

University, and has been listed prominently in Who's Who in Education in America, as well as in Who's Who in Black America. This is not to mention honors of distinction awarded by both Florida Governors BOB GRAHAM and the late Lawton Chiles, along with numerous accolades from local, state and national educational associations and community agencies.

Ever since I have known this indefatigable leader, Mrs. Eve has always been at the forefront of ensuring equality of opportunity for everyone in our community, be it in our schools or the various venues of employment. At the same time, her quiet but forceful advocacy in adhering to the tenets of equal treatment under the law not only in the halls of academia, but also in every segment of government agency has now become legendary.

Known for her sterling and resilient commitment to academic excellence and personal responsibility, she has served as the pioneering Black administrator of many public schools in my community. In fact, countless parents and their children have been genuinely touched by her virtual consecration to the success of their families.

The acumen of her intelligence and the guidance of her common sense, enlightened by a deep devotion to her Christian faith, has forged wonderful school programs and activities benefiting our children, many of whom have now turned out to be productive and responsible members of our community. What I admire most about this wonderful lady is her thorough understanding of and sensitivity to the various voices that represent the diverse ethnic and racial groups that together compose the virtual mosaic amalgamation that is known as Miami-Dade County.

Her undaunted efforts in her work in education and her zeal in religiously living her faith have shaped and formed her lifelong agenda. Mrs. Christina Eve truly exemplifies a unique leadership whose courageous vision and quiet wisdom on behalf of our children appeal to our noblest character as a nation.

Accordingly, Mr. Speaker, the dedication of the Christina Eve Elementary School in Miami-Dade County buttresses the noble legacy she now bequeaths to us as a superlative educator and community leader.

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MONUMENT FOR POLISH ARMY  
OFFICERS MASSACRED IN 1940

**HON. BENJAMIN L. CARDIN**

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, October 10, 2000*

Mr. CARDIN. Mr. Speaker, on Nov. 19, 2000 the National Katyn Memorial Committee will dedicate a monument in Baltimore, Maryland to the memory of more than 15,000 Polish Army officers who were massacred by Soviet soldiers in the spring of 1940.

In September, I was honored to accept an award on behalf of Congress presented by Father Zdislaw J. Peszkowski, a survivor of the massacre. The medal was presented on behalf of the Katyn families in recognition of U.S. congressional hearings conducted in 1951 and 1952 that focused world attention on this

World War II massacre that occurred in the Katyn Forest.

While this massacre occurred more than 50 years ago, it is important that we remember what happened. In 1939, Nazi Germany invaded Poland from the west and the Soviet Union invaded from the east. In 1940, more than 15,000 Polish Army officers were placed in detention, then taken in small groups, told they would be freed and then were gunned down in the Soviet Union's Katyn Forest. In 1943, the Germany Army discovered the mass graves, which the Russians tried to blame on the Germans. It was long suspected that the massacre was the work of the Soviets. Final proof came in 1989, after the fall of the Soviet Union, when President Gorbachev released documents that clearly proved the Soviets, with the full knowledge of Stalin, had carried out the massacre.

For more than a decade, the Polish-American community has raised funds to construct a fitting memorial to honor the victims of the massacre. The 44-foot statue has been permanently installed near Baltimore's Inner Harbor at President and Aliceanna Streets. I want to commend the Polish-American community and Alfred Wisniewski, Chairman of the National Katyn Memorial Committee, and the entire committee, for their tireless efforts in making this memorial to the victims of this atrocity a reality.

I urge my colleagues to join me in paying tribute to the memory of these murdered Polish Army officers. The Katyn Memorial in Baltimore will be a lasting reminder to all of us that we must never tolerate evil and tyranny and that we must continue to speak out for justice and tolerance.

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MEDICARE MENTAL ILLNESS NON-  
DISCRIMINATION ACT

**HON. MARGE ROUKEMA**

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, October 10, 2000*

Mrs. ROUKEMA. Mr. Speaker, I am today introducing the Medicare Mental Illness Non-Discrimination Act, legislation to end the historic discrimination against Medicare beneficiaries seeking outpatient treatment for mental illness. Under the current Medicare statute, patients are required to pay a 20 percent copayment for Part B services. However, the 20 percent copayment is not the standard for outpatient psychotherapy services. For these services, Section 1833(c) of the Social Security Act requires patients to pay an effective discriminatory copayment of 50 percent.

Let me say this again: If a Medicare patient has an office visit to an endocrinologist for treatment for diabetes, or an oncologist for cancer treatment, or a cardiologist for heart disease, or an internist for the flu, the copayment is 20 percent. But if a Medicare patient has an office visit to a psychiatrist or other physician for treatment for major depression, bipolar disorder, schizophrenia, or any other illness diagnosed as a mental illness, the copayment for the outpatient visit for treatment of the mental illness is 50 percent. The same discriminatory copayment is applied to quali-

fied services by a clinical psychologist or clinical social worker. This is quite simply discrimination. It is time for Congress to say "enough."

Last year, U.S. Surgeon General David Satcher, M.D., Ph.D. released a landmark study on mental illness in this country. The Surgeon General's report is an extraordinary document that details the depth and breadth of mental illness in this country. According to Dr. Satcher, "mental disorders collectively account for more than 15 percent of the overall burden of disease from all causes and slightly more than the burden associated with all forms of cancer." The burden of mental illness on patients and their families is considerable. The World Health Organization report that mental illness including suicide ranks second only to heart disease in the burden of disease measured by "disability adjusted life year."

The impact of mental illness on older adults is considerable. Prevalence in this population of mental disorders of all types is substantial. 8 to 20 percent of older adults in the community and up to 37 percent in primary care settings experience symptoms of depression, while as many as one in two new residents of nursing facilities are at risk of depression. Older people have the highest rate of suicide in the country, and the risk of suicide increases with age. Americans age 85 years and up have a suicide rate of 65 per 100,000. Older white males, for example, are six times more likely to commit suicide than the rest of the population. There is a clear correlation of major depression and suicide: 60 to 75 percent of suicides of patients 75 and older have diagnosable depression. Put another way, untreated depression among the elderly substantially increases the risk of death by suicide.

Mental disorders of the aging are not, of course, limited to major depression with risk of suicide. The elderly suffer from a wide range of disorders including declines in cognitive functioning, Alzheimer's disease (affecting 8 to 15 percent of those over 65) and other dementias, anxiety disorders (affecting 11.4 percent of adults over 55), schizophrenia, bipolar disorder, and alcohol and substance use disorders. Some 3 to 9 percent of older adults can be characterized as heavy drinkers (12 to 21 drinks per week). While illicit drug use among this population is relatively low, there is substantial increased risk of improper use of prescription medication and side effects of polypharmacy.

While we tend to think of Medicare as a "senior citizen's health insurance program," there are substantial numbers of disabled individuals who qualify for Medicare by virtue of their long-term disability. Of those, the National Alliance for the Mentally Ill reports that some 400,000 non-elderly disabled Medicare beneficiaries become eligible by virtue of mental disorders. These are typically individuals with the severe and persistent mental illnesses, such as schizophrenia.

Regardless of the age of the patient and the specific mental disorder diagnosed, it is absolutely clear that mental illness in the Medicare population causes substantial hardships, both economically and in terms of the consequences of the illness itself. As Dr. Satcher puts it, "mental illnesses exact a staggering toll on millions of individuals, as well as on

their families and communities and our Nation as a whole."

Yet there is abundant good news in our ability to effectively and accurately diagnose and treat mental illnesses. The majority of people with mental illness can return to productive lives if their mental illness is treated. That is the good news: Mental illness treatment works. Unfortunately, today, a majority of those who need treatment for mental illness do not seek it. Much of this is due to stigma, rooted in fear and ignorance, and an outmoded view that mental illnesses are character flaws, or a sign of individual weakness, or the result of indulgent parenting. This is most emphatically not true. Left untreated, mental illnesses are as real and as substantial in their impact as any other illnesses we can now identify and treat.

Mr. Speaker, Medicare's elderly and disabled mentally ill population faces a double burden. Not only must they overcome stigma against their illness, but once they seek treatment the Federal Government via the Medicare program forces them to pay half the cost of their care out of their own pockets. Congress would be outraged and rightly so if we compelled a Medicare cancer patient to pay half the cost of his or her outpatient treatment, or a diabetic 50 cents of every dollar charged by his or her endocrinologist. So why is it reasonable to tell the 75-year-old that she must pay half the cost of treatment for major depression? Why should the chronic schizophrenic incur a 20 percent copayment for visiting his internist, but be forced to pay a 50 percent copayment for visiting a psychiatrist for the treatment of his schizophrenia?

It is most emphatically not reasonable. It is blatant discrimination, plain and simple, and we should not tolerate it any longer. That is why I am introducing the Medicare Mental Illness Non-Discrimination Act. It is time we acknowledged what Dr. Satcher and millions of patients and physicians and health professionals and researchers have been telling us: Mental illnesses are real, they can be accurately diagnosed, and they can be as effectively treated as any other illnesses affecting the Medicare population. We can best do that by eliminating the statutory 50 percent copayment discrimination against Medicare beneficiaries who, through no fault of their own, suffer from mental illness.

My legislation is extremely simple. It repeals Section 1833(c) of the Social Security Act, thereby eliminating the discriminatory 50 percent copayment requirement. Once enacted, patients seeking outpatient treatment for mental illness would pay the same 20 percent copayment we require of Medicare patients seeking treatment for any other illnesses. My bill is a straightforward solution to this last bastion of Federal health care discrimination. Via Executive Order we have at last initiated parity coverage of treatment for mental illness for our federal employees and their families. Can we now do any less for our Medicare beneficiaries? I urge my colleagues to join with me in righting this wrong.

LITHUANIA COMMEMORATES HOLOCAUST IN MEMORIAL CONCERT AT D.C. JEWISH COMMUNITY CENTER

HON. TOM LANTOS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 10, 2000

Mr. LANTOS. Mr. Speaker, a few days ago the Embassy of Lithuania here in Washington held a Memorial Concert honoring the victims of the Holocaust in Lithuania. The event here was held in connection with the government of Lithuania's designation of September 23 as a National Mourning Day for Holocaust Victims in Lithuania. That date was chosen, Mr. Speaker, because on September 23, 1943, all of the Jews remaining in the Vilnius ghetto were killed by the Nazi forces occupying Lithuania at that time.

Because of the press of Congressional business, I was not able to attend the Memorial Concert, but my wife Annette was there and made remarks in my behalf. I want to recognize Ambassador Stasys Sakalauskas for hosting this important event here in Washington to remember the Holocaust victims in Lithuania, and I want to acknowledge the effort of the Lithuanian government for establishing this national day of mourning for Holocaust victims. In Lithuania, 95% of the pre-war Jewish community of approximately 220,000 perished in the Holocaust. In fact, some say that no other nation lost a larger percentage of its Jewish population. Before World War II, Vilnius—"the Jerusalem of the North"—was an impressive cultural and intellectual center of Jewish life. After the war, almost all Jews were gone and everything was destroyed.

Mr. Speaker, my wife and I have been to Lithuania many times. Last January, we visited the beautiful forest at Panarai, where serenity and peace now stand in stark contrast to the unimaginable horrors that took place in that killing field during World War II. We also visited the KGB museum, where we laid a wreath at the memorial for the martyrs, not just as a protocol procedure or diplomatic gesture, but as a deeply felt tribute to the many men and women who gave their lives for freedom and independence. As Hungarian Holocaust survivors, we both have lived under Communist and Fascist governments, as well as democratic ones, so we both identify emotionally and personally with many of the triumphs and tragedies of Lithuania's national past.

Mr. Speaker, I am delighted to report to my colleagues that Lithuania has made significant progress since its independence a decade ago in remembering and making restitution for the horrors of the Holocaust. I welcome the many positive steps that the government of Lithuania has taken.

Mr. Speaker, at the Memorial Concert here in Washington D.C., just a few days ago, Ambassador Sakalauskas made particularly appropriate remarks. I ask that his statement be placed in the RECORD, and I urge my colleagues to give thoughtful attention to his comments and to the progress that Lithuania has made.

REMARKS AT MEMORIAL CONCERT AT THE D.C. JEWISH COMMUNITY CENTER, SEPTEMBER 27, 2000

Ambassador Stasys Sakalauskas

Ladies and Gentlemen, first, I want to thank you all for joining us at this first joint event with the District of Columbia Jewish Community Center. I take this opportunity to express my deep appreciation to the leadership of the Jewish Community Center for co-sponsoring this event. We are gathered here today for a very special, meaningful and sad occasion—the 23rd of September 1943, when the Vilnius Ghetto was liquidated in Nazi-occupied Lithuania. In Lithuania, this day is a national day for mourning, and since 1993, the 23rd of September is marked as Lithuania's national day for the commemoration of victims of the Holocaust.

The absolute majority of the 220,000 strong pre-war Jewish community—colorful, flourishing, full of joy and sorrows—vanished in Nazi-occupied Lithuania. It is shameful that the hands of local collaborators were marked with the blood of innocent children, elderly women and men—people killed because they were Jews. No words are enough to express the pain of the immeasurable loss, and we understand that. At the same time we pay our highest respect to those citizens, who despite the threat of death to themselves and their families saved their Jewish neighbors.

Emerging 10 years ago from the Soviet and Nazi occupations, Lithuania has gone through an awakening of consciousness and conscience. We, individually, and as a people, made mistakes. But the fact we recognize our mistakes and try to do everything to correct them is encouraging and shows our resolve to do better. We are committed to continue the investigation and prosecution of persons suspected in collaboration with Nazi Germany and participation in the mass murders of innocent people.

One accused war criminal died yesterday. We did a lot to bring Aleksandras Lileikis to justice, even resorting to amending the Lithuanian criminal code. He was already on trial, but, unfortunately, we were late to give him a verdict. Today the Office of the Prosecutor General of Lithuania has expressed its regret that due to the defendant's death the course of justice was obstructed. At the same time the Prosecutor strongly pledged to continue the work of bringing to justice other alleged war criminals.

We in Lithuania are committed to examine our history. The Lithuanian historical commission has a mandate from His Excellency Valdas Adamkus, President of Lithuania, to investigate what happened in Lithuania almost 60 years ago and make it public no matter how painful it is. We have to come to terms with our past. We will continue the discussion that went on for the last 50 years in most European countries and in the United States, but was missing in Lithuania due to the Soviet occupation.

Our future depends on providing all our children the truth, and knowledge of the most horrible crimes committed in the 20th century. Therefore, we are committed to continue our efforts towards Holocaust education, remembrance and research and to implement to the fullest possible extent the National Holocaust Education program, as a vehicle of preventing injustice, discrimination and extremism.

We will stay alert and recognize early signs of extremism and we will continue to combat racism, xenophobia and anti-Semitism. We are committed to secure for the small remaining Lithuanian Jewish community all the possibilities to develop and cherish its ethnic culture, education, traditions.