

THE WHITE HOUSE

WASHINGTON

An Open Letter From First Lady Hillary Rodham Clinton:

**Screening Mammograms for Early Detection of Breast Cancer
Can Save Lives**

I've been talking with older women all over the country and, unfortunately, many don't realize that breast cancer is a disease that more frequently affects older women. Many older women are unaware of how important it is for them to get regular mammograms. Others feel that they're just "too old" to need screening. Others tell me that they didn't know Medicare would pay for their mammogram, or their physician never told them that they should get a screening. Still others are fearful of the procedure itself.

In May of this year, Health and Human Services Secretary Donna Shalala joined me in launching a national breast cancer awareness campaign urging older women to get Medicare-covered mammograms for early detection of breast cancer. You may have received a "Mama-gram" on Mother's Day with a card or a bouquet of flowers from a loved one, a friend or a family member reminding you that a mammogram can save your life.

According to the National Cancer Institute, approximately one in every eight American women will be afflicted with breast cancer during her lifetime. The risk of breast cancer increases with age. In 1994, approximately half of all new cases of breast cancer were among women 65 and over. Yet only 37 percent of the Medicare-age women have mammograms every two years. The Department of Health and Human Services has set a goal to reach 60 percent by the year 2000.

Some 30 percent of the 46,000 breast cancer deaths last year could have been prevented by early detection and treatment of the disease. I lost my mother-in-law, Virginia Kelly, to breast cancer. That's one of the reasons I'm writing now -- to appeal to women 65 and older to get a mammogram. A mammogram can find breast cancer that is too small for you or your doctor or nurse to identify during regular physical breast exams. If you find breast cancer early, it is easier to treat. Cancer can show up at any time -- that's why regular screenings are important. Medicare covers mammogram screenings every two years.

I applaud private initiatives, such as the American Association of Retired Persons' efforts to reach women over 50 and AARP's reminder that in addition to mammograms, women should have clinical exams by a health care professional and do breast self-exams.

Remember, a mammogram is a picture that can save your life!

Call these toll free numbers for more information:

**1-800-4-CANCER (1-800-422-6237)
1-800-638-6833**

**BREAST CANCER/MAMMOGRAMS
MEDICARE COVERAGE**

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1-800-638-6833

BREAST CANCER/MAMMOGRAMS
MEDICARE COVERAGE



HEALTH CARE FINANCING ADMINISTRATION



ADDRESSEE: Karen Finney PHONE: _____	FROM: Dennis Siebert OFFICE OF THE ADMINISTRATOR 200 INDEPENDENCE AVE., S.W. ROOM 314G WASHINGTON, DC 20201 PHONE: 202-690- 6728 -5727 FAX : 202-690-6262
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REMARKS:
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AN OPEN LETTER FROM FIRST LADY HILLARY RODHAM CLINTON:

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Can Save Lives**

I've been talking with older women all over the country and, unfortunately, many don't realize that breast cancer is a disease which affects them. Many in this age group are unaware of how important it is for them to get regular mammograms. Some older women feel that they're just "too old" to need screening. Others tell me that they didn't know Medicare would pay for their mammogram, or their physician never told them that they should get one. Still others are fearful of the procedure itself.

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In May this year, Health and Human Services Secretary Donna Shalala joined me to launch a national breast cancer awareness campaign urging older women to obtain Medicare-covered mammograms for early detection of breast cancer. You may have been one of the fortunate women who received a "Mama-gram" on Mother's Day with a card or a bouquet of flowers from a loved one, a friend, or a family member. If you did, then you know that a mammogram can save your life.

According to the National Cancer Institute, approximately one of every eight American women will be afflicted with breast cancer during her lifetime. The risk of breast cancer increases with age. In 1994, approximately half of all new cases of breast cancer were among women 65 and over. Yet, only 37 percent of Medicare-aged women have mammograms every two years. The Department of Health and Human Services has set a goal to reach 60 percent by the year 2000.

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Call these toll free numbers for more information:

1-800-4-CANCER (1-800-422-8237)
1-800-638-6833

6237
breast cancer/mammograms
Medicare coverage



AMERICAN ASSOCIATION OF RETIRED PERSONS



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Senior Editor
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GETTING THE WORD OUT

Hillary Clinton launches mammogram campaign

Too few older women are getting mammograms—and too few know that Medicare helps pay the cost of these safe X-rays.

That was First Lady Hillary Rodham Clinton's message to the White House Conference on Aging early in May.

"This is an issue that touches every American," Clinton told the packed audience. "We all know someone who has been affected by breast cancer—a

grandmother, a mother, a daughter, a sister, a friend, or, as in my case, a mother-in-law."

Clinton, who recently kicked off a national campaign to urge greater use of mammograms by older women, was joined on stage by Fran Oliver, a volunteer with AARP's health advocacy services; medical experts; and representatives of various consumer and aging organizations.

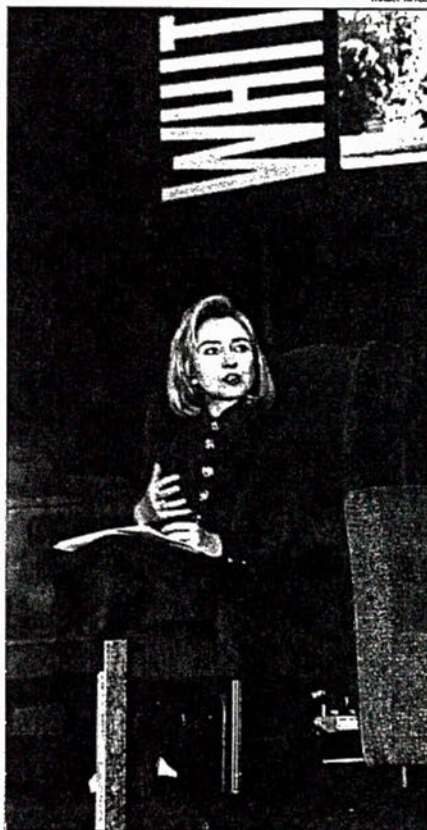
Clinton talked about common barriers for older women seeking mammograms. Oliver and other panelists spoke about outreach efforts that have worked in their communities.

Clinton's interest in the issue, says AARP Breast Care Campaign director Lisa Rubenstein, is good news for groups like AARP, which have worked to increase awareness of the mammography benefit.

Clinton plans a year-long campaign to focus attention on the issue. Among the information older women and their families need to know, says Clinton and other women's health advocates:

- The risk of breast cancer rises with age—and early detection saves lives.
- Half of all American women 50 and older haven't had a mammogram in the last year or two.
- Medicare helps pay for mammography screening every two years for women age 65 and older. The required intervals between screenings vary for disabled enrollees younger than 65.

For the location of the FDA-certified mammography screening center near you, call (800) 4-CANCER.



"I hope every American will encourage the women in their lives to get regular mammograms," urges Hillary Rodham Clinton.

AARP launches drive against breast cancer

BY ROBERTA YARED

Did you know:

- Medicare covers part of the cost for mammograms?
- Men can get breast cancer?
- Seventy-five percent of all breast cancer cases involve women 50 and older?
- Early detection and medical advances lead to a 90 percent-plus survival rate?

To get information to more people to reduce the death rate from breast cancer, AARP has launched a nationwide Breast Care Campaign: Early Detection Saves Lives. The idea is to urge older women to have regular mammography screenings, have yearly breast examinations by a health provider and perform monthly breast self-examinations.

"Half of all American women 50 and older haven't had a mammogram in the last year or two. We're out to change that," explains campaign project director Lisa Rubenstein.

"The good news is that with early detection of a still-localized cancer, the five-year survival rate is 92 percent, according to the latest figures from the National Cancer Institute," she reports.

AARP's Health Advocacy Services staff and volunteers in each state are being trained about breast cancer. Programs providing information and screenings are being developed locally to reach as many women and men as possible.

Men? Yes. While a small number of men will develop breast cancer themselves, "most will be concerned because of the women they care about," says Tom Cox, AARP men's health specialist. Educating men means



they'll help encourage the women they love to be examined regularly.

Further information for men is available in the booklet, "When The Woman You Love Has Breast Cancer." Write for a copy to Y-ME, 212 West Van Buren-Box PB, Chicago, Ill. 60607. There is a Y-ME Men's Hotline at (800) 221-2141.

The National Cancer Institute asked AARP to begin educating older women on the issue of breast health in 1989, and it's now a major health priority at the Association. The U.S. Centers for Disease Control and Prevention provides some funding.

The main goal is to encourage all older women to be screened regularly. "We know we can help decrease death rates by over 30 percent by educating women," says AARP's Rubenstein.

For more information about AARP's campaign, write to AARP's Breast Care Campaign-NB, Health Advocacy Services, 601 E St. N.W., Washington, D.C. 20049.

For a copy of "Chances Are—You Need A Mammogram: A Guide for Midlife and Older Women," send a postcard requesting stock number D15402 to AARP Fulfillment (EE0864), 601 E St. N.W., Washington, D.C. 20049.

NATION WATCHES

N.Y.'s poor brace for budget axe

BY LEAH K. GLASHEEN

Silver-haired New Yorker Dorothy Berberich is an articulate critic of her state's Medicaid program, through which older, disabled and poor New Yorkers receive medical assistance and long-term care.

It's wasteful, she says, with too much bureaucracy and not enough emphasis on quality care.

George E. Pataki is also a Medicaid critic. Indeed, he and Berberich have a lot in common: Both think the system, which now represents about a fifth of total state spending, is padded with too much fat. Both think the time for change is now.

What sets these critics apart: Pataki is the state's new governor, author of a "tough love" budget that would reduce the state's projected \$6.45 billion in Medicaid contributions by \$1.2 billion.

Berberich, 71, is a Medicaid recipient, confined by health problems to a single room in a third-story walk-up on Manhattan's Upper West Side.

"I could not get along" under Pataki's budget, a worried Berberich tells a Bulletin reporter.

As the divisive budget battle preoccupies Albany, Berberich can do no more than wait in her room, surrounded by bags of her belongings, trays of medication—and a roster of ballerinas taking flight.

For years New York has had the most generous social safety net in the



Constance Elliott, right, worries about losing her Medicaid aid, Angela Tineo, who calls her "Ma."

country, accompanied by an unshakable belief in government's ability to protect the most vulnerable.

Today important parts of that safety net—and that help-thy-neighbor tradition—are being threatened by Pataki, who narrowly beat long-time Democratic governor Mario Cuomo last November.

States with similar budget woes are watching New York closely. If liberal New York can summon the political will to slice its Medicaid budget, some others may follow suit.

In Washington, Republicans seeking to fulfill their party's Contract With America are engaged in their own efforts to downsize government.

Leading the agenda of national Republicans: the desire to fundamentally restructure major means-tested programs for low-income Americans, such as Medicaid and welfare.

Which is exactly what New York's Pataki has in mind.

The governor's plan for Medicaid would eliminate or shrink several programs that help poor elderly persons stay out of nursing homes; move quickly to push recipients into managed-care plans; eliminate the state's assisted living program; and end reimbursement for adult day-care centers.

"What began as a safety net has become a spider web, trapping the needy in a stranglehold of dependency," said Pataki in introducing his budget. His plan, he maintained, would "reinvigorate the dignity of self-sufficiency."

But Pataki's solution is facing close scrutiny. And, experts point out, the debate between the governor and his critics may anticipate similar battles elsewhere as Congress shifts more and more responsibility for social problems to the states.

Advocates for the poor and the frail elderly have been scathing in their opposition. New York's Catholic bishops called the spending plan "a much

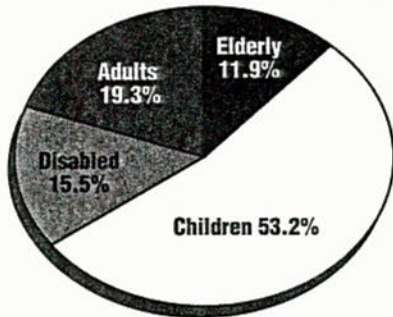
Who gets Medicaid in New York?*

Almost 12 percent of New York's 3 million Medicaid recipients are age 65 or older. Of the \$17 billion in Medicaid spending, nearly 40 percent covers costs associated with elderly enrollees, from medical care to home care to nursing home expenses.

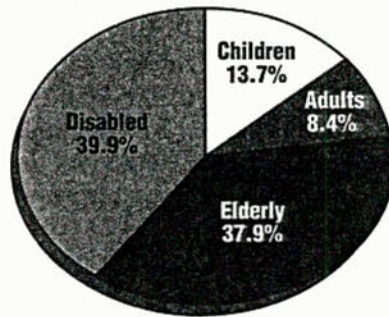
How much New York's Medicaid program paid per enrollee in 1993: \$1,416 per child; \$2,401 per adult under 65; \$17,464 per person age 65 and older; \$14,135 per disabled person.

* All figures for 1993. Some figures have been rounded.

Enrollees = 3.1 million people



Expenditures = \$17 Billion



Source: Urban Institute

meaner budget than we've seen probably in the history of the state."

Ollie Owen, an AARP activist, testified in Albany that Pataki's proposals represented an "unfair burden on the elderly poor."

"This budget is playing Russian roulette with the lives of persons who need health and personal care," Owen told legislators.

The pleas of recipients and advocates may fall on deaf ears, however, if New York is caught up in the fervor against social spending that is sweeping the nation.

Also, say several analysts, New Yorkers' confidence in Medicaid has eroded over the years. They cite several reasons:

■ **Charges of fraud.** "There are providers who have been stealing from the system for years," says state Sen. Robert DiCarlo (R), chairman of the aging committee. "And then I think you've got some [recipients] who might not really need the care but who are getting it anyway," he adds.

Sen. Majority Leader Joseph Bruno (R) agrees. "Lawyers, providers, families of the elderly—I'm not indicting anyone," he says. But, he believes, there is enough blame to go around. The result: The system—and the budget—are "out of control."

Advocates for the needy dispute such broad-brush allegations, calling Medicaid home-health benefits, slated for elimination or reduction by Pataki, "a system of high-quality care and services."

Several groups pointed to the cost-savings generated by the threatened programs, one maintaining that it's "an undisputed fact that home-health care is the most cost-effective component of the state's health-care system."

■ **Geographic tensions.** In 1993, when nearly \$17 billion was spent on Medicaid, two-thirds of that spending benefited New York City recipients. By contrast, the city has only 39 percent of the state's population.

Medicaid spending has long been a sore point for upstate voters, clouding any discussion of the program.

And, political analysts note, it was tax-averse upstate voters who pushed Pataki's vote count over the top in November.

■ **Runaway costs.** Pataki's allies have pointed out that, even with the proposed cutbacks, New York will still have one of the most generous Medicaid benefit structures in the country. "It's not like we're being heartless," Pataki told a group of business leaders in February.

Pataki's critics haven't defended ris-

cut the budget," says Bonnie Stone, executive director of Self Help Community Services, a not-for-profit home care and housing agency. "We're not saying, 'Don't cut us, cut someone else.'"

But, says AARP's Owen, any cost cutting must be "prudent" and "based on human needs rather than just the fiscal agenda."

■ **Questions about who is responsible for the needy.** Throughout the budget debate elderly Medicaid recipients have been spared the criticism being heaped on welfare and other beneficiaries. Nonetheless, questions about who should be responsible for the poor remain.

"People have been abandoning their responsibility to their families," maintains legislator Bruno. "The system has grown to the point where people who could well afford to pay for a family member's care simply don't," he says.

Grace Solomon, 69, disagrees. Quiet and self-possessed, she lives on the 14th floor of a New York housing project in which one of two elevators has been broken for a month. Blind, with many health problems, she's thankful for the help she gets from her son and members of her church.

But, she tells a Bulletin reporter in her living room, "they all have their families."

What makes it possible for Solomon to remain independent: 12 hours of Medicaid-sponsored help each week through the state's unusual personal care benefit. Solomon's aid helps her pay her bills, get to the doctor and do other essential chores.

Without this help, "What will I do?" she asks.

As the Bulletin goes to press, it's unclear who the victor in the budget battle will be.

Will New York's legislature, now split nearly evenly by party, decide in favor of reduced social spending because they, like Pataki, believe it is possible to "balance the budget ... and preserve programs that protect our citizens' health and safety"?

Or will they balk and side with Dorothy Berberich, a fierce advocate of independence who would remind the governor that "there comes a point where your health or your financial situation gets worse and you lose the ability to be self-reliant."

"Sometimes," she says, "it's a difficult thing just to survive."

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PHOTOCOPY
PRESERVATION

Full circle with Ruth Brown

How the first lady of rhythm and blues went from the top of the charts to driving a bus and back

BY LEAH K. GLASHEEN



"There were never backup singers—there was just me and six musicians," says Brown of her early days. "I think that's possibly the secret of the longevity of this [R & B] music—its simplicity. I can walk on stage today with six musicians and get the same sound I got in the '50s."

Used to be the name Ruth Brown brought one thing to mind—rhythm and blues. Swinging, uptempo, shout-style R & B. Assertive, lamenting, infectious R & B.

But now, in her seventh decade, musical icon Ruth Brown has a new career: Going beyond where she's been before.

That's no easy task. In her roller coaster career she's gone to the mountain top as a singer, then tumbled so low she fell out of the business entirely. And now she's soaring again—with a recent White House appearance as proof.

Throughout the 1950s this tiny woman with a big voice stormed the charts with "So Long," "Teardrops From My Eyes," "Have a Good Time" and "5-10-15 Hours," becoming the top-selling black female recording artist in the United States.

Brown provided her fledgling label, Atlantic Records, with so many chartbusters that it would soon be dubbed "The House That Ruth Built."

A crucial ingredient in the volatile mix that was popular music, Brown helped shape rhythm and blues, then called "race" music. R & B grew from

reporter.

But it's as a performer that the multi-talented Brown is really branching out. Pushing well beyond the limited performing venues available to her in the 1950s, Brown in recent years has acquired movie, television, radio and Broadway credits—and altogether new audiences.

Mention Ruth Brown to younger audiences today, and many think of Motormouth Mabel, the sock-hop emcee of the offbeat John Waters film, "Hair-spray" (1985).

To music fans, she's the Tony award-winning lead of Broadway's "Black and Blue" (1989), or the Grammy-award winning artist of "Blues on Broadway" (1990).

And to public radio audiences, she's

the warm, sassy voice of "Blues Stage," reminding listeners, "Remember, R & B means rhythm and blues—but first it means Ruth Brown!"

Which isn't to say Brown has stopped performing R & B—she hasn't. Ask the New York Times, which in September applauded Brown's "sultry maturity" and "earthy poise."

"This is about my ninth comeback!" exults Brown of her success over the last decade. In Washington for a White House concert late last year, Brown spoke to a Bulletin reporter in her yellow-and-cream upholstered suite at the Watergate Hotel.

"It's beautiful!" she says, opening arms wide in appreciation of the flower-filled room. "But," she adds mis-

continued on page 21





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A crucial ingredient in the volatile mix that was popular music, Brown helped shape rhythm and blues, then called "race" music. R & B grew from black-inspired blues music and would soon fuse with other influences to spawn rock 'n' roll.

Today, some 45 years after her first hit, Brown's work and that of many other R & B pioneers is being rediscovered—and belated accolades are pouring in from critics and colleagues alike. In 1993 she was inducted into the Rock and Roll Hall of Fame.

And last year Little Richard, the self-proclaimed "architect of rock 'n roll," paid her the ultimate compliment. Alluding to Brown's often theatrical song stylings, he said: "She had the hiccup before I did. I idolized her. I wanted to be like her so bad, I grew a pompadour."

But Ruth Brown's career of today is much different from that of the early, glory days of R & B. At age 66, she is going in new directions, not all of them directly related to performing.

Off stage, she has joined with colleagues to fight for financial restitution for R & B performers she believes were cheated out of royalties they earned during the peak years of R&B.

"It's all about dignity" for these pioneer performers, Brown tells a Bulletin

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"Singer, actress, homemaker, bus driver—you name it, I've done it," says R & B icon Brown.

Ruth Brown

continued from page 24

chievously, "You can get a sandwich much cheaper across the street at Bob's Big Boy."

Brown's life is coming "full circle," she says—and she's loving it.

She got her start at age 15, at a local USO. Her audition material: "The Lord's Prayer." Though her Portsmouth, Va., dockworker father called popular tunes "the devil's music," Brown loved jazz, blues and the edgy jump bands of the time.

"I wanted to sing. That was—that still is—my adrenalin," says Brown. "I woke up one day and I could sing. It's like a gift."

In the late 1940s, after being fired by popular big band leader Lucky Millander, Brown sang for Cab Calloway's sister, Blanche, at Washington's Crystal Caverns. There she was discovered by Ahmet Ertegun and Jerry Wexler, founders of Atlantic Records.

From her first hit song for Atlantic, "So Long" (1949), through "Don't Deceive Me" (1959), it was to be a wildly successful partnership, one that established the fledgling company as a top R & B label.

Along the way, Brown collaborated with some of the industry's best sessionmen and toured the country at a

feverish pace. In 1951 Frankie Laine dubbed the ubiquitous Brown "Miss Rhythm."

"She was *the* thing," comic Nipsey Russell once recalled.

Her celebrity grew as popular music was undergoing seismic changes. Many of her hits were "covered," or remade by white artists, like 1952's "Mama, He Treats Your Daughter Mean," covered by Tony Bennett.

"I never got to do the major television

*'I woke up one day
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a gift.'*

RUTH BROWN

shows, because that was the period everyone was covering race records," Brown says. "Pat Boone was just killing Fats Domino, you know?"

Then, suddenly, Brown ran into troubles of her own. In the early 1960s, Brown fell off the charts—hard. Among the reasons: There was the British invasion, led by the Beatles, she says—and the fact that "you now had to start shortening your dresses and showing your cleavage. And I was not about that."

By the early 1960s, she says, Atlantic

Records would neither return her calls nor pay royalties for her nonstop chart-busters. By 1965 she was driving a Head Start bus and cleaning houses to support her two sons.

"Ruth Brown the performer disappeared," she acknowledges, talking of the 11 years that followed her falling out of fashion.

Brown has no complaints about this rough patch in her life. "Getting a 9-to-5 job was no different for me than for many other women with two children to support, except that my name was Ruth Brown," she says.

But that was not the end of the Ruth Brown story. In the mid-70s, Brown started a comeback, triggered by a chance meeting with an old show business friend, comedian Redd Foxx. It was a comeback that has borne its sweetest fruit over the last decade.

But Brown did more than look out for herself as she started her comeback: she decided that she would stand up for others, like herself, who she felt had been abused by the recording industry in the early R & B days.

"I was cheated," Brown now says. She explains that while some artists had no royalty agreements at all, others, like herself, didn't get proper royalty accounting. The result: While the labels made millions, the performers often got nothing.

Brown decided to take on the indus-

try. Though several lawyers told her she'd never win, Brown kept trying. Finally, she met Washington lawyer—and ardent Ruth Brown fan—Howell Begle. Together they pushed for financial restitution for R & B pioneers, even giving testimony on Capitol Hill.

The collaboration paid off with the 1989 founding of the Rhythm and Blues Foundation. Supported primarily by large industry donations, the Washington-based group recognizes R & B pioneers in a most career-affirming way: by giving them money.

Brown remains active in the Rhythm and Blues Foundation, which continues to recognize the contributions of artists she believes laid the foundation of today's multibillion dollar popular music industry.

What makes this outspoken, big-hearted legend keep pushing the limits? Luck and faith, she says. And the music.

"You cannot sing pathos without somewhere along the line having touched it," she says. "That's what's so wonderful and therapeutic about music—there are songs that will allow you to get that frustration or that anger or that sadness out.

"If you are dedicated to it, music can keep you balanced."

For a Ruth Brown sampler: "Miss Rhythm: Greatest Hits and More," a two-CD set (Atlantic 82061).

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