

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

mental condition, when families face higher copayments for mental health care than for physical ailments, when people living with mental illness are forced to wait until their sickness incapacitates them to get the treatment they need, we know we have to do more.

So where do we go from here? First, I am using my authority as President to ensure that our Nation's largest private insurer, the Federal Employee Health Benefit Plan, provides full parity for mental health.

Today Janice Lachance, the Director of OPM, will inform nearly 300 health plans across America that to participate in our program, they must provide equal coverage for mental and physical illnesses. With this single step, 9 million Americans will have health insurance that provides the same copayments for mental health conditions as for any other health condition, the same access to specialists, the same coverage for medication, the same coverage for outpatient care.

Thirty-six years ago President Kennedy said we had to return mental health to the mainstream of American medicine. Thirty-six years ago he said it, and we're still waiting. Today, we have to take more steps to return Americans to the mainstream of American life. I ask Congress now to do its part by holding hearings on mental health parity.

The second thing we have to do is to reach out to the people who are most in need. Today I've asked HCFA, the Health Care Finance Administration, to do more to encourage States to better coordinate mental health services, from medication to programs targeted at people with the most serious mental disorders, for the millions of people with mental illness who rely on Medicaid.

Third, we must do more to help people with mental illness reenter the work force. I asked Congress to pass the "Work Incentives Improvement Act," which will allow people with disabilities to purchase health insurance at a reasonable cost when they go back to work. No American should ever have to choose between keeping health care and supporting their family.

Fourth, with an ever increasing number of people with mental disabilities in managed care plans, it is more important than ever

for Congress to pass the Patients' Bill of Rights.

Fifth, this year we requested the largest increase in history, some \$70 million to help more communities provide more mental health services. And I asked Congress to fully fund this proposal. The absence of services and adequate funding and institutional support for sometimes even the most severe mental health problems is a source of profound worry to those of you who actually know what is going on out there.

I know that I was incredibly moved by the cover story in the New York Times Sunday magazine a couple of weeks ago, and I know a lot of you were. And I read that story very carefully. I talked to Hillary about it; I talked to Al and Tipper about it; and I asked myself then—I am still asking myself—what more can we do to deal with some of the unbelievable tragedies that were plainly avoidable, clearly documented in that important article? This is a good beginning, and I hope that Congress will fund it.

And finally, it is profoundly significant what we have heard about children. We have to do more to reach out to troubled young people. One out of ten children suffers from some form of mental illness, from mild depression to serious mental disease. But fewer than 20 percent receive proper treatment.

One of the most sobering statistics that I have heard in all of this is that a majority of the young people who commit suicide—now the third leading cause of death in teenagers, especially gay teenagers—are profoundly depressed. Yet the majority of parents whose children took their own lives say they did not recognize their children's depression until it was too late.

The tragedy at Columbine High School, as Hillary said, was for all of us a wakeup call. We simply can't afford to wait until tragedy strikes to reach out to troubled young people. Today I'm pleased to announce a new national school safety training program for teachers, schools, and communities to help us identify troubled children and provide them better school mental health services.

This new program is the result of a remarkable partnership by the National Education Association, EchoStar, and members

of the Learning First Alliance, joined by the Departments of Education, Justice, and Health and Human Services. This fall the Vice President and Tipper will kick off the first training session, which will be transmitted via satellite to more than 1,000 communities around our Nation.

We're all very grateful to EchoStar, a satellite company based in Littleton, Colorado, and its partner, Future View, for helping make this possible by donating satellite dishes to 1,000 school districts, and 40 hours of free time. I want to ask businesses and broadcasters all around our country to follow EchoStar's lead and donate their time, expertise, and equipment to help ensure that every school district in America can participate in this important training program.

Now I want to introduce two of the people who are showing this kind of leadership: the president of the NEA, Bob Chase; and Bill Vanderpoel, the vice president of EchoStar. I'd like to ask them to come up and talk a little bit about what they're going to do. Let's give them a big hand. *[Applause]*

[At this point, Robert F. Chase, president, National Education Association, and William Vanderpoel, vice president for business development, EchoStar Communications Corp., made brief remarks.]

The President. Thank you both very much. Now, I'd like to ask Tipper to come up one more time so we can all tell her how grateful we are, and let me say this. You probably saw a little bit by the way she positioned Al on time and she positioned Hillary on time, I think I'm going to start calling her "Sarge" behind her back. *[Laughter]* She has driven us all. We've been on time; we've been at the place we were supposed to be; we say what we were supposed to say; we finished on time. So she not only has great sensitivity; she has phenomenal organizing ability, and we're very grateful for her. Thank you. *[Applause]*

Now, I'd like to ask Hillary and the Vice President to come over, too. *[Applause]* Thank you all very much. God bless you.

NOTE: The President spoke at approximately 2 p.m. in the Blackburn Auditorium at Howard University. In his remarks, he referred to the following conference participants: Mike Wallace, co-

editor of the CBS news program "60 Minutes" and a clinical depression sufferer; schizophrenia sufferer John Wong; anorexia nervosa sufferer Jennifer Gates; Robin Kitchell, whose son suffers from bipolar disorder, attention deficit disorder, and learning disabilities; Dr. Wayne Burton, M.D., first vice president/corporate medical director, Bank One Corp.; Dr. Steven E. Hyman, M.D., Director, National Institute of Mental Health; and Dr. Harold S. Koplewicz, M.D., founder and director, New York University Child Study Center. The transcript made available by the Office of the press Secretary also included the remarks of Tipper Gore, Vice President Al Gore, Dr. Burton, the First Lady, Dr. Hyman, and Dr. Koplewicz. A portion of these remarks could not be verified because the tape was incomplete.

Executive Order 13125—Increasing Participation of Asian Americans and Pacific Islanders in Federal Programs

June 7, 1999

By the authority vested in me as President by the Constitution and the laws of the United States of America, including the Federal Advisory Committee Act, as amended (5 U.S.C. App.), and in order to improve the quality of life of Asian Americans and Pacific Islanders through increased participation in Federal programs where they may be underserved (e.g., health, human services, education, housing, labor, transportation, and economic and community development), it is hereby ordered as follows:

Section 1. (a) There is established in the Department of Health and Human Services the President's Advisory Commission on Asian Americans and Pacific Islanders (Commission). The Commission shall consist of not more than 15 members appointed by the President, one of which shall be designated by the President as Chair. The Commission shall include members who: (i) have a history of involvement with the Asian American and Pacific Islander communities; (ii) are from the fields of health, human services, education, housing, labor, transportation, economic and community development, civil rights, and the business community; (iii) are from civic associations representing one or