Women's and Children's Magazine Contact List
For Ritalin Event 3/20/00

Women's Publications:

Family Circle
Jean Maguire, Health and Nutrition Director: (212) 499-1910
Fax: (212) 499-1987, (212) 499-1988

First For Women
Linda Hamilton, Health Editor: (201) 569-6699 ext. 274
Fax: (201) 569-6264

Ladies' Home Journal
Elena Rover, Health Editor: (212) 455-1063
Fax: (212) 455-1313

McCall's
Ann Ranard, Health Editor: (212) 499-1717
Fax: (212) 499-1778, email: aranard@mccalls.com

Redbook
Stephanie Young, Senior Editor, Health: (212) 649-3455
Fax: (212) 581-8114

Woman's Day
Madonna Behen, Editor, Health, Nutrition and Fitness Department: (212) 767-6460
Fax: (212) 767-5610

Children's Publications:

Child
Kara Corridan, Health Editor [Child Safety]: (212) 499-2032
Fax: (212) 499-2038

Healthy Kids
Andrea Feiner Schnipper, Senior Lifestyles Editor: (212) 462-3300
Fax: (212) 367-8332

Parenting
Erica Lumiere, Health Editor: (212) 522-8989
Fax: (212) 522-8699

Parents
Betty Wong, Senior Editor, Health: (212) 499-2228
Fax: (212) 499-2083

Working Mother

Susie Brooke, Senior Features Editor: (212) 445-6100

Fax: (212) 445-6174, email: sbrooke@workingmother.com

FOR IMMEDIATE RELEASE
March 17, 2000

CONTACT: LISSA MUSCATINE
TOBY GRAFF
JENNIFER SMITH
202/456-2960

PRESS SCHEDULE OF FIRST LADY HILLARY RODHAM CLINTON FOR MONDAY, MARCH 20, 2000

WASHINGTON, DC -- On Monday, March 20, 2000, First Lady Hillary Rodham Clinton will host a meeting on the safe use of medication to treat young children with emotional and behavioral conditions. Mrs. Clinton will bring together senior government officials and representatives of health care, public health, education, and parent organizations to discuss strategies to ensure the appropriate diagnosis and treatment for these children.

EVENT:	**Meeting on the Safe Use of Medication To Treat Young Children**
DATE:	Monday, March 20, 2000
TIME:	10:00 a.m.
LOCATION:	Roosevelt Room The White House Washington, DC

Press Notes:
Due to space limitations, this event is pool press for still photographers and television cameras. (Pool is comprised of wire photogs., network cameras and one independent pool camera) Open press for correspondents.

First Escort from White House Briefing Room:	9:10 a.m.
Final Escort from White House Briefing Room:	9:50 a.m.

Credentialing Information:
Press who are not credentialed by the White House should fax on company letterhead their full name, date of birth, and social security number to the First Lady's Press Office at 202-456-7805.

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FIRST LADY HILLARY RODHAM CLINTON LAUNCHES NEW PUBLIC-PRIVATE EFFORT TO IMPROVE THE DIAGNOSIS AND TREATMENT OF CHILDREN WITH EMOTIONAL AND BEHAVIORAL CONDITIONS

March 20, 2000

Today, First Lady Hillary Rodham Clinton, together with Secretary Shalala and representatives of parents and a broad range of health professionals, launched an unprecedented public-private effort to ensure that children with emotional and behavioral conditions are appropriately diagnosed, treated, monitored, and managed by qualified health care professionals, parents, and educators. Federal actions she will outline include: (1) the release of a new, easy to understand fact sheet about treatment of children with emotional and behavioral conditions for parents; (2) a new $5 million funding commitment by the National Institute of Mental Health (NIMH) to conduct additional research on the impact of psychotropic medication on children under the age of six; (3) the initiation of a process at the Food and Drug Administration (FDA) to improve pediatric labeling information for young children; and (4) a national conference on Treatment of Children with Behavioral and Mental Disorders to take place this fall. The First Lady will also highlight actions taken by the private sector to ensure appropriate diagnosis and effective treatment of these children. All of these actions build on the landmark work resulting from the first ever White House Conference on Mental Health and the release of the unprecedented Surgeon General's Report on Mental Health last year, both of which were spearheaded by Tipper Gore, the President's Mental Health Advisor.

INAPPROPRIATE DIAGNOSIS AND TREATMENT OF BEHAVIORAL AND EMOTIONAL CONDITIONS HAVE ADVERSE CONSEQUENCES. While progress has been made in diagnosing and treating these conditions, justifiable concerns have been raised about the inappropriate (both over and under) utilization of medications such as Ritalin, clonidine, and Prozac in very young children. Just as important, there is a lack of understanding amongst parents, teachers, and health professionals about the best diagnostic, pharmacological, and behavioral interventions now available. Recent studies published in the *Journal of the American Medical Association* reviewing selected provider data over a five year period found that:

- **Failure to treat emotional and behavioral disorders can have severe life-long consequences.** Studies suggest that many children with untreated emotional and behavioral conditions fail to reach their full potential. Untreated mental illness has a negative impact on the developing brain, causing lifelong emotional and social damage. Children with these types of problems are at significantly higher risk for anti-social activities later on than those without behavioral problems. It is evident that an accurate early diagnosis, education, support, and medication, if necessary, can overcome many early problems and help prevent long-term negative behavior.

- **The number of preschoolers on anti-depressants increased by over 200 percent.** The number of children on tri-cyclic anti-depressants, often used to control bedwetting, increased 220 percent over five years. Given the difficulty of diagnosing depression in children this young and the relative normalcy of bedwetting in children this young, the increase in the use of this drug in preschoolers is troubling.

- **The number of children under the age of five on clonidine increased exponentially.** The 28-fold increase in children using clonidine, used in children with attention deficit disorders or

children exhibiting disruptive behaviors, is notable, as the increase in its use occurred without research ensuring that it is safe and effective. Adverse effects, including rapid or irregular heartbeat and fainting, have been reported in children using the drug with other medications for attention-deficit disorder.

- **The number of children aged two through four taking stimulants such as Ritalin more than doubled.** The vast majority of preschoolers taking stimulants were on Ritalin to treat attention deficit disorders – as many as ninety percent in one study – and the number of these children increased by 150 percent over a five year period. Although there are a disproportionate number of boys taking medication for attention deficit disorders as opposed to girls (a ratio of 4:1), the number of girls being diagnosed and treated with attention deficit disorders increased over this time period; in one study, the proportion of girls taking stimulants increased by 60 percent.

- **Many children are inappropriately diagnosed and treated.** Studies indicate wide geographic and ethnic variation in the numbers of children receiving psychotropic drugs such as Ritalin. In one study, the percentage of children receiving Ritalin was as high as 10 percent – 2 to 3 times as high as the expected rate of attention deficit disorder. The percentage of boys receiving medication for attention deficit disorder in the fifth grade was as high as 20 percent. Other research indicates racial variations as well; a study of one Maryland HMO indicated that African-Americans children were 2.5 times less likely to receive Ritalin as white children. This wide variation in treatment patterns supports the need for more research to determine appropriate treatment protocols for children with emotional and behavioral disorders. Although little is known about the effects of over medication on children, unnecessary use of these medications can have adverse effects on the developing brain and the emotional and social development of young children.

- **More research is necessary to ensure informed treatment decisions.** Many of the drugs being prescribed for very young children have not been tested in children under the age of 16; few have been tested for children under the age of six. More research is necessary to ensure that providers and parents have necessary information, especially about the impact of medication on brain development, to make appropriate treatment decisions.

NEW ACTION TO ENSURE BETTER DIAGNOSIS, TREATMENT, AND MANAGEMENT OF CHILDREN WITH EMOTIONAL AND BEHAVIORAL CONDITIONS. At today's meeting, the First Lady will announce a series of public and private actions designed to address the challenges posed by children with emotional and behavioral conditions. Federal actions she will outline include:

- **Initiation of a process for the development of pediatric labeling information for psychotropic drugs used in young children.** Today, FDA will announce that it will work with its Pediatric Advisory Committee to design research protocols that will be used to develop new pediatric dosage information to be included on the labels of drugs such as methylphenidate, clonidine, and other drugs increasingly used in young children. These studies, which will begin after national research goals have been identified, will be designed to address ethical and scientific issues associated with the studies on this population.

- **Announcement that NIMH will dedicate more than $5 million to research on attention deficit disorder and Ritalin use in preschoolers.** Today, the National Institute of Mental

Health announced that it plans to invest more than $5 million in research on the use of medication to treat attention deficit disorder in preschool children. This research will assemble the latest information on the use of these drugs and identify discrepancies between clinical practice and current scientific evidence.

- **New efforts to provide parents with up-to-date information on the appropriate diagnosis and treatment of children with emotional and behavioral conditions.** This week, NIMH will release a new fact sheet to help parents of children with behavioral and emotional conditions understand the treatment options available and guide them in their decision-making process. This fact sheet includes easy to understand information on when to include medication in an overall treatment plan; how to help determine if a child's problems are serious; and when and how to get help. The Department of Education will also release an information kit on ways for teachers and parents of children with attention deficit disorders.

- **A national Conference on the Diagnosis and Treatment of Children with Behavioral and Mental Disorders.** This fall, the Office of the Surgeon General, together with NIMH and FDA, will coordinate a Conference on Treatment of Children with Behavioral and Mental Conditions. This national conference, which will build on the success of the recent White House Conference on Mental Health chaired by Tipper Gore, and the Surgeon General's Report on Mental Health, will include representatives of provider, consumer advocacy, and education communities. Topics of discussion include: developing research on treatments and services that can be used by providers nationwide; how best to determine the efficacy and safety of medications in young children; and ways to address the difficulty of accurate diagnosis in preschoolers. The Surgeon General will also release a report on children's mental health by the end of the year.

NEW PRIVATE SECTOR COMMITMENT TO ENSURING APPROPRIATE DIAGNOSIS OF EMOTIONAL AND BEHAVIORAL CONDITIONS IN YOUNG CHILDREN. Today, the First Lady will praise and highlight the new efforts of the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) to ensure appropriate diagnosis and effective treatment of children with emotional and behavioral conditions. This spring and fall, the AAP will distribute new clinical practice guidelines on the diagnosis and evaluation of children with attention deficit disorders. to every one of their 55,000 members. In addition, as part of their focus on mental health in the year 2000, the AAFP will sponsor education courses nationwide for their over 89,000 members on how to address the problems of young children with emotional and behavioral conditions.

HILLARY ROHDAM CLINTON'S LONGSTANDING COMMITMENT TO CHILDREN. For over 25 years, Hillary Clinton has fought to raise awareness and support policies that protect children. She was a strong advocate for: the passage of the Children's Health Insurance Program, the Family and Medical Leave Act; new regulatory and statutory authority for pediatric labeling; administration efforts to improve child care. The new pediatric labeling regulations and the FDA Modernization Act enacted by the Clinton Administration have improved the information available to both parents and physicians about the appropriate use of medications for children. In the 18 months since these initiatives have been implemented, research has been completed on 19 drugs, resulting in new safety information being added to six drugs with changes expected for the other 13. Studies of an additional 125 drugs are already underway.

First Lady Hillary Rodham Clinton

Meeting on the Safe Use of Medications for Young

Children with Emotional and Behavioral Conditions

March 20, 2000

List of Attendees

MaryLee Allen, Director, Child Welfare & Mental Health Division, Children's Defense Fund

Lanny R. Copeland, MD, Chairman of the Board, American Academy of Family Physicians

Gail Daniels, President, Board of Directors, Federation of Families for Children's Mental Health

Kevin P. Dwyer, MA, NCSP, President, National Association of School Psychologists

Michael M. Faenza, MSSW, President & CEO, National Mental Health Association

Randy A. Fisher, President, School Social Work Association of America

Mary E. Foley, MS, RN, President, American Nurses Association

Gregory A. Humphrey, Special Assistant to the President, American Federation of Teachers

Beth A. Kaplanek, RN, President Elect, Children and Adults with Attention-Deficit/Hyperactivity Disorder

Clarice Kestenbaum, MD, President, American Academy of Child & Adolescent Psychiatry

Ronald F. Levant, Ph.D., Board of Directors, American Psychological Association

Harold James McGrady, Jr., MD, Council for Exceptional Children

Allan Tasman, MD, President, American Psychiatry Association

Jane Tustin, RN, MSN, CSN, President, National Association of School Nurses

Phil Walson, Member, MD, AAP Committee on Drugs, American Academy of Pediatrics

Launch of New Public-Private Effort to Improve the Diagnosis and Treatment of Children with Emotional and Behavioral Conditions

Remarks by First Lady Hillary Rodham Clinton
Roosevelt Room
March 20, 2000

Thank you all for joining us here this morning. I want to thank Secretary Shalala for her leadership, and I'm also pleased she refuses to sit still. Because whenever our children's health is at stake, she's out there working very hard to make sure we all pay attention.

Also, I'm pleased to be joined not only by Secretary Shalala, but by Surgeon General David Satcher, and FDA Director Jane Henney, and NMIH Commissioner Dr. Steve Hyman, and Dr. Judith Heumann, and representatives from many of the groups who are on the frontlines working on behalf of all of our children, particularly children with behavioral and emotional challenges.

We just came from a meeting where we talked about what more we can do to ensure that children with emotional and behavioral problems get the diagnosis and treatment they need, and when they need it. Today's meeting and the announcements around it are important steps, but they are certainly not the last step we need to take in ensuring that all of our children get the health and support and treatment that they deserve.

You know, when a child comes to us who is hurt or sick, there is nothing more terrifying for any of us, especially parents, when we don't know how to make it better. If they have a broken arm, we want to fix it; if they have a deadly disease, we want to do everything we possibly can to cure it. And it's no different if the problem they bring to us lies in their head or their heart.

Thanks in large part to the leadership of Tipper Gore, the President's mental health adviser, we've come a long way in our battle to bring mental illness out of the shadows and make sure it is treated just as seriously as physical illness. More and more often, those treatments include drugs, even for young children. That is the issue we're here today to discuss.

As many of you know, the Journal of the American Medical Association recently reported that the number of preschoolers who are taking psychotropic drugs increased dramatically from 1991 to 1995. We know that the increase for Ritalin alone was 150 percent, and the use of anti-depressants increased over 200 percent. Now I am no doctor, as is obvious, but I am a parent and I have been a longtime children's advocate. And these findings concern me. I know they concern Dr. Hyman, Secretary Shalala and countless other experts.

But let me be very clear: We are not here to bash the use of these medications. They have literally been a Godsend for countless adults and young people with behavioral and emotional problems. We know that when children with such problems are left untreated, they may fail to reach their God-given potential later in their lives. That's why we are here. We want

the best information for every parent, every doctor, every teacher—every single person who cares for our children.

But we do have to ask some serious questions about the use of prescription drugs in all children. We have to ask, for example, how are we diagnosing, treating and caring for children with behavioral and emotional conditions? Do we have the best tools to make the most accurate diagnoses? When it comes to drug treatments for children, why are we seeing such great variations by community and race? And what effects do overuse and underuse of these medications have on our children?

We need to ask also, why aren't we doing a better job of combining drugs, when necessary, with family therapy and other behavior modifications? And what about the effects on our very youngest children who haven't been tested for these prescription drugs and whose brains are in their most critical stage of development?

These are tough questions, and none of us have all of the answers. But as we made clear in the meeting this morning, we are building on a record, not starting from scratch. We have already taken critical steps over the past few years to ensure that drugs are being tested and labeled specifically for children. Some of you may remember that was a long, drawn out struggle, that we were finally able to make progress and we were able to make an announcement at the White House last year. In so doing, we have learned that finding the right prescription for a child is not always just a matter of decreasing the dosage.

You know, I think it's important that all of us adults recognize that children are not just miniature adults; that their systems, their developmental needs, are different from that of an adult. We also learned quite a bit from the first ever Surgeon General's report on mental illness, which came out in December. It grew out of the White House Conference on Mental Illness, led by Tipper Gore. It taught us that the stigma of mental illness is worse for children; that too many health care professionals lack training in the area of children's mental, emotional and behavioral needs; and that we have a long way to go to increase awareness about children's mental health.

So clearly, we must do more. We know that the questions being raised are very difficult and they cannot be answered overnight. And they certainly won't be answered by the government, or health care professionals or educators or parents acting alone. Every single person with a stake in our children's health has an important role to play.

So I'm very pleased today to announce some of the immediate steps we are taking to make sure that children with mental illness, with behavioral and emotional problems, get the right care at the right time.

As our meeting made clear, we already know a lot about the proper diagnosis and treatment of emotional and behavioral problems in children. But that critical information has not reached many of the people who need it most—many of the parents, many of the teachers, many of the school nurses, many of the school social workers, many of the family physicians, many of the pediatricians—so there are a few things we are going to try to do to change that.

Today, the NMIH is releasing a new, easy to understand fact sheet that parents can use to make the right decisions about their children's treatment for these conditions. The Education Department will soon release an information kit to help parents and teachers better care for children with ADHD. And I want to thank both the American Academy of Pediatrics and the American Academy of Family Physicians for all they are doing on this issue. This spring and fall, the American Academy of Pediatrics will give all of their 55,000 members up-to-date guidelines for diagnosing and treating children with emotional and behavioral problems. And as part of their yearlong focus on mental health, the American Academy of Family Physicians is sponsoring continuing education courses about these conditions for their 90,000 members.

But now we also have to admit, honestly, that there are some areas where we still just don't know enough, and that's especially true when it comes to giving prescription drugs to our very youngest children. I am pleased that NIMH will dedicate over $5 million to conduct a landmark study examining ADHD and Ritalin use in preschoolers. This study will look at the gap between what we are finding out in the science labs and what is happening in clinical practice, so we can ensure that our children get the care they need. In addition, the FDA will look at some common psychotropic drugs and begin a process to find out what dosage levels are appropriate for very young children. This information will then be included on the labels of these medications, and the studies on them will address the obvious ethical issues that arise when you examine the use of prescription drugs in such a vulnerable group.

Finally, I'm delighted that this fall, the office of the Surgeon General will coordinate a national conference on the treatment of children with behavioral and mental disorders. It will bring together experts from the administration, parents, advocates, educators, researchers, healthcare professionals and consumers. It will look at the challenges we are all still facing in caring for children with mental illnesses. It will help us develop long term strategies that each of us can use to help young people get the childhood and chance in life that we all deserve.

I remember, as we were talking today, that I was fortunate, more than 30 years ago, to work at the Yale Child Study Center, one of the premier research institutions in our country when it comes to treating our young children. And I was exposed to some of the greatest minds and experts in the country about how to treat very young children. And there was nothing more challenging and, in many ways, heartbreaking, than a preschooler with obvious mental, emotional and behavioral problems. That child cannot speak for him or herself. So it's often difficult to find out what kind of conditions in the child's life led to—if there is a cause and effect—the kind of behavior that is being observed. So I know firsthand—from 30 years of work on my own behalf, and watching experts who are really on the frontlines of this—that this is a very big challenge we are taking on today.

But I am also concerned that we are seeing increasing numbers of children who are both being diagnosed with certain disorders and whose behaviors are crying out for helpful intervention. We spoke earlier today in our meeting about the increasing number of very young children in foster care. The fastest growing group of children being put into foster care are children under 5. They come into foster care because of abuse or neglect and they therefore have more than the kinds of problems that one would expect in the population at large. We talked about the increasing numbers of children who are in the juvenile justice and criminal justice

systems. We are not doing what we need to do to help intervene and treat those children, just as we are not providing adequate medical and mental health services in our adult prisons. These are problems that affect all of society, not just the individual with the specific problem or that individual's family or those teachers and others that come into contact with that young person. This has ramifications for all of us.

All we need to do is look back a few weeks and think about the 6-year-old that brought the gun to school to kill the other 6-year-old. That is a problem that did not just occur the morning the child picked that gun up off of the bed in that terrible condition in which he was living. So all of us have a stake in the research, the diagnosis and the treatment. And I would also add that we need some other people at the table, and we're going to try to do that through Dr. Satcher's efforts and the efforts of the associations represented here. We need to be sure that the insurance industry, the HMO industry, the pharmaceutical industry—as well as decision-makers at all levels of government—are also at the table. We do have a lot of information about what works, but we need more. And that's what this meeting and these announcements are about. But we should at least be trying to implement what we do know works while we look for more answers, and follow up on the efforts that will be underway.

You know, when a child is sad or misbehaving, it is never easy for even the most well-intentioned, best-meaning parent to figure out what is happening. Anyone who has ever had a child who is pre-verbal with any kind of illness, or a toddler, or a preschooler, knows how difficult it is. Some of these young people have problems that are symptoms of nothing more than childhood or adolescence. Some of them need a parent to love them, or a person simply to listen to them talk about their pain. And yet some do have severe emotional and mental problems that can be greatly helped by prescription drugs. These children are waiting for our help—every one of them—and today we are taking important steps to provide it.

It is my great hope that this meeting will move us closer to the day that we will be able, number one, to remove the stigma from these problems so that no parent or no community has to wonder whether this is something that should be talked about, or help should be sought for. And number two, that we will treat the problems of the body and the mind the very same.

I hope that all of us will see this as a beginning and that we will be even more committed to doing whatever it takes to make sure that our children get the help, support and love that they need to have.

Thank you all very much.

TALKING IT OVER
BY HILLARY RODHAM CLINTON
RELEASE: WEDNESDAY, MARCH 22, 2000, AND THEREAFTER

When our children come to us hurt or sick -- whether it's with a simple cold or a life-threatening illness -- there is nothing more frightening than not knowing how to make them better. It's no different for the parent of a child who is sad or misbehaving.

Sometimes, these children have problems that are simply typical of childhood or adolescence. Some need only a parent to love them, or a person to listen. But others have severe behavioral or emotional problems -- problems for which there are now a number of treatments, including therapy, behavior modification and prescription drugs.

Recently, the Journal of the American Medical Association reported that the number of preschoolers taking prescription drugs increased dramatically between 1991 and 1995. The increase for Ritalin alone -- the drug most widely used to treat attention-deficit/hyperactivity disorder -- was 150 percent. The use of antidepressants grew 200 percent.

When I read these results, I was alarmed -- and I was not alone.

I know that prescription drugs have been a godsend for countless young people suffering with emotional and behavioral disorders. And research tells us that, if left untreated, many would fail to reach their full potential later in life.

But despite this good news, it is time to look carefully at some important unanswered questions: How are we diagnosing, treating and caring for children with behavioral and emotional conditions? Do we have the best tools to make the most accurate diagnoses? Why are there dramatic variations in treatment among different communities and races? And what effects do overuse -- and underuse -- of medications have on children?

Further, we need to ask: Why aren't we doing a better job of combining drugs, when necessary, with therapy and other treatments? And what about the fact that these drugs have never been tested on our very youngest children, whose brains are at their most critical stage of development.

These are tough questions, but over the past few years, we have begun to tackle the answers. We have taken critical steps to ensure that drugs are tested and labeled specifically for children. In the process, we have learned that finding the right prescription for a child is not always as simple as decreasing an adult's dose.

And thanks in large part to the leadership of the President's Mental Health Policy Advisor, Tipper Gore, we have come a long way in our effort to bring these problems out of the shadows. In the wake of last summer's White House Conference on Mental Illness, which she led, and the subsequent Surgeon General's Report on Mental Illness, we learned that children suffer the stigma of these conditions more than adults; too many professionals lack training in this area; and it is time to increase public awareness of children's mental health issues.

This week, at the White House, along with the Secretary of Health and Human Services, Donna Shalala, I hosted a meeting of health professionals, educators and parents to take steps toward increasing awareness and improving the diagnosis and treatment of children with emotional and behavioral conditions. By the end of the meeting, it was clear that, although there is much we already know, critical information has never reached the people who need it most.

In order to change that, we have now launched an unprecedented effort to ensure that children are appropriately diagnosed, treated, monitored and managed by their parents, their teachers, their doctors, and other professionals.

To that end, the National Institute of Mental Health is releasing an easy-to-understand fact sheet that parents can use to make treatment decisions for their

children. The Education Department will issue an information kit for parents and teachers helping youngsters with ADHD.

The American Academy of Pediatrics will give each of their 55,000 members up-to-date guidelines for diagnosing and treating patients with emotional and behavioral problems. And as part of a year-long focus on mental health, the American Academy of Family Physicians will sponsor continuing education courses for their 90,000 members.

The NIMH will undertake a study of ADHD and Ritalin use in preschoolers. The FDA will investigate appropriate doses of some common drugs prescribed for very small children. And the Surgeon General's office will coordinate a National Conference for the Treatment of Children with Behavioral and Mental Disorders.

I hope that this week's meeting will move us closer to the day when the stigma surrounding these issues disappears, and we treat problems of the mind with the same care and understanding that we bring to problems of the body. And I hope that we will be even more committed to making sure that our children get the help, support and love they need.

To find out more about Hillary Rodham Clinton and read her past columns, visit the Creators Syndicate web page at www.creators.com.

Toby C. Graff
03/16/2000 02:39:36 PM

Record Type: Record

To: Devorah R. Adler/OPD/EOP@EOP, Ruby Shamir/OPD/EOP@EOP, Janna Paschal/WHO/EOP@EOP

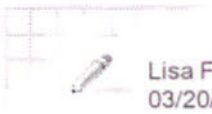
cc: Jennifer H. Smith/WHO/EOP@EOP
Subject: paper for Mon. mtg.

Just a couple of things for Monday:

Spoke to HHS public affairs folks and think we're in agreement about press for "ritalin mtg." We'll have a pool in for remarks and invite a few health reporters to be part of the pool, but will not do any stakeout afterwards. And we'll send paper out to some parenting/women's magazines. I know you're still finalizing deliverables, but can we all get at least a good draft tomorrow? We'll also need to know what to call the meeting and how to frame for advisory by tomorrow late a.m.

In terms of room set up, pls. keep us posted....we'll order a mult from WHCA. Janna, do you know how early we can get in to Roosevelt Room?

Let us know if you need anything else from us. Thanks very much!



Lisa Ferdinando
03/20/2000 12:58:12 PM

Record Type: Record

To:

cc:
Subject: White House Radio Actuality Line, Monday, March 20, 2000

The following sound is available today, MONDAY, MARCH 20 on the White House Press Office Radio Actuality Line at 202/456-5671.

* President Clinton on National Agriculture Day

* Vice President Al Gore on National Agriculture Day

* First Lady Hillary Rodham Clinton on the effort to ensure that children with emotional and behavioral conditions are treated with the appropriate care

Additional information on any of the stories available on the Actuality Line is available on-line in the *Briefing Room* on the White House Web-site at *www.whitehouse.gov*

# # #

MEMORANDUM OF CALL

Previous editions usable

TO:

☐ YOU WERE CALLED BY— ☐ YOU WERE VISITED BY—

Ruby Shamir

OF (Organization)

☐ PLEASE PHONE ▶ *(Enter area code, if necessary)* ☐ DSN

☐ WILL CALL AGAIN ☐ IS WAITING TO SEE YOU

☐ RETURNED YOUR CALL ☐ WISHES AN APPOINTMENT

MESSAGE

Chris Jennings talking to an AP reporter, who is trying to politicize. Ruby will send some draft.

RECEIVED BY	DATE	TIME

NSN 7540-00-634-4018
50363-111
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OPTIONAL FORM 363 (Rev. 7-94)
General Services Administration

BACKGROUND INFO
ON HRC'S WORK ON
CHILDREN + HEALTH

To: Lissa & Jenn

Fr. Ruby

67805

Draft THE FIRST LADY Draft

February, 2000

The First Lady has fought for policies that help parents balance work and family, strengthen America's public schools, and provide greater opportunities to children and youth of all backgrounds, particularly those who are most vulnerable. She has sought to expand access to quality health care for all Americans, and to increase the economic security of working families.

SUPPORTING WORKING PARENTS AND THEIR FAMILIES

"Today... more of America's parents are working, by choice or by necessity. More than ever, parents rely on child care and after-school programs to care for their children for part of the day. We all have a stake in making sure that every child in care is safe and nurtured. This is part of America's unfinished business..." [The First Lady, 1/7/98]

Promoting Child Care and Early Learning. The First Lady has worked tirelessly to make child care better, safer, and more affordable for America's working families and to ensure that children enter school ready to learn. She chaired the White House conferences on child care and early childhood brain development, which led to the Administration's proposal for substantial new investments in child care, Head Start and other programs serving young children.

Supporting A Family-Friendly Workplace. The First Lady supported the Family and Medical Leave Act of 1993, which has enabled millions of Americans to take job-protected leave following the birth or adoption of child, or for the care of a sick relative, and continues to promote the expansion of the FMLA to millions more American workers.

Helping Families Meet Their Responsibilities. Recognizing that many Americans find themselves responsible for the care of their elderly or disabled relatives, The First Lady has worked on behalf of initiatives to meet the long-term care needs of families including the Administration's proposed $3,000 tax credit.

Giving Parents the Tools They Need To Protect Their Children. The First Lady has long believed that parents should have control over their children's exposure to media. She hosted a White House convening on children's television, advocated for increased educational programming for children, led a round-table discussion with the President and Vice President on the V-Chip, and strongly advocates the establishment of a voluntary uniform ratings system for all forms of media.

INCREASING OPPORTUNITY FOR AMERICA'S CHILDREN

"I don't think there are any more important missions that we can undertake...than to be sure we raise the next generation of learners." [The First Lady, 3/18/99]

Expanding School Choice. The First Lady has long encouraged the establishment of public charter schools to give parents more choice in schooling, has and worked to secure funding for charter schools in Washington DC.

Improving Schools for Our Children. The First Lady has encouraged education reform initiatives designed to improve the quality of the public education our children receive, by fighting for high academic standards and strong accountability. She has been a strong advocate for policies that turn around failing schools, reduce class size, and improve teacher quality, and has led efforts – such as the Prescription for Reading literacy initiative -- to ensure that children are mastering the basics.

Working to Reduce Youth Violence. The First Lady has championed significant new investments in programs to prevent violence. She fought for the Administration's most recent proposal to invest $1 billion in the 21st Century Community Learning Centers program to give children most in need a safe place to learn during the after school and summertime hours. The First Lady has urged Congress to pass legislation to keep guns out of the hands of children, co-chaired the White House Conference on School Safety and spurred the creation of the National Campaign Against Youth Violence.

Assisting the Neediest of Children. As the Administration's most prominent advocate on foster care and adoption, The First Lady has worked on behalf of the over 500,000 children who live in foster care because of abuse or neglect. She has promoted the adoption of children living in foster care and worked for passage of the Adoption and Safe Families Act of 1997, and the Foster Care Independence Act of 1999, two pieces of landmark legislation which reformed our nation's child welfare system by putting considerations of children's health and safety first.

WORKING TO IMPROVE HEALTH CARE FOR ALL AMERICANS

The health of our citizens should not be a partisan issue...Americans deserve quality care.... This country is capable of

THE FIRST LADY

DRAFT Promoting Financial Security and Economic Growth DRAFT
February, 2000

Working to Save Social Security. The First Lady has advocated for the Administration's policies of fiscal discipline which will extend the program's solvency to 2050 by paying down the national debt and dedicating the interest savings to Social Security -- a down payment on truly strengthening Social Security. She has also worked to ensure that the Administration's reform proposals incorporate the particular concerns women face with Social Security.

Promoting Economic Development. The First Lady has long believed that a key component to growth of poor communities is extending access to capital and training to non-traditional, underserved borrowers. For over 15 years, she has worked to develop community lending institutions and the innovative policies to support them in the U.S. and abroad. Over the course of this Administration, she has:

- developed a Presidential awards program to honor excellence in microenterprise development, and coordinated all microenterprise programs within the U.S. government;
- laid the groundwork for the creation of the Community Development Financial Institution Fund which Fund increases the availability of credit, investment capital, financial services, and other development services in distressed communities;
- joined Senators Kennedy and Domenici for the launch of the PRIME Act – a program to provide grants to organizations that provide planning, marketing and financial management training to microentrepeneurs;
- worked with USAID to launch a new international Microenterprise Development Initiative and visited countless international micro-lending efforts in poor communities worldwide.

The First Lady strongly supports the Administration's New Markets Investment Initiative which seeks to spur new capital investment in businesses in economically distressed areas through a package of tax credits and loan guarantees, as well as efforts to bridge the "digital divide" – unequal access to technology by income, education level, race, and geography – and continues to fight for the expansion of the Administration's microenterprise initiatives.

Advancing Women's Economic Security and Empowerment. The First Lady has worked hard to ensure that the Administration's economic policies include a focus on women. She has advocated for the Administration's policy on ensuring equal pay for women and supports the newest $27 million budget proposal, has worked to ensure that bankruptcy reform does not adversely impact women and families, particularly in terms of child support collection, and in the Social Security debate she has focused her attention on ensuring that the features of Social Security that are important to women are preserved and strengthened.

Making Welfare Reform Work. The First Lady was a strong supporter of welfare reform, and now the number of Americans on welfare is at its lowest level since 1969 – 30 years ago – as millions of people move from welfare to work. She also knows how important it is to support working families as they transition from welfare to work, which is why she has actively sought to increase access to affordable, safe, high quality child care, has to expand health care coverage, and raise the minimum wage.

Supporting an Increase in the Minimum Wage. The First Lady believes that parents who work hard and play by the rules should not have to raise their children in poverty, and that's why she has advocated the Administration's proposal to increase the minimum wage one dollar over the next two years, which would mean an additional $2,000 each year for families struggling to make ends meet.

Fighting for Targeted Tax Relief.. The First Lady has always supported efforts to provide targeted tax relief to the hard-pressed Americans and as well as middle class Americans. She has fought for efforts to expand the Earned Income Tax Credit, and strongly supports the Administration's current expansion proposal which would deliver tax relief for 6.8 million families. The First Lady has also been the Administration's foremost

advocate for targeted tax relief for middle-income Americans such as a new proposal to help make college affordable for millions of American families.

THE FIRST LADY

DRAFT Working to Improve Health Care for All Americans DRAFT
February, 2000

Working to Expand Access to Health Care. The First Lady has long championed a broad array of health initiatives, from reform of our health care delivery system to prevention programs that help Americans lead longer, healthier lives. In 1993, she traveled the country to listen to Americans talk about their health care concerns and testified before five Congressional committees on health reform. While she now works to expand access to health insurance through smaller steps, she continues to believe that we must make progress to ensure that every American has access to quality, affordable health care.

Working to Improve, Strengthen and Modernize Medicare. The First Lady has been a strong supporter of the Administration's comprehensive plan to reform and modernize Medicare by making the program more efficient and competitive, extending the solvency of the Health Insurance trust fund, and modernizing benefits -- including adding a long overdue, voluntary prescription drug benefit. Additionally, with The First Lady's strong leadership, the Administration proposed and Congress adopted, the expansion of Medicare coverage to help pay for annual mammogram screenings for all Medicare beneficiaries age 40 and over, screening tests for both colorectal and cervical cancer, and a diabetes self-management benefit.

Meeting Prescription Drug Needs of Patients. The First Lady strongly supports the Administration's proposed prescription drug benefit under Medicare which would be voluntary, available and affordable to all beneficiaries, including those with low-incomes who would pay low to no costs for coverage.

Addressing Children's Health Care Needs. The First Lady has been a longtime champion of meeting the special health needs of children:

- The First Lady helped to create and promote the Children's Health Insurance Program – the single largest investment in health care for children since 1965 – which now provides health insurance for two million low income children who would otherwise be uninsured. The five year, $24 billion State Children's Health Insurance Program (SCHIP) will provide health care coverage for up to five million children.
- The First Lady launched the Childhood Immunization Initiative and helped secure passage of the Vaccines for Children program.
- The First Lady has fought hard to support children's hospitals. She secured funding in last year's budget to support graduate medical education at free-standing children's hospitals, a move much hailed by advocates, and worked to double the funding for this program in the Administration's proposed FY 2001 budget.
- The First Lady has promoted research and funding of specific health problems such as juvenile diabetes and epilepsy. Last year, she launched the Administration's comprehensive childhood asthma initiative and helped secure funding for the Environmental Protection Agency to study the causes of asthma, and promote awareness. She also inaugurated a public outreach campaign for Pediatric AIDS at the White House and received an award from the Pediatric AIDS Foundation for her commitment to the issue.

Fighting for Women's Health Care Needs. The First Lady has helped bring women's health needs to the forefront of Administration's health care efforts:

- The First Lady has always fought for comprehensive reproductive health services for women, working to protect a woman's right to choose and to promote safe reproductive health services for women in the U.S. and around the world.
- The First Lady has championed budget increases for the National Cancer Institute and other agencies to support research on breast cancer detection, treatment, and cures; she launched the Medicare Mammography Campaign to urge older women to get mammograms and to promote the use of Medicare coverage for mammography, implemented by this Administration; she helped develop and implement the National Action Plan on Breast Cancer, a public-private partnership coordinated at the Department of Health and Human Services; and advocated for legislation pending before the Congress to ensure that women who have mastectomies are entitled to sufficient hospital stays from their HMOs.

HILLARY RODHAM CLINTON: A CHAMPION OF BREAST CANCER RESEARCH AND DETECTION, PREVENTION AND AWARENESS

SUPPORTING BREAST CANCER RESEARCH. Hillary Clinton has been a champion of significant budget increases for the National Cancer Institute and other agencies to support research on breast cancer detection, treatment, and to seek a cure for the disease. Investment in research has led to historic advances, including the identification of new breast cancer genes and promising new treatments. In October of 1998, Mrs. Clinton hosted an event at the White House to announce budget increases in breast cancer research and new initiatives supported by the research. From fiscal years 1993 to 1999, discretionary funding for breast cancer research, prevention and treatment at the Department of Health and Human services has more than doubled – from $283 million to $599 million.

PROMOTING THE APPLICATION OF THE LATEST IN DEFENSE AND SPACE TECHNOLOGY TO BETTER DETECT CANCEROUS TISSUE AND DEVELOP LESS INSTRUSIVE SURGERY METHODS FOR PATIENTS. Hillary Clinton championed budget investments to enable the Department of Defense, the Center Intelligence Agency, NASA, and other public and private entities to explore ways in which imaging technologies from other fields can be applied to the early detection of breast cancer. In particular, the computer technologies that have been used to improve imaging satellites have been used to improve breast cancer detection, as well. And, imaging technologies from the defense community – originally used for missile guidance and target recognition – is also being used to better detect breast cancer.

CHAIRING MEDICARE MAMMOGRAPHY CAMPAIGN TO URGE OLDER WOMEN TO GET MAMMOGRAPHY SCREENING. Early detection of breast cancer is crucial for successful treatment. In 1995, Hillary Clinton launched the Medicare Mammography Campaign to urge older women to get mammograms and to promote the use of Medicare coverage for mammography. Mrs. Clinton efforts have included:

- Travelling the country listening to seniors and raising awareness of the importance of mammography screening;
- Taping Public Service Announcements encouraging older women to get mammography screening; and
- Convening business leaders at the White House to build a public-private partnership to promote mammography. Private sector partners have included American Greetings, which included in its Mother's Day greeting cards an insert urging women to get mammograms and directing them to a toll-free number for more information.

With Hillary Clinton's strong leadership, the President proposed and Congress adopted, the expansion of Medicare coverage to help pay for annual mammogram screenings for all Medicare beneficiaries age 40 and over. Under this new benefit, which became available January of 1998, Medicare will waive the Part B deductible for screening mammograms.

PROMOTING BREAST CANCER AWARENESS. Hillary Clinton has been a chief advocate in the Administration for raising awareness of breast cancer issues and putting them at the top of the Administration's agenda. Mrs. Clinton's activities have included:

- Receiving at the White House in 1993 the National Breast Cancer Coalition petition with recommendations on breast cancer policy and awareness;

- Helping to develop and implement the National Action Plan on Breast Cancer, a public-private partnership coordinated at the Department of Health and Human Services;
- Supporting the National Action Plan on Breast Cancer web site to serve as a gateway to information on breast cancer research, treatment, and prevention (http://www.napbc.org);
- Hosting White House events to mark October as Breast Cancer Awareness Month;
- Dedicating "Talking it Over," Mrs. Clinton's syndicated column, to breast cancer issues (10/95, 12/95, 9/96, 7/98); and
- Unveiling at the White House the official breast cancer awareness stamp, which helps to fund breast cancer research.

CHAMPIONED PENDING LEGISLATION TO SUPPORT PATIENTS WITH BREAST CANCER AND OTHER DISEASES. Mrs. Clinton has been a strong advocate for legislation pending before the Congress to ensure that women who have mastectomies are entitled to sufficient hospital stays from their HMOs. And, Mrs. Clinton has fought for a strong Patients Bill of Rights to ensure that cancer patients have the right to see a specialist, are not forced to change doctors in the middle of a cancer treatment if an employer changes health care providers, and have an independent appeals process if critical treatment is delayed or denied. In addition, Mrs. Clinton has strongly supported legislation which would outlaw discrimination based on the results of genetic screening.

PROMOTING AWARENESS OF OTHER CANCERS. Hillary Clinton has been a champion of increased awareness of colorectal cancer, prostate cancer, and ovarian cancer by advocating successfully for Medicare preventive benefits such as annual screenings. Mrs. Clinton has hosted events at the White House to raise awareness of the importance of screenings for these diseases and to urge research to improve detection and treatment.

Ruby Shamir
03/20/2000 08:18:19 AM

Record Type: Record

To: Lissa Muscatine/WHO/EOP@EOP, Jennifer H. Smith/WHO/EOP@EOP, Katharine Button/WHO/EOP@EOP, Heather H. Howard/OPD/EOP@EOP

cc:
Subject: here are the q&a for this morning -- can you send to your press office

---------- Forwarded by Ruby Shamir/OPD/EOP on 03/20/2000 08:16 AM ----------

Devorah R. Adler
03/20/2000 08:15:55 AM

Record Type: Record

To: Ruby Shamir/OPD/EOP@EOP, Sarah A. Bianchi/OPD/EOP@EOP, Trooper Sanders/OVP@OVP, Ann O'Leary/OPD/EOP@EOP

cc:
Subject: here are the q&a for this morning -- can you send to your press office

Q: Aren't you politicizing an issue to benefit the First Lady in her Senate race?

A: Absolutely not. The First Lady's history and support for children's health issues is well known and documented. She, like many other parents and children's advocates, have been concerned about the potential inappropriate use of medications, particularly in preschoolers. She feels that the recent medical journal articles on this issue need to be highlighted further, but more importantly, addressed, and has been working with the Administration to see what interventions could be considered. She hopes, as does the rest of the Administration, that the information we are providing to parents, the diagnostic and treatment protocols that the AAP is announcing it will release, and our ongoing pediatric research and labeling initiatives, will make significant headway in this regard.

Q: What has Hillary Clinton's involvement been in the past on this issue?

A: Throughout her professional lifetime, the First Lady has been involved in children's issues. In 1997, she was a strong advocate within the Administration for the development and release of regulations as well as subsequent legislation to significantly increase pediatric labeling information developed by FDA for physicians and parents.

The First Lady's record on children's health care, child care, and education, speaks for itself. She was a strong advocate for: the passage of the Children's Health Insurance Program, the Family and Medical Leave Act; new regulatory and statutory authority for pediatric labeling; administration efforts to improve child care.

Q: Is Tipper Gore part of this announcement? Is she supportive of this?

A: Tipper Gore is pleased to see attention focused on this important issue. She has played an unprecedented leadership role on mental health issues and has encouraged this next step focusing on mental health issues and children. As the First Lady's remarks point out, Tipper Gore's leadership on this issue is unparallelled. All of the actions being taken today build on the landmark work resulting from the first ever White House Conference on Mental Health and the release of the unprecedented Surgeon General's Report on Mental Health last year, both of which were spearheaded by Tipper Gore in her role as the President's Mental Health Advisor.

American Psychiatric Association

1400 K Street, N.W.
Washington, D.C. 20005
Telephone 202.682.6000
Fax 202.682.6255
E-mail pubafrs@psych.org
Internet: www.psych.org

News Release

Contact:
Lisbet Boroughs
202-682-6049
Erin Murphy
202-682-6324

Release No. 00-08
March 20, 2000

MENTAL HEALTH CARE FOR CHILDREN

Statement by Allan Tasman, M.D., President, American Psychiatric Association

The American Psychiatric Association is pleased to join Mrs. Hillary Rodam Clinton in calling for a national consensus and strategy to improve the mental health care of our nation's children. As the Surgeon General reported last December, 20% of children will experience a mental disorder this year, and 5% will suffer extreme functional impairment. Of those, half will receive no treatment at all, only 20% will be evaluated by a child psychiatrist, and some will end up in jails and juvenile detention centers. There are several reasons for lack of treatment access. Funding is sorely lacking for needed services for our most troubled children and adolescents—and for research to better understand the causes of mental illness and develop more effective treatments. And, there are not nearly enough child and adolescent psychiatrists, according to government assessments.

We know that the use of medication in children has increased dramatically. Some of the increase may be due to improved case finding and evaluation. However, the influence of managed care, which has emphasized medications as a "quick fix" for many problems, has pervaded all of medicine and has inappropriately tilted the system, including the schools, toward medication as a first-choice—and frequently the only choice--treatment for complicated problems that often require sophisticated psychosocial interventions.

We reject the trend to view medications as the lone cure-all without attention to the antecedents, developmental concerns, and the psychological and social aspects of emotional disturbances in children and adolescents—and adults.

The national debate has under-emphasized the substantial positive impact of programs to prevent mental illness in children, and there is a critical need to put vastly increased resources into these efforts. We hope that the summit meeting called today by Mrs. Clinton will launch a broad-reaching public discussion of the essential role of parents in influencing early child development, so crucial to modulating aggressive and other maladaptive behavior, and to promote healthy mental development.

More

Tasman Statement -- 2

We must empower parents to better fulfill their commitment to healthy child development through greatly expanded parenting education opportunities, school-based programs, and through adequately funded and accessible community services.

Although problems of violence and serious emotional disturbances in children may never completely disappear, we can make a significant change in the nature and prevalence of these problems with appropriate preventive and therapeutic interventions throughout childhood. Members of the American Psychiatric Association join Mrs. Clinton in making this the highest priority for our country.

##

The American Psychiatric Association is the national medical specialty society representing 40,000 psychiatric physicians specializing in the diagnosis, treatment and prevention of mental illnesses and substance abuse disorders.

Mara

- Robert Pear article
- father is a renowned pediatric surgeon (causes of vitals, etc)

sleep disorders

Hook up of Alvin

Would love her father to be able to talk to someone. (Maybe Dr. Hyman)

*Fact*SHEET

American Psychiatric Association, 1400 K St. NW, Washington, DC 20005

CHILDREN, MENTAL ILLNESS AND MEDICINES

It is unfortunate that childhood offers no protection against mental illness. In the US, one in five children and adolescents suffer from mental health problems at any given time. The key to ideally handling these childhood disorders is for parents to recognize the problem and seek appropriate treatment. The causes of mental illness in children are complex and never due to a single factor. As with other types of illnesses, mental disorders have specific diagnostic criteria and treatments, and a complete evaluation by a child psychiatrist is imperative to determine whether a child needs help.

DIAGNOSIS

Diagnosis is based on a collaborative process that should involve psychiatric and other physicians, the child, and the child's family, and school-based or other health care clinicians as appropriate. They are involved in an assessment designed to reach a comprehensive diagnosis and the creation of a treatment plan. When deciding what treatment will best benefit the child, it is essential to apply a careful diagnostic assessment after a thorough evaluation of psychiatric, social, cognitive, educational, and medical/neurological factors.

TREATMENT

Psychiatrists develop a comprehensive treatment plan that encompasses all aspects of a child's life. After a comprehensive diagnostic evaluation, an individual treatment approach based on any coexisting mental and physical conditions should be selected according to the child's needs and family and child preferences. Psychotherapy, family and school consultation, and medication are all potential elements of comprehensive treatment. Medications should not be used alone due to the need to deal with ongoing developmental processes. The benefits of psychotropic medications along with various forms of therapy (e.g. cognitive-behavior therapy, psychotherapy, parental and family therapy, social skills training, group therapy) should be carefully examined and accounted for when determining the next steps. Medications should not automatically be considered to be the first choice in treatment, and should be used as part of a comprehensive treatment plan only when their benefits outweigh the risk.

REVIEW OF MEDICATIONS

(This document only reviews treatment with medications. Extensive information regarding the complete range of treatment options is available from the American Psychiatric Association)

Stimulants

Attention deficit and hyperactivity disorder (ADHD) affects 3-5% of children, and some adults. It is characterized by distractibility, impulsiveness and disorganization. Stimulants, including methylphenidate, amphetamine and pemoline, are by far the most widely researched and commonly prescribed treatments for children with ADHD. They diminish motor overactivity and impulsive behaviors seen in ADHD and allow the child to sustain attention and improve physical coordination (e.g. handwriting, sports).

Methylphenidate helps a child focus by preventing the reuptake of dopamine and norepinephrine--two chemicals involved in normal brain function. It should be prescribed carefully and only by a medical expert. D-amphetamine (Dexadrine) and adderall may also be prescribed for ADHD. All stimulants can have mild side effects including insomnia, weight loss, decreased appetite, abdominal pain and headaches. Most side effects of stimulants are short-term, dose-related and subject to individual differences.

Use of stimulants can result in an immediate and often dramatic improvement in behavior both at school and at home. The benefits and the risks associated with stimulant treatment must be weighed carefully, and evaluated and monitored continually for every child. In general, stimulants are regarded as an effective ADHD therapy with high safety and relatively few side effects.

There has been some public concern about whether exposure to stimulant medication in children with ADHD increases the risk for substance abuse in later life. A recent study by Biederman et. al. (1999) suggests that rather than inducing substance use in youth with ADHD, such medications may protect children with ADHD from future substance abuse.

Antidepressants

Depression tends to run in families. While a predisposition does not automatically mean that a child will get the disease at least one study shows that more than one in four depressed children have a close relative with the disease. Evidence shows that early onset may predict more severe illness in adult life, unless otherwise recognized and treated early in life. Depression in children often comes hand in hand with school performance and other problems. It is an often underlying factor in eating disorders, headaches, sleep problems and other physical problems affecting children and teens.

Many clinical research studies have reported beneficial effects of antidepressant medications as part of a comprehensive treatment plan in children and adolescents. It must be remembered that medications are only part of a comprehensive treatment plan and a psychiatrist or other well-trained physician must prescribe them. There are three major classes of antidepressants:

Selective serotonin reuptake inhibitors (SSRIs) – fluoxetine, sertraline, paroxetine, fluvoxamine and citalopram - are the second most prescribed psychotropic medications, after stimulants, for children. They appear safe and effective for the treatment of severe and persistent depression and anxiety disorders, such as obsessive-compulsive disorders (OCD) and panic attacks, in children and adolescents.

Heterocyclic antidepressants – imipramine, desipramine, amitriptyline, nortripltyline, clomipramine. This type of antidepressant also may be prescribed to treat depression in children. However, despite the fact that HCAs are the third most frequently prescribed psychotropic medications for children, available studies do not support the efficacy of HCAs for depression in this age group.

Imipramine is also used to treat enuresis (bed-wetting) in children after the age at which urinary control should have been achieved. Clomipramine is used to treat obsessive-compulsive disorder (OCD). Nortriptyline and imipramine are also prescribed for ADHD, particularly if a child is prone to tics.

Monoamine oxidase inhibitors (MAOIs) - MAOIs are known to be helpful in the treatment of depressive disorders with prominent anxiety features but are not recommended for use in children. The major limitations associated with the use of MAOIs are significant dietary restrictions, including most cheeses, tomato sauces, and other foods popular with children, and interactions with over-the-counter medications such as cold treatments and diet pills.

Antianxiety Medications

Anxiety is the most common mental health problem that occurs in children and adolescents. Studies report that children can also experience panic disorder and agoraphobia (Biederman, 1987). Children with anxiety disorders are often treated with a group of antianxiety medications called benzodiazepines: clonazepam, diazepam and alprazolam, and beta blockers. These medications work quickly to even out a child's anxiety.

Antipsychotics

Antipsychotic medications have been used to treat childhood psychotic disorders but also to control symptoms of agitation, aggression, and self-injurious behaviors in children with severe developmental disorders (including mental retardation) and pervasive developmental disorder (autistic and autistic-like disorders).

The principal categories of psychotic illness that affect children are schizophrenia and bi-polar disorder, both chronic and disabling disorders. Typically, the illness emerges in

mid to late adolescence or early adulthood. However, research studies are revealing that cognitive and social impairments may be evident earlier in children who later develop schizophrenia.

There are a number of antipsychotic medications available. They generally yield comparable results: the main differences are in the potency, the dosage (amount) prescribed to produce beneficial effects, and the side effects.

Other Medications

Clonidine, a medication used primarily in the treatment of adult hypertension, has become more prominent in pediatric psychopharmacology because of its wide range of indications. In addition to being used to treat ADHD and sleep disturbances, clonidine is now considered the first line of treatment in Tourette's syndrome and other tic disorders (Leckman et al 1991). It is the fourth widely used psychotropic medication in children and has been increasingly accepted because of its relative safety.

Guanfancine, as with clonidine, appears to have beneficial effects on hyperactive behaviors, attention abilities, and tic disorders (Chappell et al. 1995). Compared to clonidine, guanfancine appears to be less sedating.

OFF LABEL USE

Physicians are allowed by law to prescribe medications in ways not specifically approved by the Food & Drug Administration, such as prescribing psychotropic medications for children younger than five years old. New research findings, clinical experience, and the child's and parent's personal preferences are factors considered by physicians when deciding the appropriate medications to prescribe. Prescription for "off-label" purposes of any medication should be made only after a comprehensive evaluation has been made, other forms of therapy (or combination of) have been considered, and must be monitored closely.

SUMMARY

In a study published by The Journal of the American Medical Association (February 2000), researchers reported the use of certain psychotropic medications in two-to-four-year-olds rose up to three-fold between 1991 and 1995. One of the reasons for this increase may be attributed to a growing acceptance of psychotropic medications. The mounting pressure for children to conform to social standards of good behavior may also contribute to this increase. School administrators play a critical role in determining which kids may need help as they are often the first to notice the symptoms of behavioral disorders. However, it is not their responsibility, nor do they have the training, to recommend or mandate the use of medications as a solution to behavior problems.

Another reason for this increase may be that more physicians are diagnosing behavior disorders at an early age. However, in a consensus conference by the NIH on ADHD in 1999, it was found that family doctors, the ones with the least expertise in ADHD, diagnose more quickly and prescribe medications more frequently. Experts worry that

some doctors are making diagnoses based on symptom checklists rather than on thorough evaluation of a child's life both in and out of the home. The current managed care approach to reimbursement has compounded this problem because it makes it extremely difficult for multidisciplinary clinics-- that in the past brought together pediatric, psychiatric, behavioral and family dynamic expertise--to obtain adequate reimbursement for their services. As a result, children with mental illnesses now are increasingly subjected to quick and inexpensive pharmacological fixes. For optimal outcomes, an informed, multi-modal therapy specifically designed by a pediatric psychiatrist for a specific child's condition is highly necessary.

According to David Fassler, M.D., chairman of the American Psychiatric Association's Council on Children, Adolescents and their Families, "The real tragedy is that most children and adolescents with psychiatric disorders still do not get the help they need. It is easy to overlook the seriousness of childhood mental disorders. If left untreated, the physical, emotional, social and intellectual development of children with mental disorders will be severely stunted, if not crippled. These children are at a heightened risk for school failure and dropout, drug abuse, and many other difficulties – all of which can be prevented by timely evaluation and appropriate treatment."

For parents who have recognized symptoms of childhood mental disorders in their children, sought medical help, and have embarked upon a treatment plan that includes medications, child and adolescent psychiatrists recommend:

- Medications should be closely monitored for efficacy, adverse effects and ongoing needs. Careful observation will ensure that the child is getting the appropriate dosage. Talk to your psychiatrist about all medications your child is taking, including non-prescription medicines, to learn of possible contraindications.

- Talk regularly with your child's teachers, caregivers and physician(s) about how your child is doing, especially when medication is first started, re-started or when the dose is changed.

- Applaud your child for improvements in behavior (better grades, developed social skills, more friends, etc.). The therapy and medications are not responsible for these improvements - they simply make it possible for your child's own assets and natural skills to shine through.

- Find a school or classroom setting that can provide structure and organization beneficial to your child. A child with mental health problems does not need unnecessary pressure and inappropriate expectations.

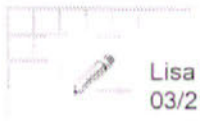
- Help children feel comfortable with their therapy and medication. They need to know the value of their treatment program and that being a part of it does not make them different from the rest of their peers.

The American Psychiatric Association shares the concerns of the National Institute of Mental Health regarding the need to ensure the appropriate use of medications to treat

mental illnesses in children. Medications must be prescribed in the most judicious manner as part of a comprehensive treatment plan and only after a thorough evaluation by qualified medical personnel. There is at present inadequate funding for both mental health services for children, and for further research aimed at understanding the causes of illness and the development of effective treatments for children.

Bibliography to be added.

March 18, 2000



Lisa Ferdinando
03/21/2000 09:39:09 AM

Record Type: Record

To: See the distribution list at the bottom of this message

cc:
Subject: FOX Special Report, March 20, 2000

FOX SPECIAL REPORT WITH BRIT HUME
March 20, 2000

BRIT HUME, HOST: Welcome to Washington. I'm Brit Hume.

After an exhilarating experience on the campaign trail and a vacation in Bora-Bora, John McCain came back to the place that Pat Buchanan once called, quote, ``that soul-stifling institution on Jenkins Hill.'' Jenkins Hill is what Capitol Hill was called before they built the building, and it is to there that the senator has returned.

Correspondent Brian Wilson reports.

(BEGIN VIDEOTAPE)

BRIAN WILSON, FOX NEWS (voice-over): There were no wildly enthusiastic crowds, no buses filled with reporters, no confetti for John McCain and he quietly slipped into a side entrance of the Russell Senate Office Building. Though he lost his bid for the Republican nomination, John McCain returns to the Senate having won at least the grudging respect of his peers. His insurgent high-profile campaign made him a player on the national stage, his ability to energize a base of independent and first-time voters duly noted by GOP party bosses.

He emerged from meetings with his staff to say he will remain loyal to the party, support the nominee, but he is not walking away from campaign finance reform.

SEN. JOHN MCCAIN (R-AZ), FORMER PRESIDENTIAL CANDIDATE: I also will not abandon my reform agenda and those millions of people who are relying on me to pursue it.

WILSON: And how will that go over this time around?

MARK PRESTON, ``ROLL CALL'': ... that his message is going to resonate back into the -- into the halls of Congress. Now, is the leadership going to be happy about that? No.

WILSON: Senate leaders will reach to to McCain, witness the majority leader of the Senate, Trent Lott, last week during a press conference with presumptive nominee George W. Bush.

SEN. TRENT LOTT (R-MS), MAJORITY LEADER: We're going to welcome him back, like the Senate always does. You know, the Senate is not a place just of regional or ideological or partisan passions. We're also personal friends, and some time we fight like tigers. And when you fight with John McCain, you got to prepare to fight like a tiger.

WILSON: The Senate's most ardent foe of campaign finance reform, Kentucky's Mitch McConnell, has even scheduled hearings on the topic for Wednesday. Still, passing campaign finance reform this year is expected to be an uphill battle, and some believe that's the way John McCain likes it.

PRESTON: His personality, you know, his whole life story, has -- has seemed to be ``Come and get me.'' You know, ``Come and get me. And if I fall, so be it. But -- but I'm not backing down.''

(END VIDEOTAPE)

WILSON: McCain also has plans to form a PAC, a political action committee, to fund his crusade. Ironically, that's one of the things that he was going to outlaw in an earlier version of campaign finance reform -- Brit.

HUME: Well, Brian, tomorrow's the day they have the big policy lunches. The

Democrats get together, Republicans get together with -- among their own members. What kind of -- what exactly is going to happen there? What are they going to say? What's going to happen with McCain?

WILSON: Well, you know, basically, the Senate is one of the only places where you address your political enemies by the title of ``distinguished gentleman,'' so they'll be very nice. But there's some wariness here because, remember, John McCain was out there beating up on their guy and beating up on the institution of Congress. And John McCain remembers that some members of Congress were beating up on him when he was on the campaign trail. They'll be civil, but they'll be wary.

HUME: All right, we'll be watching, Brian. Brian Wilson, thanks very much.

Pat Buchanan, believing he's certain to be the nominee of the Reform Party, believes that nomination alone should qualify him for inclusion in this year's presidential debates, right up there with Al Gore and George W. Bush. He says the fact that he will receiving federal matching funds for his campaign is proof he's qualified. Receipt of federal money may seem an unusual standard for a conservative to use, but Buchanan is planning to take his case to court if he has to. He outlined his first step at a Washington news conference.

Steve Centanni has the story.

(BEGIN VIDEOTAPE)

STEVE CENTANNI, FOX NEWS (voice-over): Pat Buchanan let it be known in no uncertain terms if the Reform Party candidate is shut out of the presidential debates, he says it'll be unfair, unjust, anti-democratic and un-American.

PAT BUCHANAN (REF), PRESIDENTIAL CANDIDATE: It is, if you will, a conspiracy by the two parties to keep third parties out of the presidential debates and therefore to maintain a hammerlock on the presidency of the United States, the most powerful office in the world.

CENTANNI: The Commission on Presidential Debates decided this year's three debates are open only to candidates who rank 15 percent or higher in the national polls, but Buchanan, who's in single digits in the polls, claims that's an arbitrary and unfair standard, and he argues that debates can be all-important. He says JFK won the 1960 election based on his debate performance. In 1988, Dukakis looked cold and calculating when asked about the death penalty, and Ross Perot gained ground in the 1992 debates.

BUCHANAN: Ross Perot went into the election -- went into the debates at 7 percent and emerged at 19 percent, 12 percent increase. That's equal to a shift of 12 million votes.

CENTANNI: But others say the presidential debates should only include those who have a realistic chance at becoming president.

STEPHEN HESS, BROOKINGS INSTITUTION: This is not primarily an educational experience. This is an experience for the American people to have the last shot at deciding which serious candidate they want to be the next president of the United States. And I think they deserve that opportunity without distraction.

CENTANNI: Buchanan wants the major candidates to push for inclusion of the Reform Party in the debates. Vice President Al Gore would only say that he's focused on debating George W. Bush, and Governor Bush has pretty much the same position.

GOV. GEORGE W. BUSH (R-TX), PRESIDENTIAL CANDIDATE: I look forward to debating Vice President Gore head on head.

CENTANNI (on-camera): The debate commission turned down our request for an interview, but said their criteria are fair and clear. Buchanan's filing a complaint with the Federal Elections Commission, and if they turn him down, he says he'll go to federal court.

In Washington, Steve Centanni, FOX NEWS.

(END VIDEOTAPE)

HUME: And coming up next, we'll tell you why Hillary Rodham Clinton decided not to accompany the president overseas.

Stay with us.

(COMMERCIAL BREAK)

HUME: Campaign themes of the first lady's New York Senate race include child welfare, health and education. Now Hillary Rodham Clinton has found an issue that combines all three, the growing use of Ritalin and other drugs to medicate young children. She has announced a new plan

aimed at curbing that trend. Mrs. Clinton's aides insist she's doing this as first lady, not as candidate.

After all, as Rita Cosby reports, the event was held at the White House.

(BEGIN VIDEOTAPE)

RITA COSBY, FOX NEWS (voice-over): The first lady was flanked by health care leaders as she announced new federal studies into the escalating use of controversial drugs such as Ritalin for children who have attention deficit disorders.

HILLARY RODHAM CLINTON (D), NEW YORK SENATE CANDIDATE: We have to ask, for example, how are we diagnosing, treating and caring for children with behavioral and emotional conditions?

COSBY: As she was leaving, Mrs. Clinton used the opportunity to address another social problem, children and guns, a politically sensitive issue that resonates with New York voters.

CLINTON: Certainly, the easy, ready access to guns makes emotional and behavioral problems that might have been fought out on a playground or been, you know, manifest by verbal arguments much more deadly and dangerous.

COSBY: Critics say Mrs. Clinton is only talking politics, knowing children's health care and youth violence are important issues, especially for women voters. Some question why she's pushing a topic that could remind the public of her failed health care initiatives. Republicans also say Mrs. Clinton is trying to have it both ways.

PATRICIA HARRISON, REPUBLICAN NATIONAL COMMITTEE CO-CHAIR: What we are seeing here is a first lady who wants to be a candidate for the Senate of New York not really doing too well right now. So now she has resurfaced as first lady, and it looks a little bit like a candidate desperately seeking an issue.

COSBY: The first lady didn't join the president on this week's trip to Southeast Asia because, he aides say, she's busy campaigning for the Senate seat. But her staff says the event at the White House was strictly done in her role as first lady. Her office said, quote, ``Mrs. Clinton's interest in children's health and issues such as this pre-date her Senate campaign by about three decades."

Democrats say the criticism of the first lady is unfair.

JULIAN EPSTEIN, HOUSE JUDICIARY COMMITTEE MINORITY COUNSEL: That is a somewhat absurd criticism that she can't exist in this dual capacity, as a first lady and as a senatorial candidate. It probably means she gets a little bit less sleep at night, but people like and I think admire the hard work that she puts on it.

(END VIDEOTAPE)

COSBY: And Mrs. Clinton's promotion of this latest health care issue isn't going away any time soon. A conference on psychiatric drugs and also children is expected to take place at the White House this fall, right around election time -- Brit.

HUME: Rita, has the first lady commented yet on that police shooting over the weekend in New York that has stirred such a controversy?

COSBY: Brit, she has not yet. And in that case, a Hispanic police officer shot an unarmed black man. But she did talk about her overall gun policy. She's calling for a sweeping licensing system of gun owners and also mandatory trigger locks, very similar to her rival, Rudolph Giuliani.

HUME: All right, Rita Cosby, thanks very much.

The latest Zogby America poll shows that nearly 64 percent of Americans agree with President Clinton's position that Congress should strengthen gun control legislation with trigger locks and waiting periods for gun show sales. Only 27 percent agreed with the NRA official Wayne LaPierre's statement that the president is willing to accept an increased level of violence so he can promote an anti-gun agenda. Eighty-two percent of Democrats and two thirds of independents agreed with the president. Republicans were more divided, 46 percent for LaPierre, 41 percent for Mr. Clinton.

Another death of an unarmed man, as we mentioned, at the hands of the New York City police department is more political trouble for Mayor Rudy Giuliani. Throughout the Amadou Diallo and Abner Louima cases, the mayor supported the NYPD. Now Giuliani is under fire again from black activists who call Thursday's shooting the latest example of what they're calling police brutality.

FOX NEWS's David Lee Miller reports.

(BEGIN VIDEOTAPE)

DAVID LEE MILLER, FOX NEWS (voice-over): New York City Civil Rights leaders

Monday blasted Mayor Rudy Giuliani in the wake of last week's police shooting of an unarmed black man outside a midtown bar. Details of the undercover drug sting gone bad are still in dispute, but this much is clear. The death of 26-year-old Haitian immunity Patrick Dorismond has become a political lightning rod.

Speaking on ``Fox News Sunday,'' the mayor asked people not to pre-judge the shooting and then angered critics by saying he approved the release of Dorismond's police record, including events which should have been sealed under court order because they took place when Dorismond was a juvenile.

RUDOLPH GIULIANI (R), NEW YORK CITY MAYOR, NEW YORK SENATE CANDIDATE: What you have here is robbery, attempted robbery...

HUME: Convictions?

GIULIANI: ... possession of a gun...

HUME: Convictions?

GIULIANI: Convictions and arrests both.

MILLER: The mayor says the public has a right to know about Dorismond's past, but at a rally Monday, a family friend, himself the victim of one of New York's most publicized cases of police brutality, angrily denounced the mayor.

ABNER LOUIMA, ASSAULT VICTIM: I thought after what happened to me, there will never be no police brutality again, but it seem like it's getting worse.

MILLER: Dorismond is the third unarmed black man to be shot by New York City cops in the past 13 months. Neither of the previous cases resulted in criminal convictions. The political fall-out from this shooting is difficult to gauge. Giuliani, in his run for Senate, is not expected to win many black votes. The question now is how recent events will influence middle-class whites when they cast their ballots.

JOHN LEO, ``U.S. NEWS & WORLD REPORT'': There's this little, tiny cloud over people now, where they're beginning to wonder -- I'm talking about whites and Asians now, not just blacks and Hispanics. They're thinking, ``Well, maybe -- maybe there's something a little out of synch here.''

MILLER (on-camera): Civil Rights leaders here have met with the U.S. attorney to urge the filing of a federal lawsuit against New York City. They are also seeking the appointment of a federal monitor to keep tabs on future police activity.

In New York, David Lee Miller, FOX NEWS.

(END VIDEOTAPE)

HUME: And coming up next, we'll have more on John McCain's agenda now that he's back in Washington. We'll talk to one of his top advisers, Vin Weber.

Stay tuned.

(COMMERCIAL BREAK)

HUME: California's been thought of as a bastion of liberal thought dating back to the peace movement of the '60s in San Francisco and Berkeley and even the founding of the Black Panthers in Oakland. It has gone Democratic in the past two presidential elections, but the political tide in the Golden State may be changing.

FOX NEWS correspondent Jon Du Pre takes a look at California's conservative slant.

(BEGIN VIDEOTAPE)

JON DU PRE, FOX NEWS (voice-over): California, with a Democratic governor, two Democratic U.S. senators and an overwhelmingly Democratic statehouse, would seem at first glance to be already in the bag for Al Gore.

HUGH HEWITT, CHAPMAN UNIVERSITY PROFESSOR: We're not Massachusetts, but we're headed that way.

DU PRE: But if Californians are so liberal, how do you explain the recent election, where voters leaned conservative? By a large margin, Californians voted to ban gay marriages, kept strict requirements to pass school bonds and voted to treat juvenile criminals more like adults. The results reminded political pundits that this is the state that gave America Ronald Reagan.

HEWITT: That's right, and there still is a deep-seated conservatism that can come out, depending on whether or not the electorate is mobilized.

DU PRE: Controversial ballot me asures and a heated presidential primary stirred

California's sometimes lethargic conservative base, which sent a message to the presidential candidates about California.

UNIDENTIFIED MALE: It's in play in November. George W. Bush can win this state in November.

DU PRE: And to help him do that, Bush recruited a 10-term congressman.

REP. DAVID DREIER (R), CALIFORNIA: Do I look like just a granola person?

DU PRE: This conservative Republican says most Californians share his views.

DREIER: Californians have for years embraced the core values of our pursuit of a free economy, individual initiative and responsibility, and those are the things that we, as Republicans, have been putting forward.

DU PRE: And in a state where Democrats outnumber Republicans, combined votes for Bush and McCain far outnumbered those case for Gore and Bradley in this month's primary.

(on camera): California voters can seem erratic. After all, when Ronald Reagan left the governor's mansion, voters replaced him with his near-opposite, Jerry Brown. The latest Field poll shows Gore leading Bush by 10 points, but if history is any judge, neither candidate can afford to take these voters for granted.

In Los Angeles, Jon Du Pre, FOX NEWS.

(END VIDEOTAPE)

BRIT HUME, HOST: As Brian Wilson reported, Senator John McCain returns to his day job after suspending his presidential campaign 11 days ago. So where does he go from here? Will he reach out to George W. Bush? Will George W. Bush reach out to him?

We'll ask Vin Weber, a McCain adviser who met with the senator this very day.

How are you, Vin? Nice to have you here.

VIN WEBER, MCCAIN ADVISER: I'm wonderful. Good to be with you.

HUME: First of all, let me get your thoughts on that -- on that report we just looked at about California. Does that make sense to you that the -- that the Republicans and Mr. Bush ought to make a real effort in California, with all the spending and time that entails?

WEBER: I think it's a very tough decision for the Bush campaign. I was involved in both President Bush's reelection in '92 and the Dole campaign in '96. And there's a great reluctance to write off the home state of Ronald Reagan, but the fact is when you're now, in this case, 10 points down, as Governor Bush is, according to the latest poll, it's a monumentally expensive decision to try to go ahead and target the state of California. In my view, both President Bush and Senator Dole maybe waited even a little bit too long before making the painful decision not to target the state.

And as tough as it is on California Republicans -- I'm not involved in this decision making, needless to say, in the Bush campaign, but my guess is they're going to decide sooner rather than later that they aren't going to invest the money necessary in that state.

HUME: Now, George W. Bush last week, in an interview with ``The New York Times'' that may have been characterized by ``The Times'' somewhat differently from the way it was intended by Bush...

WEBER: Right.

HUME: ... appeared to take a pretty stand-offish attitude toward John McCain. How is all this sitting with McCain, from what you can tell?

WEBER: John McCain came back to Washington today. We met with him this morning. We met with him again this afternoon. I think he's in good temperament and in good spirits. He's making it very clear that he's going to support Governor Bush in the fall, well in advance of that. He hasn't used that magic word ``endorse'' yet, but he's made it clear he's going to be for him, and he's reaching out very aggressively to try to identify Republican senators and House members and candidates for the House and the Senate that he's going to campaign for. And he's going to keep a very aggressive campaign schedule to help Republicans control the Congress.

HUME: Now, as we've reported, he's starting a PAC.

WEBER: Yes.

HUME: And that -- and that's going to be money's going to be used to help him travel in support of candidates, correct?

WEBER: Yeah, the initial thought on this is to not mainly use this to give contributions to candidates, although there might be some of that, but it's to support John McCain in his travels around the candidate. He's going to be, we believe, the most sought-after candidate -- or sought-after spokesman in the Republican Party on behalf of particularly marginal seats, where Republicans want to win in the fall. And we have to pay to get him around the country to do that kind of...

HUME: Yeah, you got...

WEBER: ... campaigning.

HUME: ... a celebrity on your hands here.

WEBER: And that's what this PAC is all about.

HUME: Now -- now, you'll probably forgive me if I suggest to you that when a defeated candidate organizes his own PAC, vows to campaign in support of Republican or his party's officers and...

WEBER: Right.

HUME: ... candidates all around the country, that that sounds a lot more like somebody who's lining up IOUs and credit within his party for a subsequent run than it does like somebody who's going to work his butt off for the current ticket.

WEBER: Well, I understand the historical analogy that you're making there. I think that John McCain is going to pitch in and do whatever Governor Bush asks of him, ultimately. I don't think there's any hesitancy there at all. On the other hand, I think John McCain knows that he tapped into a very unique and growing phenomenon in the American electorate this time, and he feels a special responsibility to keep talking about the concerns of those new voters, first-time voters and crossover voters that came to the Republican Party just because of John McCain. And if that manifests itself best in campaigning for congressional candidates, he's going to do that. If he can help the Bush ticket, I'm sure that he's going to do that, as well.

HUME: Now, it is -- the air in Washington is full of talk about the need for George W. Bush to reach out to John McCain and to try to offer concessions in his own positions to gain McCain's support. Now, McCain says that what he's doing is, he's pursuing his agenda, which he feels strongly about.

WEBER: Yeah.

HUME: If his agenda were not the main -- I mean, if his agenda really is the main thing, wouldn't getting George W. Bush to support it be the -- the best thing he could do and the most obvious thing to do, rather than waiting for George W. Bush to come to him?

WEBER: Well, I think that that's -- yeah, but it's -- it's not as -- it's not an either-or situation. I think, first of all, Governor Bush did indeed win the nomination fair and square. He's the nominee. He should not have to negotiate for the support of anybody in the Republican Party. And I think John McCain's not going to try to extract concessions or anything like that...

HUME: Really?

WEBER: ... from him. I don't think he's going to demand anything of him.

HUME: Well -- well, but...

WEBER: I do think he's...

HUME: If he doesn't -- but if there are not concessions, how strong an endorsement and support will -- can George W. Bush ever hope for?

WEBER: Brit, it's not how strong, it's how effective. John McCain is saying very honestly to everybody that'll listen to him his voters, the people that voted for John McCain, are the people that have -- that trust the credibility of John McCain have certain things they want from candidates. And they're not going to just vote for anybody for Congress, Senate or the presidency because John McCain says, like a rubber stamp, he's for him.

HUME: Right..

WEBER: What he's saying is he's got to present a rationale. A reform agenda is why people were attracted to McCain. If John McCain can go into a congressional district or anywhere else and say candidate X is embracing large measures of the reform agenda that we stood for, he can probably be effective for him.

HUME: Now, the principal element of this reform agenda is campaign finance reform.

WEBER: The linchpin. We called it the gateway to reform.

HUME: OK, the gateway. You had a peculiar circumstance in the primaries in which you got a lot of people voted for McCain, but a lot fewer than voted for him said that they cared very much about campaign finance reform. You got about 15 seconds to tell me why that was.

WEBER: I think that it's more significant than those polls, which I'm well aware of, showed. I think that the campaign finance issue gives a broader aura of credibility to a candidate who can then talk about reforming the tax code, the regulatory structure, the military and other things John McCain talked about.

HUME: So it's sort of a credibility (INAUDIBLE)

WEBER: I believe it is.

HUME: Yeah. Right. Good. Vin Weber, great to have you.

WEBER: My pleasure, always.

HUME: Hope you'll come back.

We have to take a break for some headlines. After that, we'll tell you what the Secret Service has decided to call George W. Bush.

We'll be right back.

(COMMERCIAL BREAK)

BRIT HUME, HOST: Some items now from the political grapevine. George W. Bush's new Secret Service detail has given him the code name ``Tumbler.'' No explanation as to why. His father was known as ``Timberwolf.'' Ronald Reagan was ``Rawhide.'' And Al Gore, he's ``Sundance.''

House speaker Dennis Hastert and Democratic leader Dick Gephardt are said by ``The Washington Post'' to be getting along so badly they don't speak.

Monica Lewinsky, now a spokesman for the Jenny Craig Diet Centers, has hired a personal trainer.

"The Wall Street Journal"'s Al Hunt was overheard on a train talking politics with Clinton fund-raiser Terry McAuliffe. The listener told the ``Washington Times'' Hunt was dispensing advice about issues to use against George W. Bush. Hunt, though, says the eavesdropper misheard. He was just reporting the results of a new poll, one he says he's shared freely with Democrats and Republicans alike.

Oh, and remember that dust-up last week over the published report that NBC's Tim Russert had leaked exit poll information to the McCain camp on primary day in New Hampshire and South Carolina? Now ``The Weekly Standard''s Tucker Carlson says Russert called in the exit poll data to the McCain camp in California, too. McCain adviser Mike Murphy has said, yeah, he talked to Russert, but that he'd called Russert, not the other way around. And besides, the McCain camp had exit poll data from all over the place.

And speaking of exit polls, remember the ``millions'' of new voters John McCain was said to have brought into the Republican primaries? Well, an analysis of the exit polls by the ABC News election unit concludes that about one voter in five in the GOP contest was new, and with McCain getting about 55 percent of them, he would have brought in about 1.5 million new voters through super-Tuesday.

The FBI's hoping a videotape will prove its case. Over the weekend, investigators reenacted the 1993 siege of the Branch Davidian compound in Waco, Texas. The field test is meant to resolve whether FBI agents did anything that could have sparked that deadly blaze that destroyed the compound.

FOX NEWS correspondent Mike Emanuel reports from Dallas.

(BEGIN VIDEOTAPE)

MIKE EMANUEL, FOX NEWS (voice-over): An elaborate reenactment of the final hours of the Branch Davidian stand-off near Waco, Texas, is complete, and both the federal government and lawyers for the Davidians are claiming victory. The reenactment held Sunday at Fort Hood was designed to determine if on April 19th, 1993, federal agents shot at Branch Davidians, keeping them inside the burning compound. The government maintains agents were not shooting. So far, the federal judge overseeing a wrongful death lawsuit filed by Branch Davidians says the video of the reenactment is evidence and will not be released to the public.

Government attorneys say they are pleased by their early look at the reenactment tapes.

MIKE BRADFORD, U.S. ATTORNEY: And there are some particular matters that we

think are important in confirming our position that the FBI was not firing at the back of the compound and that we believe will clearly demonstrate that through the comparison of these materials to the tape of the 19th.

EMANUEL: The field test involved two helicopters equipped with infrared cameras capturing soldiers firing weapons and tanks rolling as they reproduced the end of the Davidian stand-off. Government attorneys have argued FBI sharp-shooters weren't on the ground the day of the siege because you couldn't see them on that day's infrared tapes.

Branch Davidian attorney Michael Caddell says the infrared tape made Sunday helps make his case.

MICHAEL CADDELL, BRAND DAVIDIAN FAMILIES ATTORNEY: And what immediately jumps out at you when you look at the tape from yesterday is most of the time, you have no idea where the people are, and you know that they're there. I mean, you know how many there are. You know where they are. And yet you can't see them.

EMANUEL: The court's infrared expert is expected to release a detailed analysis in a month. The new tapes will be used when the wrongful death suit goes to trial in mid-May. For now, both sides expect them to bolster their case.

In Dallas, Mike Emanuel, FOX NEWS.

(END VIDEOTAPE)

HUME: The Clinton administration is banning a gasoline additive that was meant to be good for the environment. Now EPA chief Carol Browner says MTBE has been linked to ground water pollution and could be a risk to public health. MTBE is used in about a third of the gasoline sold in the U.S., and the ban could be good for farmers. In the long run, the EPA says it may push for the use of more grain or corn-based fuels like ethanol instead.

And coming up next, we'll tell you how the security worries about the president's trip in Asia came to fruition.

Stay tuned.

(COMMERCIAL BREAK)

HUME: President Clinton has become the first U.S. president ever to visit Bangladesh, one of the poorest countries on the planet. He gave words of encouragement to people in the capital city of Dhaka and offered an economic assistance package for the new democracy. But not everyone in Bangladesh welcomed Mr. Clinton's visit.

FOX NEWS correspondent Wendell Goler is traveling with the president.

(BEGIN VIDEOTAPE)

WENDELL GOLER, FOX NEWS (voice-over): The president began his tour of a region he has called the most dangerous on earth because of the dispute between India and Pakistan amid extremely tight security in Bangladesh, where he canceled a planned appearance that aides decided it was too dangerous for him to make. Mr. Clinton had been scheduled to meet with residents of this village, but aides couldn't find a safe way to get him there.

SANDY BERGER, NATIONAL SECURITY ADVISER: We had specific information which led us to the conclusion that traveling to the village was inadvisable.

GOLER: In fact, sources say, some Bangladeshi officials U.S. security agents dealt with were suspected of having ties with the terrorist Osama bin Laden, an exiled Saudi millionaire now thought to be living in nearby Afghanistan. Some of the residents of the village the president couldn't visit were bused to him so he could spotlight a program that takes kids out of sweatshops and puts them in schools and a program that provides loans of a few hundred dollars or less so women can provide for their families. Mr. Clinton announced more than $100 million in new aid for Bangladesh.

WILLIAM J. CLINTON, PRESIDENT OF THE UNITED STATES: You convinced me again that no one -- no one -- should believe that poverty is destiny, that people have to remain poor.

GOLER: This country can use the money. The average income is less than a dollar a day. Nearly 130 million people are squeezed into an area the size of Wisconsin. But not everyone here trusts Mr. Clinton or the U.S. One group protested the visit, warning the U.S. plans to cheat Bangladesh out of newly discovered natural gas reserves.

The president will face more suspicion in India over the next few days, where officials have already rejected his call to roll back their nuclear program and said they don't want him to mediate

the Kashmir dispute. And he'll face suspicion in a Saturday meeting with Pakistan's military leader, General Musharraf, who has given no indication he'll give Mr. Clinton a timetable for free elections.

(on camera): The president has also extended his trip to include a Sunday meeting with Syrian President Hafez al-Assad in Geneva. He says it's the next logical step in the Mideast peace process, but Mr. Clinton says the meeting is unlikely to produce immediate results.

With the president in Dhaka, Bangladesh, Wendell Goler, FOX NEWS.

(END VIDEOTAPE)

HUME: As you've probably noticed, a census form recently showed up in your mailbox. The law requires you to fill it out and send it back to the federal government, but is that asking too much of you?

As our James Rosen reports, one political party thinks it is and urges your defiance.

(BEGIN VIDEOTAPE)

JAMES ROSEN, FOX NEWS (voice-over): Every 10 years, Uncle Sam takes a head count, ostensibly to help re-shape congressional districts. To that end, the federal Census Bureau will spend $7 billion this year prodding 120 million American households to complete and return this questionnaire. Most of us will get the short form, seven questions long. But some 20 million households, chosen at random within specified neighborhoods, will get a 53-question form.

The Libertarian Party says the only question you should answer is how many people live in your home.

GEORGE GETZ, LIBERTARIAN PARTY SPOKESMAN: Well, the problem is that Republicans and Democrats have corrupted the census into another big government program. They ask questions like, ``Do you have any difficulty bathing or dressing?'' ``What time do you leave for work in the morning?'' ``And by the way, how do you get there?'' So we believe that the government has no business asking questions like these.

ROSEN: Libertarians also object to race-based questions.

GETZ: The government asks you to put yourself into one of 18 racial categories, including two categories of ``other.'' This is just ridiculous, so we think it's un-American to divide people along racial lines.

ROSEN: Such criticism is becoming more common for the country's chief counters. According to a recent poll, only 43 percent of Americans believe the Census Bureau will keep their information confidential, as the law requires. And a new study by two university professors alleges that the Census Bureau played a larger role than it has acknowledged in locating the 120,000 Japanese-Americans forcibly interned during World War II.

The bureau does not dispute these findings, but it does defend its census questions. Inquiries about race help to enforce anti-discrimination laws, it claims, and lifestyle questions help Uncle Sam develop policies on energy, transportation and people with disabilities.

KENNETH PREWITT, U.S. CENSUS BUREAU DIRECTOR: Every question on the long form is either mandated or required in -- either mandated by law specifically or is required in order to execute a given governmental policy. Every question.

ROSEN (on-camera): For all its efforts, the Census Bureau forecasts a poor return on its investment. Only 61 percent of Americans are expected to return their census forms, marking a new low.

In Washington, James Rosen, FOX NEWS.

(END VIDEOTAPE)

HUME: And we got to take a little break here, folks, but please don't go anywhere because our panel of journalists, the FOX all-stars, coming up next.

(COMMERCIAL BREAK)

BRIT HUME, HOST: A bit of analysis now from Mort Kondracke, executive editor of ``Roll Call,'' Mara Liasson, White House correspondent of National Public Radio, and joining us from our New York studios, John Fund of the editorial board of ``The Wall Street Journal.''

Let's talk a bit here about the events over the weekend in Taiwan. The man the Chinese least wanted to be elected was elected. Some trouble in Taiwan about that. But there'd been a lot of noise by the Chinese, suggesting that they wouldn't put up with this, that anybody who was

independence-minded, as this candidate seemed to be, would be a source of real trouble. What do you make, Mort?

MORT KONDRACKE, ``ROLL CALL'': Well, he has not come out and said ``Now I want -- now we want independence.'' He's willing to talk to the Chinese about reunification. That's what they were demanding. They, the Chinese, even though they were extremely bellicose in language, did not fire missiles at Taiwan, the way they did the last -- the last presidential election, necessitating our sending aircraft carriers into the Taiwan Straits. So this actually may be working out rather well, considering what might have happened. And that bodes well, I think, for Most Favored Nation status for China.

(CROSSTALK)

HUME: Just let me just -- Most Favored Nation status, as it used to be called, is now called ``normal trade relations.'' It is something that the Chinese very much want. It is pending in Congress and -- and -- and, obviously, is in some difficulty because of this recent round of diplomatic goings-on between the Chinese and the Taiwanese.

MARA LIASSON, NATIONAL PUBLIC RADIO: Right. And so far, the Clinton administration, who obviously wants this very badly, hasn't been getting any help from the Chinese. But the Chinese are in a box now. After threatening -- they practically threatened to go to war if this guy was elected. Now they're saying, ``Well, we're going to wait and see what he does. We're just going to stay calm. We want to see what his actions are, not just his words.'' And he's been pretty conciliatory, too. He's saying, you know, ``We think the fervor should die down.''

The Clinton administration is going to see what happens in the next couple of weeks. They expect this new Chinese leader to make some kind of a gesture to China for some kind of cross-strait travel or tourism, see if the Chinese accept it.

HUME: John Fund, the one thing that the Chinese have said is that any talks that would go forward of the kind that the new president there in Taiwan has asked for would have to be in the context of the ``one China'' policy. How big an obstacle is that, in your view?

JOHN FUND, ``WALL STREET JOURNAL'': Oh, I don't think so. I think President-elect Chen is going to be briefed very quickly on all of the secret negotiations that have taken place between the Taiwanese government and the Chinese over the years. And I think those negotiations will continue, even if they're not made public.

I also think that we've learned a valuable lesson here again. Whenever we've treated Taiwan like some kind of embarrassing troublemaker, the Chinese have acted like a bully. Whenever we've treated Taiwan like an equal partner, the Chinese have been, like most bullies, willing to back down and listen to reason, especially given the fact that their trade relations with us are far more important than any kind of rhetorical points against Taiwan.

HUME: Well -- but once that -- once normal trade relations are -- are -- are set, if -- assuming that that happens, do you anticipate, John, that we'll then have more trouble from the Chinese on this issue?

FUND: Depends what signal we send them. You know, if we sell the Taiwanese some -- perhaps some new, advanced weaponry or perhaps we once again extend to them the promise that we'll give them some strategic missile defense, I think the Chinese are going to have to accept that. They won't like it, but they will accept it.

KONDRACKE: I agree with that. Also, it's worth noting that the previous Taiwanese government was in favor of China's getting permanent normal trade status...

LIASSON: That's right.

KONDRACKE: ... because they want to join the WTO, the World Trade Organization, as well, which is a major point that they -- I don't think the supporters of permanent trade relations have made, that here the Taiwanese, the ostensible victim here, is on China's side.

Also, there -- you know, it does depend on what we do now. We should sell Aegis (ph) cruise -- destroyers to the Taiwanese, if there's a missile threat. There's a way of monitoring China's progress every year in Congress, if they -- if...

HUME: Congress on...

KONDRACKE: On human rights and on, you know, good behavior, by creating a kind of a mechanism like we had with Eastern Europe under the CSCE process, the old Helsinki final act negotiations, where we could actually monitor whether they were living up to their agreements or not.

LIASSON: And that might be the key to President Clinton getting WTO for China because Dick Gephardt, who is, of course, against this -- he has said he's going to sit this one out. He's not going to lobby Democrats to vote against it, but he is trying to find exactly the kind of formula that Mort mentioned, some kind of a review process so that Democrats could have their chance to, on an annual basis, criticize China at the same time...

FUND: You know, Brit, this is...

LIASSON: ... let them into the World Trade Organization.

FUND: This is fascinating. Gephardt criticized Speaker Hastert for sitting out the Kosovo vote because he called it a vote of conscience. Now he's using the exact same words to say ``I'm not going to go and take a stand and help President Clinton on one of the most important trade votes.'' It's rather bizarre that one act is an act of cowardice and one act is an act of leadership.

LIASSON: Well...

FUND: I think he's being completely inconsistent.

LIASSON: He's saying something quite different. He's saying ``I'm not going to lobby against him.'' That's what he's done in the past. He's not saying ``I'm not going to lobby for him,'' he's saying ``I'm at least not going to stab him in the back,'' which Democrats have done on trade in the past.

KONDRACKE: Dick Gephardt has one interest and one interest only. And that is...

LIASSON: Right. Being Speaker Gephardt.

KONDRACKE: ... becoming speaker of the House.

LIASSON: Yeah.

KONDRACKE: And he's telling his fellow Democrats, ``Look, on this one vote whatever way will help you get elected.''

LIASSON: Right.

HUME: Let's turn quickly to another subject. Guns and gun violence and a related question of police violence or alleged police violence or however you want to describe it in New York City has suddenly burst on us and become an issue here in the Capitol and, John, certainly an issue there in New York City.

And it is striking to me that Mayor Giuliani has been so tough in reaction to this latest shooting in New York, in which this unarmed black man was shot by a police officer over the weekend in a botched -- what appears to have been a botched sting operation of some kind. The record -- the rap sheet of the victim, if that's what he was, has been trotted out, and there's a tremendous controversy up there.

Giuliani doesn't seem to have any doubt that this is a winner for him politically. Is he right?

FUND: Oh, I think so. And you know, the Giuliani administration has not exactly been a friend of the Freedom of Information Act or public records being released. But on this case, they were...

LIASSON: Right.

FUND: ... out front immediately. They were very sensitive on this. I think they're right. I think the New York election is going to be a turn-out model. Who turns out most? Do minorities in New York City believe that Rudy Giuliani is someone who needs to be demonized and they come out in droves to vote against him? Or do the suburbs say ``New York is safe now because of Rudy Giuliani and we back him up''? I think he's probably got the better of the turn-out model on that.

LIASSON: Yeah, and it's interesting to see what the Hillary camp is doing on this issue. They haven't said much about this shooting, but they are pushing on other areas of gun control. Giuliani ended up taking a contribution from Bushmaster Firearms. On the Giuliani disclosure form, it was listed as ``Bushmaster Farms.'' Whether that was a typo or something on purpose, we don't know. But they're not concentrating on this shooting. They're concentrating...

KONDRACKE: Well, you know...

FUND: And...

KONDRACKE: Go ahead, John.

FUND: One reason that Hillary is not making a big deal of this is that the officer who did kill this gentleman happens to be Hispanic. So I suspect it might recede a little into the background.

KONDRACKE: Also, you get the sense that -- that Hillary is polling like crazy on this and can't figure out...

LIASSON: Right. Right.

KONDRACKE: ... which way the whole thing cuts. Whereas Giuliani doesn't care what the polls say.

HUME: Mara, you cover the White House. Do you get the sense that -- that Mrs. Clinton, unwilling to depend on political instincts that have let her down in the past, makes sure that she polls, focus-groups, tests before a response? Is that what seems to be happening? She doesn't seem to be...

LIASSON: Well...

HUME: ... quick to respond to things.

LIASSON: I think that what you see is you see a brand-new candidate, somebody who's never run before. I don't think you can overestimate the incredible importance of experience. She's never done this before. She doesn't trust her instincts, as you said. She has tripped herself up in the past. She's been extremely cautious, but you know what? This issue is extremely complicated, especially for her.

HUME: How -- how...

FUND: I agree with Mara. You know, Mrs. Clinton so far has shown the courage of other people's convictions, not her own. People are waiting. When will the real Hillary come out?

HUME: Well, Mort, when will the real Hillary come out?

KONDRACKE: Lord knows. Maybe today. I mean, she is speaking at an African-American church, I believe, some time, and we'll presumably hear.

HUME: On her position on this?

KONDRACKE: Yeah.

HUME: Now, we've got about 15 seconds. Real quick, who's winning in the battle between the NRA and the White House on -- and the president on guns?

LIASSON: The White House.

KONDRACKE: Oh, the White House by miles.

LIASSON: Yeah.

HUME: John?

FUND: The NRA has a million more members. It depends who votes, and I will trust the NRA members to vote.

HUME: All right, John Fund, Mort Kondracke, Mara Liasson, thanks a lot.

That's all the time we have for the panel, but stay tuned for a look at what would happen if cartoon characters ran the White House.

(COMMERCIAL BREAK)

HUME: And finally, FOX's animated sitcom ``The Simpsons'' took a fantasy look into the future lives of characters Bart and Lisa Simpson. Turns out that Lisa's become president of the United States and Bart -- well, he's just a mooching, degenerate brother of the president. Here's a look at some highlights of the Simpsons' White House.

(BEGIN VIDEO CLIP, ``THE SIMPSONS'')

"LISA SIMPSON": If I'm going to bail the country out, I'll have to raise taxes. But in my speech, I'd like to avoid calling it a painful emergency tax.

"AIDE": We could call it a ``temporary refund adjustment.''

"LISA": I love it!

"AIDE": Thirty seconds, Madam President.

"BART SIMPSON": Hey, Lisa, I need a favor.

"LISA": Not now, Bart. I'm about to speak to 100 million people. This speech could make or break my presidency.

"BART": I hear you. All I want you to do is play my demo tape in the background while you're yakking about whatever.

"LISA": That's why today I am proposing a temporary refund adjustment. Uh, this is my brother, Bart, who doesn't seem to realize this isn't the best time for his music. He's one of the people I want to help with my programs.

"BART": Hey, Lees, my music is going to make it a lot easier for America to swallow your big tax hike.

"LISA": Oh!
"MAN IN BAR": Tax hike? Hold the phone, Mabel!
"MAN IN BAR": You know I never trusted her.
"MAN IN BAR": Don't blame me! I voted for Chastity Bono.
"BART" (singing): Daylight come, and you want-a my tape...
(END VIDEO CLIP)
HUME: All right. That's SPECIAL REPORT for this time. Please come again next time, and in the meantime, stay tuned for news, fair and balanced, as always.

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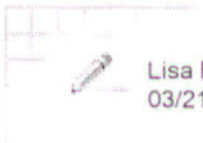

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CNN Crossfire
Aired March 20, 2000 - 7:30 p.m. ET

Are Hillary and Rudy Unfairly Using Their Political Positions to Win New York Senatorial Campaign?

MARY MATALIN, CO-HOST: Tonight, Hillary's home-court advantage. Is the first lady and the Senate candidate using the White House to boost her campaign?

ANNOUNCER: Live from Washington, CROSSFIRE. On the left, Bill Press; on the right, Mary Matalin. In the CROSSFIRE, in New York, Wayne Barrett, senior editor of the "Village Voice," and Bob McManus, editor of the "New York Post" editorial page.

DAVID CORN, CO-HOST: Good evening, welcome to CROSSFIRE. I am David Corn of "The Nation" magazine sitting in on the left for Bill Press.

Hillary and Rudy, you don't even have to say their last names. They are perhaps the most closely watched Senate candidates in U.S. history. Neither one can make a move without causing a fuss. Today, Hillary Clinton functioning in her role as first lady held a conference at the White House to call attention to the overprescription of drugs such as Ritalin for children with behavioral problems.

(BEGIN VIDEO CLIP)

HILLARY RODHAM CLINTON (D), N.Y. SEN. CANDIDATE: Some of these young people have problems that are symptoms of nothing more than childhood or adolescence. Some of them need a parent to love them or a person simply to listen to them talk about their pain, and yet, some do have severe emotional and behavioral problems that can be greatly helped by prescription drugs.

(END VIDEO CLIP)

CORN: But critics pounced on Hillary, accusing her of turning the White House into a political prop to benefit her campaign.

Rudy Giuliani's actions, too, are subject to close scrutiny, whether they are

frivolous or serious. At New York City's Inner Circle Show, Giuliani in a getup from "Saturday Night Fever" crudely alluded to President Clinton's private life. That prompted one New York columnist to call Giuliani a tasteless bully.

More seriously, Giuliani has come under assault for releasing the arrest records of an unarmed man who was shot and killed by an undercover police officer last Thursday.

The race in New York state is as tight as it can be. The most recent poll has it a dead heat. Hillary and Rudy are each political animals, but are they each playing politics and taking unfair advantage of their positions? -- Mary.

MATALIN: Thank you, David. Welcome.

And welcome back, Wayne. You're apparently the resident Hillary defender and will likely remain throughout this campaign. We appreciate your doing so and doing such a fine job.

Now, I have to say I don't join Hillary's critics today with this White House prescription drug thing. I think that's what the first lady should be doing. What concerns me more is that after leaving the White House, that bastion of democracy, she's having a town-hall meeting tonight in Harlem, which I think is wonderful. But I haven't had a chance to ask you about the reason she keeps going to Harlem, which is to suck up to Al Sharpton.

Now, Al Sharpton has been called -- not by liberals, not by me -- a professional monger of racial hatred, a career inciter of race violence. He libeled an innocent man who he said he raped a black teenager and spread feces on her. He's incited a riot over a Jewish merchant in Harlem and which resulted in the death of seven people.

Isn't there a way to show your support of the minority community in those issues in New York without kissing the ring and other parts of Al Sharpton's anatomy?

WAYNE BARRETT, SR. EDITOR, "VILLAGE VOICE": Well, Mary, is Al Sharpton going to be there? I don't think you said that. I don't know whether or not he's going to be there and certainly...

MATALIN: But she...

BARRETT: ... going to Harlem -- there's nothing wrong with going to Harlem.

MATALIN: But she -- we were running pictures, Wayne -- I am not saying that.

BARRETT: I know she has been, as has Chuck Schumer, as has Mario Cuomo, as a matter of fact, when he ran for governor, he had -- he went from the state convention to the church where Al Sharpton was giving his -- was preaching a sermon.

So, virtually every Democrat in the state has had one sort of relationship or

another with Al Sharpton. He's a powerful force in New York City politics. I don't think there's any indication she's attaching herself to Al Sharpton, who certainly has some negatives, some of which -- you went through such a long laundry list, I didn't catch them all -- but some of which I would agree are negatives.

MATALIN: OK, so you would... BARRETT: But I am saying that I don't think that there's any evidence, Mary, that he's -- she's attaching herself in some way to Al Sharpton in this campaign. I don't even know if he's going to be in Harlem when she's there tonight.

MATALIN: Let me -- well, what you maybe couldn't see, Wayne, while I was asking the question that litany was truncated, because there's so much more to say about his career of hate mongering, racial hate mongering. But -- so you're saying that guilt by association should not be a part of this campaign or any campaign, so I presume you...

BARRETT: No, I didn't say that, Mary.

MATALIN: ... also that -- disapprove -- do you disapprove the Democrats calling George W. Bush, for instance, a Pat Robertson Republican, or all of this hurrah about Bob Jones? Don't you think that...

BARRETT: No.

MATALIN: ... those sorts of guilt by association issues should be left off the table and we should just be talking about the positions of these candidates?

BARRETT: I think you raise a legitimate issue. If she was, in fact associating herself, get -- making policy decisions based on the recommendations of Al Sharpton, then that would be a legitimate issue. I don't even know whether or not he's going to be there. But I certainly don't think that Al Sharpton is calling the shots in Hillary Clinton's campaign. I don't think there's any evidence of it.

CORN: Bob...

BOB MCMANUS, EDITORIAL PAGE EDITOR, "NEW YORK POST": Yes.

CORN: Let me get you in here and let me start with a serious issue, Patrick Dorismond, 26-year-old black man shot and killed by a New York City undercover officer last Thursday night.

What happened was he was standing on a street corner minding his own business. An officer came up to him in one of these undercover sting operations, asked if he knew where you could get marijuana, he got angry, some sort of fight started, no one knows who threw the first punch. Other officers got involved, all undercover, no one wearing uniforms, a gun went off. The guy is dead. He's the son obviously of a Haitian immigrant.

He is the father of two, and how does Rudy Giuliani react to this? He doesn't say he's sorry that this is the third time in 13 months an unarmed black man has been killed by the New York City police force. Instead, he

releases the arrest records of this fellow when he was a juvenile, charges that had been dismissed, and when he was an adult he was arrested twice, each time he pled guilty to disorderly conduct. These records have nothing to do with why the police were engaged with him on Thursday night. Isn't this a tremendous abuse of office, far more serious than Filegate or even the -- Hillary using the White House as a political backdrop?

MCMANUS: Well, my understanding is the most recent report that they have released is the domestic abuse charge that his wife filed against him on February 5th or March 5th, I am not sure which. But do I think that's proper? No, I really don't. I think that it may be relevant to the case at some point in the future, but they really should not have done that.

CORN: Well, why is it Rudy Giuliani rather than dealing with the fact that his police force keeps finding themselves in this situation and black men keep finding themselves on the losing end of a police revolver -- unarmed black men -- that he resorts to this sort of smearing and demonization, what does that tell you about Rudy Giuliani? He's not really taking this problem too seriously, is he?

MCMANUS: Well, it tells you that this is a fellow who takes the cases one at a time, and this case may turn out to be another Amadou Diallo or it may turn out to be like the case that happened three weeks ago when there was a legitimate drug dealer who was trying to escape arrest with a large quantity of heroin on him, as it turned out, and there was a struggle and a gun went off and he was killed. Yes, he was unarmed, but he certainly wasn't innocent. And each case I think should be taken and judged on its own merits. This one is...

CORN: Giuliani doesn't even show any repentance or anything. It doesn't seem to concern him that these people are being killed. Do you think there should be an investigation into the release of what should be confidential privileged information?

MCMANUS: I am sure there will be an investigation of it before it's over.

CORN: Do you support it? Will "The Post" support it and write about it editorially?

MCMANUS: It would depend on the circumstances as they develop. I know that sounds like weasel words, but these are enormously complicated incidents. The police were where they were last Thursday night because there is a resurgence of drug-related gang activity on the periphery of Times Square, and this city's future right now depends upon keeping Times Square as clean and as economically viable as it is.

No sane or reasonable person is going to suggest that there should not be a police presence when gangs selling drugs show up. Is what happened to Mr. Dorismond a mistake, a tragedy, a crime? I don't know. One of the most distinguished district attorneys in New York -- rather, in the country, Robert Morganthal (ph), is investigating this. He is a man of integrity. We'll find out before it's over.

MATALIN: OK, when even Hillary is cognizant of Rudy's record, violent

crime down 50 percent, crime in general down 70 percent since he has been mayor, so she has not, as David just has, taken this loony left stand that, you know, the cops are always wrong. But what Hillary's campaign has been doing of late is attacking Rudy on guns. Let me give you his position on guns.

BARRETT: Mary, do you think it's good policing to walk up to somebody who is standing there hailing a cab and say, "Do you got some smoke you can sell me?" Do you think that's good policing? Do you expect it to be done to you?

This is a man who is coming out of a bar, hailing a cab, and the police walk up to him. He's on 37th Street. He's not in the center of Times Square. He's on 37th Street on the far west end coming out of a bar. He's a security guard heading home, never been convicted of a crime, pled guilty to disorderly conduct twice in his life, which is a violation and not a crime -- do you think it's good policing, aggressive policing -- this loony lefty view, to have a cop walk up to him and say, you...

MATALIN: Wayne, here's...

BARRETT: ... do you want to buy some -- can I buy some smoke from you?

MATALIN: He has been -- he has been arrested for possession, for drugs, for assault.

BARRETT: He has never. He has...

MATALIN: He has a criminal profile.

CORN: That's not true, Mary.

MATALIN: Excuse me, David!

CORN: That's not true.

MATALIN: What I think is good policing, because the bulk of those affronted and assaulted by crime in New York have been minorities. What I think is good policing is a reduction by 70 and 50 percent respectively of crime and violent crime.

So if you're going to pick out and exploit these cases and say that the police are already -- yes, let's go back to the days of Dinkins when you couldn't walk down the street.

BARRETT: Mary, Mary, we've had -- we've had -- we had greater reductions of crime in San Diego and Boston without these kinds of aggressive tactics that are poisoning the city and polarizing the city. We had greater reductions with far fewer police and without these tactics in other cities.

MATALIN: Well, can I just say...

BARRETT: Why do we in New York have to have these kinds of police

practices in order to reduce crime? The answer is we don't. Rudy thinks we do. MATALIN: Well, thank god you're not running and I'm not running and Hillary didn't have anything to say about this. I think she has enough sense to understand that the people appreciate they're living -- particularly minority people -- appreciate they're living in a better environment.

Now, I want to ask you about guns, because the campaign -- coordinated as it is with the national campaign -- is trying to have been -- exploit Rudy on guns. Here's his position on guns.

These gun owners have to be licensed. He's for mandatory trigger locks. He's for raising the purchase age from 18 to 21. He's for background checks. Yet this campaign has been attacking him for his position on guns. What -- is this going to be a campaign of...

BARRETT: It's wrong. It's wrong. Rudy has an unimpeachable record on gun control. When he was the associate attorney general of the United States in the Reagan administration, he differed from the Reagan administration on gun control. He has an unimpeachable record. I don't know why gun money is coming to them. Maybe they simply hate Clinton so much that they'll give gun money to -- to Rudy Giuliani. But Rudy Giuliani has an unimpeachable record on gun control.

MATALIN: Well, you know what? On -- to get Wayne to say something nice about Rudy Giuliani calls for a break, so we can all savor it. We will. We'll be back with two real New Yorkers talking about the Senate race of the century.

Stay with us on CROSSFIRE.

(COMMERCIAL BREAK)

MATALIN: Welcome back to CROSSFIRE. The first lady's unprecedented United States Senate race raises new issues every day. Hillary Rodham Clinton now has dual residence, and while she lives in New York, she still works at the White House.

Is Mrs. Clinton making history or making a mockery of the White House? Real New Yorkers weigh in. Senior editor of "The Village Voice" Wayne Barrett, and editorial page editor of the "New York Post," Bob McManus. And sitting in tonight for Bill, and equally of the loony left, David Corn of "The Nation" magazine -- David.

CORN: Excuse me if I don't say thanks for that introduction.

(LAUGHTER)

Bob McManus, let me ask you this: First, do you think it's loony to be concerned about the deaths of unarmed civilians in New York City, yes or no?

MCMANUS: No, of course not.

CORN: OK. Thank you very much. Secondly, Mary, in the first segment

said that the fellow who had been shot, Patrick Dorismond had been -- his record said that he was guilty of criminal possession of drugs. Was that true or not?

MCMANUS: I'm not sure.

CORN: Because there was possession of weapons and the case was...

MATALIN: I said gun. I said gun.

(CROSSTALK)

CORN: You said it was drugs.

MATALIN: Do you want to beat this dead horse until it's glue or do you want to move on?

CORN: You know, this guy has been demonized enough. He is dead. His two kids are without a dad. I don't think we should be involved in smearing him anymore than Rudy Giuliani already has.

Now, Bob, let me move on to another Rudy Giuliani matter here. I want to ask you if you think he fights fair.

MCMANUS: Of course he does. Of course he fights fair.

CORN: OK. Well, let me -- let me -- let me give you an example...

MCMANUS: Look who he's fighting against.

CORN: ... and then you can answer both. OK, thanks.

In a fund-raising letter he recently sent out, he said this: "Hillary Clinton believes it's OK to use taxpayer funds to subsidize religious expression so long as it involves the desecration of religious symbols." And he also said in the same letter that she was part of some elite that is waging war against America's religious heritage.

Now, do you think that's actually true?

MCMANUS: Is this a fund-raising letter we're talking about? Well, let me ask you this.

CORN: Yes, that's right, that (UNINTELLIGIBLE) signed from his Senate campaign, not independent. Is it true?

MCMANUS: Hillary Clinton has made 75 trips to New York City on government airplanes at an average cost of $20,000 a trip and has reimbursed the federal government $30,000 to $35,000. And this goes into the question of what's fair fighting on this.

Regarding the fund-raising letter, yes. I mean, this is -- this is -- you know, politics ain't bean bag, as they say.

CORN: Is -- can you give me an example of how Hillary has waged war against America's religious heritage? That's what Rudy says. MCMANUS: Well, as I said, I'm not going to defend this letter, because I frankly have never seen it. But I will tell you this. He is in a fight with people who will use every advantage that incumbency in the White House offers, marshaling -- in the process of marshaling virtually the entire federal government to bring to bear.

Most recently over the weekend, the president announces as a matter of national policy that he's adopting a proposal to create a northeast petroleum reserve that she had first raised in February a couple of months ago. The -- the secretary of housing and urban development comes in at a time when there's a heavy debate going on over -- over municipal homeless policy and announces that he's ripping $60 million out of the city budget because he doesn't like the way the mayor is running housing programs.

His wife, Kerry Kennedy Cuomo, that night explicitly endorses what he did and said this is -- this is how we're going to get Hillary into the White House or keep -- I'm sorry -- Hillary into the Senate or keep Rudy out of it. I forget which.

Just about that time, another Kennedy was announcing that the federal -- the EPA was closing in on the city's water supply, because it didn't like the way that Giuliani was monitoring it.

MATALIN: OK. Well, let's say that this is not -- the White House is not being used just on behalf of the Senate campaign, but Al Gore. But Wayne, let me ask you something, because you're a really good politician, that the issue that raised a lot of journalists' hackles and piqued their curiosity -- let me say that, not just Republican vast right-wing conspiracy members -- was the $50,000 raised by the Pak PAC, the Pakistani Americans. This was an event that was moved up, so say the organizers, to precede the president's event, or rather trip to India. And their central issue is that Pakistan be added to his itinerary and it was.

So let's just say it was sheer coincidence that they raised money for Hillary. Their central issue is that the president include Pakistan in his itinerary, he did. Let's say that's coincidence.

Don't you think as a good politician if she is saying that there was no connection she should avoid the appearance of there being a connection? What's 50 grand and a $25,000,000 raise? She could have done it after the trip.

BARRETT: It's a bad appearance, Mary, and I hope you're going to say the same this week when on March 23rd, Rudy's going to host a fund raiser where you have to pay $50,000 just to say hello to him for his soft money campaign, and it's not just going to be one $50,000 drop on the table, it's going to be many.

And I'll bet you every one of the people that comes there that has $50,000 to lay on the table for Rudy does business with the city of New York. I guarantee that every one of them will be that way. And you know what? You're supposed to spend $20,000 if you want to drink with him. I wonder

if people, because the guy is getting so surly these days, I wonder if they spend $30 not to have the drink with him, but then to still get...

MATALIN: You're not, no....

BARRETT: ... the access that they'll get at City Hall.

MATALIN: ... to answer your question, Wayne, I am not going to raise it because I am of those -- of that ilk that thinks you should be able to raise unlimited, spend unlimited amounts of money. I'm a constitutional campaign finance reformer. My question is the issue of Mrs. Clinton exploiting the White House for her race in New York. It is a problem for her.

BARRETT: I said to you, Mary, I think that the -- that she shouldn't have had the Staten Island fund raiser where she raised 50, and she -- and it does create the bad appearance.

I have got to remind you, though, that last year, 1998, 1999, Rudy was at war with Pakistani taxi drivers, with Pakistani street vendors. Most of the cab drivers in New York are Pakistanis these days. I'll bet you there's a natural anti-Rudy constituency. He blocked all the tunnels, he blocked all the bridges so that these taxi drivers couldn't make it into the city.

MATALIN: There is so...

MCMANUS: They'll come out and vote for him just to get him out of the city and...

MATALIN: All right, guys. We will -- you will both be back. This race is not going away. It's as exciting as anything we've seen across the country. Thank you so much for joining us. The "Village Voice" and the "New York Post" proudly represented by their senior editors there.

When we come back in a very short minute here, David Corn of the "loony left" and I will be back to assess once again this race of the century.

(COMMERCIAL BREAK)

MATALIN: You know, David, I was really moved by your passionate defense of this tragic shooting. But the allegation that either I or Rudy Giuliani are desecrating a member -- the memory of this guy is such a typical and despicable tactic of the left.

CORN: That's exactly what's happening.

MATALIN: I don't see you being moved when...

CORN: That's exactly what's happening.

MATALIN: ... Rudy Giuliani and the cops in New York...

CORN: He's releasing information.

MATALIN: ... let me finish -- are being called racist and bigots and they're

motivated by bigotry, I don't see the people on the left...

CORN: They -- That's exactly...

MATALIN: ... getting all gassed up about that kind of desecration.

CORN: This was an innocent man who was killed for no good reason, and they're putting out slanderous information about him, and you're participating in it tonight.

MATALIN: No, I am not participating in it. I want to hear some of the same kind of passion when the cops who are saving lives are called racists and bigots.

CORN: I want to hear you say some sympathy for this guy or rather than just name call.

MATALIN: I didn't call him names. His record is that he was arrested.

CORN: You say he supports the "looney left" of concerns.

MATALIN: No, I called you a member of the "loony left" not for that concern, but for your leftist socialist archaic ideas.

CORN: Which came up all on stage tonight, right?

Sitting in on the left, I am David Corn, good night for CROSSFIRE.

MATALIN: And from the right, I am Mary Matalin. Join us again tomorrow night for another edition of CROSSFIRE.

END

Message Sent To:_____

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03/21/2000 09:39:47 AM

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cc:
Subject: CNN Inside Politics, March 20, 2000

CNN Inside Politics
Aired March 20, 2000 - 5:00 p.m. ET

John McCain Returns to the Senate; General Election Cash Starts Flowing Early; Bush and Gore Battle Over School Reform

(BEGIN VIDEO CLIP)

SEN. JOHN MCCAIN (R-AZ), FORMER PRESIDENTIAL CANDIDATE: Feels good, it's nice to be back at work and good -- looking forward to seeing all of my friends in the Senate.

(END VIDEO CLIP)

JUDY WOODRUFF, CNN ANCHOR: John McCain reconnects with his Senate colleagues hoping he has new power to sway them on campaign finance reform.

How much cash did George W. Bush and Al Gore have to spend as they launch their general election battle? We'll update the numbers.

And...

(BEGIN VIDEO CLIP)

BRUCE MORTON, CNN CORRESPONDENT (voice-over): Education in recent years has been an issue that helped Democrats. Can Bush change that?

(END VIDEO CLIP)

WOODRUFF: Bruce Morton on Bush and Gore going tit for tat on school reform.

ANNOUNCER: From Washington, this is INSIDE POLITICS, with Bernard Shaw and Judy Woodruff.

WOODRUFF: Thank you for joining us. Bernie is off today.

A shot rang out today inside the house where a murder suspect is believed to be holding three people hostage near Baltimore, Maryland. Police say they do not know if anyone was hurt. They have identified the hostage taker as Joseph Palczynski, who is wanted in four killings. The standoff began last Friday night. Alaska Airlines' CEO John Kelly says that the FAA plans a white glove audit of the airline. He says that he will hire a vice president of safety. A hotline is being established so that employees can report safety concerns directly to his office, and he is bringing in outside experts to review operations.

(BEGIN VIDEO CLIP)

JOHN KELLY, CEO, ALASKA AIRLINES: Because of the intense scrutiny that we're under and because people perhaps say, well, you're investigating yourselves, we're saying, fine. We'll ask an outside entity to come in. I will be interviewing those individuals and establishing that team this week.

(END VIDEO CLIP)

WOODRUFF: No criminal wrongdoing has been established in connection with the January crash that killed 88 people.

More and more often, very young children are being given drugs like Ritalin and Prozac. Today, first lady Hillary Rodham Clinton announced a government effort to find out why.

CNN's medical correspondent Eileen O'Connor reports.

(BEGIN VIDEOTAPE)

EILEEN O'CONNOR, CNN MEDICAL CORRESPONDENT (voice-over): The first lady decided to call a meeting of administration officials, physicians, parenting groups, teachers and counselors to discuss the use of psychiatric medications to treat young children.

A recent study published in the "Journal of the American Medical Association" showed the use of anti-depressants has increased 220 percent in the last five years in children under 7. The use of Ritalin among children 2 to 4 to treat attention deficit disorder has doubled in the same period. The first lady wants to know: are these drugs being used appropriately, and should more research into alternative therapies be done?

HILLARY RODHAM CLINTON, FIRST LADY: Some of them need a parent to love them or a person simply to listen to them talk about their pain, and yet some do have severe emotional and behavioral problems that can be greatly helped by prescription drugs.

O'CONNOR: The administration announced an initiative to conduct research and develop better labeling of these drugs for proper pediatric doses, dedicate $5 million to research on attention deficit disorder and the use of Ritalin, particularly among preschoolers, distribute a fact sheet for parents on the diagnosis and treatments available for children with emotional and behavioral conditions.

(on camera): A conference this fall is planned to review the results of this research and to look at alternative or complimentary therapies that can be used.

Eileen O'Connor, CNN, the White House.

(END VIDEOTAPE)

WOODRUFF: Two suspects are in custody in the theft of 55 Oscar statuettes which were found last night in a trash bin near Los Angeles. Police say the two men were employees of Roadway Express, the shipping company delivering the Oscars. They were arrested Saturday and are being held under $100,000 bond. We're glad those were found.

When INSIDE POLITICS returns, Congress as an election year battleground. An update on some of the hot races.

(COMMERCIAL BREAK)

WOODRUFF: In the New York Senate race, Hillary Clinton's campaign took new shots today at GOP rival Rudy Giuliani, saying the mayor should break his ties to NRA President Charlton Heston and his friends in the gun industry, this as Giuliani deals with a new police shooting controversy that complicated his busy weekend on the campaign trail.

(BEGIN VIDEOTAPE)

WOODRUFF (voice-over): By the time he marched in Buffalo's St. Patrick's Day parade this weekend, Rudy Giuliani had visited five upstate counties in two days.

CROWD: Rudy! Rudy! Rudy!

WOODRUFF: The mayor in his first full-fledged campaign trip of the year tried to convince voters he would make a good U.S. senator.

GIULIANI: And I would do for the people in central New York with the same dedication and the same commitment the kind of thing I'm doing for the people in New York City.

WOODRUFF: The city has twice elected Giuliani mayor, but in a statewide race, the Republican base is to the north.

GIULIANI: First time I came to Syracuse was in 1970, not today to run for the Senate.

WOODRUFF: Giuliani tells New Yorkers who don't know him that well, the main differences between him and Hillary Clinton are his roots and his resume.

GIULIANI: In this particular race, I'm the person with the record. First of all, I'm the New Yorker; she's not. I've held public office; she hasn't. I've held public office in New York; she hasn't.

WOODRUFF: Mrs. Clinton has traveled to central and upstate New York more than a dozen times since last summer.

Despite his new focus on this region, problems of the city followed Giuliani upstate, namely the shooting last Thursday of an unarmed black man by police, the third such incident in 13 months.

Patrick Dorismond, a 26-year-old security guard, was killed by an undercover officer during a scuffle. Giuliani questioned the victim's behavior and made his police record public.

GIULIANI: I'll tell you his record: attempted robbery, robbery, assault, disorderly conduct, sale of drugs.

WOODRUFF: Some New York leaders were outraged.

REP. CHARLES RANGEL (D), NEW YORK: The idea that the police chief would demonize the victim by putting out information is tantamount of calling a rape victim a whore without having any evidence to support it.

(END VIDEOTAPE)

WOODRUFF: In her only comment on Dorismond's death, Mrs. Clinton said Friday that she is concerned about another police shooting and she is waiting to see the results of the investigation.

More now on the New York Senate race and other key congressional contests. We are joined by Stuart Rothenberg of "The Rothenberg Political Report" and Charlie Cook of "The National Journal."

WOODRUFF: Charlie, to you first on this New York Senate race: How is it shaping up?

CHARLIE COOK, "NATIONAL JOURNAL": Well, it's funny. Mrs. Clinton has not had a very good year. She's underperforming where Democrats ought to be. But depending upon the polls, she's one to six points behind.

This is going to be a very, very close race. I think you can expect some Democrats to sort of come home. She's doing worse than she should in the suburbs. She's doing a little better than Democrats normally do upstate. And obviously, Giuliani is doing much better than Republicans normally do in the city. But it adds up to a very close race.

WOODRUFF: Why isn't a typical Democrat-Republican face-off?

STUART ROTHENBERG, "ROTHENBERG POLITICAL REPORT": : Well, I think more or less it is. The fact of the matter is for all of this talk about Giuliani being the New Yorker, he's going to get hammered in the city. And if he wins the election, it's on Long Island, people who left New York City for Nassau and Suffolk or Westchester. And he'll do better in upstate New York.

You know, the Democrats think Mrs. Clinton can exceed expectations up there, and maybe she can. I think there is a built-in resistance to a New York City candidate. On the other hand, a New York City Republican is a little unusual.

I think the people upstate can probably swallow the mayor before they'll swallow Mrs. Clinton. COOK: I don't know. But for Giuliani, though, he does better in the city than Republicans normally do, and so he picks up some there. He picks up a lot of ground in the suburbs. But you know, the polls so far show that she actually does better than Democrats normally do upstate.

WOODRUFF: So she has to make up for that (UNINTELLIGIBLE). Well, look, I mean, what's the difference? Arkansas, Illinois, New York City, they don't like any of them.

ROTHENBERG: You know, I think the key is -- the key is not Charlie Rangel. I mean, he can get on there and we can focus on his complaints about how the mayor's behavior or insensitivity. But the key here is white Democrats, white women: to what extent are they turned off by events like this and the mayor's apparent insensitivity, what they would say is insensitivity. That's the question. It's not Charlie Rangel that's at issue here.

WOODRUFF: All right. Let me turn you to a neighboring state. In the New Jersey Senate race, aides to Democrat John Corzine say that he is spending more than $800,000 a week on ads in his primary battle with former Governor Jim Florio. Now, here's a sample of one of those spots running all across New Jersey.

(BEGIN VIDEO CLIP, CORZINE CAMPAIGN AD)

NARRATOR: Universal access to quality education, from pre-school to a college degree, an end to racial profiling, the beginning of real investment in our inner cities.

The special interests can't buy him. The old politics won't hold him back.

Bold ideas, new answers. John Corzine, Democrat for Senate.

(END VIDEO CLIP)

WOODRUFF: All right, Charlie, are those ads going to make a difference?

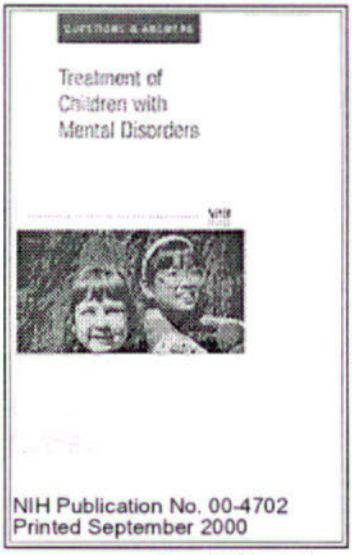
COOK: $800,000 a week is a lot of television, and this is -- you know, I think the question -- I mean, can you -- does John Corzine make a mistake between now and then? I mean, up against Jim Florio. Florio is still fairly popular within the Democratic Party, but carrying a lot of baggage from raising taxes when he was governor. Corzine spending a lot of money. If Corzine doesn't trip up, I think he wins the nomination. But most importantly, this will be a test of the Stu Rothenberg theory of facial hair.

WOODRUFF: Which is?

COOK: That you can't win -- you can't win election to the U.S. Senate if

NIMH National Institute of Mental Health

Treatment of Children with Mental Disorders



A Note to Parents

There has been public concern over reports that very young children are being prescribed psychotropic medications. The studies to date are incomplete, and much more needs to be learned about young children who are treated with medications for all kinds of illnesses. In the field of mental health, new studies are needed to tell us what the best treatments are for children with emotional and behavioral disturbances.

Children are in a state of rapid change and growth during their developmental years. Diagnosis and treatment of mental disorders must be viewed with these changes in mind. While some problems are short-lived and don't need treatment, others are persistent and very serious, and parents should seek professional help for their children.

Not long ago, it was thought that many brain disorders such as anxiety disorders, depression, and bipolar disorder began only after childhood. We now know they can begin in early childhood. An estimated 1 in 10 children and adolescents in the United States suffers from mental illness severe enough to cause some level of impairment. Fewer than 1 in 5 of these ill children receives treatment. Perhaps the most studied, diagnosed, and treated childhood-onset mental disorder is attention deficit hyperactivity disorder (ADHD), but even with this disorder there is a need for further research in very young children.

This booklet contains answers to frequently asked questions regarding treatment of children with mental disorders.

Questions and Answers

Q: What should I do if I am concerned about mental, behavioral, or emotional symptoms in my young child?

A: Talk to your child's doctor. Ask questions and find out everything you can about the behavior or symptoms that worry you. Every child is different and even normal development varies from child to child. Sensory processing, language, and motor skills are developing during early childhood, as well as the ability to relate to parents and to socialize with caregivers and other children. If your child is in daycare or preschool, ask the caretaker or teacher if your child has been showing any worrisome changes in behavior, and discuss this with your child's doctor.

Q: How do I know if my child's problems are serious?

A: Many everyday stresses cause changes in behavior. The birth of a sibling may cause a child to temporarily act much younger. It is important to recognize such behavior changes, but also to differentiate them from signs of more serious problems. Problems deserve attention when they are severe, persistent, and impact on daily activities. Seek help for your child if you observe problems such as changes in appetite or sleep, social withdrawal, or fearfulness; behavior that seems to slip back to an earlier phase such as bedwetting; signs of distress such as sadness or tearfulness; self-destructive behavior such as head banging; or a tendency to have frequent injuries. In addition, it is essential to review the development of your child, any important medical problem he/she might have had, family history of mental disorders, and physical and psychological traumas or situations that may cause stress.

Q: Whom should I consult to help my child?

A: First, consult your child's doctor. Ask for a complete health examination of your child. Describe the behaviors that worry you. Ask whether your child needs further evaluation by a specialist in child behavioral problems. Such specialists may include psychiatrists, psychologists, social workers, and behavioral

therapists. Educators may also be needed to help your child.

Q: How are mental disorders diagnosed in young children?

A: Similar to adults, disorders are diagnosed by observing signs and symptoms. A skilled professional will consider these signs and symptoms in the context of the child's developmental level, social and physical environment, and reports from parents and other caretakers or teachers, and an assessment will be made according to criteria established by experts. Very young children often cannot express their thoughts and feelings, which makes diagnosis a challenging task. The signs of a mental disorder in a young child may be quite different from those of an older child or an adult.

Q: Won't my child get better with time?

A: Sometimes yes, but in other cases children need professional help. Problems that are severe, persistent, and impact on daily activities should be brought to the attention of the child's doctor. Great care should be taken to help a child who is suffering, because mental, behavioral, or emotional disorders can affect the way the child grows up.

Q: Which mental disorders are seen in children?

A: Mental disorders with possible onset in childhood include: anxiety disorders; attention deficit and disruptive behavior disorders; autism and other pervasive developmental disorders; eating disorders (e.g., anorexia nervosa), mood disorders (e.g., major depression, bipolar disorder); schizophrenia; and tic disorders. Under some circumstances, bedwetting and soiling may be symptoms of a mental disorder.

Q: Are there situations in which it is advisable to use psychotropic medications in young children?

A: Psychotropic medications may be prescribed for young children with mental, behavioral, or emotional symptoms when the potential benefits of treatment outweigh the risks. Some problems are so severe and persistent that they would have serious negative consequences for the child if untreated, and psychosocial interventions may not always be effective by themselves. The safety and efficacy of most psychotropic medications have not yet been studied in young children. As a parent, you will want to ask many questions and evaluate with your doctor the risks of starting and continuing your child on these medications. Learn everything you can about the medications prescribed for your child, including potential side effects. Learn which side effects are tolerable and which ones are threatening. In addition, learn and keep in mind the goals of a particular treatment (e.g., change in specific behaviors). Combining multiple psychotropic medications should be avoided in very young children unless absolutely necessary.

Q: Does medication affect young children differently from older children or adults?

A: Yes. Young children's bodies handle medications differently than older individuals and this has implications for dosage. The brains of young children are in a state of very rapid development, and animal studies have shown that the developing neurotransmitter systems can be very sensitive to medications. A great deal of research is still needed to determine the effects and benefits of medications in children of all ages. Yet it is important to remember that serious untreated mental disorders themselves negatively impact brain development.

Q: If my preschool child receives a diagnosis of a mental disorder, does this mean that medications have to be used?

A: No. Psychotropic medications are not generally the first option for a preschool child with a mental disorder. The first goal is to understand the factors that may be contributing to the condition. The child's own physical and emotional state is key, but many other factors such as parental stress or a changing family environment may influence the child's symptoms. Certain psychosocial treatments may be as effective as medication.

Q: How should medication be included in an overall treatment plan?

A: When medication is used, it should not be the only strategy. There are other services that you may want to investigate for your child. Family support services, educational classes, behavior management techniques, as well as family therapy and other approaches should be considered. If medication is prescribed, it should be monitored and evaluated regularly.

Q: What medications are used for which kinds of childhood mental disorders?

A: There are several major categories of psychotropic medications: stimulants, antidepressants, antianxiety agents, antipsychotics, and mood stabilizers. For medications approved by the U.S. Food and Drug Administration (FDA) for use in children, dosages depend on body weight and age. The medications chart in this booklet shows the most commonly prescribed medications for children with mood or anxiety disorders.

*Stimulant Medications:*There are four stimulant medications that are approved for use in the treatment of attention deficit hyperactivity disorder (ADHD), the most common behavioral disorder of childhood. These medications have all been extensively studied and are specifically labeled for pediatric use. Children with ADHD exhibit such symptoms as short attention span, excessive activity, and impulsivity that cause substantial impairment in functioning. Stimulant medication should be prescribed only after a careful evaluation to establish the diagnosis of ADHD and to rule out other disorders or conditions. Medication treatment should be administered and monitored in the context of the overall needs of the child and family, and consideration should be given to combining it with behavioral therapy. If the child is of school age, collaboration with teachers is essential.

Antidepressant and Antianxiety Medications: These medications follow the stimulant medications in prevalence among children and adolescents. They are used for depression, a disorder recognized only in the last twenty years as a problem for children, and for anxiety disorders, including obsessive-compulsive disorder (OCD). The medications most widely prescribed for these disorders are the selective serotonin reuptake inhibitors (the SSRIs).

In the human brain, there are many "neurotransmitters" that affect the way we think, feel, and act. Three of these neurotransmitters that antidepressants influence are serotonin, dopamine, and norepinephrine. SSRIs affect mainly serotonin and have been found to be effective in treating depression and anxiety without as many side effects as some older antidepressants.

Antipsychotic Medications: These medications are used to treat children with schizophrenia, bipolar disorder, autism, Tourette's syndrome, and severe conduct disorders. Some of the older antipsychotic medications have specific indications and dose guidelines for children. Some of the newer "atypical" antipsychotics, which have fewer side effects, are also being used for children. Such use requires close monitoring for side effects.

Mood Stabilizing Medications: These medications are used to treat bipolar disorder (manic-depressive illness). However, because there is very limited data on the safety and efficacy of most mood stabilizers in youth, treatment of children and adolescents is based mainly on experience with adults. The most typically used mood stabilizers are lithium and valproate (Depakote®), which are often very effective for controlling mania and preventing recurrences of manic and depressive episodes in adults. Research on the effectiveness of these and other medications in children and adolescents with bipolar disorder is ongoing. In addition, studies are investigating various forms of psychotherapy, including cognitive-behavioral therapy, to complement medication treatment for this illness in young people.

Effective treatment depends on appropriate diagnosis of bipolar disorder in children and adolescents. There is some evidence that using antidepressant medication to treat depression in a person who has bipolar disorder may induce manic symptoms if it is taken without a mood stabilizer. In addition, using stimulant medications to treat co-occurring ADHD or ADHD-like symptoms in a child with bipolar disorder may worsen manic symptoms. While it can be hard to determine which young patients will become manic, there is a greater likelihood among children and adolescents who have a family history of bipolar disorder. If manic symptoms develop or markedly worsen during antidepressant or stimulant use, a physician should be consulted immediately, and diagnosis and treatment for bipolar disorder should be considered.

Q: What difference does it make if a medication is specifically approved for use in children or not?

A: Approval of a medication by the U.S. Food and Drug Administration (FDA) means that adequate data have been provided to the FDA by the drug manufacturer to show safety and efficacy for a particular therapy in a particular population. Based on the data, a label indication for the drug is established that includes proper dosage, potential side effects, and approved age. Doctors prescribe medications as they feel appropriate even if those uses are not included in the labeling. Although in some cases there is extensive clinical experience in using medications for children or adolescents, in many cases there is not. Everyone agrees that more studies in children are needed if we are to know the appropriate dosages, how a drug works in children, and what effects there are on learning and development.

Q: What does "off-label" use of a medication mean?

A: Many medications that are on the market have not been officially approved by the FDA for use in children. Treatment of children with these medications is called "off-label" use. For some medications, the off-label use is supported by data from well-conducted studies in children. For instance, some antidepressant medications have been shown to be effective in children and adolescents with depression. For other medications, there are no controlled studies in children, but only isolated clinical reports. In particular, the use of psychotropic medications in preschoolers has not been adequately studied and must be considered very carefully by balancing severity of symptoms, degree of impairment, and potential benefits and risks of treatment.

Q: Why haven't many medications been tested in children?

A: In the past, medications were not studied in children because of ethical concerns about involving children in clinical trials. However, this created a new problem: lack of knowledge about the best treatments for children. In clinical settings where children are suffering from mental or behavioral disorders, medications are being prescribed at increasingly early ages. The FDA has been urging that products be appropriately studied in children and has offered incentives to drug manufacturers to carry out such testing. The NIH and the FDA are examining the issue of medication research in children and are developing new research approaches.

Q: Does the FDA approve medications for different age groups among children?

A: Yes. However, this is based on the data provided to the FDA by the drug manufacturer and the policies in effect at the time of approval. For example, Ritalin® is approved for children age 6 and older, whereas Dexedrine® is approved for children as young as 3. When Ritalin® was tested for efficacy by its manufacturer, only children age 6 and above were involved; therefore, age 6 was approved as the lower age limit for Ritalin®.

Q: Can events such as a death in the family, illness in a parent, onset of poverty, or divorce cause symptoms?

A: Yes. When a tragedy occurs or some extreme stress hits, every member of a family is affected, even the youngest ones. This should also be considered when evaluating mental, emotional, or behavioral symptoms in a child.

Stimulant Medications

Brand Name	Generic Name	Approved Age
Adderall	amphetamines	3 and older
Concerta	methylphenidate	6 and older
Cylert*	pemoline	6 and older
Dexedrine	dextroamphetamine	3 and older
Dextrostat	dextroamphetamine	3 and older
Ritalin	methylphenidate	6 and older

** Due to its potential for serious side effects affecting the liver, Cylert should not ordinarily be considered as first line drug therapy for ADHD.*

Antidepressant and Antianxiety Medications

Brand Name	Generic Name	Approved Age
Anafranil	clomipramine	10 and older (for OCD)
BuSpar	buspirone	18 and older
Effexor	venlafaxine	18 and older
Luvox (SSRI)	fluvoxamine	8 and older (for OCD)
Paxil (SSRI)	paroxetine	18 and older
Prozac (SSRI)	fluoxetine	18 and older
Serzone (SSRI)	nefazodone	18 and older
Sinequan	doxepin	12 and older
Tofranil	imipramine	6 and older (for bedwetting)
Wellbutrin	bupropion	18 and older
Zoloft (SSRI)	sertraline	6 and older (for OCD)

Antipsychotic Medications

Brand Name	Generic Name	Approved Age
Clozaril (atypical)	clozapine	18 and older
Haldol	haloperidol	3 and older
Risperdal (atypical)	risperidone	18 and older
Seroquel (atypical)	quetiapine	18 and older
(generic only)	thioridazine	2 and older
Zyprexa (atypical)	olanzapine	18 and older
Orap	pimozide	12 and older (for Tourette's syndrome). Data for age 2 and older indicate similar safety profile.

Mood Stabilizing Medications

Brand Name	Generic Name	Approved Age
Cibalith-S	lithium citrate	12 and older
Depakote	divalproex sodium	2 and older (for seizures)
Eskalith	lithium carbonate	12 and older

Lithobid	lithium carbonate	12 and older
Tegretol	carbamazepine	any age (for seizures)

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For More Information on Mental Disorders in Children, Contact:
Office of Communications and Public Liaison, NIMH
Information Resources and Inquiries Branch
6001 Executive Blvd., Room 8184, MSC 9663
Bethesda, MD 20892-9663
Phone: 301-443-4513
TTY: 301-443-8431
FAX: 301-443-4279
Mental Health FAX 4U: 301-443-5158
E-mail: **nimhinfo@nih.gov**
NIMH home page address: **http://www.nimh.nih.gov**

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NIMH Public Inquiries
6001 Executive Boulevard, Rm. 8184, MSC 9663
Bethesda, MD 20892-9663 U.S.A.
Voice (301) 443-4513; Fax (301) 443-4279

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