

# Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	Attendees- White House Conference on Mental Health Social Security Numbers Redacted (13 pages)	6/6/99	P6/b(6)

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**COLLECTION:**

Clinton Presidential Records  
 Domestic Policy Council  
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**FOLDER TITLE:**

White House Conference on Mental Health [2]

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### RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

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RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
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**White House Conference on Mental Health  
Plenary Session with the President**  
Howard University  
12.15-2.00pm, Monday, June 7, 1999

**Meeting requested by the President.  
Briefing prepared by Sarah Bianchi, Gina Tesauro, and Trooper Sanders.**

EVENT

The Vice President and Mrs. Gore are joining the President and Mrs. Clinton for the main plenary session of the White House Conference on Mental Health. **Approximately 500 guests will attend, and there are over 5000 events from around the country that will participate by satellite. This event is open press.**

PROGRAM NOTES

- The President, the First Lady, **the Vice President and Mrs. Gore** enter the room.
- The President, the First Lady, **the Vice President and Mrs. Gore** meet plenary participants.
- The President, the First Lady, the Vice President and Mrs. Gore hold.

**Pre-program during hold.**

- Children's Choir of Washington and Hop Urban Nations of Youth will perform.
- Benediction by Rev. Alan Goetcheus.
- H. Patrick Swygert, President, Howard University, will make welcoming remarks and introduce Secretary of Health and Human Services, Donna Shalala.
- Secretary Shalala makes remarks and introduces the "Faces of Mental Health" video.
- The film is shown.

**Off-stage announcement of the President, First Lady, Vice President and Mrs. Gore.**

- The President, First Lady, Vice President and Mrs. Gore proceed to the center head table and take their seats.
- **Mrs. Gore will make opening remarks and leads the first group discussion.**

- Upon conclusion of the discussion, Mrs. Gore introduces The Vice President.
- **The Vice President makes remarks and leads the second group discussion.**
- Upon conclusion of the discussion, Mrs. Gore introduces The First Lady.
- The First Lady makes remarks and leads the third group discussion.
- Upon conclusion of the discussion, Mrs. Gore introduces The President.
- The President makes remarks.
- The President introduces Bob Chase, President, National Education Association.
- Bob Chase makes remarks from the first row of the audience and introduces Bill Vanderpool, President, Egostar.
- Bill Vanderpool makes remarks from the audience.
- The President makes closing remarks.
- **The President, the First Lady, The Vice President and Mrs. Gore depart.**

#### YOUR ROLE AND CONTRIBUTION

You should use this opportunity to highlight some of the “faces” of mental illness, highlight what communities can do to support people with mental illness, and address the scientific and social advancements in mental health.

#### PROGRAM NOTES

- The plenary will begin with Mrs. Gore’s panelists who will talk about their experiences with mental illness. The Vice President’s panel will focus on the family and community response to mental health, and Mrs. Clinton’s panel will focus on the scientific advances in mental health.

## ATTACHMENTS

- Remarks and script.
- Profiles of panelists.
- Summary of policy announcements.
- Detailed descriptions of policy announcements.
- Summary of legislative proposals.
- Myths of mental illness.

## 1. ADVANCES IN SCIENCE AND RESEARCH

**Administration Official:** Dr. Steven E. Hyman (NIMH)  
**Members of Congress:** Senator John Chafee (R-RI)  
Representative Brian Baird (D-WA)  
**Facilitator:** Steve Galloway

During the last several decades, research into the nature of the brain and innovations in pharmacology and psychotherapy have dramatically altered the landscape of mental health service delivery. Instead of viewing mental illness as a permanent condition that precludes an individual's participation in society, we now recognize that mental illnesses are treatable and that people with mental illnesses can make tremendous contributions to society. What are some of the most recent scientific discoveries about the brain? What are the results of recent research on how psychosocial factors help facilitate recovery? What are the possibilities for the future? How does this research affect our approach to clinical treatment?

## 2. MENTAL HEALTH AND THE CRIMINAL JUSTICE SYSTEM

**Administration Official:** Attorney General Janet Reno (DOJ)  
**Member of Congress:** Representative Ted Strickland (D-OH)  
**Facilitator:** Dr. John Monahan

A growing number of people with mental disorders are cycling in and out of jail with minimal or no treatment, often having committed minor offenses. A number of complex issues contribute to this, including inadequate community mental health services, lack of insurance coverage, unemployment, and homelessness. How can we dispel public misconception about the relationship between violence and mental disorder? How can the criminal justice system --working in partnership with community mental health, substance abuse treatment, and other support systems -- improve its response to persons with mental illness who come in contact with the justice system? What are the mental health needs of juvenile offenders, and how can we do a better job in diagnosing and treating mental health problems early on?

### 3. MENTAL HEALTH AS A PUBLIC HEALTH ISSUE

**Administration Official:** Secretary Donna E. Shalala (HHS)  
**Members of Congress:** Representative Rosa DeLauro (D-CT)  
Representative Sherrod Brown (D-OH)  
**Facilitator:** Dr. Howard Goldman

Although in any given year approximately 50 million people will experience a mental illness, mental health affects everyone. How can we more effectively integrate mental health services into the traditional settings of elementary and secondary education, general health care, and social services for people on government assistance? What are the potential aggregate benefits to society in maximizing the potential of every citizen? As recent reports indicate, failure to address depression as a widespread social issue can lead to a tremendous waste of human resources and potential. And failure to make early investments in mental health care can lead to much higher costs – both to the individual and society -- in the long run.

### 4. ACCESS TO EMPLOYMENT, HOUSING, TRANSPORTATION, AND COMMUNITY SUPPORTS

**Administration Official:** Secretary Alexis M. Herman (DOL)  
**Congressional Member:** Representative Marcy Kaptur (D-OH )  
**Facilitator:** Caryl Stern-LaRosa,

People with psychiatric disabilities have the same needs, aspirations, rights, and responsibilities as other citizens, and should be treated with dignity and respect. Employment opportunities are indispensable in addressing mental health needs: being gainfully employed builds self-esteem and promotes mental well-being. But to obtain and hold jobs, many people need access to affordable housing, accessible public transportation, vocational training, and other community services and supports. What can be and is being done to increase opportunities for people with psychiatric disabilities? What is the current implementation and enforcement status of anti-discrimination laws relating to employment and housing?

## 5. CHILDREN'S MENTAL HEALTH

**Administration Official:** Secretary Richard W. Riley (Education)  
**Congressional Members:** Representative George Miller (D-CA)  
Representative Sheila Jackson Lee (D-TX)  
**Facilitator:** Dr. Laurie Garduque

While as many as 13.7 million of the nation's children have a diagnosable mental illness, only about one-third of these children receive mental health services. Even though advances have been made in treatment development for some childhood disorders, the prevalence of child and adolescent mental illnesses, the usage rates of mental health services, and the gap between them have remained essentially the same for almost 15 years. What ingredients are paramount to ensure that America's children maximize their opportunity to grow up mentally and emotionally healthy? What are the major barriers? What kinds of prevention and intervention programs, services and supports are most effective for children? What role can pediatricians play? How can our communities best support children with emotional and mental health illnesses and their families? How do we address the needs of special youth populations?

## 6. EDUCATION AND TRAINING FOR HEALTH CARE PROVIDERS

**Administration Official:** Secretary Togo D. West Jr. (VA)  
**Congressional Members:** Representative Nancy Johnson (R-CT)  
Representative Lois Capps (D-CA)  
**Facilitator:** Dr. Ellen Frank

How do we translate advances in research and clinical innovations to therapists, psychiatrists, physicians, nurses, and others who work closely with those who have mental illnesses? This applies not only to mental health professionals, but also other general practitioners, medical specialists, nurses, and non-traditional professionals – such as teachers and clergy -- who interact, knowingly or unknowingly, with people with psychiatric disabilities. What can be done to incorporate new approaches to mental health service delivery into training and academic curriculums?

## 7. BARRIERS TO EFFECTIVE MENTAL HEALTH SERVICES

**Administration Officials:** Director Janice R. Lachance (OPM)  
Commissioner Kenneth S. Apfel (SSA)  
**Congressional Members:** Senator Paul Wellstone (D-MN)  
Representative Marge Roukema (R-NJ)  
**Facilitator:** Dr. Richard G. Frank

Mental health should be as accessible as services for any other medical illness. But because mental health care has not been a national priority, there are significant barriers to receiving quality services. These barriers may include the financing of services, health plan restrictions, limited information about treatment options, and poor proximity to service providers. What are other major barriers -- at the national, state, and local level -- to accessing services? What strategies can we pursue to improve access to quality mental health care?

## 8. ETHNIC AND CULTURAL ISSUES IN MENTAL HEALTH SERVICE DELIVERY

**Administration Officials:** Secretary Dan Glickman, (DOA)  
Nelba Chavez, (SAMHSA)  
Dr. Michael Trujillo, (Indian Mental Health)  
**Congressional Member:** Representative Ciro Rodriguez (D-TX)  
**Facilitator:** Dr. Ivan C.A. Walks

Attitudes about mental health, as well as effective approaches to prevention, treatment, and recovery, vary by culture. How can we tailor mental health services, resources and treatments to meet the needs of a multi-cultural society more effectively? In what ways does discrimination -- based on race, ethnicity, gender, sexual orientation, religion, and disability -- influence how we approach people with mental health needs? For example, is there a disproportionate level of diagnosis among minorities, and/or a greater level of involuntary treatment?

## 9. MEETING THE MENTAL HEALTH NEEDS OF PEOPLE WITH MULTIPLE DISABILITIES

**Administration Officials:** General Barry R. McCaffrey (ONDCP)  
Dr. Kenneth W. Kizer, Undersecretary for Health, (VA)  
Dr. H. Westley Clark, (SAMHSA/CSAT)

**Congressional Member:** Representative Jim McDermott(WA)

**Facilitator:** Sandra Thurman

Many people go with their mental health needs unmet because their needs are more complex than the specialties of particular providers. Some individuals, for example, experience a "dual diagnosis" of mental illness and substance abuse; others have mental retardation as well as mental illness. In these and similar situations, people may be shortchanged both by mental health providers and specialists unfamiliar with mental health care. Too often, individuals are referred to multiple providers. As a result, individuals receive fragmented treatment -- or no services at all -- not comprehensive care. What can be done to integrate the delivery of services to people with overlapping physical, mental, and/or developmental needs?

## 10. PRIMARY CARE, PREVENTION, AND THE LIFECYCLE

**Administration Officials:** Dr. Sue Bailey (DOD)  
Dr. Margaret Hamburg (HHS)

**Congressional Members:** Representative Donna Christian-Christensen (D-VI)  
Representative Patrick J. Kennedy (D-RI)

**Facilitator:** Dr. Don Vereen

Primary care physicians are often the first point of contact for people with a mental illness. Too often, however, mental illnesses go unrecognized and therefore untreated. Studies show that only 40 percent of adults with depression can expect a correct diagnosis in routine primary care settings (as low as 20% for children), and only half will receive adequate treatment. The problem is especially acute for older persons who experience depression. Americans age 80-84 have the highest suicide rate – nearly double that of the general population. This occurs even though roughly 75 percent of older adults visit a primary care physician within a month before their death. How can we promote the effective integration of mental health services into primary care and other relevant community settings, including military hospitals? What more can be done to meet the mental health needs of older persons and men and women deployed overseas?

## 11. INDIVIDUAL RIGHTS: PROMOTING FAIRNESS AND RESPECTING PRIVACY

**Administration Official:** Acting Assistant Attorney General Bill Lann Lee (DOJ)  
**Congressional Member:** Senator Joseph Lieberman (D-CT)  
**Facilitator:** Jonathan Young

Perhaps the most controversial aspect of mental health service delivery is how to respect individual rights. This concerns issues of privacy (e.g. confidentiality of medical records) as well as involuntary treatment (e.g. involuntary inpatient and outpatient commitment, physical and chemical restraint, and seclusion). Both issues, many advocates argue, can discourage people from seeking treatment. Some advocates argue that involuntary treatment can also be inappropriate and harmful. Other people argue that the sharing of medical information and involuntary treatment are sometimes necessary. How can we facilitate a better understanding of the concerns on each side of these issues? What laws currently address individuals' rights to privacy and refusal of treatment? What legislative and administrative initiatives are now under discussion?

## 12. PEER SUPPORT, CONSUMER ADVOCACY, AND RECOVERY

**Administration Officials:** Dr. Bernie Arons (SAMHSA)  
Judith E. Heuman, Assistant Secretary, (Education)  
**Congressional Members:** Senator Harry Reid (D-NV)  
Representative Lynn Rivers (D-MI)  
**Facilitator:** Debra Batiste

What does "quality of life" have to do with recovering from mental illnesses? For over two decades, people with psychiatric disabilities have joined the refrain of other civil rights movements in repudiating assumptions of biological inferiority, promoting self-determination, and claiming a place in the mainstream of society. They have developed and advocated for a holistic approach to mental health issues that focuses on the individual. This approach tailors peer support, community resources, research, and professional treatment to what helps an individual achieve the best quality of life. What can the consumer movement teach us about improving mental health treatment?

### 13. COMMUNITY RESPONSES TO YOUTH AT-RISK

**Administration Official:** Bruce Reed, Assistant to the President & Director of the Domestic Policy Council  
**Congressional Members:** Senator Arlen Specter (R-PA)  
Representative Jesse Jackson Jr. (D-IL)  
Representative Pete DeFazio (D-OR)  
**Facilitator:** Richard Socarides

Recent tragedies in Littleton, Atlanta, and elsewhere have galvanized national attention on the subject of youth violence. How can a more effective and comprehensive national mental health policy address the underlying issues causing these crises? What role can mental health professionals and families play in preventing the outbreak of violence? What can mental health professionals, families, and communities do to respond to the emotional fallout resulting from school violence?

### 14. MENTAL HEALTH ONLINE

**Administration Officials:** Chairman William Kennard (FCC)  
Dr. John M. Eisenberg (HHS)  
**Congressional Members:** Representative Sam Farr (D-CA)  
**Facilitator:** Ellen Hofheimer Bettmann

The Internet is emerging as a preferred source of information on mental health for Americans, with over millions having retrieved information already. Adolescents, for example, are often more honest and comfortable answering questions about their mental health and behavior through computers than with adults. And people in remote areas may find resources not otherwise available where they live. The internet can even provide opportunities for people to assess certain mental conditions, and facilitate home-based work opportunities, which can be less stressful and result in greater productivity among consumers of mental health services. How can the Internet be used most effectively to educate people seeking resources relating to mental health and maximize employment opportunities? What other technologies can be used to improve mental health service delivery?

**MRS. TIPPER GORE**  
**REMARKS FOR PLENARY SESSION**  
**THE WHITE HOUSE CONFERENCE ON MENTAL HEALTH**  
**WASHINGTON, DC**  
**June 7, 1999**

Good afternoon. I am so pleased to welcome all of you here to this, the first White House Conference on Mental Health. I want to first thank Michael Stephenson for his extraordinary and moving film on the "faces of mental illness."

I want to thank President Clinton, my husband, the Vice President and First Lady Hillary Rodham Clinton for helping make this conference possible – and for everything they do to improve the lives of all Americans. We wouldn't be here today without the efforts of Secretary Shalala, Secretary Riley, Attorney General Reno, OPM Director Janice Lachance, and all the representatives from our Administration here today. I am especially pleased that so many distinguished members of Congress could join us here and while others are attending downlink sites in their districts.

We are all very glad to see DC Councilman Jim Graham -- thank you for hosting our conference here in your home district. And, someone who came a long way to be here and cares about this issue deeply.

I'd also like to acknowledge a few people who have come a long way to be here today: Iowa's great Lieutenant Governor Sally Pederson.

I am pleased to say that we are also joined by thousands of people via satellite at approximately **6,000 sites around the country** – and so many more who are participating via Internet and watching our live television broadcast. I'd especially like to acknowledge Mayor Vera Katz, in Portland, Oregon, Mayor Woodrow Stanley in Flint, Michigan, and Mayor Bill Campbell in Atlanta Georgia, all of whom are hosting satellite sites in their cities. Thank you for helping us reach more Americans today.

Finally, I want to acknowledge everyone here today for your presence at this historic event, for your passionate advocacy on behalf of people with mental illness, and for your collective commitment to mental health in America.

The interest in this conference has been remarkable, and it's not hard to understand why. Mental illness is not something that happens to "other" people – it touches us all: our neighbors, our friends, our families ... ourselves. And mental illness doesn't only affect individuals – it impacts our institutions and our communities, shaping the fabric of our lives in ways seen and unseen.

But one of the things that struck me most when I first became interested in the issue of mental illness was how hard it is to talk about, publicly or privately --despite the number of families affected by mental illness ... despite the importance of mental health to our personal well-being and the strength of our nation.

A lot of you remember a time people with cancer were afraid to talk about it – and that silence often discouraged people from seeking life-saving treatment. We changed that -- and it is time that we bring the same degree of openness and understanding to diseases and disorders of the brain.

So I hope that the dialogue we are beginning here today will help us to break the silence ... to break down the myths and misperceptions of mental illness ... and to encourage more Americans to get the help they need to lead healthy, productive lives.

To accomplish this, we have to be open and honest, not only today, but every day -- not only here, but in every community, in every school, in every home. Above all, we must start taking our mental health as seriously as we take our physical health ... and we must recognize mental illness for what it is: an illness that can be treated – and must be talked about.

Before I go on, there is another special individual in the audience who has been helping us fight the stigma of mental illness. Ever since the first Saturday in May, this man has been front-page news. His horse didn't cross the finish line first on Saturday, but he is a winner to all of us. Please give an American welcome to Chris Antley.

Now, consider the facts: 51 million Americans experience some form of mental illness every year – from depression to bipolar disorder to schizophrenia. But only one in five of those will seek treatment -- despite the fact that new and more effective treatments are available for a broad range of mental disorders.

Why are we so reluctant to seek help for mental illness? I have asked many people this question. The answer I hear most often is fear – fear of being branded as inferior, different, or even dangerous, and discriminated against. It's called stigma – an ugly word, with ugly consequences.

Make no mistake: this isn't an insignificant problem. In fact, more than 90% of people with mental illness report that they have experienced varying degrees of stigma in their lives. The results can be devastating.

People who disclose that they are struggling with mental illness are often treated differently or regarded with suspicion by co-workers, friends, even family. One woman – who is completing her medical training – said that since she told people she had bipolar disorder, her brother won't leave her alone to stay with his three-year old daughter, her niece. Many people with mental illness live in fear that if their condition becomes known, they will lose their jobs, their health benefits, even their housing. And so, too many Americans don't get the help they need.

Why do we regard mental illness in such a negative way? The clear answer is ignorance. A recent study shows that the majority of Americans don't believe mental illness can be diagnosed or treated as effectively as physical illness. 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, behavioral interventions and better community health services and supports are making it possible for even those with the most severe disorders to live healthier, more productive lives.

Unfortunately, despite this progress, mental illness is still viewed as a character flaw or a sign of weakness -- something that we should be able to "snap out of." But you can't will mental illness away or pray it away or just "pull yourself up by the bootstraps."

I know this from experience. Despite my years of training in psychology: it still took a close friend to convince me that I should seek treatment for depression-- and I took her advice. I decided to publicly discuss my own experience because I want people living with mental illness who are still suffering in silence and secrecy to know that treatment works -- and it can change your life. There is hope. But you have to get help.

And now, I want to introduce a man who also struggled with – and whose decision to come forward with his experience has inspired many Americans to do the same – Mike Wallace. Thank you so much, Mike, for being here today and sharing your story.

**Q:** Mike, we have a broad audience here today with varying levels of understanding about mental disorders. Will you tell us about your experience with depression?

**Possible Follow-up Question:** Tell us about the stigma associated with depression for men?

**Possible Follow-up Question:** What do Americans need to know about depression?

**Q:** Depression is just one of many serious mental disorders. John Wong who came here today from California has been living with schizophrenia for over 13 years. John, when did you first realize you were experiencing a mental illness? *In men we know that schizophrenia usually appears in the late teens or early twenties.*

*[**Background:** John's illness started in adolescence. Initially, John was very resistant to treatment, but for the past nine years he has managed his illness. He now does outreach with others to help them get the treatment and support they need when coping with a mental disorder.]*

**Possible Follow-up Question:** What made you realize you needed mental health treatment and how did you get help?

**POTUS POSSIBLE FOLLOW-UP:** Was there a particular event or symptom that made you realize that you needed mental health treatment and how did you get help?

**Possible Follow-up Question:** Can you tell us about your recovery and how you have reached out to help others?

**Possible Follow-up Question:** I know your father is in the audience and has been very supportive and helpful in your recovery? Tell us how he helped?

Your father is here with us today. I'd like to acknowledge Mr. Hoi Wong for his role as strong and loving parent. Please stand.

**Q:** As John's story demonstrates, mental illness can impact our young people quite dramatically. Jennifer Gates is here to talk about her experience. [*We know that more than 90 percent of people in the U.S. who have eating disorders are young women*].

Jennifer you had a very serious experience with anorexia. Tell us when your illness started?

*[Background: Jennifer was 15 years old when her eating disorder began. She controlled her food intake as a way to lose weight and look "good" for the summer. After a few months the disease took control of her. She can speak to her obsessive thoughts of perfection in all aspects of her life (grades, weight) and how treatment, 3-years later remains an important part of her recovery.]*

**Possible Follow-up Question:** With depression, we talk about how we can't expect someone to pull themselves up from their bootstraps? I know you have mentioned the stigma you experienced when you were ill; how often family and friends didn't understand why you wouldn't just eat. As best you can, will you tell us what you were experiencing at that time and the role treatment and support played in your recovery?

**Possible Follow-up Question:** What do you see in your future?

Thank you for telling your stories today.

One of the things we must realize is that discrimination based on mental disability is just as harmful – and just as wrong – as discrimination based on race or religion. As Americans, we must not tolerate discrimination for any reason. No one should be denied the opportunity to reach his or her full potential.

That is why I am so pleased that President Clinton has asked me to serve as Honorary Chair of a national campaign to fight stigma wherever we find it – from the workplace to the playground, in every community.

As all of you know so well, the issue of stigma is just one piece of the puzzle. We must also find innovative ways to reach out to people who are most at risk for mental illness. And we must remember: No one is too young or too old to care for their mental health.

To that end, our Administration has announced two important new steps. First, we are expanding our "Caring For Every Child" campaign to target parents, teachers, child care providers, and social service workers with education programs about the mental health needs of children. We must not wait until tragedy strikes to reach out to our young people.

Second, we are launching a new outreach effort through NIMH and the Administration on Aging to educate older Americans that they may be at risk for mental illness. Depression is not a natural part of aging – and we must make sure our senior citizens know that they can get help.

When it comes to improving mental health, we must look beyond the individual to the role and response of the community. In two weeks, my husband and I will host our eighth annual Family Reunion Conference in Nashville on the issue of families and communities.

Al has often said that he learned everything he knows about the issue of mental health from me – well, I learned just about everything I know about how communities can work together to meet their challenges from Al. So it is with great pleasure that I introduce my husband, Vice President Al Gore, to lead this discussion.

*[VP leads discussion.]*

**Q:** **Robin Kitchell**, from Nashville Tennessee, has a son who suffers from bipolar disorder. She recently met Tipper at an event like this one in Tennessee. Robin tell us about some of the challenges and rewards of caring for a child with a mental illness?

*Background: Ms. Kitchell struggled with schools to assure her son received the support he needed to succeed. Robin is also an activist with Tennessee Voices for Children and fights to make sure that schools and other aspects of the community work effectively to help children with mental illness.*

Possible follow-up: How can we help communities and schools do a better job of reaching and supporting kids with mental illness?

**Q:** **Dr. Wayne Burton** is the Corporate Medical Director of Bank One Corporation. Dr. Burton, tell us how the comprehensive mental health services Bank One offers has helped your business?

*Background: In 1983, Bank One began to implement comprehensive mental health services for its employees including: (1) training managers to reduce stigma; (2) increasing employee awareness of services; and (3) enhancing covered mental health benefits. As a result, the costs of mental health have gone from 15 percent of health care costs in 1982 to 6 percent in 1996.*

Possible follow-up: What are some of the things your program does to raise awareness among your employees?

Possible follow-up: Do your employees worry about discussing these issues in the workplace because of confidentiality? How do you all address this issue?

**Q:** I'd like to call on **Dr. David Satcher**, who is joining us from the Carter Center in Atlanta where he is leading a discussion on how communities can better respond to the short-term and long-term impact of crises, such as school violence or floods. Dr. Satcher tell us about some of what you all are focusing on today?

*Background: Dr. Satcher is with leaders who address mental health needs in their communities, including a woman from Oklahoma who helped set up comprehensive mental health services following the bombings.*

President possible follow-up: What are the long-term mental health effects of these types of crises?

VP possible follow-up: What can communities do to assure they can respond in times of crisis and address every day mental health needs?

Thank you Al. The past ten years have come to be known as “the Decade of the Brain” -- because of the tremendous progress we have made in unraveling the mysteries of the mind and mapping the architecture of the brain. The impact of these advances on our ability to understand and treat mental illness – and to reduce stigma – has been remarkable.

To lead a discussion of these advances, and to talk about what we are doing to ensure that they continue, please welcome a woman who has touched the lives of so many people -- our First Lady, Hillary Rodham Clinton.

*[HRC leads discussion.]*

**Q: Dr. Steven Hyman:** I'd like to talk with this distinguished group of panelists about the science of mental health and illness. We're happy to have Dr. Steven Hyman with us today, a distinguished scientist who directs the National Institute of Mental Health. NIMH is part of the National Institutes of Health.

Dr. Hyman, you are dealing with some very difficult diseases that affect millions of people. Over the last few years, what progress are we making and what have we really learned about these diseases?

Possible Follow-up: How have these scientific discoveries changed the way we as a society deal with mental illness?

**Q: Dr. Koplewicz** is an expert on mental health issues, particularly in children. What steps can we take as a nation to demystify mental illness?

*Background: Dr. Koplewicz, founder and director of the New York University Child Study Center, is a nationally renowned child and adolescent psychiatrist. He has written many scientific articles on the diagnosis and treatments of children and adolescents with behavioral disorders, anxiety disorders, and mood disorders. He is also the author of It's Nobody's Fault: New Hope and Help for Difficult*

*Children And Their Parents. Dr. Koplewicz seeks to change the way we treat and deal with child mental illness so that no parent or child is ashamed to seek the help they need.*

Possible Follow-up: What are the particular issues associated with children with mental illness?

**POTUS POSSIBLE FOLLOW-UP:** What can we do to intervene early, before the mental illness causes a child to become violent to themselves or others?

**Q: Representative Lynn Rivers:** So all this offers us new hope about treatment of mental health, but also the importance of early diagnosis. Congresswoman Rivers, would you share with us your experience?

*Background: Representative Rivers has been outspoken about her history of mental illness. Though she was diagnosed with manic depression in her early twenties, she has accomplished a great deal due to her effective treatment.*

Possible follow-up: How did you decide to come forward?

Thank you, Hillary. We have heard and learned a lot this afternoon. One of the most important things we have learned is also one of the most simple to express: Mental illness is no different from physical illness – and we must treat take it just as seriously. This is especially important when it comes to health care benefits, which can make all the difference in ensuring that people with mental illness get the treatment they need.

To lead our discussion, I would like to introduce a man who has dedicated his life to helping people make the most of theirs -- **President William Jefferson Clinton.**

**WHITE HOUSE CONFERENCE ON MENTAL HEALTH:  
WORKING FOR A HEALTHIER AMERICA**

Panelist Biographies

**Mike Wallace,  
Co-Editor, CBS' 60 Minutes**

Mike Wallace has become an American icon as co-editor of CBS's *60 Minutes* and an award-winning journalist, whose career spans nearly 60 years. His incisive interviewing techniques and expansive knowledge of current affairs has enabled him to produce an impressive series of interviews with American and international leaders, including every President from John F. Kennedy through George Bush. More recently, Mr. Wallace has openly discussed his experience with depression with the same candor that he has demanded of his interviewees. His hour-long HBO documentary, "Dead Blue: Surviving Depression," has helped draw attention to the pervasiveness of depression and the ability to recover from it. He is a testament to the contributions that people living with mental illness can and do make in our society.

**John Wong, Rosemead, CA**

John Wong immigrated to the United States with his parents and two stepbrothers from Hong Kong in 1973 when he was seven years old. He first experienced symptoms of schizophrenia when he was 16 years old and had the first of his four psychiatric hospitalizations when he was about 18 years old. John's symptoms have been reduced gradually through medication and psychosocial rehabilitation treatment in the past 17 years. In fact, John is president of the Consumer Planning Council of Pacific Clinics Asian Pacific Family Center (APFC) where he is also a part-time employee. As part of his work duties, he teaches an "English as a Second Language" class to other Asian immigrant consumers. He also participates in home visits and outreach activities in collaboration with other agency staff. Jon's father, Mr. Hoi Wong, gave up his restaurant business in 1980 in order to take care of his two children- John with mental illness and another son with a heart disease.

**Jennifer Gates, Scotch Plains, NJ**

Jennifer Gates is a nineteen-year-old from Scotch Plains, NJ. She is a sophomore at the College of William and Mary in Virginia, hoping to double major in English and psychology. She has been recovering from an eating disorder for the past three years, and has always felt strongly about dispelling the misconceptions the public has about eating disorders. She hopes that by speaking about her struggle today she will be able to give a personal perspective and to increase understanding of this very debilitating disease.

**Robin Kitchell, Franklin, TN**

Robin is a parent and professional who has worked with children and families for ten years. She is married and is the parent of a thirteen-year-old son with bipolar disorder, ADD, and learning disabilities. She has been a passionate advocate for children and families with special needs. She believes that one of the challenges for parents of a child with mental illness is to navigate through the education and mental health system, and thinks it is critical for parents, teachers, and school district officials to work as a team. Mrs. Kitchell is also an advocate with Tennessee Voices for Children, and recently participated in a forum with Mrs. Gore at Vanderbilt University.

**Wayne Burton, M.D., First Vice President /Corporate Medical Director  
Bank One Corporation, Chicago, IL**

Bank One is the 5th largest U.S. bank holding company with over 90,000 employees worldwide. The Medical and Benefits Units of Bank One have worked together since 1982 to strategically design health and wellness benefits programs and cost management strategies. To address the impact of depression on employees and Bank One, Dr. Burton with his colleague Dr. Conti, spearheaded a comprehensive effort to improve the company's ability to identify and get appropriate treatment for employees with depression in a timely manner. In addition to his duties at Bank One, Dr. Burton is an Associate Professor of Clinical Medicine and Psychiatry at Northwestern University Medical School.

**David Satcher, M.D., Ph.D.**

**Assistant Secretary for Health and U.S. Surgeon General  
Department of Health and Human Services**

Dr. Satcher is the 16<sup>th</sup> Surgeon General of the United States, and only the second person to simultaneously hold the position of Assistant Secretary for Health and Surgeon General. Prior to this appointment, Dr. Satcher served four years as the Director of the Centers for Disease Control and Prevention (CDC) and Administrator for the Toxic Substances and Disease Registry from 1993 to 1997. Dr. Satcher will be joining the conference plenary session via satellite from the Carter Center in Atlanta, GA. He will be there with a number of community mental health leaders, and will be focusing on the ways communities can respond to crises or traumas.

**Congresswoman Lynn Rivers (D-MI)**

Congresswoman Lynn Rivers was born in Au Gres, Michigan, the daughter of a mailman and a homemaker. She is married with three children. While raising her children, working, and going to college at the University of Michigan, she became politically active. Representative Rivers ran for a seat on the school board in 1984 and won, serving for eight years. In 1992, she graduated from Wayne University Law School. In 1994, Representative Rivers ran for the United States Congress and won, becoming one of only 13 freshman Democrats to gain a seat that year, and she now serves on the Science Committee and the House Budget Committee. Though she was diagnosed with manic depression in her twenties, Representative Rivers accomplished a great deal because of her effective treatment.

**Harold S. Koplewicz, M.D, New York, NY**

Dr. Harold S. Koplewicz, founder and director of the New York University Child Study Center, is a nationally renowned child and adolescent psychiatrist. He is the Editor-in-Chief of the Journal of Child and Adolescent Psychopharmacology. He has written many scientific articles on the diagnosis and treatments of children and adolescents with behavioral disorders, anxiety disorders, and mood disorders. He is also the author of It's Nobody's Fault: New Hope and Help for Difficult Children And Their Parents. Dr. Koplewicz seeks to change the way we treat and deal with child mental illness so that no parent or child is ashamed to seek the help they need.

**Steven E. Hyman, MD**

Dr. Hyman is the Director of the National Institute of Mental Health, the component of the National Institute of Health charged with generating the information needed to understand, treat, and prevent mental illness. He was Professor of Psychiatry at Harvard Medical School and Director of Psychiatry Research at Massachusetts General Hospital. He was also the first faculty Director of Harvard University's Interfaculty Initiative on Mind, Brain, and Behavior. In addition to his many scientific writings, he has authored and edited several widely used clinical texts. He also serves on several review and advisory boards including the Riken Brain and Sciences Institute in Japan, the Max Planck Institute in Germany, and the Howard Hughes Medical Institute in the United States.

## **MORE DETAILED BACKGROUND ON THE POLICY INITIATIVES**

### **PARITY**

**Assuring 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. OPM will work with these plans throughout the year to evaluate to what extent they need to make modifications to come into compliance. This step will provide full mental health and substance abuse parity for nine million beneficiaries and assure the federal government leads the way on this issue.

**Educating Americans about current mental health parity laws.** Many Americans with mental illnesses are not aware that the Mental Health Parity Act of 1996 required health plans that cover mental health benefits to guarantee equal lifetime and annual benefits for mental and physical treatments. To help assure that consumers and employers are fully aware of the current protections under the law, the Department of Labor (DOL) will launch a new outreach campaign to educate Americans about their existing parity rights. This campaign will include: (1) new public service announcements on local radio stations and newsletter and newspaper columns nationwide to promote awareness; (2) an outreach campaign to inform consumers they can call DOL's toll free number (1-800-789-2647) to understand these protections; and (3) new efforts to work with consumer advocates to assure awareness about the law.

### **IMPROVING COMMUNITY RESPONSES TO MENTAL HEALTH NEEDS**

**Launching national school safety training program for teachers and education personnel.** The President announced that later this year the Vice President and Mrs. Gore will launch a major nationwide public/private partnership between the National Education Association (NEA), EchoStar, and other partners to improve school safety. The partnership, which includes the Departments of Education, Justice, and Health and Human Services, will create and run a comprehensive program that will be available at the beginning of the new school year and reaching schools across the country, that provide training to teachers, school personnel, and community members on how to improve school safety. Training sessions, created principally by NEA will be transmitted to school districts across the country by satellite technology, including 1,000 satellite dishes donated by EchoStar for this purpose.

**Implementing new strategies to the mental health needs of crime victims.** Communities that are victims of terrorism or other kinds of violence have enhanced needs for mental health services following these types of crises. To assure that part of any comprehensive response to these crises 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 (SAMSHA). Part of this effort includes appointing someone within the

Emergency Disaster Relief Branch of SAMHSA to work with the Office for Victims of Violence to assure that there is a strategy in place to address the mental health needs of victims of federal crime. This new partnership will assure that the response to these crises include mental health training, technical assistance, and consultation services to communities for assisting victims of crime.

**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 post-traumatic stress reactions. The importance of addressing combat stress reduction is timely given the deployments around the world. Today, the President is directing the Department of Defense to report back within 180 days on an implementation plan for a comprehensive combat stress program throughout the military (leadership, morale, and unit cohesion are key factors in primary prevention). DOD will also hold a conference this fall to develop strategies and educate military leaders and medical personnel about the need to enhance current practices to assure that prevention strategies are strengthened.

**Reaching out to the vulnerable homeless Americans with mental illnesses.** The Administration is launching a three-part initiative to support homeless Americans with mental illness. The Department of Housing and Urban Development is initiating a new initiative to encourage more communities to create safe havens—places for homeless mentally ill Americans can get treatment and care, including a new satellite conference where communities nationwide can learn strategies and develop ways to create these safe havens. SAMSHA will also launch a 2-year, \$4.8 million grant program to study the treatment, housing, education/training and support services needed by homeless women and their children that will impact as many as 2,000 homeless mothers and their 4,000 children, many of whom suffer from mental illnesses. Finally, the Department of Veteran Affairs will double the number of “stand downs” events to reach out to homeless Americans with mental illness to help them get the treatment and services they need.

**Improving the mental health of Native American youth.** The suicide rate for Native Americans between the ages of 5-24 years old is three times that of the rest of the U.S. population in this age group. This initiative is a collaboration between the Departments of Interior, Justice, Education, Health and Human Services and Tribes and will go to ten Native American communities throughout the country. The proposal allocates \$5 million over three years to develop effective strategies to address the mental health needs of Native American youth in settings such as the home, school, health care treatment centers, and the juvenile justice system. Beginning in FY 2000, these communities will be able to apply for competitive funds, contingent on appropriations, through a coordinated grant process.

## **REDUCING STIGMA AND PROMOTING AWARENESS**

**Launching the expansion of the “Caring For Every Child” mental health campaign.** At least one in ten American children and adolescents may have behavioral, emotional or mental health problems. To encourage communities to target and help children with mental illness, SAMSHA will launch a five year, five million dollar campaign to help reduce stigma in targeted communities by addressing the special mental health needs of children through schools and

community centers. This public/private campaign will assist states and communities in developing culturally competent education programs about the mental health needs of children, for parents, primary care providers, educators and social services workers.

**Educating older Americans and their health professionals about the risks for depression.**

The National Institutes of Mental Health (NIMH) estimates that five million Americans over the age of 65 suffer from some form of depression. However, many of these Americans do not recognize their symptoms as depression and do not receive the treatment they need. NIMH and the Administration on Aging (AoA) will launch an outreach initiative to educate the elderly and their healthcare professionals that they may be at risk for or suffer from a mental illness. AoA will work to get this information throughout the aging network, including through the AoA website, the AoA newsletter (that goes to 600 older adult agencies), and the State Units on Aging, that run a range of programs serving millions of older Americans including meals on wheels and adult day care centers.

**Launching six new study sites to help older adults with mental illness get quality treatment in primary care settings.** Research indicates that three-fourths of older adults who commit suicide had visited a primary care physician within the month before their suicide and 20 percent had visited their primary care physician on that very day. Usually older adults do not seek services for these disorders due to the lack of awareness that their symptoms are a treatable mental illness, rather than normal signs of aging. The Department of Veteran Affairs will collaborate with the Substance Abuse and Mental Health Services Administration in HHS by providing \$17 million to expand an existing SAMHSA program to test two models of primary care service delivery for aging persons with mental health and/or substance abuse disorders in these six sites for a total of thirteen.

## **IMPROVING TREATMENT FOR AMERICANS WITH 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 physical health and mental health care. To encourage states to make the most effective services available to treat mental health needs, 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 all have access to medications that have been approved by FDA for the treatment of serious mental illnesses; and (3) states should educate Medicaid providers and beneficiaries about the existence of advance planning directives for individuals who may be incapacitated in the future and unable to control their care.

**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 estimates that approximately one in nine (about 500,000) has an affective disorder (such as depression or a bipolar disorder). Research suggests that many of these affective disorders cases could be effectively treated and perhaps could return to work. The Administration will launch a new five-year, \$10 million demonstration to provide treatment for SSDI beneficiaries with affective disorders. Up to 1,000 SSDI beneficiaries with affective disorders will participate in this pilot, and SSA will monitor this study to determine if it enables these beneficiaries to return to work and determine to the extent this can be launched on a broader scale. This complements the Jeffords-Kennedy-Roth-Moynihan legislation that allows people with disabilities to buy into the Medicaid or Medicare program so they can return to work.

## **PROMOTING FAIR TREATMENT AND REDUCING DISCRIMINATION**

**Developing and implementing new strategies to address mental illness in the criminal justice system.** SAMSHA and DOJ are hosting a conference later this year to focus on how all aspects of the criminal justice system can better address the needs of mentally ill offenders. The conference will bring together mental health experts, leaders in the juvenile justice system and law enforcement officials, from around the country to focus on a range of topics including, model prevention strategies; treatment and support needs of juvenile offenders, how institutional and community corrections can better treat those with mental illnesses. Following up on promising strategies learned at this conference as well as other community practices that have proven effective, DOJ will launch outreach efforts to educate the criminal justice community on how to better serve people with mental health needs. These efforts include a new guide that discusses community-based strategies as well as a partnership with the National GAINS center so communities interested in pursuing these approaches can get technical assistance and ideas about how to implement successful strategies.

**Reducing discrimination and stigma in housing.** The Department of Housing and Urban Development (HUD) will hold three training and awareness sessions led by Secretary Cuomo and facilitated by community partners in HUD's 81 offices to reduce stigma and discrimination in housing and to help assure that housing facilities address the needs of consumers with mental illness. HUD will require that all their employees and its thousands of grantees participate in one of these sessions by satellite.

## **IMPROVING PROGRESS IN RESEARCH**

**Launching landmark study to determine nature of mental illness and treatment nationwide to help guide strategies and policy for the next century.** In July, the National Institute of Mental Health (NIMH) will launch a \$7.3 million major new study to collect new kinds of critical data on mental illness, including the prevalence and duration of mental illness, and the types of treatment that are most commonly used. This study of 10,000 Americans will provide information that will help guide how the nation allocates resources and designs policies for the 21st century.

**Developing two new clinical trials to improve mental health treatment.** The National Institute of Mental Health is announcing that this fall they will launch two new five-year clinical trials to build on effective treatments for those affected by mental illness including: a new \$36 million trial to test new anti-psychotic medications with fewer side effects, and a \$25 million trial to test intervention strategies for the treatment of patients who have depression, but are resistant to available treatments. Unlike other studies, these new effectiveness trials will be set in a wide range of "real world" environments allowing for a stronger understanding of how interventions translate in everyday life.

## **CHALLENGE FOR CONGRESS TO PASS LEGISLATION TO IMPROVE CARE AND SERVICES FOR PEOPLE WITH MENTAL ILLNESS.**

**Challenge Congress to hold hearings on mental health parity legislation and to review the strengths and weaknesses of the current law.** The Administration urged the Congress to hold hearings right away on the strengths and weaknesses of the current mental health parity law and to determine the feasibility of congressional legislation that would expand these proposals for private health plans.

**Fund an historic increase in the mental health block grant.** The Administration called on the Congress to pass the President's FY 2000 budget proposal for a \$70 million increase in the mental health block grant. In an era of surpluses, the Administration also called on states to expand their coverage in this area.

**Pass the Jeffords-Kennedy-Roth-Moynihan legislation to enable people with disabilities return to work.** Access to affordable health insurance is the biggest barrier preventing people with disabilities from returning to work. The President and Vice President urged Congress to pass this legislation which would help people with disabilities, including mental illnesses, buy into Medicare and Medicaid so they can return to work.

**Pass a strong enforceable patients' bill of rights.** The Administration also challenged the Congress to pass a strong enforceable patients' bill of rights that assures that consumers, including those with mental health needs, receive critical protections such as access to specialists, the continuity of care protections, and an independent appeals process to address grievances with their health plans.

**Pass strong comprehensive privacy protections and legislation to eliminate genetic discrimination.** The President and Vice President also urged Congress to pass comprehensive legislation to assure medical records privacy, so that information, including sensitive information about mental illness, is protected.

**THE CLINTON/GORE ADMINISTRATION CHALLENGES CONGRESS TO PASS  
LEGISLATION TO IMPROVE CARE AND SERVICES FOR PEOPLE WITH  
MENTAL ILLNESS**

**June 7, 1999**

At the first-ever White House Conference on Mental Health, The Clinton-Gore Administration called on Congress to enact legislation to ensure quality care and services for Americans with mental illness. The Clinton-Gore Administration challenged Congress to pass a number of important bills to support people with mental illness including; allocating an unprecedented increase in the mental health block grant, passing a strong enforceable patients' bill of rights, and challenging Congress to hold hearings on mental health parity legislation. The proposals include:

**Fund an historic increase in the mental health block grant.** The Administration called on the Congress to pass the President's FY 2000 budget proposal for a \$70 million increase in the mental health block grant. In addition, the Administration asked Congress to pass a 19 percent increase in funds for the Projects for Assistance in Transition from Homelessness (PATH) program. In an era of surpluses, the Administration also called on states to expand their coverage in this area.

**Challenge Congress to hold hearings on mental health parity legislation.** The Administration urged the Congress to hold hearings right away on the strengths and weaknesses of the current mental health parity law and to determine the feasibility of congressional legislation that would expand mental health parity for private health plans.

**Pass a strong enforceable patients' bill of rights.** The Administration also challenged the Congress to pass a strong enforceable patients' bill of rights that assures that consumers, including those with mental health needs, receive critical protections such as access to specialists, the continuity of care protections, and an independent appeals process to address grievances with their health plans.

**Pass the Jeffords-Kennedy-Roth-Moynihan legislation to enable people with disabilities return to work.** Access to affordable health insurance is the biggest barrier preventing people with disabilities from returning to work. The President and Vice President encouraged Congress to pass this legislation right away, which would help people with disabilities, including mental illnesses, buy into Medicare and Medicaid so they can return to work.

**Pass strong comprehensive privacy protections and legislation to eliminate genetic discrimination.** The President and Vice President also urged Congress to pass comprehensive legislation to assure medical records privacy so that information, including sensitive information about mental illness, is protected. In addition, as researchers continue to unlock the genetic code, which enhances the potential to expand treatment options, the Administration urged the Congress to pass legislation that prevents employers and health care plans from discriminating against Americans based on their genetic information.

**Increase funding for the Individuals with Disabilities Education Act.** The Clinton/Gore budget includes a \$50 million increase to support a Primary Education Intervention Program, for early identification and intervention with children ages 5-9 years old who are experiencing significant behavior or reading problems. Research has conclusively shown that early intervention in these areas is strongly associated with elimination or reduction of behavioral and mental health problems in adolescence and adulthood.

**Establish a \$1,000 tax credit for workers with disabilities.** Under this proposal, workers with significant disabilities would receive an annual \$1,000 tax credit to help cover the formal and informal costs that are associated with and are even prerequisites for employment, such as special transportation and technology needs.

**Protect the health benefits of workers' and their families'.** This proposal provides more than \$2.5 million for the Pension and Welfare Benefits Administration's capabilities to interpret, investigate and provide customer service to protect American workers' and their families' rights under health laws governing job-based health benefits, which include mental health benefits under the Mental Health Parity Act.

**Improve access to assistive technology.** This new \$35 million initiative would accelerate the development and adoption of information and communications technologies, which can improve the quality of life for people with disabilities and enhance their ability to participate in the workplace.

**Enact Project Employ.** Project Employ is a program initiated in 1996 by the President's Committee on Employment of People with Disabilities to expand and enhance employment opportunities for persons with cognitive disabilities. The program promotes the hiring of people with disabilities in jobs that pay higher than minimum wage, include benefits, and promotional opportunities. In the President's FY 2000 budget the President's Committee on Employment of People with Disabilities has budgeted \$200,000 to develop a similar program for persons with psychiatric disability.

**Expand funds for clinical and preventive programs.** This proposal encourages Congress to grant a 17 percent increase for Indian Health Service (IHS), which will support oriented clinical and preventive services for Native American/Alaskan Native communities, enabling the mental health needs of 31,000 individuals are met.

## MYTHS AND FACTS ABOUT MENTAL ILLNESS

June 7, 1999

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

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

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

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

**MYTH #3:** Depression is a part of life that can be worked through without seeking help.

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

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

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

**MYTH #5:** Depression is a part of aging.

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

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

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

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

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

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

**FACT:** People with psychiatric disabilities face many barriers, but appropriate support services can help them to succeed. A 1995 study of the Employment Intervention Demonstration Program run by the Center for Mental Health Services assessed the effectiveness of employment strategies to assist individuals with severe mental illness get and keep employment. It found that 55 percent of individuals receiving such employment support services were working after two years. Clearly, people with severe and persistent mental illnesses want to be employed and productive, and given appropriate treatment and support, they can be.

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

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

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

**FACT:**

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

## **White House Conference on Mental Health Issues Forum**

Howard University  
3.30-5.00pm, Monday, June 7, 1999

**Meeting requested by the President.  
Briefing prepared by Sarah Bianchi and Trooper Sanders.**

### EVENT

The Vice President and Mrs. Gore are moderating an issues forum discussion with conference participants and, via satellite, sites in Portland, Oregon; Flint, Michigan; and, Atlanta, Georgia. **Approximately 500 people are attending. This event is open press.**

### LOGISTICS

- Janice La Chance, Director of OPM, will make welcoming remarks and introduce video clips.
- Video clips are played.
- **Off-stage announcement of The Vice President and Mrs. Gore.**
- The Vice President and Mrs. Gore proceed to the center of the issues forum.
- **The Vice President will make brief remarks and introduce Mrs. Gore.**
- **Mrs. Gore will make remarks.**
- The Vice President and Mrs. Gore will moderate a discussion.
- **Mrs. Gore delivers closing remarks.**
- The Vice President and Mrs. Gore depart.

### YOUR ROLE AND CONTRIBUTION

You should use this opportunity to dispel some of the myths surrounding mental illness and highlight promising programs and solutions to the challenges surrounding mental health.

### PROGRAM NOTES

- This is the final working session of the White House Conference. Through your conversations with discussion participants, you will highlight and dispel many of the myths surrounding mental illness. In addition, you will go to three interactive remote

sites around the country and talk about promising programs or innovative approaches to mental health.

- The film highlights film and television's portrayal of mental illness over the years.
- Interactive remote sites include:

**Atlanta, Georgia** -- Mayor Bill Campbell and Surgeon General David Satcher will host a conversation on community response to tragedy at the Carter Center.

**Flint, Michigan** -- Mayor Woodrow Stanley and Assistant Surgeon General Susan Blumenthal are hosting a general discussion on mental health. They will highlight early childhood mental health and family education issues during the forum.

**Portland, Oregon** -- Multnomah County Commissioner Sharron Kelley is hosting a general discussion on mental health. They will highlight the Portland Police Department's Crisis Intervention Team during the issues forum.

- In addition to the remote sites, NASA is hosting an Internet discussion on mental health that started on Friday evening. Mrs. Gore will pose one of the questions posted to the audience.
- Howard University graduate Steve Silver is the last participant. He just completed his undergraduate degree and, after working in a local law firm, he would like to attend Howard's law school. You will present him with a small gift celebrating his achievement.

#### ATTACHMENTS

- Script with remarks and discussion questions (to be provided on cards on Monday).
- Myths of mental health.

**White House Conference on Mental Health  
Issues Forum with the Vice President and Mrs. Gore  
Discussion Format & Participant Profiles  
June 7, 1999**

- **Janice LaChance**, director, Office of Personnel Management delivers brief remarks and introduces the video.
- The video is played (about 6 minutes).
- **Off stage announcement of the Vice President and Mrs. Gore.**
- **The Vice President delivers brief remarks and introduces Mrs. Gore.**
- **Mrs. Gore delivers brief remarks:**

Thank you, Al. I'd like to thank Jeff Coles with the UCLA Media Center for putting together that clip. As you can see, the way in which media projects the image of mental illness has come a long way since the days of "Gaslight" and "One Flew Over the Cuckoo's Nest."

But we still have a long way to go. The most common source of information for Americans about mental illness is the mass media – what is it telling us?

For starters, it is telling us that people with mental disorders are more likely to be criminals and villains. More than 70% of characters in prime time television portrayed as violent. The typical article in print doesn't focus on the millions of people with disability who are working hard to be productive members of society.

Instead, newspapers and magazines pick out isolated and sensational incidents that depict people with mental illness as psychotic, unemployed, transient and dangerous.

These inaccurate and harmful images influence our perceptions and color our thinking about mental illness. But we can change the situation. Mass media can perpetuate the stigma, stereotypes and myths surrounding mental illness, but it can also help educate us about the realities. In fact, journalists helped expose the deplorable conditions inside some of our nation's psychiatric hospitals and institutions – and played a significant role in helping to reform our system of psychiatric care.

Our goal at this forum is to talk a bit about what we can do to dispel these myths – by exposing them for what they are: misperceptions and stereotypes. We all have a stake in this, and we all have the power – and the responsibility -- to make a difference.

So let's get started.....

##

**MEG:** One of the most widely believed myths that prevents many Americans with mental health needs from getting help is that this illness is something that happens to other people and other families. In fact, one in five Americans suffer from mental illness at some point: it strikes people regardless of race, culture, or socioeconomic background.

I first met Mary Jo West -- known as the first lady of television in Arizona -- a few weeks ago at a forum like this one in Flagstaff. Mary

Jo, can you tell us about your experience and what lessons can be learned from it?

*(Mary Jo West participated in MEG's Flagstaff, Arizona issues forum. West is a former television news reporter from Phoenix, Arizona who experienced severe depression at the height of her television career. She went through several years of treatment and now successfully manages her illness. She currently works for the City of Phoenix.)*

**VP:** Unfortunately, this pervasive notion that mental illness is something that happens to “other people” prevents millions of Americans with symptoms from recognizing they might need help. Joanne Mangum is with us today. How did you realize that you might be suffering from an illness?

What are some of the barriers keeping people from getting the help they need?

*(Joanne is a 59-year old woman diagnosed with bi-polar disorder in her early fifties after years of suffering. She was a mother and wife who believed mental illness couldn't happen to her and only realized her behavior was an illness after visiting a counselor and reviewing her family's history with mental illness and the symptoms of bi-polar. She is now being treated successfully and participates in Green Door's Clubhouse program that provides rehabilitation and support services for people with mental illness. Joanne serves on the advisory board of an international council to create Clubhouses worldwide.)*

**MEG:** Another myth that prevents people from getting help is the notion that depression is a part of life that can be worked through without treatment. Nothing could be further from the truth. Bernice Skirball organizes volunteers nationwide to help people with mental illness recognize the help they need to succeed in their daily lives. Please tell us what role your volunteers play in supporting people with mental illness.

What is the most important lesson we can learn from the success of your program?

*(Bernice Skirball is director of the Compeer Program, an initiative that provides lay volunteers that work with children and adults with mental illness receiving formal treatment. Volunteers serve as advocates, mentors, and role models helping consumers with issues such as housing, personal finance, nutrition, and respite for caregivers. More importantly, Compeer volunteers provide consumers with friendship and one-on-one support.)*

**VP:** Another myth that is critical to address is that homeless people with mental illness have little chance of recovery. There are far too many homeless Americans with untreated mental illnesses, but that does not mean we should give up. The reality is that there are many who lead successful lives because of the intervention of people like **Pat Letke**, a woman who has worked with Tipper and someone we both admire and treasure. Pat please tell us about your work and how we can better support the homeless with mental illness.

**VP:** I know another common myth is that people with severe and persistent mental illnesses cannot be productive members of society. I was wondering if you and Tipper could tell us about some of the people you have worked with who show us that this is not the case?

*(Pat Letke is an outreach worker with Christ House, a D.C. area homeless service provider. Pat and MEG have worked together with several homeless men and women.)*

## **GO TO PORTLAND SITE:**

**MEG:** We will now go to Portland, Oregon, the first of three interactive sites around the country that are joining us live today. All of these sites include innovative programs that have found creative solutions to support people with mental illness. I would like to thank **Mayor Vera Katz** and **County Commissioner Sharon Kelley** for hosting the event. Hello Mayor Katz and Commissioner Kelley! (Allow them to respond briefly.)

We have talked about how all parts of the community should be more responsive to people with mental illness. Sargent Karl Mc Dade has been on the Portland police force for 28 years. Please tell us about the Portland Police Department's efforts to help officers work more effectively with people with mental illness.

What lessons have your officers learned from this program?

How has this program helped change the relationship between the police, mental health community and Portland's citizens in general?

*(Sgt. Mc Dade has been with the Portland Police Department for 28 years. After three 1994 shootings incidents of people with mental illness by Portland police officers, the chief of police asked Sgt. McDade to develop a training and outreach program that helps officers respond more appropriately to people with mental illness. The Crisis Intervention Team, based on a similar program in Memphis, Tennessee, has training over 120 officers on understanding mental illness, de-escalating confrontations, and other techniques to work with the mentally ill. Through this program, the Portland PD has developed a strong working relationship with the city's mental health community.)*

#### **END PORTLAND REMOTE SITE:**

**MEG:** This White House Conference is truly a national conversation on mental health. In addition to the people here in Washington there are over 6,000 sites around the country participating in this conference via satellite. The conference is also being carried live on the Internet and thanks to NASA, people are carrying on a discussion on the Internet. In fact, I would like to take one of the questions posted during their discussion (**QUESTION TO BE PROVIDED ON MONDAY**).

**VP:** Another troubling and damaging myth is that young people don't suffer from mental illness, they are just naturally moody. Unfortunately, this attitude is one reason that one in five children suffering from mental illness do not get any help. Gloria Quinonez is one of the millions of young Americans who have suffered from depression. Tell us about your experience.

How did you get the support you needed through your experience?

*(Gloria Quinonez came to the U.S. from Columbia when she was 15 after several years of abuse and neglect by her family. Placed in foster care at 16, Gloria developed depression and an anorexia. With counseling and the support of her family Gloria has been able to face the trauma in her life and manage her illnesses. Now 21, she is working to build an independent adult life, works full time, and lives in transitional housing in Los Angeles. She is applying for a job as a teaching assistant and is applying for scholarships to attend college.)*

**MEG:** Secretary Riley what would you like to add about how we can reach out to our young people?

#### **GO TO FLINT REMOTE SITE:**

**VP:** We will now go to Flint, Michigan where they too are focusing on how to assure children with mental illnesses get help early. I would like to thank Mayor Woodrow Stanley for hosting this event. Hello Mayor Stanley! (Allow the mayor to respond briefly.)

I would also like to acknowledge Assistant Surgeon General Susan Blumenthal. Hello Susan! (Allow Susan to respond briefly.)

The first few years of life are the most critical years of development – and some mental illnesses can be detected and treated early. I would like to ask Carol Burton of the Mott Children's Health Center tell us about how we can reach children early to more effectively diagnose mental illness.

How can parents identify and address their children's early mental health needs?

*(Carol Burton is program director for Project SEEK, a program providing services to children whose parents are incarcerated. In addition to tutoring, crisis intervention and mentoring services for children of all ages, the program helps parents of young children ages*

*0-3 at-risk of developing behavioral and mental disorders. They help the parents understand their child's mental health and developmental needs and work on caregiver-child attachment issues.)*

**END FLINT REMOTE SITE:**

**MEG:** Just as too many children with mental illness go untreated, too many older Americans accept the notion that depression is a natural part of aging and do not get the help they need. In fact, five million older Americans suffer from clinical depression.

I would like to call on **Dr. Richard Margolin**, an associate professor of psychiatry at Vanderbilt University. Dr. Margolin, please tell us about the mental health needs of the elderly.

How can we help elderly Americans better recognize and respond to their mental health needs?

**VP:** 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. We talked some about that this morning, but I'd like to ask **Dr. Ivan Walks** to briefly respond to this myth.

What do we need to do to insure that our approach to mental health fully reflects and responds to our country's diversity?

*(Dr. Ivan Walks is associate national medical director for ValueOptions, the nation's second largest managed behavioral health care company. He is a member of a CMHS working group that developed standards on cultural competence. He can speak to some of the unique needs of communities of color and effective strategies to get mental health information to those communities.)*

**MEG:** Another widespread myth that must be addressed if we are going to address mental health needs in this country is that we cannot afford to treat mental disorders. **Janice LaChance** runs the Office of Personnel

Management for the federal government – the nation’s largest employer. Tell us what employers can do to better help their employees with mental illness?

**GO TO ATLANTA REMOTE SITE:**

**VP:** I would like to go back to Atlanta Georgia again where we want to highlight successful community efforts to address mental illness. Welcome Mayor Campbell and welcome back Dr. Satcher. I would like to thank you and the Carter Center for hosting your event. (Allow them to respond briefly.)

People often rely on their faith community to address their mental health needs. I would like to ask Peggy White to tell us about the faith community’s role in providing mental health support.

In addition to one-on-one counseling and care, how can the faith community help fight the stigma of mental illness and help people get access to the mental health resources and services in their community?

*(Peggy White is a parish nurse with the All Saints Catholic Church in suburban Atlanta. She works in the church to provide parishioners with mental health information and access to other services in the community. She can speak to the faith community’s role as first responders to people’s daily mental health needs and the faith community’s role in destigmatizing mental illness.)*

**END ATLANTA REMOTE SITE:**

**MEG:** One of the most devastating myths is that there is no hope for people with mental illness. I would like to recognize Steve Silvera young man who is a powerful reminder to us all that there can be hope and a bright future for all people with mental illness.

Steve, please tell us about the road you have traveled over the past few years. (Note: Steve will read from a prepared statement.)

*(Steve Silver has been living with mental illness for over 6 years. With schizo-affective disorder and clinical depression. His first point of diagnosis was made after a suicide attempt. He has been hospitalized 5 times. Once he started to manage his illness, the Social Security Administration (SSA) worked out a way for him to go to college and collect a disability check. When the pressures of school at Howard University interfered with his illness, he disclosed his illness to professors, many of whom worked with him to accommodate his special learning needs. He credits his professors, his family and his own strength with his current success as a working graduate from Howard University. He is working as a legal assistant and would like to attend Howard's law school one day. Note: Silver would like to respond to the discussion questions from a prepared text.)*

**MEG:** The Vice President and I are proud of your achievements and wish you the best of luck in the future. To get you off to a good start in your professional career, we thought you might like a few things....  
**(The Vice President and Mrs. Gore present gift to Steve.)**

- **Mrs. Gore delivers closing remarks:**

We have heard and learned so much here today – and I thank all of you for helping broaden our understanding.

We have already heard about the new public-private partnerships that our administration is launching to meet this challenge. But you and I know that to put an end to stigma that prevents so many people from getting the treatment they need, we must all do our part. There is so much that we can do in our daily lives to help replace fear and misperception with understanding and awareness. We can start by listening more to people who have experienced mental illness to learn how stigma affects their lives and how it can be eradicated. We can

encourage all people to talk more openly about mental illness and empower others to do the same.

We can refuse to let others discriminate against people with mental illness – insisting that our schools, our workplaces, and every corner of our society give everyone an equal chance to make the most of their lives.

We can fight against discrimination in health care systems and eliminate disparities in insurance coverage for mental and physical illnesses.

We can begin to take our mental health as seriously as we take our physical health, ensuring that mental illness is treated with the same degree of strategic prevention, priority, and care as physical illness.

Finally we can demand more of ourselves -- questioning our own assumptions about mental illness, refraining from using derogatory expressions to describe mental disorders, and opening our minds – and our hearts – to better understand people who are living with mental illness.

I hope that we all leave here today with a renewed determination to continue this dialogue in our communities. I want to thank all of you for the work you have done and will continue to do to strengthen our families -- mentally and physically -- and to help keep our nation strong, healthy and whole. Thank you and God bless you.

##

## MYTHS AND FACTS ABOUT MENTAL ILLNESS

June 7, 1999

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

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

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

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

**MYTH #3: Depression is a part of life that can be worked through without seeking help.**

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

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

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

**MYTH #5:** Depression is a part of aging.

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

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

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

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

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

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

**FACT:** People with psychiatric disabilities face many barriers, but appropriate support services can help them to succeed. A 1995 study of the Employment Intervention Demonstration Program run by the Center for Mental Health Services assessed the effectiveness of employment strategies to assist individuals with severe mental illness get and keep employment. It found that 55 percent of individuals receiving such employment support services were working after two years. Clearly, people with severe and persistent mental illnesses want to be employed and productive, and given appropriate treatment and support, they can be.

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

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

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

**FACT:**

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

**REMARKS TO BE PROVIDED.**

## **White House Conference on Mental Health Reception**

NAVOBS

6.00-7.00pm, Monday, June 7, 1999

**Meeting requested by the President.  
Briefing prepared by Trooper Sanders.**

### EVENT

The Vice President and Mrs. Gore are hosting a reception concluding the day's activities for the White House Conference on Mental Health. **Over 500 guests will attend. This event is closed press.**

### LOGISTICS

- **The Vice President and Mrs. Gore** enter the tent and proceed to proceed the stage.
- **The Vice President** will make brief remarks and introduces **Mrs. Gore**.
- **Mrs. Gore** will make brief remarks and introduce Judy Collins.
- Judy Collins will perform three songs.
- The Vice President and Mrs. Gore will mingle with guests.

### ATTACHMENTS

- Remarks.
- Guest list.
- Biography of Judy Collins.

# Withdrawal/Redaction Marker

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001. list	Attendees- White House Conference on Mental Health Social Security Numbers Redacted (13 pages)	6/6/99	P6/b(6)

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# Judy Collins

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**M** *Merchandise*

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*"If amethysts could sing...."*



Photograph by Gayle Burns

Judy Collins is a living legend. Nearing forty illustrious years in the music industry, 30 albums, top ten hits, Grammy nominations and gold and platinum selling albums, Judy is yet again proving to be unstoppable. Summer of 1999 kicks off with paperback release of her best selling memoir *Singing Lessons*, (A Pocket Book Softcover), in which she looks back on her life and career, her triumphs and mistakes, and the devastating aftermath of her son's suicide. This memoir of love, loss

and healing has been listed on the LA Times Best Seller List and includes a five song CD including a new release, "Singing Lessons," and some favorites, "Born to the Breed" and "Amazing Grace." Judy's recent appearances include *The Rosie O'Donnell Show*, *Politically Incorrect*, *The Today Show* and *CBS Sunday Morning*.

In early 1999, Judy Collins headlined a benefit concert with Jewel, Paula Cole and other special guests at the Theater at Madison Square Garden to benefit the Zero Population Growth Organization. Also this year, Platinum Entertainment announced the release of BOTH SIDES NOW - the harmonious marriage of the traditional music Judy Collins grew up along with the Folk songs and hits that have made her famous throughout the world. BOTH SIDES NOW is the pinnacle collection of the music that has made Ms. Collins "A National Treasure." "Great songs. Judy's voice. What more could you want?" Pete Seeger. BOTH SIDES NOW includes new recordings of "Barbara Allen," "The Times They Are A-Changin'" and a poignant tribute to the late John Denver.

Judy maintains a rigorous 60-80 city concert schedule annually. In addition to her Performing Arts Center engagements and her Symphony dates with groups like the Honolulu Symphony and Chicago Symphony, she scored another triumph recently with her hugely successful appearance with the Hollywood Bowl Symphony, drawing over 33,000 people. This year will mark Judy's 20<sup>th</sup> appearance at Wolftrap. WETA in conjunction with Wolftrap and Wildflower Records - A Judy Collins Record Company will be releasing a live album in honor of this monumental occasion.

This year Judy will wind up her annual twenty city Holiday tour with two concerts at Carnegie Hall on December 26. In December, A&E will also rebroadcast Judy's annual holiday program *Judy Collins, Christmas at the Biltmore Estate*. The Biltmore album brilliantly captures this Judy Collins Christmas tradition. The album features the Charlotte's Children's Choir and includes classics such as "Joy to the World," "O Come, All Ye Faithful," and "The Twelve Days of Christmas." Ms. Collins also performs her own adaptation of the Clement Moore Christmas favorite, "The Night Before Christmas."

During her concerts, she takes the audience through her own personal journey into our nation's social and musical conscience. With her memorable interpretations of the music of Leonard Cohen, Joni Mitchell, Bob Dylan, John Denver, Pete Seeger as well as the spiritual and folk traditions and her own biography compositions, Judy leaves her audience with an intimate picture of the artist, humanitarian, songwriter and performer. This is Judy Collins.

In 1995 Judy Collins became a Special Representative for the Arts. Driven to action by an unjust war, Judy wrote "Song For Sarajevo." In the capacity of UNICEF's Special Representative for the Arts, Ms. Collins has made several visits to the former Yugoslavia and Vietnam. Judy is currently involved in producing an all star collection of songs to raise money for UNICEF's landmine awareness programs worldwide. The album is set to be released in 2000. On May 12, 1999 Judy will be participating in the opening ceremonies of the 100<sup>th</sup> Anniversary of the HAUGE PEACE CONFERENCE.

Ms. Collins' early musical background was classical piano. Her father, Chuck Collins, was a singer, composer and broadcaster during the golden age of radio. By age 10 Ms. Collins was studying with mentor Antonia Brico, the famed orchestral conductor who made a name for herself conducting major symphony orchestras in the United States and Europe. 1999 marks the 25<sup>th</sup> Anniversary of Ms. Collins' prize winning documentary about the conductor, Antonia: A

Portrait Of The Woman. The film received an Academy Award nomination for Best Documentary. (Collins produced and co-directed with Jil Godmilow), as well as being named one of the top ten films of the year by Time Magazine. Brico, a fine teacher, believed Collins had a major career ahead as a pianist.

At 13, Judy made her public debut performing Mozart's "Concerto for Two Pianos". But the music of Woody Guthrie and Pete Seeger, the traditional songs of the folk revival, fired Judy's love of lyrics; and by 16, she had moved from playing the Steinway to playing guitar. Soon she was singing at the folk clubs in Denver, Boulder and Central City. Heading east, she sang at the Gate of Horn in Chicago, and in New York, the Greenwich Village folk clubs. It was there after an appearance at The Village Gate in 1961 that Jac Holzman of Elektra Records signed Judy to what was to become a thirty-five year involvement with the company, beginning with her first three albums of traditional material.

"In those days, Elektra's symbol was the butterfly. I had the wings. Elektra would give me the sky and let me fly." (Judy Collins). And that was exactly what she did. With platinum (Judith) and gold albums, five Grammy nominations, top ten hits - "Send In the Clowns," "Amazing Grace," "Someday Soon" "Chelsea Morning" to name a few - it is certainly no wonder that this artist was the muse for the classic song, "Suite Judy Blue Eyes."

As the Sixties grew more rebellious, Judy was drawn to songs by the social poets of

the time: Tom Paxton, Phil Ochs and Dylan. She also worked with some of the best musicians of the era, among them Jim (Roger) McGuinn, who played guitar on her versions of "Mr. Tambourine Man" and Seeger's "Turn, Turn, Turn." McGuinn would form The Byrds and perform both songs with that group. Judy was the first to record the songs of Leonard Cohen and she brought other performers like Randy Newman and Joni Mitchell to widespread public exposure.

Soon to come were early dramatic moves that established Judy's eclectic

nature. Her 1966 album *In My Life* had her stepping assuredly into a broad mixture of songs, a quality that has stamped her albums ever since. Music from "Marat Sade" a Peter Brook play, the Beatles, and Kurt Weill and Bertholt Brecht, all found their way onto *In My Life*.

She also began playing the piano again, bringing her musical roots back into

her performance. On her next album *Wildflowers*, she asked Joshua Rifkin to arrange the entire album for orchestra, breaking new ground in the contemporary song movement. Today, it's regarded as a turning point in her career, giving Judy her first major single, Joni Mitchell's "Both Sides Now" and earning her first of many Grammy nominations.

In 1972 Ms. Collins released the renown collection *Colors of the Day*. To this day the album remains one of WEA's Top 50 catalogue albums, year in, year out, for the past 26 years. It is also the album most noted by her number one fan, President Clinton, who cites this as his favorite album and also says it was Judy's version of "Chelsea Morning" that inspired the naming of his daughter,

Chelsea.

Ms. Collins has also done her share of acting throughout the years. Her acting career began in 1969 in New York's Shakespeare Festival where she played Solvieg in Peer Gent opposite Stacy Keach. Her subsequent roles include appearances in the Arnold Schwarzenegger film Junior, the CBS series Christy and a cameo in the soon to be released remake of the Rod Sterling story A Town Has Turned to Dust, directed by the renowned director Ron Nilsson.

Ms. Collins kicked off the 90's with the inspired Fires of Eden, the collection of mostly her own song writing, including Judy's classic song, "The Blizzard." The album also includes four songs on which Judy joined forces with David Buskin and Robin Bateau. Soon after, Ms. Collins recorded an all-Dylan album, Judy Collins Sings Dylan: Just Like a Women, which garnered rave reviews. In 1995, Ms. Collins released her first novel Shameless, accompanied by an album of that same name. Both the book and LP were critically acclaimed, with writers across the country citing the continuing relevance of this remarkable Renaissance woman.

1997 marked the unveiling of the long awaited Judy Collins anthology - Forever: The Judy Collins Anthology. A winding, musical map of Ms. Collins' most treasured hits, as well as rarer nuggets, Forever is the summation of her thirty-five years and nineteen albums with Elektra Records. Poet and songwriter Dick Farina once described this voice of the century as having the sound you would hear, "if amethysts could sing... they would sound like Judy Collins." Forever: The Judy Collins Anthology beautifully chronicles America's most active social, political and foremost musical decades. Included on the anthology are folk standards and hits such as "Both Sides Now," "Bird on a Wire," and "Master's of War"

Judy Collins is truly the definition of a living legend. Her influence in music and politics has spread over decades. Her vocal interpretations have inspired millions. From the time she discovered folk music and was signed to Elektra in 1961 to her current new albums, new songs, television specials, books and work with UNICEF and landmines awareness, Judy has always remained creative and vibrant as an artist.