

## TIPPER GORE'S CLINTON/GORE ADMINISTRATION RECORD

Tipper Gore, wife of Vice President Al Gore, brought her years of experience as a parent, photographer, and public activist to the Clinton/Gore Administration. She was a champion for America's homeless, people living with mental illness, and women and families. She captured many of her experiences during the first term as wife of the Vice President in the book, *Picture This*.

### Mental Health

In January 1993, President Clinton asked Mrs. Gore to serve as White House mental health policy advisor. Mrs. Gore used this platform to help America understand that mental illness is a diagnosable and treatable biological disease like other illnesses such as heart disease, to erase the shame and stigma associated with mental illness, and to improve federal mental health policies and community-based services.

Mrs. Gore participated in the President's Task Force on National Health Care Reform that included traveling around the country discussing health care reform with the First Lady and Secretary of Health and Human Services Donna Shalala. Mrs. Gore's office worked with the Office of Management and Budget to eliminate intrusive questions about personal mental health treatment from standard security clearance forms for federal job applicants. Revised forms were issued in September 1995. Because of Mrs. Gore's leadership, the Administration's 1996 balanced budget proposal included a mental health parity provision that prohibited health plans from establishing separate lifetime and annual limits for mental health. This provision marked an important step forward in Mrs. Gore's ultimate goal of permanently eliminating disparities in insurance coverage between mental illness and physical illness.

The second term of the Clinton/Gore Administration was a historic time for mental health policy in America. In May 1997, Mrs. Gore published an op-ed in the *Washington Post* clarifying the application of the Americans with Disabilities Act to employees with mental illness. Later that year, Mrs. Gore's office worked to ensure that the Administration's Children's Health Insurance Program (CHIP) included a strong mental health benefit. In January 1999, Mrs. Gore announced the Administration's proposal seeking the largest ever increase in federal funding for state and community mental health services. The Administration achieved a historic increase in the final budget agreement. After talking to young people all across America about their mental health needs, Mrs. Gore decided to publicly talk about her treatment for depression in the hopes of encouraging people who need help, or who have loved ones who need help, to seek it.

Following the tragic school shooting at Columbine High School in Colorado, Mrs. Gore helped the nation better understand children's mental health needs and how the nation could come together to create more supportive communities for children and families in need. She held community discussions across the country, appeared on national news shows, participated in a White House strategy session on children and violence, and published a column in *Time* Magazine.

In June 1999, President Clinton and Mrs. Gore addressed mental health during the President's weekly radio address to the nation. This occurred shortly before Mrs. Gore chaired the first White House Conference on Mental Health. The President, First Lady, and the Vice President joined Mrs. Gore for a day's discussion with national experts, activists, and consumers. President Clinton unveiled several new federal and private sector initiatives. Later that year, Mrs. Gore released the Surgeon General's Strategy to Prevent Suicide with the Surgeon General, Dr. David Satcher. In December 1999, Mrs. Gore joined the Surgeon General once again to release his report on mental health, a project she initiated several years earlier. The Surgeon General's Report on Mental Health is the most comprehensive report on mental health ever produced. In May 2000, Mrs. Gore launched a national mental health anti-stigma campaign beginning with an ad campaign with MTV targeting young people.

### **Homelessness**

Since the mid-1980s, Mrs. Gore has worked in a private capacity to help homeless men and women get the services and housing they need to turn their lives around. In the Administration, Mrs. Gore served as special advisor to the Interagency Council on the Homeless, a body made up of representatives from several federal agencies from the Departments of Housing and Urban Development and Health and Human Services to the Departments of Defense and Veterans Affairs.

Mrs. Gore promoted the Administration's innovative Continuum of Care that takes a holistic approach to tackling homelessness by addressing housing and non-housing challenges such as employment, education, and health care. Mrs. Gore's office worked with the First Lady's office to create a series of policies helping young people in the foster care system make a successful transition to living independent adult lives. Young people in the foster care system have one of the leading risk factors for homelessness at some point in their life. This initiative included extending the age of Medicaid eligibility for foster youth from 18-to-21, enabling these young people to get the health care and mental health services they need.

In 1999, Mrs. Gore produced a photographic exhibition and book on homelessness in America, *The Way Home*, with a diverse group of photographers, including White House photographer Callie Shell, the National Alliance to End Homelessness, and the Corcoran Gallery of Art. The exhibition illustrated the challenge of and solutions to homelessness in America. The exhibition was modeled after a similar photographic exhibition Mrs. Gore produced in the 1980s.

### **Women and Families**

Mrs. Gore was a champion for women and families, using her public platform to fight for important issues such as affordable child care, quality health care, and equal pay. In addition, Mrs. Gore chaired the Department of Education's America Goes Back to School initiative to promote family and community involvement in public education as well as the music-in-schools initiative Jazz in the Classroom. She chaired the Administration's Sudden Infant Death Syndrome prevention campaign, Back to Sleep, encouraging parents to place their babies to sleep on their backs. Mrs. Gore also led an initiative promoting lead poisoning prevention.

Finally, Mrs. Gore promoted the importance of physical activity and fitness as a part of overall good health and well-being.

As a founder of the Democratic Party's Women's Leadership Forum, Mrs. Gore encouraged women to take an active role in the politics and helped ensure that women's voices were heard, and their votes were mobilized, at every level of the political process.

Mrs. Gore and Vice President Gore moderated an annual family conference, "Family Re-union", that brought together families, government, and community leaders to discuss and design better ways to strengthen family life in America. Family Re-union encouraged leaders to design programs and policies that respond to the needs and strengths of families and communities rather than the demands of government bureaucracy. The conferences explored a new topic each year from the role of men in children's lives and families and work to families and health and education.

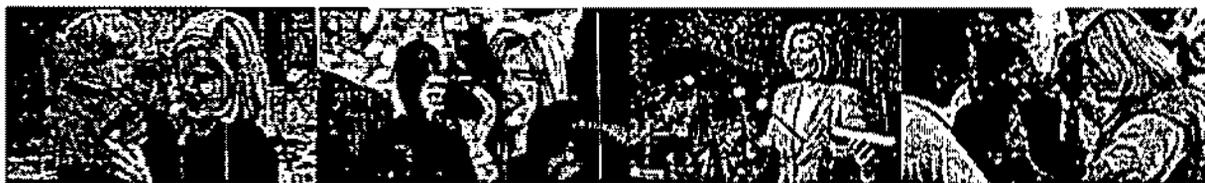
### **International**

Mrs. Gore accompanied Vice President Gore on many of his overseas visits, including addressing the 1994 International Conference on Population and Development's NGO Forum in Cairo, South African President Nelson Mandela's inauguration, the 50<sup>th</sup> anniversary celebrations of the Allied victory in Europe, and the 50<sup>th</sup> anniversary celebrations of the state of Israel.

In addition, Mrs. Gore undertook several international trips independently. In 1994, Mrs. Gore traveled to Zaire with Joint Chiefs of Staff chairman John Shalikashvili to participate in relief efforts following the Rwandan genocide tragedy. In 1998, Mrs. Gore led the U.S. delegation to the 1998 winter Olympics in Nagano, Japan.

Later that year, Mrs. Gore traveled to Central America to participate in international relief efforts following Hurricane Mitch. After returning to the United States, Mrs. Gore joined President Clinton for his weekly radio address to discuss the disaster and relief efforts. Mrs. Gore also submitted a report to President Clinton on behalf of the U.S. relief effort.

In 1999, Mrs. Gore traveled to Bosnia-Herzegovina to support U.S. peacekeeping and reconstruction efforts in the region. She visited American peacekeeping troops, participated in a community discussion on the reconstruction efforts, met national women leaders, and visited a multi-ethnic community in transition. Mrs. Gore also visited Greece speaking about the importance of volunteerism and community service.



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Tipper Gore is the wife of Vice President Al Gore. She is a well-known advocate for families, women and children and is actively involved in issues related to mental health, education and homelessness.



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As Mental Health Policy Advisor to the President, Mrs. Gore is committed to eradicating the stigma associated with mental illness and educating Americans about the need for quality, affordable mental health care. In June of 1999, Mrs. Gore chaired the first ever White House Conference on Mental Health that addressed stigma, discrimination and parity in mental health care. In 1990, Mrs. Gore founded Tennessee Voices for Children, a coalition to promote the development of services for children and youth with behavioral, emotional, substance abuse, or other mental health problems. She also

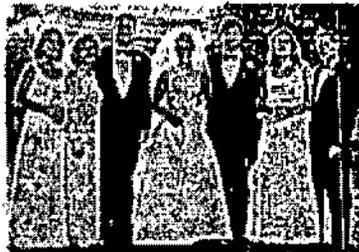
- Tipper Gore
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- Biography
- Picture This - A Visual Diary
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Since 1996, Mrs. Gore has served as Co-Chair of "America Goes Back to School," an initiative launched by the Department of Education to work with parents, teachers and students to help promote a better learning environment among our nation's children.

In 1978 and 1979, as Chair of the Congressional Wives Task Force, Mrs. Gore helped draw attention to the issue of violence in the media and its affect upon children. She subsequently co-founded the Parents' Music Resource Center in 1985 to promote parental and consumer awareness of the various themes in popular entertainment that are marketed toward children. Her first book, *Raising PG Kids in an X-Rated Society* is a guide to parenting and the media.

Mrs. Gore received a Bachelor of Arts degree in Psychology from Boston University in 1970 and her Master's degree in Psychology from George Peabody College at Vanderbilt University in 1975. Mrs. Gore worked as a newspaper photographer for the Nashville Tennessean until her husband was elected to Congress in 1976.

Born Mary Elizabeth Aitcheson on August 19, 1948, Mrs. Gore grew up in Arlington, Virginia; she was nicknamed Tipper by her mother. In 1970, she married Al Gore. They have four children: Karenna (August 6, 1973), Kristin (June 5, 1977), Sarah (January 7, 1979) and Albert III (October 19, 1982). On July 4, 1999, Karenna and her husband, Dr. Drew Schiff, gave birth to their first son, Wyatt Gore Schiff. Wyatt is the Gores' first grandchild.



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## Improving Mental Health

# PRESIDENT CLINTON AND VICE PRESIDENT GORE:

### *Improving Mental Health*

"Let me say we must step up our efforts to treat and prevent mental illness. No American should ever be afraid -- ever -- to address this disease."

– President Clinton in his State of the Union Address, January 19, 1999

While trying to eradicate the stigma and discrimination associated with mental illness, the Clinton-Gore Administration is working to improve mental health treatment, enhance prevention and bolster research. The Administration, under the leadership of President Clinton and Vice President Gore, is committed to helping Americans with mental illnesses live healthy, productive lives.

### HELPING AMERICANS OVERCOME MENTAL ILLNESS

**Supporting Fairness, Requiring Mental Health Parity.** The Clinton-Gore Administration advocated for and signed into law the 1996 Mental Health Parity Act (MHPA). In December 1997, the Administration issued regulations to take steps to ending discrimination in health insurance on the basis of mental illness under MHPA. As of January 1998, the law began requiring health plans to provide the same annual and lifetime spending caps for mental health benefits as they do for medical and surgical benefits. The Departments of Labor (DOL), Treasury, and HHS have also established coordination and referral systems at the federal and state levels to coordinate investigations of alleged practices by health insurance issuers and to ensure that workers and their families are not unjustly denied any protections provided under MHPA.

**Extending Strong Mental Health Care to Millions of Children through the Children's Health Insurance Program (CHIP).** The President fought to ensure that the 1997 Balanced Budget Act included \$24 billion -- the single largest investment in Health Care for children since 1965 -- to provide real health care coverage to millions of uninsured children. This investment guarantees the full range of benefits -- from checkups to surgery -- that children need to grow up strong and healthy. It ensures that a strong mental health benefit is part of this benefit.

**Preparing the First Surgeon General's Report on Mental Health.** Due out by late 1999, this document will distill the most current science to recommend approaches for promoting mental health, preventing mental illness, and providing state-of-the-art clinical interventions across the life cycle. The report will illustrate the similarities between mental health and physical health and the value of prompt, appropriate treatment.

**Developing a National Suicide Prevention Strategy.** In October 1998, Surgeon General David Satcher took part in a conference in Reno, Nevada, which laid the foundation for developing a national suicide prevention strategy -- the first time in the United States that clinicians, researchers, survivors and activists had been gathered for this purpose.

**Ensuring Medicaid Coverage of Mental Health Services.** In October 1998, HCFA issued a state

Medicaid director's letter providing guidance to all states regarding the development of Medicaid managed care programs for persons with special needs. This guidance applies to mental health service systems and further promotes recognition of mental health needs by managed care organizations serving Medicaid populations.

**Improving Prevention and Treatment for People with Mental Illnesses.** On January 14, 1999, the President's Mental Health Policy Advisor, Mrs. Gore, unveiled the Administration's plan to increase the Mental Health Services Block Grants by an unprecedented \$70 million (or 24 percent), totaling \$359 million for fiscal year 2000. Currently, the Mental Health Services Block Grant provides state and territorial governments with resources to support comprehensive community-based systems of care to serve people with serious mental illness and their families. This additional funding will enable states to target particularly-hard-to-reach adults and children with severe mental illnesses.

**Fighting to Pass a Strong, Enforceable Patients' Bill of Rights.** President Clinton and Vice President Gore called on the Congress to pass a strong, enforceable Patients' Bill of Rights that assures Americans the quality health care they need. Among its protections, the Administration's bill ensures that consumers cannot be discriminated against because of mental disability as they seek health care services. Leading by example, the President directed all federal agencies to ensure that their employees and beneficiaries have the benefits and rights guaranteed under the President's proposed Patients' Bill of Rights. In addition, HHS currently supports consumers by providing grants to develop programs that advocate for the legal rights of people with mental illness and to investigate incidents of abuse and neglect in facilities that care for such individuals.

**Protecting the Medicaid Guarantee.** The Clinton-Gore Administration rejected proposals to end the Medicaid guarantee to meaningful health benefits. In 1995, the President vetoed the Republicans' proposal in the 104th Congress to block grant the Medicaid program, preserving coverage for million of persons who receive mental health services under Medicaid. Thanks to President Clinton, the 1997 Balanced Budget Act preserved the federal guarantee of Medicaid coverage for populations who depend on it.

**Sponsoring Studies and Providing Mental Health Information.** HHS has taken a proactive approach in addressing mental health issues by sponsoring studies to advance mental health science in areas such as Attention Deficit Hyperactivity Disorder (ADHD) and Schizophrenia. In addition, SAMSHA operates the National Mental Health Services Knowledge Exchange Network (KEN) as a user-friendly, "one-stop" gateway to a wide range of information and resources on mental health services for users of mental health services and their families, the general public, policy makers, providers and the news media. KEN can be reached at 1-800-789-2647 or via the Internet at [www.mentalhealth.org](http://www.mentalhealth.org).

**Preventing Discrimination Based on Genetic Information both by Health Plans and Employers.** The Administration has urged Congress to pass bipartisan legislation to prohibit health plans from inappropriately using genetic screening information to deny coverage, set premiums or to distribute confidential information. The Clinton-Gore Administration has also supported legislation that ensures that employers do not use genetic information to discriminate against employees.

**Supporting Brain Research and Improving Technology.** Earlier this year, the Energy Department gave a \$10 million grant to establish the first of three National Centers for Functional Brain Imaging. Moreover, Department of Energy laboratories have developed a device that gives doctors a "window" into how the human brain actually functions. The device takes snapshots of the brain using a technique called magnetoencephalography and has led to greater insights about how the signals of the brain act or react in individuals with mental illnesses.

## EXPANDING EMPLOYMENT OPPORTUNITIES

**Expanding Hiring Opportunities for People with Psychiatric Disabilities.** In January, Tipper Gore announced that the Office of Personnel Management (OPM) would explore measures to eliminate the stricter standards that are currently applied to federal job applicants who have psychiatric disabilities. On June 4, 1999, President Clinton signed an executive order ensuring that individuals with psychiatric disabilities are given the same hiring opportunities as persons with severe physical disabilities or mental retardation. The civil service rules will be changed to ensure that people with psychiatric disabilities are covered by the same hiring rules and authority used for individuals with other disabilities. The executive order also permits people with psychiatric disabilities the same opportunity to acquire competitive civil service status after two years of successful service. This authority will allow adults with psychiatric disabilities the same opportunity for conversion into the competitive civil service as employees with other disabilities.

**Working to Enact the Work Incentives Improvement Act (WIIA).** The Work Incentives Improvement Act is an historic, bipartisan bill which removes significant barriers to work for people with disabilities, including psychiatric disabilities. The proposed legislation improves access to health care through Medicaid; extends Medicare coverage for people with disabilities who return to work; and creates a new Medicaid buy-in demonstration to help people with a specific physical or mental impairment that is expected to lead to a severe disability without medical assistance.

**Helping People with Mental Illness Return to Work.** Initiated in 1995, the Employment Intervention Demonstration Program (EIDP) program has shown that people with serious mental illness not only can work but also can be highly productive, given the right environment and the right support systems. EIDP has been identifying model interventions to help people with severe mental illnesses return to work or enter the workforce for the first time. While not yet complete, the study already has yielded important information about employment for people with serious mental illnesses -- information to help break through the stigma that stands between willing workers and jobs needing to be filled.

## ADDRESSING MENTAL HEALTH ISSUES FOR ALL AGES

**Meeting Special Needs of Children, Adolescents and Families.** The Clinton-Gore Administration helps fund a wide range of programs designed to protect or improve the mental health of our children. Some programs focus on preventive interventions that promote resilience, while other programs reach out to children with serious emotional disturbances to help point them on the road toward a healthier, productive adult future.

- **Promoting Healthy Development.** In response to President Clinton's call to action during the White House Conference on School Safety, the Administration creating two important grant programs for communities around the country: (1) the Safe Schools/ Healthy Students Program; and (2) the School Action Grant Program. Through the first program, grants totaling more than \$180 million per year will be awarded to school districts in partnership with local mental health and law enforcement authorities to promote healthy childhood development and prevent violence. The second program, launched by SAMHSA's Center for Mental Health Services, complements the first by providing funds to communities to expand school-based programs to the broader community.
- **Starting Early, Starting Smart.** Research has shown increasingly that many young children who

grow up in homes where at least one parent suffers from significant mental illness and/or substance abuse demonstrate emotional, behavioral or relationship problems that ultimately hinder their readiness to enter school. HHS' "Starting Early, Starting Smart" initiative, a public-private partnership between SAMHSA and the Casey Family Foundation, seeks to fill this gap by reaching children at their most critical time for mental and physical development.

**Meeting the Special Needs of Older Adults.** The Clinton-Gore Administration supports a range of services to meet the unique mental health needs of older Americans.

- **Studying and Treating the Mental Health Needs of Seniors.** The Administration supports a number of studies exploring the mental health needs of elderly Americans, including treating depression and reducing the risk of suicide. Older Americans are disproportionately more likely to commit suicide than any other group. NIMH-supported studies have found that major depression was the sole predictor of suicide among the elderly. These and other NIMH findings can lead to enhanced detection and treatment of depression in primary-care settings that reduces the risk of suicide among the elderly.
- **Caring for the Caregivers.** President Clinton and Vice President Gore supported the Administration on Aging (AoA) proposal for the National Family Caregiver Support Program to help families sustain their efforts to care for an older relative afflicted with a chronic illness or disability. The program would establish a multifaceted support system in each state for family caregivers. AoA also continues to provide grants to states to provide home and community-based, long-term care services -- important supplements to the care already provided by family members.

### **ADDRESSING MENTAL HEALTH ISSUES IN ALL COMMUNITIES**

**Supporting the National Resource Center on Homelessness and Mental Illness.** SAMSHA operates this center which develops and disseminates effective approaches to providing services and housing to homeless people with mental illness. Thanks to these resources, states have been able to improve treatment, housing and support services for adults with severe mental illness, so that they can carry out ordinary day-to-day activities in their communities. In addition, the "Access to Community Care and Effective Services and Supports" (ACCESS) program seeks to integrate fragmented public mental health services by using proven strategies and fostering partnerships among service agencies. ACCESS-evaluated interventions can lower days of homelessness for seriously at-risk individuals by as much as 75 percent over a 12-month period.

**Providing Mental Health Services for the Homeless.** The Health Care for the Homeless Program provides a comprehensive approach to address the multitude of health problems faced by homeless individuals. These services include referring homeless persons for needed mental health services and providing primary care and substance abuse services at locations accessible to homeless people. In addition, the President has proposed increasing the Projects for Assistance in Transition from Homelessness (PATH) program. PATH provides links to community-based health, education, employment and housing services.

**Creating A Continuum of Care for America's Homeless.** Under the Clinton-Gore Administration, the Department of Housing and Urban Development's (HUD) Continuum of Care program uses a comprehensive approach to provide emergency, transitional and permanent housing and services to help homeless people become self sufficient. Since 1994, the Continuum of Care has devoted an average of \$882 million each year toward solving homelessness, and in 1998, more than half of the programs supported by homeless funding served people with mental illnesses under the Continuum of Care's Supportive Housing, Safe Havens and Shelter Plus Care programs. According to a 1996 Columbia

University study: "The Continuum of Care approach has resulted in significantly more assistance for homeless persons with disabilities (including, but not limited to, severe mental illness, substance abuse problems, HIV/AIDS, and physical disabilities). The numbers of persons with disabilities proposed to be served in programs specifically designed for them increased 843 percent, from 2,816 to 26,565."

**Providing Mental Health Services in Medically Underserved Areas.** The Community Health Center (CHC) Program provides primary and preventive health care services to people living in rural and urban medically underserved areas throughout the U.S. and its territories. CHCs offer services in 2,500 clinics and serve over 7 million people yearly. In addition, the Clinton-Gore Administration is helping to train and recruit mental health professionals. The National Health Service Corps (NHSC) loan repayment program is available for behavioral and mental health professionals including clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists. Through NHSC, these clinicians are placed in health professional shortage areas to improve access to mental health services for underserved people.

**Enhancing Access and Decreasing Stigma Associated with Mental Illness.** Under the Clinton-Gore Administration, the DoD developed a pilot program at Tinker Air Force Base in which specialty behavioral healthcare is provided in primary care clinics, thus enhancing access to mental healthcare, decreasing stigma associated with seeking such care, and enhancing prevention efforts.

**Helping Veterans Overcome Mental Illness.** Under the Clinton Administration, the Veterans Administration (VA) has redoubled its efforts to provide quality mental health services. The VA instituted an accountability system and has increased its services to special populations, including homeless veterans and veterans with PostTraumatic Stress Disorder (PTSD). The VA currently treats over 25,000 homeless veterans per year and outcomes of those treated in residential facilities have improved steadily from 1993-1999 in the areas of housing, employment and clinical status. The VA also treats over 50,000 vets per year in specialized PTSD programs and inpatient PTSD outcomes have improved in recent years.

## PROTECTING ALL CITIZENS

**Caring for Victims of Violence.** SAMHSA has developed a grant program to identify, test and evaluate new, more effective programs to care for female victims of violence and for their children. In addition, the Violence Against Women Office supports a number of state and local efforts that include components to provide mental health services to domestic violence victims and their children and victims of sexual assault. And in fiscal year 1998, the Office for Victims of Crime (OVC), through Victims of Crime Act (VOCA) funding, supported over 4,000 victim assistance agencies throughout the nation.

**Enforcing Civil Rights Law and Ensuring Proper Care in Our Public Residential Facilities.** The Clinton Administration has worked hard to ensure proper care in our public residential facilities. The Civil Rights Division Special Litigation Section has ongoing work investigating allegations of inadequate care and treatment in public residential facilities (including mental retardation facilities and adult and juvenile correction facilities) under the Civil Rights of Institutionalized Persons Act. Since 1993, the Division has investigated mental health services and monitored remedial settlements to improve the mental health services in more than 300 facilities in 42 states. The Department of Justice's (DOJ) efforts also include an ongoing Working Group on Mental Health and Crime and a Suicide Prevention Program.

**Addressing the Mental Health Needs of Youth.** In fiscal year 1999, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) is funding a competitive grant to initiate a research and demonstration

effort to substantially increase the quality of mental health services provided to detained and committed youth. In addition, a collaborative initiative between the Deputy Attorney General and OJJDP focuses on the needs of children exposed to violence, including on law enforcement and legislative reform, innovative programs, and raising public awareness.

**Working to Improve the Justice System's Response.** DOJ has supported studies that examine and analyze police response to emotionally disturbed persons and that study the use of force in the arrest of persons with impaired judgement, including people with mental illness. Other DOJ efforts include: an ongoing Working Group on Mental Health and Crime, a number of projects supported by the Bureau of Justice Assistance to improve the criminal justice system's response, and a Suicide Prevention Program conducted by the National Institute of Corrections' (NIC) Jails Division.

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*Tipper Gore*

# Razing Workplace Barriers

In 1990 Congress clearly sought to eradicate employment discrimination against people with mental, as well as physical disabilities, when it passed the Americans with Disabilities Act (ADA). Although thousands of people with psychiatric disabilities are working successfully in a variety of jobs in this country, many more are denied employment opportunities because of myths, fears and stereotypes. These barriers of attitude often exclude qualified candidates from being considered for a job, and they keep people with mental disabilities from leading productive lives.

Recently, the Equal Employment Opportunity Commission (EEOC) published policy guidance to explain to private employers how they can comply with the ADA's requirements. Like the ADA itself, the EEOC's policy guidance recognizes both the rights of people with psychiatric disabilities to be free from discrimination in the workplace and the legitimate concerns of businesses that are trying to comply with the law.

Unfortunately, the reaction of some in the business community to these guidelines makes it clear that the battle against the stigma associated with mental illness has not yet been won. Given that one in four American families is affected by a mental illness, this is disturbing.

Contrary to reports, EEOC's guide does not require that employers give special treatment to people with psychiatric disabilities. Rather, the EEOC and the ADA require employers to do for employees with psychiatric disabilities what they must do for employees with physical disabilities—make reasonable accommodations that will enable such employees to do their jobs.

Many employees with psychiatric disabilities are now working successfully without any accommodations. Others require accommodations that are relatively inexpensive and easy to provide. The ADA even provides employers a defense—"undue hardship"—when making an accommodation proves too difficult or too expensive.

Let's be clear. As I understand the rules, the ADA requires that an employee who wants to be accommodated because of his or her psychiatric disability must show that he or she falls within the legal definition of the term "disability." That employee must demonstrate to the employer—with documentation—that he or she has a disability that substantially limits one or more major life activities.

Essentially, the employee must have a serious, definable mental illness. Of course, even then, the employee is not entitled to be excused from relevant standards of conduct or from job performance standards. This is simply an issue of equality for people with mental and physical disabilities.

This guidance also reminds employers that the ADA applies to all people with disabilities, not just those with physical disabilities. Eliminating stigma and reducing stereotypes takes a long time.

Every time a person with a disability is able to obtain and keep a good job, we're making progress. Encouraging those who can work to work helps all of us because our nation can't afford to waste the talents of anyone. Employers will be better served by familiarizing themselves with the guidance and treating with dignity and respect employees with psychiatric disabilities who request reasonable accommodations. Not only is it degrading to the principles of America to reinforce outdated myths, fears and stereotypes, it against our national interest to undervalue any individual.

*The writer, the vice president's wife, is an adviser on mental health policy to the president.*

The Washington Post

MONDAY, MAY 12, 1997

file May  
Cup pocket

# Strip stigma from mental illness

In an interview with USA TODAY (1A), Tipper Gore talks for the first time about her battle with depression. Here, the vice president's wife argues for fairness for those suffering mental health problems. She is a long-time advocate for mental health patients.

By Tipper Gore

Spring is a time for new beginnings. This year, let's celebrate the season with a new approach to America's mental health — one that will save Americans much shame and suffering even as it offers fresh, exciting ways to advance U.S. medical treatment.

Scientists are learning amazing things about the brain, mood disorders and mental illness. Studies are proving the connections between mental health and physical well-being.

Yet many outdated attitudes remain. Millions of American adults and teen-agers still worry that if they seek care for minor or major mental health problems, they might lose their jobs, their housing or their health benefits.

Illnesses centered in the brain can range from the minor upheaval of a temporary mood disorder to a serious chronic condition such as autism or schizophrenia. The spectrum of disorders is matched only by the spectrum of people affected by mental illness. During any given year, 51 million Americans will have a mental disorder.

I know how important good mental health care can be because I personally benefited from it.

My husband and I already have shared our positive experience with family counseling after our son's 1989 automobile accident. But when the crisis was over and all was better, I found out something many women discover at such turning points: I had been taking care of the emergency so well that I had not been taking care of myself.

I needed to talk about what I had gone through. I turned to a trusted counselor who saw that my sadness called for extra support and recommended that I be treated for depression. I am so glad I followed her advice. The conversations and treatment let me return to my old self and do a better job as a worker, wife and mother.

Depression can affect anyone at any age. A high school student named Susan told me, "Kids who are depressed or suicidal usually aren't obvious about it.



By Jim Brown

Recovery: Tipper and Al Gore, with their son, Albert III, after car accident in 1989.

They keep smiling and don't give any clues." At least, her sister didn't before she tried to take her own life.

Many older people diagnosed as depressed are responding well to anti-depressants. Rose is one. A savvy 90-year-old in Maryland, she was happily looking after herself in her own home. After the loss of a dear friend, her heart condition deteriorated, and she was placed in a nursing home. Fortunately, doctors found that Rose actually was depressed, which had led her to neglect her heart medication. After treatment, she returned to her own home.

Bill is a midlevel manager at a small company. Work became stressful. Bill's attention span shortened. He snapped at co-workers. His blood pressure escalat-

ed; his work suffered. With the aid of an unusually enlightened employer, Bill sought help and was treated for a mood disorder. Soon his work performance was as good as ever.

In traveling around the country, I have met so many people who have been successfully treated for depression and so many more who are afraid to come forward. I hope after reading this fewer people will be afraid to get help.

We have taken steps to integrate good mental and physical health care by passing the Kennedy-Kassebaum bill, which helps people keep their health insurance when they change jobs, and the 1996 Mental Health Parity Act, which helps ensure that people with mental health needs get equal treatment. And on June 7, the White House is hosting the first-ever White House Conference on Mental Health, which will explore cutting-edge programs and treatments.

We need to continue building on the best of the new connections being discovered between the mind and the body. The data are conclusive: Mental well-being helps keep you from getting physically sick.

Good preventive care that helps support emotional well-being also will save money. For example, Ernst Berndt at the Massachusetts Institute of Technology estimates that the annual \$44 billion cost of depression equals the cost of coronary heart disease.

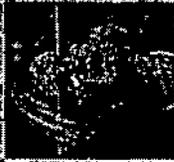
But even more important for American families is the prospect of having a health care system that focuses on helping us to stay healthy in every way, rather than waiting for us to fall ill before we can seek treatment.

So let's move our medical care into the 21st century and encourage it to look at how our minds and emotions affect our bodies and our ability to recover well from surgery and disease. Let us learn all we can from the medical experts documenting the link between mental states and physical health and then make good policies out of their findings. Let us encourage affordable counseling and medically based support groups that can stave off physical or psychological problems.

Let us explore elementary school programs that teach children how to manage their emotional development in healthy ways, thus lowering the incidence of drug addiction, suicide and violence in adolescence.

And, just as importantly, let us talk about mental health treatment in an up-front, matter-of-fact way so everyone can get care in an America where doing so is seen as it should be: no big deal.

# Drop the Stigma



MOTHER and daughter reunited the day of the shooting —

The Vice President's wife is a longtime advocate of mental health reform.

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REMARKS by MRS. GORE

GRAND ROUNDS  
DEPARTMENT OF PSYCHIATRY  
DARTMOUTH HITCHCOCK MEDICAL  
CENTER

JANUARY 14, 1999

Good afternoon and thank you, Dr. Silberfarb for the kind introduction.

It's great to be in the Granite State again. I am especially glad to be here at Dartmouth Medical School to talk about an issue that affects millions of Americans and matters to us all: mental health. I say this because the Dartmouth-Hitchcock Medical Center is leading the way in our ever expanding knowledge of the connections between physical and medical health. Your efforts here are breaking new ground every day and helping so many people live fuller, healthier lives.

As we celebrate the 50th anniversary of Mental Health Month this May -- as well as the last year of what has come to be known as the "Decade of the Brain" -- I believe we are finally turning the corner on how we, as a nation, view and treat mental illness. But I also believe that we still have a ways to go.

I want to talk to you today about what I believe we must do as a nation -- and what the Clinton Gore Administration is doing -- to help more Americans with mental illness reach their full potential, and to fight the stereotypes and stigmas that for too long have been directed at people with mental illness. Especially now, at the edge of a new millennium, in a time of great prosperity, I believe every one of us -- at every level of government and in every community -- have an obligation to do our part to meet this challenge.

President Clinton recently received a letter from an 8-year-old North Carolina girl named Lacey. She wrote about her father, who is schizophrenic, and

<a href="#">Mental Health</a>
<a href="#">Discovering Ourselves: The Science of Emotion</a>
<a href="#">National Alliance for the Mentally Ill</a>
<a href="#">Training for the Future</a>
<a href="#">Dartmouth Hitchcock Medical Center</a>

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often gets lost on the street. She wishes he had the food, shelter, and medication he needs to get better -- and she hopes we can help.

The President received another letter from a man named James, who described how mental illness has made him feel different from other people. As he puts it, mental illness has caused him to live with "the fear of rejection on a day to day basis."

These are just two stories in a virtual encyclopedia of experiences shared by millions of people with mental illness. So what are we to do?

We must start by being honest and open about the problem of mental illness. When I first approached this subject, one of the things that confused and confounded me was why mental illnesses couldn't be discussed publicly. I didn't understand why mental illnesses were often trivialized as passing personality issues, dismissed as character weaknesses, or not acknowledged at all. Why weren't these disorders the focus of scientific attention in the same ways as cancer or heart disease? Why weren't they covered as other illnesses are covered under health care plans? And why were we so afraid to talk about them?

Amazing breakthroughs in science are teaching us much more than we have ever known about how genetic, social and environmental factors come together to cause mental illnesses. More and more, we understand that the brain is an organ of the body that can sometimes break down -- just like the kidneys, or the heart. And mental illness can be as debilitating as a stroke and as life threatening as cancer.

Let's face it: when you break your leg, you go to the emergency room. When you feel a pain in your chest, you get to the doctor. But, unfortunately, too few people seek treatment for mental illness -- fearing the shame and stigma attached to these disorders. This is particularly ironic, because both research and experience have shown us that mental illnesses are treatable, often more treatable than common physical ailments. To give you just one example, only 41% of people treated for heart disease with balloon angioplasty make a full recovery -- but 80% of people with bipolar disorder -- or manic depression -- are treated successfully.

Yet, despite the many advances we have made in treating mental illness -- with new drugs, less institutionalization, and better community health services -- mental illness continues to be treated differently from physical illness. This in turn leads

to more misunderstanding, greater stigma and discrimination, increased reluctance to seek help, and greater disparity in insurance coverage. It's a vicious cycle, really -- but we can do something about it.

President Clinton and my husband, Vice President Gore have worked hard to change this, and I have been proud to work with this administration to draw attention to this problem.

Over the past six years, we have accomplished a lot. We fought for passage of the Kassebaum-Kennedy bill to help people keep their health insurance when they change jobs -- and to help ensure that people with pre-existing conditions cannot be denied coverage.

We fought to make sure that our historic Children's Health Insurance Program, which will help provide coverage for up to five million uninsured children, included a strong mental health benefit. Health care -- including mental health care -- is essential to assure that our children grow up healthy and strong and ready to learn.

We continue to fight to make sure that people with mental illness get equal treatment --and equal coverage -- by public and private health care programs and insurers. I was proud to work for passage of the Mental Health Parity Act in 1996, and I applaud what you have done here in New Hampshire to pass even stronger protections.

We have made historic investments in research and development that are leading to some of the remarkable breakthroughs made here at Dartmouth and around the country. Later this year, the Surgeon General will issue the first-ever report on mental illnesses. This report will document how widespread mental illness is in our nation and help provide a roadmap to move forward.

But you and I know that these are just the first steps. When people like Lacey's father still don't have access to the treatment that could help them lead more productive lives, when men like James still feel like second class citizens because they have mental illness, when countless Americans are reluctant to seek treatment because they are afraid of the shame and stigma, we know that we must do more.

Just yesterday, the President and Vice President unveiled a series of new steps to help people with disabilities, including mental illnesses, return to work. The President's budget includes landmark

legislation proposed by Senators *Jeffords and Kennedy* that helps remove one of the greatest obstacles people with disabilities face by ensuring that they can keep their health insurance when they enter the workforce. Americans with disabilities should never have to choose between the dignity of work and the health care they so desperately need -- and with this legislation, they won't have to.

The Administration also just unveiled a new long-term care initiative that is critical for people with mental illnesses -- and for the millions of caregivers who frequently experience depression and other illnesses. Not long ago, the Vice President and I visited an adult day care center in Sacramento where we learned that an astonishing 60 percent of the family members and other caregivers who relied on long term care in California suffer from depression. Our Administration's initiative is designed to provide critical financial support for these families through an \$1,000 tax credit and a new National Caregiving Support Program that provides a range of support services --- from counseling to respite care.

We are also continuing to fight for a strong enforceable patients' bill of rights that ensures Americans have access to quality health care. Our bill of rights says that Americans have the right to see specialists for the care they need; they have the right to keep their doctor throughout a course of treatment; and they have the right to appeal a health plan's decisions. People with mental illness often need these protections more desperately than anyone else --and our patients' bill of rights will give them that security.

And there is even more that we have to do to fight mental illness and the stigma suffered by too many people. Today, on behalf of the President, I am announcing three new steps that the Clinton-Gore Administration is taking to meet this challenge.

First, we must improve access to prevention and treatment that we know can work. The President's budget includes the largest increase ever in the mental health funding for states. This increase will enable them to launch innovative community-based programs that reach the most vulnerable populations among those with mental illnesses -- children, minorities, and women.

Second, we must work to eliminate discrimination for people with mental illnesses --from health care systems to the workplace. The President has directed the Office of Personnel Management to do more to hire people with disabilities in the federal

workforce. Today, we are taking another step by ensuring that people with mental illness are considered under the same standards as people with physical disabilities.

Third, we must develop new strategies to eliminate stigma and improve care for people with mental illness. That is why I am pleased to announce that this spring we will hold the first ever White House Conference on Mental Health.

This historic conference will bring together people from the mental health community -- from mental health providers, to advocates, to people with mental illness and their families --with community and state representatives, private sector entities, and foundations from around the nation. Together, we will explore the barriers we face and the best way to tear them down. We will highlight promising practices around the country that are working to fight discrimination, put an end to stigmas, and improve prevention and treatment. And we will explore the next steps the public and private sector can take to do their part.

Both President Clinton and my husband often say that we don't have a person to waste. The steps we are taking today -- and the work we must continue to do -- will help ensure that people with mental illnesses can make the most of their lives. That in turn, will help us build a stronger nation for the 21st Century. And I thank you for being an important part of that effort.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

June 5, 1999

RADIO ADDRESS BY THE PRESIDENT  
AND MRS. GORE  
TO THE NATION

The Oval Office

THE PRESIDENT: Good morning. I'm 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 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 six 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.

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, 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.

END

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

June 7, 1999

REMARKS BY THE PRESIDENT,  
THE FIRST LADY, THE VICE PRESIDENT,  
AND MRS. GORE  
AT WHITE HOUSE CONFERENCE ON MENTAL HEALTH

Blackburn Auditorium  
Howard University  
Washington, D.C.

12:32 P.M. EDT

MRS. GORE: Wow! Thank you so very much for that warm welcome. Good afternoon. We are all so very pleased to be hosting the first White House Conference on Mental Health. And I want to thank Michael Stevenson for producing the film that you just saw, with its extraordinary spirit showing the faces of mental illness. Thank you very much, Michael. (Applause.)

And, of course, I'd also love to thank on behalf of all of us President Swygert for hosting us here at wonderful Howard University. You and the staff at Howard University have been absolutely fantastic. We cannot thank you enough. (Applause.)

And please, all of you who are here -- all of you are here for the right reason, a reason that unites us all because we care so much about this issue and the lives that have been affected by it -- join me in the spirit of gratitude in thanking President Clinton; my husband, Vice President Gore; and First Lady Hillary Rodham Clinton for helping to make this conference possible, for believing in their hearts that this issue is one that is extremely important. Thank you so very much. (Applause.)

We also would not be here today if it weren't for the efforts of Secretary Shalala -- I'd like you to stand; Secretary Riley; Attorney General Reno; OPM Director Janice Lachance; and all the representatives of our administration that have worked so very hard. (Applause.) I would like to also acknowledge the distinguished members of Congress who are here and those that are joining us in their states; in their districts, at the downlink site. Would those who are here please stand and let us applaud you? Thank you so much. (Applause.)

I'm pleased to say that we are being joined by our neighbors and friends in communities all across this country, by nearly 6,000 downlink sites around the country. This is phenomenal and we really appreciate their participation via the Internet. The discussions that are going to happen, the information that's going to be shared in communities is going to be extremely worthwhile.

I would especially like to thank Mayor Vera Katz from Portland, Oregon; and Mayor Woodrow Stanley in Flint, Michigan; and Mayor Bill Campbell in Atlanta, who are with us as I speak. For all that you have

done in hosting the interactive satellite sites in your district and for organizing them in your cities. Thank you so much for helping reach more Americans. (Applause.)

Finally, I want to thank all of you for being here at this historic conference. It is historic and it's time that it happened because this issue is so extremely important to so many American families and so many American lives. And, of course, that's what this administration has been all about from its beginning.

I want to thank each and every one of you who participates here, because of your passionate advocacy for those who have mental illness, or for someone that you know personally, someone that might be in your family or a neighbor, or for the fact that you know that because this country was founded on fundamental principles of fairness and inclusion, and even though we've never been perfect we have always worked very hard to strive toward that ideal. And that is why you are here. And I want to thank you so much for your presence today. Thank you for coming. (Applause.)

The interest in this conference has been absolutely remarkable, and some of which can be understood from things that I have just said. Mental illness is not just something that happens to other people, somebody over there. We have to realize that it happens in our American family, in our American communities, and that that means that it calls on a response from all of us. It touches us, it touches ourselves.

We're going to talk about that in very personal and very real terms in just a few moments because we want this to be a conversation. And we, most importantly, want to inform people who are listening about what mental illness is and what you can do about it, so that people will understand it, and they won't fear it.

Because one of the things that struck me the most when I first began studying this many years ago, was how hard it is to talk, either publicly or privately, about mental health issues to people. And that's because of one thing; the stigma -- the stigma and the shame that is attached to this particular illness above all others.

I think, if you will think back with me, we can remember a day when we could not talk about cancer. That was a secret in everyone's families. We hardly could speak of it. And how many people suffered, or didn't come forward for treatment, because of that kind of cultural climate that existed. And then we didn't want to talk about AIDS.

Now, this is the last great stigma of the 20th century, that we need to make sure ends here and now. (Applause.)

And because of that, this dialogue that we're going to be joining in today is breaking that silence. And to break down the silence, we break down the myths and the disillusionments and the misperceptions that are associated with mental health issues. And we want to encourage more Americans to get the help that they need, because when they get the help that they need, and it's the right help, they can lead productive lives in their communities, in our society. And they should be invited to do that.

We must talk about mental illness in our homes, in our workplace, in our communities, with our colleagues, everywhere that we can, because we must uncover those who have it or are suffering with it and encourage them to get the help they need. We must recognize mental illness for what it is. It is an illness that can be treated, and it can be treated successfully. (Applause.)

I'd like you to consider this fact: 51 million Americans will experience a mental health issue at some point in their life. That's an

awful lot of us. And that means not only that individual, but their families. And I'm talking about illnesses that range from depression to bipolar illness to schizophrenia, to many, many more. But only one in five of those people -- only one in five -- will seek treatment because, again, of the stigma and the shame that has been attached.

And despite the fact that now we have such a broad range of treatment and diagnoses that work, it makes it even more heartbreaking to think that those people will not feel comfortable reaching out and getting help. Hopefully, after today, this is a new beginning for them, and they will.

Why are we so reluctant to seek treatment for mental illness? Why? I've asked many people this question preparing for this conference, and we've talked about the shame -- it always comes up: I feel ashamed; I don't want to come forward because I don't want to be labeled, I don't want to be joked about; I don't want people to treat me differently than my neighbor who has diabetes, or has a broken leg.

And yet, they do. And it happens everywhere, from hospitals to workplaces. That is something that we need to change -- because people feel discriminated against. They feel this discrimination in their lives. That's not what America is about. America is about fighting discrimination wherever we find it. We must end the discrimination that those with a mental illness feel. (Applause.)

I'd like to say one more thing about the misperception, and that is that most people treat someone with a mental illness as if it's their fault, or as if they could just snap out of it, or if they could just pray harder, somehow they would feel better and get well. And in replacing that misperception and that myth with facts and with knowledge and with the science where it is today, which is so hopeful for people with mental illnesses, I think we can go a long way toward allowing people to feel hope in their heart and the freedom to come forward.

I think it's important because I know, I had this experience myself. I found that after a traumatic incident in my life that sometime afterwards I had a delayed reaction and I found that I was not myself. And friends pointed that out to me. Since I had studied this I knew a lot about it. I checked the list and I went to a mental health professional and I said, I'm not here as a friend this time, I'm not here as a volunteer for the cause, I'm here because I need some help. And I was diagnosed with clinical depression.

I received treatment with medication and I'm happy to say that it worked. And I want people that are in the sound of my voice who perhaps are suffering with this or any other mental illness to know that there is the right diagnosis and the right treatment and the right health care professional out there for you. Don't hold back. Go and seek them. And to the families, support the person that is in need and help them get the help they need and learn what you can about the illness because they can recover and they can continue to function very well. (Applause.)

And that leads us to the guest on my right. And I, of course, really don't need to introduce him. He's an award-winning journalist. He's someone that all of us admire. And one thing that's interesting is that he has always been very tough and very fair, and we know him as tough Mike Wallace. And he is that. And I think one of the most courageous, and one of the toughest things he probably ever did was to recognize his illness and to talk about it. And I want you to know that that's one of the things I admire about you the most. (Applause.)

But you're here today to talk a little bit about your story, to help other people. And I appreciate that so much. Mike, will you tell

us what happened with you?

\* \* \* \* \*

MRS. GORE: I want to thank each of you, for all of us, for sharing your stories so publicly and in the hopes, I know, that it will help other people -- that is your motivation -- and so that people will see that it's very wrong to discriminate against people who have a mental health issue -- it's just plain flat wrong and unfair. And we must change it.

And as Americans, we cannot tolerate discrimination in any form, whatsoever. I know all of you would join me in thinking about that. That is why I am very pleased, and I want to thank you, President Clinton, for asking me to serve as the honorary chairperson of the Anti-Stigma Campaign which we will be launching as a result of this conference. And I think that's going to be extremely important. And we'll be talking more about that later. But we wanted to reach every community and every workplace so that people will understand that stigma is just a piece of this puzzle that needs to go away.

And as people, like yourself, myself, Mike, John, are willing to talk about these issues, I think that we will destigmatize and people will understand what mental health issues are.

And to that end, our administration has also announced another very important step, and that is we are expanding our caring for every child campaign, and that's the target -- parents and teachers and child care providers and social service workers -- with education programs about the mental health needs of young children, so that they will intervene early. (Applause.)

Early intervention is prevention, and can prevent so much of this pain. And we're also launching a new outreach effort through NIMH and the administration on aging to educate older Americans that they, too, might very well be at risk, particularly -- for any mental illness, but particularly for depression.

Some people think depression is just a natural part of aging. But so many of our elderly citizens are actually suffering from clinical depression, which can be relieved with the right treatment. And we are finding that door is opening as well. And we want it to continue to.

Now, in two weeks, my husband and I will be hosting our 8th annual Family Reunion Conference in Nashville, Tennessee, and the issue is going to be families and communities. I have learned a great deal about how communities can work better and also how mental health in communities can work better from so much of the work that Al has done in this area. And I want to, with great, great pleasure, introduce to you the Vice President of the United States to lead our 9th discussion. And you might want to get up and go over --

THE VICE PRESIDENT: Yes, ma'am. (Laughter and applause.)

MRS. GORE: -- over there and begin your discussion. (Applause.)

THE VICE PRESIDENT: Right here? Thank you. I'm anxious to follow instructions carefully. (Laughter.) But departing from my instructions, I want to start off by saying to all of you, I hope you can imagine how proud I am of Tipper and her leadership role. (Applause.) It is a great joy for me and for our children and for Tipper's parents and mine and all of our family to see what a wonderful thing she has done and is doing in advising the President, in helping to spread the word, to organize this conference. And I'm very, very grateful, as I know you all are.

And my role in this discussion is to highlight with my two guests here the role of families and especially the role of communities. I'd like to say, first of all, where the role of families is concerned that we learned from Tipper's experience that -- what so many of you know -- that when mental illness strikes, it affects not only the person who is involved, but the entire family. And for our family, we became much stronger as a result of this experience. And that's principally due to the tremendous courage that Tipper herself showed and, of course, the fact that she had this knowledge that she had gained in academic settings, and her work on the issue for so many years I think made it perhaps a little easier for her to educate us than might be the case with some others in a similar situation.

But one of the things that we did learn was how crucially important it is for families to be supportive and understanding, to educate themselves, and to surround the person with love, and to help the healing process.

And in some communities families are able to find out how to play that role, and it makes such a big difference. Because the way I look at this -- in the same way that a family is always there for a family member who needs help, communities should always be there for families that find themselves in a situation where they need to reach out for new services, new help, new understanding.

And, unfortunately, too many communities across our country are not used to providing this kind of support because of the stigma that Tipper and Mike talked about earlier, because the new treatments are just that -- new -- and because some old outdated attitudes are still persisting and some people mistakenly believe that these conditions are untreatable or virtually untreatable, the way many of them were in decades past. Many communities are not organized to give the kind of attention that is needed.

So, under President Clinton's leadership, this administration has been moving to try to make changes in that reality, and give communities more of the help that they need. And that's because we believe that the people who do need help should find a waiting ear, and not a waiting list. And, in fact, a recently released survey by the National Health Association confirms that only one in three Americans who were surveyed said that the communities in which they live have these services readily available for families that need it. Now, that must change.

As part of this year's budget, we have proposed the largest increase in mental health block grants in history. (Applause.) And today we're proposing to build on that proposal with three new ideas. First of all, we're launching a new initiative to help ensure that vulnerable homeless Americans with mental illness get the treatment and services that they need. (Applause.) Second, we're beginning a new effort to reach out to those people who can't work because of mental illness and are presently on disability insurance, to help them get the treatment that they need to return to work. (Applause.)

Third, we are launching a new effort to meet the mental health needs of crime victims, including a renewed commitment to ensure that our efforts to respond to major crises do address the mental health needs in those communities.

I remember in some of the instances where Tipper and I have represented the administration and the country in going to communities that have been hit by disasters, Tipper has always spoken out to say, now, don't forget, in addition to the broken bones and the grieving that needs to be attended to and all of that, there are mental health needs. And we need to incorporate that into the normal response to

crises.

A lot of people don't realize even today that after the horrible bombing in Oklahoma City, after some time had passed, suicides increased dramatically, and at least a half a dozen people associated with the effects of that bombing have taken their own lives. And at least twice as many more have attempted suicide. So our new initiative will help ensure that the response to tragedies like these include mental health training and services to help the victims recover and lead normal lives.

Now, obviously, government alone is not going to solve this, it has to be a partnership with private organizations, volunteer organizations; state-based organizations have a big role to play.

And I want to talk now with a couple of folks who have had personal experience with how this kind of community effort can work. First of all, Robin Kitchell. Robin is from Nashville, Tennessee, and participated with Tipper in one of the many events that she held as a warm-up to this conference.

And Robin, you have a son who suffers from bipolar disorder. Tell us about some of the challenges and the rewards of caring for a child with a mental illness.

\* \* \* \* \*

THE VICE PRESIDENT: Well, you speak very eloquently about your own experience, and the lessons that we ought to draw from it.

What I hear you saying is that anyone who talks about how important it is for families to stay together, and for families to be strong, ought to recognize an obligation to make sure that the communities where those families live are supportive, when families face struggles like the one that you faced -- whether it's the health insurance community, or the medical community, or the schools, or the business community, or the peer group. They need to be understanding and supportive of families in this situation.

And mentioning the business community leads me to Dr. Wayne Burton, who is the Medical Director for Bank One Corporation.

Dr. Burton, your business is unusual in that you provide comprehensive mental health services. And your experience has been different from what is feared by some businesses who refuse to offer these services. Tell us about what your company has experienced.

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THE VICE PRESIDENT: Just to draw out what may be an obvious point that everybody understands, but I want to make sure I understand it -- the percentage of your cost attributable to mental health services dropped so sharply because in providing a comprehensive approach and in educating the entire work force about being open and eliminating stigma, you were able to provide preventative services and earlier-stage intervention that were far more effective and far more cost-effective, thereby resulting in the cost decrease. Is that the point you're making?

DR. BURTON: That's correct. We felt that by providing out-patient care early on, where an employee can continue to work, but attend, perhaps, a day hospital or an evening hospital -- back in the early '80s, when there were not very many of these programs around -- that it would benefit us by reducing the more costly hospital stays and so forth.

THE VICE PRESIDENT: Well, the same experience that your son had, Robin, going back, with only six months to go before 8th grade graduation and all of a sudden feeling that stigma and the very tangible form of proposed segregation is the kind of approach that some employees in the work force face, if the work force has not been educated, if the employer doesn't send a strong signal that the stigma is not permitted here, that we're going to lead the way. And so by having that kind of support in the community and having that kind of support in the workplace, you can get the people the help that they need.

Now, Doctor, one other question on this. I know that there are some business executives who have taken a different position over the years, and maybe they're questioning to themselves whether or not the new treatment success rate and the new economics that you're reporting really would work for them. Some of them are still kind of manning the barricades and fighting against opening up coverage of mental health services in the same way that they cover treatment for physical ailments. I should put that a different way, for heart disease and for other kinds of illness.

What would you say to a corporate executive who was still resisting the kind of step that your company took? What's the most persuasive argument that you could make?

DR. BURTON: Well, we believe that providing appropriate mental health benefits and quality mental health benefits are important for our employees, their families, and the communities in which we do business. It's good business. (Applause.)

THE VICE PRESIDENT: Very good. I'd like to thank you and Robin Kitchell. Thank you. Thank you very much. (Applause.)

Now let me call on one of our largest sites that is linked up by remote satellite, in Atlanta, where Dr. Satcher is waiting.

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MRS. GORE: And thank you, Al, very much. And I want to thank all of you for telling your stories. And particularly, good luck with your son. And I'm delighted to hear the business aspect, that it doesn't break the bank, actually it's good business to cover for mental health services. That's something all of us in this room believe deeply and have been waiting to hear.

And this is the close of the decade of the brain, this is a time when we have been -- well, I personally haven't, but scientists and other researchers have been mapping the architecture of the human brain, and we have learned so much about it. And it's time to bring the science into the daylight of the light that is shining on mental health.

And no one could do that any better than the sunshine of all our lives, our great First Lady, Hillary Rodham Clinton. (Applause.)

MRS. CLINTON: Thank you. Thank you very much. Thank you. If I had any voice I would break into "You are the Sunshine of My Life," and dedicate it to Tipper. (Laughter.) But I'm delighted to be here, and so pleased not only to see this packed room with standing room only, but to know that nearly 6,000 sites around the country are sharing in this firsthand.

This is an historic conference, but it is more than that; it's a real signal to our nation that we must do whatever it takes not only to remove the stigma from mental illness, but to begin treating mental illness as the illness it is on a parity with other illnesses. And we have to understand more about the progress that has been made

scientifically that has really led us to this point.

I don't believe that we could have had such a conference even 10 years ago, and I know we couldn't have had such a conference 25 or 30 years ago, when I was a young law student working at the Child Study Center at the Yale University and taking classes at the Med School and working at the Yale New Haven Hospital, and very interested in the intersection of mental illness and the law and in the development of children and other issues that we were only then just beginning to address. And we didn't have a lot of evidence to back up what we needed to know or how we should proceed with the treatment of a lot of the problems that we saw.

Well, today we know a lot more. And it is really our obligation and responsibility, therefore, to begin to act on that scientific knowledge. And I'm very pleased to be talking with a distinguished group of panelists about the science of mental health and mental illness.

We're happy to have with us Dr. Steven Hyman. He is a distinguished scientist who directs the National Institute of Mental Health, one of the institutes of the National Institutes of Health. And I want to start with Doctor Hyman.

Dr. Hyman, you have been dealing with some very difficult diseases that affect millions of people. We've already heard several mentioned -- clinical depression, bipolar disorder, schizophrenia. What progress have we made in learning about these diseases in the last few years so that we understand them more scientifically, and, therefore, have a better idea of what to do about them?

DR. HYMAN: Well, Mrs. Clinton, the first thing that we've recognized is that the numbers are indeed enormous. More than 19 million Americans suffer from depression. More than 2 million children. More than 2 million Americans have schizophrenia. And the World Bank and the World Health Organization have recognized that depression is the leading cause of disability worldwide, including the United States.

We have also learned some very important facts about these illnesses, and if I can just encapsulate them briefly, it's that these are real illnesses of a real organ -- the brain. Just like coronary artery disease is a disease of a real organ -- the heart. We can make diagnoses, and these diseases are treatable.

In addition, we've learned that these diseases should be treated just like general medical disorders. If you have heart disease you would get not only medication, but also rehabilitation, dietary counseling, stress reduction. So it is with a mental illness. We've heard a lot already today about medication, but people need to get their medication in the context of appropriate psychotherapies and other psycho-social treatments. (Applause.)

MRS. CLINTON: So how then has these scientific discoveries changed the way that we as a society deal with mental illness? And following up on what you said, if we now know -- if you as experts and practitioners know that we should treat mental illness as real and as treatable, as a disease of a bodily part, namely the brain, what does that mean for the kind of response that we should be looking to in society?

DR. HYMAN: You know, sometimes people think of science as something cold, but actually it has been an enormously liberating force for families and for people with mental illness. Not two decades ago, people were taught that dread diseases like autism or schizophrenia were due to some subtle character flaw in mothers. This idea, unfortunately, has been perpetuated by ignorance far too often. And, indeed, these

ideas didn't help with treatments. And what they did do is they demoralized families who ultimately had to take care of these poor sick children.

So science has shown us some alternative ideas. For example, it's turned out that autism, schizophrenia, manic-depressive illness are incredibly genetic disorders. What this means is that genes have an awful lot to say about whether somebody has one of these illnesses. And I have to tell you that as the human genome project approaches completion, in the next few years, we're going to be discovering the genes that create vulnerability to these disorders.

Now, that's important because genes are the blueprints of cells and by understanding those blueprints, I think we're going to come up with treatments that we could not possibly have dreamt of.

The other thing, as you mentioned, is we're learning an enormous amount about how the brain is built and how the brain operates. I brought a few pictures -- I don't know if we can project them, but I think pictures are worth an awful lot. You can see on the left the brain of a healthy person, and on the right the brain of someone with schizophrenia, given a cognitive task that requires planning and holding something in mind. The kind of task that a person with schizophrenia has difficulty with. And what you can see just looking at the red spots, that people with schizophrenia don't activate their brain in the same way as a person without this illness.

We also know -- and I think this is really interesting -- if we could have the next slide -- that our treatments work because they work on the brain. No one is surprised that medication works on the brain, but what we're learning is that psychotherapy also works on the brain. (Applause.) So what you can see in the lower two brain diagrams is that this is someone with an animal phobia -- something that we can study relatively easily -- before treatment. Now, after a cognitive behavioral treatment that exposes and desensitizes the person, you can see new spots of activity -- they're shown in green -- and they represent activation of our prefrontal cortex, a modern part of the brain -- which is actually able to suppress some of the fear circuitry.

Now, I don't want to over-sell this, but ultimately we're going to understand how these treatments work in the brain.

And then, finally, I just want to show you a picture that is somewhat alarming, but what we see here on the left, someone with -- a healthy person with a normal brain, and then on the right someone who has had severe depression for a long time. What you see outlined in red at the bottom is that a key structure acquired from memory -- actually gets smaller, it deteriorates if depression is not treated.

Now, this is not so hopeless as it seems because we believe that with treatment these changes can be reversed. But I'm showing you these pictures again to remind us that these are real diseases of a real organ -- the brain -- that we can make diagnoses and that these should be treated just like general medical illnesses. (Applause.)

MRS. CLINTON: You know, this is very exciting to all of us, because I think we can, in our own memories, think of diseases that have gone through a process of first being just mysterious; and then myths and stigmas associated with them; and then finally, science being brought to bear, and then the better they're understood, the more diagnosable and treatable they become.

That's why I'm also very pleased that in July, under your leadership, the NIMH will launch a \$7.3 million landmark study to determine the nature of mental illness and treatments. This will be a study that will help us guide strategies and policies for the next

century by collecting information on mental illness, including the prevalence and duration of it, as well as the types of treatments that are most commonly used.

NIMH will announce the launch of two new clinical trials, investing a total of \$61 million, to build effective treatments for those affected by mental illness. So we're taking this information and we're not just leaving it in a laboratory. We are attempting to use it to implement better policies and better treatment modalities.

And I would just underscore something that was said, and that is that as we learn more, through the human genome project, we have to be even more careful to guard against discrimination against both physical and mental illness. (Applause.)

I want to turn now to Dr. Koplewicz, who is an expert on mental health issues. He has shown me through the NYU Child Studies Center, and I know from firsthand experience and reports how he has brought to bear his extraordinary talent and experience on behalf of children as a child psychiatrist.

And I would like to ask you, you've worked with children and families on so many of these issues, what steps can we take to demystify mental illness?

DR. KOPEWICZ: It's hard to believe that until 20 years ago we still believed that inadequate parenting and bad childhood traumas were the cause of psychiatric illness in children. And in fact, even though we know better today, that antiquated way of thinking is still out there, so that people who wouldn't dream of blaming parents for other types of disease, like their child's diabetes or asthma, still embrace the notion that somehow absent fathers, working mothers, over-permissive parents are the cause of psychiatric illness in children.

And the only way we can change that is through more public awareness. I mean, essentially, these are no-fault brain disorders. And as Dr. Hyman pointed out, these diseases are physiological, they respond to medicine. They're familial, they run in families. And they have a predictable onset and course. And as we learn more about this, it really becomes necessary for us to do three things.

We have to learn the costs of untreated mental illness, which really is lost school days, lost work days, dropout, marital distress, and also lost opportunity cost -- executives and leaders who are quietly depressed and who aren't functioning at full capacity.

The second thing we have to do is we have to educate kids as early as middle school about mental illness. They learn about AIDS, they learn about seatbelts, but they have to learn about depression anxiety. And we have to educate their parents also.

And the third part is that you need a national public awareness campaign, so that Americans have to understand depression the way they understand heart disease. And the only way that happens is that when you have recognizable national leaders, moral leaders, role models like Tipper Gore, like Mike Wallace, who come out and acknowledge that they have a psychiatric illness, it makes it so much easier for the average citizen then to accept that maybe their child or maybe themselves or maybe another relative might be suffering also.

MRS. CLINTON: I think that's so right. I remember when Betty Ford went public with her breast cancer. And to the best of my memory, that was the first time anyone in a position like that had, and what a difference that made.

Let me ask you, do children have particular needs, though, when it comes to mental illness, so that we can't just talk about mental illness generally, we do need to talk specifically about children's needs.

DR. KOPLEWICZ: Right. Well, as we all know, kids are not little adults, their brains are different. But child psychiatry has really lagged behind in many ways. I mean, there are three major problems -- one is access. It is really a problem because there are 6,000 child and adolescent psychiatrists in the whole country. Pediatricians get very little training about mental health. And in many states across the United States Medicaid does not pay, forcing parents or forcing school officials or school teachers, so that treating a child is much more complex.

The next issue is research -- not only basic epidemiology, treatment, prevention -- in many ways we lag behind. And while the funding has increased dramatically in the last six years, it's still out of whack when you consider the impact and how common these child psychiatric illnesses are in society. So compared to childhood cancer, we really are not dedicating nearly enough funds for the research of child mental health.

And the last part again, of course, is that it's the stigma. The stigma is worse for kids. Let me remind you, teenagers are never volunteering to be customers for mental health services. So parents not only feel bad about themselves, many people are telling them they've done something wrong and then the kid doesn't want to go on top of that. So those things are much more difficult for children, adolescents, than for adults.

MRS. CLINTON: Well, I think that part of what we we've got to do, though, is reflect how we can both identify and get help to children who need it, whether or not they want it or are willing to accept it. I think all of us have the tragedy at Littleton in mind; and we also know of the other school shootings; and in the ones that don't get as much publicity, there may have been signs, there may have been some way that we could have intervened and prevented.

So what can we do to intervene early, before mental illness causes a child to be violent to others or, as we see increasingly, to be a victim of suicide, which is a leading cause of death of young people?

DR. KOPLEWICZ: I mean, the real tragedy of Littleton is that -- and in these other recent incidents of school violence -- is that they're most probably preventable. Normal children just don't snap and go out on a shooting spree. Children who commit violent crimes almost always have histories of violence, depression or other mental health problems. And, unfortunately, schools and parents ignore psychiatric illness.

The problem is that we have never really looked at the underlying cause of all this violence, which is childhood psychiatric illness, which is a tremendous problem -- 12 percent of the population under the age of 18 -- that's about 8 million children, teenagers, in the United States today -- have a diagnosable psychiatric illness. And that means that about 2 million children have depression, teenagers have depression.

And not all of them are going out to shoot someone, but they're certainly more at risk and they're certainly suffering and at risk for hurting themselves or others. And the problem is that while teachers ignore it and parents ignore it very often, unless we have a national public awareness campaign, unless we dedicate ourselves to child mental health the way we have to other mental health issues, it becomes really quite impossible for us to address this problem. So that someday, if

teachers, pediatricians, if family practitioners were more aware of mental health warning signs for children, adolescence, that's the first step.

And, frankly, with public awareness, I think we have reached the point with a focus that mending of broken bones should be the same as getting help for emotional distress. It should be just as acceptable. It should be just as expected. Because, you see, if we don't do that, I think what happens, these kids lose out on schooling, making friends, and at the end of the day they lose out on happiness that we expect for all of our children. (Applause.)

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MRS. CLINTON: I really want to thank you not only for coming forward, as you have in the past and again today, but for putting your energies behind this issue in the Congress and using your own personal experience to really make a difference, and I know that it will continue to do that.

I want to thank our three panelists and really not only thank them, but all of you who work on the issue of mental health and mental illness, and particularly the scientific research that we're learning so much more about. And, hopefully, this conference and the work that is being done because of it will get that word out to many, many Americans, and maybe they'll say, well, you know, I heard Dr. Hyman or I saw the pictures or I listened to the Congresswoman or whatever it might be. And for that, we're very grateful, and especially to you, Tipper.

So, back to you. (Applause.)

MRS. GORE: Thank you. Good job. Thank you, Hillary. You did a good job, as always. I appreciate that. So did you, Al. Thank you. (Laughter.)

To all our participants, to all of the panelists, thank you for your courage. It gives me great pleasure as we have, I think, put faces on different mental illnesses today, very personally. I think we've learned a lot about it. I think we know that mental illness should be treated the same as physical illness in the medical profession, in the provider community, and certainly in our own communities and families.

And now I would like to present with great pride, introduce to you a man who has provided a caring heart for American families all his life, our President, President Bill Clinton. (Applause.)

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 advisor 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. (Applause.)

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 and 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. (Applause.)

I sort of feel like an anti-climax 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 Koonz'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. One 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. (Applause.) 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 own 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 or 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 or 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 sky-rocketing. Businesses believe employees will overuse 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. (Applause.)

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. (Applause.) 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 from 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 co-payments 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. (Applause.)

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. (Applause.)

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 co-payments for mental health conditions as for any other health condition, the same access to specialists, the same access to specialists, the same coverage for medication, the same coverage for out-patient care. (Applause.)

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. (Applause.)

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 re-enter 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. (Applause.)

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. (Applause.)

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 -- (applause) -- 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 we can 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 wake-up 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. (Applause.)

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. (Applause.) 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.)

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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.

END

2:12 P.M. EDT

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

June 7, 1999

CLINTON-GORE ADMINISTRATION UNVEILS NEW INITIATIVES  
TO ADDRESS MENTAL HEALTH

June 7, 1999

Today, at the first-ever White House Conference on Mental Health, chaired by the President's Mental Health Advisor Tipper Gore, the Clinton-Gore Administration will unveil unprecedented measures to improve mental health. "To improve the health of our nation, we must ensure that our mental health is taken as seriously as our physical health. That is why we are taking new steps to break down the myths and misperceptions of mental illness, highlight new cutting-edge treatments, and encourage Americans to get the help they need," said Tipper Gore.

The Administration's proposals provide parity, improve treatment, bolster research, and expand community responses to help those with mental illnesses. Highlights of these initiatives include:

-- Ensuring that the Federal Employees Health Benefits Plan (FEHBP) -- the nation's largest private insurer -- implements full mental health and substance abuse parity. Today, the Office of Personnel Management is sending a letter to the 285 participating health plans informing them that they will have to offer full mental health and substance abuse parity to participate in the program. This step will provide full parity for nine million beneficiaries by next year and ensure that the Federal government leads the way to providing parity. The Department of Labor is also launching a new outreach campaign to inform Americans about their rights under the Mental Health Parity Act of 1996.

-- Accelerating progress in research. In July, the National Institute of Mental Health (NIMH) will launch a \$7.3 million landmark study to explore the nature of mental illness and treatment nationwide and to help guide strategies and policy. This new study will collect information on mental illness, including the prevalence and duration of mental illness as well as the types of treatment that are most commonly used. NIMH will also announce the launch of two new clinical trials, investing a total of \$61 million, to build on effective treatments for those affected by mental illness.

-- Encouraging states to offer more coordinated Medicaid services for people with mental illness. Millions of Americans with severe mental illness rely on Medicaid to pay for their health care. To encourage states to make the most effective services available, the Health Care Financing Administration (HCFA) will advise all state Medicaid directors that: (1) Medicaid will reimburse for services provided in Assertive Community Treatment (ACT) programs targeting people with the most severe and persistent mental illness; (2) Medicaid recipients are entitled to medications approved by FDA for the treatment of serious mental illnesses; and (3) states should educate Medicaid providers and beneficiaries about their ability to enter into "advance planning directives" that set out treatment guideline for people who became severely incapacitated in the future.

-- Launching a pilot program to help people with mental illness get the quality treatment they need to return to work. Of the 4.7 million Americans that receive Social Security Disability Insurance (SSDI), the

Social Security Administration (SSA) estimates that approximately one in nine (about 500,000) has an affective disorder (such as depression or a bipolar disorder). Research suggests that many people suffering from these disorders could get effective treatment and perhaps return to work. The Administration will launch a new five-year, \$10 million demonstration to provide treatment for SSDI beneficiaries with affective disorders. This project complements the Jeffords-Kennedy-Roth-Moynihan legislation that allows people to buy into the Medicaid or Medicare program when they return to work.

-- Educating older Americans and their health professionals about the risks of depression. Five million Americans over the age of 65 suffer from some form of depression, but many do not recognize their symptoms as depression and do not receive the treatment they need. The NIMH and the Administration on Aging (AoA) will launch an outreach initiative to educate the elderly and their healthcare professionals about mental illness. The Department of Veteran Affairs will also launch six new study sites to test two modes of primary care for older Americans with mental health and/or substance abuse disorders.

-- Reaching out to vulnerable homeless Americans with mental illnesses. The Department of Housing and Urban Development is launching a new initiative to encourage communities to create safe havens where homeless mentally ill Americans can get treatment and care. HHS will also launch a two-year, \$4.8 million grant program to study the treatment, housing, education, training, and support services needed by homeless women and their children given to as many as 2,000 homeless mothers and their 4,000 children, many of whom suffer from mental illnesses. The Department of Veteran Affairs will double the number of "stand down" events to reach out to homeless Americans with mental illness to help them get the treatment and services they need.

-- Implementing new strategies to meet the mental health needs of crime victims. To ensure that the federal response to community crises, like acts of terrorism or mass violence, includes a strong mental health component, the Administration is announcing a new interagency partnership between the Department of Justice's Office for Victims of Crime and the Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration (SAMHSA). This partnership also will ensure that strategies are in place to address the mental health needs of victims of violent crime.

-- Developing and implementing new strategies to address mental illness in the criminal justice system. SAMHSA and DOJ are hosting a conference later this summer to focus on how the criminal justice system can prevent crime by mentally ill people, and address the needs of offenders with mental illness. Following this conference, DOJ will launch an outreach effort to educate the criminal justice community on how better to serve people with mental health needs. This initiative will include a new partnership with the National GAINS center so that communities interested in pursuing these approaches can get technical assistance and ideas about how to implement successful strategies.

-- Implementing a new comprehensive approach to address combat stress in the military. At least 30 percent of those who have spent time in war zones experience combat stress reaction. Today the President will direct the Department of Defense to report back within 180 days on an implementation plan for a more comprehensive combat stress program throughout the military. DOD will also hold a conference this fall to develop strategies and educate military leaders and medical personnel about the need to enhance current prevention strategies.

-- Launching the expansion of the "Caring For Every Child" mental health campaign. At least one in ten American children and adolescents may have behavioral, or mental health problems. The Administration will

launch a five-year \$5 million dollar campaign in targeted communities to highlight the special mental health needs of children.

-- Improving the mental health of Native American youth. The suicide rate for Native Americans between the ages of five and 24 years old is three times higher than the rest of the U.S. population in this age group. This initiative allocates at least \$5 million for a collaboration between the Departments of Interior, Justice, Education, and HHS, to go to ten Native American communities to develop effective strategies to address mental health needs of youth in settings such as the home, school, treatment centers, and the juvenile justice system.

-- The Administration Also Challenged Congress to Pass Legislation to Improve Care and Services for People with Mental Illness. The Administration urged Congress to:

- Pass the Jeffords-Kennedy-Roth-Moynihan-Lazio-Waxman-Bliley-Dingell legislation that would enable people with disabilities to return to work by accessing affordable health insurance.
- Hold hearings on the mental health parity law to review its strengths and weaknesses.
- Fund the historic \$70 million increase in the mental health grant.
- Pass a strong enforceable patients' bill of rights which ensures that people with mental health needs obtain critical protections such as access to specialists and the continuity of care protections.
- Pass strong comprehensive privacy and legislation to eliminate genetic discrimination.

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THE WHITE HOUSE

Office of the Vice President

For Immediate Release

December 11, 1999

TIPPER GORE APPLAUDS THE FIRST-EVER SURGEON GENERAL'S REPORT ON MENTAL HEALTH, URGES AMERICANS EXPERIENCING MENTAL PROBLEMS TO SEEK TREATMENT

Landmark Report Documents A "Scientific Revolution" in Mental Health Research and Services

Today, Tipper Gore, joined Secretary of Health and Human Services Donna Shalala and Surgeon General David Satcher to release the first-ever Surgeon General's Report on Mental Health. This historic report documents that a range of effective treatments exist for most mental disorders, yet nearly half of all Americans who have a severe mental illness fail to seek treatment. The report also focuses on the connection between mental health and physical health, barriers to receiving mental health treatment and the specific mental health issues of children, adults and the elderly.

"The Surgeon General's Report on Mental Health provides a historic opportunity to deepen America's understanding of mental health," said Tipper Gore, the President's advisor on mental health. "Everyday, in all of our communities, millions of Americans face mental illness. It is an issue that touches us all. This report underscores the need to continue to strengthen our nation's mental health system and fight the stigma associated with mental illness so all Americans can get the treatment and services they need to live full and productive lives."

MILLIONS OF AMERICANS SUFFER FROM MENTAL DISORDERS. One in five Americans is living with a mental health disorder. Four out of the 10 leading causes of disability for people over the age of five are mental disorders. Major depression is the leading cause of disability among developed nations and manic depressive illness, schizophrenia, and obsessive compulsive disorder also rank at the top. Mental disorders are also tragic contributors to mortality, with suicide perennially representing one of the leading preventable causes of death in the United States. About 15 percent of adults use some form of mental health service in any year.

LANDMARK SURGEON GENERAL'S REPORT ON MENTAL HEALTH PROVIDES NEW OPPORTUNITY TO DISPEL MYTHS AND IMPROVE TREATMENT. The first Surgeon General's Report on Mental Health being released today:

- Documents that mental illnesses are diagnosable and new effective treatments offer more options than ever before. The report documents that mental illnesses are diagnosable conditions that impact Americans across the lifespan. It also reports that over the last two decades a revolution in science and service delivery has broadened the understanding of mental health and illness and has dramatically improved the way mental health care is treated. The efficacy of mental health treatments is well documented and a range of treatments and delivery strategies exist for most mental disorders.

- Highlights need to reduce stigma and dispel myths about mental health. While effective treatments exist, stigma prevents too many Americans from recognizing or acknowledging their own mental health problems and receiving the help they need. In order to reduce the burden of mental illness and improve access to care, this report underscores that stigma must be eliminated. This report helps dispel the myths of mental illness by providing accurate information on the prevalence of mental illnesses and diseases so consumers can be informed and by highlighting mental disorders as diagnosable illnesses that are a

critical aspect of overall health.

- Seeks to improve public awareness about mental illness. Americans are often unaware of the choices they have for effective mental health treatments. Despite the efficacy of treatment options and the many possible ways of obtaining a treatment choice, nearly half of all Americans who have a severe mental disorder do not seek treatment. This report documents the array of effective treatments for most mental disorders, including counseling, psychotherapy, medication therapy, and rehabilitation, and encourages individuals to seek help. It also underscores the need to improve awareness about mental health and encourage people to seek help.
- Documents the need for mental health services and providers and delivery of state-of-the-art treatments. The report states that fundamental components of effective service delivery, including integrated and community based services, continuity of providers and treatments, family support services, and culturally sensitive treatment are broadly agreed upon, but are consistently in short supply. Key personnel shortages include mental health professionals serving children, adolescents, and the elderly with serious mental health disorders. In addition, primary health care providers and schools are often unprepared to assess and to treat individuals who seek help. The report states the need for broader education and strategies to translate the research into community-based action.

THE CLINTON-GORE ADMINISTRATION'S LONGSTANDING COMMITMENT TO IMPROVING MENTAL HEALTH.

- Fought for largest ever increase in community mental health services.
- Fought for Workers' Incentives Improvement Act to help people with disabilities keep their health care coverage when they return to work.
- Directed Federal Employees Health Benefit Program to come into full mental health parity.
- Held the first White House Conference on Mental Health.
- Assured that Children's Health Insurance Program has strong mental health benefit.
- Passed the Mental Health Parity Act of 1996 that requires insurers to have parity between physical and mental health for annual and lifetime benefits.
- Fighting for a prescription drug benefit for Medicare and a strong, enforceable patients' bill of rights to assure quality care.

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THE WHITE HOUSE  
OFFICE OF TIPPER GORE  
STATEMENT BY THE PRESS SECRETARY

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FOR IMMEDIATE RELEASE  
February 9, 1995

CONTACT: Sally Aman  
(202) 456-6640

TIPPER GORE ANNOUNCED AS SPECIAL ADVISOR  
TO THE INTERAGENCY COUNCIL ON THE HOMELESS

WASHINGTON, D.C.- Secretary of the Department of Housing and Urban Development Henry Cisneros, who also is Chairman of the Interagency Council on the Homeless, announced today the appointment of Tipper Gore as Special Advisor to the Council. She will have full membership status and will serve in a leadership capacity along side representatives from 17 member agencies.

In his announcement, Secretary Cisneros stated the Council has benefitted from Mrs. Gore's advice and expertise in the area of mental health and homelessness during the past two years. Her participation in events such as the release last May of Priority: Home! The Federal Plan to Break the Cycle of Homelessness has enhanced the Council's ability to communicate with the public and develop effective policies.

Mrs. Gore's leadership will contribute to the Council's ability to improve both the effective delivery of Federal homeless assistance resources and program coordination at the State and local level. Her appointment is effective immediately.

As a long-time advocate for the homeless, Mrs. Gore co-founded and chaired Families for the Homeless, a non-partisan partnership of Congressional, Administration, and media families that raised public awareness of homeless issues. In conjunction with the organization, Mrs. Gore worked with the National Mental Health Association (NMHA) to produce a major photographic exhibit entitled, "Homeless in America: A Photographic Project."



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# CONTINUUM OF CARE

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The Department of  
Housing and Urban  
Development,  
Office of Community  
Planning and Development

Henry Cisneros  
*Secretary*

Andrew Cuomo  
*Assistant Secretary*

## **CONTINUUM OF CARE**

### **A Coordinated Approach to Addressing the Needs of Homeless People**

Secretary Cisneros and the Department of Housing and Urban Development (HUD) are committed to working in partnership with communities across the country in the effort to end homelessness. During the past year, the Office of Community Planning and Development (CPD), under the direction of Assistant Secretary Andrew Cuomo, has taken several steps to implement the Secretary's number one priority -- fighting homelessness. These efforts have already borne fruit, with the inclusion in the President's fiscal year 1995 budget of a proposal to double the HUD homeless budget.

Homelessness represents the most extreme breakdown of our housing and social service systems. It afflicts a wide range of populations, which can be broadly classified in two categories: those who suffer from chronic disabilities and those who suffer from crisis poverty. Recent studies have shown that homelessness persists despite the often heroic efforts of thousands of selfless not-for-profit providers, advocates and others who have dedicated limitless hours and untold energy over the past decade to helping those in need. Unfortunately, their efforts have not received the level of support they deserve from the Federal government. And, those Federal funds that have been made available do not provide localities and providers with the flexibility they need to create a comprehensive system that truly addresses the many dimensions of the problem in a coordinated fashion. As a result, providers often have been compelled to design programs to meet funding requirements rather than the actual needs of those they serve.

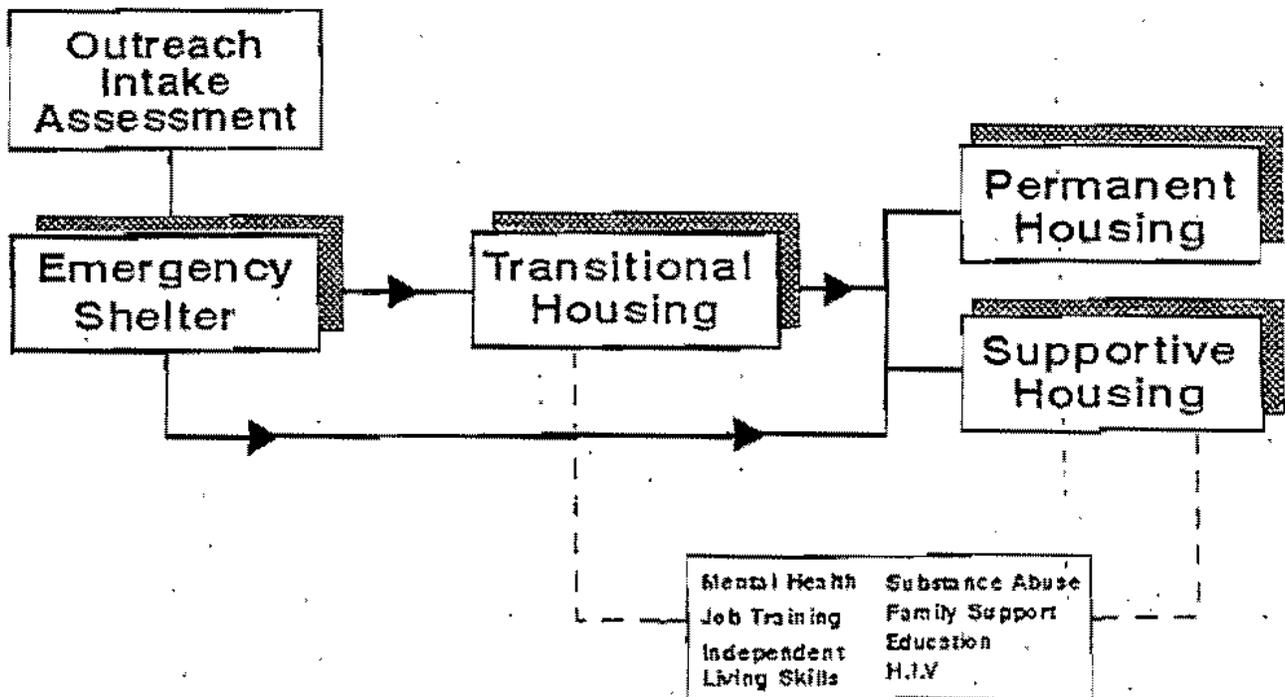
A key CPD legislative initiative this year is a bold proposal to reorganize its McKinney programs to enable localities to shape a comprehensive, flexible, coordinated system of homeless assistance, called a "continuum of care." This comprehensive system for homeless care inspires cooperation, encourages innovation, and demands coordinated action. It also reflects the comments and insights of literally thousands of not-for-profit providers and localities who participated in 17 CPD-sponsored forums over the past year.

The continuum of care approach is predicated on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying, unmet needs -- physical, economic and social. Dealing effectively with the problems of homelessness, requires a comprehensive system of housing and necessary services for each stage -- from emergency shelter to permanent housing. The continuum of care system and philosophy strives to fulfill those requirements with three fundamental components:

- First, there must be an emergency shelter/assessment effort which provides immediate shelter and identifies an individual's or family's needs.

- The second component offers transitional housing and necessary social services. Such services include substance abuse treatment, short-term mental health services, independent living skills, etc.
- The third and final component, and one which every homeless individual and family needs, is permanent housing or permanent supportive housing arrangements.

## COMPONENTS OF CONTINUUM OF CARE



While not all homeless individuals and families in a community will need to access all three components, unless all three components are coordinated within a community, none will be successful. A strong homeless prevention strategy is also key to the success of the continuum of care.

## Moving to a Continuum of Care

Since 1987 the programs and benefits authorized by the United States Congress under the Stewart B. McKinney Homeless Assistance Act have served as the foundation for Federal homeless assistance to States, cities, and not-for-profit providers. HUD administers more than 60 percent of the McKinney Act funds through six grant programs -- Supportive Housing Program (SHP), Shelter Plus Care, Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings (SRO), Emergency Shelter Grants, Safe Havens, and the Rural Homelessness Assistance Program -- to address the various symptoms of homelessness.

These grant programs, as currently organized, require providers of housing and services to apply to discrete funding categories for particular needs. In order to receive homeless assistance funding, providers must apply to CPD for each separate McKinney program. Each categorical program has its own appropriation, set of rules, criteria and reporting requirements, which increase process and paperwork and hamper project development and implementation.

Providers consistently report that the competitive process creates at least two big problems:

- 1) Because funds are limited and demand is high -- the 1993 SHP competition was only able to award 42 grants out of 1,400 requests -- the application process wastes time and resources. Time that could be more profitably spent on moving people to permanent housing is currently wasted on navigating a maze of individual programs.
- 2) This current competitive method results in funding decisions made on individual applications irrespective of whether they fit into a larger coordinated plan. Therefore, there is a virtual inability to use HUD funds to help establish a comprehensive system in each locality or to rectify imbalances in local delivery.

The current competitive grant structure also ignores a fundamental truth: community-based efforts must be the focus for addressing existing homelessness and preventing future homelessness. The continuum of care provides for such a framework recognizing needs of homeless individuals and families in each community -- and current resources and systems to meet those needs -- are as different and distinct as the people who live within them. While CPD's continuum of care approach can serve as the catalyst to bring the essential components together (e.g. housing, services, assessment facilities), only the community -- local government, not-for-profit providers and others, each working together with their own unique expertise and energy -- can design a strategy that works best.

Four main principles serve as the foundation for this new Federal approach to administering homeless assistance programs:

The locality knows best --

- The homeless population is diverse and its characteristics are unique to a particular city or region. Therefore the locality is best situated to determine homeless needs.
- The source of resources and collaborative relationships vary depending on the locality. Existing relationships and levels of commitment by the governments and not-for-profit organizations vary in strength.
- The level of development of services and housing is different from area to area. Only the locality has a complete picture of its existing inventory.
- The locality can determine what "gaps" exist in the current system by assessing the needs of the homeless population and the current inventory of housing and services designed to meet those needs.

Economic empowerment is the engine that drives revitalization -- if homeless individuals and families are going to participate in the overall revitalization of a community, then they must also be prepared to participate in its economic activities --

- The goal for every homeless person is self-sufficiency. The continuum of care system must have appropriate job training, childcare and job placement services for those who need them to move from homelessness to housing and independent living.
- The goal for every homeless provider is to place people in permanent situations, thereby allowing them to live independently to the greatest extent possible.

The approach to homelessness must be comprehensive --

- As human needs are interconnected, so must be the service delivery system. Only through coordination can all elements of an individual's needs be addressed.
- There must be three systematic components: emergency, transitional, and permanent -- either all must work together or all will fail.

- The vertical, categorical structure of the current CPD homeless programs must be reorganized into a horizontal seamless continuum. Policies and programs should be driven by the comprehensive needs of the community, not by the caprice of separate grant applications and funding cycles.

#### Empower the field --

- CPD's field office staff requires the flexibility and authority to tailor the Federal response to the particular needs of localities.
- Placing trust in the experts in the "field" such as specialty service providers is key to the success of the continuum of care system. We should rely upon those with experience and dedication to do what they do best.

Application of these principles leads to a policy formulation which reorganizes the HUD McKinney Act programs from categorical, limited approaches to a "menu" of resources which can be tailored to the specific needs of each locality. For example, rather than Washington targeting resources for the single adult and family populations, for supportive services and permanent housing, the resources would be flexible enough to fit the specific needs of the locality's population and providers.

#### McKinney Reorganization: Implementing a Continuum of Care

The McKinney reorganization proposal would enable communities to develop and implement a continuum of care system. It would reorganize the myriad of existing CPD homeless programs into a single grant to States and localities. This would give localities added flexibility, enabling them to fashion a comprehensive system which addresses the needs of different homeless populations and which ensures that the various elements of the system (emergency, transitional and permanent housing with supportive services when necessary) are in balance. At the same time, participation by not-for-profit providers and others would be required, both in developing and implementing the plan. Key elements of this proposal are described below:

#### Comprehensive Approach Based on Need

In order to enable communities to establish a coordinated approach, local governments, urban counties, and States would be eligible for a formula grant based on need. This would replace the complexity and uncertainty of funding under the existing method of providing funds through competitive programs. Twenty-five percent of the funds would be awarded to non-formula cities through the States much in the same manner as in the small cities CDBG program.

### Coordinated Application Process

The application process for receipt of these formula funds would be structured to ensure community-based development and maintenance of a continuum of care within each community. In order to receive these formula funds, a local jurisdiction or its designee would be required to submit an application which would contain a homeless plan. The applicant would be required to describe in its application the development of a comprehensive system that includes, at a minimum, a system of outreach and assessment, emergency shelter, transitional housing, permanent housing and necessary services. The application must demonstrate linkages between homeless assistance and other Departmental resources such as Section 8, HOME, Public Housing, CDBG, and other public and private resources. The end product of the homeless plan would include an assessment of needs, priorities based upon that assessment, a strategy for addressing these priorities, and an annual plan and budget to direct resources in support of the strategy. This homeless plan would be incorporated into the new consolidated planning submission for CPD's formula grant programs.

In addition to focusing on goals and strategy, the community would use the application process to set standards by which its future performance and funding would be determined. Thus, in subsequent years implementation of the plan and achievement of these standards will be one of the major elements upon which their funding will be based.

A local government or State would be permitted to designate a public or not-for-profit agency or consortium of agencies to be an applicant on its behalf. In the event that a community or its designee failed to submit an acceptable application or refused to apply for a grant, HUD would conduct the process for determining the recipient(s) of the funds designated for that community. This would ensure that the dollars stay in the community where they are needed and are used in a manner that supports establishment and maintenance of a continuum of care to help homeless persons.

### Community Participation

Partnerships among the locality, not-for-profits and others would be further enhanced through the requirement that the application result from a broad based planning effort. Both formula and non-formula recipients would be required to involve not-for-profit groups and other community members in determining the plan, the strategy and the implementation of the program.

This process, the application and the continuum of care system would be overseen by a community planning board which would sign the locality's homeless assistance application. The planning board would include members representing not-

for-profit organizations, homeless or formerly homeless persons, local and state government representatives, business sector representatives and others. Under this concept, the board would have a decisive role in all of the key elements of the delivery system -- including determining who is the applicant; development of the plan; development of the strategy for implementation; and reporting on performance.

In addition to the community-based planning, to ensure that all voices are heard during the application process, each locality and State must provide public notices that funds are available. The public notices and meetings would include all relevant information; for example, that the locality may intend to designate other entities to act on its behalf after consultation with all interested parties, particularly homeless not-for-profit providers.

#### Plan Implementation

The plan should be geared toward the creation of a continuum of care that takes into account the diverse needs of the community's homeless individuals and families and that taps into the expertise of local providers, advocates and others. All of the activities that are now eligible under the existing HUD McKinney homeless programs would be eligible under this new grant program. The Secretary would require that any recipient of assistance use, to the maximum extent practicable, existing providers and other interested organizations in the community to develop the application and the strategy for implementing a comprehensive system for assisting the homeless. In addition, at least 51 percent of the assistance made available to localities and the States would be required to be available to eligible homeless not-for-profit providers.

#### Match and Maintenance of Effort

Under the current system, match requirements differ based on the program and the specific activity. This variability in match requirements skews activity choice away from need. Under the reorganization, this variable match would be replaced with a uniform required match of twenty-five percent of the amount of the grant in either cash or in-kind contributions. This would replace the current complex of match requirements under existing programs, permitting the locality and providers to focus on activities based on needs rather than based on the level of match required. In addition, recipients would be required to demonstrate and certify that Federal assistance will not be substituted for State and local resources currently provided for homeless activities, thereby ensuring that the HUD grant is used to move beyond maintenance of the current system toward creation of a continuum of care.

### State Distribution Mechanisms

Homelessness is a critical problem not just in urban areas but in numerous small communities and rural areas as well. Under the reorganization, States would be required to establish a system for distributing funds in accordance with the needs of small communities, consortia of communities, and rural areas that intend to establish comprehensive homeless assistance systems. However, where there may not be a demonstrated need for the development of a comprehensive system in a particular community, this requirement may be waived permitting funding for individual homeless assistance activities to be approved in that locality. The State would undertake the role of administering the program for small cities and unincorporated areas and would be expected to oversee the performance of the participating communities or agencies to which it allocates the funds. State program recipients (small cities or consortia of small cities or approved nonprofits) would be required to establish local panels to plan, develop and implement the local homeless assistance program.

The proposed McKinney reorganization, the proposed doubling of the HUD homeless budget, and the numerous short-term and long-term efforts necessary to address the needs of homeless persons and families through a continuum of care must be viewed as part of a full-scale effort to address the crisis facing America -- men, women and children sleeping on the streets of our cities and towns every day. Together, these efforts can help provide the tools to move persons and families up and off the streets into housing and housing with supportive services when needed. We stand ready to work in a new partnership with communities to help them move toward a coordinated system that provides a continuum of care in their community. And ultimately, we can help renew the belief that we can and will make a difference.

THE WHITE HOUSE

National Alliance to End Homelessness  
Convention[Help Site Map Text Only](#) [Go](#)

### Remarks for Mrs. Gore July 15, 1999

It is a pleasure to be here today with so many friends and fellow advocates, especially during such a busy time for Al and me. As you can all imagine the next few months and the upcoming year is going to be very hectic.

A real roller coaster ride. Many sleepless nights. Hundreds if not thousands of photo-ops.

And I'm just talking about baby-sitting our new grandson Wyatt!

Al and I are absolutely thrilled. Wyatt was born on the Fourth of July. As Al said, he clearly has a natural gift for timing! I am hoping there will be many more grandchildren in our future, but just like the moment you realize you are having your first child – this is pretty special.

Al and I have talked about the fact that our grandchild will live his entire lifetime in a world that is shaped by the decisions we make today.

We believe that we have an opportunity and an obligation to help create a 21<sup>st</sup> century where every child has the chance to succeed.

America is enjoying a time of great hope and prosperity. Because of the leadership of my husband and President Clinton – and your hard work and activism – we are building a nation where every child and every family has the opportunity to succeed.

We've come so far, but the hard truth is that many Americans do not see the fruits of our prosperity in their daily lives.

[Homelessness](#)[National Alliance to End Homelessness Convention](#)[National Press Club Lunch - Ending Homelessness In America](#)

President & First Lady  
Vice President & Mrs. Gore  
Record of Progress  
The Briefing Room  
Gateway to Government  
Contacting the White House  
White House for Kids  
White House History  
White House Tours

Millions of Americans still lack health care coverage denying them and their families the physical and mental care everyone needs to live strong and healthy lives. Too many Americans still lack the education and training they need to get good paying jobs, while others cannot make ends meet off of the wages they receive. And as we prepare to enter the 21<sup>st</sup> Century, it is inexcusable that many women cannot get an equal day's pay for an equal day's work.

These challenges are coupled with the reality that over 5 million families pay more than 50% of their income for housing while many others are living in substandard housing. And as we all know, at least 600,000 men, women and children are homeless on the streets of America each and every night.

This is unacceptable. Let us work together – and if necessary fight together -- to close the opportunity gap and end homelessness in America once and for all.

I am proud to be part of an Administration, with colleagues like Andrew Cuomo, that is working with you to revolutionize the way communities respond to homelessness through our Continuum of Care strategy and Consolidated Planning process.

I was in Nashua, New Hampshire on Tuesday and saw first hand how the Continuum of Care changes lives. I met a young man with severe mental illness who has held down a job and stayed in housing for three years – the longest period of employment and housing stability he has ever enjoyed – because of the comprehensive services he receives from a program in the city's Continuum of Care.

I met Sharron, a single mother on public assistance who reached out to her local soup kitchen when she was on the brink of becoming homeless. She not only found a warm meal at the soup kitchen, she also found what she was really looking for – the chance to get an education. Because of the support and services Sharron received from the soup kitchen, she completed her bachelor's degree and is now pursuing a master's degree and working as director of multicultural affairs at a local college.

I asked her son about the affect his mother's achievements have had on his outlook on life. He

told me that his mother's example inspired him to "push along in school." Well he just graduated from high school and will begin studying electrical engineering this fall.

Person-by-person, family-by-family, we can break the cycle of homelessness.

Protecting the existing stock of affordable housing and finding creative ways to increase the number of affordable units on the market; expanding opportunities for low-income people and families to realize the American dream and become homeowners; and creating housing options that meet the diverse needs of the homeless and people at-risk of becoming homeless – we must work together on these important challenges.

That is why this year's budget proposes: increasing the Low Income Housing Tax Credit to create an additional 180,000 rental housing units; 100,000 new housing vouchers; and, investing more than \$1.1 billion to expand the Continuum of Care. We have submitted these proposals to Congress, but we need your help to get them passed.

If we are truly serious about expanding housing opportunities, we must also address the enduring legacy of housing discrimination. It may be subtler today, but make no mistake, it is just as real, just as destructive, and just as demeaning as it was a generation ago. We are committed to working with you to fight discrimination whenever and wherever it occurs.

To end homelessness, we must combine housing and equal opportunity with support and security. Put plainly, to finish the job we need decent wages, job training, child care, and physical and mental health care for people in need.

This Administration has put forth proposals to address these issues. But we need your support – and that of your friends and neighbors – to get them passed. I would especially like to ask you to help us pass the largest increase in federal support for state and community mental health services so more Americans, including the homeless, can get the mental health help they need to live healthy and fulfilling lives.

Let us also look beyond policies and programs and focus on people, families and communities. We cannot solve problems such as homelessness with government action alone; people, families and communities must solve them. Government can never be a substitute for the security of a caring community, the warm embrace of a parent's love, or the inspiring wisdom of a good teacher.

Unfortunately, too many people, in too many communities, view mental illness and homelessness with fear and misunderstanding. Discrimination and the "Not In My Back Yard" syndrome still divide our communities and impede our work. Too many communities have decided it is easier to impose sanctions that remove homeless people from the streets and get them out of sight rather than struggling with the hard business of developing solutions. Being poor and homeless is not a crime in America; it is a crisis requiring immediate response and sustained action.

We have the opportunity to share our understanding and unite our communities around a common effort to address these issues. This year, I have been pleased to work on a photo exhibition with the National Alliance, the Corcoran Museum, and an outstanding group of photographers whose pictures convey the true face of homelessness in this country. The exhibition will open later this year; however, I can tell you it shows the homeless for who they are – survivors who manifest strength and dignity in the midst of adversity. It also honors many of you, the activists, caregivers, and ordinary citizens who have found lasting solutions to this challenge.

I look forward to working with the National Alliance as we take this exhibition to communities all across this country. And I look forward to working with you as we continue the struggle to touch the lives of people and families in need, fight for policies that expand the circle of opportunity, and build a nation that is truly home to everyone.

Thank you.

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# THE WAY HOME

ENDING HOMELESSNESS  
IN AMERICA

TIPPER GORE  
FOREWORD



Once homeless, this gentleman is now part of a community in Miami (the photographer, Tipper Gore, is visible at left).

It's been said that a journey of a thousand miles must begin with a single step. But for those who are homeless, that single step must feel like an insurmountable distance to travel. This book is intended to help illustrate the journey. We've learned so much about solutions in the struggle to move people out of homelessness. Providing a roof over their heads is important, but individuals face multiple needs. Often, the agony of the abject poverty represented by homelessness is a symptom of additional, equally deep problems, such as mental illness, chronic illness, drug or alcohol addiction, the experience of catastrophic loss, or other traumas.

Many Americans are living in a time of great prosperity. We have the strongest economy in a generation and have achieved a balanced federal budget for the first time in thirty years, with the largest monetary surplus in our

history. Yet here is a stark fact: On any given night 750,000 people face life on the streets; more shocking still, 150,000 of them are children. As we begin the new millennium, I believe that each of us—at every level of government and in every community—has an individual obligation to contribute to shaping our nation's future. And part of that process is deciding the fundamental question of national values: Will we use these good times to widen the circle of dignity and prosperity—to bring light into the dark corners of our nation that are too often neglected? Or will we let compassion fatigue divert us from the simple fact that every one of us can make a difference?

In every city and town across America, there are individual heroes whose service as volunteers helps this country strengthen its sense of community, bridge our differences, and build the foundations of a stronger, more

cohesive society. These heroes come in many shapes and sizes. They are the members of a local parish who spend a few hours every week dispensing warm clothing to homeless people. They are the children who collect canned goods from home to take to school to help feed hungry classmates. They are the people working on the front lines of humanity every day to provide for those less fortunate.

I understand the impulse to turn away from someone who is homeless, to avert our eyes to the tragedy that can sometimes seem overpowering. When the problem of homelessness began to arise in the 1970s it was easy for me to look away. My husband, Al, was serving in Congress, and I was busy raising four young children. The problem seemed so distant to me. What could I, one person, do to help?

Things changed. One day I was driving with the kids when we saw a homeless woman standing on the curb, talking to herself and gesturing. The kids noticed her and wanted to know why she was there. When I explained to them that she was probably homeless, they were horrified and immediately asked to take her home with us. Seeing her through their eyes helped me to realize how long I had averted mine when I encountered homeless people. That evening, the family sat down together to figure out what we could do. We started by volunteering for a local Washington organization that provides food for the homeless. In 1994 I also began to give time to another Washington organization that provides health care for the homeless.

This nonprofit program is a mobile unit staffed by people who know the city's homeless population as well as you or I know our next-door neighbors. Every day they traverse the city in a van, dispensing medical attention and social services. They also encourage the people they encounter to enter a continuum of care—shelters, clinics, residences, outreach centers, and day programs. Pat was my companion on my trips in the van. She is one of the quiet heroes, who has worked out of a residence for homeless men since the 1980s to help our capital's homeless population. She makes the rounds regularly, checking up on the homeless people she knows, making sure they are healthy, and always, always trying to convince them to come in for help. When I cannot join her, she sends me notes and updates on those she calls "Tipper's treasured friends," to help me keep up with how people are doing.

I believe in one-on-one advocacy. The hardest thing about convincing fragile and anxious people to seek help is earning their trust. The mobile-unit volunteers are able to do this. It can take weeks, even months or sometimes years, of meeting and talking to get to know someone individually before he or she will trust you enough to let you help.

Jack lived in a wooded area in Rock Creek Park. He was extremely shy. On several visits he resisted our efforts to help him, but after a few tries, he would sit in the van to talk. At first, when we were able to persuade him to come back with us to the shelter, he would again leave immediately. Gradually, though, he began to stay long enough to have a meal or a shower. One day I got a call from Pat, because it had been a long time since she had seen him. When I heard that Jack was missing, I began to look out for him. A couple of days later I was jogging in Rock Creek Park and spotted him, asleep on a median strip. I convinced him to go to the shelter for a shower and treatment with a medicated shampoo that is used for head lice, and he did, but halfway through the application he suddenly decided to leave. The next thing I knew he was running down the street, his hair bristling stiffly with the shampoo, while we dashed after him. He gave us the slip, and we were all very worried for fear of what the strong chemicals in the shampoo would do to his scalp. That night, Pat found Jack back on his hillside. He was disoriented and clearly a danger to himself at that point, so they took him into supervised care. For a while, he was in a hospital for the mentally ill, where I visited him several times. He started taking medication and has since moved to a permanent group home, where he has now been living for the past two years. Recently he told me that he is back in touch with a brother and sister who live in Japan.

Jack's improved circumstances are a real success story. Captain Kersh is another. He is a Vietnam War veteran who lived for many years in Farragut Square Park, in downtown Washington. He was quite difficult to talk to, resistant and isolated. I got through to him by telling him that my husband had been in Vietnam too, in the Army Twentieth Engineering Brigade, and eventually I convinced him to move into the shelter temporarily. I learned that he was owed ten thousand dollars in accrued veterans' benefits, now being held in a trust for him. After some eight months he was doing so well that the staff

decided to move him into transitional housing. To progress from a shelter to more stable supervised housing is a key goal of outreach, but it can be difficult for some. The prospect apparently frightened him so much that he ran away the night before he was supposed to move. Pat alerted me, and I went looking for him. I found him in the park, and as I had expected, he once again needed to feel the security of a connection to other veterans. I handed him a note I had asked Al to write to him that morning. It said:

Dear Captain Kersh,  
You should go back to Christ House and to Anchor Mental Health. This is a temporary housing solution for you. I am very proud of the progress you're making.

Your fellow Vietnam veteran,  
Al Gore

He agreed to return to the program and in the car on the way he told Pat, "The Vice President of the United States, second in command of the whole country, is telling me I have to go. So I have to do it." Making a personal connection is such an important part of reaching out.

One day in Lafayette Park, which is right across the street from the White House, I came across a woman who was obviously suffering. I asked her how I could help and she told me that she needed to "get her reality back." She said her name was Mary Tudor, so I let her know that we shared the same first name (Mary Elizabeth is my given name) and that we were meant to be friends. I asked her if she would come with me to a facility that provides transitional housing for people in crisis with mental illness. She explained that she was waiting for her husband, and that if she left he wouldn't know where to find her. Her husband, she said, was President Clinton. I had an idea. I told her that I knew how to get a message to President Clinton. We walked across the street to the guard post at the West Executive Avenue entrance to the White House. The officer on duty recognized me, but I signaled him not to show that he knew me. I introduced Mary and told him that she was a friend of mine who was coming with me to a mental-health program. I asked if he would please inform President Clinton that she was safe. This satisfied her and she came with me and got the treatment she need-

ed. Today, she is restored to health, working full-time for the federal government, and living in shared housing.

There are so many reasons and causes for homelessness. I remember Jeffrey (not his real name), who lived under one of Washington's many bridges. He was dying of AIDS. He had spent some time in a hospital, but he knew he was dying and wanted to be in a place that felt like home. For him, that was under the bridge with his friends, who were also homeless. I spent several days sitting with him and just listening as he talked of his life, his hopes and dreams. He passed away, but is not forgotten.

Carl was a young man who had left home at an early age. He had begun abusing drugs but tried off and on to get clean. When I met him, he talked about his children. He had two kids the same age, and I remember exclaiming, "Oh, you have twins!" and he laughed at me and explained that they were children of different mothers. One day he decided that he really needed to see his mother, who lived down South. I offered to buy him a bus ticket, although Pat worried that he might sell it for drug money. But she called me later that day to say that she had dropped him off at the bus station, so I went to see him off. We shared a cup of coffee and talked about his family and his ambitions for the future. Then he got on the bus and headed home.

I am a great believer in helping those in need one-on-one. You're much more effective that way, and the satisfaction you get is much greater when you personally give of yourself. If you write a check, you will do great good, but if you never connect directly with the people you want to help, you will never feel as fulfilled as you will if you take the time to forge a real relationship.

So I try to keep these relationships strong. Pat sends me updates on my treasured friends and we get together from time to time to see how everyone is doing. I do get discouraged sometimes, since when people are ill and vulnerable for every step forward there are often many steps back. When that happens I remember the words of a child quoted in a book called *No Place to Be: Voices of Homeless Children*, by Judith Berck. Kareem, a young boy, said: "I really like when the lights go off in the movies because I'm no longer a 'homeless' kid. I'm just a person watching the movie like everyone else."

Let's never forget that simple principle—that we are all people, with human frailties, with beauty, with longing, and with need. Let's help each other find the way home.

## CURATORS' STATEMENT

*The Way Home: Ending Homelessness in America* is a photographic exploration of one of the most important social problems now facing this country. There are many complex issues that lead to and define homelessness. Our perception of these topics and how they are presented allows us to understand them better. Our current knowledge of homelessness comes from photographs, movies, television, and print media, as well as from direct experience. Therefore, photographs can inform, educate, and interpret our embrace of these issues.

This exhibition connects us to the real world but interprets it in multiple ways. One of the roles of the artist in our society is to reflect on the realities of the times. *The Way Home* extends and builds on this tradition of socially focused art. After all, photography is a powerful tool that helps us make sense of what we see and experience. Photographs document our world—its troubles and beauty together—creating images that can be widely distributed in many forms. They blend both subjective and objective points of view to inform our feelings and understanding of what we see, making our collective memories visible. Traditionally, photographers have produced photo-essays or picture stories about relevant topics to help readers travel to pictorial worlds they cannot reach on their own. Often published in magazines or books, these essays provide moving and engaging insights into the lives of culturally and geographically diverse people.

*The Way Home* is a collaboration between the Corcoran Gallery of Art, the National Alliance to End Homelessness, and Harry N. Abrams, Inc. It follows the exhibition *Homeless in America*, a 1988 project at the Corcoran organized by Families for the Homeless and the National Mental Health Association, which drew attention to the human drama of homelessness. *The Way Home* builds on this history to convey a contemporary look at the issues that lead to homelessness in light of innovative solutions pioneered over the past decade. Its goal is to enlighten, to educate, to investigate both problems and solutions that lead to economic stability and permanent housing for everyone.

There have been many compelling images of men, women, and children who live in this country without a permanent home. Yet the faces of these people, presented as individuals, have become increasingly distant as their numbers have increased over time. For this project we engaged a group of outstanding photographers who each brought different perspectives, approaches, and styles to the subject of homelessness. Most of the work presented here is new, created between February and May 1999 in towns across the United States. To place the new images in context, some were selected from the archives of photographers who have long been interested in this issue. We encouraged photographers to break cultural and stylistic stereotypes so that homeless people might speak for themselves. *The Way Home* offers a simple, essential message: Homelessness is not a permanent part of American life. It can be solved.

It is impossible here to thank everyone who made this project possible. We must, however, acknowledge the significant contributions of a few. The many providers of services to homeless people gave us access to communities across the country. Many people who confront life without permanent shelter shared their stories. Each of the photographers contributed his or her time, images, and words. The staffs of the publisher, the Corcoran Gallery of Art, and the National Alliance to End Homelessness have woven the pieces together. An essay by Alliance president Nan Roman offers a clear-eyed look at the issues and programs. The poems in this book present creative voices of homeless men and women, most of whom are members of the Miriam's Kitchen Writers' Forum, Washington, D.C.

Philip Brookman  
Jane Slate Siena  
Curators

## ENDING HOMELESSNESS IN AMERICA

We tend to think that endemic homelessness has always been a problem in our nation, but this is not so. While it is true that there were homeless people twenty years ago, homelessness as we know it today did not exist. In the 1970s a casual observer of urban America would not have seen men and women plagued by illnesses and addictions wandering the streets, their belongings piled into shopping carts or squirreled away in the entryways of buildings. If accosted for spare change, such an observer might have assumed that the beggar was destitute or alcoholic, but not that he or she was homeless. In fact, in the 1960s and 1970s many scoffed at predictions that the destruction of thousands of units of affordable housing through urban renewal and conversion of rental units to cooperatives and condominiums would result in widespread homelessness. Sadly, these predictions came true.

The realization that widespread homelessness did not exist twenty years ago helps us see the possibility that homelessness can be ended today. Unlike poverty, to which it is closely related and which, despite our great efforts and progress, has always been with us, homelessness is not inevitable. We can end homelessness. Indeed, we know how to do it. Having seen the enormous toll it takes on people who are homeless and on our society as a whole, it is difficult to understand why we do not.

In order to understand how to end homelessness, we have to understand the history of homelessness in our nation, who homeless people are, why people are becoming homeless now, and the progress we have made in ending homelessness.

### HOMELESSNESS HAS NOT ALWAYS BEEN WITH US

Homelessness is a problem that affects virtually every community in the nation—rural and urban, wealthy and poor, large and small. Americans from all walks of life see homelessness nearly every day, and all too many Americans experience it. Yet just twenty years ago the problem was essentially nonexistent.

There is nothing new about the presence in our neighborhoods and streets of a small number of people with no regular place to call home. Throughout the twentieth century there have been people unable or unwilling to maintain a home. Dwelling on the margins of society, these "hobos" and skid-row denizens have often been called homeless, when in fact they used intermittent income from casual labor to cobble together a flexible and shifting system of housing, and rarely sleeping in the rough. They remain, however, the stereotype of homelessness.

Historically, homelessness has manifested itself periodically, when massive social and economic upheavals uprooted large numbers of poor households. Most recently, the Great Depression of the 1930s caused homelessness among thousands

of families who lost or left their homes in search of new economic opportunities. Such earlier, limited experiences of homelessness did not, however, prepare us for today's widespread national problem.

The homelessness that our nation is now experiencing is different from the dislocations and skid-row experiences of the past. People who used to live on skid row still dwell in our cities, but the economics of urban renewal and downtown redevelopment are rapidly eliminating the weekly hotels and boarding houses that once accommodated their irregular incomes. Even the availability of casual and part-time labor has diminished. As a result, these people have left skid row, dispersing widely throughout our communities and spending much more time on the streets and in temporary shelters.

Today's homelessness is not caused by a particular social or economic cataclysm, but by the basic day-to-day economic challenges faced by those living in the bottom tier of the economy. Chief among these is the shortage of affordable housing. Housing costs now absorb a staggeringly high percentage of any low-income household's earnings (assuming that they have no government housing assistance). Inexpensive housing, once widely available, is now scarce: there are twice as many households in need of homes as there are units available. Homelessness, a peripheral and highly contained problem from the 1940s through the 1970s, is now devastating and national in scope.

Although most homeless people live in urban areas, many people are surprised to learn that virtually all suburban and rural communities also experience homelessness. While many localities believe that homeless people have migrated there from other, less hospitable locales, homeless people actually tend not to move around. The majority remain in the communities in which they first became homeless.

### WHO IS HOMELESS?

The National Alliance to End Homelessness estimates that 730,000 Americans are homeless on any given night—and that over the course of a year this number may reach two million. The distinction between these two figures is important, because it reveals the enormous number of people who experience homelessness over the course of time. Homelessness is a dynamic problem that affects a disturbingly large percentage of poor people; it is not, as often portrayed, a static phenomenon affecting a small number of people who have chronic troubles, such as illness. It is estimated that in the latter half of the 1980s as many as seven million people experienced homelessness. And the numbers are most alarming for vulnerable groups, especially children. During a single year in New York City and

Philadelphia, one in every ten poor children experiences homelessness. One in six poor African American children is homeless, and one in five poor African American men between the ages of 30 and 50 experiences homelessness in just one year.

The majority of homeless people are men, and most live on their own (although they frequently have families, including children, living elsewhere). The average homeless person is middle-aged; only a small number are elderly. There is a small but significant number of homeless youth, unaccompanied by any parent or guardian. African Americans are disproportionately represented in the homeless population.

Perhaps a third of homeless people are families, most often a mother and her children. Two-parent homeless families are rare; homelessness itself can be the cause of family dissolution. Women undergoing an economic crisis and unable to afford housing may give up their children to either public or family foster care to keep them from becoming homeless. A 1995 study by the National Alliance found that women who had a history of foster care were themselves more likely to place their children in foster care when threatened with homelessness.

Homeless people tend to be poorly educated. Over a third lack a high-school diploma. Not surprisingly, their incomes are far below the poverty line, around \$3,000 to \$4,000 per year. As many as half work, but their jobs are typically erratic. They may supplement their incomes with public benefits, most often welfare, food stamps, or disability benefits from Social Security.

Around a third of homeless people have mental illness and about the same percentage have chronic substance- or alcohol-abuse illness. It is not unusual for homeless people with mental illness and little family structure, social support, or other resources to become addicted to alcohol or drugs in an attempt to self-medicate their symptoms. Approximately a third of people who are homeless are armed-forces veterans.

Many homeless people have some history of spending time in a public institution, such as a foster-care home, a mental hospital, or a prison. The failure of these public institutions adequately to address the needs of those in their care is a major cause of homelessness. For example, many children in foster care spend years moving from one household or group home to another. When such children are released from the public system, they have learned few of the skills required to establish a stable family, employment, or housing. It is not surprising, then, to find poor outcomes for many foster-care graduates. A 1995 Alliance study found that homeless people were at least three times more likely to have been in foster care than other Americans.

Another institutional path into homelessness is prison, and sadly this may be more closely linked to mental health than to crime. Jails and prisons have become the public mental-health facilities of last resort for the very poor. Very poor mentally ill people have difficulty obtaining adequate treatment or medication; without such assistance they may engage in inappropriate public behavior. Penal institutions are ill-equipped to

address the needs of people with chronic mental illness, a fact that can prolong the institutional stay of such inmates. And whether or not the inmate is ill, prisons do an inadequate job of planning the discharge of their poorest inmates. Inmates without resources or family may simply be released with a list of area shelters, creating a housing cycle of shelter, street, and prison.

These demographics and characteristics point out two common misconceptions about homelessness. The first is that we are all just a paycheck away from homelessness. Certainly it is true that anyone may become homeless. Any shelter operator can tell you the story of a homeless client who was a corporate executive or has a Ph.D. But most homeless people are not well-educated individuals fallen from the middle class, with histories of regular employment and family stability. Most are very poor people with limited earning ability, who cannot afford housing.

The second misconception is that everyone who is homeless has mental illness or abuses alcohol or drugs. While many people who are homeless do have chronic illnesses, long-term longitudinal analysis of the problem shows that the vast majority do not. They are homeless because of an immediate economic or housing crisis.

This, then, is a profile of the homeless population. For the answer to what causes homelessness we must look at how several decades of systemic economic and social changes have affected low-income Americans.

## THE ABSENCE OF HOUSING

Homelessness is, by definition, the absence of housing. We have always had extreme poverty in our nation—there have always been people with mental illness, alcoholism, and a low level of education. But in the past they could find a place to live. Why is this no longer the case? The answer lies in the interaction of three elements—housing, income, and services.

America has no shortage of housing. In fact, we are probably the best-housed nation in the world. We have achieved a very high level of home ownership and have made great inroads in the elimination of substandard housing. Despite these successes, affordable housing is in short supply, and in the last thirty years has grown ever more scarce. In cities, inexpensive housing has been in part a casualty of economic revival: as cities have been transformed by urban renewal and gentrification, the traditional homes of the very poor—boarding houses and SROs (single-room-occupancy units, modest rooms available on a short-term basis to people without a steady income)—have been converted to condominiums and market-rate rentals. The private sector has no incentive to retain this affordable stock, which generates little profit. The public sector, which for many years addressed the affordable-housing shortfall with federal, state, and local subsidy programs, has instead reduced its role over the past twenty years. The resulting shortage is a prime cause of homelessness.

In addition, some household incomes are so low that they

simply do not cover basic needs, such as shelter. Over the past twenty years the average income of poor people has not kept pace with the good economy. The minimum wage has not matched inflation. Jobs in industry, in which people with low education and skill levels once earned good wages and a measure of job security, have decreased. They have been replaced by low-wage service-sector jobs with no job security. The safety net of public services to support our most vulnerable citizens is badly frayed.

Indeed, a third key cause of homelessness is lack of services. We all need and use services every day. Poor people, who have few other resources, often rely on publicly funded medical treatment, day care, legal services, job counseling, and retraining. Poor people with disabilities have need of additional assistance. When basic needs of this sort are unmet the result is ill health and economic instability, unwholesome conditions for individuals and for communities.

Thus, insufficient affordable housing, low income, and unmet service needs interact to cause homelessness. A person without stable housing finds it difficult to hold a job; someone without a job cannot afford housing. Without housing, school and services such as health care are difficult to get to and their effectiveness is diminished.

The deinstitutionalization of mentally ill people amply demonstrates the interaction among housing, income, and services. In the 1960s and 1970s newly developed medications made it possible for people with chronic mental illnesses to leave mental hospitals and live independently. At the time, the country had a good supply of low-income housing. People with mental illness often had little earning power, but most were eligible to receive Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), and many states had general welfare programs, so that they were able to live on a low but reliable income. At the time, the hope was to provide outpatients with services and treatment monitored by a new infrastructure of community-based mental-health facilities. All the pieces—housing, income, and services—seemed to be in place, and deinstitutionalization proceeded rapidly. Unfortunately, over time the affordable housing disappeared. Few community mental-health facilities were ever established, so that treatment and monitoring were scarce. Without support, some mentally ill people found it difficult to get and keep jobs, and some became addicted to drugs or alcohol. At the same time, the bedrock protection of SSI and SSDI was undermined when these programs were restructured. Throughout America, fragile and vulnerable people with chronic mental illness became homeless in large numbers.

## MYTHS OF HOMELESSNESS

What is homelessness like? If pressed, most of us would probably describe the life of a homeless person as a constant search for food and shelter; canvassing alleys and heating grates for a warm place to sleep, moving from soup kitchens to dumpsters

in search of food, begging on the streets for cash to buy necessities, drugs, or liquor. Increasingly, however, homeless people live within an infrastructure of assistance agencies that at a minimum meet their basic needs, and at best work hard to end their homelessness.

Over the course of a year, most people who are homeless live in family units (usually a woman and her children), very few of whom spend any time on the street. Rather, they stay in shelters or longer-term transitional programs, interspersed with periods at the homes of friends or relatives. These families are homeless because they cannot afford housing. The hundreds—even thousands—of dollars in rent and deposits needed to obtain an apartment are far beyond their means. In addition, they have difficulty finding a landlord willing to overlook their typically poor credit records or troubled rental histories. So most get on the waiting list for government housing assistance—a wait that averages three years and is as high as seventeen years in some cities. Notwithstanding these barriers, 80 percent of families are homeless for a relatively short period of time and manage to make living arrangements of some kind within four months, either on their own or with the help of programs.

Men and women living separately from their children or a partner are called "single" homeless people; this does not refer to their marital status. Single people are more likely to live on the streets, although most spend their period of homelessness in the shelter system. The majority are homeless for only a short time, soon find a place to live, and never become homeless again. A smaller group tends to have repeated short episodes of homelessness; and a very small group of single people is chronically homeless. These latter, perhaps only 10 percent of the single homeless population and an even smaller proportion of the total homeless population, also are likely to have some sort of chronic illness. Nevertheless, they are the most visible to the general public, and have shaped our society's image of homelessness.

These men and women often spend significant amounts of time on the street, interspersed with stays at shelters and, increasingly, public hospitals, jails, and prisons. Because of their illnesses and their chronic use of a shelter system intended to be temporary, they absorb public and private resources disproportionately. They need a type of housing that combines a place to live with reliable, ongoing access to treatment and other services. This "supportive housing" is in extremely short supply.

It can be seen, then, that some people are homeless because economic factors limit their ability to find housing. Such families and singles tend to enter and escape homelessness relatively quickly and to draw on relatives, friends, and the community for help to do so. For them, the present homeless-assistance system works reasonably well as a safety net. But for others, particularly those who are chronically ill, the system is inadequate. The solution to their problems—long-term housing integrated with support services—requires trained and sufficient staffs and communities willing to accept them; such

housing rarely exists in America today. Lacking better options, these people virtually live in the homeless-assistance system, with frequent stops in jails, hospitals, and treatment programs at a tremendous cost both to them and to the public coffers.

## ENDING HOMELESSNESS—HOUSING FIRST

What can we do to end homelessness? Could we end it by providing everyone with a place to live? If housing is the key to ending homelessness, why do we need an extensive infrastructure of temporary accommodation and homeless services?

Increasing the stock of affordable housing and providing housing subsidies for those who need them probably would end homelessness for most people. But this is a tall order. There are over five million American households urgently in need of housing. These families and individuals are defined as having an unstable housing situation: paying over 50 percent of their income for housing or living in overcrowded or substandard housing, or both. An alarming number of households from this group become homeless every year. To end homelessness at its source we would have to address the housing needs of this entire group. This is a laudable goal, and one that the National Alliance to End Homelessness supports. The fact that it would at least double the present federal housing budget and runs counter to current political trends may explain why it has yet to be accomplished. But even if we do not immediately find the will to end the general housing crisis, there are things we can do to make progress in ending homelessness.

Absent a comprehensive national solution, various federal, state, local, and private programs have together created an assistance infrastructure that meets the needs of the majority of homeless people fairly well, although it is oversubscribed. Most people who become homeless enter the system once and do not return. Of greater concern is the plight of recurrently homeless people, who usually have a complex of interacting chronic problems—mental illness, alcohol or substance-abuse illness, AIDS and other medical difficulties, a dearth of family members able to help—which must be addressed together. Estimates of the size of this group vary, but they are probably no more than 300,000 and possibly as few as 100,000 nationwide.

To date, the alternative to community-based supportive housing has been neglect, and this is costly for our society in every sense, human and economic. Lacking treatment, chronically ill homeless people are regularly—and increasingly—institutionalized in public facilities not designed to meet their needs: primarily jails and hospitals. The price per capita of maintaining a man or woman in jail is higher than the cost of supportive housing.

The provision of supportive housing with access to psychiatric and social-work staffs and counseling, job-training, and medical programs would free up the existing homeless-assistance system to fulfill the task it was designed for: meeting the emergency needs of those in a temporary economic crisis. Indeed, experience has shown that supportive-housing units of

this kind can be successfully integrated into neighborhoods and communities, without the disruption that many may fear.

We must not dismiss the difficulties faced by low-wage households and people unable to work. A further step toward ending homelessness within the boundaries of current resources is to assess exactly what is needed to get people in an economic crisis into housing as cost-effectively as possible, and to keep them housed. We must focus on getting people into homes promptly and then linking them to the appropriate services to increase their chances of achieving long-term self-sufficiency.

Finally, we must look much more carefully at the human, social, and economic savings of preventing homelessness. At the simplest level, more could be done locally to help people stay in existing housing by preventing eviction (providing subsidized rent or utility payments, negotiating with landlords, and so on), stabilizing shared housing situations, facilitating rapid rehousing for those who lose their homes, and the like. On a more systemic level, it would be wise to give greater attention to the systems that feed homelessness. The public foster-care, criminal-justice, health, and mental-health systems routinely discharge their wards without adequate housing plans and with insufficient resources to achieve housing stability. Indeed, they are given incentives to avoid addressing the needs of those who face the most significant challenges by shifting the responsibility for these people to the emergency homeless-assistance system. Better discharge planning from these systems is urgently needed and would certainly reduce homelessness. Finally, by plotting the last addresses of homeless people we can identify neighborhoods that have a high risk of homelessness and concentrate our limited prevention resources where they will do the most good. It is cost-effective to help people avoid the debilitating and devastating condition of homelessness. Above all, it is the responsibility of a civil society to give its most vulnerable citizens shelter.

Homelessness is a problem that is both simple and complex: simple because, by definition, it is merely a lack of housing; complex because housing is expensive and difficult to provide, and because the ability of a person to find and maintain a home also depends upon his or her income and need for services.

Although it is a complicated problem, it is not insurmountably immense or monolithic. Unlike poverty, which it mirrors in many ways, it has not always been with us, nor is it inevitable. If we take the time to learn that homeless people may not be quite who we thought they were; and if we break the problem into manageable components, tailored to the needs of diverse individuals, progress can be made. Much of what we are doing to end homelessness is right. If we bring these efforts to scale and fine-tune our approach, the solution is within our grasp.

Nan Roman  
President, National Alliance  
to End Homelessness

# KEYS TO ENDING HOMELESSNESS

The National Alliance to End Homelessness (NAEH) is a Washington, D.C.-based nonprofit organization dedicated to the principle that no American should have to be homeless. By directing the nation's largest coalition of nonprofit agencies, public-sector organizations, and corporations addressing the continuing crisis of homelessness in America, the Alliance advances practical, realistic, community-based solutions in programs, policy, and public education.

There are many effective ways by which individuals and groups can and do take firm steps toward ending homelessness each day. Here are some suggestions for how you can channel your own energy and talents in joining the cause:

**EDUCATE . . .** yourself, your family, your friends, your colleagues, and your community on the causes of homelessness, statistics about it, and solutions to it. Share books, videos, and websites—and conversations with people who work in the field.

**ADVOCATE . . .** for policies and programs that effectively serve homeless people on the local, state, and federal levels. Support plans to create more affordable housing. Discuss current issues with housing and homeless advocacy groups. Share your concerns with public officials—tell them that you want homelessness to be ended. These are valuable methods of focusing community attention on solutions to homelessness.

**ASK . . .** your neighborhood's agencies and organizations for information about what they need. When you donate goods and services, be sure to ask what items will be most useful. Needs vary from season to season and from program to program; the familiar general categories of donations are not always the most useful gift. Consider giving clothing suitable for a job

interview, home furnishings that will help a family make the transition into permanent housing, age-appropriate learning materials for children entering the local school system. Most sites have a "wish list" of the things they need most urgently. Encourage your family and community to help make those wishes come true.

**VOLUNTEER . . .** your time and ideas to programs within your community—and beyond. You can help to:

- plan activities for homeless families and children
- train homeless individuals for employment
- work at a nearby housing organization
- register homeless people to vote
- organize fundraising drives for local service agencies
- teach music, art, and other hobbies
- work at a shelter
- recruit others to join your efforts and to think of other creative projects.

Your skills and enthusiasm are welcome!

For more information on homelessness and how you can help, please contact:

The National Alliance to End Homelessness  
1518 K Street, NW, Suite 206  
Washington, DC 20005  
phone: (202) 638-1526 fax: (202) 638-4664  
e-mail: [naeh@naeh.org](mailto:naeh@naeh.org)  
website: [www.endhomelessness.org](http://www.endhomelessness.org)

## THE WAY HOME: Ending Homelessness in America BIOGRAPHIES

### **Jodi Cobb**

Jodi Cobb was born in Auburn, Alabama and grew up in Iran. She received a Bachelor of Journalism and Master of Arts from the University of Missouri School of Journalism. She has been a staff photographer for National Geographic Magazine since 1977 working extensively in the Middle East and Asia. Her work has been exhibited at the International Center of Photography, New York City, and the Corcoran Gallery of Art, Washington, DC. Her book *Geisha*, published in 1995 by Alfred A. Knopf, won the American Society of Media Photographers' Special Achievement Award in 1996. Cobb was the first woman to be named the White House Photographer of the Year. She is currently working on a project exploring international concepts of beauty from Papua, New Guinea, to Moscow. She lives in Washington, D.C.

### **Ben Fernandez**

Benedict J. Fernandez was born and raised in New York City. In 1968 he founded the Department of Photography at the New School/Parsons School of Design and remained chairman of the department until 1992. He is currently Senior Fellow in Photography at the Corcoran Gallery of Art. His many honors and awards include Guggenheim Fellow, National Endowment for the Arts Grant, Fellow of the Academy of Arts and Sciences, and Senior Fulbright Scholar. Books of his work include *Protest*, 1996; *I am a Man*, 1996; *Countdown to Eternity*, 1993 and *In Opposition: The Right to Dissent*, 1968. Fernandez's work is in the collections of the Museum of Modern Art, New York City, the Boston Museum of Fine Arts, the National Portrait Gallery, the Corcoran Gallery of Art, Washington, DC, and the Bibliotheque Nationale, Paris, among others. He lives in North Bergen, New Jersey.

### **Donna Ferrato**

Donna Ferrato was born in Waltham, Massachusetts. In 1991, after Aperture published *Living with the Enemy*, she founded Domestic Abuse Awareness, Inc. to raise funds and educate the public about domestic violence. Her work has been published extensively in *Life*, *Fortune*, the *New York Times Magazine*, *Stern*, *DAS* and *Du*; her assignments have ranged from Bruce Springsteen to the Persian Gulf War. Her awards include a W. Eugene Smith grant, the Robert F. Kennedy Award for Humanistic Photography, and the Kodak Crystal Eagle for Courage in Journalism. Ferrato lectures on domestic violence at universities, hospitals, and shelters. She lives in New York City.

### **Betsy Frampton**

Betsy Frampton was born in New York City. She received an undergraduate degree from Barnard College, Columbia University and a graduate degree (in Visual Studies) from Harvard University in 1970. Frampton photographed for Time, Life, Business Week, People, Town and Country, and Washingtonian, among others. Assignments included photographing the Peace Corps programs in Nepal, Niger, The Gambia, and Morocco and (domestic) VISTA programs in West Virginia and California. She was a finalist in the W. Eugene Smith Fellowship Program in 1983 and won numerous awards in the White House News Photographers' Association Annual Photo Contest between 1980 and 1984. Her work is included in the collections of the Smithsonian Institution, the John F. Kennedy Library, and the Library of Congress. She lives in Washington, D.C.

### **Tipper Gore**

Tipper Gore, Honorary Chair of "The Way Home: Ending Homelessness in America," is a major advocate on issues of homelessness, mental health, and the status of women and children. Throughout her life, she has worked on behalf of the homeless and mentally ill, first as a volunteer and founder of advocacy organizations, and more recently on the national level as Mental Health Policy Advisor to the President. A former photojournalist, she has combined her interest in photography and advocacy in this unique project which will help bring this issue to the forefront of our national agenda and educate all Americans on how we can move people out of homelessness into a continuum of care.

### **Annie Leibovitz**

Annie Leibovitz's witty, powerful portraits have been appearing on magazine covers for more than twenty-five years, and she has become one of the most celebrated photographers of our time. Starting with her legendary work for Rolling Stone, and continuing through her long affiliation with Vanity Fair and Vogue, she has established herself as an astute observer of American popular culture. In addition to her magazine work, Leibovitz has accepted many commissions. She was the official portrait photographer for the World Cup Games in Mexico in 1985, and created prize-winning advertising campaigns for American Express and The Gap. She documented the creation of the White Oak Dance Project for Mikhail Baryshnikov and has worked with many other artistic organizations, including American Ballet Theatre and the Mark Morris Dance Group. During the siege of Sarajevo, Leibovitz visited the city and created a series of portraits that were exhibited in 1993 at the Art Gallery of Bosnia and Herzegovina. In 1995, she was commissioned to create the official portfolio for the Twenty-sixth Olympic Games in Atlanta, Georgia.

### **Mary Ellen Mark**

Mary Ellen Mark received a BFA in Painting and Art History and an MA from the Annenberg School of Communication, University of Pennsylvania. Her photo-essays have been published in Harper's Bazaar, the New York Times Magazine, New Yorker, Rolling Stone, and Vogue, among others. She has received numerous grants and awards including the John Simon Guggenheim Fellowship, an Erna and Victor Hasselblad Foundation Grant, the Creative Arts Awards Citation For Photography from Brandeis University, the George W. Polk Award for Photojournalism, the Infinity Award from the International Center of Photography, and three National Endowment for the Arts grants. Publications include, Falkland Road, Alfred A. Knopf, 1981, Mother Teresa's Mission of Charity in Calcutta, Friends of Photography, 1985, Streetwise, University of Pennsylvania Press, 1988, Aperture, 1992, Indian Circus, Chronicle, 1993, and Portraits, Smithsonian Institution, 1997. American Odyssey, being published by Aperture, is a collection of work done in the United States. An accompanying exhibition will open at the Philadelphia Museum of Art in spring 2000. Mary Ellen Mark lives in New York City.

### **Eli Reed**

Eli Reed was born in Linden, New Jersey in 1946. He graduated from the Newark School of Fine and Industrial Arts in 1969. He was a Nieman fellow at Harvard University in 1982-83. Reed worked for the Middletown Times Herald Record, the Detroit News, and the San Francisco Examiner, before joining Magnum Photos in 1983. His photographs have been featured in American Photographer, Camera 35, French Photo, Life, National Geographic, Newsweek, Photo District News, Sports Illustrated, Time, Vanity Fair, and Vogue. W.W. Norton published two books, Beirut: City of Regrets, 1988, and Black in America, 1997. Reed's awards include the Overseas Press Club Award, the Leica Medal of Excellence in 1988, the Kodak World Image Award for Fine Photography in 1992, and a W. Eugene Smith Grant in Documentary Photography in 1992. He lives in Brooklyn, New York.

### **Joseph Rodriguez**

Joseph Rodriguez was born in Brooklyn, New York in 1951. He attended the School of Visual Arts in New York, received an associate degree in Applied Science from New York City Technical College in 1980 and a Photojournalism/Documentary Diploma from the International Center for Photography in 1985. He is represented by the Black Star Photo Agency, New York and Mira Bild Arkiv, Sweden and associated with the Pacific News Service. His most recent book, East Side Stories: Gang Life in East L.A. was published in 1998 by Powerhouse Books. He is currently working on a project about juvenile crime in San Francisco for the Open Society Institute using a Crime, Communities, and Culture Media Fellowship. He lives in Brooklyn, New York.

**Stephen Shames**

Stephen Shames is a freelance photojournalist specializing in social issues which highlight solutions. His first book, *Outside the Dream: Child Poverty in America*, was published by Aperture and the Children's Defense Fund in 1991. A second book, *Pursuing the Dream: What Helps Children and Their Families Succeed*, was published in 1997 by Aperture and the Family Resource Coalition. Shames's recent projects include a book on multi-racial people and a video on violence prevention featuring Friends of the Children. Among the awards Shames has received are the Kodak Crystal Eagle Award, the Leica Medal of Excellence in Photojournalism, and the Robert F. Kennedy Journalism Award. He founded the Outside the Dream Foundation, which develops public education programs. Shames lives in Brooklyn, New York.

**Callie Shell**

Callie Shell was born in Gainesville, Georgia in 1961 and graduated from the College of Charleston with a Bachelor of Arts in political science in 1983. She worked as a staff photographer for USA Today, The Tennessean, and the Pittsburgh Press prior to her current position as a White House photographer. Her work has been published in Newsweek, Time, Paris Match, and Life Magazine. She has received several awards in education from the National Press Photographers' Association. Shell lives in Washington, D.C.

**Diana Walker**

Diana Walker is a contract photographer for Time Magazine, covering the White House. A graduate of Briarcliff College, where she majored in drama, Walker has photographed the Reagan, Bush, and Clinton administrations. For the last six years she has specialized in black-and-white "behind the scenes" picture essays of the President, Vice President, Hillary Rodham Clinton, Tipper Gore, and various members of the Clinton-Gore administration, which have appeared in Time. She has won many awards for her work, from the White House News Photographers' Association-where she received first prize in the Presidential category for the last four years-to the National Press Photographers' Association, the Page One Awards, and World Press Photo. Walker's work is in the collections of the National Portrait Gallery, the Chicago Art Institute, and the Minneapolis Museum of Art. She lives in Washington, D.C.

**Clarence Williams**

Clarence Williams was born in Philadelphia in 1967. He attended Temple University, majoring in Mass Communications. As a photojournalist, Williams has earned numerous awards including the Pulitzer Prize for feature photography in 1998 for work that accompanied the Los Angeles Times series "Orphans of Addiction." He has also received a National Press Photographers Association Award and the Robert F. Kennedy Award for domestic photojournalism. He was named the Times Mirror Journalist of the Year and The National Association of Black Journalists Journalist of the Year. Williams has been a staff photographer for the Los Angeles Times since 1996. He lives in Los Angeles.

THE WHITE HOUSE

Office of the Vice President

For Immediate Release

January 22, 1998

TIPPER GORE TO LEAD THE U.S. DELEGATION AT THE  
1998 WINTER OLYMPICS IN NAGANO, JAPAN

WASHINGTON, D.C., THE WHITE HOUSE -- The White House announced today that Tipper Gore, wife of Vice President Al Gore, will lead the U.S. delegation at the 1998 Winter Olympics in Nagano, Japan. Delegation members will be announced at a later date.

Mrs. Gore will attend the last week of Olympic events in Nagano, as well as the closing ceremonies, where the Mayor of Salt Lake City, Utah, Deedee Corradini, will officially receive the Olympic flag, designating Salt Lake City as the next site of the Winter Olympics in the year 2000.

Mrs. Gore commented: I am thrilled at the opportunity to represent the U.S. delegation in Nagano next month. The dedication and commitment of these top athletes from around the world serve as an inspiration for people everywhere. I look forward to sharing the stories of their triumphs and achievements with children and young people from the U.S.

Mrs. Gore currently serves as National Spokesperson for the Youth Fitness Campaign of the President's Council on Physical Fitness and Sports. As National Spokesperson, she works with the President's Council and other organizations to promote the physical and mental health benefits of physical fitness and activity, especially for young girls and boys. She also serves as Mental Health Policy Advisor to President Clinton.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

November 14, 1998

RADIO ADDRESS BY THE PRESIDENT  
AND MRS. GORE  
TO THE NATION

The Roosevelt Room

THE PRESIDENT: Today I would like to talk about the hurricane that struck Central America two weeks ago and what we in the United States are doing to help. I'm joined by Tipper Gore, who will describe her trip leading our delegation to the region.

As Hurricane Mitch swept across the Caribbean we were spared the brunt of the storm. But our neighbors in Honduras, Nicaragua, El Salvador and Guatemala were not so lucky. We know the terrible death toll in those nations -- more than 10,000 lives so far. But that figure only begins to convey the devastation.

Hundreds of thousands are homeless. Mudslides and collapsed bridges have made it difficult to send help. In huge areas people have still almost no food and water. Roads, farms, schools, hospitals, all have been destroyed.

Tipper Gore led our presidential mission to the region, and she just reported to me on the conditions there. I'd like to ask her now to tell what she saw.

MRS. GORE: Thank you, Mr. President.

In Honduras, we visited a neighborhood devastated by the storm. We joined the effort to clean up a school that will become a medical facility. That night I slept in a tent outside a shelter with homeless families, where I met a woman who was six months pregnant, a grandmother who was carrying for four of her grandchildren, and a man who was alone and blind. They had all lost everything. They are now living together in one room, sleeping on mats.

In Nicaragua, I visited a refugee site for more than a thousand men, women and children whose homes along a riverbank are gone. The conditions are unimaginable. The government has allocated a plot of land which is divided into parcels, one per family. Their shelter consists of sheets of plastic. Disease is rampant, and their biggest concerns right now are food, water and medicine.

Yet everywhere I was struck by the spirit of the people. They are not defeated. They're cleaning up and they are rebuilding their lives. In Honduras, community leaders are working to help those most in need to get supplies to the outlying areas. In the makeshift shelters in Managua, many people were measuring foundations for new walls they will build when the materials are available.

You can see that this disaster has destroyed their homes, but not their spirits. They will survive. And we will stand with them as they do so.

THE PRESIDENT: Thanks, Tipper. Thank you for the trip and for your recommendations for what the United States should do next.

Next Monday the First Lady will also visit the region. We want to do everything we can to help -- now and over the long run. To quickly address the catastrophe, I ordered \$80 million in emergency aid. Over 1,300 American troops are assisting with relief efforts, providing food, water and medicine. Engineers are rebuilding roads. Helicopters and planes are delivering vital supplies -- 1.3 million tons to date. And more help is on the way.

In the wake of Mrs. Gore's trip, I am announcing today that we will offer \$45 million in additional defense goods and services to provide the resources our troops need to continue their critical work toward recovery.

I've also asked Secretary of the Treasury Bob Rubin to find the best way to provide debt relief and emergency financial aid from the United States and the international community. We've already encouraged international institutions to provide more than \$500 million in near-term financial aid, and we're working with them to secure sufficient money for reconstruction.

Finally, we intend to extend our stay of deportation through the holidays for citizens of the affected countries living in the United States, while examining on an urgent basis recommendations for further relief, consistent with the recommendation Mrs. Gore made to me.

A storm shows no respect for boundaries, and we should respond the same way. Many American citizens have relatives in Central America; our nations are related, too. They are our friends and our neighbors. We are going to share the future together. America is at its best when lending a helping hand to friends in need. Central Americans have taken great strides in the last decade in ending conflicts and strengthening democracies. We must not, and we will not, let a hurricane drown these aspirations.

The United States will spare no aid to people of Central America -- our fellow Americans -- as we all strive to build a better world in a new century.

Thanks for listening.

END

THE WHITE HOUSE

Partnership for Central American  
Reconstruction[Help Site Map Text Only](#)

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## REMARKS BY MRS. GORE

PRIVATE-PUBLIC PARTNERSHIP FOR  
CENTRAL AMERICAN RECONSTRUCTION

DECEMBER 15, 1998

Thank you Brian, for that introduction. And thank you for the tremendous job you are doing at the U.S. Agency for International Development to respond to this crisis.

Let me start this morning by welcoming everyone here today. Distinguished Ambassadors, members of the cabinet, representatives from the donor community, and everyone who joins us today from the private sector -- it is a pleasure to be with you. I think the tremendous outpouring of support and concern from the private sector in the wake of Hurricanes Mitch and Georges is a reflection of your remarkable generosity and of your understanding that we are all neighbors in the Americas.

The scale of the disasters, we now know, is staggering. Just from Hurricane Mitch, there are more than 9,000 confirmed deaths and another 9,100 missing and feared dead. Some 3 million people were left homeless or displaced. Total damages exceed 8.5 billion dollars throughout the region in lost property, infrastructure and crops.

This is, literally, the worst storm in recorded history in this hemisphere. Over a third of Honduras' 10,000 schools were damaged or destroyed. Hospitals and health clinics suffered extensive damage. Conditions there have created a public health emergency with diseases like cholera and malaria now emerging.

Despite such terrible devastation, the courage and spirit of the people of Central America is inspiring.

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President Clinton, First Lady Hillary Rodham Clinton, who also recently returned from Central America, and my husband, Vice President Gore, join me in the admiration I feel for a people who refuse to be defeated or discouraged in the face of such overwhelming devastation and destruction.

I met many such people just weeks after the storm when I led a Presidential Delegation to the region. And I can tell you that what I saw there had a profound effect on me. Let me say this: it is hard to comprehend the damage and the conditions without seeing them firsthand. The destruction is unlike anything we have ever faced here in the United States. Entire communities had been swept away. Houses in downtown Tegucigalpa had flooding up to the second floor. I spoke with families who had to wade through waist deep water and mud to escape from their homes in the middle of the night. These families had seen their homes, all of their possessions and their most cherished family treasures all destroyed in the fury of rain and mud. Now these same families are living in small schools that have been turned into makeshift shelters, and are trying to imagine a way that they can begin their lives anew.

I talked to mothers who had lost their children and fathers who had seen entire crops and livelihoods disappear. In Managua, we went to the Ciudad Sandino to see the flood damage. An entire village was washed away -- utterly destroyed. People were constructing makeshift shelters from whatever materials they could find -- sometimes these were as rudimentary as plastic sheets draped on sticks that had been stuck in the ground. Only one small stream was available in the area as a water supply, and it was far from clean. As a result, people now find themselves battling cholera and malaria.

During our visit, I was able to announce expanded U.S. aid for the region and we delivered additional food and medicine on our flights. I was also pleased that our delegation was able to work side by side with the community leaders to assist in the clean up effort. We helped clean out a kindergarten that had six inches of mud on the floor and helped bag relief supplies in Managua. It gave us a very important sense of the work that must be done for these communities to rebuild.

And the issues of rebuilding and reconstruction are exactly why we are gathered here today.

Our goal in Central America is simple. We must plan for a reconstruction effort that does more than replace what was washed away. We want to see the countries of this region move forward in the direction they were headed before these storms hit -- on the path to stronger, more prosperous democratic and economic development. We cannot allow the progress that has been made in recent years -- the steady march to more open markets and democracy in Central America -- to get washed away in the aftermath of these storms.

Getting Central America back on track will demand the help of many of the people in this room. It will also demand that the private sector and the public sector work together in real and meaningful partnership. I have been very encouraged by the efforts I have already seen and hope that this conference will spur on many more opportunities to join forces. I know that a great number of American companies and non-profits have already made significant contributions. From American Airlines donating transportation of relief supplies, to General Mills donating a half million pounds of flour, to the many garment manufacturers who have helped supply clothing, to the work of Purdue and Cornell University in lending expertise to help improve health care and education, and to the many other too numerous to mention -- you have already made a terrific difference in the lives of people who have been so very hard hit.

I am also pleased that our federal agencies -- many who are not traditionally involved in international disaster relief efforts -- have been reaching out to work in tandem with the private sector. For example, I know that HUD is working with homebuilders on how to restore shelter for thousands of people. USDA has been working with some of the larger food manufacturing groups on large scale food donations to the region. The Department of Labor has reached out to unions to help organize donations and relief supplies. As Brian mentioned, USAID is working with Toledo and nine other cities to help establish state-of-the-art centers to manage public donations in response to humanitarian crises.

I also know that USAID has worked very closely with Lucent Technologies, who has helped finance the phone bank that USAID has been operating to field calls from the American public who wish to contribute to the relief effort.

Transportation Secretary Rodney Slater, joined by Mack McClarty, is joining us now from New Orleans to announce some good news from the Department of Transportation. Secretary Slater --are you there?

[Satellite call from Secretary Slater.]

These public-private partnerships are a phenomenal example of the tremendous capabilities that we have gathered here today, and they give me great optimism that we can rebuild and move forward in Central America.

Last week, the President met with Presidents from the regions hardest hit and announced \$17 million in additional aid, bringing the total U.S. relief effort up to \$300 million. He also announced that he will visit the region personally early next year to survey the damage and to look at ways the U.S. can further support long-term reconstruction efforts.

The International Monetary Fund has estimated that the external financing needs of Honduras and Nicaragua -- the two hardest-hit nations -- will be approximately \$1.4 billion over the next several years. The President announced that the U.S. and other creditor nations will relieve Honduras and Nicaragua from debt service obligations until 2001. The U.S. will urge other creditors to provide similar relief.

Much of the financing for reconstruction in Central America will come from the World Bank and the Inter-American Development Bank (IDB). As the largest shareholder in the IDB, the United States has worked to ensure that sufficient resources will be available for rebuilding Central America. The IDB alone has already approved \$353 million in financing for relief, recovery and reconstruction -- and it is redirecting up to \$430 million in loans to help finance recovery from Mitch.

Today, you will have a chance to hear some very detailed breakdowns of the different needs by sector

in the region. It is my hope that this information will help all of you figure out the best, and most appropriate ways, to move forward with assistance.

I also want to stress that it is Central America itself who is leading the relief and recovery effort. In prioritizing donations and public sector contributions, we must at all times heed the leadership, capabilities and needs as they are determined on the ground. We need to listen to our partners in Central America and figure out how we can best assist them in that effort.

Indeed, if there is a silver lining to this storm, it is that it happened during a time when the people of all the Americas understand their deeply shared ties and common vision for greater prosperity and freedom for all their peoples. The outpouring of support for Central America has come from Tierra Del Fuego to Alaska, and will continue to do so. Central America is the natural bridge that bonds North and South America. We share more than just borders with the 32 million people of Central America -- we share family. Our lives are forever linked.

I believe this conference is a very important step in mobilizing action from around America, public and private, in showing that blood is indeed far thicker than water. Both the President and the Vice President, and Mrs. Clinton, are fully behind this effort today, and collectively I know that there is no challenge that those of you represented here today cannot meet. Thank you.

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Philadelphia Martin Luther King, Jr. Association Luncheon

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REMARKS by MRS. GORE

PHILADELPHIA MARTIN LUTHER KING, JR. ASSOCIATION LUNCHEON

JANUARY 18, 1999

Thank you, Dr. Tucker, for that kind introduction and thank you for your friendship. Whether as president of the Philadelphia Martin Luther King, Jr., Association or as president & CEO of the National Political Caucus of Black Women, you have contributed your strong voice and caring heart to improving the lives of all Americans.

I would also like to acknowledge and thank Mayor Ed Rendell for the warm personal friendship he and his wife Midge have extended to Al and me, and for his leadership on behalf of the people of Philadelphia. I would like to especially thank him for taking up President Clinton's challenge to make this holiday a national day of service by mobilizing tens-of-thousands of Philadelphia citizens into service projects all across the city.

I would also like to acknowledge all of the state and local elected officials who have joined us here today.

Ladies and gentlemen, the national holiday honoring Dr. Martin Luther King, Jr., has always been a special day for the Vice President and me. Last year, the Vice President had the pleasure of joining the King family in Atlanta, Georgia and speaking from the pulpit of Ebenezer Baptist Church. It was one of the greatest honors of his public life. I am equally honored to join you today for the only nationally designated celebration for Dr. King outside of Atlanta.

It is a fitting tribute to Dr. King that we celebrate his life and legacy in the city of Philadelphia where our nation's founding principles were established. Dr. King believed in the American dream. He both witnessed and experienced much of what was wrong with America -- the indignity of segregated

<u>Communities</u>
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<a href="#">Congressional Black Caucus Meeting</a>
<a href="#">Philadelphia Martin Luther King, Jr. Association Luncheon</a>

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schools and housing, the injustice of being denied the right to vote, and the violent terror of church bombings and cross burnings -- but he never lost his faith in what was *right* with America. Accepting the Nobel Peace Prize in 1964, Dr. King said: "I accept this award today with an abiding faith in America and an audacious faith in the future of mankind.....I refuse to accept the view that mankind is so tragically bound to the starless midnight of racism and war that the bright daybreak of peace and brotherhood can never become a reality."

Dr. King understood that America was founded on the ideal that freedom and opportunity are the natural birthright of all men and women. He understood that America's mission is to keep that ideal alive -- and to prove that men and women of all races and ethnic backgrounds, and all faiths and creeds, can work and live together and create a more perfect union.

But Dr. King also understood that the American dream would not be achieved without hard work and sacrifice. Men and women of all races and religions had to come together, roll up their sleeves, and defeat the demons of racism, intolerance, and hatred plaguing the soul of our country.

I know we are all inspired by, and share in, Dr. King's faith in America and his ability to understand that the ideals that bind us together are ultimately stronger than the forces that pull us apart.

Harnessing the strength of our racial and cultural diversity, and building One America, is one of the Clinton/Gore Administration's highest priorities and a deeply personal commitment shared by President Clinton, First Lady Hillary Rodham Clinton, my husband Vice President Al Gore and me.

In fact, the Vice President learned some early lessons in the importance of justice and equality from his father, Senator Albert Gore, Sr. One day, one of the Senator's constituents who did not share his belief in racial justice and equality dropped by his office. In colorful terms, the man told Senator Gore that he did not want to eat with African Americans, he did not want to live with African Americans, and he did not want his children to go to school with African Americans.

In response, my father-in-law gently asked the man, "Do you want to go to heaven with African Americans?"

Realizing that we all share a common destiny is one of the first steps along the road to racial harmony

and One America. Dr. King's teachings help Americans realize that when one of our brothers or sisters is held down by the weight of racism and intolerance, we all lose individually and collectively.

Dr. King's life continues to teach us that with courage, vision and determination, every one of us has the power to help change the course of our nation and the world. I am most inspired by Dr. King's ability to motivate children and young people and instill in them the notion that they can make a difference in our nation's life by taking action.

As many of you know, following a courageous act of defiance by one of America's greatest heroines, Rosa Parks, Dr. King organized the Montgomery bus boycott at age twenty-six. His home was bombed by the opponents of integration at age twenty-seven. And, he won his first major battle by integrating Montgomery's buses less than a month before his twenty-eighth birthday. And throughout his life -- leading freedom marches down our city streets or preaching from the steps of the Lincoln Memorial -- Dr. King mobilized an entire generation of children and young people in the movement for racial equality.

My good friend Representative John Lewis often tells the story of how he first discovered Dr. King as a teenager. One Sunday morning in 1955, he was listening to the radio and heard the voice of a young preacher he had never heard before but whose message made him sit bolt upright with amazement. Representative Lewis said Dr. King's words gave voice to everything he had been feeling and trying to figure out about the racism and oppression he experienced every day as a young man in Alabama.

As we all know, John Lewis went on to adopt Dr. King's principles of non-violent social action, lead the Student Nonviolent Coordinating Committee, and most recently, serve the people of Georgia, and America, in the United States House of Representatives.

Dr. King believed that involving children and students in the civil rights movement was one of the wisest decisions he ever made. He would tell the story of an eight-year old girl who walked proudly with her mother in a demonstration. An amused policeman leaned down to her and said with mock gruffness: "What do you want?"

The child looked into his eyes.....unafraid....and gave her answer.

"Freedom," she said.

So often, it is children whose pure and clear way of seeing the world boils even the most complicated, controversial issues down to simple and powerful truths. And so often, it is children who touch the soul of a country and change the hearts and minds of men and women forever.

How can we forget the powerful images of young children facing the punishing spray of the fireman's hose for adding their small voices to freedom's struggle; or the dignified bravery of the Little Rock Nine who struck a powerful blow to segregation; or the eager college students who braved verbal taunts and physical violence to advance integration through sit-ins and freedom rides?

How can we forget the children who paid the ultimate sacrifice for the freedom we enjoy today. On this day when we remember the life and sacrifice of Dr. Martin Luther King, I would like to pause and remember the lives of young people like Addie Mae Collins, Denise McNair, Carol Robertson and Cynthia Wesley whose lives were cut short by a bombing as they worshiped inside Sixteenth Street Baptist Church in Birmingham, Alabama. I would like to remember civil rights workers James Chaney, Andrew Goodman, and Mickey Schwerner whose lives were cut short because they decided to spend the carefree years of their early twenties challenging the status quo and helping African American men and women register to vote and take their rightful places at the table of American democracy.

As we honor the bravery and sacrifice of young people such as these, and the life of Dr. King, I would like to ask each of you to join me in renewing our determination to make sure that all of our children feel loved and valued -- that all our children know they have an important role to play in the life of our country -- and that all of our children have the same opportunity to make the most of their God-given potential.

It has been an honor to join President Clinton, First Lady Hillary Rodham Clinton, and my husband, Vice President Al Gore, these past six years in working across racial, cultural and party lines to improve the lives of America's children. Whether it is making the largest investment in children's health care -- including *mental* health care -- since 1965; or providing Head Start opportunities to over 800,000 children; or fighting to help over one-million children participate in safe and fun after

school programs; or helping open the doors of college to every young person in America, we are committed to working with you so that every child can learn, grow and make the most of their lives.

And just today, my husband was privileged to announce on behalf of the Administration that the Clinton-Gore Administration will seek a total of \$663 million for civil rights enforcement in the Fiscal Year 2000 budget -- an increase of 15 percent over last year's funding levels. These funds will help ensure that no American is denied a job, a home, or an education because of their race, color, creed, gender or religion.

I am especially pleased today to be joined by one of our strongest partners in Washington, Philadelphia's own, Representative Chaka Fattah. Congressman Fattah's vision and advocacy created one of our most innovative programs aimed at children and young people --

GEAR-UP. For the few of you here who have *not* had the amazing experience of hearing Congressman Fattah's talk about this remarkable program, GEAR-UP is a new initiative that we fought for in last year's budget. Today, GEAR-UP is helping to create new mentoring partnerships between colleges and middle schools to help students from low income families succeed in school and prepare for college.

GEAR-UP is a shining example of what is best about America -- that people of all races and backgrounds can come together to help lift up our young people. Who knows, the mentoring partnerships created by this program may one day touch the life of a child who will go on to become the Dr. Martin Luther King, Jr., of the 21st Century -- and I wish her well.

I would like to end with a story that Dr. King liked to tell about the power of community spirit to change the world. Trying to better understand why students were drawn to the civil rights movement, he asked a student to find a quotation expressing his feelings for the struggle. One morning, Dr. King found this poem on his desk:

I sought my soul, but my soul I could not see;  
I sought my God, but he eluded me;  
I sought my brother, and I found all three.

Ladies and gentlemen, I think we should all have this poem on our desks -- and in our hearts --every day. And we should be proud that Americans from all walks of life -- from the President of the United

States to your next door neighbor -- are reaching out to one another, coming together, and realizing that building One America is our country's greatest challenge and greatest opportunity as we head into the 21st Century. Thank you for doing your part. And thank you for giving me the opportunity to join you today to honor this great American.

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**United Auto Workers Conference**  
**Remarks for Mrs. Gore**  
**March 4, 2000**

It is a pleasure to once again spend time with the members of the UAW. I have fond memories of the warm reception I received last year when I joined you for your women's convention.

My husband and I have always admired and respected the men and women of the UAW. Whether you are building the cars that keeps the world moving; making our colleges and local government run smoothly; or standing up for worker's rights, our lives are richer and our country is stronger because of you.

So let me begin by simply saying thank you. Thank you for your commitment to quality and excellence. Thank you for standing up for working families. And thank you for fighting for America's future!

This is an exciting time for America. We have unprecedented prosperity with over 20 million new jobs, record low unemployment, and record high auto production and exports. In fact, last month we broke the record for the longest economic expansion in American history!

However, even during this time of great prosperity, the tragic events of the past week reminds us that America can do better.

As long as young lives are cut short by gun violence and children talk about "if" they grow up, not "when" they grow up... we can do better.

As long as some children grow up in broken homes with absent fathers and overburdened mothers... we can do better.

As long as some children grow up with material wealth, but are spiritually poor... we can do better.

Today, we mourn the death of one child and reflect on the tragic actions of another. We pray for the family of Kayla Rolland and hold them close to our hearts.

We also pray for the young boy and find ourselves asking once again: How could this have happened?

An old African proverb says: "when you pray, pray with your feet."

This means that as we reflect on our community's loss, let us find true healing through action.

Let us work together to keep guns out of the hands of children and criminals. And let's ensure that those kept lawfully have child safety locks and are kept out of kid's reach.

Let us work together to create safer and stronger schools by making classes smaller, giving teachers more support, and providing more guidance counselors so we can spot troubled kids and get them help.

Let us work together to meet our children's mental health needs. As many as one-in-five children have some form of mental illness and the vast majority of children in the juvenile justice system have a mental illness.

Thanks to advances in mental health science, we are able to detect mental disorders very early in life and we have treatments that work, but children have to get help. Unfortunately, two-thirds of children who need mental health services do not get them. If we are serious about stopping the violence and helping our children, we need to erase the stigma associated with mental illness that prevents our kids and their parents from seeking treatment.

We need to invest more in community mental health services and expand health coverage to every child and every family. And we need to ensure that mental illness is treated just like any other illness by every health plan in America.

Let us also work together to strengthen our families and unite our communities.

While government can be a powerful partner, we cannot save our children with government action alone. Families and communities must save them.

The most influential moral teachers in the world are mothers and fathers. Strong communities give children the sense of belonging and security they need to grow.

The hard truth is that too many of our families are in crisis with more mothers raising children without fathers; more fathers struggling to get ahead; and more working parents finding it difficult to balance their responsibilities at home and at work.

Too many of our communities are divided racially and socially. The pace of modern life leaves many of us cut off from our neighbors and out of touch with our communities. In many ways we find ourselves living, in the words of Dr. Martin Luther King, "elbows together, but hearts apart."

The result is that too many children spend too much time unsupervised and without guidance. Too many children feel disconnected from their communities. And too many children are soothed by television or the latest video game rather than the embrace of their parents or a caring adult.

As I travel around the country talking to young people, they tell me they want more adult involvement in their lives. They take comfort in the rules we set. Even when they decide to break rules, they feel it is better to have rules to break than to have no rules at all.

So let us work together to build a beloved community that embraces every child, values every family, and unites our people around a common future.

Every year, my husband and I moderate a conference on family issues. Last year we discussed families and communities and met Diane Bock of California. Diane spent her days just like the rest of us, raising children, managing a career, and taking part in the day-to-day activities of her community.

But Diane heard a calling while watching the tragic events that unfolded in Los Angeles after the Rodney King decision. She started with a simple idea: families of different races can learn to love one another by spending time together. She started bringing families together over meals and other family activities. Over the years, lasting friendships have been formed, children who otherwise would have lived worlds apart have grown up side by side, and families have begun taking responsibility for one another. In one instance, the bond between two families became so strong that one mother entrusted another family with raising her children if anything happened to her.

Diane Bock is building the beloved community. The question we must answer is, are we willing to do the same? Are we willing to answer the call?

Will we get more involved in our children's lives, reach out to families in need, and protect our neighbor's children as our own?

Will employers help parents balance work and family, give women equal pay for equal work, and respect workers' rights?

And will political leaders have the vision and courage to make our streets safer, our schools stronger, and give parents the affordable child care, quality health care, and labor protections they so desperately need?

I believe the answer is yes.

America is a strong and compassionate nation. Our democracy was founded on citizen action. The UAW was founded on citizen action.

Throughout our history, we have confronted the challenges of the day by coming together and doing not the easy thing, but the right thing.

Thirty-five years ago this month, our nation witnessed one of the saddest chapters in its history when civil rights protesters were brutally attacked during their march for freedom from Selma to Montgomery, Alabama. Men and women of all races, ages, and religions

rallied and carried on the march demanding that the promise of freedom and justice be made a reality for all our people. These brave citizens changed America forever.

Let us face today's challenge with equal vigor and resolve. Let's stand together as brothers and sisters and create a fair America...a just America...and a united America that loves every child, supports every family and makes the promise of hope, peace and opportunity come alive in all our lives.

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