COMMISSION FOR HUMAN RIGHTS

- One in five persons, regardless of age, battles mental illness each year but less than half seek treatment.
- 6 million children in this country have some serious emotional disturbance.
- 1 in 4 Americans will battle alcoholism at some point.
- By age 85, about 50% of us will suffer from some form of dementia.
- Untreated substance abuse and mental illness are associated with the majority of suicides. Most of those who die by suicide have been battling depression, anxiety, bipolar illness or schizophrenia - often secretly and in shame. In the US, more people die by suicide than homicide each year.
- More than 25 million people in our country suffer from serious anxiety or panic disorder.

Nancy Hirsch Rubin

PAST RECIPIENTS

- ✓ TIPPER GORE
- ✓ ROSALYNN CARTER
- DR. KAY REDFIELD JAMISON

Determined to change the future for our daughters, fathers, brothers and grandmothers, Didi Hirsch Community Mental Health Center has been providing the most comprehensive continuum of care in the Southern California area since 1942. With 14 Centers throughout Los Angeles County, the organization serves more than 29,000 individuals each year. Our "Erasing the Stigma" Mental Health Leadership Award campaign has honored Tipper Gore, Rosalyn Carter and last year, Annette Bening presented the award to Dr. Kay Redfield Jamison, a renowned psychologist and writer who has led a public dialogue on depression and suicide.

This year, Dustin Hoffman will present the award to Dr. David Satcher. Dr. Satcher is the first Surgeon General to make mental health a national priority, the first to issue a "call to action" to our nation. We are proud to honor this outstanding American who has emphasized that the origins of mental illness are biological, frequently inherited.

But families pass on values as well as vulnerabilities. As you know, Nancy, the daughter of Didi Hirsch (a staunch advocate for community mental health) has dedicated her life to helping vulnerable individuals and families. While she works on human rights throughout the world as the United States Ambassador to the UN Commission on Human Rights, she also advocates for the rights of individuals to mental health and she has been instrumental in helping further our mission to erase the stigma of mental illness.

We hope that you will join her and Dr. Satcher in advocacy and join us in honoring them by helping assure that services and treatment will be accessible to those who

- ### EVENT CHAIRS
- BEATRICE STERN
 - ✓ HENRY CISNEROS
 - WALTER MENNINGER, M.D.
 - JANE NATHANSON
 - ✓ STANLEY SHEINBAUM
 - ✓ PAULA WEINSTEIN

1942-1905
DIDI HIRSCH
COMMUNITY MENTAL HEALTH CENTER
60 S. SEPULVEDA BOULEVARD
CULVER CITY, CA 90230
(310) 390-6612
(310) 398-5690 FAX

310-390-6618
310-398-2805

EMPLOYMENT
EOL
310-390-6618
310-398-2805

add next to name

CALL
LAWYER
GET ME

GET ME ON
SCI/TECH

love

Page 2

Erasing the Stigma

need them. With your help, attitudes and practices will begin to change so that those who need help will not be afraid to seek it.

"If only" echoes in the history of our lives. Many health insurance plans do not provide coverage for mental illness and some penalize those who need a psychiatrist instead of an oncologist. Teachers are not trained to recognize the signs of mental illness and some dismiss it as bad behavior. Parents frequently are afraid and ashamed. And we still have a national environment that tells those who need help that their fears and demons are a disgrace.

Your support will move mental health from the margins of care into the mainstream, where it belongs.

Sincerely,

Beatrice Stern
Campaign Chair

Kita S. Curry, Ph.D.
Executive Director, DHCMHC

Miles Rubin

Henry Cisneros
Campaign Co-Chair

W. Walter Menninger, M.D.
Campaign Co-Chair

Jane Nathanson
Campaign Co-Chair

Paula Weinstein
Campaign Co-Chair

Stanley Sheinbaum
Campaign Co-Chair

Annette Bening
Honorary Co-Chair

Carrie Fisher
Honorary Co-Chair

Mariette Hartley
Honorary Co-Chair

Jami Morse Heidegger
Honorary Co-Chair

Kay Redfield Jamison, Ph.D.
Honorary Co-Chair

Rod Steiger
Honorary Co-Chair

Today, the United States stands as a beacon of liberty and democratic strength before the community of nations. We are resolved to stand firm against those who would destroy the freedoms we cherish. We are determined to achieve an enduring peace—a peace with liberty and with honor. This determination, this resolve, is the highest tribute we can pay to the many who have fallen in the service of our Nation.

In recognition of those Americans whom we honor today, the Congress, by joint resolution of May 11, 1950 (64 Stat. 158), has requested the President to issue a proclamation calling upon the people of the United States to observe each Memorial Day as a day of prayer for permanent peace and a period during such day when the people of the United States might unite in prayer.

Now, Therefore, I, Ronald Reagan, President of the United States of America, do hereby designate Memorial Day, Monday, May 25, 1981, as a day of prayer for permanent peace, and I designate the hour beginning in each locality at 11 o'clock in the morning of that day as a time to unite in prayer.

I urge the press, radio, television, and all other information media to cooperate in this observance.

I also request the Governors of the United States and the Commonwealth of Puerto Rico and the appropriate officials of all local units of Government to direct that the flag be flown at half-staff during this Memorial Day on all buildings, grounds, and naval vessels throughout the United States and in all areas under its jurisdiction and control, and I request the people of the United States to display the flag at half-staff from their homes for the customary forenoon period.

In Witness Whereof, I have hereunto set my hand this twenty-fourth day of April, in the year of our Lord nineteen hundred and eighty-one, and of the Independence of the United States of America the two hundred and fifth.

RONALD REAGAN

[Filed with the Office of the Federal Register, 10:59 a.m., April 27, 1981]

Note: The text of the proclamation was released by the Office of the Press Secretary on April 25.

Remarks by Telephone at the Annual Dinner of the White House Correspondents Association

April 25, 1981

Mr. Pierpoint. Mr. President, this is Bob Pierpoint at the podium.

The President. Bob, I hope you don't mind, but David Stockman is making me call collect. [Laughter]

Mr. Pierpoint. Well, I do mind, Mr. President, but he's a hard man to talk out of it, so we'll take the call.

The President [laughing]. Okay. Well, I'm happy to be speaking to the White House correspondents' spring prom. [Laughter] I'm sorry that I can't be there in person.

Mr. Pierpoint. We're very sorry you can't also, Mr. President.

The President. Well, I'm up at Camp David. We're getting a little used to it now,

but I have to tell you the first time I came to this place, to Camp David, Ed Meese sewed nametags in all my undershorts and T-shirts. [Laughter]

But, Bob, I'm sure your fellow correspondents have already praised you or will soon do so for your year in office. Mark Twain is supposed to have said there's nothing harder to put up with than the annoyance of a good example, and you certainly have been that to the White House press corps.

Mr. Pierpoint. Thank you, Mr. President.

The President. I know that Cliff Evans must be there somewhere.

Mr. Pierpoint. Yes.

The President. And, Cliff, let me send my congratulations to you as one new president to another. If you enjoy your office as much as I do mine, you'll be a very happy and fulfilled man.

Mr. Evans. Well, you stay well, Mr. President, and we'll take care of the pressroom, Pierpoint and I and all of my colleagues. Stay well.

The President. Okay. If I could give you just one little bit of advice, when somebody tells you to get in a car quick, do it. [Laughter]

Mr. Pierpoint. Mr. President, we know now that you are really recovering. You sound terrific.

The President [laughing]. Well, I am. believe me, well on the road and feeling just fine.

Mr. Pierpoint. That's wonderful. Well, let me tell you, Mr. President, there are about—well, over 1,800 people assembled in this room tonight listening to you. And I told the Vice President that they are actually here for him, but you know the truth. [Laughter] We all hoped that you would make it. We well understand that you could not.

Among these people are many of your Cabinet Secretaries. There's only really one that I think is very noticeable by his absence. I haven't seen Secretary Haig. I wondered if you've been watching television tonight. We are a little worried who's in the Situation Room and who's in control. [Laughter]

The President. Well, I'll tell you, wherever he is, I have every confidence in him. [Laughter]

Mr. Pierpoint. Very good, Mr. President. We really appreciate your call.

The President. Well, if I could be serious for just a moment, there's someone who isn't there tonight and yet, in a sense, I'm sure in all our hearts is. And I'd like to give the phone to Nancy for a moment to say something, and you'll understand when she does.

Mr. Pierpoint. Thank you.

Mrs. Reagan. Hello. I really want to say—this is a message to Sarah, and Sarah, I hope you're there.

Mr. Pierpoint. And Sarah is here, Mrs. Reagan. I believe she's over at table 45. [Applause]

Mrs. Reagan. Oh, good.

Mr. Pierpoint. Sarah Brady is now standing up, Mrs. Reagan. And as you can imagine, she's receiving a very warm round of applause.

Mrs. Reagan. Sarah, you remember those days in the hospital when you and I had many conversations. And we both agreed that you and I, from now on, had a bond that was very special and that nobody could ever break. It was just something between you and me that was ours. And I want you to know that you've never left my thoughts and my prayers, and all my love and all my prayers are with you as they always have been. And I know that both our fellows are going to make it, and I send you and Jim all my love.

Mr. Pierpoint. And we all join you, Mrs. Reagan in those thoughts to the Bradys. [Applause]

The President. Bob, thank you very much. Could I just say—

Mr. Pierpoint. Mr. President, the entire room is standing and applauding Sarah Brady.

The President. Well, could I then suggest something?

Mr. Pierpoint. We're having a little trouble hearing you because the applause is so loud in this room for Sarah and Jim Brady.

The President. All right.

Mr. Pierpoint. I think the President would like to sign off if you'll all be seated.

The President. Yes, I'd like to say just one thing before you sit down, and that is, as long as you're standing, I know how close to all of you is "The Bear," and certainly Nancy said it, there isn't an hour that he isn't in our prayers. Why don't we raise a glass to "The Bear's" health and to Sarah?

Mr. Pierpoint. That's certainly a fine idea. Everyone stand, please, and let's raise a glass to "The Bear" and to Sarah. To their good health.

We've done it, Mr. President.

The President. Thank you very much.

Mr. Pierpoint. Thank you for calling.

The President. Well, I'm looking forward to the next news conference. I have so many questions to ask you all. [Laughter]

Mr. Pierpoint. We've got a few for you too. And have a very pleasant weekend, and don't work too hard on that speech for Tuesday night.

The President. All right, and good night and enjoy yourselves. God bless all of you.

Mr. Pierpoint. Thank you.

The President. Thank you.

Note: The exchange of remarks began at approximately 8:15 p.m. in the International Ballroom at the Washington Hilton Hotel. Also speaking were Robert C. Pierpoint of CBS News, president, and Clifford Evans of RKO General Broadcasting, incoming president, White House Correspondents Association.

Nomination of Bernard J. Wunder, Jr., To Be an Assistant Secretary of Commerce

April 27, 1981

The President today announced his intention to nominate Bernard J. Wunder, Jr., to be Assistant Secretary of Commerce for Communications and Information.

Since February 1981 Mr. Wunder has been associate minority counsel, Committee on Energy and Commerce, House of Representatives. In 1980-81 he was chief counsel and staff director, Subcommittee on Communication, Committee on Energy and Commerce. Mr. Wunder was associate minority counsel, Subcommittee on Oversight and Investigations, Committee on Interstate and Foreign Commerce, in 1979-80. He served as minority counsel in 1975-79.

In 1973-75 Mr. Wunder was an attorney

with the firm of Hull, Towill, Norman, Barrett & Johnson of Augusta, Ga. He was administrative assistant to Representative James M. Collins (R-Tex.) in 1970 and legislative assistant in 1969-70.

Mr. Wunder was graduated from The Citadel (B.A., 1965) and University of South Carolina School of Law (J.D., 1973). He served in the United States Air Force in 1965-69 and was awarded the Bronze Star Medal and two Air Force Commendation Medals.

Mr. Wunder is married, has two children, and resides in Dumfries, Va. He was born in Baltimore, Md., on December 13, 1943.

Nomination of Herman E. Roser To Be an Assistant Secretary of Energy

April 27, 1981

The President today announced his intention to nominate Herman E. Roser to be an Assistant Secretary of Energy (Defense Programs).

Mr. Roser has been Manager of the Department of Energy's Albuquerque Operations (ALO) since 1975. He had been Deputy Manager in 1972-75. As Manager of ALO, Mr. Roser was responsible for field coordination and direction of the nation's

nuclear weapons production program as well as for energy research and development programs at Sandia National Laboratories and Los Alamos National Scientific Laboratory.

On September 17, 1980, Mr. Roser was one of the first recipients of the Presidential rank awards as Meritorious Executive from the Department of Energy. In August 1979, he was awarded the DOE Exceptional Serv-

Why? The answer seems complicated, but it's really very simple: ignorance about the nature of mental illness and the cost of treating it. A recent study showed that the majority of Americans don't believe mental illness can be easily diagnosed or effectively treated. Insurance plans claim providing parity for mental health care will send costs and premiums skyrocketing. And businesses believe that employees will overuse mental health services, making it impossible for employers to offer health insurance.

Now, there are strong arguments to be made on both sides of this issue. But I believe that this is something we can do at a reasonable cost which will, over time, actually lower our overall health care costs and benefit millions of Americans.

Increasingly, we understand that mental illness is no different from physical illness – it can be accurately diagnosed and successfully treated. Thanks to groundbreaking new drugs and better community health services, even people with the most severe mental illnesses have a better chance than ever before to live healthier, productive lives. Our ability to treat depression and bipolar disorder is greater even than our ability to treat some kinds of heart disease.

Left untreated, mental illness can spiral out of control – and so can the costs of mental health care. A recent World Bank study showed that mental illness is the second leading cause of disability – and the economic burden that goes along with it – in the world; only heart disease costs more. Here in the United States, untreated mental illness costs more than one hundred billion dollars every year in decreased productivity and emergency medical care. Depression alone costs our nation \$30 billion every year. And the loss in human potential is staggering.

Failing to provide access to mental health care can cost us plenty – but providing parity for mental health care may even save money in the long run. So far, 24 states and an untold number of businesses have begun to provide parity for their citizens and employees -- without experiencing notable increases in health care costs.

For instance, Ohio provides full parity for all its state employees – and has not seen costs rise by so much as a dollar. Bank One, a commercial banking company, launched an early mental health treatment program for its employees. Over a four year period, the company saw its direct treatment costs for depression decrease by 60%. A recent study by the National Institute of Mental Health found that health plans with parity may pay out less, not more, for mental health services -- by giving people access to the care they need when symptoms first appear – not after their illnesses require leave time or hospitalization.

As a nation founded on the ideal of equality, it is high time that America's health plans serve all Americans equally. We must make it clear once and for all: mental illness is no different from physical illness – and our nation's health plans should provide both with the same quality coverage.

▶ **Jordan Tamagni**
06/03/99 11:45:14 AM
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Record Type: Record

To: Joshua S. Gottheimer/WHO/EOP@EOP

cc:

Subject: Radio for Waldman

Please note: the five minute limit is not in effect for this radio address. Please note as well, that the original reason for the limit -- that WTOP in DC would only take it if it was 5 minutes or under -- is also no longer in effect. The station takes the address live and runs the whole thing irrespective of length.

Draft 6/3/99 11:45am
Tamagni

**PRESIDENT WILLIAM J. CLINTON &
MRS. TIPPER GORE
RADIO ADDRESS ON MENTAL HEALTH
THE WHITE HOUSE
June 5, 1999**

THE PRESIDENT: Good morning. I am here today with Tipper Gore, my advisor for mental health policy. On Monday, together with Vice President Gore and the First Lady, we will convene the first-ever White House Conference on Mental Health. Today, Tipper and I want to talk about what we must do as a nation to help people with mental illness and their families -- by fighting the stigma that prevents so many Americans from making the most of their lives.

BT
For more than six years, our administration has worked hard to widen the circle of opportunity for every American. One of the toughest challenges we face is to make sure that people living with mental illness have the same chance to live up to their potential as all Americans. But the hard truth is, in too many of our communities -- and in too many of our hearts -- mental illness is still misunderstood. For too many of our people, mental illness is still an insurmountable obstacle to full participation in American life.

This persistent bias is not unique to our time or our nation -- but as a nation founded on the ideal of equality, we must use our time to change it. Tipper Gore is leading our efforts, and I'd like to ask her to say a few words. [*Mrs. Gore speaks.*]

BT
MRS. GORE: Thank you, Mr. President. Every day, in every community in America, millions of Americans and their families face the problem of mental illness. In fact, one in four Americans has a family member with a mental illness, more than one in five Americans experiences some form of mental illness every year, and virtually every American

has a friend, a neighbor, or a colleague with mental illness. It is a problem that touches us all.

Why then is mental illness met with so much silence, stigma, and fear? We have come so far in the past ten years in the diagnosis and treatment of mental illness – but our attitudes have lagged behind. I have talked to many people with mental illness about the effect these outdated attitudes have on their everyday lives. Some tell me that the shame and stigma they experience are harder to bear than the illness itself. Many live in fear that they will be turned down as tenants, rejected for jobs, or kept out of the classroom if their condition becomes known. And so too many people with mental illness do not seek the treatment that can change their lives -- and the vicious cycle of ignorance, stigma, and bias continues.

If we are ever going to put an end to this vicious cycle, we have to take responsibility and to dispel the myths about mental illness once and for all.

One of the most widely believed – and most damaging – myths is that mental illness is a personal failure, not a physical disease. A recent study shows that the majority of Americans don't believe that mental illness can be accurately diagnosed or treated. Nothing could be further from the truth. Increasingly, we are learning that many mental disorders are neurological in nature, like physical illnesses such as Parkinson's Disease. And like physical illness, mental illness can be effectively treated – in some cases, even more effectively. Remarkable new drugs and better community health services are making it possible for even those with the most severe disorders to live healthier, more productive lives.

Another pervasive myth is that people with mental illness are violent. This misperception – which nearly half of all Americans believe -- is perpetuated by prime-time television shows and movies that consistently portray people with mental illness as murderers, maniacs, and dangerous drifters. In fact, people with mental illness are no more prone to violence than the rest of the population.

We should all be troubled by the misguided belief that children – especially teenagers – don't suffer from "real" depression. The sad fact is that the majority of children who commit suicide are profoundly depressed – but the majority of parents whose children took their own lives say they didn't recognize that depression until it was too late. And senior citizens too often accept the notion that depression is a natural part of aging – and don't reach out for help.

Finally, far too many Americans – not only private citizens but public policy makers – believe that we cannot afford to treat mental illness. But with billions of dollars lost every year in decreased productivity in the workplace due to untreated mental illness, we can't afford not to. And studies show that extending equal health care coverage for mental and physical illness would increase families' insurance premiums by less than one percent.

These are just a few of the worst myths about mental illness – and they don't only harm people with mental disorders, they diminish us all. That is why we must break the silence about mental illness – and as the President will tell us, government can lead the way. [*The President speaks.*]

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

June 7, 1999

MYTHS AND FACTS ABOUT MENTAL ILLNESS

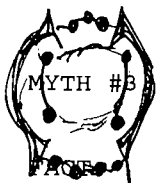
June 7, 1999

MYTH #1: Mental illness is not a disease and cannot be treated.

FACT: Research in the last decade proves that mental illnesses are diagnosable disorders of the brain. New brain imaging technologies visually illustrate the differences in the brains of healthy people and people with serious mental disorders, such as schizophrenia. They show reductions in the overall volume of the brain and distinct differences in the way in which the brain processes information. There are also now effective treatments for mental illness that, for example, relieve symptoms for 80 percent of people with major depression; control symptoms such as hallucination or delusions for 70 percent of people with schizophrenia; and alleviate symptoms for 50 to 60 percent of people with Obsessive Compulsive Disorder.

MYTH #2: Mental illness doesn't happen to people like me or my family.

FACT: Mental illness affects most extended American families. One in five Americans suffer from mental illness at some point in their life. These illnesses strike all kinds of families, regardless of race, socioeconomic class, educational level or place of residence. Schizophrenia occurs at equal rates regardless of education, socioeconomic status, or culture. Depression, panic disorder and obsessive compulsive disorders are also equal opportunity illnesses. Women suffer from depression at twice the rate of men regardless of where they live, their culture, or socioeconomic status. Five million older Americans suffer from depression, and one in ten children and adolescents suffer from some type of mental illness. Mental illness can happen to anyone.



Depression is a part of life that can be worked through without seeking help.

Depression is a diagnosable, treatable illness that affects 19 million adult Americans each year. It is a disorder of the brain that is characterized by serious and persistent symptoms such as changes in sleep, appetite, and energy; cognitive losses such as slowed thinking; and clearly discernible feelings like irritability, hopelessness, and guilt. The severity and duration of depression symptoms are clearly distinguishable from sadness and mood swings that are part of life. When untreated, depression can have serious consequences. Depression is the cause of over two-thirds of the 30,000 American suicides each year, and according to the World Health Organization, it is the leading cause of disability in the United States. However, there are effective treatments available that have proven to have 80 percent success rate for people diagnosed with depression.

MYTH #4: Teenagers don't suffer from "real" mental illness; they are just moody.

FACT: We now know that teenagers and even younger children, can and do suffer from mental illness. One in ten children and adolescents suffer from mental illness severe enough to cause some level of impairment, but fewer than 20 percent of these children receive treatment. Without treatment, schoolwork may suffer, normal family and peer relationships may be disrupted, and violent acts may occur. In fact, depression may lead to suicide, which is the third leading cause of death among young adults. However, recent studies indicate that 60 percent of depressed teenagers will improve with modern treatments.

MYTH #5: Depression is a part of aging.

FACT: Research shows that depression is not a normal part of aging, but that it is relatively prevalent among older people and can have serious adverse consequences. Nearly 5 million of the 32 million Americans age 65 and older suffer from clinical depression. While only 13 percent of the U.S. population, individuals ages 65 and older account for 20 percent of all suicide deaths, with white males being most vulnerable. And older persons with other serious health problems (strokes, hip fractures, heart conditions) depression may delay recovery, cause refusal of treatment, and lead to excessive disability and even death. However, effective mental health treatment is available for older Americans suffering from mental illness.

MYTH #6: Talk about suicide is an idle threat that need not be taken seriously.

FACT: People who admit to having thoughts and plans about suicide and people who have attempted suicide are at increased risk for completing suicide in the future. In a study of nearly 4,000 adults seeking psychiatric treatment, persons with a history of severe suicidal thoughts were 14 times more likely than other individuals to later commit suicide within four years. Research has shown that 90 percent of all suicide victims have had a mental or substance abuse disorder.

MYTH #7: We cannot afford to treat mental disorders.

FACT: We cannot afford NOT to treat mental illness. Researchers estimate that mental illnesses, including indirect costs such as days lost from work, cost America tens of billions of dollars each year. At the same time, businesses and states that have implemented new strategies to treat these disorders have not found notable increases in costs. For example, one business, Bank One, spearheaded a comprehensive effort to improve the company's ability to identify and get appropriate treatment for employees with depression in a timely manner. Between 1991 and 1995, the direct treatment costs for depressive disorders decreased by 60 percent. Moreover, Ohio implemented full mental health parity for its state employees and did not find that this action increased costs at all.

MYTH #8: People with severe and persistent mental illnesses cannot be productive members of society.

FACT: People with psychiatric disabilities face many barriers, but appropriate support services can help them to succeed. A 1995 study of the Employment Intervention Demonstration Program run by the Center for Mental Health Services assessed the effectiveness of employment strategies to assist

individuals with severe mental illness get and keep employment. It found that 55 percent of individuals receiving such employment support services were working after two years. Clearly, people with severe and persistent mental illnesses want to be employed and productive, and given appropriate treatment and support, they can be.

MYTH #9: Homeless people suffering from mental illness have little chance of recovery.

FACT: There are effective treatments for homeless people with mental illness. While one-third of homeless Americans suffer from an untreated mental illness, research demonstrates a decrease in homelessness when outreach to these individuals is coupled with case management that provides them with appropriate medical treatment and connects them to housing and other supportive services. One study reported a 45 percent reduction in the number of days of homelessness after three months of this type of treatment. Over a year, clients had a 70 percent increase in the number of days worked, demonstrating that homeless persons with mental illnesses can make substantial improvements in the overall quality of their lives.

MYTH #10: There is no hope for people with mental illness.

FACT: These illnesses, which will affect one in five Americans, can be extremely debilitating. However, research proves that mental illnesses are diagnosable and treatable disorders of the brain. Eighty percent of people treated for severe depression and 70 percent of people treated for schizophrenia show positive responses to treatment -- far higher rates than for many physical illnesses. The challenge is to ensure that Americans with mental illness recognize these disorders and get the help that they need.

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29 Weekly Comp. Pres. Doc. 2009

Source: [All Sources](#) : / . . . / : [Presidential Documents](#)Terms: **headline (mental health or mental illness)** ([Edit Search](#))*Public Papers of the Presidents, October 5, 1993*

Public Papers of the Presidents

October 5, 1993

CITE: 29 Weekly Comp. Pres. Doc. 2009**LENGTH:** 651 words**HEADLINE:** Proclamation 6603 -- **Mental Illness** Awareness Week, 1993**HIGHLIGHT:***By the President of the United States of America***BODY:***A Proclamation*

Almost 50 million Americans have serious emotional disorders or illnesses. The economic and human costs of these disorders are staggering. Treatment expenses and lost productivity cost the United States over one hundred billion dollars a year. The pain and suffering caused by mental illness are immeasurable for the individuals afflicted and their families.

The consequences of untreated mental illnesses and emotional disturbances are clear. Suicide is 30 times more common among people who are clinically depressed than among the general population. Persons with mental illness often live in poverty and are at risk for homelessness and disease. The mentally ill may find themselves in jail or prison, not for any criminal act, but rather because no other facilities are available to respond to psychiatric emergencies.

Research has led to major advances, not only in the development of treatments for mental illnesses, but also in the understanding of the needs of the individuals who live with mental illnesses. With appropriate care and support, many people who have these disorders can live productive and fulfilling lives. Unfortunately, less than one-third of all individuals in need of mental health services actually receive appropriate care. Children, probably the most vulnerable among the mentally ill population, are the least likely to receive care, with less than one-fifth of those in need of services receiving them. The barriers to effective treatment are numerous. Individuals may be unaware that treatment can help them or may be hesitant to seek help for fear of discrimination or ridicule. In many instances, individuals actually lack access to appropriate services. We must work to remove the stigma of mental illness and to educate the public about the availability and effectiveness of mental health treatment.

The Center for Mental Health Services (CMHS), a component of the Substance Abuse and Mental Health Services Administration in the Department of Health and Human Services, was created in 1992 to provide vigorous Federal leadership in the development and delivery of mental health services. CMHS plays a unique role in working with other Federal agencies and departments whose programs and policies affect the lives of the mentally ill, their families, and their communities. CMHS also works closely with State and local governments and the private sector to guarantee continuity,

integration of services, and access to comprehensive systems of care. CMHS supports policy studies, evaluations, and assessments on service delivery issues that are critical for Federal, State, and local policymakers as they organize and finance systems of care.

In recognition of the importance of improving the delivery of mental health services and of educating the American public about the needs of individuals with mental illness, the Congress, by Senate Joint Resolution 61, has designated the week of October 3 through October 9, 1993, as Mental Illness Awareness Week.

Now, Therefore, I, William J. Clinton, President of the United States of America, do hereby proclaim the week beginning October 3, 1993, as Mental Illness Awareness Week. I call upon all citizens of the United States to observe this week with ceremonies and activities to increase the Nation's understanding and acceptance of people with mental illness and to encourage recognition of their need for a broad array of treatment services.

In Witness Whereof, I have hereunto set my hand this fifth day of October, in the year of our Lord nineteen hundred and ninety-three, and of the Independence of the United States of America the two hundred and eighteenth.

William J. Clinton

[Filed with the Office of the Federal Register, 10:31 a.m., October 6, 1993]

NOTE: This proclamation was published in the *Federal Register* on October 7.

LANGUAGE: ENGLISH

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**PRESIDENT WILLIAM J. CLINTON
REMARKS FOR PLENARY SESSION
WHITE HOUSE CONFERENCE ON MENTAL HEALTH
HOWARD UNIVERSITY
June 7, 1999**

I want to start by saying what a remarkable experience this has been so far. I think there has been so much interest in this conference because the issue of mental illness is not an abstract problem far removed from real life – it is a real problem that touches the lives of millions of Americans.

This is a moment of great promise for our nation – and it is a moment of great hope for people living with mental illness. We know so much more about mental illness than we ever have before. And so one of the reasons we wanted to have this conference was to talk about the path we've traveled and map out our course for the future.

Of course, none of us would be here today without the remarkable commitment of one woman: Tipper Gore. I asked Tipper to be my national advisor for mental illness because she knows more – and she cares more – about this issue than anyone I know. She started talking to me about mental health more than six years ago. She has dedicated herself to making mental health a priority in our public policy and our private lives. I thank her on behalf of the countless Americans she has helped by making their voices heard at the highest levels.

I also want to thank all the people who have shared their stories here with us today. They are stories of struggle -- but they are also stories of courage and the endurance of the human spirit. They are stories that tell us how far we have come -- and how far we must go to ensure that Americans with mental illness have the same opportunity to make the most of their lives as all Americans.

In so many ways, this has always been our challenge -- the challenge of America: to widen the circle of opportunity for all our people, to deepen the meaning of our freedom, to

preserve and promote our nation's most enduring ideal: that we are all created equal. It doesn't matter if we are talking about race or religion, ethnicity or economic status, disadvantage or disability. In America, we are judged not by how we begin but by what we have the drive and the dream to become.

As we have heard so many times today, we don't always live up to this ideal. Throughout our history, people with mental illness have struggled to be treated fairly – and to get the treatment they need. But throughout our history, we have met the challenge of helping people with mental illness by appealing to our own better nature – and drawing on our deep belief in equality.

One hundred and fifty years ago, America faced the most basic challenge: ensuring that people with mental illness were treated as human beings. The great 19th Century reformer Dorothea Dix first exposed the deplorable conditions in poorhouses and prisons, where people with mental illness were locked in cages and chained in cellars. Her commitment to humane care made Americans realize that we have a responsibility to help people with mental disabilities.

Thirty years ago, America faced the challenge of ensuring that our mental health care system treated people with mental illness as individuals, with equal rights to live fuller lives. Journalists secretly filmed the nightmare world inside some of our nation's mental hospitals and played it on the evening news. Americans were heartbroken and horrified by what they saw – and they demanded a better system of community care for people with mental illness.

Today, we face a new challenge – the challenge of ensuring that our changing health care system serves the needs of people with mental illness so they can fully participate in American life.

Our administration has worked hard to break down the barriers that stand in the way of so many people living with mental illness. ^{last week,} On Friday, I directed all federal agencies to ensure that their hiring practices give people with mental disabilities the same employment opportunities as people with physical disabilities. ~~Yesterday, I announced that later this year,~~ ^{we} ~~Tipper will unveil our new campaign to fight stigma and dispel myths about mental illness.~~ ^a ~~APP/APP~~

But as anyone who has ever experienced mental illness or watched a family member struggle with it can tell you, nothing is more important than early access to treatment. Unfortunately, too many people with mental illness are not getting that treatment, because too many of our nation's health plans and businesses do not provide equal coverage -- or parity -- for mental and physical illness.

I have heard heartbreaking stories from people who are trying hard to live their lives right, taking care of their families, paying their taxes and paying into their health plans like all of us. Then one day, mental illness strikes. When they try to get help, they learn that the health plans they've been counting on -- the health plans that would cover treatment for high blood pressure or heart disease -- strictly limit mental health care or don't cover it at all.

THE PRESIDENT: Tipper has done an outstanding job in drawing attention to the problem of mental illness, and her decision to talk about her own struggle with depression is a testament to her personal courage and commitment. Today, I am pleased to announce that she will continue to lead our efforts. Later this year, together with the Surgeon General, Tipper will unveil a new national campaign to fight stigma wherever we find it – from the workplace to the playground, in every community. Together, we will replace stigma with understanding, and fear with new hope for the future. Together, we will build a stronger nation for the 21st Century, leaving no one behind.

Thanks for listening.

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Public Papers of the Presidents

Public Papers of the Presidents

June 5, 1999

CITE: 35 Weekly Comp. Pres. Doc. 1049

LENGTH: 860 words

HEADLINE: The President's Radio Address

BODY:

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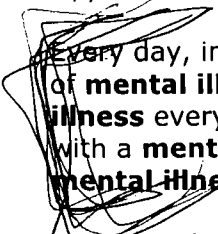
The President. Good morning. I'm here today with Tipper Gore, my adviser for mental health policy. On Monday, together with Vice President Gore and the First Lady, we will convene the first White House Conference on Mental Health. Today Tipper and I want to talk about what we must do as a nation to fight the stigma that prevents so many Americans with mental illness from making the most of their lives.

For more than 6 years now, our administration has worked hard to widen the circle of opportunity for every American. That means making sure people living with mental illness have the same chance to live up to their God-given potential as all other Americans.

But the hard truth is, in too many of our communities and in too many of our hearts, mental illness is misunderstood and feared. Too many people with mental illness are denied the opportunity to fully participate in American life. Bias against people with mental illness is not unique in our time or our Nation. But as a nation founded on the idea of equality, we must use our time to change it.

Tipper Gore is leading our efforts, and I'd like to ask her to say a few words.

Tipper Gore. Thank you, Mr. President.



Every day, in every community in America, millions of Americans and their families face the problem of mental illness. In fact, more than one in five Americans experiences some form of mental illness every year, from depression to schizophrenia; one in four Americans has a family member with a mental illness; and virtually every American has a friend, a neighbor, or a colleague with a mental illness.

We know that mental illness is not something that happens to other people. It touches us all. Why then is mental illness met with so much misunderstanding and fear? We have come so far in the diagnosis and treatment of mental illness, but our attitudes have lagged far behind.

I have talked to many people about the impact these outdated attitudes have on their lives. Some tell me that the shame and stigma they experience are harder to bear than the illness itself. Many live in fear that they will lose their jobs, their home, or their health benefits if their condition becomes known. And so too many people with mental illness don't seek treatment that can change their lives, and the vicious cycle of silence, ignorance, and stigma continues. If we are ever going to put an end to this vicious cycle, we have to take responsibility and dispel the myths about mental

illness once and for all

One of the most widely believed, and most damaging, myths is that **mental illness** is a personal failure, not a physical disease. A recent study shows that the majority of Americans don't believe that **mental illness** can be accurately diagnosed or treated. Nothing could be farther from the truth.

Increasingly, we are learning that many mental disorders are biological in nature and can be medically treated -- in some cases, more effectively than illnesses like heart disease. New drugs and better community health services are making it possible for even those with the most severe disorders to live healthier, more productive lives.

A closely related and equally troubling myth is that young people don't suffer from real depression; they're just naturally moody, we think. Again, this is simply untrue. We recently learned that even very young children experience serious clinical depression, and it should be taken seriously.

Consider this: The majority of children who commit suicide are profoundly depressed, and the majority of parents whose children took their own lives say they didn't recognize that depression until it was too late. And senior citizens, too, often accept the notion that depression is a natural part of aging and don't reach out for help.

These myths don't just harm people with mental disorders; they hurt all of us. That is why we must all do our part to break the silence about **mental illness**.

The President. We must start by talking honestly about the problem, and this Monday we'll take an important step in the right direction. Tipper's own decision to discuss her struggle with depression is a testament to her courage and commitment to change attitudes and build understanding about **mental illness**.

I'm pleased to announce that later this year, together with the Surgeon General, Tipper will unveil a major new campaign to combat stigma and dispel myths about **mental illness**. With new public service announcements and strong partners in the private sector, we'll reach millions of Americans with a simple message: **Mental illness** is nothing to be ashamed of, but stigma and bias shame us all.

Together, we will replace stigma with acceptance, ignorance with understanding, fear with new hope for the future. Together, we will build a stronger nation for the new century, leaving no one behind.

Thanks for listening.

NOTE: The address was recorded at 4:50 p.m. on June 4 in the Oval Office at the White House for broadcast at 10:06 a.m. on June 5. The transcript was made available by the Office of the Press Secretary on June 4 but was embargoed for release until the broadcast.

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Public Papers of the Presidents

Public Papers of the Presidents

June 7, 1999

CITE: 35 Weekly Comp. Pres. Doc. 1052**LENGTH:** 2824 words**HEADLINE:** Remarks at the White House Conference on **Mental Health****BODY:**

The President. Thank you very much. I want to, first of all, thank all of you for coming, the Members of Congress of both parties, members of our administration, but the larger community represented here in this room and at all of our sites.

This has been a truly remarkable experience, I think, for all of us -- stimulating, moving, humbling. I think it's because it is so real, and it has been too long since we have come together over something that's this real, that touches so many of us.

This is a moment of great hope for people who are living with mental illness and, therefore, a moment of great promise for our Nation. We know a lot about it; we know a lot more than most of us know we know, as we found out today. And we wanted to have this conference to talk about how far we've come and also to look forward into the future.

We all know we wouldn't be here today without the commitment of Tipper Gore. I asked her to be my national adviser for **mental illness** because she knows more and cares more about this issue than anyone else I personally know. She has dedicated herself to making this a priority of national policy and private life. And I think we are all very, very much in her debt.

I would also like to say one more word about Tipper and about the Vice President, about the way they have dealt with this issue as a family, and the gifts they have given to America -- going back to before the time when we all became a team in the election of 1992, when they began their annual family conferences. All people in public life talk about family values. No couple in public life has ever done remotely as much to try to figure out what it would mean to turn those family values into real, concrete improvements in the lives of ordinary families as Al and Tipper Gore have over a long period of time.

I sort of feel like an anticlimax at this convention -- not for the reasons the political reporters think -- [laughter] -- but because the real story here is in the people who have already talked, in their stories of courage and struggle, of endurance and hope. Americans with **mental illness** should have the same opportunity all Americans have to live to the fullest of their God-given ability. They are, perhaps, just the latest in our enduring challenge as a people to continue the work of our Founders, to widen the circle of opportunity, to deepen the meaning of freedom, to strengthen the bonds of our community.

But what a challenge it has been. Clearly, people with **mental illnesses** have always had to struggle

to be treated fairly and to get the treatment they need -- and they still do. We have made a lot of progress by appealing to the better angels of our nature, by drawing on our deep belief in equality, but also by hearing these stories.

So again, I want to thank Mike and John and Jennifer and Robin and Dr. Burton. I thank Dr. Hyman, Dr. Koplewicz. I thank Lynn Rivers.

I think all of us can remember some moment in our lives where, because of something that happened in our families or something someone we knew wrote or said, we began to look at this issue in a different way. I, myself, feel particularly indebted to the courage of my friend the great author William Styron for writing the book he wrote about his own depression. But I think that it is not enough to be moved. We have to have hope, and then we have to have some sense about where we're going.

It was no accident that all of you were clapping loudly when Dr. Hyman showed us pictures of the brain. I remember when Hillary and I first met and began going together 28 years ago, and she was working at the Yale Child Study Center and the hospital, and we began to talk about all of this; like a lot of young students at the time, I had been very influenced by Thomas Koontz's book, "The Structure of Scientific Revolution." And I began to wonder whether we would ever develop a completely unified theory of mind and body, if we would ever learn that at root there are no artificial dividing lines between our afflictions. The human genome project, as you've heard explained today, offers us the best chance we have ever had to have our science match our aspirations in learning to deal with this and all other issues.

So this has been for me not simply emotionally rewarding but intellectually reaffirming. And I hope it has been for all of you. We've been at this for quite a long while. A hundred and fifty years ago we had to learn to treat people with **mental illness** as basic human beings. Thirty years ago we had to learn that people with **mental illness** had to be treated as individuals, not just a faceless mob.

I'll never forget when journalists secretly filmed the nightmare world inside some of our Nation's mental hospitals. Americans were heartbroken and horrified by what they saw, and we began to develop a system of community care for people. Today, we have to make sure that we actually provide the care all of our people need, so they can live full lives and fully participate in our common life.

We've worked hard to break down some of the barriers for people living with **mental illness**. On Friday, as many of you know, I directed all Federal agencies to ensure that their hiring practices give people with mental disabilities the same employment opportunities as people with physical disabilities. On Saturday Tipper and I did the radio address together and announced that Tipper will unveil our new campaign to fight stigma and dispel myths about **mental illness**.

But all of you who have had this in your lives, or in your families' lives, know that attitudes are fine, but treatment matters most. Unfortunately, too many people with **mental illness** are not getting that treatment because too many of our health plans and businesses do not provide equal coverage of parity for mental and physical illness or because of the inadequacy of Government funding and policy supports.

I have heard heartbreaking stories from people who are trying hard to take care of their families -- and one day **mental illness** strikes. And when they try to get help, they learn the health plans they've been counting on, the plans that would cover treatment for high blood pressure or heart disease, strictly limit **mental health** care and don't cover it at all. Why? Because of ignorance about the nature of **mental illness**, the cost of treating it, and as Dr. Burton told us, the cost of not treating it.

A recent study showed the majority of Americans don't believe **mental illness** can accurately be diagnosed or effectively treated. If we don't get much else out of this historic conference than changing the attitudes of the majority, it will have been well done, just on that score.

Insurance plans claim providing parity for **mental health** will send costs and premiums skyrocketing. Businesses believe employees will over-use **mental health** services, making it impossible for employers to offer health insurance. Now, there may be arguments to be made at the margins on both sides of these issues, but I believe that providing parity is something we can do at reasonable cost, benefit millions of Americans, and over the long run, have a healthier country and lower health care costs.

As we've heard again today, **mental illness** can be accurately diagnosed, successfully treated, just as physical illness. New drugs, better community health services are helping even people with the most severe **mental illnesses** lead healthier, more productive lives. Our ability to treat depression and bipolar disorder is greater even than our ability to treat some kinds of heart disease.

But left untreated, **mental illness** can spiral out of control, and so can the cost of **mental health** care. A recent World Bank study showed that **mental illness** is a leading cause of disability and economic burden that goes along with it.

Here in the United States, untreated **mental illness** costs tens of billions of dollars every year. The loss in human potential is staggering. So far, 24 States and a large number of businesses have begun to provide parity for their citizens and their employees. Reports show that parity is not notably increasing health care costs. For instance, Ohio provides full parity for all its State employees and has not seen costs rise.

As we heard, Bank One's employee **mental health** treatment program has helped it reduce direct treatment costs for depression by 60 percent. As a nation founded on the ideal of equality, it is high time that our health plans treat all Americans equally. Government can and must lead the way to meet this challenge.

~~In 1996 I called on Congress to make parity for **mental health** a priority. I was proud to sign into law the **Mental Health Parity Act**, which prohibited health plans for setting lower annual and lifetime limits for **mental health** care than for other medical services.~~

Again I want to say, since we have so many Congressmen here, Tipper Gore was very instrumental in that. But I was also deeply moved by the broad and deep bipartisan support by Members of Congress in both Houses who had personal experiences that they shared with other Members which helped to change America.

The law was a good first step. And I'm pleased to announce, with Secretary Herman here, that the Labor Department will now launch a nationwide effort to educate Americans about their rights under the existing law, because a lot of people don't even know it passed.

But when insurers can get around the law by limiting the number of doctor's visits for mental condition, when families face higher copayments for **mental health** care than for physical ailments, when people living with **mental illness** are forced to wait until their sickness incapacitates them to get the treatment they need, we know we have to do more.

So where do we go from here? First, I am using my authority as President to ensure that our Nation's largest private insurer, the Federal Employee Health Benefit Plan, provides full parity for **mental health**.

Today Janice Lachance, the Director of OPM, will inform nearly 300 health plans across America that to participate in our program, they must provide equal coverage for mental and physical illnesses. With this single step, 9 million Americans will have health insurance that provides the same copayments for **mental health** conditions as for any other health condition, the same access to specialists, the same coverage for medication, the same coverage for outpatient care.

Thirty-six years ago President Kennedy said we had to return **mental health** to the mainstream of American medicine. Thirty-six years ago he said it, and we're still waiting. Today, we have to take more steps to return Americans to the mainstream of American life. I ask Congress now to do its part

by holding hearings on **mental health** parity.

The second thing we have to do is to reach out to the people who are most in need. Today I've asked HCFA, the Health Care Finance Administration, to do more to encourage States to better coordinate **mental health** services, from medication to programs targeted at people with the most serious mental disorders, for the millions of people with **mental illness** who rely on Medicaid.

~~Third, we must do more to help people with **mental illness** reenter the work force. I asked Congress to pass the "Work Incentives Improvement Act," which will allow people with disabilities to purchase health insurance at a reasonable cost when they go back to work. No American should ever have to choose between keeping health care and supporting their family.~~

Fourth, with an ever increasing number of people with mental disabilities in managed care plans, it is more important than ever for Congress to pass the Patients' Bill of Rights.

~~Fifth, this year we requested the largest increase in history, some \$ 70 million to help more communities provide more **mental health** services. And I asked Congress to fully fund this proposal. The absence of services and adequate funding and institutional support for sometimes even the most severe **mental health** problems is a source of profound worry to those of you who actually know what is going on out there.~~

I know that I was incredibly moved by the cover story in the New York Times Sunday magazine a couple of weeks ago, and I know a lot of you were. And I read that story very carefully. I talked to Hillary about it; I talked to Al and Tipper about it; and I asked myself then -- I am still asking myself -- what more can we do to deal with some of the unbelievable tragedies that were plainly avoidable, clearly documented in that important article? This is a good beginning, and I hope that Congress will fund it.

And finally, it is profoundly significant what we have heard about children. We have to do more to reach out to troubled young people. One out of ten children suffers from some form of **mental illness**, from mild depression to serious mental disease. But fewer than 20 percent receive proper treatment.

One of the most sobering statistics that I have heard in all of this is that a majority of the young people who commit suicide -- now the third leading cause of death in teenagers, especially gay teenagers -- are profoundly depressed. Yet the majority of parents whose children took their own lives say they did not recognize their children's depression until it was too late.

The tragedy at Columbine High School, as Hillary said, was for all of us a wakeup call. We simply can't afford to wait until tragedy strikes to reach out to troubled young people. Today I'm pleased to announce a new national school safety training program for teachers, schools, and communities to help us identify troubled children and provide them better school **mental health** services.

This new program is the result of a remarkable partnership by the National Education Association, EchoStar, and members of the Learning First Alliance, joined by the Departments of Education, Justice, and Health and Human Services. This fall the Vice President and Tipper will kick off the first training session, which will be transmitted via satellite to more than 1,000 communities around our Nation.

We're all very grateful to EchoStar, a satellite company based in Littleton, Colorado, and its partner, Future View, for helping make this possible by donating satellite dishes to 1,000 school districts, and 40 hours of free time. I want to ask businesses and broadcasters all around our country to follow EchoStar's lead and donate their time, expertise, and equipment to help ensure that every school district in America can participate in this important training program.

Now I want to introduce two of the people who are showing this kind of leadership: the president of the NEA, Bob Chase; and Bill Vanderpoel, the vice president of EchoStar. I'd like to ask them to come up and talk a little bit about what they're going to do. Let's give them a big hand. [Applause]

[At this point, Robert F. Chase, president, National Education Association, and William Vanderpoel, vice president for business development, EchoStar Communications Corp., made brief remarks.]



The President. Thank you both very much. Now, I'd like to ask Tipper to come up one more time so we can all tell her how grateful we are, and let me say this. You probably saw a little bit by the way she positioned Al on time and she positioned Hillary on time, I think I'm going to start calling her "Sarge" behind her back. [Laughter] She has driven us all. We've been on time; we've been at the place we were supposed to be; we say what we were supposed to say; we finished on time. So she not only has great sensitivity; she has phenomenal organizing ability, and we're very grateful for her. Thank you. [Applause]

Now, I'd like to ask Hillary and the Vice President to come over, too. [Applause] Thank you all very much. God bless you.

NOTE: The President spoke at approximately 2 p.m. in the Blackburn Auditorium at Howard University. In his remarks, he referred to the following conference participants: Mike Wallace, co-editor of the CBS news program "60 Minutes" and a clinical depression sufferer; schizophrenia sufferer John Wong; anorexia nervosa sufferer Jennifer Gates; Robin Kitchell, whose son suffers from bipolar disorder, attention deficit disorder, and learning disabilities; Dr. Wayne Burton, M.D., first vice president/corporate medical director, Bank One Corp.; Dr. Steven E. Hyman, M.D., Director, National Institute of **Mental Health**; and Dr. Harold S. Koplewicz, M.D., founder and director, New York University Child Study Center. The transcript made available by the Office of the press Secretary also included the remarks of Tipper Gore, Vice President Al Gore, Dr. Burton, the First Lady, Dr. Hyman, and Dr. Koplewicz. A portion of these remarks could not be verified because the tape was incomplete.

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Terms: **atl 3 (mental health or mental illness)** ([Edit Search](#))

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Government can and must lead the way to meet this challenge. In 1996, I called on the Congress to make parity for mental health a priority. I was proud to sign into law the Mental Health Parity Act, which prohibited health plans from setting lower lifetime limits for mental health care than for other medical services.

This law was a good first step – and I am pleased to announce that the Department of Labor will launch a nationwide effort to educate Americans about their rights under the existing law.

But when insurers can get around the law by limiting the number of doctor's visits for mental conditions ... when families face higher co-payments for mental health care than for physical illnesses ... when people living with mental illness are forced to wait until their sickness incapacitates them to get the treatment they need – we know we must do more.

First, I am using my authority as President to ensure that our nation's largest private insurer – the Federal Employees Health Benefits Plan – provides full parity for mental health. Today, the OPM will inform nearly 300 health plans across the country that if they want to participate in the program, they must provide equal coverage for mental and physical illness. With this single step, 9 million Americans will have health insurance that provides the same co-payments for a mental health condition as for any health condition ... the same access to specialists ... the same coverage for medication ... and the same coverage for outpatient care.

Thirty six years ago, President Kennedy said that we had to “return mental health to the mainstream of American medicine.” I call on Congress to do its part by holding hearings mental health parity legislation that will help return more Americans with mental illness to the mainstream of American life.

We must not stop there.

The second thing we must do is reach out to people in the most need. Today, I have asked HCFA to do more to encourage states to provide more co-ordinated mental health services for the millions of people with mental illness who rely on Medicaid – from medication to programs targeted at people with the most serious mental disorders.

Third, we must also do more to help people with mental disabilities to re-enter the workforce. I call on the Congress to pass the Jeffords-Kennedy legislation that allows people with disabilities to purchase health insurance at a reasonable cost when they go back to work. No American should ever have to chose between keeping their health insurance and supporting their families.

Fourth, with an ever-increasing number of people with mental disabilities in managed care plans, it is more important than ever for Congress to pass a comprehensive, enforceable Patients Bill of Rights that ensures critical protections for people with mental illness, such as the right to see a specialist, continuity of care, and an independent appeals process.

Fifth, as [Tipper/VP Gore] said, this year I requested the largest increase in history for mental health block grants to the states – a \$70 million commitment to help communities provide mental health services. I call on Congress to fully fund my proposal, and give more American families the mental health care help they need to thrive.

Finally, and perhaps most important of all, we must do more to reach out to troubled young people. As Tipper talked about earlier, we tend to believe that children don't suffer from mental illness like depression, they're just moody. In fact, 1 out of 10 children and adolescents suffer from some form of mental illness – from mild depression to eating disorders to serious mental disease – but fewer than 20 percent of these children ever receive treatment.

One of the most sobering statistics I have ever heard is that the majority of young people who commit suicide – the third leading cause of death in teenagers – are profoundly depressed, but the majority of parents whose children took their own lives say they didn't recognize that depression until it was too late.

The tragedy at Columbine High School in Littleton, Colorado was a wake up call to all Americans that we simply cannot afford to wait until tragedy strikes to reach out to troubled young people. Today, I am pleased to announce a new national school safety training program that will help teachers in every community in America identify the warning signs of mental illness in children.

This October, the Vice President and Tipper will kick off the first training session, which will be transmitted via satellite to more than 1000 communities around the country. This groundbreaking new program is the result of a remarkable partnership between our administration and four exceptional organizations -- the National Education Association, the Parent Teacher Association, the American Psychological Association, and EchoStar, a satellite company from Littleton, Colorado which is donating satellite dishes to 1,000 school districts and 40 hours of free air time.

I call on businesses and broadcasters around the country to follow EchoStar's lead and donate their time, expertise, and equipment to help ensure that every school district in America can participate in this important training program.

Now, I'd like to introduce two of the people who are showing that kind of leadership: Bob Chase, Director of the NEA, and by [TK], and President of EchoStar. I'd like to ask them to say a few words from the audience.

[Bob Chase and Echostar representative speak from their seats in the audience.]

THE PRESIDENT: Thank you for all you are doing. You remind us all that when we work together; we really can build stronger families, stronger communities, and a stronger America for the 21st Century.

And now, I'd like to ask Tipper to join me here at the podium so I can tell her again how grateful we all are to her for bringing us here today – for keeping us all in line when we went on too long and keeping the ball rolling – and most of all for her passionate advocacy on behalf of people living with mental illness. Tipper, with you in our corner, we can't lose.

[Mrs. Gore joins POTUS at the podium to say goodbye].

Thank you all for being here today and God bless you.

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SUGGESTED TEXT FOR VIDEO MESSAGE

The Surgeon General's Mental Health Report has raised our nation's awareness and has helped erase the stigma associated with illnesses of the mind. For those who battle mental illness, and for their families, the scientific advances of the last decade are godsend.

We would not be where we are today without agencies like Didi Hirsch Community Mental Health Center. In 1942 - almost 60 years ago - the Center began serving the community. At that time, many people lacked compassion or hope for individuals battling mental illness.

As one of the original Community Mental Health Centers in Los Angeles and one of a few that remains today, the Center has been a safety net for thousands of mentally ill adults released from state hospitals since the 1970's. The Center also is a founding member of the Los Angeles County Child Abduction Task Force. And, Didi Hirsch's Suicide Prevention Center was the first 24-hour crisis line dedicated to suicide prevention in the United States. In the last 40 years, it has helped more than 75 communities start similar programs.

I commend Didi Hirsch Community Mental Health Center for its leadership and for recognizing the extraordinary contributions of Dr. Satcher and Ambassador Rubin. Your life saving and life changing services have helped over half a million children and adults.

Contact: Kita Curry, Ph.D.
Executive Director
(310) 751-5423

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**PRESIDENT WILLIAM J. CLINTON
REMARKS FOR EASTER EGG ROLL
THE WHITE HOUSE
April 24, 2000**

- Hillary and I always look forward to this day. The first Easter Egg Roll was held at the White House nearly 125 years ago, when Rutherford B. Hayes was President. And every year, it gives America's children an opportunity to come to the White House and be a part of this wonderful tradition.
- In a just few moments, we're going to start the first Easter Egg roll of the new millennium. Before we do, I want to join Hillary in thanking all of the sponsors who helped make this celebration. I also want to thank all the volunteers who have worked so hard -- more than [500] of you ~~this year~~ -- especially those who have joined Hillary and me every year.
- This year, millions of children in classrooms, homes, and libraries around the world will be able to use their computers to join us online, by cybercast, for this Easter Egg Roll. That's more people than have attended the White House Easter Egg Roll since 1878.
- Hillary and I have always tried to make this an occasion for family fun and for family learning, because we all know how important it is for children -- especially very young children -- to learn together with their parents.
- This year's activities will show you how much fun learning can be. I am especially proud of our "Prescription for Learning" initiative. Launched by the First Lady three years ago, and with the help of Scholastic, this is an innovative effort that works jointly with health care professionals and librarians to emphasize the importance of reading to children. And there are also storytelling booths, egg decorating contests, and even historical characters representing some of our greatest presidents.
- Now, I'm going to blow the whistle to start another Easter Egg Roll. But before I do, I want to thank our master of ceremonies, Bernie Fairbanks, who has been as much an institution as this event. While Bernie has joined me every year now, he's actually been attending the roll since Franklin Roosevelt was President. So Bernie, as a token of our appreciation, I'd like you to have this official White House Easter Whistle.
- Is everyone ready? On your marks, get ready, set ... GO!

Didi Hirsch
Community
Mental Health
Center

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PR Newswire

July 16, 1998, Thursday

SECTION: Financial News**DISTRIBUTION:** TO BUSINESS AND CITY EDITORS**LENGTH:** 556 words**HEADLINE:** The Ralphs/Food 4 Less Foundation Donates a Truckload of Groceries and Health Care Items to the **DiDi Hirsch** Community Mental Health Center**DATELINE:** LOS ANGELES, July 16**BODY:**

The Ralphs/Food 4 Less Foundation announced today its presentation of a truckload of groceries to the **DiDi Hirsch** Community Mental Health Center. The donated products will be dispersed to more than a dozen residential and day program centers operated by **DiDi Hirsch** CMHC throughout Los Angeles County.

In keeping with the Ralphs Grocery Company philosophy to contribute to the communities in which its supermarkets operate, The Ralphs/Food 4 Less Foundation has dedicated itself to supporting programs that benefit youth, families and the elderly.

"The **DiDi Hirsch** Community Mental Health Center was chosen for this donation because it has an outstanding record of service to the working poor and uninsured in our community," said Ari Swiller, executive director of The Ralphs/Food 4 Less Foundation. "For us, this is more than a donation, it is an investment in people."

The Ralphs/Food 4 Less Foundation's donation, which includes more than \$50,000 worth of grocery and health care items, will be distributed to individuals and families serviced by the 15 **DiDi Hirsch** CMHC locations throughout Los Angeles County.

Robert Johnston, executive director of **DiDi Hirsch** CMHC, accepted the donation at a special ceremony held at the mental health center's headquarters in Culver City at 4760 S. Sepulveda Blvd. Volunteers, clients and staff from the Center helped to unload the grocery items. The donated products will be picked up and used by the Center's clients served by its outpatient and residential treatment locations.

"We are excited that companies such as Ralphs Grocery Company are recognizing and supporting the important work of the **DiDi Hirsch** Community Mental Health Center," said Johnston.

The **DiDi Hirsch** CMHC has been providing a safety net for the working poor and uninsured in Los Angeles County since 1942. The Center currently encompasses 15 locations, providing mental health and substance abuse services to 25,000 children, families, adults and seniors each year. The

Center provides outpatient and residential treatment, crisis intervention, a 24-hour suicide prevention hot line, and educational programs and training for mental health professionals.

The Ralphs/Food 4 Less Foundation, which was established in 1991 to enhance the quality of life in Southern California, reflects Ralphs Grocery Company's role as the region's largest supermarket company and its philosophy of giving back to the communities in which its supermarkets operate. The Foundation has assisted hundreds of non-profit organizations, schools and community groups from San Diego to Santa Barbara with grants, in excess of \$10 million. Thousands of people have benefited as a result of this support.

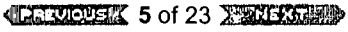
Founded in 1873, Ralphs Grocery Company is the oldest, largest and one of the most successful supermarket companies in Southern California. The company currently operates 314 full-service conventional Ralphs and Hughes supermarkets and 82 price-impact Food 4 Less warehouse stores in Southern California. Ralphs Grocery Company is a subsidiary of Fred Meyer, Inc., a Portland, Oregon-based retailer with more than 800 food stores in 11 western states.

SOURCE Ralphs/Food 4 Less Foundation

CONTACT: Terry O'Neil, Manager, Corporate Communications for Ralphs

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November 29, 1995, Wednesday, Home Edition

SECTION: Metro; Part B; Page 3; Metro Desk**LENGTH:** 724 words**HEADLINE:** FAMILY SERVICE OF L.A. TO MERGE WITH **DIDI HIRSCH** CENTER IN 1996**BYLINE:** By SHAWN HUBLER, TIMES STAFF WRITER**BODY:**

In a sign that the economic forces squeezing big business have trickled down to the nonprofit sector as well, two of Los Angeles' oldest and best-known social service agencies said Tuesday that they will merge next year.

Family Service of Los Angeles, which has aided needy families since 1930, and **Didi Hirsch** Community Mental Health Center, the oldest walk-in mental health clinic in the West, will open in January as a single counseling and social service agency.

The new \$11.5-million entity will retain the **Didi Hirsch** name with Family Service as a subsidiary, and will be among the broadest-based social service agencies in Los Angeles County, said Millard Ryker, executive director of **Didi Hirsch**.

The two organizations -- and the scores of others like them -- are familiar outposts for the poor and troubled of the Los Angeles area. Immigrant couples struggling to adjust to this country, single mothers struggling to raise their children, battered women, children frightened by quakes, high school students reeling from the aftermath of drive-by shootings -- all have been helped and consoled by places such as these.

Both agencies primarily serve people who cannot afford private counseling and have satellite offices scattered throughout the county. The new joint agency will continue to operate 15 of those sites; only one -- a Family Service center in Tarzana -- is expected to close as a result of the merger.

Officials familiar with the nonprofit industry called the merger a sign of a coming trend. In the past few years, corporate downsizing and layoffs have dramatically reduced charitable donations at a time when the needs of the poor are increasing and government is slashing public aid.

Nonprofit agencies traditionally have been loath to merge for fear that corporate donors and foundations might scale down their grants. But reassurances from large funding agencies such as United Way and threatened cuts in county and federal funds have encouraged social service agencies to seek out economies of scale, officials said.

"This merger is unusual for nonprofits, but I think you're going to see more and more like it," said Jack Shakely, president of the California Community Foundation, which manages money left to charity by wealthy individuals and which gave the two agencies a consolidation grant.

"This is a tough time all over," Shakely said. "There just isn't a lot of money out there."

The merger of the two local agencies, officials said, was initiated last year by Family Service, after a longstanding funding crisis threatened to shut down its family counseling program. The program -- one of the county's few remaining sources of affordable mental health care for the uninsured and working poor -- had been underwritten almost entirely by a grant from United Way of Greater Los Angeles that had declined 74% in five years.

The cut, officials said, was a direct result of United Way's own money woes. In the past five years, as bank mergers and layoffs cut into United Way contributions locally, the nonprofit giant was forced to slash its grants to smaller agencies by 41% overall.

Family Service tried to hold on to its counseling funds, but United Way officials said that program was pushed aside by other services -- such as child abuse and gang intervention programs -- that were considered a higher priority.

Ryker, of the Culver City-based **Didi Hirsch**, said his agency welcomed Family Service's overture. Although **Didi Hirsch** has a range of services -- dispatching counselors to victims of the Northridge quake, for example -- its primary focus has been on treatment for the chronically mentally ill, and one of the agency's goals had been to broaden its reach, he said.

Family Service, meanwhile, served three times as many people as **Didi Hirsch**, but had a much smaller budget and lacked access to Medicare reimbursement for some programs.

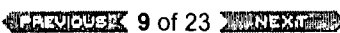
With a promise from United Way that it would do all it could to maintain the \$475,000 in combined United Way funding the two agencies are getting now, the deal was struck, officials said.

"This was one of those opportunities where two and two made five," said Family Service board Chairman Barry Smith.

The new agency is expected to be fully consolidated by Jan. 15, Ryker said, and will have the capacity to serve about 40,000 clients.

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Los Angeles Times

January 12, 1992, Sunday, Home Edition

SECTION: Westside; Part J; Page 7; Column 1**LENGTH:** 506 words**HEADLINE:** HEALTH CLINICS OVERWHELMED BY CASH-STRAPPED PATIENTS;
JUST WHEN SERVICES NEED TO BE INCREASED, CORPORATE AND INDIVIDUAL DONORS ARE LESS
ABLE TO GIVE.**BYLINE:** By JOSH MEYER, TIMES STAFF WRITER**BODY:**

When planners at the Venice Family Clinic prepared their budget for this fiscal year last May, they figured the clinic would have to expand services by 8% to account for the recession that already had begun.

Their guess wasn't even close.

"We had 46,500 visits in 1991 -- a 35% increase," clinic Executive Director Fern Seizer said. "That's pretty dazzling."

The clinic, the largest of its kind on the Westside, continues to turn away 40 or more people a day, and it is scrambling to come up with enough funds to meet the increased demand.

Like most other social service providers from Santa Monica to Hollywood, clinic operators live in fear of the double whammy of a recession: Just when services need to be increased, corporate and individual donors generally are less able to give. Luckily, the Venice clinic raised \$4 million for the upcoming fiscal year, which starts July 1, compared with \$3.7 million this year.

"The response has been wonderful," Seizer said. "People are digging more deeply, responding to meet the urgent need."

But the recession is showing no signs of abating, and Seizer and others fear they will soon be inundated as never before.

"There are so many people without jobs and without hope of getting jobs," Seizer said. "I don't see the light at the end of the tunnel."

Across town, the staff at the Los Angeles Free Clinic, at 8405 Beverly Blvd., was seeing so many people that it recently opened a walk-in clinic three mornings a week.

"But we could run clinics 24 hours a day seven days a week if we had enough money and volunteers, and that still wouldn't be nearly enough," Mary Rainwater, the clinic's associate director, said.

In October, the free clinic conducted a survey of its clients and found that more than 85% had no medical insurance. More than a third of them worked part time, and 47% said they had no job at all.

At the **Didi Hirsch** Community Mental Health Center in Culver City, more than 80 people a day stream in for outpatient treatment.

"We could see at least double that number, if we had the space and the resources," Executive Director Ann Brand said.



The Hirsch clinic, the largest free mental health center on the Westside, has suffered through staggering budget cuts this year, in large part because the recession has cut into traditional sources of funding. Its contribution from United Way was down \$40,000, for example, because of across-the-board cuts that United Way made in its funding of local social services agencies.

The cuts, Rainwater added, come at a time when the need for mental health services is greatest. Family economic problems often contribute to increased alcoholism, drug abuse and domestic violence.

"The stress of seeing your life and your family's life deteriorate, and your inability to change that, creates anger and depression," Rainwater said. "It goes round and round in a downward spiral, and there's no way out."

"For these people, there is no safety net, is there?" she asked. "If there is, it's just not adequate."

LANGUAGE: ENGLISH

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Los Angeles Times June 8, 1998, Monday,

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June 8, 1998, Monday, Home Edition

QUOTES

SECTION: Health; Part S; Page 1; View Desk

LENGTH: 1310 words

HEADLINE: ERASING THE STIGMA OF MENTAL ILLNESS

BODY:

Former First Lady Rosalynn Carter has been an advocate for the mentally ill since she was first lady of Georgia in 1970. Her efforts to erase the stigma of mental illness and to lobby for needed services for the mentally ill and their caregivers have earned her numerous accolades. On Wednesday, she will be honored at the **Didi Hirsch Community Mental Health Center's** leadership luncheon at the Regent Beverly Wilshire Hotel. An interview with Mrs. Carter will appear Friday in Life & Style.

The following excerpt is from her new book, "Helping Someone With Mental Illness: A Compassionate Guide for Family, Friends and Caregivers" (Times Books).

*

" 'Superman Will Die . . . Killed by a Superlunatic, an Escapee From a Cosmic Insane Asylum!' This was the headline in papers around the country heralding the Man of Steel's imminent death in a comic book released in September 1992. And just one month later, the newspapers in Georgia heralded 'Six Flags Over Georgia to Open New Halloween Attraction: Asylum of Horrors.' "

Those were the opening lines of a speech I gave in 1992. Unfortunately, media depictions that discriminate against those who suffer from mental illnesses and contribute to the stigma continue today.

"TV Ad Features Straitjacketed Man Ranting in Padded Cell." This headline was the subject of a Stigma Alert from the National Stigma Clearinghouse circulated to the mental health community in October 1997. The ad, jointly sponsored by Universal Studios and Pepsi-Cola, aired throughout Southern California, publicizing the Universal theme park's "Halloween Horror Nights." It showed a man wearing a straitjacket in a padded room, ranting and bouncing off the walls. A guard outside the cell was drinking a Pepsi-Cola. Exasperated, the guard shuts the peep door on the thirsty man inside.

Just a few months earlier, Nickelodeon released "Good Burger," a summer movie for children, in which a subplot takes place in an asylum. The film's heroes are kidnapped, carted off in straitjackets,

and thrown into a padded cell at Demented Hills Asylum.

And when the bombing took place in Atlanta during the 1996 Summer Olympics, the headline of the local newspaper heralded, "Search Is on for 'Random Nut Case.' " And the article began, "The hunt for the Centennial Olympic Park bomber is likely to focus initially on home-grown terrorists or what police officials and security experts refer to as a 'random nut case.' "

*

It seems as though I and many others have been fighting myths, misconceptions and stereotypes about mental illnesses for decades. And although much has changed over the years, we can see from the media coverage that much is left to be done. Why else would "60 Minutes" veteran Mike Wallace admit about his own depression, "I just didn't want people to know of my vulnerability. I was ashamed. It was a confession of weakness. For years, depression meant the crazy house."

And why else would actress Margot Kidder, following a much publicized episode of mental illness, confess that she'd rather be thought of as an alcoholic and drug abuser than a person with manic-depression? As she told Barbara Walters in a televised interview, "Mental illness is the last taboo. It's the one that scares everyone to death, and I have to include myself in that until the last few months."

Would either of these famous people have felt the same had they been diagnosed with a physical illness such as diabetes or high blood pressure? Despite the growing body of knowledge, a tremendous gap still exists between what the experts know about brain-related illnesses and what the public understands. The challenges involved in promoting better mental health for all Americans are many and complex, but none demands more of our attention than that of society's attitudes toward mentally ill individuals.

It didn't take long for me to learn about the impact of stigma when I first began working in the field. I would call mental health meetings when Jimmy was governor of Georgia and the only people to show up would be a handful of dedicated advocates and a few government employees, who probably came only because my husband was governor. At that time, no one would admit to having a mental illness; no one would acknowledge that a family member was suffering. Funding for mental health programs was always inadequate. It seemed they got only what was left over after all other health needs were addressed. And when we began establishing community group homes for mentally ill people, we ran into every roadblock imaginable--from neighborhood organizations and city council members to zoning laws hurriedly passed.

I have a vivid memory of stepping off the airplane in Valdosta, Ga., on the way to a meeting about a planned group home, and being informed that the city council had voted the night before to deny approval. It was not a pleasant day!

It is significant to note, though, that although group homes for people with mental illness are nearly always opposed, once established and the community members get to know their "new neighbors," the stigma, almost without exception, vanishes. This happened in Valdosta, after we were eventually able to get permission to develop the home. The community soon just "adopted" the recovering patients, and the home became a model for other cities.

I hear about the problem of stigma over and over in the thousands of letters I have received from people who know about my interest in mental health. A young college student who wrote to me in the late 1970s summarized the dilemma quite well:

"Because I am aware that many people are truly ignorant when it comes to the subject of mental health, I have concealed that I am going to a therapist from most people. I do this not only to escape the fact that I might be labeled a 'crazy' person but because I am 21 years old and will soon be looking for a job after I graduate from college next year. The fact that I have been emotionally ill

might get in the way of finding a good job.

"I feel that if people were made aware of the widespread problem of mental illness and its true nature, and . . . that most people can be helped and even cured, then we all could start to be more open about mental illness and have people who need help receive it and be accepted by others as readily as they would be if they had a physical illness. After successful treatment they should be as able to lead normal and productive lives as they would if they had been cured of a physical disease."

I couldn't agree more. Yet, unfortunately, 25 years later, we as a society have still not reached that point. That is why I have decided to write this book. My goal for many years has been to see the stigma of mental illness eradicated. And I believe the more we educate ourselves, and the more we come to know our mentally ill neighbors, the closer we come to attaining that goal.

Today, science has made dramatic breakthroughs in our understanding of the causes and treatments of mental illnesses. We now know that many have hereditary and physical components, that they are not the result of a weak will or misguided parenting as we had once believed. If you or someone you love is suffering from mental illness, there is no reason to feel ashamed.

I am pleased to have this opportunity to write about these issues that have so absorbed me over the years and about the exciting developments in the field. I know there is still much to be learned and much that remains to be done if we are to continue to improve the quality of life for those who suffer, many in silence.

But today, there is help and hope for those with mental illness.

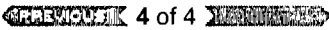
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David
Satcher

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Public Papers of the Presidents

September 12, 1997

CITE: 33 Weekly Comp. Pres. Doc. 1321**LENGTH:** 2054 words**HEADLINE:** Remarks Announcing the Nomination of Dr. **David Satcher** To Be Surgeon General and an Exchange With Reporters**BODY:**

The President. Thank you very much. Madam Secretary, our distinguished guests representing the health professions, to the Satcher family, and ladies and gentlemen.

Just yesterday, we learned of the strong public health progress our Nation has been making in recent years. We learned that last year, infant mortality declined to a record low, prenatal care reached a record high, the teen birth rate declined for the fifth straight year, and death from HIV and AIDS declined more than 25 percent. These are huge gains for public health, and much of the credit goes to the Centers for Disease Control and Prevention and their gifted leader, Dr. **David Satcher**.

As you heard from the Vice President, Dr. Satcher's many accomplishments are built on a deep foundation of personal experience. On the small corn and peanut farm where he grew up, he relied on a dedicated country doctor, the only African-American doctor in the area, to come to his family's side in times of need. That man, named Dr. Jackson, helped save **David Satcher's** life, and then he and other mentors and family members inspired him to dedicate his life to caring for the health of other people's families.

They inspired a man, whose parents didn't have the opportunity to finish elementary school, to himself become the first black M.D., Ph.D. in the history of Case Western Reserve University, then go on to become President of Meharry Medical College and the Director of the world-renowned Centers for Disease Control.

In part, because of the inspiration of his family doctor, **David Satcher** is uniquely qualified to be America's family doctor. He's a mainstream physician with a talent for leadership. And I'm proud to announce that I intend to nominate him to be both Assistant Secretary for Health and the Surgeon General of the United States.

Only once before has the President asked one person to fill two of the Nation's most prominent public health offices. I do so today because in his role as Director of the CDC, the agency that is the world's best defense against disease, **David Satcher** has demonstrated his profound medical expertise and eloquent advocacy for the Nation's public health. He's helped to lead our fight to improve the safety of our food, to wipe out the scourge of emerging infectious diseases, to expand access to vital cancer screening.

I particularly want to thank him for guiding our childhood immunization initiative. Child immunization

levels have now reached an all-time high, and cases of childhood diseases that can be prevented by vaccines are at an all-time low.

Now I look forward to working with Dr. Satcher on our most important public health mission, to free our children from the grip of tobacco. Every year, more Americans die from smoking-related diseases than from AIDS, car accidents, murders, and suicides combined. And we all know if people don't begin to smoke in their teens, it's unlikely they will ever begin to do so. We have to make the most of this historic opportunity to protect our children against the dangers of tobacco by passing sweeping legislation that focuses first and foremost on reducing smoking among our young people. And he will lead our Nation's efforts on many other health issues, as well.

Over the past three decades of serving the health needs of our Nation, **David Satcher** has earned the highest respect of public health officials around the Nation and, indeed, all around the world. No one is better qualified to be America's doctor. No one is better qualified to be the Nation's leading voice for health for all of us. And I am grateful that he is willing to serve.

Before I call on Dr. Satcher to speak, let me make one more comment about another nomination. I'm very disappointed that my nominee for United States Ambassador to Mexico, Governor Weld, did not receive a hearing before the Senate Foreign Relations Committee today.

Because our relationship with Mexico is so very important to our security and to our economy, I want an Ambassador who can represent all Americans. In a spirit of bipartisanship, I selected a highly qualified individual in the Republican Governor of Massachusetts. I believe the full Senate should find a way to move forward on this nomination. And I am encouraged by suggestions that Senators are seeking a way within the rules of the Senate to do so. After all, a majority of the Senate Foreign Relations Committee wants him to have a hearing, a majority of the United States Senate wants him to have a hearing, and all I have asked for is a fair hearing and an up-or-down vote on a man I believe to be highly qualified.

Now, I hope I'll receive a quick hearing and up-or-down vote, which will, doubtless, be up on Dr. **David Satcher**.

Dr. Satcher.

Q. Mr. President --

The President. Please, let me finish.

[*At this point, Dr. Satcher thanked the President and made brief remarks.*]

Nomination of Governor William Weld

Q. Mr. President, Senator Lugar says that it's now up to you to prevail on Senator Lott to get the Weld nomination to the Senate floor. And, while I'm at it, will you go for a recess appointment if that doesn't work?

The President. Well, I certainly intend to talk to Senator Lott about it, although, I would hope that Senator Lugar would do the same thing, and the other Republicans who want the fair and decent thing done. And my position is that this man should have a hearing. He's been a good Governor. He was a distinguished member of the Justice Department under President Reagan, and he's entitled to a hearing. And I believe if he gets a hearing, he'll be confirmed and he'll be able to go to Mexico. And that's what I'm working for.

Police Brutality

Q. Mr. President, the Congressional Black Caucus is in town, and they're calling on you today to address the problem of police brutality -- [*inaudible*] -- to the Justice Department. What do you have to say to the Caucus about the issue of brutality, and what should be done about it?

The President. Well, I believe that -- first of all, I think that when any kind of State action rises to the level of a constitutional violation, the Justice Department ought to be on top of it. And I look forward to meeting with -- I'm going to be with the Black Caucus, and I look forward to hearing from them and to seeing what else they think we should do. This administration, I think, has done more for law enforcement than any administration in modern history, and we've been very supportive of it. And I think those of us who believe in law enforcement and support it should also hold it to the highest standards of conduct.

Tobacco Settlement

Q. Mr. President, you're meeting with your tobacco advisers this afternoon on the proposed settlement. Can you tell us what direction you're leaning in, and do you think that the penalties that are posed on the tobacco industry are severe enough?

The President. Well, let me say the direction I will lean in is I'm going to do whatever I think will best further public health and will best increase the chances that we can dramatically reduce smoking among young people. And I will do that -- not only what, but when I do that. There are questions of substance and timing here, and it's a highly complex issue.

I want to thank Secretary Shalala and Bruce Reed for heading the process for our administration to review all aspects of this and also to hear from all people involved, including the tobacco farmers, which Secretary Glickman worked on. And I will be -- at least I'll begin my review of that later this afternoon, and then I'll do whatever I think is best. But I can't -- I don't want to make any specific comments until I have a chance to hear from my folks. They've been working on this very hard.

Nomination of Governor William Weld

Q. President Clinton, on the -- back on the Weld nomination, what do you make of Senator Helms' implied threat that this could have fallout in your relationship with him on other foreign policy matters?

The President. Oh, I don't think it was implied. I thought it was explicit. [*Laughter*] I like that about Senator Helms; he always tells you where he is and what he's doing. This is just a -- we've had a very cordial relationship, partly because we've been very candid and honest with each other, and this is just an area where we have disagreement.

I think Governor Weld would be a good ambassador; he doesn't. I think whether you believe he'd be good or not, he's entitled to a hearing, especially when a majority of the members of the committee and a majority of the Members of the Senate want him to have it. And so that's where I am, and we're at loggerheads. Now, as -- Senator Lott operates the Senate under the Senate rules, and they may well have the ability to prevent this from ever happening, and they may prevail, but the battle is not over yet.

Q. Mr. President, Mr. Weld used the term, "despotic" to describe today's proceedings. Would you go that far?

The President. Well, I think there are a lot of things about the Senate that when they operate properly may be good -- the Senate was designed to slow things down in America by the Founding Fathers -- but when they're abused can be bad. I think, among other things, that filibuster has been grossly overused in the last 5 years, and I know of no precedent for this action. But we'll just have to see.

I didn't answer that question on purpose. That's right, I didn't answer -- let me remind you of what the situation was in the last recess. We just finished a recess, and Senator Lott told me in no uncertain terms that if I intended to recess-appoint Governor Weld, the Senate would not go into recess, and that he would do whatever was necessary to make sure the Senate did not go into recess. And again, I value my relationship with -- we got a balanced budget out of this Congress in

part because we trusted each other to tell the truth. So I have to be careful how I handle this. I would never mislead Senator Lott, and he might have the same position this time he had last time.

So I think it's premature to talk about that. We should do this the right way. This man has been a distinguished public servant, and he ought to get a hearing. Let's do this the right way and not talk about -- there are circumstances under which recess appointments are appropriate, but the appropriate thing to do here is to give this man a hearing.

Thank you.

Surgeon General Nomination

Q. Mr. President, there has been some criticism on why you waited so long on appointing a Surgeon General. Can you address those criticisms, and also, the other criticism that there doesn't even need to be a Surgeon General?

The President. Well, first of all, I -- we had this ready to go. We thought the appropriate thing to do was to wait until right after the break instead of doing it right before the break. So we've been ready for some time. But I thought to do it after the August recess would give it greater national visibility and greater impetus going into the congressional hearing process.

And secondly, you could make an argument that we don't need a lot of folks, I guess, but my view is that the country is better off with a Surgeon General than without one. And I think of the contributions that Dr. Koop has made. I think of contributions many of our other Surgeons General have made. I think the idea of having a person who can be looked to by ordinary Americans for good advice and for strong advocacy on what they can personally do, on what the public policy of the country ought to be, and who can advise us about what we should be doing in policy and research, and things of that kind, is very, very important.



I think the country kind of likes the idea that there ought to be a doctor that they can trust, that they can turn to for old homespun advice and for also keeping them on the cutting edge of whatever modern medical developments are. And I know that I certainly feel that way, and I'll feel a lot better when Dr. Satcher has been confirmed.

Thank you.

NOTE: The President spoke at 1:30 p.m. in the Oval Office at the White House. In his remarks, he referred to former Surgeon General C. Everett Koop.

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FP Report, Post-Assembly Edition -- October 1997

David Satcher, MD, nominated as US surgeon general

On Sept. 12, President Bill Clinton nominated family physician David Satcher, MD, of Atlanta as US surgeon general and assistant secretary of health.

If the Senate approves the nomination, Dr. Satcher will be the first FP to serve as surgeon general. An AAFP member, he has directed the Centers for Disease Control and Prevention since 1993. Prior to joining the CDC, he was president of Meharry Medical College in Nashville, TN, for 11 years.

During the nomination ceremony in the Oval Office of the White House, Vice President Al Gore said Dr. Satcher learned about doctors firsthand when, as a child, he survived a near-fatal bout with whooping cough.

"On the small farm where David Satcher grew up, he relied on a dedicated country doctor, the only African-American doctor in the area, to come to his family's side in times of need," said President Clinton. "That man, Dr. Jackson, helped save David Satcher's life. ... In part because of the inspiration of his family doctor, David Satcher is uniquely qualified to be America's family doctor."

"I want to be the surgeon general who reaches our citizens with cutting-edge technology and plain, old-fashioned straight talk," said Dr. Satcher. "Whether we're talking about smoking or poor diets, I want to send messages to our cities and our suburbs, our barrios and reservations, and even our prisons. I want to take the best science in the world and place it firmly within the grasp of all Americans."

The Academy applauded the nomination and called for his prompt confirmation.



Dr. Satcher

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M2 PRESSWIRE**March 7, 1997****LENGTH:** 1200 words**HEADLINE:** USIA
State Dept report**DATELINE:** ZAIRE**BODY:**

The government of Zaire has announced its acceptance of the peace plan proposed by the United Nations and the Organization of African Unity, Burns said. "This is a very positive development," Burns said. "We welcome the Zairian Government's acceptance of the plan, which we believe provides a strong basis for a resolution of the conflict in the Great Lakes region."

He added that the United States remains very concerned about the estimated 170,000 to 200,000 Rwandan Hutu refugees. "We are asking the rebel alliance in Eastern Zaire to allow these people access to corridors out to Rwanda itself," Burns said.

COLOMBIA - The Colombian government has told U.S. Ambassador Myles Frechette March 6 that it will take another day to review the coca eradication project. According to Burns, the Colombian government will be examining "technical aspects," but it plans to resume eradication flights on March 7. "We hope that that is the case," Burns said. On March 5, Colombia had suspended its program to eradicate plants which are the source of cocaine and heroin.

KOREA/TEAM SPIRIT - Burns confirmed reports that the United States and the Republic of Korea have decided to cancel "Team Spirit" joint military exercises for 1997. "We made this decision taking into account the overall security situation on the Korean peninsula," Burns said. "This cancellation will have no impact on the readiness of our military forces - American and South Korean - to defend South Korea."

Burns said the cancellation is part of an effort to build confidence and "to create an atmosphere to reduce tensions on the Korean peninsula."

THAILAND/KAREN - Burns noted U.S. expressions of concern earlier this week that the Thai Government was forceably repatriating Karen refugees from Thailand into Burma. "I'm very pleased to say that we have now a reaffirmation of Thailand's long-standing policy of offering humanitarian relief to people fleeing from neighboring countries. And we believe the Thai Government is now prepared to protect the Karen refugees who have taken refuge along the border on the Thai side," Burns said.

BOSNIA - Ambassador Robert Frowick, who heads the Organization of Security and Cooperation in

Europe (OSCE) mission in Bosnia, has decided to postpone the Bosnian municipal elections from July until September. According to Burns, Frowick believes logistical and technical complexities must be worked out, and that a delay of two months would "expand the chances that these elections would be free and fair." The United States fully supports Frowick's assessment, Burns said.

ALBANIA - President Sali Berisha and opposition leaders agreed on March 6 to resolve the current state of unrest in Albania and to discuss the broader issue of political reform, Burns said. "We understand that they are prepared now to begin talks with each other on the issues that have divided them," Burns said. "We welcome this agreement.... We hope very much that a ceasefire can be worked out between those who have taken to the streets and the Government itself." The Albanian Government has reportedly offered a general amnesty to the rebels if they put down their arms within the next two days.

Burns reiterated U.S. support for the OSCE mission which will go to Albania March 8. It will be led by former Austrian Chancellor Franz Vranitsky. U.S. Representative Eliot Engel (Democrat of New York) will be a member of the delegation.

Burns said the United States has not requested any kind of U.S. military assistance in Albania, nor are there plans to reduce U.S. Embassy staff there. About 1,600 private American citizens are in the country, most in northern Albania. The violence has been largely confined to the southern part of the country.

YELTSIN - Burns said Russian President Boris Yeltsin was "vigorous" and "articulate" in his March 6 state-of-the-nation speech. Burns said Yeltsin "clearly wants to negotiate with NATO and the United States on the NATO- Russia Charter....

"What was most important about the speech was that he clearly laid out an agenda - very coherent, well thought-out domestic and foreign policy agenda," Burns said. "He's clearly in control; no question about it."



U.S. HUMAN RIGHTS DELEGATION - Burns said **Nancy Rubin** will head the U.S. delegation to March 10-April 18 United Nations Human Rights Commission conference in Geneva.

Rubin, Burns said, "is an eminent person, and she's very prepared for this, and we are looking forward to her leadership."

She has served in the White House under both Presidents Clinton and Carter, was a nongovernment organization (NGO) participant at the 1995 United Nations 4th World Conference on Women in Beijing, and was a member of the U.S. delegation at the U.N. Commission on the Status of Women in Vienna in 1993. She is a director of the Overseas Development Council and the Women's Commission on Refugee Women and Children and is a member of the Bretton Woods Committee and the Council on Foreign Relations.

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October 31, 1997, Friday

SECTION: CAPITOL HILL HEARING TESTIMONY**LENGTH:** 698 words**HEADLINE:** TESTIMONY October 31, 1997 **NANCY RUBIN** AMBASSOR-DESIGNATE **UNITED NATIONS** HUMAN RIGHTS COMMISSION SENATE FOREIGN RELATIONS **U.N.** STATE DEPARTMENT NOMINATIONS**BODY:**

STATEMENT

NANCY RUBIN

AMBASSADOR-DESIGNATE

UNITED NATIONS HUMAN RIGHTS COMMISSION

SENATE FOREIGN RELATIONS COMMITTEE

Mr. Chairman:

It is an honor to appear before you today as nominee for the rank of Ambassador to the **United Nations** Human Rights Commission and to be introduced by my long time friend Senator Dianne Feinstein. I am deeply grateful to President Clinton and Secretary of State Albright for the confidence they have shown by putting my name forward.

The defense of human rights at home and abroad is a reflection of long-standing and deeply held American values. During the last half-century, the promotion of human rights has been a central pillar of American foreign policy, acknowledged and supported by both houses of Congress and Republican and Democratic administrations alike.

In 1993, at the Vienna World Conference on Human Rights, the nations of the world reaffirmed the universality of human rights and fundamental freedoms and noted that their protection and promotion is the responsibility of governments. The Human Rights Commission is a vital component of our human rights diplomacy. As the preeminent international forum for discussion of human rights and fundamental freedoms, the Commission provides a unique opportunity to influence human rights violators by exposing them to the shame of the international spotlight. Shining the spotlight also allows us to be powerful defenders of the powerless and to keep faith with the millions of people all over the world whose hopes and aspirations are to realize the human dignity and potential. It gives us the opportunity to build the international support we need to persuade those who abuse human

rights that it is in their interest to honor these universal standards. Additionally, we work to provide mechanisms to advance human rights in the field.

The Congress, including members of this Committee, has actively supported our delegation to the Commission during past sessions. Your letters and conversations with foreign governments have helped to build support for our position on various resolutions. I look forward to continuing this partnership as we prepare for next year's session.

By according the rank of ambassador to the US Representative to the **UN** Human Rights Commission, the United States signals to other countries the importance which our legislative and executive branches attach to human rights and the role of the Commission in combating human rights violations worldwide.

I have been involved in international human rights work for over twenty years. I have worked in government and in non governmental organizations, and I have represented the United States Nations forums. I have helped to provide technical assistance to achieve social, political and economic participation; worked for the rights of refugees; and acted as an official elections observer in countries seeking to make the transition to democracy. My work has allowed me to meet with those hungering for justice in approximately twenty-five countries, ranging from Chile to Bosnia to China. I have served on the Bretton Woods Committee and the Council on Foreign Relations, and have had leadership roles in the Overseas Education Fund International the Coalition for Women in International Development, the Red Cross, the International Human Rights Law Group and the Women's for Refugee Women and Children. I would consider it the honor of a lifetime to represent my country in advancing human rights issues at the **UN** Human Rights Commission.



Mr. Chairman, the next session of the Human Rights Commission has particular significance, for it will mark the 50th anniversary of the Universal Declaration of Human Rights. By promoting the Declaration and its basic Principles, we not only honor the memory of a great American, Eleanor Roosevelt, but show our support for the many throughout the world whose fundamental human rights are still denied.

Mr. Chairman if confirmed, as Ambassador, I pledge to work with you and other members of congress to ensure that America's interests and ideals are well represented at the **UN** Human Rights Commission.

Thank you.

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M2 PRESSWIRE**April 11, 1997****LENGTH:** 3267 words**HEADLINE:** USIA**Nancy Rubin** remarks to UN Commission on Human Rights**DATELINE:** Geneva**HIGHLIGHT:**

U.S. delegation head notes continuing rights abuses

BODY:

The United States believes that "international human rights standards, as reflected in the Universal Declaration of Rights, are a common standard for all nations," says **Nancy Rubin**, head of the U.S. delegation to the U.N. Commission on Human Rights.

"Respect for democracy, fundamental freedoms and the rule of law at home means respect for them abroad, to the benefit of all nations and all people," she told the commission April 9.

In a statement reviewing the human rights situation in countries around the world, Rubin also made the following points:

- Cuba remains the Western Hemisphere's sole dictatorship, "denying its citizens the very tangible benefits of democracy."
- The United States "remains deeply concerned about the volatile situation in the Balkans."
- The United States "is deeply concerned with Belarus' accelerating slide toward authoritarianism."
- The United States "remains acutely concerned over the conditions in central Africa."
- Saddam Hussein's repression of the Iraqi people "has not abated, despite the great hardships to which he has put his people."
- "Burma's severe repression of human rights remains a matter of grave concern."
- We have also noticed a troubling deterioration in the human rights situation in Sri Lanka.

Rubin emphasized that the United States firmly believes that China should be held accountable to international human rights standards.

Following is the text of Rubin's remarks. Mr. Chairman:

Three times a year the United States makes formal statements on the human rights situation in the countries of the world. The first is when the annual country reports are released in late January. The second is when we speak on item 10 here at the commission. The last occasion is during the Third Committee of the U.N. General Assembly.

These are not casual occasions, but opportunities we take very seriously. Our government works hard gathering reliable information to determine the extent to which human rights are respected or abused in the countries of the world.

In doing so we make no claim that our record is perfect, for it is not.

But there are reasons why we do it. First and foremost is the fact that we believe that international human rights standards, as reflected in the Universal Declaration of Human Rights, are a common standard for all nations. These fundamental rights and freedoms are not just for Americans; they belong to everyone, in every country. Believing this

- and believing it deeply - obliges us to speak out where we see human rights abused.

Our commitment to human rights and their applicability to all people has deep and enduring roots in our national institutions and identity. Indeed, the United States was founded on the principles that all people are created equal and that they are endowed with the inalienable rights of life, liberty, and the pursuit of happiness.

The history of this century has clearly demonstrated that nations which respect the human rights of their own citizens respect the rights of their neighbors. Respect for democracy, fundamental freedoms and the rule of law at home means respect for them abroad, to the benefit of all nations and all people.

Those who cannot accept or understand this should reflect on the dark chapters of this century's history. From the massive horrors of World War I and II to the Soviet Gulag and the Chinese Cultural Revolution; from the killing fields of Cambodia to the cruelties of apartheid and the tragedies in the former Yugoslavia, Rwanda, and Burundi, the lesson remains the same. The costs of tolerating human rights abuse are very, very high.

And yet, there are nations which come here not to defend human rights, but to undermine them, not to expose abuse, but to divert attention away from it. It is some of these nations that we wish to discuss today, at the same time that we cite those who deserve praise for the progress they have made.

In our own hemisphere, the overwhelming trend over the past decade has been the consolidation of democracy and the institutions of civil society. Not surprisingly, much good has come of this: healthier economies and healthier societies. Yet there is one state which continues to deny reality, while denying its citizens the very tangible benefits of democracy. I refer of course to Cuba, the hemisphere's only remaining dictatorship, which continues to arrest, detain, threaten, and harass human rights and pro- democracy activists it considers a threat. Sadly, Fidel Castro has made it clear that he intends no political opening to accompany the limited economic liberalization measures implemented by his government in recent years.

By contrast, the final peace accord the government of Guatemala and the URNG guerrillas signed in late December closed out a year of significant improvement with respect to human rights and the rule of law in that country. The Guatemalan government has demonstrated that it has the political will to combat impunity. In a marked departure from previous years, the courts convicted members of the security forces who had been charged with human rights abuses. Further, paramilitary forces were disbanded, the guerrillas are now demobilizing, and the military is being reduced and restructured to carry out its proper role within a democratic society.

The government of Colombia is struggling to improve its human rights situation, while dealing with violent guerrilla groups, paramilitary units, and narco-traffickers. During last year's commission, the Colombian government agreed to establish an office of the U.N. High Commissioner for Human Rights in Bogota to promote and protect human rights, monitor abuse, and prepare analytical reports for the High Commissioner for Human Rights. Still, the government must continue to show the political will to address the human rights situation by arresting and prosecuting human rights abusers in the security forces, and identifying and penalizing illegal collaboration between the military and paramilitary units.

The United States remains deeply concerned about the volatile situation in the Balkans. The deterioration of conditions in Albania continues to pose a major threat to the human rights of that country's citizens, and we strongly support the efforts the OSCE, the EU, and the Italian-led multinational force to stem this potential humanitarian crisis.

While the United States welcomes the fact that the Serbian government finally agreed to permit the democratic opposition to take control of the municipalities it won in the November elections, we continue to be distressed by the Serbian government's lack of commitment to democratic reform and independent media. The United States remains deeply concerned by the continuing denial of basic human rights to the Albanian minority in Kosovo, and the Serbian government's refusal to address this issue. In addition, Belgrade has failed to live up to key provisions of the Dayton Accords and continues to protect a number of individuals accused of crimes against humanity by the International War Crimes Tribunal.

As it seeks to become part of the democratic community of nations, it is important that Croatia continue to cooperate fully with the U.N. Transitional Administration for Eastern Slavonia to ensure the peaceful reintegration of Eastern Slavonia while also assuring respect for human rights for all residents, returning displaced persons, and refugees. The U.S. continues to press Croatia to apprehend and surrender for prosecution all persons indicted by the International Criminal Tribunal, to guarantee freedom of the press, to guarantee local Serb community representation at all levels of the government, and to provide protection of local Serbs' legal and civil rights under Croatian law.

In Eastern Europe, the recent conduct of the government of Belarus stands in sad contrast to the positive achievements of neighbors like Poland, the Czech Republic, and Hungary. The United States is deeply concerned with Belarus' accelerating slide toward authoritarianism. The severe restrictions which the Lukashenko government has imposed on economic reform, democratic opposition, and the media can only limit the country's hopes for development.

The United States remains deeply concerned about the human rights situation and the potential for inter-communal violence on Cyprus. We call on both the Greek and Turkish Cypriot communities on that island to create a climate whereby a just solution to their differences can be found.

The African states as a whole have often been criticized because of the human rights problems in some of them. The United States does not take this simplistic view, but notes with satisfaction the progress that many African states have made over the past year. In Ghana, for example, the recent elections were free and fair. At the same time, the country has made noticeable progress economically and in strengthening its civic institutions. Mali, too, continues to make positive strides as it continues on the path to further democratization.

After several failures, the ceasefire in Liberia gives hope that that country's long descent in chaos has finally ended and the process of healing through national elections may soon begin. And in South Africa, the process of national reconciliation continues through the wise administration of Nelson Mandela's government and the careful deliberations of the National Truth Commission.

At the same time, the human rights situation in Nigeria is very poor. The regime of General Abacha has continued to rely on arbitrary detention, arrests, and wide-scale harassment to silence its many critics. Security forces have committed extrajudicial killings, tortured and beat suspects and detainees, while continuing to harass human rights and democracy activists. All these and numerous other abuses have taken place in a climate of serious infringements on freedom of speech, assembly,

association, travel and workers rights.

The United States remains acutely concerned over the conditions in central Africa. We strongly urge the rebel forces under Laurent Kabila to come to an agreement with the current government in order to avoid further bloodshed and suffering in Zaire. We deeply regret the death of the human rights monitors in Rwanda last fall, and we call on the government there and in Burundi to expend every effort to bring those guilty of massive and genocidal human rights abuse to justice.

Six years after the end of the Persian Gulf War, the government of Iraq still refuses to comply with the U.N. Security Council resolutions and destroy completely its weapons of mass destruction. At the same time, Saddam Hussein's repression of the Iraqi people has not abated, despite the great hardships to which he has put his people.

Meanwhile the Iranian government's human rights record has failed to improve. Their systematic abuses include extrajudicial killings and summary executions, disappearances, the widespread use of torture, arbitrary arrest, and detention, the lack of fair trials, and restrictions on freedom of speech and press. We further deplore the continuing abuse of those who practice the Baha'i faith. And we find it incomprehensible that the Iranian government has not acted to restrain those Iranian citizens who are responsible for offering a reward for the death of Salman Rushdie.

The United States continues to be deeply concerned about the crippling restrictions the Taliban have imposed on Afghanistan's women and girls. Surely, forbidding women from working when many of them are the sole source of support for their families is a cruel abuse of their rights, and a foolish policy as well. Similarly, forbidding girls to attend school can only add to the intellectual impoverishment of the country.

Burma's severe repression of human rights remains a matter of grave concern, as SLORC's military rulers maintained broad restrictions on the basic rights to free speech, assembly, and association. Meanwhile the political activities of the country's most well-known, democratic figure, Nobel laureate Aung San Suu Kyi, continued to be severely restricted.

We have also noticed a troubling deterioration in the human rights situation in Sri Lanka. Of particular concern are the unsolved disappearances of more than 700 persons in Jaffna and the slow progress made by the government in prosecuting security forces personnel implicated in human rights abuses. We are also troubled by the continuing failure of the armed forces and the LTTE insurgents to capture POWs in numbers commensurate with the scale of the conflict, since it suggests that both sides have adopted a "take-no-prisoners" policy. We call upon the government and the LTTE, therefore, to observe international humanitarian norms.

While we do not seek confrontation with China over human rights, we firmly believe that the People's Republic of China should be held accountable, and certainly at this commission, to international standards that China itself has endorsed. Chinese society has undergone significant transformation since the introduction of economic reforms, resulting in greater scope for individual choice. Nevertheless, China's government continues to commit widespread and well-documented human rights abuses and to severely restrict fundamental freedoms of speech, the press, assembly, association, and religion in violation of internationally-accepted norms.

No country should lie beyond the commission's scrutiny, Mr. Chairman. Nor should those who have made progress pass unnoticed for their efforts. Our goal at the commission is the protection and promotion of the fundamental rights and freedoms for every individual. By speaking out honestly and frankly, we can help accomplish that. For silence is evil's best companion, and light the strongest enemy of dark designs. Thank you.

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