

TESTIMONY OF LYDIA LEWIS

HON. PATRICK J. KENNEDY

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 21, 2002

Mr. KENNEDY of Rhode Island. Mr. Speaker, I wish to insert into the RECORD the testimony of Lydia Lewis of the National Depressive and Manic-Depressive Association before the House Labor-HHS-Education Appropriations Subcommittee.

TESTIMONY OF LYDIA LEWIS, ON BEHALF OF THE NATIONAL DEPRESSIVE AND MANIC-DEPRESSIVE ASSOCIATION—MAY 9, 2002

Good morning Mr. Chairman and members of the Subcommittee. Thank you for the opportunity to testify on federal funding for mental health research for the next fiscal year. My name is Lydia Lewis and I serve as Executive Director of the National Depressive and Manic-Depressive Association (National DMDA).

National DMDA is the nation's largest illness-specific, patient-directed organization. We represent the 20 million American adults living with depression and the additional 2.5 million adults living with bipolar disorder. Part of the mission of National DMDA is to educate the public concerning the nature of depression and bipolar disorder as treatable medical diseases and to advocate for research to eliminate these diseases.

Mr. Chairman, National DMDA is pleased with the Subcommittee's strong commitment to biomedical research. We are grateful for the progress toward doubling the overall NIH budget and we encourage the Subcommittee to complete the doubling plan in this fiscal year. We support the Administration's request for \$27.3 billion for the National Institutes of Health (NIH). As you know, this increase of \$3.7 billion would complete the final phase of the NIH doubling plan.

Our nation's investment in extramural biomedical research, led by the NIH, yields countless discoveries that facilitate our understanding of the biological basis of disease. This knowledge will help develop improved techniques to prevent, diagnose, treat, cure and eliminate diseases.

RESEARCH

Although bipolar disorder is a biochemical imbalance in the brain, like many mental illnesses, it cannot be identified physiologically. There is no blood test or brain scan, yet. Funding for the NIH, and funding for mental illness in particular, promises great rewards for both individuals who suffer from mental illness and for our nation as a whole.

Evidence underscores the effectiveness of treatment for mental illnesses. Treatment for bipolar disorders has a 65% success rate and major depression has an 80% success rate. Comparatively, a surgical procedure for angioplasty has a 41% success rate. As research yields greater advancements in treating mood disorders and other mental illnesses, we hope to see the treatment success rate soar.

We applaud efforts to advance research on postpartum mental illness through legislative means. The "Melanie Stokes Postpartum Depression Research and Care Act" (H.R. 2330/S. 1535) would direct funds for the specific purpose of NIH research on postpartum depression and postpartum psychosis.

It is estimated that 10 to 20 percent of new mothers experience postpartum depression (PPD). Postpartum psychosis (PPP) affects less than 1 percent of new mothers. While there may be indicators or predispositions

for these disorders, researchers do not have sufficient information about the cause and effective treatment.

Employers, employees, the mental health system and the federal government will all benefit from the long term economic savings of early detection and treatment of mental illness. Our nation's investment in increased biomedical research for mental illness will advance this cause.

CO-OCCURRING MENTAL ILLNESS AND
SUBSTANCE ABUSE

A high percentage of patients with mental illness also have alcohol and substance abuse problems. Conversely, many individuals with alcohol and substance abuse problems suffer from mental illness. The State mental health systems separate block grant funding for these treatments, one treatment for traditional mental illness and another for alcohol and substance abuse.

More than half of individuals with bipolar disorder or schizophrenia may be alcohol/substance abusers. The rate of alcohol and drug abuse in the general population is approximately 20%; it is 50-60% in people with bipolar disorder. For individuals with mood disorders, drugs of abuse interact differently, potentially causing exponential damage greater than the abusive substance alone.

Medical experts understand it is critical that new patients in treatment for mental illness address any alcohol or substance abuse issues in collaboration with their mental health needs. Integrated treatment by dually trained professionals is critical to the success of either program.

We are encouraged by the Substance Abuse and Mental Health Services Administration (SAMHSA) efforts to study this issue. It is our understanding that SAMSHA will issue a report to Congress by October 17, 2002. We believe it is imperative that SAMSHA integrate treatment programs for these individuals. In addition to an improved quality of life, streamlining the system will eliminate unnecessary and redundant paperwork, saving critical funds for more successful treatment programs.

THE STIGMA OF MENTAL ILLNESS AND HEALTH
INSURANCE PARITY

We are delighted with the President's recent commitment to help end the stigma associated with mental illnesses. For far too long, individuals with mental illness have avoided seeking appropriate and critical treatment for fear of the stigmatizing label of mentally ill or have needed to make a choice between food, rent and treatment. For many individuals this is a choice between life and death.

In 1999, suicide was the 11th leading cause of death in the United States. For males, it was the eighth leading cause of death and for young people age 15 to 24, suicide was the third leading cause of death. Suicide outnumbered homicides by 5 to 3 and there were twice as many deaths due to suicide than deaths due to HIV/AIDS.

While these statistics are sobering, we are hopeful that with increased availability of treatment, those numbers can change. While we support essential research on the causes of mental illness, we also support increased access to already existing treatment by passing the "Mental Health Equitable Treatment Act" (H.R. 4066/S.543).

Individuals who suffer from mental illness should not be required to bear an additional financial burden to treat their illnesses. The discriminatory practice of setting different limits, hospital stays, and deductibles for mental illness is arbitrary, cruel and without medical basis.

We believe that providing mental health coverage is cost effective for all employers. The Congressional Budget Office (CBO) esti-

mated that providing mental health parity as outlined in the Domenici-Wellstone Mental Health Equitable Treatment Act would increase health care costs by less than 1%. Increasing ease and access to treatment will yield healthier, more productive employees. Passing the Mental Health Equitable Treatment Act is a step toward ending discriminatory practices that seek to separate the body from the mind.

Thank you again Mr. Chairman for the opportunity to testify.

IN MEMORY OF JOHN M. MCGEE

HON. GENE TAYLOR

OF MISSISSIPPI

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 21, 2002

Mr. TAYLOR of Mississippi. Mr. Speaker, I would like to take this opportunity to remember the patriotic actions of Mr. John M. McGee, a resident of Pass Christian, Mississippi who passed away on February 23, 2002. As the Korean War unfolded, he enlisted with the U.S. Navy and served on the destroyer tender *Shenandoah* and the destroyer *Willard Keith*. He was a veteran of the decisive Inchon invasion commanded by General Douglas MacArthur. Mr. McGee earned his college degree in engineering from the Armed Forces Institute. After an honorable discharge from the U.S. Navy, he was certified as a Professional Engineer specializing in petroleum engineering. He then worked for a petroleum-engineering firm in Wyoming, ultimately becoming the petroleum engineer in charge of a five state office.

In 1966, he accepted a job with the Department of Defense, and conducted operations in Vietnam, Cambodia, Laos, and Thailand until 1969. During his tour of duty in Vietnam, Mr. McGee, discovered and exposed extensive corruption in American military operations. His courageous exposure of a million gallons of fuel destined for U.S. Military forces that had been redirected and used by the enemy led to the saving of many American lives. A Senate Sub-Committee chaired by the Honorable Senator William Proxmire of Wisconsin ultimately investigated this conspiracy. This incident and others are memorialized as part of the U.S. CONGRESSIONAL RECORD, and in the Books Report from Wasteland—America's Military Industrial Complex, by Senator William Proxmire and The Pentagonists, by A. Earnest Fitzgerald. It is for these devoted actions that we remember Mr. John M. McGee.

ROBERT J. DOLE DEPARTMENT OF
VETERANS AFFAIRS MEDICAL

SPEECH OF

HON. TODD TIAHRT

OF KANSAS

IN THE HOUSE OF REPRESENTATIVES

Monday, May 20, 2002

Mr. TIAHRT. Mr. Speaker, "Bob Dole personifies Kansas. He is synonymous with the values that Kansans hold in the highest regard—integrity, respect for community, public service, sacrifice, and patriotism. It is only fitting to name the Wichita VA Center after a man so closely identified with Kansas, American veterans, and the values they share. I