

**FIRST LADY HILLARY RODHAM CLINTON
REMARKS FOR NATIONAL BREAST CANCER COALITION
SECOND ANNUAL GALA
NEW YORK, NEW YORK
OCTOBER 26, 1995**

[Acknowledgements: Patricia Duff and Ron Perelman, event co-chairs; Monte and Susan Hurowitz, dinner co-chairs; Paula Zahn; Rosalind Donovan, Mary Elliot, and Elaine Hill, honorees]

Good Evening. I am very happy to be here tonight, surrounded by so many people who have dedicated their time, energy and resources to the fight against breast cancer. I want you to know I bring the heartfelt thanks of the President, who believes the prevalence of breast cancer is one of the most important health issues facing women and families today.

I'd like to thank Dr. Susan Love for her pioneering work in breast cancer treatment and prevention. Under her tutelage, a generation of medical students has learned how best to take care of its breast cancer patients. We also owe a great deal to her for her extensive efforts to educate the public about this disease.

And we all owe special thanks to Fran Visco for the courage and commitment she has brought to this battle against breast cancer. She is the heart and soul of the National Breast Cancer Coalition. During the several years

I've known her, I've seen first-hand the energy and passion she dedicates to this cause.

She has been able to take a very important issue and present it in ways that can move both average citizens and elected officials to action. Thank-you so much, Fran, for all your hard work.

Tonight, the National Breast Cancer Coalition celebrates five years of work to enhance the health of women and families.

I include families because women are not the only victims of this disease. Behind each of the 2.6 million women living with breast cancer are relatives and friends who have spent many distracted days and sleepless nights worrying over and caring for people they love.

Breast cancer has robbed young children of beloved mothers and grandmothers, husbands of adored wives, and mothers and fathers of their cherished daughters. It is hard to find a family - or a workplace, neighborhood, church group or social club - that has not been touched by breast cancer.

As many of you know, my mother-in-law, Virginia Kelley died last year after a four year struggle with the disease. The mother of one of my best friends was diagnosed a few months ago. Another friend just told me that his sister --only 41 years old -- has found a lump in her breast as well. A volunteer in my office is now undergoing her fifth chemotherapy treatment.

By now, most of us know the frightening statistics by heart: We all know how every three minutes, a woman is diagnosed with breast cancer, how one out of every eight women in America will be diagnosed with breast cancer at some point during her life, and how every 12 minutes, a woman dies of breast cancer.

More than 180,000 women, women of all sizes and shapes and ethnic backgrounds from every region of our country will be diagnosed this year. Some 46,000 women will die of breast cancer this year.

Until recently, breast cancer had been on the back burner of medical research.

But we are making progress. And that progress must continue. In the

four short years since the founding of the National Breast Cancer Coalition, government funding for breast cancer research has increased from \$90 million to \$600 million today. The funding addresses breast cancer on all fronts, from research into the causes of breast cancer, its genetic roots and environmental causes, to the improvement of mammogram technology, to the development of innovative treatments and prevention strategies.

Government cannot fight this disease alone. Private support and funding are critical to keeping both advanced breast cancer research and public outreach efforts on track. Every dollar you donate to breast cancer research, prevention and treatment will help bring us years closer to the final eradication of the disease.

Those of you who are members of the National Breast Cancer Coalition have shown the nation what committed, grassroots activism and teamwork can accomplish. By your outspokenness and persistent lobbying, you have raised breast cancer awareness not only among government officials and budding young scientists seeking fields of research, but also among the general public.

Without the coalition, there might not have been a National Action Plan

on Breast Cancer, which the Administration set into motion in 1993 and that is being implemented through the Public Health Service's Office on Women's Health.

This plan, formulated by 150 consumers, clinicians, scientists, government officials and other experts represents a solid step toward strengthening knowledge, resources, and commitment for the prevention, diagnosis and treatment of breast cancer.

Most of all it is a public/private partnership, the coordination of the efforts of both government and private industry in combatting this deadly disease.

I want to thank especially Dr. Susan Blumenthal, deputy assistant secretary for Women's Health and assistant surgeon general, and Fran Visco for their leadership in this project.

I can't tell you how important their -- and your -- efforts are. Over the past year, I have met with breast cancer survivors and other women across the country and seen first hand the hope your efforts bring to their lives.

One of the most gratifying letters I've received in recent months came from a Virginia woman who got a mammogram as a result of the breast cancer awareness program the Administration launched on Mother's Day. Her screening found two malignant tumors before they could spread to other parts of her body.

In the absence of a cure for breast cancer, mammograms are one of the most important tools we have now to help us live longer and happier lives. Yet so many women neglect to sit for the very tests that have been crucial to catching tumors early, while they are still treatable. I was shocked to learn that while Medicare covers most of the cost of annual mammogram, less than 40 percent of eligible women use that benefit.

During my conversations with women throughout America about their attitudes toward breast cancer, I tried to find out why they were avoiding these tests.

Many women told me they were reluctant to get screened because they were afraid the procedure would be painful or embarrassing. Others didn't realize that the test is covered under Medicare. Some women lack insurance

coverage or the funds to pay for the test. Still others have never been told by their doctors that a mammogram is one of the most effective ways of detecting malignant breast lumps. Some women have even told me they didn't want to find out if they were sick because they believed there was little they could do about it.

Finally, many women are so busy taking care of their families that they forget to take care of their own health.

So, we as a nation still have a great deal of outreach and education to do in regards to the prevention and detection of breast cancer. Not only do we have to battle the cancer itself, but we also have to battle the fear of the disease. As one doctor I met once said, "Awareness is human lives that need not be lost."

We need to spread the word, especially to our minority communities where death rates from the disease are higher, that mammograms are one of the most important things a woman can do to ensure not only her own health but that of her family as well.

As the volunteer in my office often reminds us, the discomfort of a mammogram is less painful than not being able to watch a child or grandchild graduate from college or get married.

If we continue our efforts in research, education and treatment, if we take better care of ourselves, then being diagnosed with cancer does not have to be an automatic death sentence.

The three brave women we honor here tonight are proof of that.

If we care about breast cancer, then we must also be very concerned about the budget debate going on in Congress even as we speak. Proposed cuts in Medicare could jeopardize the very progress in breast cancer prevention and treatment we have fought so hard to achieve. We just don't know whether, under these cuts, mammograms will be as available to older women as they are under the current the Medicare program.

And if we care about women's health in general, we must also concern ourselves with the proposed cuts in Medicaid. These cuts could threaten the preventive health services so many poor and working women depend on.

We can't move in the wrong direction.

I support and urge you to continue your good work, to remind Americans that breast cancer is not just a faceless disease, nor is it just a woman's disease, but rather a family disease and a national epidemic that must be addressed.

The President and I will do everything we can to assist you in your endeavors and to make sure that one day, perhaps even in our lifetimes, your Coalition will be able to disband, having declared victory against breast cancer.

Thank you.

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TO: LISSA MUSCATINE

BOLD = Blumenthal's changes.

js/draft

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[note: according the schedule, Fran Visco, not Susan Love is introducing HRC]

I'd like to thank Susan Love for being one of our country's most effective and outspoken breast cancer activists. We owe a great deal to her for her extensive efforts to educate the public about the disease, .

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"Awareness is human lives that need not be lost." (Blumenthal said she doesn't think it reads right. I think it's okay. JS)

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The three brave women we honor here tonight are proof of that.

If we care about breast cancer and women's health, then we must also be very concerned about the budget debate going on in Congress even as we speak. Proposed cuts in Medicare and Medicaid could jeopardize the very progress in breast cancer prevention and treatment we have fought so hard to achieve.

These cuts could even threaten women's lives. Less Medicare funding might mean a higher deductible or even the elimination of the mammogram screenings Medicare currently provides older women. Less Medicaid funding might also mean that poor, uninsured women who find suspicious lumps in their breasts might have to postpone treatment until it is too late.

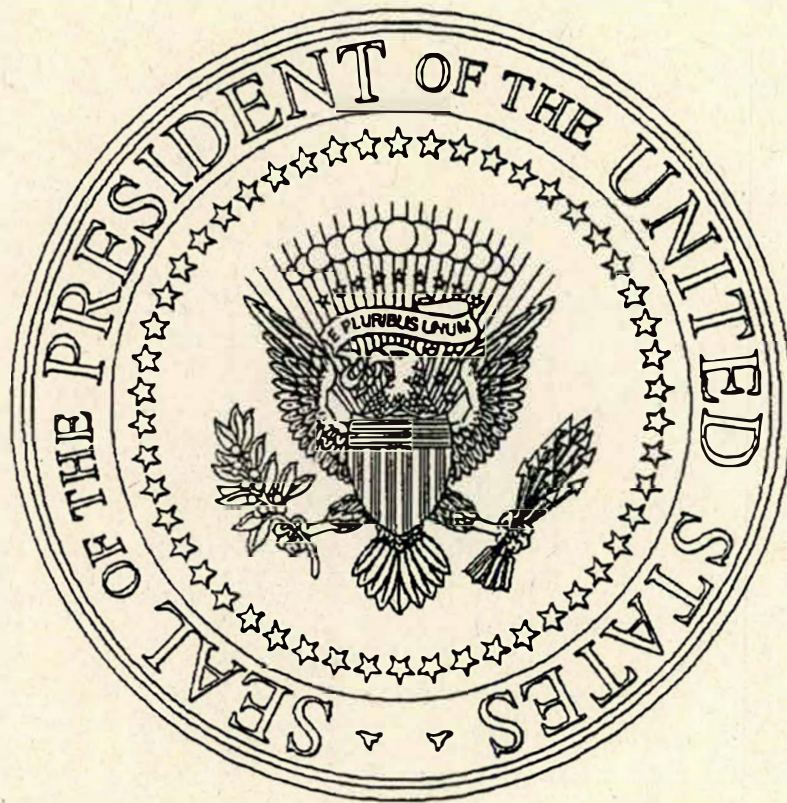
I hope each of you will monitor this debate closely and make your views known to Congress.

I support and urge you to continue your good work, to remind Americans that breast cancer is not just a faceless disease, nor is it just a woman's disease, but rather a family disease and a national epidemic that must be addressed.

The President and I will do everything we can to assist you in your endeavors and to make sure that one day, perhaps even in our lifetimes, your Coalition will be able to disband, having declared victory against breast cancer.

Thank you.

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The Schedule of the First Lady for Oct 26, 1995

Number of pages
including cover: _____

If there are problems with this transmission, call the
Scheduling Office at 456-7560

SCHEDULE FOR HILLARY RODHAM CLINTON
THURSDAY, OCTOBER 26, 1995
FINAL

LEAD ADVANCE: KARA MCGUIRE
WALDORF HOTEL RM: 2322
212-355-3000 HOTEL
202-494-9730 CELL
212-872-7272 FAX
WHCA PAGER #5010

SITE ADVANCE: PAT HALLEY
REBECCA MCKENZIE

PRESS LEAD: TODD FINGER

SCHEDULER: LISA VILLAREAL
202-456-5315 OFFICE
202-456-5340 FAX
703-931-2483 HOME
WHCA PAGER #4755

PREV RON The White House

HAPPY BIRTHDAY!!!!

4:00 pm-
4:10 pm

DROP-BY w/ John Baldwin & Guests
Diplomatic Reception Room
CLOSED PRESS

PARTICIPANTS:

- Marilyn Gibson, spouse of John Baldwin
- Mark Milam, School Board President,
Hamilton Terrace Learning Center (HTLC)
- Jim Foster, Superintendent, HTLC
- Cathy Seymour, Assistant, HTLC
- Melissa Welbourne, Teacher/Staff
Developer, HTLC
- Kay Law, HTLC

4:15 pm-
4:45 pm

DROP-BY
Rose Garden
CLOSED PRESS

4:45 pm

DEPART South Portico
EN ROUTE Andrews Air Force Base
[drive time: 20 minutes]

SCHEDULE FOR HILLARY RODHAM CLINTON
THURSDAY, OCTOBER 26, 1995
PAGE 2

NOTE: Dr. Susan Blumenthal will meet HRC at AFB

5:05 pm ARRIVE Andrews Air Force Base

5:15 pm WHEELS UP, Washington, D.C.

FLIGHT TIME: 55 MINUTES

6:10 pm WHEELS DOWN, New York City
La Guardia Airport
FBO: Signature Air
Phone: 718-476-5200
Fax: 718-476-5239

Greeters: State Senator George Onorato
State Assemblyman Jeff Aubry

6:20 pm DEPART La Guardia Airport
EN ROUTE The Pierre Hotel
[drive time: 45 minutes]

7:05 pm ARRIVE The Pierre Hotel
5th Avenue at 61st Street
New York, New York
HRC Hold: Regency Room A
Phone: 212-940-8459
Fax: 212-826-0319
CLOSED PRESS

Greeters: Didier Le Calvez, General Manager of The Pierre Hotel

7:10 pm - MEET AND GREET
7:30 pm Regency Room B
CLOSED PRESS

FORMAT: HRC to do a receiving line.

PARTICIPANTS: Approx. 30 people to attend.

NOTE: Fran Visco and Patricia Duff will escort HRC into Grand Ballroom

7:35 pm - NATIONAL BREAST CANCER COALITION 2ND
8:35 pm ANNUAL GALA
The Pierre Hotel/Grand Ballroom
Attire: Black Tie (short)
OPEN PRESS

SCHEDULE FOR HILLARY RODHAM CLINTON
THURSDAY, OCTOBER 26, 1995
PAGE 3

FORMAT:

- Susan Hurowitz, dinner co-chair,
delivers welcoming remarks
- Paula Zahn delivers remarks
- Fran Visco, NBCC board member,
delivers remarks and introduces Dr.
Susan Love
- Dr. Susan Love, NBCC board member,
delivers brief remarks and presents
awards to three breast cancer
survivors (who do not speak)
- Fran Visco makes brief remarks and
presents HRC with award
- HRC delivers remarks
- Fran Visco presents gift and
birthday cake to HRC
- Fran Visco closes first half of
program
- HRC departs stage left

PARTICIPANTS: Approx. 700 people to
attend.

8:40 pm

DEPART The Pierre Hotel
EN ROUTE La Guardia Airport
[drive time: 45 minutes]

9:25 pm

ARRIVE La Guardia Airport

9:35 pm

WHEELS UP, New York, New York

FLIGHT TIME: 50 MINUTES

10:25 pm

WHEELS DOWN, Andrews Air Force Base

10:35 pm

DEPART Andrews Air Force Base
EN ROUTE The White House
[drive time: 20 minutes]

SCHEDULE FOR HILLARY RODHAM CLINTON
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PAGE 4

10:55 pm

ARRIVE South Portico

RON

The White House

WEATHER FORECAST FOR WASHINGTON, D.C.:

-Mostly sunny and cool. Wind northeast at 5 to 10 knots. Low 40 to 45. High 63 to 68.

WEATHER FORECAST FOR NEW YORK CITY, NY:

-Partly cloudy and cool. Wind southwest to northwest at 10 to 15 knots. Low 49 to 54. High 60 to 65

Honorees - 3

The National Breast Cancer Coalition is proud to recognize Rosalind Donovan, a breast cancer survivor from the New York City area who founded and currently is co-facilitator of Harlem SHARE, a self-help support group. Through her efforts, Rosalind continues to be an advocate role model for the African American community. She worked tirelessly to promote the Coalition's petition drive and continues to lobby on the local and federal levels to focus attention on the issues of breast cancer.

The National Breast Cancer Coalition is proud to recognize Mary Elliott, a breast cancer survivor who founded the support group W.I.N.G.S. (women in need, gaining support) and who currently resides in Monroe, LA. Mary began her work as a breast cancer activist in 1991 with the Coalition's "Do the Write Thing" campaign. When she relocated to San Antonio, her activism followed as she helped to collect signatures for the Coalition's petition drive in 1993. Mary now serves on the newly formed Monroe Breast Cancer Task Force, continuing in her role as activist and encouraging others to join the fight against breast cancer.

The National Breast Cancer Coalition is proud to recognize Elaine Hill, a breast cancer survivor from Chattanooga, Tennessee who, for more than four years, has been organizing and empowering women in her area to get involved in the issues surrounding breast cancer. Elaine has been a strong activist, collecting signatures for the Coalition's petition. She has opened doors and given a voice to the minority communities of Chattanooga who for so long have gone under educated and underserved in the area of breast cancer.

→ her line from.

Susan Love —

one of the great educators
on subject.

medical research

jeopardy
might

Medicare - mammogram

Zahn Z

TAKE A MOMENT, TONIGHT OR IF NOT TONIGHT, TOMORROW, TO READ THE PROGRAM AND LEARN MORE' ABOUT THIS ORGANIZATION AND ABOUT THE ORGANIZATIONS AND INDIVIDUALS THAT FORM NBCC. THE WOMEN HERE TONIGHT, WEARING ROSE BOUTONNEIRS ARE MEMBERS OF THE BOARD AND SOME OF THE STAFF OF NBCC. SEEK THEM OUT, ASK THEM TO TELL YOU MORE ABOUT THE WONDERFUL WORK THE NATIONAL BREAST CANCER COALITION HAS DONE.

WHILE THE MANY ACCOMPLISHMENTS OF NBCC WOULD NOT HAVE HAPPENED WITHOUT THAT REMARKABLE ORGANIZATION, NBCC COULD NOT DO IT ALONE.

TONIGHT, WE JOIN WITH NBCC IN HONORING THE PRESIDENT AND FIRST LADY FOR THEIR COMMITMENT TO THIS FIGHT AND TO THE COALITION'S WORK. THIS ADMINISTRATION HAS HAD AN UNPRECEDENTED IMPACT ON BREAST CANCER AND, WORKING WITH THE ACTIVISTS, THEY HAVE MOVED US CLOSER TO THE DAY WHEN WOMEN WILL NO LONGER LIVE IN FEAR OF THIS DISEASE.

CAN PAULA SAY SOMETHING ABOUT HER CONNECTION TO BREAST

into the causes of breast
cancer, its genetic
roots to ~~the environmental~~ ^{env. cause}
cause → to improve
Mamm tech
→ innovative
treat
prevention
strategies

→ Which Administration
Set in motion in 1993
& is being implemented
through the Public H S.
Office of Human & Health

js/draft

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Biographical Information on Susan M. Love, M. D.

Susan Love was born in New Jersey in 1948. She spent her adolescence in Puerto Rico and Mexico, returning to the United States for college. After two years at the College of Notre Dame of Maryland and a brief stint in the convent, she transferred to Fordham University where she graduated in 1970. She attended SUNY Downstate Medical School in Brooklyn New York, and graduated *cum laude* in 1974. She did her surgical residency at Boston's Beth Israel Hospital and was chief resident in 1979. She opened her private practice in general surgery in 1980 as the first woman surgeon on the staff of the Beth Israel Hospital. Her growing interest in women's health, and breast diseases in particular, led her to write her first paper "Fibrocystic Disease: A Nondisease" published in the *New England Journal of Medicine* in October of 1982. At this point she joined the Breast Evaluation Clinic of the Dana Farber Cancer Institute and what had started out as a career became a mission.

Susan Love has pursued extensive research in the diagnosis and treatment of breast diseases, always accenting the feminist angle. She has been a leader in innovative approaches to treatment. Her positions at Harvard Medical School and now at UCLA have given her a chance to teach medical students and residents how to take good care of women with breast problems. In addition, she believes in educating the public, lecturing extensively to medical audiences as well as women's groups and appearing in magazine interviews, on the radio and on television. Her book, *Dr. Susan Love's Breast Book*, has been called "one of the most important books in women's health in the last decade." The second edition is due in the spring of 1995.

Susan Love hasn't been satisfied with the *status quo*. In her frustration at the lack of progress in breast cancer research she helped found the National Breast Cancer Coalition, a coalition of breast cancer advocacy groups formed to involve breast cancer patients and their supporters as advocates for action, advances and change. Through political action, this group has increased research funding for breast cancer from \$90 million to \$410 million in two years. Their 1993 petition drive led to the White House where Susan Love helped to deliver two million signatures to President Clinton, demanding a National Action Plan for Breast Cancer. Susan Love now is one of the co-chairs of that plan bringing together women scientists, business people and politicians in an unprecedented effort to stop this disease.

In the summer of 1992, UCLA recruited Dr. Love to found a multidisciplinary, comprehensive breast center. In the fall of 1994, a generous gift from Revlon led to the establishment of the UCLA/Revlon Breast Center. Treating over 4000 women a year, the center strives to deliver the best breast care possible in a cost effective manner; to perform research; to teach future generations of health care providers; to empower women and to help them to feel well taken care of. This program has caused *McCall's Magazine* to designate the UCLA Medical Center as one of the ten top hospitals for women because of its expertise in breast cancer.

Dr. Love is the Director of the Revlon/UCLA Breast Center, holds the Revlon Chair in Women's Health and is an Associate Professor of Clinical Surgery at the UCLA School of Medicine. She and her life partner Helen Cooksey, MD live in the Pacific Palisades with their six year old daughter Katie, dog, Brownie and cat, Sugar.

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"Awareness is human lives that need not be lost." (Blumenthal said she doesn't think it reads right. I think it's okay. JS)

We need to spread the word, especially to our minority communities where death rates from the disease are higher, that mammograms are one of the most important things a woman can do to ensure not only her own health but that of her family as well.

As the volunteer in my office often reminds us, the discomfort of a mammogram is less painful than not being able to watch a child or grandchild graduate from college or get married.

If we continue our efforts in research, education and treatment, if we take better care of ourselves, then being diagnosed with cancer does not have to be an automatic death sentence.

The three brave women we honor here tonight are proof of that.

If we care about breast cancer ~~and women's health~~, then we must also be very concerned about the budget debate going on in Congress even as we speak. Proposed cuts in Medicare and ~~Medicaid~~ could jeopardize the very progress in breast cancer prevention and treatment we have fought so hard to achieve.

~~We just don't know whether mamm will be as available to older~~
~~These cuts could even threaten women's lives.~~ Less Medicare funding might mean ~~a higher deductible or even the elimination of~~ the mammogram screenings Medicare currently provides older women. Less Medicaid funding might also mean that poor, uninsured women who find suspicious lumps in their breasts might have to postpone treatment until it is too late.

I hope each of you will monitor this debate closely and make your views known to Congress.

I support and urge you to continue your good work, to remind Americans that breast cancer is not just a faceless disease, nor is it just a woman's disease, but rather a family disease and a national epidemic that must be addressed.

The President and I will do everything we can to assist you in your endeavors and to make sure that one day, perhaps even in our lifetimes, your Coalition will be able to disband, having declared victory against breast cancer.

Thank you.

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**FIRST LADY HILLARY RODHAM CLINTON
REMARKS FOR NATIONAL BREAST CANCER COALITION
SECOND ANNUAL GALA
NEW YORK, NEW YORK
OCTOBER 26, 1995**

[Acknowledgements: Patricia Duff and Ron Perelman, event co-chairs; Monte and Susan Hurowitz, dinner co-chairs; Paula Zahn; Rosalind Donovan, Mary Elliot, and Elaine Hill, honorees]

Good Evening. I am very happy to be here tonight, surrounded by so many people who have dedicated their time, energy and resources to the fight against breast cancer. I want you to know I bring the heartfelt thanks of the President, who believes the prevalence of breast cancer is one of the most important health issues facing women and families today.

[I'd like to thank Dr. Susan Love for her pioneering work in breast cancer treatment and prevention. Under her tutelage, a generation of medical students has learned how best to take care of their breast cancer patients. We also owe a great deal to her for her extensive efforts to educate the public about this disease.]

And we all owe special thanks to Fran Visco for the courage and commitment she has brought to this battle against breast cancer. She is the heart and soul of the National Breast Cancer Coalition. During the several years I've known her, I've seen first-hand the energy and passion she dedicates to this cause.

She has been able to take a very important issue and present it in ways that can move both average citizens and elected officials to action. Thank-you so much, Fran, for all your hard work.

Tonight, the National Breast Cancer Coalition celebrates five years of work to enhance the health of women and families.

I include families because women are not the only victims of this disease. Behind each of the 2.6 million women living with breast cancer are relatives and friends who have spent many distracted days and sleepless nights worrying over and caring for people they love.

Breast cancer has robbed young children of beloved mothers and grandmothers, husbands of adored wives, and mothers and fathers of their cherished daughters. It is hard to find a family - or a workplace, neighborhood, church group or social club - that has not been touched by breast cancer.

As many of you know, my mother-in-law, Virginia Kelley died last year after a four year struggle with the disease. The mother of one of my best friends was diagnosed a few months ago. Another friend just told me that his sister --only 41 years old - has found a lump in her breast as well. A volunteer in my office is now undergoing her fifth chemotherapy treatment.

By now, most of us know the frightening statistics by heart: We all know how every three minutes, a woman is diagnosed with breast cancer, how one out of every eight women in America will be diagnosed with breast cancer at some point during her life, and how every 12 minutes, a woman dies of breast cancer.

More than 180,000 women, women of all sizes and shapes and ethnic backgrounds from every region of our country will be diagnosed this year. Some 46,000 women will die of breast cancer this year.

Until recently, breast cancer had been on the back burner of medical research.

But we are making progress. And that progress must continue. In the four short years since the founding of the National Breast Cancer Coalition, government funding for breast cancer research has increased from \$90 million to \$600 million today. The funding addresses breast cancer on all fronts, **from research into the causes of breast cancer, its genetic roots and environmental causes**, to the improvement of mammogram technology, to the development of innovative treatments and prevention strategies.

Government cannot fight this disease alone. Private support and funding are critical to keeping both advanced breast cancer research and public outreach efforts on track. Every dollar you donate to breast cancer research, prevention and treatment will help bring us years closer to the final eradication of the disease.

Those of you who are members of the National Breast Cancer Coalition have shown the nation what committed, grassroots activism and teamwork can accomplish. By your outspokenness and persistent lobbying, you have raised breast cancer awareness not only among government officials and budding young scientists seeking fields of research, but also among the general public.

Without the coalition, there might not have been a National Action Plan on Breast Cancer, **which the Administration set into motion in 1993 and that is being implemented through the Public Health Service's Office on Women's Health.**

This plan, formulated by 150 consumers, clinicians, scientists, government officials and other experts represents a

solid step toward strengthening knowledge, resources, and commitment for the prevention, diagnosis and treatment of breast cancer.

Most of all it is a public/private partnership, the coordination of the efforts of both government and private industry in combatting this deadly disease.

I want to thank especially Dr. Susan Blumenthal, deputy assistant secretary for Women's Health and **Assistant Surgeon General** **and Fran Visco for their leadership** in this project.

I can't tell you how important their -- and your -- efforts are. Over the past year, I have met with breast cancer survivors and other women across the country and seen first hand the hope your efforts bring to their lives.

One of the most gratifying letters I've received in recent months came from a Virginia woman who got a mammogram as a result of the breast cancer awareness program the Administration launched on Mother's Day. Her screening found two malignant tumors before they could spread to other parts of her body.

In the absence of a cure for breast cancer, mammograms are one of the most important tools we have now to help us live longer and happier lives. Yet so many women neglect to sit for the very tests that have been crucial to catching tumors early, while they are still treatable. I was shocked to learn that while Medicare covers most of the cost of annual mammogram, only 40 percent of eligible women use that benefit.

During my conversations with women throughout America about their attitudes toward breast cancer, I tried to find out why they were avoiding these tests.

Many women told me they were reluctant to get screened because they were afraid the procedure would be painful or embarrassing. Others didn't realize that the test is covered under Medicare. Some women lack insurance coverage or the funds to pay for the test. Still others have never been told by their doctors that a mammogram is one of the most effective ways of detecting malignant breast lumps. Some women have even told me they didn't want to find out if they were sick because they believed there was little they could do about it.

Finally, many women are so busy taking care of their families that they forget to take care of their own health.

So, we as a nation still have a great deal of outreach and education to do in regards to the prevention and detection of breast cancer. Not only do we have to battle the cancer itself but also the fear of the disease. As one doctor I met once said,

but we also have to battle the fear of the disease. "Awareness is human lives that need not be lost."

We need to spread the word, especially to our minority communities where death rates from the disease are higher, that mammograms are one of the most important things a woman can do to ensure not only her own health but that of her family as well.

As the volunteer in my office often reminds us, the discomfort of a mammogram is less painful than not being able to watch a child or grandchild graduate from college or get married.

If we continue our efforts in research, education and treatment, if we take better care of ourselves, then being diagnosed with cancer does not have to be an automatic death sentence.

The three brave women we honor here tonight are proof of that.

If we care about breast cancer, then we must also be very concerned about the budget debate going on in Congress, ~~even as we speak~~. Proposed cuts in Medicare could jeopardize the very progress in breast cancer prevention and treatment we have fought so hard to achieve. We just don't know whether mammograms will be as available to older women as they are now under Medicare.

And if we care about women's health in general, we must also concern ourselves with the proposed cuts in Medicaid. These cuts could threaten ^{the} preventive health services so many poor and working women depend on.

We can't allow Congress to move in the wrong direction when it comes to women's health ~~funding~~.

I support and urge you to continue your good work, to remind Americans that breast cancer is not just a faceless disease, nor is it just a woman's disease, but rather a family disease and a national epidemic that must be addressed.

The President and I will do everything we can to assist you in your endeavors and to make sure that one day, perhaps even in our lifetimes, your Coalition will be able to disband, having declared victory against breast cancer.

Thank you.

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draft.

Lissa: Dr. Blumenthal offered to vet the speech for us. Should I fax to her?

[Acknowledgements: Patricia Duff, event co-chair; Susan Hurowitz, dinner co-chair; Dr. Susan Love, NBCC board member; Paula Zahn; Rosalind Donovan, Mary Elliot, and Elaine Hill, honorees]

Good Evening. I am very happy to be here tonight, surrounded by so many people who have dedicated their time, energy and resources to the fight against breast cancer. I want you to know I bring the heartfelt thanks of the President, who believes the breast cancer epidemic is one of the most important health issues facing women and families today.

And we all owe special thanks to Fran Visco for all she has done in this battle against breast cancer. She is the heart and soul of the National Breast Cancer Coalition. During the several years I've known her, I've seen first-hand the energy and passion she dedicates to this cause.

She has been able to take a very important issue and present it in ways that can move both average citizens and elected officials to action. Thank-you so much, Fran, for all your hard work.

Tonight, the National Breast Cancer Coalition enters its fifth year of battle against one of the premier threats to the health of women and their families.

I include families because women are not the only victims of this disease. Behind each of the 2.6 million women living with breast cancer are relatives and friends who have spent many distracted days and sleepless nights worrying over and caring for them.

Breast cancer has robbed young children of beloved mothers and grandmothers, husbands of adored wives, and mothers and fathers of their only daughters. It is hard to find a family - or a workplace, neighborhood, church group or social club - that has not been touched by breast cancer.

As many of you know, my mother-in-law, Virginia Kelley died last year after a four year struggle with the disease. The mother of one of my best friends was diagnosed a few months ago. Another friend just told me that his sister --only 41 years old - has found a lump in her breast as well. A volunteer in my office is now undergoing her fifth chemotherapy treatment.

By now, most of us know the frightening statistics by heart: We all know how every three minutes, a woman is diagnosed with breast cancer, how one out of every eight women in America will

be diagnosed with breast cancer at some point during her life, and how every 12 minutes, a woman dies of breast cancer.

More than 180,000 women, women of all sizes and shapes and ethnic backgrounds from every region of our country will be diagnosed this year. Some 46,000 women will die of breast cancer this year.

Until recently, breast cancer had been on the back burner of medical research.

But we are making progress. And that progress must continue. In the four short years since the founding of the National Breast Cancer Coalition, government funding for breast cancer research has increased from \$90 million to \$600 million today. The funding addresses breast cancer on all fronts, from research into the improvement of mammogram technology to the study of the disease's genetic roots and environmental causes, to the development of innovative and aggressive treatments.

Government cannot fight this disease alone. Private support and funding are critical to keeping both advanced breast cancer research and public outreach efforts on track. Every dollar you donate to breast cancer research, prevention and treatment will help bring us years closer to the final eradication of the disease.

Those of you who are members of the National Breast Cancer Coalition have shown the nation what committed, grassroots activism and teamwork can accomplish. By your outspokenness and persistent lobbying, you have raised breast cancer awareness not only among government officials and budding young scientists seeking fields of research, but also among the general public.

Without the coalition, there might not have been a National Action Plan on Breast Cancer, which the Administration endorsed in 1993.

This plan, formulated by 150 consumers, clinicians, scientists, government officials and other experts represents a solid step toward strengthening knowledge, resources, and commitment for the prevention, diagnosis and treatment of breast cancer.

Most of all it is a public/private partnership, the coordination of the efforts of both government and private industry in combatting this deadly disease.

I want to thank especially Dr. Susan Blumenthal, deputy assistant secretary for Women's Health in the Department of Health and Human Services and Fran Visco for shepherding this project.

I can't tell you how important all of these efforts are.

Over the past year, I have met with breast cancer survivors and other women across the country and seen first hand the hope your efforts bring to their lives.

One of the most gratifying letters I've received in recent months came from a Virginia woman who got a mammogram as a result of the breast cancer awareness program the Administration launched on Mother's Day. Her screening found two malignant tumors before they could spread to other parts of her body.

In the absence of a cure for breast cancer, mammograms are one of the most important tools we have now to lengthen and spare the lives of women. Yet so many women neglect to sit for the very tests that have been crucial to catching tumors early, while they are still treatable.

I was shocked to learn that while Medicare covers most of the cost of annual mammogram, only 40 percent of eligible women claim that benefit.

Many women told me they were reluctant to get screened because they were afraid the procedure would be painful or embarrassing. Others didn't realize that the benefit is covered under Medicare. Some women lack insurance coverage or the funds to pay for the test. Still others have never been told by their doctors that a mammogram is one of the most effective ways of detecting malignant breast lumps. Some women have even told me they didn't want to find out if they were sick because they believed there was little they could do about it.

Finally, many women are so busy taking care of their families that they forget to take care of their own health.

So, we as a nation still have a great deal of outreach and education to do in regards to the prevention and detection of breast cancer. Not only do we have to battle the cancer itself but also the fear of the disease. As one doctor I met once said, "Awareness is human lives that need not be lost."

We need to spread the word, especially to our minority communities where death rates from the disease are higher, that mammograms are one of the most important things a woman can do to ensure not only her own health but that of her family as well.

As the volunteer in my office often reminds us, the discomfort of a mammogram is less painful than not being able to watch a child or grandchild graduate from college or get married.

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I support and urge you to continue your good work, to remind Americans that breast cancer is not just a faceless disease, nor is it just a woman's disease, but rather a family disease and a national epidemic that must be addressed.

The President and I will do everything we can to assist you in your endeavors and to make sure that one day, perhaps even in our lifetimes, your Coalition will be able to disband, having declared victory against breast cancer.

Thank you.

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FIRST LADY HILLARY RODHAM CLINTON
REMARKS FOR NATIONAL BREAST CANCER COALITION
SECOND ANNUAL GALA
NEW YORK, NEW YORK
OCTOBER 26, 1995

[Acknowledgements: Patricia Duff and Ron Perelman, event co-chairs; Monte and Susan Hurowitz, dinner co-chairs; Paula Zahn; Rosalind Donovan, Mary Elliot, and Elaine Hill, honorees]

Good Evening. I am very happy to be here tonight, surrounded by so many people who have dedicated their time, energy and resources to the fight against breast cancer. I want you to know I bring the heartfelt thanks of the President, who believes the prevalence of breast cancer is one of the most important health issues facing women and families today.

[note: according the schedule, Fran Visco, not Susan Love is introducing HRC]

Dr.
I'd like to thank Susan Love for being one of our country's most effective and outspoken breast cancer activists. We owe a great deal to her for her extensive efforts to educate the public about the disease.

July 1993 - Iris Cantor - check w/ mel ann

And we all owe special thanks to Fran Visco for the courage and commitment she has brought to this battle against breast cancer. She is the heart and soul of the National Breast Cancer Coalition. During the several years I've known her, I've seen first-hand the energy and passion she dedicates to this cause.

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THE WHITE HOUSE
WASHINGTON

TO June
FROM Dr Blumenthal
OFFICE OF
SPEECHWRITING

PHONE: (202) 456-2777; 6640 456-5640
FAX: (202) 456-5709 -5708

TO: Susan Blumenthal
FROM: June Slick / Lissa Muscatine
RECEIVER FAX: 401-4005
RECEIVER PHONE:
NUMBER OF PAGES (INCLUDING COVER SHEET): 5

COMMENTS: here's a draft of First Lady's speech
for this evening. Please send ~~you~~/phone
your comments as soon as possible
Thanks.

WARNING

Unauthorized use of these materials is subject to federal prosecution

js/draft

**FIRST LADY HILLARY RODHAM CLINTON
REMARKS FOR NATIONAL BREAST CANCER COALITION
SECOND ANNUAL GALA
NEW YORK, NEW YORK
OCTOBER 26, 1995**

[Acknowledgements: Patricia Duff, dinner co-chair; Susan Murowitz, dinner co-chair; Paula Zahn; Dr. Susan Love, NBCC board member; Rosalind Donovan, Mary Elliot, and Elaine Hill, honorees]

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1993*

and Assistant Surgeon General
assistant secretary for Women's Health (in the Department of Health and Human Services and Fran Visco for ~~supervising~~ *this* project. *Their leadership in directing*

I can't tell you how important their -- and your -- efforts are. Over the past year, I have met with breast cancer survivors and other women across the country and seen first hand the hope your efforts bring to their lives.

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The President and I will do everything we can to assist you in your endeavors and to make sure that one day, perhaps even in our lifetimes, your Coalition will be able to disband, having declared victory against breast cancer.

Thank you.

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SUSAN LOVE /

GOOD EVENING AND THANK YOU.

THE NATIONAL BREAST CANCER COALITION IS A SUCCESSFUL, DRIVING FORCE FOR CHANGE - IN OUR SHORT HISTORY, WE HAVE BROUGHT ABOUT A FIVEFOLD INCREASE IN THE AMOUNT OF MONEY APPROPRIATED FOR BREAST CANCER RESEARCH - FROM \$90 MILLION IN 1991, BEFORE NBCC BEGAN, TO MORE THAN \$500 MILLION TODAY - QUITE A RETURN ON YOUR INVESTMENT IN US. WE HAVE FORGED PARTNERSHIPS WITH THE SCIENTIFIC COMMUNITY, AND HAVE BROUGHT A MUCH NEEDED CONSUMER, PATIENT PERSPECTIVE TO THE DISCUSSION THAT SURROUNDS BREAST CANCER; WE ARE THE IMPETUS BEHIND THE UNPRECEDENTED DEPARTMENT OF DEFENSE BREAST CANCER RESEARCH PROGRAM, AND WE CONTINUE TO BE A PART OF THE LEADERSHIP OF THAT PROGRAM, AND IT WAS THE NATIONAL BREAST CANCER COALITION'S 2.6 MILLION SIGNATURE CAMPAIGN THAT RESULTED IN A NATIONAL ACTION PLAN ON BREAST CANCER, THAT IS NOW FOCUSING ON AREAS OF BREAST CANCER THAT HAVE BEEN NEGLECTED IN THE PAST.

HOW DID WE DO IT? WITH YOUR SUPPORT, WITH THE SUPPORT OF REVLON, WITH THE SUPPORT AND VISION OF THE PRESIDENT AND FIRST LADY. BUT IT COULD NOT HAVE HAPPENED WITHOUT THOUSANDS OF WOMEN AND MEN AND CHILDREN ACROSS THIS COUNTRY WHO HAVE

Love 2

POURED THEIR HEARTS AND SOULS INTO THE NATIONAL BREAST
CANCER COALITION. I HOPE THAT YOU WILL READ MORE ABOUT WHO
WE ARE AND WHAT WE HAVE BEEN ABLE TO ACCOMPLISH. AND THESE
ACCOMPLISHMENTS HAPPEN BECAUSE OUR GRASSROOTS MEMBERSHIP
MAKE THEM HAPPEN.

TONIGHT WE WANT TO RECOGNIZE THREE WOMEN WHO PERSONIFY
THE COMMITMENT AND COURAGE THAT REALLY FORMS THE BASIS OF
ALL OF OUR WORK.

(Award)

~~Paula Zahn~~ 1

THANK YOU SUSIE.

GOOD EVENING, AND WELCOME TO THIS REMARKABLE EVENT. I
STOOD HERE, ONE YEAR AGO, MARVELING AT THE SUCCESS OF THE
INAUGURAL NEW YORK DINNER OF THE NATIONAL BREAST CANCER
COALITION, AND HERE I STAND AGAIN - THE ROOM PACKED, THE
EVENING SOLD OUT.

BREAST CANCER IS AN ISSUE OF IMPORTANCE TO ALL OF US, AND
THE NATIONAL BREAST CANCER COALITION HAS ACCOMPLISHED A
GREAT DEAL IN A SHORT PERIOD OF TIME TO BRING US CLOSER TO
THE DAY THE DISEASE IS ERADICATED. THIS ORGANIZATION HAS
DONE WHAT SO MANY HAVE TALKED OF DOING FOR YEARS: THEY
HAVE ORGANIZED GRASSROOTS ACTIVISTS ACROSS THE COUNTRY -
AND INTERNATIONALLY - LOBBIED CONGRESS AND THE WHITE
HOUSE SUCCESSFULLY AND WORKED WITHIN THE SCIENTIFIC
COMMUNITY AND INDUSTRY, TO BRING A SHARPER FOCUS ON THE
FIGHT TO END THE BREAST CANCER EPIDEMIC. AND THEY DID ALL
OF THAT IN FOUR SHORT, BUT JAM PACKED YEARS.

The National Breast Cancer Coalition

P.O. Box 66373
Washington, D.C. 20035

10/26

DATE OF TRANSMISSION: September 28, 1995

TIME OF TRANSMISSION: _____

FACSIMILE COVER LETTER

NAME: Sarah Grote

COMPANY/FIRM: The White House -- Scheduling

FACSIMILE #: 202-456-5340

CONFIRMATION #: 202-456-7650

FROM: Frances M. Visco

DIRECT DIAL: (215) 731-1482

WE ARE TRANSMITTING _____ **+ COVER PAGES.**

FACSIMILE: (215) 731-1174. IF THE TRANSMISSION IS NOT COMPLETE, CALL OFFICE SERVICES AT (215) 731-1170.

MESSAGE:

SARAH, HERE IS THE LETTER, SLIGHTLY REVISED. WE ADDED THAT IT IS MRS. CLINTON'S BIRTHDAY. WE HAVE TO GET THE LETTERS OUT TOMORROW. SO THEY HAVE TO BE PRINTED TODAY. THANKS.

OPERATOR NAME: _____

DATE OF LETTER

FULL NAME

SECOND NAME

COMPANY

LONG COMPANY

ADDRESS

LONG ADDRESS

CITY, STATE, ZIP

Dear *SALU*:

On Thursday, October 26, 1995, at 6:30 pm, the National Breast Cancer Coalition will proudly host its Second New York dinner at The Pierre. The dinner will honor President Bill Clinton and First Lady Hillary Rodham Clinton in recognition of their steadfast support of the mission of the Coalition and the very real difference their determined leadership has made in the fight against breast cancer. We are delighted that Mrs. Clinton will be with us on this evening, which also happens to be her birthday! It is our honor to serve as co-chairs, renewing our commitment to the Coalition for this annual black tie gala and its important work in focusing the nation's attention on the breast cancer epidemic.

The National Breast Cancer Coalition is a grassroots advocacy effort created in early 1991. It has since grown to more than 300 organizations representing several million patients, professionals, women, their families and friends. In less than five years, it has brought about a five-fold increase in federal funding for breast cancer research and precipitated the development of a national action plan on breast cancer. Unfortunately, statistics indicate that in 1996, 182,000 new cases of breast cancer will be diagnosed so the need for action is even more imperative. ~~That is why we send this letter as our formal invitation.~~ It is truly appropriate that the President and Mrs. Clinton be honored as it is through their commitment and leadership that the Coalition's goals are furthered.

We are eagerly anticipating this evening and hope that you will agree to become a member of the committee. Those of you who joined us last year know that it was an evening of warmth and intimacy and a great success, raising over \$700,000 for the Coalition. Tables are priced at \$25,000, \$10,000 and \$5,000 and tickets are available at \$1,000 and \$500. We hope that you will be as generous as you can.

We are enclosing a response form for your convenience and hope very much to be able to greet you on October 26th for cocktails at 6:30 pm followed by dinner at 7:30 pm.

Sincerely,

Patricia Duff
Co-Chair

Ronald O. Perelman
Co-Chair

This letter is our formal invitation to you as

Event Co-chair

Dinner - Monte + Susan Sturrow & Co

Thank

THE WHITE HOUSE
WASHINGTON

OFFICE OF SCHEDULING FOR THE FIRST LADY

DATE: 9-22-95

ORGANIZATION/EVENT	National Breast Cancer Coalition
DATE	10-26
LOCATION	The Pierre Hotel, NYC
EVENT DESCRIPTION	Dinner Gala
WH STAFF CONTACT	Patti / Melanne / Sara
STATUS	ACCEPT ☒ REJECT ☐ PENDING ☐ VIDEO ☐ MESSAGE ☐ Fran Visco - main contact 296-7427 May Stewart → 215-731-1482 / 1170 / 1531
NOTES	6:30pm Cocktails 7:30pm Dinner 200 people *Extended an invite to Princess Diana * Chances are slim that she would come *Receiving line w/ 30 people before dinner begins. National Breast Cancer Coalition V.I.P.s



P.O. Box 66373
Washington, DC 20035
(202) 296-7477

Melanne Verveer
Deputy Chief of Staff
Office of the First Lady
Rm 100-OEOB
Washington, DC 20500

Dear Melanne:

This Fall the National Breast Cancer Coalition will hold its second annual gala, in New York City. We are grateful that the President and Hillary agreed to be honorary co-chairs of our first gala. That gala was a grand success. You may recall that our co-chairs were Felix Rohatyn, Bill Harrison of Chemical Bank and Robert Greenhill of Smith Barney, and we gave our first public leadership award to Secretary Donna Shalala, and our first corporate leadership award to Ron Perelman of Revlon. In addition, we honored three women, breast cancer survivors, for their work with the National Breast Cancer Coalition. I enclose a program and invitation from that event.

In May of 1996, we will mark the fifth anniversary of the National Breast Cancer Coalition; this frankly will be a bittersweet event. As you know, we have accomplished a great deal in the past four years, but we had hoped by our fifth year, our work would no longer be necessary. Since this is not the case, we must continue, and in fact, increase our efforts.

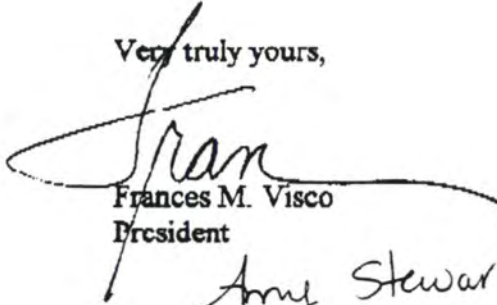
This Fall, we plan to hold our second gala in NYC, to begin to mark our anniversary. We would like the "theme" of this gala to reinforce the message that breast cancer is not just a woman's issue, but a family issue.

At this year's gala, we would like to honor the President and Hillary for their unflagging support of our agenda and their dedication to eradicating breast cancer. I have asked Ron Perelman and Patricia Duff to co-chair the dinner, but do not yet have a firm commitment from them. We are also talking to Ralph Lauren. Our plans at this point do not include a corporate leadership award. We will again honor three breast cancer survivors; they have not yet been chosen.

Melanne Verveer
July 10, 1995
Page 2

We have tentatively scheduled the gala for October 26, 1995, at The Pierre Hotel. Please let me know what other information you need from me and who else I should be contacting with this request. Thanks.

Very truly yours,


Frances M. Visco
President

FMV/ba
Enc.

Amy Stewart
296-7477
(ex. 100)

703-836-4700
Salon #3

215-731-1170
Bertha Adams
731-1482

Zahn 3

CANCER?

TONIGHT WE ALSO ACKNOWLEDGE THREE WOMEN, BREAST CANCER SURIVORS, WHO REPRESENT THE GRASSROOTS NETWORK WITHOUT WHOM THE LIST OF NBCC'S ACCOMPLISHMENTS WOULD BE MUCH SHORTER.

ONE OF THE WOMEN WHO BROUGHT THIS ORGANIZATION FROM ITS INCEPTION TO THIS WONDERFUL EVENING IS DR. SUSAN LOVE. IN THE WORLD OF BREAST CANCER, SUSAN LOVE IS INFAMOUS. SHE HAS MADE ERADICATING THIS DISEASE HER LIFE'S WORK. SHE IS AN EXTRAORDINARY SURGEON WHO PERSONALLY CARES FOR WOMEN WITH BREAST CANCER AND WORKS TIRELESSLY AS AN ADVOCATE FOR BETER CARE, MORE RESEARCH DOLLARS AND ANSWERS TO THE QUESTIONS SURROUNDING THIS EPIDEMIC.

(PERSONAL STUFF?)

I AM PLEASED TO INTRODUCE DR. SUSAN LOVE.

A Message from the National Breast Cancer Coalition President

The National Breast Cancer Coalition began in 1991 when hundreds of organizations and thousands of women and men across the country joined forces determined to bring a political voice to the fight to eradicate breast cancer. Tonight, we celebrate our accomplishments over the past four years and proudly honor two of the political leaders who have joined with us in our efforts: President William J. Clinton and First Lady Hillary Rodham Clinton. We are thrilled that we have this occasion to highlight their contributions to our work.

My sincere thanks to all the individuals who helped make tonight a success, especially Susie and Monte Hurowitz, our dinner co-chairs and original members of the Coalition's President's Council. And, I am forever grateful to Patricia Duff and Ronald O. Perelman, our benefit co-chairs. Last year, Ronald Perelman was the recipient of our first Corporate Leadership Award for his vision in recognizing the importance of advocacy in the fight against breast cancer and for his generosity to our efforts. Under his leadership, Revlon has been a major sponsor of the Coalition's programs and has supported education as well as innovative breast cancer research. Ronald and Patricia's participation in this year's event is a testament to their continuing commitment to our cause.

It is now four years since the Coalition was just an idea - no office, no staff, no financial support - just the dedication of our grassroots network. The women who started the Coalition are breast cancer survivors, their family and friends; those who lost loved-ones and those who care about the issue. We refused to be defeated by the conspiracy of silence and indifference surrounding a disease that claims the lives of 46,000 American women each year - a disease that has become the leading cause of cancer death of women aged 35-44. We knew that we had to be heard in the halls of Congress, in industry, in the scientific community and everywhere decisions are being made that affect our lives. We resolved to do all we could to stop the legacy of breast cancer.

Tonight we have the privilege of honoring President William J. Clinton and First Lady Hillary Rodham Clinton. They have been critical to our success. I first met Mrs. Clinton in October, 1992, when I monitored a round table discussion on breast cancer with survivors and advocates, highlighting the political aspects of the war on breast cancer. She "got it" immediately, thoroughly, and sincerely. After the election, the President accepted our 2.6 million signature petition in the White House and said "YES" to our request for a National Action Plan on Breast Cancer. He and the First Lady have been staunch supporters of the Department of Defense breast cancer research program and each year, the President has asked Congress for increased appropriations for research. They have both been understanding and compassionate to the many breast cancer survivors with whom they have met.

Tonight we will also pay tribute to three women, breast cancer survivors, who are quietly working to eradicate this epidemic. They are not public figures, but they represent the essence of our work. They have volunteered tirelessly - collecting petition signatures, organizing women and men and speaking out in their communities. The Coalition is nothing without our grassroots network and these three women are among our finest. We salute Rosalind Donovan, Mary Elliot and Elaine Hill.

As a breast cancer survivor, I truly believe our best defense against this disease is political action. I hope each of you will want to continue with us in our fight to stop the legacy of breast cancer for our daughters and granddaughters. Members of the Coalition's Board are here tonight wearing rose boutonnieres. Please feel free to talk with them about our work. I thank you for your support.

Frances M. Visco
President

js/draft

**FIRST LADY HILLARY RODHAM CLINTON
REMARKS FOR NATIONAL BREAST CANCER COALITION
SECOND ANNUAL GALA
NEW YORK, NEW YORK
OCTOBER 26, 1995**

[Acknowledgements: Patricia Duff, dinner co-chair; Susan Hurowitz, dinner co-chair; Paula Zahn; Dr. Susan Love, NBCC board member; Rosalind Donovan, Mary Elliot, and Elaine Hill, honorees]

Good Evening. I am very happy to be here tonight, surrounded by so many people who have dedicated their time, energy and resources to the fight against breast cancer. I want you to know I bring the heartfelt thanks of the President, who believes the prevalence of breast cancer is one of the most important health issues facing women and families today.

We all owe special thanks to Fran Visco for the courage and commitment she has brought to this battle against breast cancer. She is the heart and soul of the National Breast Cancer Coalition. During the several years I've known her, I've seen first-hand the energy and passion she dedicates to this cause.

She has been able to take a very important issue and present it in ways that can move both average citizens and elected officials to action. Thank-you so much, Fran, for all your hard work.

Tonight, the National Breast Cancer Coalition embarks on a fifth year of work to enhance the health of women and families.

I include families because women are not the only victims of this disease. Behind each of the 2.6 million women living with breast cancer are relatives and friends who have spent many distracted days and sleepless nights worrying over and caring for people they love.

Breast cancer has robbed young children of beloved mothers and grandmothers, husbands of adored wives, and mothers and fathers of their cherished daughters. It is hard to find a family - or a workplace, neighborhood, church group or social club - that has not been touched by breast cancer.

As many of you know, my mother-in-law, Virginia Kelley died last year after a four year struggle with the disease. The mother of one of my best friends was diagnosed a few months ago. Another friend just told me that his sister --only 41 years old - has found a lump in her breast as well. A volunteer in my office is now undergoing her fifth chemotherapy treatment.

By now, most of us know the frightening statistics by heart: We all know how every three minutes, a woman is diagnosed with breast cancer, how one out of every eight women in America will be diagnosed with breast cancer at some point during her life, and how every 12 minutes, a woman dies of breast cancer.

More than 180,000 women, women of all sizes and shapes and ethnic backgrounds from every region of our country will be diagnosed this year. Some 46,000 women will die of breast cancer this year.

Until recently, breast cancer had been on the back burner of medical research.

But we are making progress. And that progress must continue. In the four short years since the founding of the National Breast Cancer Coalition, government funding for breast cancer research has increased from \$90 million to \$600 million today. The funding addresses breast cancer on all fronts, from research into the improvement of mammogram technology to the study of the disease's genetic roots and environmental causes, to the development of innovative and aggressive treatments.

Government cannot fight this disease alone. Private support and funding are critical to keeping both advanced breast cancer research and public outreach efforts on track. Every dollar you donate to breast cancer research, prevention and treatment will help bring us years closer to the final eradication of the disease.

Those of you who are members of the National Breast Cancer Coalition have shown the nation what committed, grassroots activism and teamwork can accomplish. By your outspokenness and persistent lobbying, you have raised breast cancer awareness not only among government officials and budding young scientists seeking fields of research, but also among the general public.

Without the coalition, there might not have been a National Action Plan on Breast Cancer, which the Administration endorsed in 1993.

This plan, formulated by 150 consumers, clinicians, scientists, government officials and other experts represents a solid step toward strengthening knowledge, resources, and commitment for the prevention, diagnosis and treatment of breast cancer.

Most of all it is a public/private partnership, the coordination of the efforts of both government and private industry in combatting this deadly disease.

I want to thank especially Dr. Susan Blumenthal, deputy

assistant secretary for Women's Health in the Department of Health and Human Services and Fran Visco for shepherding this project.

I can't tell you how important their -- and your -- efforts are. Over the past year, I have met with breast cancer survivors and other women across the country and seen first hand the hope your efforts bring to their lives.

One of the most gratifying letters I've received in recent months came from a Virginia woman who got a mammogram as a result of the breast cancer awareness program the Administration launched on Mother's Day. Her screening found two malignant tumors before they could spread to other parts of her body.

In the absence of a cure for breast cancer, mammograms are one of the most important tools we have now to help us live longer and happier lives. Yet so many women neglect to sit for the very tests that have been crucial to catching tumors early, while they are still treatable. I was shocked to learn that while Medicare covers most of the cost of annual mammogram, only 40 percent of eligible women claim that benefit.

During my conversations with women throughout America about their attitudes toward breast cancer, I tried to find out why they were avoiding these tests.

Many women told me they were reluctant to get screened because they were afraid the procedure would be painful or embarrassing. Others didn't realize that the benefit is covered under Medicare. Some women lack insurance coverage or the funds to pay for the test. Still others have never been told by their doctors that a mammogram is one of the most effective ways of detecting malignant breast lumps. Some women have even told me they didn't want to find out if they were sick because they believed there was little they could do about it.

Finally, many women are so busy taking care of their families that they forget to take care of their own health.

So, we as a nation still have a great deal of outreach and education to do in regards to the prevention and detection of breast cancer. Not only do we have to battle the cancer itself but also the fear of the disease. As one doctor I met once said, "Awareness is human lives that need not be lost."

We need to spread the word, especially to our minority communities where death rates from the disease are higher, that mammograms are one of the most important things a woman can do to ensure not only her own health but that of her family as well.

As the volunteer in my office often reminds us, the

discomfort of a mammogram is less painful than not being able to watch a child or grandchild graduate from college or get married.

If we continue our efforts in research, education and treatment, if we take better care of ourselves, then being diagnosed with cancer does not have to be an automatic death sentence.

The three brave women we honor here tonight are proof of that.

I support and urge you to continue your good work, to remind Americans that breast cancer is not just a faceless disease, nor is it just a woman's disease, but rather a family disease and a national epidemic that must be addressed.

The President and I will do everything we can to assist you in your endeavors and to make sure that one day, perhaps even in our lifetimes, your Coalition will be able to disband, having declared victory against breast cancer.

Thank you.

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Please put page #5
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draft.

Lissa: Dr. Blumenthal offered to vet the speech for us. Should I fax to her?

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Mein -- and you --

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Thank you.

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THE WHITE HOUSE
WASHINGTON

OFFICE OF SPEECHWRITING

PHONE: (202) 456-2777; ~~6890~~ 456-5640
FAX: (202) 456-5709 -5708

TO: Susan Blumenthal

FROM: June Slick / Lissa Muscatine

RECEIVER FAX: 401-4005

RECEIVER PHONE: _____

NUMBER OF PAGES (INCLUDING COVER SHEET): 5

COMMENTS: here's a draft of First Lady's speech
for this evening. Please send ~~you~~ / phone
your comments as soon as possible
Thanks.

WARNING

Unauthorized use of these materials is subject to federal prosecution

National Action Plan on Breast Cancer

In October 1993, President Clinton received a petition signed by 2.6 million Americans calling for the establishment of a comprehensive strategy to fight breast cancer. In response to this, DHHS Secretary Shalala convened a precedent-setting conference in December 1993, bringing together a wide-ranging group of 150 consumers, clinicians, scientists, government officials, and other experts from around the country to develop a national action plan for fighting breast cancer and promoting breast health.

The outcome of this conference—*Proceedings of the Secretary's Conference To Establish a National Action Plan on Breast Cancer*—provides an action-oriented framework for the pursuit of breast cancer activities in three major areas: the delivery of health care, the conduct of research, and the enactment of policy. In so doing, the proceedings affirm the importance of collaboration and consensus building among public and private interests.

The resulting plan presents nearly 90 national actions designed to strengthen knowledge, resources, and commitment for the prevention, diagnosis, treatment, and care of breast cancer.

The Deputy Assistant Secretary for Health (Women's Health), Susan J. Blumenthal, MD, and Frances M. Visco, Director of the National Breast Cancer Coalition, are responsible for coordinating the implementation of the *National Action Plan on Breast Cancer*.

The Conference Co-Chairs Coordinating Group convened by Dr. Blumenthal and Ms. Visco targeted six priority areas that are now the subject of ongoing activity by separate working groups: (1) Information superhighway; (2) National patient/tissue registry; (3) Consumer involvement; (4) Breast cancer etiology; (5) Clinical trials; (6) Breast cancer susceptibility gene.

The Plan recently announced the award of \$10 million in grants this year for new innovative research and outreach projects, with a special emphasis on the development of public-private partnerships targeted in the six above-mentioned priority areas.

The Federal Agencies Coordinating Group, established under the Plan, brought 14 Federal agencies together to develop a coordinated breast cancer strategy, focusing on access/outreach in each agency's programming, data registries, and research. Currently, the Department of Veterans Affairs (DVA) is considering screening mammography for low-income women veterans, and may need legislative action to implement the coverage; the Department of Housing and Urban Development (HUD) is exploring how to disseminate information about breast cancer and existing programs to older women in housing projects; and the Department of Defense (DoD) is providing \$240 million to support research on the etiology of breast cancer.

RECENT POLICY AND RESEARCH DEVELOPMENTS

New Frontiers in Breast Cancer Early Detection

On October 11, 1994, the Office on Women's Health held a Capitol Hill briefing on *New Frontiers in Breast Imaging and Early Detection*. The briefing summarized current research technology, highlighting how our national investment in defense, space, and other imaging-related fields may

- **Supplementation of ongoing Federal grant-supported activities**
- **Supplementation of Federal intramural activities**
- **Awards to peer-reviewed Federal grants that fall outside the payline (i.e. the applications had received a relatively high ranking but were unable to be awarded because of a lack of available funds)**
- **Small contracts for workshops, surveys, and reports**

The Steering Committee has developed guidelines to ensure that projects, regardless of the mechanism by which they are funded, address one or more of the six priority areas and are innovative and cross-cutting, encouraging the support of public/private partnerships, and individuals and organizations who may not have been funded previously. All proposals will be reviewed by appropriate peer review groups and prioritized by the Working Groups and Steering Committee. Final recommendations for FY95 funding will be made before September 30, 1995.

Summary

The NAPBC represents an innovative public/private partnership that will make significant progress in the fight against breast cancer. New activities will be undertaken and additional priorities will be identified by the Plan over the coming years to increase

knowledge about the causes of breast cancer and to improve the detection, treatment, and prevention of this disease.

For further information on Plan activities and grant programs, contact:

**National Action Plan on Breast Cancer
PHS Office on Women's Health
200 Independence Avenue, S.W.
Room 730B
Washington, DC 20201
Phone (202) 401-9587
Fax (202) 401-9590**

High Priority Areas of the NAPBC

Six high priority areas have been identified by the Plan for immediate action. They include:

Information Dissemination: Develop innovative tools, approaches and strategies to disseminate information to and facilitate communication between scientists, consumers and practitioners about breast cancer, breast cancer clinical trials, and breast health using state-of-the-art information technologies (e.g., computer systems, interactive videos, CD-ROM, and/or the Information Superhighway).

National Biological Resource Banks: Establish biological resource banks to ensure a national resource of well characterized and documented biological materials for multiple areas of breast cancer research.

Consumer Involvement: Ensure consumer involvement at all levels in the development and implementation of public health and service delivery programs, research studies, and outreach efforts. Involve advocacy groups and women with breast cancer in setting research priorities and in patient education.

Breast Cancer Etiology: Expand the scope and breadth of biomedical, epidemiological, and behavioral research activities related to the etiology of breast cancer, particularly in the areas of effects of radiation and electromagnetic fields, chemicals,

hormones, lifestyle factors, viruses, and gene-environment interactions.

Clinical Trials Accessibility: Make clinical trials more widely accessible to women with breast cancer and women who are at risk for breast cancer. Identify barriers to participation in clinical trials and develop strategies to overcome these barriers through outreach to consumers and clinicians, through better understanding of the decision making process for women and their physicians, and through reduction of economic constraints.

Hereditary Susceptibility: Address the health needs and ethical, legal, and policy issues of individuals carrying breast cancer susceptibility genes. Test interventions for consumers, health care providers, and at-risk patient groups which will lead to the development of a comprehensive plan for these groups.

Grant Mechanisms

The Fiscal Year (FY) 1995 budget to fund activities related to the NAPBC is up to \$10 million. These funds were provided as part of the FY95 National Cancer Institute (NCI) appropriation. The PHS Office on Women's Health administers the grant programs of the NAPBC. Funding mechanisms that require a relatively short timeframe for allocation of the FY95 budget have been developed including:

- A small grant initiative to support new, innovative pilot projects



FACT SHEET

National Action Plan on Breast Cancer

Background

For American women, breast cancer is a dreaded and devastating disease which has reached epidemic proportions. It is the most commonly diagnosed cancer and the second leading cause of cancer deaths among American women. The lifetime risk of developing breast cancer today is one in every eight women, up from one in every twenty women just two decades ago. This year alone there will be an estimated 182,000 new cases diagnosed. Over 46,000 women will die from this disease in 1995.

In October 1993, President Clinton was formally presented with the National Breast Cancer Coalition's petition signed by 2.6 million people calling for the establishment of a comprehensive strategy to end the breast cancer epidemic. The Department of Health and Human

Services (HHS) was asked to respond, and, in December 1993, HHS Secretary Shalala convened the *Secretary's Conference to Establish a National Action Plan on Breast Cancer*. The conference was a unique undertaking that brought together for the first time 300 individuals, including advocates, consumers, clinicians, scientists, government officials, educators, members of Congress, the media, and others to develop through public/private partnerships a comprehensive plan to eradicate breast cancer as a threat to the lives of American women.

The purpose of the National Action Plan on Breast Cancer (NAPBC) is to use innovative, novel approaches and cross-cutting strategies to foster activities and progress across Federal agencies and the private sector to make significant progress in the fight against this dreaded disease.

Mission of the NAPBC

A national priority is to reduce the morbidity and mortality from breast cancer and to prevent this disease. The mission of the NAPBC is to foster, through public/private partnerships, the implementation of the comprehensive set of recommendations in the areas of prevention, health care, research, and policy from the 1993 *Secretary's Conference to Establish a National Action Plan on Breast Cancer*.

Goals of the NAPBC

- Promote a national effort to establish and address priority issues related to breast cancer etiology, early detection, treatment, and prevention.
- Promote and foster communication, collaboration, and cooperation among diverse public and private partners.
- Develop strategies, actions, and policies to improve breast cancer awareness, services, and research.

Organization

Susan J. Blumenthal, M.D., M.P.A., Deputy Assistant Secretary for Women's Health in the U.S. Department of Health and Human Services (HHS), and Frances Visco, Esq., President of the National Breast Cancer Coalition, a grassroots advocacy organization, co-chair the National Action Plan and coordinate

its implementation.

Since December 1993, substantial progress has been made in implementing the Action Plan. The Conference Co-Chairs Coordinating Group met with government representatives in June 1994, identified six priority areas for immediate action, and formed working groups to implement these priorities. They include: 1) expand research on breast cancer etiology; 2) increase the accessibility of clinical trials; 3) ensure consumer involvement; 4) address issues related to individuals carrying breast cancer susceptibility genes; 5) develop innovative strategies for information dissemination; and 6) establish national biological resources banks. In addition, a group of representatives from the HHS agencies and another made up of representatives from Federal agencies outside of HHS are sharing information on breast cancer activities in the government that address the goals of the NAPBC and are developing activities in areas that need attention and action. All of these groups are stimulating collaborations and new initiatives and working to ensure that the major players nationwide integrate their actions and work.

The activities of the NAPBC are implemented through a Steering Committee and six Working Groups corresponding to the six priority areas. The Steering Committee includes an Executive Committee and the Co-Chairs of the Working Groups.

OVERVIEW: NATIONAL ACTION PLAN ON BREAST CANCER

The National Action Plan on Breast Cancer (NAPBC), a major public/private partnership initiated by President Clinton, has as its goal the eradication of breast cancer as a threat to the lives of American women. The mission of the Plan is to reduce the morbidity and mortality from breast cancer and to prevent the disease. Specific goals include: 1) to promote a national effort to establish and address priority issues related to breast cancer etiology, early detection, treatment, and prevention; 2) to promote and foster communication, collaboration, and cooperation among diverse public and private partners; and 3) to develop strategies, actions, and policies to improve breast cancer awareness, services, and research. Susan J. Blumenthal, M.D., M.P.A., Deputy Assistant Secretary for Health (Women's Health), PHS, and Frances Visco, Esq., President of the National Breast Cancer Coalition, a grassroots advocacy organization, serve as co-chairs of the NAPBC. The implementation of the Plan is coordinated by the Public Health Service's Office on Women's Health.

Lady has convened "listening sessions" around the country to discuss the benefit and to discover why older women have not availed themselves of the benefit. Based in part on the responses to those sessions, the targeted initiative to promote the use of the Medicare mammography screening benefit was launched by the First Lady on Mother's Day. The campaign asks older women to use their Medicare mammography benefit and suggest that caring family members urge their mothers to get a "mama-gram" for Mothers' Day. The initiative continues throughout the year with public service announcements by the First Lady and President Clinton.

Discovery of BrCa 1 and 2 Genes for Breast Cancer

Promising news late in 1994 came when a team of investigators at the University of Utah, Myriad Genetics, and the National Institute of Environmental Health Sciences (NIEHS) identified a breast cancer susceptibility gene (BrCa 1) that may account for 5-10% of the breast cancers diagnosed each year. Since that time, scientists have both confirmed the BrCa 1 gene and discovered more than 26 separate mutations—alterations in the sequencing of base pairs that lead to a risk of breast cancer—scattered throughout the BrCa 1 gene. The genetics of breast cancer have been elucidated still further by the identification and confirmation of a second, entirely different breast cancer susceptibility gene (BrCa 2). At the same time, a working group has also been formed as part of the National Action Plan on Breast Cancer to assure that these and future genetic discoveries are utilized in the identification of susceptible women with the utmost sensitivity and confidentiality.

While only 5-10% of all breast cancers are the result of a genetic anomaly, 50% of those genetic defects are attributable to an alteration in the BrCa 1 susceptibility gene alone. Most recently researchers discovered a particular variant of the BrCa 1 susceptibility gene is found in Jewish women of eastern European descent (Ashkenazi Jews). This specific defect found among these women occurs at 3 times the rate of all other BrCa 1 alterations combined in the general population. These findings open exciting opportunities screening of women at high risk for breast cancer, although prevention and treatment options for these women is currently limited.

Environmental Factors and Breast Cancer

During the last year, significant progress has been made in investigating the epidemic of breast cancer in the northeastern United States. The National Cancer Institute has funded six grants to investigate the effect of environmental and other risks contributing to the high incidence of breast cancer in this area. The Long Island Breast Cancer Study Project, one of these projects will investigate a number of environmental contaminants, including the pesticide DDT, dietary factors, and low level electric and magnetic fields. NIEHS and NCI have funded several other studies to investigate the relationship between environmental agents and breast cancer risk. The PHS Office on Women's Health has established a Federal Interagency Coordinating Committee on the Environment and Women's Health that, in part, focuses on how home, work, and atmospheric pollutants, exogenous hormones, and other environmental factors may contribute to the risk of breast cancer and other disorders.

Department of Defense Breast Cancer Research Program

In FY 1995, the Department of Defense awarded \$240 million of new support for breast cancer research through its Breast Cancer Research Program Awards. Four-hundred thirty new grants are focused on studies to improve understanding of the etiology, diagnosis, treatment, and prevention of breast cancer.

provide better technology to aid in the early detection of breast cancer. Deputy Assistant Secretary for Health (Women's Health), Susan J. Blumenthal, M.D., M.P.A., presented testimony before the House Armed Services Committee about the improvements in breast cancer detection that could result from the application of defense and intelligence imaging technologies that are at least a decade ahead of medical technologies in the field. Work with DoD, NASA, and the intelligence community continues on this front. ; the President learned of CIA-developed tools that could be adapted to breast cancer detection in his visit to Langley.

Mammography Clinical Practice Guidelines

Recognizing the importance of the quality of screening mammograms in the early detection of breast cancer, in October 1994, the AHCPR developed a Clinical Practice Guideline --*Quality Determinants of Mammography*-- three guides (for mammography providers, referring health care professionals, and consumers). The guidelines define the areas of responsibility for each member of the health care team delivering mammography-- including women themselves-- emphasizing the importance of quality teamwork in the achievement of quality results, from the moment of referral through follow-up, if necessary. Women's questions about the procedure are answered. The document is available through a toll-free 800 number (1-800-358-9295).

Implementation of Mammography Quality Standards Act

Also in October 1994, the FDA's mammography facility "seal of approval" that is granted to those mammography facilities who meet the stringent FDA-developed standards for equipment, personnel and facilities under the Mammography Quality Standards Act (MQSA, enacted in 1992) was unveiled. Under the MQSA, the 11,000 mammography facilities in the U.S. are now required to meet FDA standards for equipment, personnel, and timely reporting of results to both women and their referring physicians. Facilities operating without the FDA seal of approval are operating in violation of Federal law.

National Breast and Cervical Cancer Early Detection Program

The CDC's National Breast and Cervical Cancer Early Detection Program offers free or low-cost mammography screening to uninsured, low-income, elderly, minority, and Native American women in 35 individual states and 9 tribal organizations. The cost of mammography is based on a sliding scale of ability to pay. Each of the remaining states, 3 U.S. territories, and the District of Columbia are conducting capacity-building programs in collaboration with the CDC to establish greater access to screening and follow-up services, increased educational programs for women and health care providers, and improved quality for mammography. This partnership building program ultimately will be available in all states.

White House/HCFA/OWH Medicare Mammography Initiative

In May 1995, First Lady Hillary Rodham Clinton, the Health Care Financing Agency, and the PHS Office on Women's Health initiated a campaign to educate women over 65 that mammography saves lives -- decreasing breast cancer rates by 30% in this age group. Screening mammography has been covered by Medicare on a biennial basis for the past several years, though the benefit has not been widely used. Diagnostic mammography has been covered based on "medical necessity." The First

Honorees - 3

The National Breast Cancer Coalition is proud to recognize Rosalind Donovan, a breast cancer survivor from the New York City area who founded and currently is co-facilitator of Harlem SHARE, a self-help support group. Through her efforts, Rosalind continues to be an advocate role model for the African American community. She worked tirelessly to promote the Coalition's petition drive and continues to lobby on the local and federal levels to focus attention on the issues of breast cancer.

The National Breast Cancer Coalition is proud to recognize Mary Elliott, a breast cancer survivor who founded the support group W.I.N.G.S. (women in need, gaining support) and who currently resides in Monroe, LA. Mary began her work as a breast cancer activist in 1991 with the Coalition's "Do the Write Thing" campaign. When she relocated to San Antonio, her activism followed as she helped to collect signatures for the Coalition's petition drive in 1993. Mary now serves on the newly formed Monroe Breast Cancer Task Force, continuing in her role as activist and encouraging others to join the fight against breast cancer.

The National Breast Cancer Coalition is proud to recognize Elaine Hill, a breast cancer survivor from Chattanooga, Tennessee who, for more than four years, has been organizing and empowering women in her area to get involved in the issues surrounding breast cancer. Elaine has been a strong activist, collecting signatures for the Coalition's petition. She has opened doors and given a voice to the minority communities of Chattanooga who for so long have gone under educated and underserved in the area of breast cancer.

- On October 18, 1993, more than 1,000 Coalition supporters marched from the National Museum of Women in the Arts to the Ellipse, behind a Coalition banner with the message "End the Breast Cancer Epidemic", while more than 200 Coalition members met with President Clinton, Hillary Rodham Clinton and Secretary Donna Shalala, in the East Room of the White House, to present the signatures. Following the White House ceremony, the Coalition held a rally on the Ellipse at which entertainers, Coalition members and members of Congress spoke.
- In response to the Coalition's demands, President Clinton asked Secretary Shalala to host a conference to begin the design of a national action plan for breast cancer. On December 14, 1993, Coalition members, other breast cancer advocates, members of Congress, of the Administration, of the scientific community, private industry and the media came together to begin sharing ideas and reaching consensus on the elements of a strategy to end breast cancer.
- NBCC members have assumed leadership positions in the ongoing National Action Plan on breast cancer.
- In 1995, NBCC developed Project Lead - an innovative science program for breast cancer activists - designed to educate advocates in basic scientific and medical language and concepts and in the structure of breast cancer research decision making. Project Lead graduates will then seek out and participate on a research board, section or committee, so that informed, educated advocates will bring a consumer view to the research process.
- Each year NBCC sponsors an annual advocacy training conference at which hundreds of breast cancer activists from across the country are trained in advocacy skills and educated in the legislative and research decision making processes.
- In 1994 and 1995, the Coalition successfully fought for continuation of the DOD peer reviewed breast cancer research program - at the level of \$150 million - and for increased appropriations at the National Cancer Institute, of \$265 million in 1994 and \$324 million in 1995.

In summary, in four years, the National Breast Cancer Coalition has:

- increased the funding for breast cancer research more than fivefold - from \$90 million to more than \$475 million;
- Created a grassroots network across the country of women and men who are committed to this issue;
- heightened awareness through two nationwide signature campaigns, collecting 600,000 and then 2.6 million signatures demanding attention to breast cancer;
- brought the issue to the East Room of the White House and the level of the Presidency of the United States;
- precipitated the development of a National Action Plan on breast cancer that will be a collaboration of government, private industry and consumers;

- helped plan the conference hosted by Secretary Shalala to bring about that action plan and draft the action plan itself;
- assumed leadership positions within the National Action Plan itself;
- developed an unprecedented science course to educate its members to participate in the research decision making structure;
- become a driving force within the scientific community and changed the focus of research, and;
- precipitated the development of an unprecedented multi-million dollar breast cancer research project within the Department of Defense that in its first year attracted close to 3,000 proposals.



P.O. Box 66373
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(202) 296-7477

History • Goals • Accomplishments

The National Breast Cancer Coalition (NBCC) is now a forceful voice, speaking for women and men across the country, who are demanding victory in the war against breast cancer.

The National Breast Cancer Coalition is a grassroots advocacy effort conceived in January 1991. Since that time, the Coalition has grown to more than 350 organizations, representing several million patients, professionals, women, their families, and friends. Coalition members include cancer support, information, and service groups, as well as women's, consumer health, and provider organizations. Thousands of individuals are members of the Coalition's National Action Network.

In just under three years, the NBCC has had a significant impact on general awareness about the breast cancer epidemic, and has had a major influence on public policy. We were able to achieve this success through intensive work and participation on the part of the NBCC Board of Directors, Task Forces, member organizations and our national grassroots action network.

The mission of the National Breast Cancer Coalition is to work to eradicate breast cancer, the most common form of cancer among women in the United States, through focusing national attention on breast cancer and by involving patients and caring others as advocates for action, advances and change. The Coalition informs, supports, and directs patients and concerned others in knowledgeable and effective advocacy efforts. Nationwide, women and men are bringing about meaningful progress in breast cancer policy through legislative and regulatory input, promotion of media coverage, and participation in activities such as marches and campaigns.

The goals of the National Breast Cancer Coalition are • to promote research into the cause of, optimal treatments and cure for breast cancer through increased funding, recruitment, and training of scientists and improved coordination and distribution of research funds • to improve access to high-quality breast cancer screening, diagnosis, treatment, and care for all women, particularly the underserved and uninsured, through legislation and change in the regulation and delivery of breast health care • to increase the involvement and influence of those living with breast cancer in the areas of legislation, regulatory process, and all aspects of clinical trial design, including access to clinical trials.

Accomplishments

- The NBCC "Do the Write Thing" letter campaign set out in October 1991 to deliver 175,000 letters to Congress and the President — one letter for each projected breast cancer diagnosis that year. In an extraordinary demonstration of the grassroots power of this issue, we delivered more than 600,000 letters. This outpouring of letters plus hard work by NBCC members resulted in an appropriation of \$132 million for breast cancer research to the NCI in fiscal year 1992 — a gain of almost 50% over 1991 spending.
- In February 1992, the NBCC convened Research Hearings in Washington. Fifteen of the nation's most prominent scientists working in the field of breast cancer testified. As a result of the Hearings, the Coalition told Congress that 300 million additional dollars would be needed in 1993 for breast cancer research.
- During Mother's Day weekend of 1992, the NBCC coordinated 38 events in 31 states to emphasize the need for more research dollars for breast cancer, quality assurance in mammography, and a national registry system.
- In July 1992, the NIH reauthorization bill that included the NBCC's figure of \$300 million for breast cancer passed the House and Senate, only to be vetoed by President Bush.
- Led by the NBCC, women arrived in Washington by the busload and swamped their members of Congress with calls, faxes, telegrams through the NBCC hotline and constituent visits demanding \$300 million more for breast cancer research.
- The NBCC's demands were met. We won more than \$400 million for breast cancer research: \$210 million in the Department of the Army and \$200 million to the National Cancer Institute. This total appropriation comprises the first-ever significant increase in breast cancer research funding.
- We endorsed or supported the Mammography Quality Standards Act of 1992, a Sense of the Senate Resolution Declaring Breast Cancer a Public Health Emergency, the Cancer Registries Act of 1992, and the Breast and Cervical Mortality Prevention Act of 1990.
- The Coalition increased the visibility of breast cancer as a national health emergency. NBCC leaders met with Hillary Clinton during the presidential campaign to brief her on breast cancer issues. We appeared on "The Today Show", CNN's "Sonya Live" and the "ABC Nightly News", and were covered by "U.S. News and World Report", "The New York Times Sunday Magazine" and dozens of national and local publications.
- On May 2-4, the NBCC kicked off its 1993 Campaign to secure 2.6 million letters, postcard, signatures, faxes and mailgrams directed to President Clinton asking that the breast cancer epidemic be declared a National Health Emergency and that we develop a National Strategy to end the epidemic.
- Over the following six months, Coalition volunteers across the country spread out to collect the 2.6 million signatures; they stood in front of supermarkets, in their churches, synagogues, in schools, at county fairs, at their workplace, wherever they could get signatures and raise awareness about this issue.

Honorees - 3

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draft

Good Evening. I am very happy to be here tonight, surrounded by so many people who have dedicated a great deal of time, energy and ~~money~~ in the fight against breast cancer. [It is a cause that has long held my attention, especially in recent years as I began to meet more and more women and families living with breast cancer.]

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work she has done
I would like to thank National Breast Cancer Coalition president Fran Visco for inviting me to speak to you tonight. She is perhaps the heart and soul of this coalition. I have worked with Fran for several years and am still a little bit in awe of the energy and passion she dedicates to this cause.

clear
She has been able to take such an important issue and present it ways that can resonate with both average citizens and the highest echelons of government. Thank-you so much, Fran, for all your hard work.

Tonight, the National Breast Cancer Coalition enters its fifth year of battle against one of the premier threats to the health ~~physical, emotional and financial~~ of women and their families.

I include families because women are not the only victims of this disease. Behind each of the 2.6 million women living with breast cancer ~~stand family members~~ and friends who have spent many distracted days and sleepless nights worrying over and caring for them.

Breast cancer has robbed young children of beloved mothers and grandmothers, husbands of adored wives, and mothers and fathers of their only daughters. It is hard to find a family - or a workplace, neighborhood, church group or social club - that has not been touched by breast cancer.

As many of you know, my mother-in-law, Virginia Kelley died last year after a four year struggle with the disease. The mother of one of my best friends was diagnosed a few months ago. Another friend just told me that his sister --only 41 years old - has found a lump in her breast as well. A volunteer in my office is now undergoing her fifth chemotherapy treatment.

By now, most of us know the frightening statistics by heart: We all know how every three minutes, a woman is diagnosed with breast cancer, how one out of every eight women in America will be diagnosed with breast cancer at some point during her life, and how every 12 minutes, a woman dies of breast cancer.

More than 180,000 women, women of all sizes and shapes and ethnic backgrounds from every region of our country will be diagnosed this year. 46,000 women will die of breast cancer this year.

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Because so many of our families and communities have been devastated by breast cancer, it is amazing that historically, breast cancer has been on the back burner of medical research.

But we are making progress. And that progress must continue. In the four short years since the founding of the National Breast Cancer Coalition, government funding for breast cancer research has increased from \$90 million to \$600 million today. The funding addresses breast cancer on all fronts, from research into the improvement of mammogram screening technology to the study of the disease's genetic and environmental causes, to the development of innovative and aggressive treatments.

Government cannot fight this disease alone. Private support and funding are critical to keeping the most innovative and advanced breast cancer research on track. Every dollar you donate to breast cancer research, prevention and treatment will help bring us years closer to the final eradication of the disease.

Those of you who are members of the National Breast Cancer Coalition have shown the nation what committed, grassroots activism and teamwork can accomplish. By your outspokenness and persistent lobbying, you have raised breast cancer awareness not only among government officials and budding young scientists seeking fields of research, but also among the general public.

Without the coalition, there might not have been a National Action Plan on Breast Cancer, which the Administration *endorsed* ~~established~~ in 1993.

This plan, formulated by 150 consumers, clinicians, scientists, government officials and other experts represents a solid step toward strengthening knowledge, resources, and commitment for the prevention, diagnosis and treatment of breast cancer.

Most of all it is a public/private partnership, the coordination of the efforts of both government and private industry in combatting this deadly disease.

I want to thank especially Dr. Susan Blumenthal, deputy assistant secretary for Women's Health in the Department of Health and Human Services and Fran Visco for shepherding this project.

I can't tell you how important all of these efforts are. Over the past year, I have ~~been trying to raise awareness about~~ the importance of mammograms, one the most important tools we have now to spare and lengthen the lives of women.

I met with women across the country to find out why so many of them neglect to sit for the very tests that have been crucial to catching breast tumors before they can spread to other parts of the body.

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I was shocked to learn that while Medicare covers most of the cost of annual mammogram, only 40 percent of eligible women claim that benefit.

Many women told me they were reluctant to get screened because they were afraid the procedure would be painful or embarrassing. Others didn't realize that the benefit is covered under Medicare. Some women lack insurance coverage or the funds to pay for the test. Still others have never been told by their doctors that a mammogram is one of the most effective ways of detecting malignant breast lumps. Some women have even told me they didn't want to find out if they were sick because they believed there was little they could do about it.

Finally, many women are so busy taking care of their families that they forget to take care of their own health.

So, we as a nation still have a great deal of outreach and education to do in regards to the prevention and detection of breast cancer. Not only do we have to battle the cancer itself but also the fear of the disease. As one doctor I met once said, "Awareness is human lives that need not be lost."

We need to spread the word, ^{from} especially to our minority communities where death rates ~~of~~ the disease are higher, that mammograms are one of the most important things a woman can do to ensure not only her own health but that of her family as well.

As the volunteer in my office often reminds us, the discomfort of a mammogram is less painful than not being able to watch a child or grandchild graduate from college or get married.

If we continue our efforts in research, education and treatment, if we take better care of ourselves, then being diagnosed with cancer does not have to be an automatic death sentence.

The three brave women we honor here tonight are proof of that.

I support and urge you to continue your good work, to remind Americans that breast cancer is not just a faceless disease, nor is it just a woman's disease, but rather a family disease and a national epidemic that must be addressed.

The President and I will do everything we can ^{to} assist you in your endeavors and to make sure that one day, perhaps even in our lifetimes, your Coalition will be able to disband, having declared victory against breast cancer.

Thank you.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

May 1, 1995

**Remarks by First Lady Hillary Rodman Clinton at Medicare
Mammography Awareness Campaign Kick-off**

MRS. CLINTON: Thank you very much. Thank you so much for being here for this important and, in many ways, unprecedented event. I want to thank Secretary Shalala for her leadership in so many areas, but as she mentioned, when the President announced the National Breast Cancer Action Plan from this room and asked the Secretary to please begin to do all that we could in the federal government to not only get word out about breast cancer, but to begin a really concerted effort to turn all of the forces of the federal government toward research to find a cure to understand this disease -- Secretary Shalala really took that and ran with it, and we're very grateful to you.

I also want to acknowledge Bruce Bladic (PHO.) and Dr. Helen Smiths from the Health Care Financing Administration. That is the agency that pays the Medicare bills, that tries to compile information so that we know what's really happening with people in our country when it comes to health, and they are very much involved and committed to this effort, and I'm very grateful to that.

I also want to thank Dr. Susan Blumenthal and the Public Health Service's Office on Women's Health, which has played a major role in bringing to all of our attention the issues affecting women and our health, and I know this is a very big week for older Americans, because it is the White House Conference on Aging. And Fernando Torres Gil (PHO.) who is here, is the man responsible for making sure that this week happens, and he seems remarkably relaxed, and so I'm glad to welcome him here to join all of us.

We are kicking off the Clinton administration's "Mommagram" campaign. And that is a very carefully chosen phrase, because it really says what we want it to say. We are concerned about our mommas -- whether we call them mothers, mommies, moms, whatever, we are concerned about all of the women in our country, and particularly older women. And we want this campaign to increase awareness of the importance of mammography among our nation's older women.

The threat of breast cancer, as the Secretary points out, is one that touches every single American. We all know someone -- a grandmother, a mother, a sister, an aunt, a daughter, a friend, or in my case, my mother-in-law, who has suffered or is suffering from this disease. But what many Americans do not know is that the risk of

MORE

breast cancer increases with age. In fact, 80 percent of new breast cancers occur in women aged 50 and older, and half of all new cases occur in women 65 and older.

That is why, thanks in large part to the advocacy of many organizations represented here today, mammography was added to Medicare in 1991 as one of the few preventive or screening services that Medicare offers. And that is why, as I worked on health care reform, I was distressed to learn that fewer than 40 percent of women aged 65 and older on Medicare have used the Medicare mammography benefit.

Over the past months, I looked at studies on barriers to mammography use among older women, and I talked to women all over the country of different backgrounds and races and different regions who had different experiences with mammography and with breast cancer. I believe that through these meetings, which we called "listening sessions," because that's what I was doing, we could gain a better understanding of how we could increase the use of mammography by going to the people who were the experts -- the women themselves.

I learned a great deal from these sessions, from the physicians and nurses and women who took part in them, from the advocates representing organizations, and the entire government did as well. Because we heard that older women, like the rest of us, value the advice of their doctors, and that a great number of older women will get a mammogram if their doctors recommend it.

We learned that some older women don't realize that you never outgrow the need to protect yourself against breast cancer, and that some women mistakenly believe that mammograms are extremely painful or even dangerous, that they, themselves, can cause breast cancer. Some women fear getting a mammogram because they believe that finding breast cancer, even in its early stages, is a death sentence. And we learned that some older women, women who have spent their lives caring for others, simply don't know how to take care of their own health by seeking out such services for themselves.

But we also learned that with information and outreach, older women will get mammograms to help them live longer, healthier lives, and our goal is to provide this support and to increase mammography use among our nation's older women. So we are pleased to announce today this awareness initiative.

In honor of Mother's Day and all of our nation's older women, we are kicking off our initiative with a "Mommagram" campaign. The "Mommagram" campaign will give husbands, sons, daughters, grandchildren, friends and anyone else with a close relationship with an older woman a way to let that woman know that her family and friends care, that part of that caring means wanting her to get

regular mammograms, and that Medicare covers the cost of these mammograms.

I would like to take this opportunity, on behalf of the administration, to thank all of you who have done and will continue to do so much to make this "Mommagram" campaign a success. This campaign has been a wonderful coordinated effort among government agencies and between the government and the private sector. I would also like to thank the health care professionals and their organizations who will be communicating with their members about the importance of reminding their older women patients to get regular mammograms.

As one of the women in one of the listening sessions told me, she says, "I had five things wrong with me, I have five different doctors, I have doctors for my eyes, I have doctors for my heart, I have doctors for my feet, but nobody ever told me to get a mammogram." And so part of our message is for all doctors who take care of women for any problem remind them, please, about mammograms.

I'd also like to thank the senior organizations and cancer advocacy organizations who will be activating their grass roots networks to get the message out. This is very important, because you're really there on the front lines, talking with women every single day. Many of you have worked very well on your own excellent breast health awareness campaigns, and we appreciate your additional efforts on behalf of this as well.

I'd also like to thank the creative public relations professionals who donated their time and effort to design the "Mommagram" campaign. You can see one great example behind me. And the generous corporations and trade associations who have provided funding or are distributing and displaying the message or the materials that have been developed for this campaign.

And I would most certainly like to thank the women who participated in these listening sessions. Some of them were able to be with us today, and I would like all the women in all the listening sessions to please stand, because it is your help that made this day happen. (Applause.)

I would also add, we had a really good time, and some of what was said and some of the stories that were told, we couldn't publish in the form that they were -- (laughter) -- but I will never forget them. And I hope that all of you know how much we appreciated your taking your time and sharing very personal information with us.

Our efforts will not end with Mother's Day. The "Mommagram" campaign is just the first stage in a year-long Medicare mammography initiative that will include outreach through Medicare carriers and intermediaries -- those are the insurance companies and the other folks who process the bills and do what needs to be done in order to

MORE

get Medicare to work for you, through state health departments, local aging agencies, and we hope many of you here today.

I also know there are many women -- and we have just had very strong evidence of that published in a recent article -- who are living on bare-bones budgets in their later years, and they are finding it very difficult to meet the deductible cost on Medicare and the small copayment for a mammogram. Probably the most difficult and poignant moments in those listening sessions were when women stood up and said, "I was diagnosed with breast cancer, but I didn't have insurance, and I waited until I was eligible for Medicare." Or, women who stood up and said "I have a history of breast cancer in my family, but at the end of the month, I just can't afford, even with Medicare's help, to pay for a mammogram."

I hope this campaign will help us focus national attention on not only the benefit that is available through Medicare, but also the need to make sure that every woman is able to take advantage of that benefit. We applaud the many local programs that I learned about around the country that offer free mammography screening, and I know that the many partners in this effort here today and those unable to be with us, will do everything that we can do together to assist in finding ways to cover the costs that Medicare does not now pick up.

Hopefully, the day will come when the government will be able to meet the needs of all women, or there will be other changes that will permit a service such as Medicare's mammography benefit to be accessed without any financial barriers.

As I think about this campaign, I can't help but also think about the voices we're hearing in Washington today that are trying to tell us that there is nothing the federal government can do for people. I think the Medicare mammography benefit belies that. And I think this awareness campaign does, too. Working together with local government and the private sector, we can use the Medicare mammography benefit to save lives. And that is very important to all of us.

We have here today someone I met in our listening sessions, and whose words and thoughts helped us shape this campaign. I'd like to welcome Zinny Cummings (PHO.) from Church Women United, a brave and determined woman who is one of mammography's success stories.

Zinny, would you please join us here at the podium?
(Applause.)

(ZINNY CUMMINGS SPEAKS)

MRS. CLINTON: I'm so glad you got on that airplane.
(Laughter.) One of the items that Zinny referred to was a video, news

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release that we put together by the Department of Health and Human Services, which gives a bit of a flavor about what we heard in all of these listening sessions. And I think we're going to be able to play it right now and show you on these two screens.

(VIDEO SHOWN)

Thank you, Jackie, for you and your crew doing such an excellent job on that. We started our first listening session in New York, and I was pleased there to hear from a number of women who have been active in various organizations that are advocates on behalf of older women and on behalf of cancer. And one of those women from the Older Women's League is Lou Glass(PHO.) And, Lou, I'd like to introduce you now to our audience. Please join us here. (Applause.)

(JACKIE SPEAKS)

And that's such an important point that Lou just made is the peace of mind that comes from doing this for yourself and finding out there isn't anything wrong, and that's an important point that we want to stress today.

As has already been mentioned, the President and I have a very personal interest and commitment to this issue, because my mother-in-law, Virginia Kelley, died in January of 1994 from breast cancer, and so we were very intimately involved with her and her disease over a number of months. She, as any of you who ever met her would know, she never wanted to have anybody feel sorry for her or in any way stop what they were doing because of her battle with breast cancer, and she was a great inspiration to us in the last years of her life as she was during her entire life.

And in our efforts to try to reach out to women around the country, we thought we would tell our own personal story about this because perhaps all of the talking and all of the statistics and all of the effort that has been put into mammography for all women, particularly older women, may not make the impression on some women that a personal story does. So we have, with the help of some very creative people, done some PSAs that I hope will, in their own way, reach some additional women, and I'd like to show those to you now.

(PSAs are shown)

We hope that other additional ideas for ways of reaching women throughout the country will come forward from this campaign. We want to, in every way we can, to get the word out. Some of the things that you'll be seeing in the Mother's Day part of this campaign are Mother's Day cards that will have inside this special "Mommagram," and so I hope that many, many people buy these cards and send them to

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their mothers and their grandmothers and other women who they appreciate.

We'll be having, with deliveries of flowers on Mother's Day, which I think is probably the biggest day for flowers in the whole country, a mammogram for you which will come with every bouquet and will point out the importance of having a mammogram, and again I think that this is a way that Mother's Day can be celebrated particularly, will have pins that I hope people will wear as --especially those of you in organizations who are working on this will be visiting with women and speaking to groups, many other kinds of brochures that will be put out with our slogan -- "Get a mammogram: a picture that can save your life."

So we are very grateful for everything that all of you have done, and I think each of us has a personal reason for being here today and for being invested in this campaign, and certainly my mother-in-law is my personal reason, along with many of my friends and other women whom I have known.

My own mother couldn't be here. She's much too busy today. (Laughter.) So she's not going to be able to come for Mother's Day until toward the end of the week. And of course, this is, as the President said, our second Mother's Day without his mother. But I think that we need to celebrate all of the mothers who are here, and I asked if there could be one person perhaps chosen to represent all of the mothers, because we'd like to give them a bouquet. And this is really a bouquet for everybody, and this is a total surprise, so I'm sure this woman will say, "Why are you doing this to me," but one of the people from our listening sessions who is here today is LuAnn Richter(PHO.), a 73-year-old breast cancer survivor, and she told us that in her early years, she had regular mammograms but stopped having them because she didn't have any family history of cancer.

Seven years ago, she found a lump through a self-exam, went to a physician, it was confirmed as cancerous, she had a mastectomy. She now has regular mammograms. She is a widow with two children and four grandchildren and a member of the Older Women's League. And LuAnn, if you'll join me, you are our proxy for all of the mothers and grandmothers. (Applause.)

(MRS. RICHTER ACCEPTS BOUQUET)

Well, we are so excited to have all of you here, and I hope that this campaign will be as successful as the efforts that you have invested in it.

I also wanted to recognize another group who is here because of what they had just done, and that's the Inspiration Expedition, a group of breast cancer survivors who climbed the tallest mountain in

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the world, outside of the Himalayas, in South America, and I wanted them to stand, all who were members of this expedition who are here, because we are very proud of you. (Applause.)

So we have much to be grateful for as we approach this year's Mother's Day and we have much to work for as we try to take this campaign to women throughout our country, and I want to thank all of you for making this possible and for being part of such an important effort, and I look forward to celebrating next year as we hopefully see these statistics getting better and better, as we see more and more women taking advantage of these kinds of mammography benefits, and as we move closer and closer to learning about what causes breast cancer and what will cure it for ourselves, our daughters and our granddaughters. Thank you all very much.

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THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

September 19, 1994

REMARKS BY THE FIRST LADY
AT "FASHION TARGETS BREAST CANCER"
WASHINGTON, D.C.

MRS. CLINTON: Good afternoon. (Applause.) Good afternoon, and welcome to the White House. I know some of you have been here over the years, and for others, this is your first trip. I hope that you feel as welcome as we want you to. We are grateful for this event today, and we are grateful for the American fashion industry's contribution to our country.

And it is an exciting day for us here in the White House because of the events of the last 24 hours. And what better way to celebrate than to have all of you here and to be doing something as important as this?

It is a special pleasure for me to not only welcome you but to talk a little bit about what we hope to accomplish with this very exciting kick-off event. In order to understand how important this is to all of us, I think we only have to pause for a minute to consider the woman who is being honored, Nina Hyde, whom I did not have the pleasure of knowing personally, but who certainly made her mark in so many ways on so many lives.

In addition to Nina Hyde, who inspired this event and has inspired so many to commit themselves to the fight against breast cancer, I would imagine that every one of us knows at least one other person who we are honoring today silently because of her valiant fight against breast cancer, perhaps becoming a survivor, with all of the lessons that that gives to the rest of us; or perhaps someone like Nina or my mother-in-law, who lost the fight against breast cancer, but whose lessons about living and dying remain a constant inspiration to the rest of us.

We all know the grim statistics about breast

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cancer. We all know how every three minutes, a woman is diagnosed with breast cancer, how now, one out of every nine women in America will be diagnosed with breast cancer at some point during her life, and how every 11 minutes, a woman dies of breast cancer, because it is the leading cause of death among women between the ages of 35 and 54.

More than 180,000 women, women of all sizes and shapes and colors and religions and ethnic backgrounds and from every region of our country, will be diagnosed this year. Over 2.6 million women are currently suffering from breast cancer, and 46,000 will die.

The statistics are troubling enough, but what brings us all together and what inspired this very exciting campaign is that for too long, except for the example and the voices of individuals, we did not do enough to combat breast cancer.

We know now that we had to redouble and retri-
ple our efforts. And thanks to the examples of women like Nina Hyde and her many friends and thanks also to scientists and researchers and medical doctors like Dr. Mark Lippmann and his team at Georgetown and thanks also to an Administration with leadership like Dr. Susan Blumenthal and others, who believes that breast cancer is a disease that must be combatted as vigorously as we can possibly do so, we are slowly beginning to make progress.

Last October, when leaders of the National Breast Cancer Coalition met with the President here at the White House, they pushed for a national action plan on breast cancer. That is something that the President had promised during the campaign. It is something that I personally felt very strongly about, based on my own work and my own contact with friends and other women who often waged a lonely battle against this disease.

We have since then established such a conference and created such a plan. We now have a frame work in place. We have increased dramatically the amount of money spent on research into this disease. We have also increased research into the technology that can help diagnose it and treat it in its current stages.

That is one of the reasons why many of us were and remain so committed to health care reform, because we know

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that for every research breakthrough, there will be women who will not be able to access that research. We know that despite remarkable discoveries like that of the BRAC-1 gene last week, that millions of women will be left out of those breakthroughs without guaranteeing that every woman has access to quality health care.

As I have worked on behalf of health care reform, I have a movie in my mind. The movie is of the faces and stories of men and women and children all over our country. One of the faces is that of a woman whom I met in New Orleans, a woman who had worked at the same job for more than 15 years, a woman who took care of herself, paid out of her own pocket for a yearly physical because she could not afford insurance and did not have it through her workplace, a woman who when she had her annual physical, was told a lump had been discovered in her breast and was referred to a surgeon.

But when the surgeon found out she did not have health insurance, he told her that they would just watch the lump instead of taking a biopsy of it, because she could not afford the biopsy. That woman, like many women around our country, was left not knowing; in many ways, a fate that befalls to many in our health care system today, who even despite their own best efforts, cannot achieve the health care that would save a life or possibly minimize the damage of a disease.

So in order to make progress against this disease, we must move on many fronts. We must move as you are moving, led by the fashion industry, to continue to raise awareness and to continue to raise funds, so that we can combat breast cancer. We must move on the scientific and research front, and we must move on the governmental front, so that breast cancer is a disease that we all can feel we are contributing toward the cause of and also toward the amelioration of, by making sure that we have leadership in our public and private sector that is dedicated and compassionate and understands what this disease means in the lives of women.

Probably no industry understands women better. As I've told some of our guests, I've never seen the women in the White House get more dressed up. (Laughter.) People were making mad phone calls around town, borrowing things, trying to do their best. Even though they may not even see you, they know you are here. (Laughter.)

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I was particularly touched and moved by the stories I've read about Nina Hyde calling in columns from Tibet, befriending people in the industry, taking care of her assistants at the Post. And we are honored to have Kay Graham with us, who really has helped to spearhead this work on behalf of Nina Hyde and the Georgetown Center. And we are also pleased to have Nina's daughters and her husband with us, people who knew her well and still miss her.

But I was particularly moved by learning that Nina Hyde always felt well-dressed with a swatch watch. I went through my closets and drawers looking for a swatch watch. I mean, after you've been on the worst dressed lists of People magazine, you will look for anything that can possibly give you some surcease from that.

But I don't have a swatch watch, but I have something even better. I have the honor and pleasure of introducing one of the leaders of this effort, someone who has committed himself and his company to making sure that these T-shirts are sold everywhere and become the fashion statement, with or without a swatch watch, for every woman and, I suppose, man who we can get to wear one.

And I think we all owe him and his colleagues a great deal of thanks. So join me, please, in welcoming Ralph Lauren. (Applause.)

MR. LAUREN: Just before we came out here, I was standing out on the terrace, and Donna said, "Ralph, this look becomes you, standing on the terrace." (Laughter.) I said, "Donna, I really do like this. It feels very good."

I do want to say that I am here not for Ralph Lauren. I am here for this industry. I'm here for the Council of Fashion Designers, Fern Malase (phonetic), Stan Herman (phonetic), Donna Karan, Oscar de la Renta, Louis de Olio. I'm here for Ricky Lauren, who inspired me when I worked with Nina. I'm here for Kay Graham, who has worked with us. And it was inspiring to watch her.

As I was sitting here and I looked to my left, I looked at a fellow here that might get embarrassed as I say it, a boy by the name of Jeffrey Banks, who's not a boy anymore. He's a man. And Nina Hyde introduced me to Jeffrey about 30 -- Jeffrey, is it 30 years ago, 25 years ago?

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MR. BANKS: Twenty-five.

MR. LAUREN: Twenty-five years ago. (Laughter.) Believe it or not, he was in high school and graduated in my tuxedo. But he has been in this industry for these years and has had a success.

And Nina was that kind of person that would really be involved with people, no matter where you came. When you were coming into Washington -- Nina was not my best friend, but she treated every person she knew in that same way as if you were her best friend, as if she was thinking about you. And she was very intelligent and very caring about all people.

And I'm here for those reasons, but I'm here for a lot of different reasons. I guess I have had much success in my career. I've enjoyed wonderful spreads in magazines, lifestyle images of my wife and my family and all that, which are wonderful. But one of the lifestyles you did not see was New York Hospital, with bandages around my head and a person who could not walk down the hall, so weak that it didn't matter anymore.

On one hand, you're on the cover of Time magazine; on the other hand, the world is forgetting you, and you know what it feels to have that sensitivity. That type of sensitivity, I'm glad for today. I was not happy about doing what I had to do. But it does open your mind and your life to thinking about the world. I work as hard today as I ever did, but there is something extra that I carry along with me, and I'm always sensitive to what goes on.

When I met Nina, I had just come out of the hospital. I guess we had a sort of a kinship, because at that time I had seen her, she did not look too happy. And I had not seen her for a few months. And I said, "Nina, you don't look so well. Why are you not smiling?" Because she was always very gracious and very open and very -- and she really did look down. She said, "Ralph, I have breast cancer."

And I was taken by it and shocked. And I said, "Nina, what can I do?" And she said "Ralph" -- and I can remember driving along in a car with her. And she said, "It would be really wonderful if you could talk to the fashion industry about this." And I was saying to myself, "Talk to

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the fashion industry? It's a big industry." The fashion industry is the largest industry in America. I said, "How am I going to talk to the fashion industry about this?"

But, you know, you can do things that you never think you could do. You can say, "It's too big; I'll never get there," or you can say, "I can get there, one by one." This did not happen overnight. We did not plan this event. This took many years of thinking and trying to do things.

Anyway, in working with Nina and talking to Nina, we did do something. And I called every designer and wrote to every designer in the world. And we got responses from everybody. And we had a cocktail party, and we raised a million dollars. Nina was alive then, and she spoke. And it was quite amazing. From nothing, we had a Nina Hyde Foundation.

And I've often asked these questions of myself, and these questions that I will have to ask you and hit you real hard. If someone said to you -- if it was your sister, your aunt, your wife, your girlfriend said, "I have breast cancer; I'm dying," what would you do? What would you do? And I would have to ask everybody out there in the world that passes notes that go by them, because we're so busy in life, all the big industries, all the big-time power men out there that are wheeling and dealing and shuffling and moving dollars all over the places, if their wife had breast cancer, and they loved their wife, would they have not paid millions to make sure she lived? Would they not have done everything in the world?

And we can say, "Beware of this terrible disease." We can say, "Let's really know about this breast care awareness." But it's not about awareness. It's about doing. It's about getting a job done. It's about motivating and getting these people to spend the money that it's going to take to really cure this disease.

We have Dr. Mark Lippmann, who I had met through Nina. Mark was just another doctor to me until I met him. And he was inspiring, because he really explained what could be done. And he explained that this is not going to be forever. Breast cancer can be cured and will be cured, possibly or maybe totally, in our lifetime.

If you know that and you're well, wouldn't it be

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great to prepare for that today? Wouldn't it be great to be ready for that, so that you don't have to ever go through that?

I would like to introduce Dr. Lippmann and have him explain exactly what is being done. Thank you very much. (Applause.)

DR. LIPPMANN: Mrs. Clinton and many honored guests, it's an incredibly joy for me to be here today on this occasion. But I wish to say to begin with that I'm really not for here for myself.

I think it's essential that you recognize that I'm not here for the Nina Hyde Center, the Lombardi Center at Georgetown University, but I'm here, in some sense, for thousands of dedicated scientists and physicians around this country who have worked tirelessly towards gaining a better understanding of breast cancer and better means of treating it. And I'm also here on behalf of patients, patients that are alive now, patients that are to be, and patients who are no longer.

For the last 20 years, my entire life has been dedicated to breast cancer, and it's an incredibly overwhelming thought to know that in the United States alone in that period of time, almost a million women have died of breast cancer. It's enough to give one very, very serious pause.

And some time ago, when Nina Hyde was my patient and my friend and my colleague and, in some ways, my goad, when she knew what lay in store for her, in many ways, she did not give up. She most emphatically appreciated that much could be done. And she collared many of the people in this room, grabbed them, and wouldn't let go, got them, got their attention. When their attention wandered, she got it again. And when their attention wandered, she grabbed them again.

And because of her and other women like her, there is a great deal that we can be thankful for already in the story about breast cancer. And there are three pieces of this story that, very briefly, I would like to touch upon.

The first one that we have already talked about is awareness. But awareness isn't a vague concept when you talk about breast cancer. Awareness is human lives that need not

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be lost. It is a simple fact that easily, one-third of the women who die of breast cancer in this country every year would not die with optimal care delivered equitably throughout this country with technologies and means that we have already discovered.

And certainly, when I say "awareness," I don't simply say awareness philanthropically. I say awareness from the vantage point of getting that care to people who need it, helping them understand why they need it, helping them understand that they're entitled to it, and helping them with that entitlement to get what they need for themselves.

Secondly, and extremely importantly, there has been progress made. And that progress has not come easily, but it has not come by serendipity alone. Thousands of human hours spent in the laboratory and in the clinic with women brave enough to be part of clinical trials and to face the unknown, together with their caregivers, have led to a variety of therapies that are capable of saving lives.

Drug treatments given prophylactically following surgery can improve the survival for women with breast cancer. There's no question about it. New therapies with cytotoxins (phonetic) and new drugs clearly can increase the response rates for many women with breast cancer. And that's encouraging, as well.

Perhaps the most important message, though, that I think I can bring to you is my own personal sense of optimism and hopefulness, which is reality-based, which comes from an increased understanding of this disease.

It is simply no longer true to say that we have no idea what causes breast cancer. "It's just a terrible mystery; it's a curse." That's not true. In many cases, the specific proteins produced by breast cancers which are responsible for their behavior, for making the breast tumors grow and spread and metastasize have been discovered, are known and identified.

And in laboratories such as the ones we have in the Nina Hyde Center and throughout the country, many investigators are hard at work attempting to exploit that information with new experimental therapies. And it is unquestionably the case that some of these therapies will work. And this requires the dedication and support not only

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of the United States government, for sure, of organizations like the American Cancer Society, and, critically, human beings like yourselves involved in supporting this process.

Not only is this understanding of the disease going to alter the entire face of therapy, but a great deal more can be said about what we would almost all prefer, to wit: to either prevent the disease or to detect it when the therapies need be minimal, nonmutilating, and nontoxic.

And the fact is that we finally do have insights into new approaches to breast cancer detection which can either supplant or augment mammography. There are new technologies in trial in experimental work in human beings now which have enormous prospects of discovering the disease while it is no bigger than a millimeter. Breast cancer discovered at that size is curable 95 percent of the time or more. That reduces the death rate from 46,000 to 4,000. That would be a major gain.

The will to do these studies needs to constantly be there among all of us. The financial support, so clearly flagging over the past few years, needs to be re-enthused and reinfused into this process, because we do have the knowledge and the ability to get the additional knowledge to finally have an impact on this disease, which is why I say thank you on behalf of my colleagues, for your support.

Because not in some future, ephemeral time, but in the next few years, I believe that our continued support for this activity will change this disease for our children and the people we love. Thank you for your attention.
(Applause.)

It's my pleasure to introduce Dr. Susan Blumenthal, who works within the system for the U.S. government. And her efforts have been extraordinarily helpful in attempting to marshal the kind of support we need to improve this pace of discovery. (Applause.)

DR. BLUMENTHAL: Thank you very much. Thank you, Mark, and Mrs. Clinton and distinguished guests.

Over the past four years, our country has witnessed the greatest focus on women's health in the history of our nation. The year 1990 marked the beginning of a decade in which alarming inequities in women's health were exposed --

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the lack of women as research subjects in our nation's clinical investigations; the fact that men were considered to be generic humans, and yet the findings from these studies were extrapolated to guide the treatment of women patients; the lack of analysis of data by gender in diseases that affect both men and women, such as heart disease and cancer; the dearth of senior women scientists in our country's federal and research establishments.

These inequities are now being addressed through the Public Health Service Office on Women's Health working in collaboration with all of the agencies of the Public Health Service and other departments of government and working with consumers, health care professionals, and others.

There's an old proverb that says, "It is better to light a candle than to curse the darkness." There has been considerable darkness surrounding women's health issues in the past, but the light that has been shown on these issues by the dedicated and outstanding leadership of Hillary Rodham Clinton, Secretary Donna Shalala, consumers, health care professionals, scientists, so many of you here today has brightened the prospects for a healthier future for all American women.

Perhaps nowhere is the need to focus our energies, our resources, your art, and our science more than the problem of breast cancer, the most frightening and the most common cancer for women, a public health issue that is of highest priority to the Clinton Administration and to our Office on Women's Health.

As Mrs. Clinton mentioned, a year ago in this room, signatures of 2.6 million Americans were presented, a conference was held, and a national action plan was implemented. Our Office on Women's Health is implementing that action plan in cooperation, in collaboration with other private organizations and public sector groups. We have brought together all the agencies of government, the Department of Defense, the Environmental Protection Agency, the State Department.

We're working with consumer advocacy groups, with health care professional societies, with private industry, with all of you here today. Work with us to develop concrete actions to eradicate breast cancer as a threat on the lives of American women. And we will do that. Concrete

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initiatives -- we have developed working groups with public-private partnerships on a number of issues, such as putting together a plan for counseling for this newly discovered gene that will affect 5 percent of women with breast cancer and 25 percent of women under the age of 30 with breast cancer.

We're developing and linking breast health and breast services to the information superhighway. We're developing a data and tissue resource bank, so that there will be a national registry to help researchers find the risk factors for breast cancer.

And there are many other important programs underway in our government today. And let me just highlight a few of them for you. The National Institutes of Health, under the distinguished leadership of Dr. Harold Varmis (phonetic), is the biomedical research capital of the world. One of his institutes, the National Cancer Institute, is the steward of research on all aspects of breast cancer, supporting research both in the labs of the NIH and in academic centers across the country, such as Georgetown University Medical Center.

The National Cancer Institute, under the direction of Dr. Samuel Groder (phonetic), is supporting research on the biological, hormonal, and environmental causes of breast cancer. We want to know why the rates of breast cancer have gone from 1 in 20 women in the 1960s to 1 in 8 women over her lifetime today.

While the breast cancer gene newly discovered explains about 5 to 10 percent of those cases, fully 70 percent of women have no known risk factor for the disease. And we think that 90 percent of them have some environmental factor that is interacting with normal genes to express breast cancer. We need to find out what those environmental -- preventable environmental causes of breast cancer are and change them.

Additionally, the NIH is supporting a trans NIH initiative, the women's health initiative. It has been joking called "the mother of all clinical trials," because it is the largest clinical trial ever conducted on either men or women. It is exploring the risk factors for diseases in older women, such as breast cancer, osteoporosis, and heart disease. It is exploring the effects of hormone replacement therapy, estrogen replacement therapy, on the development of

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risks for breast cancer. And it is studying whether low fat diet, exercise, and vitamin supplements might be helpful in preventing breast cancer in older women.

Additionally, the National Institute of Environmental Health Sciences is looking at environmental risks for breast cancer. We know that there are particular pockets, geographic pockets that have higher rates of breast cancer in our country. We want to know whether there are pesticides, atmospheric pollutants, other factors that may increase the risk. And we know that some of these factors promote the production of estrogen in women's bodies. And there have been studies that have linked some of these factors to the increase in breast cancer rates.

Two seemingly unlikely sources of breast cancer activity are the Department of Defense and the Environmental Protection Agency. The Department of Defense is about to announce \$200 million of new research money on the causes, the treatment, and prevention of breast cancer.

Additionally, the Environmental Protection Agency, again, is looking at the regulation of some of those environmental factors that have been identified and associated with increased risk for breast cancer.

The Food and Drug Administration, under the direction of Dr. David Kessler, is the agency that approves all new drugs for the treatment of breast cancer. And they are also implementing the 1992 Mammography Quality Standards Act, which is going to ensure now that there is federal certification of all mammography facilities and personnel, so that when a woman goes to get her mammogram, she knows that it's going to be safe, accurate, and reliable. The FDA seal of approval will guide women to the best mammography in their communities.

While mammography, as Dr. Lippmann mentioned, is an old technique -- it's a 40-year-old technique -- and while it can decrease the death rates from breast cancer by 30 percent for women over the age of 50, it is less effective for younger women. Surely, if we can image missiles 15,000 miles in outer space and we can use the Hubbel telescope to see those craters on Mars and Jupiter, we should be able to more accurately detect a small lump in a woman's breast right in front of us.

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So my office, in collaboration with the National Cancer Institute and in cooperation with the Congressional Caucus for Women's Issues, is bringing together radiologists currently exploring MRI, magnetic resonance imaging, mammography, PET scans, ultrasound, new technologies to be applied to breast cancer, and we're bringing them together with defense imaging experts, imaging experts from the Central Intelligence Agency, from NASA, and those people who do computer graphics, those special effects that were done in Jurassic Park.

We're bringing them together to try to develop a more accurate and sensitive method for the detection of breast cancer. And what better peace dividend from our national investment in defense than to save the lives of American women? (Applause.)

All of our lives, I'm sure, have been touched in some way by this dreaded disease. I know I lost my own mother of this illness 17 years ago. I watched her be ravaged by it. We are committed in this Administration, in this government, working with all of you here today to eradicate breast cancer as a threat from all of our lives.

In closing, let me remind you of another proverb that says, "He" -- let's make that "she" -- "who has health has hope, and she who has hope has everything." That's what this Administration's efforts on women's health and the national action plan on breast cancer is all about, bringing hope for a healthier future, a future free of the threat of breast cancer to every American woman. Thank you very much. We look forward to working with you. (Applause.)

MRS. CLINTON: Well, we hope that all of the comments from the speakers have been informative and useful to you, as you launch this very exciting campaign. We now want to invite all of you to join us for a reception in the State Dining Room.

I would like to thank each of you individually, so I will be in the Blue Room -- it's the Green Room, the Blue Room, the Red Room -- to have a chance to express my appreciation on behalf of the President and this Administration for what you do all the time for our country and for women, in particular, but what you are doing now, especially, to bring attention and resources to the fight against breast cancer.

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I hope that we will have an opportunity to meet on a regular basis. And Dr. Lippmann, Dr. Blumenthal, their colleagues will be able to update you and let you know how important your resources have been and your commitment is. It's an exciting challenge and one that we are determined to meet.

Thank you all very much. (Applause.)

END

MORE

19TH STORY of Level 1 printed in FULL format.

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Federal News Service

FEBRUARY 1, 1995, WEDNESDAY

SECTION: IN THE NEWS

LENGTH: 1235 words

HEADLINE: PREPARED TESTIMONY OF FRAN VISCO
NATIONAL BREAST CANCER COALITION
BEFORE THE HOUSE APPROPRIATIONS COMMITTEE
SUBCOMMITTEE ON APPROPRIATIONS LABOR, HHS,
EDUCATION AND RELATED AGENCIES

BODY:

Mr. Chairman, and Members of the Committee. Thank you for inviting me to testify. I am Fran Visco, President of the National Breast Cancer Coalition. I am a wife, mother, lawyer and a breast cancer survivor.

As you know, breast cancer is the most common form of cancer in women; every three minutes another woman is diagnosed and every 11 minutes another woman dies of breast cancer. We still do not know the cause or have a cure for this dread disease.

As a result, the National Breast Cancer Coalition, a grassroots advocacy effort, was conceived in January, 1991. The Coalition now numbers over 300 member organizations, and thousands of individuals representing the 2.6 million women who have breast cancer, their families and friends.

Breast cancer costs this country untold dollars in medical costs, lost resources, lost productivity, and in lost lives. The war against breast cancer, the search for answers to what causes the disease, how we can prevent it, how we can cure it -- these are global issues, requiring a concerted, coordinated effort on the national level. Spending money now on biomedical research is fiscally responsible. We are investing in a healthful, more productive future. We are well aware of the pressure this year to reduce the deficit and that all "discretionary" spending is on the table. Mr. Chair and members of the Committee, funding for breast cancer research must not be considered discretionary. Perhaps there are some tasks that can be done better at the state or local level or by private industry, but I do not believe that basic biomedical research is one of them.

In the four short years that the National Breast Cancer Coalition has been in existence, significant strides have been made. In 1991, less than \$100 million dollars was spent on breast cancer research; a disease that afflicted 180,000 women per year. But thanks to the work of the Coalition and your leadership, last year this Committee wisely appropriated \$350 million dollars for this purpose. These increases have already had a positive impact on the challenge to eradicate this dread disease.

The increased funding for breast cancer research has revitalized the scientific community. There is a level of excitement, an energy, among scientists that had been lacking for some time. Scientists, consumers and policy-makers have come together around this issue and have forged a new partnership that can only bring us to our goal that much faster.

Young scientists are choosing the field of breast cancer research for their careers, and experienced, prestigious scientists have shifted their focus and are now engaged in the challenge to find the cause and ultimately the cure. Just last year, a breast cancer gene, BRCA1, was identified. And even though the

discovery raises as many questions as it answers, this progress is unprecedented in breast cancer research history and begins to chip away at the fundamental questions about breast cancer that are so essential to unraveling the mysteries of this killer.

We still have a long way to go. As you know, this disease is complex and there is much work to be done before our goal can be achieved. But if the funding levels for breast cancer research are dished, the forward progress we have made in these past years will be lost.

Mr. Chairman and Members of the Committee, we were able to make such progress because of the dedicated hard work of the members of the National Breast Cancer Coalition. In the past four years, thousands upon thousands of breast cancer survivors, their families and friends have worked tirelessly to advance the cause of eradicating breast cancer. As you know, we have deluged Congress with letters, telegrams and phone calls. We have organized at the state and local level. We have worked with the National Institutes of Health; we have forged relationships with scientists and corporate leaders; and this Committee responded with strong and tangible support for breast cancer research. We will continue to work with you to ensure that breast cancer research remains a funding priority.

We realize, however, that while increased funding is a critical element to finding the cause and cure for breast cancer, funding alone is not enough. A national strategy is essential. Toward this end, in 1993, the Coalition presented a petition to President Clinton with 2.6 million signatures. The Petition requested that he move to develop a national plan of action to achieve the goal of the eradication of breast cancer.

In response, the President requested that Secretary Shalala convene a summit to develop a national action plan on breast cancer. The summit was convened in December 1993, at the National Institutes of Health. It was a historic gathering of over 150 scientists, leaders from the corporate world, consumer activists, and public policy-makers. The scientists and consumers worked together in a unique and unprecedented partnership. There was consensus at the summit that there are many promising research avenues to explore. I co-chair the continuing National Action Plan on Breast Cancer and am intimately involved in its thoughtful and thorough implementation.

Largely because of the National Action Plan, there has been a revolution in the way breast cancer research is pursued. Unprecedented partnerships have been forged between scientists and consumers, activists and corporate leaders. As a result, the research has the benefit of the wisdom of each of these important perspectives, ensuring the value of investment in breast cancer research and ultimately the success of its endeavor: to make breast cancer a thing of the past.

I cannot emphasize enough, the importance of biomedical research in our fight. The discovery of BRCA1, the breast cancer gene, was achieved by committed investment in basic research and in the National Institutes of Health. The National Cancer Institute has the infrastructure, and unparalleled expertise in pursuing and funding the basic research that continues to be essential in the quest to find the answers to the mystery of breast and all cancers. Our federal government must not waiver in its commitment to such high quality research with the potential to save billions of dollars and millions of lives. Therefore, the National Breast Cancer Coalition strongly supports the National Cancer Institute's Bypass Budget Request for \$485.6 million for breast cancer research. Certainly, Mr. Chairman the recent elections and the development of the Contract with America, sent many important messages to the leaders of this nation. However, I truly believe that while one of the messages may have been to decrease the role of government in the lives of its citizens, breast cancer

Federal News Service, FEBRUARY 1, 1995

research remains an important responsibility of the federal government. In the last three years, breast cancer advocates and the 2.6 million American women with breast cancer have been heartened by our government's response to their cries for the long needed increase in breast cancer research funding, and thanks to that investment, real progress is being made.

We ask this Committee to do whatever it can to find the funds to continue to make breast cancer research a priority. The 2.6 million women who now have breast cancer deserve no less. Thank you for your consideration and we look forward to continuing to work with you in the future.

END

LANGUAGE: ENGLISH

LOAD-DATE: February 2, 1995

MEMORANDUM

To: Lissa
Fr: Deb
Re: Rhode Island Breast Cancer Coalition Video
Dt: 10/20/95

Event

The Rhode Island Breast Cancer Coalition "Celebration of Awareness." An evening event the Coalition is sponsoring to honor grassroots organizations and individuals from Rhode Island (e.g. Senior Services, Girl Scouts, Minority Health Collective).

Special Awards

Senator and Mrs. Claiborne Pell as well as Congressman Jack Reed.

The Rhode Island Breast Cancer Coalition

RIBCC initiates the organizing of community based groups to recognize the influence of grassroots advocacy. They are a subsidiary of the National Breast Cancer Coalition which presented the President with petitions asking for a comprehensive plan to end the breast cancer epidemic. They claim to have influenced the President's announcement of the National Action Plan on Breast Cancer.

Rhode Island State Information

Ranked 2nd in statistics for death from breast cancer for over 10 years (?).

In May of this year, the RIBCC, Rep. Suzanne Henseler and several women legislators influenced the Rhode Island General Assembly to declare breast cancer an epidemic in the state (over 15,000 women have breast cancer). The legislature also approved the development of a CancerFund which serves to provide diagnostic testing and treatment for women who are uninsured or underinsured and diagnosed with breast cancer.

The proceeds from this event will go to the CancerFund and AWAREline, a breast cancer hotline.

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1ST STORY of Level 1 printed in FULL format.

Copyright 1995 Globe Newspaper Company
The Boston Globe

May 22, 1995, Monday, City Edition

SECTION: METRO/REGION; Pg. 15

LENGTH: 487 words

HEADLINE: 2,000 march to fund breast cancer research

BYLINE: By Doris Sue Wong, Globe Staff

BODY:

Ellie Anbinder was diagnosed with breast cancer four years ago, but she still has no clue what brought on the disease.

While fear the cancer may come back lurks constantly in the back of her mind, the 54-year-old Framingham woman said, "I can't think of anything more horrible than my daughters having to endure breast cancer."

So it was for her two daughters and their generation that Anbinder made the two-mile walk from Copley Square to City Hall Plaza yesterday to rally for greater public awareness and funding of breast cancer research. Organizers of the event estimated the crowd at 2,000.

According to the Massachusetts Breast Cancer Coalition, which has organized the march and rally since 1991, 1 in 8 women in the US will be diagnosed with breast cancer in her lifetime. Meanwhile, someone dies from the disease every 12 minutes.

Though victims of breast cancer now are living longer, the mortality rate has not changed for 50 years. In more than 7 out of 10 instances, the cancer occurs in women with no identifiable risk factors.

Amid hot pink balloons, placards and T-shirts, speaker after speaker, who either had breast cancer or had a family member with the disease, emphasized that much remains unknown about its causes. Most agreed that political activism provides the best vehicle to ending breast cancer.

"To stop this disease, we need to know how to prevent it," said Dr. Cathie Ragovin of the Massachusetts Breast Cancer Coalition. "To know how to prevent it, we have to know what causes it.

"Even if I now knew what caused my breast cancer," said Ragovin, "I want to know what to do with my kids and I want to know now."

No longer willing to suffer alone and in silence, breast cancer survivors have seen five years of activism - the theme of this year's rally - yield a fourfold increase in federal funding for breast cancer research. According to speakers at the rally, funding now stands at \$ 408 million.

Frances Visco, president of the National Breast Cancer Coalition, said the organization is pushing for even more federal dollars to be spent on researching the disease this year, even as Republicans in Congress are proposing a 10

The Boston Globe, May 22, 1995

percent cut in funding for medical research at universities and hospitals.

Noting that Congress was able to come up with \$ 9 billion for the Persian Gulf War and \$ 7 billion to bail out savings and loans institutions, Visco said, "\$ 500 million is not a lot of money to save women's lives."

In Masssachusetts, according to the coalition, Gov. Weld and Lt. Gov. Paul Cellucci have directed more than \$ 13 million in state funds toward breast cancer education and research over three years.

This year the funding includes a \$ 1.2 million grant to the Silent Spring Institute to study possible environmental links to the disease on Cape Cod, which has 7 of the 10 communities with the highest cancer rates in the state.

GRAPHIC: PHOTO, GLOBE STAFF PHOTO/PAM BERRY / Breast cancer survivor Ellen Anderson (left) and her sister, Joanne Legor, share their family's history with the disease - both their mother and grandmother died of it - during a rally in Boston yesterday.

LANGUAGE: ENGLISH

LOAD-DATE: May 24, 1995

1ST DOCUMENT of Level 1 printed in FULL format.

Public Papers of the Presidents

October 18, 1993

CITE: 29 Weekly Comp. Pres. Doc. 2092

LENGTH: 1953 words

HEADLINE: Remarks to the National Breast Cancer Coalition

BODY:

Thank you very much. Secretary Shalala and Fran, Dr. Love, distinguished Members of Congress, Mrs. Cuomo, Mrs. Florio, and all of you distinguished guests. It's wonderful for me to be here today.

I was sitting here thinking that I more or less feel like the fifth wheel now. Just about everything that needs to be said has been said. But we sort of felt one man ought to talk on this program. And I won the lottery. [Laughter]

In the 3 minutes that will elapse at the beginning of this talk, another American woman will be diagnosed with breast cancer. If I speak for 12 minutes, another woman will die of it during the course of the remarks. And yet we know that one in every three American women does not receive the basic services, like mammographies, which can help to detect breast cancers and that the cost of not dealing with this amounts to about \$ 6 billion a year to this country over and above all the human heartbreak involved.

Now that means that this is another one of those terrible American problems that is not only tearing the heart out of so many families but also has left us again with no excuse for why we would spend so much money picking up the pieces of broken lives when we could spend a little bit of money trying to save them.

We know all the stories; many of you here are the stories. I appreciate the reference to my brave mother, who struggles on with her breast cancer condition and who has resumed her remarkable life, but who also knows how much more we need to do. I'm glad to see Sherry Kohlenberg's husband and son here. When she came to see us in the Oval Office -- Sherry was one of our 50 faces of hope, and we kind of keep up with all those folks that, to us, symbolize what we wanted this administration to be about. And when Sherry came to see us last June with Larry and with Sammy, she said, "Don't ever forget what this does to the people who are left behind." And I'm glad to see them here today, and I'm glad they had the courage to come to remind us of that.

Since we know that there are a lot of things we don't know, it's important that we focus on research as well as treatment, that we focus on detection early as well as care. In my first budget submission, I recommended the creation of the office of research on women's health and the largest increase in funding for breast cancer research in the history of the National Institutes of Health. When you add that up to the increased funding for detection and preventive services at the Center for Disease Control, the Food and Drug Administration, and the Department of Defense, together the combined expenditures approved by this Congress, thanks in no small measure to these women who are here, amounts to about \$ 600 million this year alone.

I also want to emphasize that in the health security plan that I have proposed to the Congress we provide for increases, not decreases in medical research and a means to fund those increases in medical research. We cannot provide basic security to all Americans and forget about the research that needs to be done on the things we don't know how to cure yet.

To help to coordinate our research and delivery efforts, in mid-December Secretary Shalala will bring together a broad range of health professionals, Government agencies, and groups like yours to develop a national action plan for the prevention, the diagnosis, and the treatment of breast cancer. A national strategy is what these petitions are all about. And while I am trying to reduce the volume of paperwork in Washington -- [laughter] -- frankly, I'm glad to see these here. We will do better, and you will help us. And we will have this national action plan.

I also want to point out that the health security plan that Hillary and I are fighting so hard for, along with the other members of our administration, will also fundamentally change the dimension of the fight against breast cancer. It is a plan that clearly shows the sign of several strong women at work, including two on this platform, based on the notion that when it comes to health care research and delivery, women can no longer be treated as second-class citizens.

We began to manifest that commitment, frankly, in this budget which was just passed, in which virtually everything was cut or frozen but which increased services for early childhood and for little children. We also believe that we have to further increase our investments in these things, in prenatal, in maternal and child health care and nutrition, and in detecting and preventing diseases.

We believe that we need a health security plan that guarantees to every American a comprehensive package of benefits that not only can never be taken away but that includes preventive services to try to keep people well as well as help them when they're sick. We believe that some of these preventive services are so important that they should indeed entail no out-of-pocket costs at all to American citizens when the considered medical judgment is that everybody should get them on a regular basis. That includes routine clinician visits and not only appropriate breast exams but also important procedures like immunizations and Pap smears.

We also know that we can reduce deaths by making mammography widely available and by encouraging its use. And this plan covers these mammograms at no additional cost to patients for all women over 50 and provides mammograms where important in the judgment of the physician and the woman in every case where there is a health care plan. So if this plan passes, for the first time everybody who's got a health insurance policy, which will be everybody in America, will have mammograms in the policy. That is a very important thing.

The unique structure of this plan, with some preventive benefits absolutely free to Americans in the highest risk categories, was based upon the best available scientific evidence expressed in the findings of the United States Preventive Services Task Force and supported by forthcoming guidelines, for example on mammograms, from the National Cancer Institute. They were based on the best available scientific evidence, I will say again. And I very much appreciate the fact that just before we came up here today, Hillary whipped out an article that had Dr. Love quoted, and she said, "Have we done it like you

Public Papers of the Presidents, October 18, 1993

said we should?" and Dr. Love said, "Yes." I felt like I had gotten an A in class. [Laughter]

I also want to emphasize that none of this can ever be fixed in stone. You hear a whole lot of discussion as we get into the debate on the health care plan about how this or that or the other problem is not fixed. Well, my fellow Americans, this is a very dynamic thing, health care. And even the countries that have the best system, if you define "best" as high quality results, universal coverage, preventive services at lower costs, even they have continuing problems. You have to work on this forever. This is the beginning of what we should have done a long time ago, not the end of it. And one of the things that we need to make a commitment to do now is to update all these preventive approaches as new and better studies become available, based on recommendations like those we'll soon receive from the President's Special Commission on Breast Cancer. They've worked hard for 2 years, and I'm looking forward to that report.

Finally, let me say that -- and this is an important thing to women who live in inner cities or remote rural areas -- the best health care coverage in a policy is no good unless you can access it. We can have great policies and coverage, but we also have to have access. So we had a whole group of people who work all across America on these problems. And I myself spent a whole 4-hour period listening to this because I've worried about it for years, coming as I do from a small rural State, to be able to say to you that if this plan passes as we propose it, we'll be able to have the latest technologies given to doctors and nurses who can practice in the smallest rural communities and the most isolated parts of our large inner cities, to allow health professionals to contribute their best to all the people of this country who need these preventive services.

As you know from your efforts to gather all these signatures, change requires that people work together. But when they work together and make their voices heard, change can come. I'll never forget the meeting I had with breast cancer advocates at a hospital during the election, and I told Hillary after it was over that if we had the energy of the women who were there at that meeting concentrated on about four major things we could turn this country around in 3 1/2 weeks.

And so I say to you in closing, we need that energy. And we will give you a vehicle, beginning with Secretary Shalala's meeting in December, to develop a national action plan on breast cancer. But it is important that that plan be fit into a larger commitment to the health care of Americans: to put women's health concerns, from research to the delivery of health care, on an equal footing with men's; to say that it is better to focus on keeping people well than just treating them when they're sick, and when you focus on that you will find them when they're just a little sick and be able to get them in well a whole lot quicker; and finally, to say that none of this will ever come to pass until we finally join the ranks of every other advanced country in this world and give every citizen of this country health care that is always there, that can never be taken away from them.

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I urge you to continue to fight in the months ahead. We can win this battle. As a part of the national drive for early breast cancer detection, tomorrow thousands of doctors and hospitals and medical centers across the country will offer discounted mammograms, thanks in no small measure to all of you.

I'm going to sign this proclamation when I finish my remarks which declares tomorrow National Mammography Day. I want to thank all the Members of Congress who pushed this through and two who are not here, Senator Biden and Congresswoman Marilyn Lloyd, who were sponsors of this legislation. And I want to remind you that you've got to continue to bring this level of intensity, of energy, of passion to this battle. You have the most powerful thing of all, personal stories. When American politics works best, it's when it reflects the lives of the American people. You can make sure on these issues we do that. And I hope you will.

Thank you, and God bless you all.

NOTE: The President spoke at 11:33 a.m. in the East Room at the White House. In his remarks, he referred to Frances Visco, president, National Breast Cancer Coalition (NBCC); Dr. Susan Love, founder of the NBCC and director of the Breast Center at the University of California, Los Angeles; Matilda Cuomo, first lady of New York; and Lucinda Florio, first lady of New Jersey. Following his remarks, the President signed Proclamation 6615, National Mammography Day, 1993.

LANGUAGE: ENGLISH

LOAD-DATE: November 18, 1993

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Public Papers of the Presidents, October 18, 1993

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LANGUAGE: ENGLISH

LOAD-DATE: November 18, 1993

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

November 30, 1994

NATIONAL WOMENS LAW CENTER DINNER

MRS. CLINTON: Thank you very much. Thank you. Thank you very much. Thank you so much. Before I actually get started, I have a question. How many of you counted the different hairstyles in the slides? I got to nineteen and quit. If anybody has more will you please let me know after the program.

It is such a delight for me to be here. To be here with the real co-presidents in Washington. The only ones that really count. I was always confused when people would ask me one of those "when did you stop beating your dog" questions about being a co-president, because I always thought they were talking about Marsha and Duffy. But they have given such remarkable leadership to so many issues that those of us in this room and thousands of people beyond have cared about and worked on. And the Center, thanks to the extraordinary leadership of the members of its board, those who have supported it, has really stood steadfastly on behalf of basic principles of justice and fairness and equity for women and their families.

And for many years I have admired the work of the Center, and tried to support it. Because it was always out on the very frontier of where the practical problems met the abstractions - what it really meant to be working, struggling to raise a family, dealing with obstacles and challenges. And I am particularly grateful to all of the business and the individuals who recognize the importance in our economic, political, and social lives of having an institution of the quality, excellence, and commitment that this center represents. And I salute and thank you for your support for its work through the years. It is very important. Because what it does is to set a standard by which we judge how well we are measuring up. And by that standard, the Center itself, always meets it and even exceeds it.

I am also very honored to be here in the presence of two such remarkable women. Sylvia and Fran represent the real hard work of translating hopes and aspirations about health care reform into reality. The kind of clinic that Sylvia has lead and inspired for so many years is really on the front lines of delivering health care all over our country. I have been in and out of so many of those clinics over the past years and I have met with the men and women, the professionals and volunteers, all of whom are really committed to making sure that all women, all men, all children have access to quality health care. And

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Sylvia's work is exemplary in this regard.

And Fran whom I have known and worked with for several years now, has translated her energy and passion and personal experience in a way that all of us are grateful for and a little bit in awe of. Because she has been able to take such an important issue and been able to move it in ways that people can relate to on the grassroots level and that resound all the way to congress and the White House. And I hope that those of us who recognize and appreciate Fran's work will continue to work with her as we move against breast cancer.

This evening is especially poignant in ways for me because there are so many of you in this room whom I have known for a very long time - there are people I have worked with, there are people I have served with in the American Bar Association, on the boards of other institutions that we have been committed to. And I know so many of you have for years worked in your own ways effectively to overcome the challenges that confront us as Americans. I appreciated greatly what Sylvia said, because obviously while we continue to work against the problems that we see we also count our blessings and are grateful for the opportunities that we have. But its particularly important today as we confront new challenges - - a changed political landscape, perhaps even the accumulation of frustration and insecurity that has built up over a number of years in our country - - that we do take stock of where we are and recommit ourselves to be effective advocates on behalf of the causes that we share and believe in together.

Fran and Sylvia are living proof that women are able to make a difference and that in particular, women trained in the law can make very different choices about their lives, but bring their expertise to bear on the kinds of issues that will continue to be ones that we have to address. As women, and as many of us in this room as women lawyers, we have learned that we can use our advocacy skills to affect the world around us to make changes. And we can also acknowledge the progress that we have seen occur. But we know very well there continues to be impediments to that progress, and that we find ourselves in a time not only of taking stock, but of rebuilding. We need to rebuild how we approach problems. We need to rebuild how we see ourselves and our institutions. We need to make the kinds of changes that will continue to make the Center, make the work of Sylvia and Fran, all of us, effective as advocates.

You are involved in the Law Center because you care about the issues and the challenges and the struggles we face together. You are also involved in the Law Center because you believe in the voices of women and the opportunity for those voices to be heard. You believe in the choices women should be able to make

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for their own lives and futures. And you have a vision of the kind of country that we would like to see for ourselves. The path to restoring and rebuilding, whether we talk of families or communities, political institutions, is work that has to involve those of us who care about and share that vision. That vision often comes from working against the odds. Sometimes because the odds are in a profession that is still difficult to crack barriers in. That vision is fueled by the need to balance family and work. That vision is rooted in our hopes about what we can become and not just what we are and a resignation about it.

One of the most interesting documents I have seen in the last year, is the research that has been done by the department of labor in asking women what they wanted in their lives. This work, that is compiled in a report called "Women Count," is based on more than two hundred and fifty thousand interviews and questionnaires with women around our country. We heard from all kinds of women. We heard what they want. We heard what barriers they face. And the answers are not surprising. Women across the country from all walks of life basically want the same things. They want respect. They want equal pay for the work they do. They want the opportunity to balance their work and family responsibilities. And they don't think they are getting enough of the choices they want in their lives now.

When the results of the survey were announced and the report delivered, we held a press event at which three women spoke about what it meant to them to participate in this survey "Women Count." As each woman spoke I realized that they were in a way talking about my life and the lives of my friends. The first woman talked about going back to work, after her husband became disabled, for the first time as an adult - a mature woman. And having to go to work because she no longer would have health insurance unless she got a job with benefits. The second woman talked excitedly about the profession she was in and how thrilling it was to make the advances she was making. But how guilty she felt because everyday when she came home she knew she had to gear up and call out that extra resource of energy so that her family would not be cheated. And the third woman talked about making it in a non-traditional job for a woman, raising three daughters as a single parent, overcoming the obstacles that too often still stand in the way of each of us being judged on the basis of our own merits.

I knew what they were talking about and I imagine every woman in this room has some way of relating to each of those personal experiences. Because in one way or another we are all familiar with the range of emotions and experiences that those three women and the thousand of others who filled out the questionnaires were telling us about.

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What we now must do is to take all of those pieces of individual experience and aggregate them. Help to articulate the vision that stand beyond the individual experiences. Help to give voice to women and their concerns and help to create an atmosphere of respect for the choices that women make. Of course women are not monolithic. We know that. But as we spend more time listening to one another and working with each other, we find that the universe we inhabit has many characteristics in common. We worry about our roles. We worry about our places. We worry about our families and relationships. We worry about our jobs. And as we worry we need to appreciate that those individual concerns have a political, cultural, social, economic, and legal character as well.

One of the great things that the Center has done is to take the individual stories of women and make them part of this greater appreciation for womens' lives and challenges today. I know, and as both Marsha and Duffy said, that we face new challenges now. We face a time in which many of the hard fought victories that the Center and many of the women in this room and the men in this room struggled for will be under attack.

We know that many of the advances that women have made have not been seen as they should be seen as increasing the pie of opportunity as expanding the horizons for all of us, but as being a zero/sum game, in which others have lost because women have been given a chance to fulfil their own potentials. We know that there will be many challenges in the days ahead. But what I hope is that each one of us, all of us who has in the past worked on behalf of those changes that we thought would make our country a more just, a fairer, more humane, merciful, kinder place that would give us all the opportunity for a vision of an America that perhaps we were raised with. And knowing full well that we could never realize all of what we hoped for, never-the-less we continued to strive to make our own contribution to the kind of nation we wanted to be part of.

But as we recognize what we had always hoped for and worked for and as we move into a new set of challenges, that we remember why we became involved in the first place - that we recall the stories that stimulated the experiences that each of us bring to this dinner this evening. And we know that whether you are Janet Reno or Ruth Bader Ginsberg or any of the other women pioneers in the law, in government, or in business, that you have much in common with every other woman in our country. And what we must do now is make common ground with all women. We must make it clear that advances for women, protections for women, choices for women, are for all women. There is no special class of women. What we want to do is to give all of our children, men and women of the future the chance to make the choices that are right for their lives.

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And as we end our evening tonight, and as I look around this room and I see the faces of so many people who in the private sector, and the public sector, and in the Bar, in advocacy groups, and in so many causes of importance have led the way, have made the sacrifices, I ask with every expectation of a positive answer that we not in the face of these new challenges give up on the vision that brings us here tonight - that we continue to work for what we believe in - that we perhaps employ new ways of communicating more effectively about that vision we share and what we hope for every American - but that we redouble our commitment. Because I believe that in a time of transition like the one that we are undergoing in our country now that those voices that are represented in this room need to be heard more clearly than ever. Because I don't think that the American people have voted in any way to turn the clock back. What they are asking is that we articulate clearly the vision that we share. And that we work in ways that make sense to them to move that forward.

We have two examples tonight. . . We have two examples tonight of women who have crossed boundaries, have worked tirelessly, and who have made very clear their commitment. And it is not a commitment that is bounded by any stereotypical line or demographic group. Sylvia works for all women and their families. Fran works for all women and their families. The kind of America that I think we share a vision of has to work for all women, for all men, and for their families. And I am very confident that if the commitment and energy of those in this room is clearly articulated and if we are willing to go back again and make our vision well-known that when it comes to making choices in America, most Americans will want to move forward if we give them the reason to do so and help them have the confidence to do so.

And so as we close an evening like this where we celebrate the great accomplishments of the Center, where we honor two extraordinary women, let's draw strength from what has already been achieved. Let's recognize the challenges to the maintenance of those achievements. And let's not in any way give ground on what we believe is the kind of inclusive vision of the sort of America that we have all worked for. And let's go forth to meet the challenges that are posed confidently, optimistically, and with great appreciation for all that has been done before to be built upon. Because I think in many ways, as Sylvia alluded, our best days are ahead of us, because there's nothing like a good fight for advocates to get energized over. Thank you all very much.

END

heart & soul → of this

draft

broader intro -
Speaking to the

[Acknowledgements:

Good Evening. It is an honor to be here tonight as the National Breast Cancer Coalition prepares to embark on a fifth year of battle against one of the premier threats to the health - physical, emotional and financial - of women and their families.]

FRAN

[[[By now, most of us know the frightening statistics by heart:

We all know how every three minutes, a woman is diagnosed with breast cancer, how one out of every eight women in America will be diagnosed with breast cancer at some point during her life, and how every 12 minutes, a woman dies of breast cancer.

More than 180,000 women, women of all sizes and shapes and ethnic backgrounds from every region of our country will be diagnosed this year. More than 2.6 million women are currently suffering from breast cancer, and 46,000 will die.

These statistics become even more chilling when we realize that the women are not the only victims of the disease.]]]

I include families because women are not the only victims of this disease. Behind each of the 2.6 million women living with breast cancer stand family members and friends who have spent many distracted days and sleepless nights worrying over and caring for them.

Breast cancer has robbed young children of beloved mothers, husbands of adored wives, and mothers of their only daughters. It is hard to find a family - or a workplace, neighborhood, church group or social club - that has not been touched by breast cancer.

As many of you know, my mother-in-law, Virginia Kelley died last year after a four year struggle with the disease. The mother of one of my best friends was diagnosed a few months ago. Another friend just told me that his sister --only 41 years old - has found a lump in her breast as well.

Because so many of ~~us~~ ^{our families & communities} have been devastated by this ~~disease~~, ^{breast cancer} it is amazing that only until recently, relatively little attention had been paid to finding a cure and cause for this ~~dreaded disease~~. ^{historically, b.c. has been on the back burner of medical research}

It is no coincidence then, that ~~in~~ ^{and} the four short years since the founding of the National Breast Cancer Coalition, government funding for breast cancer research has ~~skyrocketed~~ ^{increased} from 90 million in to 600 million today. The funding addresses breast cancer on all fronts from research into the improvement of mammogram screening technology to the study of the diseases genetic causes, to the development of innovative and aggressive treatments.

But we are making progress and that progress must continue.

*Govt can not fight this disease alone.
Private support is critical to keep the research etc.
emphasize importance of people joining forces*

These 6 years and we members —

Each member of this 300-organization strong alliance, has shown the nation what committed, grassroots activism and teamwork can accomplish. By your outspokenness and persistent lobbying, you have raised breast cancer awareness not only among government officials and budding young scientists seeking fields of research, but also among the general public.

W/o Reconciliation, there might not have been a
Your persistence and the Administration's commitment to the eradication of this disease has led in 1993 to the development of an unprecedented National Action Plan on Breast Cancer, *which the Admin...*

This plan, formulated by 150 consumers, clinicians, scientists, a government officials and other experts represents a solid step toward strengthening knowledge, resources, and commitment for the prevention, diagnosis and treatment of breast cancer. Most of all it is a public/private partnership, the coordination of the efforts of both government and private industry in combatting this deadly disease.

I want to thank especially Susan Blumenthal *→ i.d. her by title* and Fran Visco for shepherding this project.

Insert praise here

To aid your efforts, I have spent a good deal of energy this past year toward raising awareness about mammograms, one the most important tools we have now to spare and lengthen the lives of millions of women. *Can't tell you how important all these efforts are.*

Over the past
I ~~spent several weeks travelling and speaking to women to~~ *have met w/* find out why so many of them neglect to sit for the very tests that have been crucial to catching breast tumors early before they can spread to other parts of the body and become fatal.

I was shocked to learn that while Medicare covers most of the cost of annual mammogram, only 49 percent of eligible women claim that benefit.

Many women told me they were reluctant to get screened because they were afraid the procedure would be painful or embarrassing. Others didn't realize that the benefit is covered under Medicare. Some women lack insurance coverage or the funds to pay for the test. Still others have never been told by their doctors that a mammogram is one of the most effective ways of detecting malignant breast lumps. Some women have even told me they didn't want to find out if they were sick because they believed there was little they could do about it.

Finally, many women are so busy taking care of their families that they forget to take care of their own health.

So, we as a nation still have a great deal of outreach and education to do in regards to the prevention and detection of breast cancer. Not only do we have to battle the cancer itself

but also the fear of the disease. As one doctor once said,
"Awareness is human lives that need not be lost."

We need to spread the word, especially to our minority communities, death rates of the disease are higher, that mammograms are one of the most important things a woman can do to ensure not only her own health but that of her family as well. ~~That the annual discomfort of a mammogram is more than worth~~ being able to watch a child or grandchild graduate from college or get married. And, most importantly, that being diagnosed with breast cancer is not an automatic death sentence.

The three brave women we honor here tonight are proof of that.

I support and urge you to continue your good work, to remind Americans that breast cancer is not just an amorphous faceless disease, that it is not just a woman's disease, but rather a family disease and a national epidemic that always ~~needs to~~ be addressed.

The president and I will do everything we can to assist you in your endeavors and to make sure that one day, perhaps even in our lifetime, ~~that~~ your Coalition will be able to disband, and declare victory against breast cancer.

Thank you.

As the volunteer in my office often reminds us...

If we continue our efforts at research, education, treatment, if we take better care of ourselves,

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FIRST LADY HILLARY RODHAM CLINTON
VIDEOTAPED REMARKS FOR
THE RHODE ISLAND BREAST CANCER COALITION
CELEBRATION OF AWARENESS
OCTOBER 21, 1995

Good evening. I am sorry that I cannot be with you in person, but I am heartened to know that you are gathering to help raise awareness about breast health issues. I want to congratulate Senator and Mrs. Claiborne Pell as well as Congressman Jack Reed for their continued efforts to improve health for all women.

Like many of you, and like millions of other Americans, my family has been touched by breast cancer and the tragedy it can bring. My mother-in-law, Virginia Kelly, struggled against the disease for four years. It is prevalent everywhere and women throughout Rhode Island--no matter where they work or live--are exposed to this deadly disease.

Yet, when detected early and treated aggressively, breast cancer does not have to be an automatic death sentence. Every week I meet women who are longtime breast cancer survivors living full and healthy lives.

Unfortunately, many women are reluctant to get screened because they have been told that the procedure is painful or embarrassing. Others don't realize that the benefit is covered under Medicare. Still others have never been told by their doctors that a mammogram is one of the most effective ways of detecting malignant breast lumps.

Without the commitment of individuals and organizations at the grassroots level, women will continue to fall victim to this devastating disease. By working together to mobilize community action for causes such as increased funding for cancer research and improved access for all women to screening and treatment, you are paving the way to a healthier and more hopeful future.

Through your commitment, you are developing an environment of care not only for the thousands of women with breast cancer in Rhode Island, but for all the women who will benefit from increased knowledge and access to medical treatment.

In this increasingly difficult economic climate, we must all be advocates for those who are unable to advocate for themselves. The Rhode Island Breast Cancer Coalition and all of the committed groups and individuals gathered this evening give women the opportunity to be less frightened and more aware. Thank you for doing your part in the fight against breast cancer. Your efforts will literally help save lives.

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