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

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

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

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

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

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

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

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

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

Thanks for listening.

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

Letter to Congressional Leaders Reporting on the Decision To Send Certain United States Forces to Albania

June 5, 1999

Dear Mr. Speaker: (Dear Mr. President:)

Since my previous reports to the Congress under section 8115 of the Department of Defense Appropriations Act, 1999 (Public Law 105–262), the continuing humanitarian crisis created by Belgrade's repression of its own citizens has resulted in thousands of additional refugees fleeing into neighboring countries. The United Nations High Commissioner for Refugees (UNHCR) estimates that there are now 443,000 Kosovar refugees in Albania, 246,000 in Macedonia, and another 68,000 in Montenegro. In addition, there could be as many as 700,000 displaced persons still remaining within Kosovo. In both Albania and Macedonia, the number of refugees continues to over-tax the limited resources of the host countries. Efforts by military personnel, in support of civilian assistance efforts, have been critical to establishing refugee camps and necessary infrastructure.

In light of the continuing crisis, I have directed that additional U.S. forces be deployed to Albania to assist in refugee relief operations, including to improve airfield ramp and off-load capabilities, upgrade key roads and bridges to facilitate movement of refugees to safe areas and transportation of

relief supplies, and to assist in the provision of additional shelter for refugees.

In parallel with the military support for refugee relief, we are continuing to increase the pressure on Milosevic to accept NATO's conditions, while simultaneously preparing for success. Belgrade's recent acceptance of the document delivered by Finnish President Ahtisaari and Russian Special Envoy Chernomyrdin is an encouraging development, though we are taking a very cautious approach until the Federal Republic of Yugoslavia's (FRY's) intentions are clear.

In line with this strategy, I have increased the number of U.S. military personnel assigned to support Task Force HAWK, our deep strike task force in Albania. I have authorized the deployment of a significant contingent of military personnel to Kosovo as part of an international security presence (KFOR), including some forces that may be pre-positioned in Macedonia prior to entry into Kosovo, as well as the deployment of other military personnel to the region, including Macedonia, as a national support element for U.S. forces in KFOR. However, forces will not enter Kosovo unless it is clear that Belgrade has adopted NATO's conditions and is withdrawing its forces.

In regard to the elements of section 8115(a)(1)–(8), I am providing the following information:

1. & 2. *National Security Interests.* I hereby certify that the deployment of additional forces to Albania, Macedonia, and Kosovo as described above is necessary in the national security interests of the United States. The deployments will provide additional relief for the refugees and help to return them to their homes with security and self-government. In doing so, the deployments serve our national security interests by promoting peace and stability in this volatile region, by strengthening NATO, and by demonstrating to other would-be aggressors in and around Europe that the United States and the Alliance will not stand by idly while they commit war crimes or seek to spread instability.

3. *Numbers.* The number of U.S. personnel to be deployed cannot be definitively provided at this time since planning for the deployments is ongoing. For relief operations, it is anticipated that the number of additional personnel should be approximately 4,000, bringing the total number of U.S. personnel associated with relief operations in Albania to approximately 5,000. This is in addition to the total of approximately 5,500 personnel that will be associated with the deep strike task force now deployed to Albania. In addition, if it is clear that Belgrade has adopted NATO's conditions and is withdrawing its forces, I anticipate that approximately 7,000 personnel will be deployed as part of KFOR and approximately 1,500 personnel will be deployed as part of the national support element in the region, including Macedonia, to facilitate the flow of support to KFOR.

I will ensure that the Congress is informed in a timely manner concerning any significant changes to the deployments described in this report when such information is available.

4. *Mission/Objectives.* Our overall objective is to return the refugees to their homes with safety and security, to provide necessary refugee relief in the interim, and to promote peace and stability in the region. The specific missions of the forces involved are:

- Joint Task Force SHINING HOPE: To facilitate military operations by assisting the UNHCR in providing emergency relief to refugees in Albania.
- Task Force HAWK: To provide a deep strike force capability in support of NATO air operations and to be ready for use against FRY forces at a time and manner of our choosing.
- Operation JOINT GUARDIAN (KFOR): To deploy a military presence in a permissive environment to deter renewed hostilities, and, if necessary, enforce a cease-fire and the demilitarization of Kosovo, and to establish a secure environment for the stabilization of the humanitarian situation and the establishment and operation of an international provisional administration.

5. *Schedule.* At this point, it is not possible to determine how long NATO operations in the region will need to continue, nor how long U.S. forces will be needed to assist in refugee relief operations, and therefore how long these deployments will need to be maintained.

6. *Exit Strategy*. The duration of the requirement for U.S. military presence will depend on the course of events, and in particular, on Belgrade's actions.

- For Joint Task Force SHINING HOPE, military support to refugee relief may need to continue for some time, even if a settlement allows for refugees to begin to return. Ultimately, responsibilities for refugee relief will be transferred to the UNHCR, other humanitarian organizations, and host countries.
- Some elements of Task Force HAWK may deploy as initial elements of KFOR. In this case, the exit strategy for Task Force HAWK will become the same as that for KFOR. The remaining elements will continue deployment in support of NATO operations until no longer required.
- For Operation JOINT GUARDIAN, after the withdrawal of all Serb forces from Kosovo and an initial stabilization period, KFOR will be progressively reduced as the security situation permits and local police forces are established. At a time to be determined, KFOR will transfer responsibilities to the international provisional administration and local institutions and ultimately transition to a different set of security arrangements.

7. *Costs.* The costs of operations in the Kosovo region will initially be paid from the FY 99 Defense appropriations in the supplemental appropriations bill recently enacted. As we further refine the detailed plans for KFOR, and as attendant costs become better known, I will consult with Congress as to how any additional costs should be covered.

8. *Effect on Morale, Retention and Readiness.* These deployments affect morale, retention and readiness in a positive way because they demonstrate U.S. commitment of necessary resources to maximize operational effectiveness toward achievement of the important U.S. objectives in Kosovo. Given the importance of these deployments, we anticipate that U.S. forces would maintain the highest morale and effectiveness while fulfilling the range of military objectives encompassed by these deployments, including refugee relief operations and the anticipated contribution to the international security force in Kosovo. Indeed, it has been our experience that personnel serving in these important and demanding positions experience higher retention rates than in other, less challenging assignments. The Department of Defense has underway extensive and effective programs to do what is necessary to manage personnel and other resources so as to reduce problems such as extended family separation and other burdens military service. As with any operational deployment, the effects on readiness are mixed. In this case, however, it is expected that many of the U.S. forces will be conducting operations as they were trained to perform, which will provide an unparalleled opportunity to apply their skills in an active environment. The Administration is committed to ensuring that America's armed forces maintain the high levels of readiness necessary to safeguard America's national security.

Sincerely,

William J. Clinton

NOTE: Identical letters were sent to J. Dennis Hastert, Speaker of the House of Representatives, and Albert Gore, Jr., President of the Senate. This letter was released by the Office of the Press Secretary on June 7.

Remarks at the White House Conference on Mental Health

June 7, 1999

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

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

This is a moment of great hope for people who are living with mental illness and, therefore, a moment of great promise for our Nation. We know a lot about it; we know a lot more than most of us know we know, as we found out today. And we wanted to have this

conference to talk about how far we've come and also to look forward into the future.

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

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

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

But what a challenge it has been. Clearly, people with mental illnesses have always had to struggle to be treated fairly and to get the treatment they need—and they still do. We have made a lot of progress by appealing to the better angels of our nature, by drawing on our deep belief in equality, but also by hearing these stories.

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

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

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

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

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

We've worked hard to break down some of the barriers for people living with mental

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

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

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

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

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

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

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

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

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

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

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

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

But when insurers can get around the law by limiting the number of doctor's visits for