who is a man of extraordinary talents and accomplishments, one of the most notable being President of the Amateur Trapshooting Association. This Association is the largest clay target shooting organization in the world with more than 200,000 members. The year as President, he will preside over the Grand American 100th Anniversary trapshoot in Vandalia, Ohio from August 12-21, 1999.

This past week in Missoula, Montana, July 8 was designated Gene Clawson, Jr. Day by the Montana State Trapshooting Association to recognize his dedication and service to this sport. Gene's dedication started over 40 years ago when he began shooting with his father and brother. When Gene started, he dominated state junior competitions and earned All-American status. His dedication and love for the sport propelled him to win state championships, a national doubles Class AA championship. He was selected as Montana Trap Team thirty-one times and in 1995 he was inducted into the Montana State Trapshooting Association Hall of Fame. One of his more phenomenal accomplishments was shooting the amazing "perfect" doubles score of 100 for a total of sixteen times.

Gene's service to trapshooting also has been an unusual example of unfaltering support and leadership. Gene started out helping his father with the duties of secretary-treasurer of the Missoula Trap and Skeet Club. From there his involvement grew to include being on the club's board of directors, Montana's delegate to the Amateur Trapshooting Association, and the Western Zone Vice-President for the Association in which he presided over 13 western States and Canadian provinces. Now as the President of the Amateur Trapshooting Association, he deals with virtually all of the Association's business. In all his endeavors, he has gained the respect and admiration of many people as well as to inspiring others to participate in the exciting sport.

In addition to being a master of his sport, he is also a successful businessman. He has been President of the family-owned business, Clawson Manufacturing, for over 30 years. When his father started the business in 1948; they concentrated on unfinished furniture and cut stock. Since then, Gene has moved the company into designing, producing, and selling windows and roof trusses worldwide.

Gene is also a dedicated family man. Ranging in ages from 12 to 79; the Clawsons are an amazing example of family tradition, devotion, support, and success. For several years, three generations of Clawsons have hunted elk, waterfowl, and upland birds together. Three of Gene's sons (Nick, Bill, and John) have followed in their father's footsteps in excelling at trap shooting competitions. Now his grandson has joined the firing line. In these days when guns are associated with destroying families, it is refreshing to see an example of how the shooting sports can bring a family closer together.

Mr. President, I recognize Mr. Gene Clawson, J r. and congratulate him for his accomplishments as an amateur trapshooter. When Gene started, he was his and his family the best and much success in their future endeavors. Please join with me in recognizing this great Montanan and outstanding American.

DEinstitutionalization of the mentally ill

Mr. MOYNIHAN. Mr. President, this past Friday (July 9, 1999), the Washington Post carried an excellent op-ed piece, "Deinstitutionalization Hasn't Worked," by E. Fuller Torrey and Mary T. Zdanowicz. The authors are the president and executive director, respectively, of the Treatment Advocacy Center. They write about the continued stigma attached to mental illness. They write about barriers to treatment. Most important, they write about the aftermaths of deinstitutionalization, and the seemingly horrific effects that this has had.

In this week's New York Times (July 12, 1999), Fox Butterfield writes about a Department of Justice report released yesterday which states that some 283,800 inmates in the nation's jails and prisons suffer from mental illness. (This is an underestimate.) As Butterfield puts it, "...jails and prisons have become the nation's new mental hospitals."

Over the past 45 years, we have emptied state mental hospitals, but we have not provided commensurate outpatient treatment. Increasingly, individuals with mental illnesses are left to fend for themselves on the streets, where they victimize others or, more frequently, are victimized themselves. Eventually, they end up in prison, where the likelihood of treatment is nearly as remote.

This is a cautionary tale, instructive of what is possible and also what we ought to be aware of. I was in the Harriman administration in New York in the 1950s. Early in 1955, Harriman met with his new Commissioner of Mental Hygiene, Paul Hoch, who described the development of a tranquilizer derived with his new Commissioner of Mental Hygiene, Paul Hoch, who described the development of a tranquilizer derived medication had been clinically tested by more effective treatment of the alcoholic. Musto has noted that the planners had bet on improving national mental health "by improving the quality of general community life through expert knowledge...not merely by more effective treatment of the alcoholic."

The problem was: there is no such knowledge. Nor is there. But the belief there was such knowledge took hold within sectors of the profession, which saw institutions as an unacceptable mode of social control. The activists subscribed to a redefining mode of their own, which they considered altruistic: mental patients were said to have been "labeled," and were not to be drugged. So as the government turned to other matters, the mental institutions continued to release patients, essentially to fend for themselves. There was no connection made: we're quite capable of that...
in the public sphere. Professor Fred-erick F. Siegel of Cooper Union ob- served: “In the great wave of moral de-regulation that began in the mid-1960s, the poor and the insane were freed from the fetters of middle-class mores.” Too, another barrier had appeared. Only to be defined as victims is a far from sufficient supply of affordable housing. No argument, no amount of evidence has yet affected that fixed ideological view.

I commend these two articles to my colleagues and ask that they be printed in the RECORD.

The articles follow:

[From the Washington Post, J uly 9, 1999]

**DEINSTITUTIONALIZATION HASN’T WORKED**

“WE HAVE LOST EFFECTIVELY 93 PERCENT OF OUR STATE PSYCHIATRIC HOSPITAL BEDS SINCE 1955.”

(By E. Fuller Torrey and Mary T. Zdanowicz)

The White House Conference on Mental Health identified stigma and discrimination as the most important barriers to treatment for the mentally ill. For the most severely ill, there are more significant barriers to treatment, such as laws that prevent treat-ting individuals until they become dangerous. These laws are to the detriment of indi-viduals with schizophrenia and manic-depres-sive illness are, ironically, the leading causes of stigma and discrimination against those with mental illness.

Stigma is created by the sort of headlines that result when a person is not being treat-ed for mental illness and shoots two Capitol police officers to death, or pushes an inno-cent victim in front of a speeding subway train. Some 20 years of research has proven this point.

A 1990 study published in the j ournal of Community Psychology demonstrated that negative attitudes toward people with men-tal illnesses increased greatly after people read newspaper articles reporting violent crimes by the mentally ill. Henry J. Stead-man, an influential public opinion re-searcher, wrote as far back as 1981: “Recent research on stereotypic perceptions of ex-mental patients supports these public fears [of dangerousness] to an extent rarely acknowledged by mental health profes-sionals, most likely because it is either in-appropriate to badger the news and entertain-ment media with appeals to help destigmatize the mentally ill.”

Tigger the Assistant White House must tackle 30 years of failed deinstitutionaliza-tion policy if he hopes to win the battle of mental illness stigma and solve the nation’s mental illness crisis. Hundreds of thousands of vulnerable Americans are eking out a pitiful existence on city streets, underground in subway tunnels or in jails and prisons be-cause the meager efforts of civil rights advocates to keep the severely ill out of hos-pitals and out of treatment.

The images of these gravely ill citizens on our city landscapes are bleak reminders of the failure of deinstitutionalization. They are seen huddling over steam grates in the cold, animatedly carrying on conversations with invisible companions, wearing filthy, tattered clothing, urinating and defecating on sidewalks or threatening passersby. Worse still, they are frequently seen being carried away by police as victims of sui-cide or violent crime, or in handcuffs as petrifieds of violence against others.

All of this occurs under the watchful eyes of federal government officials who do nothing but shake their heads in blind tolerance. The consequences of failing to treat these illnesses are devastating. While Americans with untreated severe men-tal illnesses represent less than one percent of our population, they commit almost 1,000 homicides per year. At least one-third of the estimated 600,000 homeless suffer from schizophrenia or manic-depressive illness, and 28 percent of them form for garbage cans. About 170,000 individuals, or 10 percent, of our jail and prison populations suffer from these illnesses, costing American taxpayers a staggering $2 billion a year.

Moreover, studies suggest that delaying treatment results in permanent harm, in-cluding increased treatment resistance, worsening severe symptoms, increased hospitalizations and delayed remission of symptoms. In addition, persons suffering from severe psychiatric illnesses are fre-quently victimized. Studies have shown that 22 percent of women with untreated schizo-phrenia have been raped. Suicide rates for these individuals are 10 to 15 times higher than the general population.

Weak state treatment laws coupled with inadequate psychiatric hospital beds have only served to compound the devastation for this population. Of those suffering from these insidious illnesses do not realize they are sick and in need of treat-ment. The over-reaching of state law has also affected their self-awareness. Because they do not believe they are sick, they refuse medica-tion. Most state laws today prohibit treat-ing individuals unless they pose an immediate danger to them-selves. In other words, an individual must have a finger on the trigger of a gun before any medical care will be prescribed.

Studies have proved that outpatient com-mitment is effective in ensuring treatment compliance. While many states have some form of assisted outpatient treatment laws, the challenge remains in getting them to utilize what is at their disposal rather than toler-ating the revolving-door syndrome of hos-pital admissions, readmissions, abandon-ment to the streets and incarceration that engulfs those not receiving treatment.

Adequate care in psychiatric facilities also must be available. Between 5 and 10 percent of the 3.5 million people suffering from schiz-ophrenia and manic-depressive illness re-quire long-term hospitalization—which means hospitalization in state psychiatric hospitals. This critical need is not being met, since we have lost effectively 93 percent of our state psychiatric hospital beds since 1955.

It is time to recognize that feel-good men-tal health policies have caused grave suf-fering for those most ill and that real solu-tions must be developed. The lives of millions of Americans depend on it.

[From the New York Times, July 12, 1999]

**NATIONAL REPORT—PRISONS BRIM WITH MENTALLY ILL, STUDY FINDS**

(By Fox Butterfield)

The first comprehensive study of the rap-idly growing number of emotionally dis-turbed inmates in jails and prison has found that there are 283,800 inmates with men-tal illness, about 16 percent of the jail population. The report confirms the belief of many mental health experts that jails and prisons have become the nation’s new mental hospitals.

The study, released by the J ervice Depart-ment is a statistical portrait, detailing how mentally ill inmates tend to follow a revolving door from home-lessness to incarceration and then back to the streets and jails. It also reveals how many of them are arrested for crimes that grow out of their illnesses.

The report found that mentally ill inmates in state prisons were more than twice as likely to have been homeless before their ar-rests than other inmates, twice as likely to have been physically abused in childhood and far more likely to have been using drugs or alcohol. A survey of their chaotic lives, the study found that emotionally disturbed inmates had many more incarcerations than other inmates. More than three-quarters of them had been sentenced before, and have had served three or more prior sentences.

One of the most striking findings in the study was that the only category that was dis-puted, is that mentally ill inmates in state prisons were more likely than other pris-oners to have been convicted of a violent crime. Too, many emotionally disturbed in-mates were arrested for little more than ba-zzle behavior or petty crimes, like loitering or public intoxication, but the report, by the J ervice Department’s bureau of Justice Stat-is-tics, did not offer any breakdown on this category of convictions.

Inmates are often isolated, emotionally disturbed inmates in state prisons spend an average of 15 months longer behind bars than others, often because their delusions, halluc-i-nations, WORSENING SEVERITY, INFECTED SELF- AWARENESS, REFUSE MEDICATION.

**PRISONS BRIM WITH MENTALLY ILL, STUDY FINDS**


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open to question because the study relied on reports by the inmates themselves, who were asked whether they had a mental condition, or had ever received treatment for a mental problem. Psychiatrists often do not even ask this in their initial evaluation, and those who do are often not aware of them or do not want to report them, she said, so the Justice Department estimate of more than a quarter-million inmates with mental illness may actually be too low, Professor Tepil said.

In addition, she said, the study was not conducted by mental health professionals using agreed-upon standards, so it was impossible to know what mental disorders the inmates suffered from, and whether they were severe illnesses, like schizophrenia, or generally less serious mental problems.

The study found that 53 percent of emotionally disturbed inmates in state prisons were sentenced for a violent crime, compared with 46 percent of other prisoners. Specifically, 13.2 percent of mentally ill inmates in prisons had been convicted of murder, compared with 11.4 percent of other prisoners, and 12.4 percent of mentally ill inmates had been convicted of sexual assault, compared with 7.9 percent of other prisoners.

Advocates for the mentally ill have worked hard to show that emotionally disturbed people are no more violent than others, to try to lessen the stigma surrounding mental illness. But recent research, while confirming that mentally ill people may not be more violent than others, suggests that they can become violent in a number of conditions, including the use of their medications or taking drugs or alcohol.

In another important finding, also subject to differing interpretations, the study found that reported rates of mental illness varied by race and gender, with white and female inmates reporting higher rates than black and male inmates. The highest rates of mental illness were among white female state prisoners, with an estimated 29 percent of them reporting emotional disorders, compared with 20 percent of black female prisoners. Overall, 22.6 percent of white state prisoners were identified as mentally ill, compared with 13.5 percent of black prisoners.

Dr. Dorothy Otnow-Lewis, a psychiatrist, said the differences were a result of white psychiatrists "being very bad at recognizing mental illness in minority individuals." Psychiatrists are more likely to dismiss aggressive behavior in men, particularly black and Latino men, as a result of their being bad, rather than being mad, said Dr. Lewis, who is a senior fellow at the Center on Crime, Communities and Culture of the Soros Foundation.

Michael Faenza, the president of the National Mental Health Association, said the study "shows that the criminal justice system is just a revolving door for a person with mental illness, from the street to jail and back without treatment."

Professor Jamison noted that jails and prisons are not conducive to treatment, even when it is available. "Inmates get deprived of sleep, they are in constant motion, and isolation can exacerbate their hallucinations or delusions."

TRIBUTE TO CLD CONSULTING ENGINEERS

Mr. SMITH of New Hampshire. Mr. President, I rise today to pay tribute to CLD Consulting Engineering, a recipient of the “Business of the Year Award” by the Yearly Best of New Hampshire Magazine. They have shown incredible success, generosity, and community service, virtues that are indeed worthy of recognition.

CLD, a civil engineering firm, has specialized in public projects which benefit many New Hampshire residents. These projects include the transformation of Manchester's Elm Street into a more pedestrian-friendly environment, improving the traffic pattern at the Mall of New Hampshire, and a new project to design Manchester's new two-mile long Riverwalk.

In addition to engineering designs, CLD has had an extremely positive impact in the community. The firm has sponsored football, soccer, and basketball teams, engineering competitions, high school internships, and mentoring programs at local schools. I applaud not only their business success, but also their dedication to serving their community.

As a former small business owner myself, I understand the hard work and dedication required for success in business. Once again, I wish to congratulate CLD Consulting Engineers for being selected as a 1999 Business of the Year by the Business NH Magazine. It is an honor to represent them in the United States Senate.

OPEN-MARKET REORGANIZATION FOR THE BETTERMENT OF INTERNATIONAL TELECOMMUNICATIONS ACT

The text of S. 376, passed by the Senate on July 1, 1999, follows:

S. 376
Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

SEC. 2. PURPOSE.

It is the purpose of this Act to promote a fully competitive domestic and international market for communications services in a manner that allows for the development and provision of new services that are capable of serving, and the ability to compete in a fair and meaningful way within those markets.

SEC. 3. FINDINGS.

The Congress finds that:

(1) International satellite communications services constitute a critical component of global voice, video and data services, play a vital role in the integration of all nations into the global economy and contribute toward the ability of developing countries to achieve sustainable development.

(2) The United States' ownership of intergovernmental organizations, INTELSAT and Inmarsat, and its membership in the International Maritime Satellite Organization, Inmarsat, enable United States companies to compete successfully for contracts to provide services on a global scale.

(3) Transforming INTELSAT and Inmarsat from intergovernmental organizations into conventional satellite services companies and reforming the regulatory environment must support vigorous and robust competition.

(4) By statute, COMSAT, a publicly traded

(5) In the 37 years since enactment of the Communications Satellite Act of 1962, satellite technology has advanced dramatically, large-scale financing options have improved immensely and international telecommunications policies have shifted from those of natural monopolies to those based on market forces, resulting in multiple private commercial companies around the world providing, or preparing to provide, the domestic, regional, and global satellite telecommunications services that INTELSAT and Inmarsat had previously had the capabilities to offer.

(6) Private commercial satellite communications systems now offer the latest telecommunications services more and more countries of the world with declining costs, making satellite communications an attractive complement as well as an alternative to terrestrial communications systems, particularly in lesser developed countries.

(7) To enable consumers to realize optimum benefits from international satellite communications services, and to enable these systems to be competitive with other conventional telecommunications systems, such as fiber optic cable, the global trade and regulatory environment must support vigorous and robust competition.

(8) Other nations should have unimpeded access to the markets that they are capable of serving, and the ability to compete in a fair and meaningful way within those markets.

(9) Transforming INTELSAT and Inmarsat from intergovernmental organizations into conventional satellite services companies and reforming the regulatory environment must support vigorous and robust competition.

(10) The issue of privatization of any State-owned firm is extremely complex and multi-faceted. For that reason, the sale of a firm at arm's length does not automatically, and in all cases, extinguish any prior subsidies or government conferred advantages.

(11) It is in the interest of the United States to negotiate the removal of its reservation in the Fourth Protocol to the General Agreement on Tariffs and Trade, which would permit INTELSAT's and Inmarsat's access to the United States market through COMSAT as soon as possible, but such reservation cannot be removed without adequate assurance that the United States market for satellite services will not be disrupted by such INTELSAT or Inmarsat access.

(12) The Congress finds that:

(1) International satellite communications services constitute a critical component of global voice, video and data services, play a vital role in the integration of all nations into the global economy and contribute toward the ability of developing countries to achieve sustainable development.

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