Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. schedule	Schedule for Hillary Rodham Clinton re: Personal (Partial) (2 pages)	01/28/1999	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 18538

FOLDER TITLE:
HRC Healthcare Book #12: Health Reform [3]

2013-0534-S
rc1769

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Divider Title: **1/28/99 Jo Oberstar Memorial Lect.**

Withdrawal/Redaction Marker
Clinton Library

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SCHEDULE FOR HILLARY RODHAM CLINTON
THURSDAY, JANUARY 28, 1999
FINAL

WASHINGTON, D.C.

NATIONAL PRESS CLUB

LEAD ADVANCE:	MICHELLE KREISS	
	301/384-7118	PHONE
	WHCA PAGER	#4350
PRESS ADVANCE:	STEVE DIMINICO	
	202/752-1492	PHONE

CHILES MEMORIAL SERVICE

LEAD ADVANCE:	DOUG BAND	
	202/456-5113	PHONE
	202/364-3115	HOME
	WHCA PAGER	#4872
PRESS ADVANCE:	MARISA LUZZATO	
	202/482-5880	PHONE

OBERSTAR LECTURE

LEAD ADVANCE:	CALEB SHREVE	
	202/363-9892	PHONE
PRESS ADVANCE:	GEORGE SHELTON	
	202/778-0740	PHONE
SCHEDULER:	MOLLY BUFORD	
	202/456-5315	PHONE
	202/456-5340	FAX
	202/244-2125	HOME
	WHCA PAGER	#4452

PREV RON The White House

[001]

9:15 am-
9:25 am **DROP-BY** (b)(6)
Map Room
CLOSED PRESS/WH PHOTO

CONTACT: Capricia Marshall 202/456-2399

9:30 am-
9:40 am **PHOTO-OP** (b)(6)
Diplomatic Receiving Room
CLOSED PRESS/WH PHOTO

PARTICIPANTS:
The First Lady
(b)(6)

(b)(6)

CONTACT: (b)(6)

9:45 am **DEPART** South Portico
EN ROUTE National Press Club
14th and F Streets, NW

9:50 am **ARRIVE** National Press Club

GREETER: (13th Floor)
Paul Glaser, Chairman of the Board, Elizabeth Glaser Pediatric AIDS Foundation
Larry Lipman, President, National Press Club (T)

9:55 am-10:00 am **MEET AND GREET**
Square Bar
Hold: Eric Freidman Library
Phone: 202/662-7523
Fax: 202/662-7512
CLOSED PRESS/WH PHOTO

PARTICIPANTS:
The First Lady
Dr. Robert Doms, Award Recipient and Spouse
Dr. Philip J.R. Goulder, Award Recipient and Spouse
Dr. Paul Johnson, Award Recipient and Spouse
Dr. Julie Overbaugh, Award Recipient
Kate Carr, Chief Executive Officer, Elizabeth Glaser Pediatric AIDS Foundation
Susie Zeegen, Co-Founder, Elizabeth Glaser Pediatric AIDS Foundation
Janice Spire, Executive Director, Elizabeth Glaser Pediatric AIDS Foundation

10:00 am-10:35 am **ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION SCIENTISTS AWARD CEREMONY**
Holeman Room
National Press Club
OPEN PRESS/WH PHOTO

FORMAT:

- Kate Carr, Chief Executive Officer, Elizabeth

Glaser Pediatric AIDS Foundation, makes welcoming remarks and introduces Susie Zeegan, Co-Founder, Elizabeth Glaser Pediatric AIDS Foundation.

- Susie Zeegan makes brief remarks and introduces Mary Fisher, Founder, Family AIDS Network.

- Mary Fisher makes brief remarks and introduces Paul Glaser, Chairman of the Board, Elizabeth Glaser Pediatric AIDS Foundation.

- Paul Glaser makes brief remarks and introduces the First Lady.

- The First Lady makes remarks and presents the awardees with the awards.

- Paul Glaser thanks the First Lady and the First Lady departs.

PARTICIPANTS: Approx. 75 guests to attend.

CONTACT: Jen Klein 202/456-2599

10:40 am **DEPART** National Press Club
EN ROUTE Russell Senate Office Building

10:50 am **ARRIVE** Russell Senate Office Building

NOTE: The President is scheduled to arrive the Russell Senate Office Building at 10:45 am.

10:50 am **PROCEED** to Holding Room to join the President and the Chiles Family

11:00 am- **LAWTON CHILES MEMORIAL SERVICE**
12:15 pm Room 325
Russell Senate Office Building
POOL PRESS/WH PHOTO

FORMAT:
- Prelude performed by Sherwin Mackintosh.

- Welcome and Invocation by Dr. Lloyd Ogilvie, Chaplain of Senate.

- Senator Bob Graham makes remarks.

- Senator Connie Mack reads from the Scripture.

- Senator Pete Domenici makes remarks.

- Lawton Chiles IV performs "Walking Man."

- Former Senator J. Bennett Johnston makes remarks.

- Carol Browner, Administrator, Envirornmental Protection Agency, makes remarks.

- Christin Chiles performs "You're Still the One."

- The President makes remarks.

- Tandy Chiles Barrett delivers the Chiles family response.

- Doug Coe delivers the closing prayer.

- Musical trilogy performed by Shervin Mackintosh.

- Dr. Lloyd Ogilvie delivers the Benediction.

PARTICIPANTS: Approx. 300 guests to attend.

CONTACT: Mary Chiles 850/422-6100

12:20 pm **DEPART** Russell Senate Office Building
EN ROUTE The White House

12:25 pm **ARRIVE** The White House

12:30 pm- 2:00 pm **SCHEDULING MEETING**
Residence
CLOSED PRESS/NO WH PHOTO

PARTICIPANTS:
The First Lady
Marsha Berry
Pam Cicetti
Kelly Craighead
Patti Solis Doyle
Missy Kincaid
Ellen Lovell
Christy Macy
Capricia Marshall
Shirley Sagawa
Melanne Verveer
Whitney Williams

CONTACT: Patti Solis Doyle 202/456-5309

2:40 pm- 2:55 pm **DROP-BY** w/National Council on Folic Acid
Diplomatic Receiving Room
CLOSED PRESS/WH PHOTO

PARTICIPANTS: Approx. 26 guests to attend. Please see briefing book for complete list.

CONTACT: Mary Ellen McGuire 202/456-6016

3:00 pm- 3:05 pm **BRIEFING**
Cabinet Room
CLOSED PRESS/WH PHOTO

PARTICIPANTS:
The First Lady
Secretary Donna Shalala
Administrator Carol Browner
Neera Tanden

CONTACT: Neera Tanden 202/456-6275

3:10 pm- 3:45 pm **ASTHMA ANNOUNCEMENT**
Roosevelt Room
POOL PRESS/WH PHOTO

FORMAT:

- Administrator Carol Browner makes welcoming remarks and introduces Secretary Donna Shalala.

- Secretary Donna Shalala makes brief remarks and introduces Jacy Haas, parent.

- Jacy Haas makes brief remarks and introduces the First Lady.

- The First Lady makes remarks and departs.

PARTICIPANTS: Approx. 40 guests to attend.

CONTACT: Neera Tanden 202/456-6275

4:00 pm-
4:30 pm **CHILDREN'S HOSPITALS MEETING**
Vice President's Ceremonial Office
Old Executive Office Building
CLOSED PRESS/WH PHOTO

FORMAT:

- The First Lady makes brief welcoming remarks and introduces Secretary Donna Shalala.

- Secretary Donna Shalala makes brief remarks.

- The First Lady opens the discussion.

- Upon conclusion of the discussion, the First Lady departs.

PARTICIPANTS: Approx. 50 guests to attend. Please see briefing book for complete list.

CONTACT: Jen Klein 202/456-2599

4:50 pm **DEPART** West Executive Avenue
EN ROUTE Marvin Center, George Washington University
800 21st Street, NW

4:55 pm **ARRIVE** Marvin Center

GREETERS: (backstage)
Congressman James Oberstar
Oberstar Family (4 members)
Stephen Joel Trechtenberg, President, George Washington University
John Williams, Vice President, George Washington University Medical Center
Jean Lynn, Program Director, Breast Care Center

5:00 pm-
5:45 pm **JO OBERSTAR MEMORIAL LECTURE**
Marvin Center
Hold: Green Room
Phone: 202/994-1181
Fax: 202/994-7442
OPEN PRESS/WH PHOTO

FORMAT:

- Jean Lynn, Program Director, Breast Care Center, makes brief welcoming remarks and introduces John Williams, Vice President, George Washington University Medical Center.

- John Williams makes brief remarks and introduces Stephen Joel Trechtenberg, President, George Washington University.

- Stephen Joel Trechtenberg makes brief remarks and introduces Congressman James Oberstar.

- Congressman James Oberstar makes brief remarks and introduces the First Lady.

- The First Lady makes remarks and has the option to work a ropeline.

PARTICIPANTS: Approx. 500 guests to attend.

CONTACT: Victoria Lynch 202/456-3771

5:50 pm **DEPART** Marvin Center
EN ROUTE The White House

5:55 pm **ARRIVE** The White House

6:00 pm-
6:15 pm

JEN KLEIN FAREWELL PARTY
Yellow Oval Room
CLOSED PRESS/WH PHOTO

PARTICIPANTS: Approx. 60 guests to attend.

CONTACT: Laura Schwartz 202/456-5655

RON The White House

January 27, 1999

THE EIGHTH ANNUAL JO OBERSTAR MEMORIAL LECTURE

DATE:	**Thursday, January 28, 1999**
TIME:	**5:00pm - 5:45pm**
LOCATION:	**Dorothy Betts Marvin Theater**
	The George Washington University
FROM:	**Brenda Costello**

I. PURPOSE

to deliver remarks at the Eighth Annual Jo Oberstar Memorial Lecture at George Washington University.

II. BACKGROUND

The Jo Oberstar Lecture Series

The Jo Oberstar Lecture series first began in 1991 through the efforts of Representative James Oberstar in commemoration of the death of his wife Jo, who died of breast cancer in 1991. The lecture will seek to promote education on and awareness of breast cancer. The lecture was originally endowed through a donation from the Oberstar family and friends. Previous speakers have included Secretary Donna Shalala in 1997 and Representative Mary Rose Oakar in 1991.

Jo Oberstar was a professional development consultant, teacher and advocate for developmental reading skills and improving the status of women in the workforce. Mrs. Oberstar worked for the Canadian Center for Legislative Exchange, arranging meetings for Canadian Legislators. As director of J.O. Associates, a nonprofit professional developmental organization, she continued her work with the Canadian organization. Mrs. Oberstar project director of the Izaak Walton League, for which she wrote the first national citizen action guide on water pollution control. Mrs. Oberstar was a member of the board of the National Rehabilitation Hospital in Washington D.C., and was active in Peace Links.

She died July 28, 1991 at the George Washington University Hospital , after an eight year battle with breast cancer. At the time of her death she was survived by her husband and four children, Ted, 23; Noelle, 22; Annie, 18; and Monica 16.

Rep. Oberstar fought for increased funding for breast cancer research during his wife's eight year battle and continues that battle today. In addition to sponsoring the Jo Oberstar Lecture Series, Rep. Oberstar worked for more funding while serving on the House Budget Committee during the 1980's and urged Congress to increase funding.

Rep. Oberstar has co-sponsored the DeLauro-Dingell-Roukema Breast Cancer Patient Protection Act of 1997, which would guarantee a minimum hospital stay of 48 hours for a woman having a mastectomy and a minimum stay of 24 hours for lymph node removal for the treatment of breast cancer.

The George Washington University Breast Care Center

The Breast Care Center is a program of the Department of Surgery of the George Washington University Medical Center. Formally implemented in April 1993, the center is staffed by three full time surgeons and a clinical nursing coordinator. Their mission is to provide comprehensive care to women with benign and malignant breast disease utilizing an interdisciplinary approach; to provide superior patient care and health promotion, and to advance medical knowledge through basic and applied research. The physicians work closely in consultation with radiology, medical oncology, radiation oncology, pathology, cytology, psychiatry and social services to provide personalized comprehensive care plan to meet the patients needs.

Mobile Mammography Program

In September 1996, with a goal of making early detection accessible to the women of the metropolitan Washington area, the Breast Care Center launched the GW Mammovan. The Mammovan is a mobile screening mammography program which is accredited by the American College of Radiology and is certified by the FDA under the Mammography Quality Standards Act. It travels to corporate sites and community sites throughout the District, Virginia and Maryland. The program has additional funding to offer mammograms to women who are uninsured or underinsured.

On the van, the mammogram is performed by a registered female technologist. The procedure takes approximately 15 minutes and the woman and her physician are notified within ten working days of the results.

III. PARTICIPANTS

-The First Lady
-Jean Lynn, Program Director, Breast Care Center
-John Williams, Vice President, George Washington University Medical Center
-Stephen Joel Trechtenberg, President, George Washington University
-Congressman James Oberstar

IV. SEQUENCE OF EVENTS

- Jean Lynn, Program Director, Breast Care Center, makes brief welcoming remarks and introduces John Williams, Vice President, George Washington University Medical Center.
- John Williams makes brief remarks and introduces Stephen Joel Trechtenberg,

President, George Washington University.

- Stephen Joel Trechtenberg makes brief remarks and introduces Congressman James Oberstar.
- Congressman James Oberstar makes brief remarks and introduces the First Lady.
- The First Lady makes remarks and has the option to work a ropeline.

V. PRESS

Open Press/ WH Photo.

VI. REMARKS

Provided by Laura Schiller.

BIOGRAPHY OF JAMES L. OBERSTAR

Jim Oberstar was born in Chisholm, Minnesota on September 10, 1934. His father was an iron ore miner who worked first in the underground mines, then in the open pits. His mother supplemented the family income working in a shirt factory.

Jim's Iron Range roots shaped his future. The work ethic instilled in him by his family and community enabled him to graduate Summa Cum Laude from the College of St. Thomas--with a double major in French and Political Science. From there he continued his education by winning a scholarship to the College of Europe in Belgium. Following his tenure as a language teacher for over three years in Haiti, Jim returned to the United States to serve Minnesota as an aide to his predecessor in Congress, Rep. John Blatnik.

Shortly after accepting the job with Blatnik, Jim courted and eventually married a co-worker, Jo Garlick. After 28 years of happy marriage and four children, Jo Oberstar died in 1991, a victim of breast cancer.

When Blatnik announced his retirement in 1974, Jim sought and won his first term in Congress. The people of the Eighth Congressional District have responded to his service by returning him to Washington every two years since.

In November of 1993, Jim began a new chapter in his life. He married Jean Kurth, a widow with two children, who had also lost her first spouse to cancer. Jean owns and operates a consulting firm in Washington.

Now in his 11th term, Jim Oberstar is the ranking Democrat on the House Aviation Subcommittee, and second-ranking Democrat on the full Transportation Committee. Because of a shortage of committee slots, he has taken leave from the House International Releations Committee in order to make a committee assignment available to a junior member. Jim is well respected by Members of both parties for his expertise in transportation, public infrastructure and foreign policy matters. His fluency in French makes him a frequent interview subject for French-language radio and television services around the world.

Though the business of Congress keeps him in Washington most of the year, Jim returns to Minnesota at every opportunity to stay in touch with his constituents. The Eighth District is spread across 25,000 square miles--an area larger than many states. It encompasses all or part of 17 counties and has a population of 556,000 people. Visiting every corner of his District means many hours spent in the car or in the air. Jim also maintains offices in Duluth, Chisholm, Brainerd and Elk River.

JO OBERSTAR BREAST CANCER MEMORIAL LECTURE
REMARKS BY FIRST LADY HILLARY RODHAM CLINTON

The George Washington University
January 28, 1999

I am extremely honored to be here this evening and to participate, along with all of you, in an event that is rightly dedicated to the memory of an extraordinary woman. I know that there are many of you in this audience who were friends of Jo Oberstar. You were part of her support system. You knew her, you loved her, you worked with her; you honored her as a wife and mother, a friend, an activist, a peacemaker, and your own role model. And it is entirely fitting that we would take this time to remember someone who made such a lasting impression--not only to those nearest to her, but through a ripple effect to so many others.

I want to thank the Congressman for inviting me to give this lecture. But more than that, I want to thank him for his example and leadership. When I think of him, I see him standing in the well of the House in the early 1990s, speaking out against those who claimed we did not need any more funding for breast cancer. That we certainly did not need to have funding in the Defense Department Budget [for breast cancer]. That we did not need to respond to this disease with all of our resources as something that required special attention. Year after year, Congressman Oberstar fought for all he could obtain from the Congress for breast cancer research, treatment, and early detection. And I think that you saw this evening that he combines a love of his family--even at the risk of embarrassing his daughters in front of all of us -- and a real commitment to public service, something that I applaud and for which I am very grateful.

I also want to thank our hosts this evening, especially President and Mrs. Trachtenberg and Vice President Williams[of The George Washington University] and Jean Lynn[GW Breast Care Center]. I am very proud of this university and all that it has achieved, even in the few short years that I have been your neighbor. I sometimes walk by the buildings where students are living and working. I certainly am well aware of all of the activities that go on here and the extraordinary commitment that you have made to the education of generations of young people, and every May, I hear your graduation ceremonies as they unfold on the mall. [Laughter.]

I am also grateful for the extraordinary service that the medical center and hospital provide, and I especially want to thank Jean Lynn, who is the heart and soul of the Breast Care Center. Every day women come to the center for state-of-the-art treatment and compassionate care, and every day, the Center goes to women. It is hard to miss the big white 40-foot Mammovan as it rolls up in front of churches and community centers across Washington, bringing mammography to women who cannot afford it. I want to congratulate Jean and the Breast Care Center and the Mammovan--which I have kind of personalized here--on being awarded an $80,000 grant from "Race for the Cure" just yesterday. [Applause.] The Breast Care Center and Mammovan are making an enormous difference in the lives of countless women.

I am told that throughout her valiant struggle against breast cancer, Jo reminded everyone near her of the most important things in life: faith, family, and love. She told her children and other young people to "complete your education; but remember, at the end of your life when you're dying, degrees won't come and hold your hand." And so she reached out her hands to every woman facing breast cancer, every woman who needed to know the importance of self-exams, regular check-ups, and early treatment, every woman who needed a shoulder to cry on and a friend to lean on--someone who simply understood her pain. I am told that, often, at home, the phone would ring, and on the other end of the line would be a woman who had just been diagnosed and had been given Jo's number. Jo would

often drop whatever she was doing and drive out into the night to go comfort someone whom she was meeting for the first time. She was determined, as the Congressman has told us, that from all her pain and suffering something good would come for other women. Hers was a lesson of courage and commitment, faith and family. And it was really women like Jo who were pioneers in teaching us all about this disease and how to respond.

You know, it was not so long ago that Betty Ford brought this disease out of the shadows by telling the world that she had breast cancer and had had a mastectomy. It must seem odd or even quaint for the young people in this audience to imagine that, back in the early 1970s, this was a disease people did not talk about. I remember when the woman who lived across the street from me when I was growing up in the 1950s and early 1960s was diagnosed with breast cancer. It was a subject nobody would address. Thank goodness that women like Betty Ford, and then later, Happy Rockefeller and others of public note began talking about this disease in very personal terms. And thank goodness for someone like Jo, who never ever let anyone forget that this was something she was struggling with, but that she felt an obligation to speak out about.

Betty Ford even joked about breast cancer. She joked about the time when, after her surgery, she was playing touch football with a few members of the Secret Service. In the middle of the game, her prosthesis slipped and she was somehow able to keep it in her t-shirt without anyone knowing. But more than that, she said she learned that day that she was still able, not only to play touch football, but also to laugh and to live.

Well, Jo lived for a while, and during those years she made us look differently at breast cancer. No longer are the words "breast cancer" whispered in the shadows, shrouded in ignorance or even apathy. Women living with breast cancer grace the pages of People Magazine or SELF or Good Housekeeping and appear on television shows. We log onto the Internet and we can visit more than 33,000 websites about breast cancer. And when 500,000 people Race for the Cure in Washington, D.C. every year, they run for their mothers, sisters, their wives, their daughters, their neighbors and colleagues and friends, and they run for themselves.

Not a single one of us has been untouched by this disease. I certainly recall my late mother-in-law who confronted breast cancer with the same good humor and courage that she confronted her entire life. We all come to this lecture and this subject with faces in our minds.

Just in the last three months, I have held the hands, and put an arm around and talked on the phone with dear friends of mine who have been diagnosed with breast cancer. I have talked with family members whose mothers and wives are in the last stages of breast cancer. And I have thought a lot about the progress we have made and the work that still lies ahead.

Back in 1991, when former Congresswoman Mary Rose Oakar gave the first Jo Oberstar Lecture, who would have thought that today we would be here and would have seen revolutionary breakthroughs in breast cancer prevention, early detection, and treatment? Who would have thought that the breast cancer death rate would decline almost five percent? That we would find genes linked to hereditary breast cancer, or environmental factors that we believe contribute to the disease?

Who would have thought that NASA would be able to use silicon chips from the Hubble Space Telescope to detect tiny spots in the breast tissue with needles instead of surgery? Or that we would see a whole new generation of drugs that are more effective, less toxic and, until recently, were not even imagined.

With Tamoxifen, we proved that it is possible, actually, to reduce the risk of breast cancer in some women by about 50 percent. With a drug like Herceptin, we now know that we can attack the molecular machinery of a tumor; that even in advanced breast cancer, tumors can

be significantly reduced and life extended.

It seems, and we hope it is true, that we are finally turning the corner in the battle against breast cancer. And it probably cannot be said enough that, even though we have incredibly dedicated scientists, researchers, medical doctors and nurses, much of the progress, I believe, would not have been possible without activists like Jo, who knew that we could do better and who demanded a central role in this fight--both on their own and on our nation's behalf.

Every day there are more women asking questions, reading journal articles, talking to friends, logging onto the Internet. It is not uncommon these days for a woman to walk into her doctor's office with a list of clinical trials in her hand, eager to discuss them. There are now consumers sitting on peer review panels and changing the way scientists look at research.

In 1992, during the presidential campaign, I was invited to visit with a group of breast cancer survivors in Williamsburg, Virginia. I sat around a big table, with a large group of women, and listened to their stories. Many of them knew that they did not have much longer to live; others had lived with the disease for decades. But each of them was committed to making sure her story contributed to a change in attitude, from the top of our government to the bottom, so that we would respect and work with the women who knew more about this disease than the rest of us, and we would follow their lead in making sure that their perceptions and opinions played a role in influencing how we fought breast cancer.

In 1993, after my husband was elected, we invited a group of these advocates to come to the East Room of the White House. They came all right. They were armed with signatures from 2.6 million Americans demanding that we create a public-private partnership. And we did the first National Action Plan on Breast Cancer. It has just one goal, a goal that my husband stated that day in the East Room, and that he has worked tirelessly to achieve: (that is) the complete eradication of breast cancer.

Now we knew that in order to reach that goal, we could not afford to argue about whether research, treatment, early detection, or prevention is the best course of action. We needed to pursue all of those strategies, so we have. We have worked hard to ensure that women have access to mammograms they can trust and afford. At DOD, NASA, and even the CIA, we are using high-tech imaging to help find breast cancer early. I remember when I went over to the CIA a few years ago to get a briefing about their work. Certainly, many of us who watched the televised coverage of our efforts against Saddam Hussein back in the Gulf War remember seeing missiles that were targeted so precisely that they went down chimneys. And it struck some of us that if we could send a missile down a chimney thousands of miles away, we ought to be able to find microscopic lumps in women's breasts.

So I was in one of those CIA briefing rooms that make you feel like you are in a movie with Harrison Ford, and they were projecting on the screen the images that they were developing from the work they were doing. I was very pleased that, as the Congressman said, we were getting a peace dividend that would go toward women's health. Just recently, the National Cancer Institute created something called a Risk Disc that helps doctors calculate their patients' risks of breast cancer and talk to them about those risks. We have also made the kind of steady and sustained investments in research that the Congressman referred to.

In this first lecture that was held when Congresswoman Oakar spoke, she called for a $50 million increase in breast cancer research. At the time, that was very controversial. But those who have studied the disease and those who have suffered from the disease knew that if we did not increase the dollars we spent on research, we would lose precious time. So from 1993 to 1999, we have increased funding for breast cancer to more than $600 million.

But we cannot rest on that. We cannot back down when we still have around 180,000 women who will be diagnosed with breast cancer this year, and when 43,000 will die. Some people when they write about breast cancer, I have noticed recently, say, "Well, you know, breast cancer is the second leading cause of cancer deaths and cancer for women." And that is true. The leading cause now is lung cancer. But we all know what causes most lung cancer, don't we? When women are now gaining on men with the rate of lung cancer, that is a decision that individual women are making which we hope they will stop, reverse, or never make--to start using tobacco products, principally cigarettes.

But we still do not know what causes breast cancer. We have theories, and we are making some progress that might lead toward breakthroughs in understanding the disease. But we cannot, with a straight face, tell young women what they must do to avoid or, at least, decrease their chances of having this disease. We can do that with lung cancer, but with breast cancer, we are still struggling. And we are spending a lot of time and effort trying to understand what individual women, groups of women, regions of women must do.

A friend of mine, recently diagnosed with breast cancer, who lives in the Washington area was told by her physician that Montgomery County, Maryland, has one of the highest rates of breast cancer in the entire country. We know that there are areas of Long Island that have very high rates of breast cancer, but we do not yet know why. We also know that women of African-American or other ethnic heritage other than Caucasian are still suffering from breast cancer and dying at a much higher rate. We have seen progress with respect to the African-American death rate, but not nearly enough. It is unacceptable that we have any group of American women suffering from this disease at a higher rate. It is also unacceptable that, because of the poverty in large parts of our nation's capital, we have one of the highest breast cancer mortality rates in the nation--right here in Washington, D.C. That is why the Mammovan is so important, because we still have not done what we should do to make sure all women can protect themselves against breast cancer today and have access to early diagnosis.

There are a number of steps we have to take to enable us to tell any woman that we will do all we can, we are doing all we can, to make sure that we have devised a means for her either to have her disease diagnosed early or, eventually, to prevent or cure it. First, all women must have access to quality, affordable mammograms and other forms of detection. There were some in the breast cancer community who were concerned that putting any time or energy into mammograms would take time and energy away from research. But we never saw that as a zero sum game.

There are millions of American women who do not have mammograms and yet they should. Many of them cannot afford them, or they are afraid of them, or they feel embarrassed by them. And, as hard as it may be to believe, some simply have never heard of them which is why we have reached out to 1.7 million vulnerable women with free or low-cost mammograms. We have made sure that Medicare helps pay for mammograms for women, and we have launched an education campaign to convince older women to take advantage of the Medicare benefit, and get a mammogram. One of the most interesting experiences that I have had in the last several years is speaking with women, particularly older women, about mammograms. I have had the most amazing conversations, right out in public in front of everybody. I have had women say, "I don't need to get one of those; my husband died 10 years ago; it doesn't make any difference."

I have had other women tell me that they could not imagine doing that in front of any other person. But one the most gratifying experiences I have had was convincing women to have a mammogram, and I recently received a letter from one who heard about the campaign and got a mammogram; the screening revealed two malignant tumors, and she was lucky because they were caught before they spread.

But we still have a big public education campaign ahead of us to convince every woman

who should have a mammogram to do so. In addition, mammography must be affordable. I am still somewhat embarrassed and even amazed when I meet a woman who tells me she does not get a mammogram because she cannot afford it. And even worse, I have had women tell me they have gotten mammograms because of a free van or some other services, and they have been told that they should go to a surgeon based on the result of the mammogram, but they cannot afford to do so because they have no health insurance.

Which brings me to our second challenge: if all women are going to reap the benefits of the progress we are making on breast cancer, then they must be able to access quality health care. When a woman is diagnosed with breast cancer, she should feel confident that she can get the care she needs, and if she is already insured, she should feel confident that managed care will not mean less care. She and her doctor--not bureaucrats or bookkeepers--should make decisions about her health.

One of the reasons that it is so important that we establish basic rights for patients is the many stories we have heard about what happens when a woman is already embarked on a course of treatment with a physician she trusts, and her employer switches health plans, and she is then told that she has to switch doctors. Imagine how you would feel. Maybe some of you have already experienced this: "You have to go somewhere else; this doctor is not in our plan." Or even worse, being told, "We'll get to you eventually," and time slips away and a malignancy gets worse.

It is very important that we work in the Congress to pass a Patient's Bill of Rights that will guarantee to cancer patients--breast cancer patients--their right to the treatment they need to have. It is also time to ensure that Medicare reimburses patients who need access to the most advanced research and to allow people with disabilities and chronic illnesses such as breast cancer to buy coverage from Medicare. We have a great challenge facing us because the incidence of breast cancer does go up as women get older, and there is a gap in the coverage that many women have before they are eligible for Medicare. We have to be sure that they can have access to the health care they need.

We also have to be sure that we recognize the continuing fear that women face when it comes to breast cancer. I have in the last weeks talked with some friends who have been diagnosed with breast cancer. And they face the hard decision: whether to have a mastectomy, have a limited mastectomy, have a lumpectomy, have whatever other treatment may be available to them. And they have to think long and hard about those decisions.

It is a very tough decision. Doctor, friends of mine, who treat women with breast cancer tell me all the time that it is one of the most difficult moments in their practice: sitting down with a woman and going through the options that she has. There are many cultural and social and psychological attitudes that affect these decisions, probably more than any other of which I am aware. And the more we do to reach out a hand, as Jo did, to all the women who have to make these choices, the more we help them feel confident about the decisions they make.

So there is a lot of work to do. We must be sure that these incredible advances that we are seeing made possible with the human genome do not disadvantage women who are genetically predisposed to breast cancer or any person genetically predisposed to any condition or disease. A person's privacy must be protected, and we must outlaw genetic discrimination. What good does it do to have tests that would help save women's lives, if when they have the test and find out that they are genetically predisposed, they lose the health insurance they need in order to deal with their condition? There must be an end to any kind of genetic discrimination that would in any way close the door to affordable health insurance.

We also have to make sure that because someone has a genetic risk, they understand it does

not automatically mean they will get the disease. A doctor friend of mine says that when it comes to breast cancer, ignorance is not bliss. Women have to be aware of all the various aspects of this disease, and that really is the purpose of this Memorial Lecture.

At least once a year in a public forum someone comes and speaks about this disease. The scientists come and tell us about the research advances that are occurring. The public policy officials come and tell us about the public response that is occurring. And lay people like me come and beg that women--all of us--are given the information and resources we need to deal with this disease.

There are no guarantees for any of us. None of the women I know who has breast cancer has a genetic predisposition. None of them has known risk factors that clearly signal that she is a candidate for breast cancer. But here they are, facing these obstacles, just as Jo and her family faced them some years ago.

One of the best ways we can deal with the pain and the fear that breast cancer engenders is to keep in mind the image of Jo Oberstar with her arms outstretched to all that she could reach. Now we heard Jim talk about the conversation that he had with Jo after her surgery. And you know, like the devoted husband he was, he was doing his best to encourage and support her. And she was realistic; she understood the odds against her. But that realism did not undermine her hope.

The other night at the White House, we had one of the Millennium Lectures that we started to try to encourage all of us to think about our past, our present, and our future. And we talked that evening with a history professor and a theologian about what the Millennium means and what it had meant to the last thousand years--how it represented for some people a pathologic fear, but for others, hopefulness. People can look at the same reality and reach very different conclusions, can't they? People can look at breast cancer and be so afraid and scared that they will not even have a mammogram, be so worried that they do not even want to do a self-exam, or be so overwhelmed and depressed if they are diagnosed that they will not be able to reach out to anyone--even those closest to them who want to love and support them.

What is important about the example and the model of the woman we honor tonight is that she combined hope with realism. She understood very well what she was up against, but that did not discourage or deter her from hoping that she could in some way make a contribution to others that would make life better. Now it is up to us to finish the journey that she began. We can do that in many ways: we can support the President and members of Congress like Congressman Oberstar to make sure that we get the commitment that research continues, making a difference in people's lives; that we change legislation like Medicare and pass a Patient's Bill of Rights to equip people with the power and the rights they deserve to have to deal with this disease. We can be sure that we are part of a public education campaign to reach as many women and men as we can about what is happening with breast cancer and how we need to respond to it. Ultimately, it comes down to a question of commitment and courage. Many of us will face this disease in our own lives and the lives of people we care deeply about. We will have to decide whether we meet it with fear or hope, whether we are unrealistic to the point that our support is not helpful, or whether we are prepared to look it straight in the eye. And we will all hope that in the next century, this will be a disease that we will conquer, that we will be able to control and manage--that we will cure.

By then young women like Jo's daughters and all of the others who have been affected by this disease will not have to fear for it themselves and will have to look in history books to find out the devastating effect it had on the lives of so many women and their families. When we reach that point, as I hope and I pray and I trust that we will, we will get there certainly through the efforts of all of the researchers, and the scientists, and the doctors. But I think that we will get there primarily on the strength of the spirit of women like Jo

Oberstar.

Thank you very much! [Applause.]

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FIRST LADY HILLARY RODHAM CLINTON

JO OBERSTAR MEMORIAL BREAST CANCER LECTURE

GEORGE WASHINGTON UNIVERSITY

JANUARY 28, 1999

It is a great honor to join all of you this evening for a lecture dedicated to the memory of Jo Oberstar -- a wife, mother, friend, activist, peacemaker, and, whether we were privileged to know her or not, a role model to us all.

I want to thank Congressman Oberstar for inviting me to give the Jo ~~OBERSTAR~~ Oberstar Memorial Lecture -- and for his extraordinary leadership on behalf of women throughout America. When I think of Jim, I see him standing up in the well of the House in the early 90s -- and speaking out against those who claimed we didn't need any more funding for breast cancer research. I think of him fighting year after year for the breast cancer research, treatment, and early detection necessary to ensure that other families never have to suffer the same tragic loss.

And I think of the subject matter he brings up every single time we talk. It's never about taxes or trade. It's always about his family. I am delighted that two of his children, Annie and Monica are here...and that his wife, Jean Oberstar is here. And for those of you who haven't heard the news, I'm told that a few nights ago, the family became a little bit larger. So, I hope you'll all join me in congratulating Grandpa Oberstar.

I also want to thank our hosts at George Washington University -- especially President Trachtenberg, Vice President Skip Williams, and Jean Lynn, who is the heart and soul of the Breast Care Center. Every day, women come to the center for cutting-edge treatment and compassionate care. And every day, you go to them. It's hard to miss that big 40-foot white Mammovan as it rolls up in front of churches and community centers across Washington, bringing mammographies to women who can't afford them. [And I want to congratulate the Mammovan on just yesterday being awarded an $80,000 grant from Race for the Cure.]

I know the Breast Care Center became sort of a second home to Jo...and that many of the doctors, nurses and staff were privileged to call her not only a patient, but a friend. I, myself, was not lucky enough to know Jo. But I have been privileged to see the extraordinary gifts she gave to all those whose lives she touched. Jim describes her as a woman with outstretched arms. She reached out her arms to her children and family...who she wanted more than anything to be there for.

In the last few days of her life, she reminded them of the most important things in life: " faith, family, and love," "Complete your education," she said, "but remember, at the end of your life when you're dying, degrees won't come and hold your hand."

And she reached out her hand to every woman facing breast cancer, every woman who needed to know about the importance of self exams, regular check ups, and early treatment. Every woman who needed a shoulder to cry on, a friend to lean on -- or someone who simply understands.

Often at 5 or 6 p.m., the phone would ring. On the other end of the line would be a woman who had just been diagnosed -- and had been given Jo's number. Maybe an hour later, Jo would drive, often on a dreary night, to go comfort a woman she was meeting for the very first time. And then she would return late that night, feeling uplifted herself.

Jo Oberstar was determined that some good would come of all this for other women. Hers was a lesson of courage and commitment, faith and family. And she is part of a proud tradition of teachers.

I think, of course, of the President's late mother, Virginia Kelly. She never wanted anyone to feel sorry for her. As with every other adversity she faced in her life, she'd get up at the crack of dawn, put on her lipstick and false eyelashes and go out and celebrate life. She was a great inspiration to all of us who knew and loved her. I remember the sampler she kept by her nightstand that read: "Lord, help me to remember that nothing is going to happen to me today that you and I can't handle."

And, of course, none of us will ever forget when Betty Ford brought this issue out of the shadows by telling the world that she had breast cancer and a mastectomy. Suddenly women everywhere went out to get their own exams, including Happy Rockefeller, who found out that she too had the disease. It's impossible to calculate how many lives she saved, how many attitudes she changed. She once joked about the time when, after her surgery, she was playing touch football with a few members of the Secret Service. In the middle of the game, her prosthetic slipped and she was somehow able to keep it in her t-shirt without anyone knowing. But, more important, she said she learned that day that she was able not only to play football, but also to laugh and be alive.

Because of women like these, there has been nothing less than a sea change in the way we look at and tackle breast cancer. No longer are the words breast cancer whispered in the shadows, shrouded in the darkness of ignorance and apathy. Women living with breast cancer grace the pages of People Magazine, SELF and Good Housekeeping. They appear on t.v. shows such as Murphy Brown, Oprah, and Rosie O'Donnell.

When we go to watch women's professional basketball at the MCI Center, we can look up at the jumbo-tron and see a player ~~with~~ from the Washington Mystics in a PSA about breast cancer. When we log onto the Internet, we can visit more than 33,000 websites about breast cancer. And, when 500,000 people race for the cure every year, they run for their mothers and sisters, their wives and daughters, their neighbors and colleagues, their aunts and cousins. They run for themselves.

Not a single one of us has been untouched by this disease. We all come to this lecture…and this subject…with a number of faces in mind.

In the last few years alone, I have seen many of my friends wage their own battles against breast cancer. And in the last few years, I have seen firsthand the enormous progress we've made -- not only with breast cancer, but in so many other areas of women's health. There was a time when a breast cancer diagnosis was considered a death sentence. But we now have a whole generation of women who are breast cancer survivors.

Back in 1991, when the former Congresswoman Mary Rose Oakar gave the first Jo ~~OBERSTAR~~ Oberstar Lecture, who would have thought that today we'd see revolutionary breakthroughs in breast cancer prevention, early detection, and treatment? Who would have thought that the breast cancer death rate would decline almost 5 percent? That we'd find genes linked to hereditary breast cancer -- or environmental factors that contribute to the disease?

Who would have thought that NASA would be able to use Silicon Chips from the Hubble Space Telescope to detect tiny spots in the breast tissue – with needles instead of surgery? Or that we'd see a whole new generation of drugs that are more effective, less toxic, and until recently, the stuff of science fiction?

With Tamoxifin, we proved for the very first time that it is possible to actually reduce the risk of breast cancer in some women by about 50 percent. And we should remember Congresswoman Oakar's plea at this lecture seven years ago: "We must know more about treatment," she said. "There might be some new innovative ways for treatment…" Could she, or any of us, have imagined a drug like Herceptin back then, a drug that attacks the molecular machinery of a tumor? What we've seen with Herceptin is that tumors in advanced breast cancer can be significantly reduced 50 percent of the time – and that life can be extended.

It seems that we are finally turning the corner in the fight against breast cancer. Finally unlocking the secrets of this disease – and discovering not just causes, but potential cures. And it is probably not said near enough, but none of this would have been possible without activists, who knew we could do better…and who demanded a central role in the fight against breast cancer – both their own and our nation's.

Every day, there are more women asking questions, reading journal articles, talking to friends, and logging onto the Internet. It's not at all uncommon these days for a woman to walk into her doctor's office with a list of clinical trials in her hand eager to discuss which one might be best for her.

Every day, there are consumers sitting on peer review panels, and changing the way scientists look at research...by virtue of their unique perspective and their very presence. [I'm told that the breast cancer program at UCSF was looking at research into 15 types of Tamoxifin. But then the consumer on the peer review panel, asked a very simple question: Why are we putting all our eggs in one basket? Why don't we spend our money examining a whole host of different strategies?]

And I will never forget the day in 1993 when a group of passionate advocates came to the East Room of the White House, armed with signatures from 2.6 million Americans demanding that we create a private-public partnership. And we did: The first National Action Plan on Breast Cancer. It has just one goal, a goal my husband has worked tirelessly to reach -- and that is the complete eradication of breast cancer.

[Now, to reach that goal, we knew we couldn't afford to argue about whether research, treatment, early detection, or prevention is the best course of action. We needed every weapon at our disposal.] So we've worked to ensure that women have access to mammograms they can trust. At DoD, NASA and the CIA we're using high-tech imaging to help find breast cancer early. Just recently, the National Cancer Institute created something called a Risk Disc. It helps doctors calculate their patients' risk of breast cancer…and talk to them about those risks.

And we have made the steady and sustained investments in research that are leading to breakthroughs today…and hopefully cures tomorrow.

In the first Jo Oberstar lecture, Congresswoman Oakar called for a $50 million increase in breast cancer research. This was, of course, very controversial at the time. But, from 1993 to 1999, my husband increased funding for breast cancer research by …. He has called for a 65 percent increase in cancer research. And we cannot back down on this commitment.

We cannot back down when 180,000 women will be diagnosed with breast cancer this year. When 43,000 of our mothers, sisters, and wives will die of this disease. We cannot back down until we find a cure.

At Jo's memorial service, Jim told a story about the day Lyndon Johnson found out his longtime Secretary had breast cancer. He called the CEO of a major hospital and said, "I'm sending my Secretary out there, and I want you to cure her, hear?" The CEO replied, "We'll be glad to **treat** her, Mr. President, but you have one of the greatest cancer research and treatment centers in the world, the M.D. Anderson Clinic in Houston." "You're right," replied Johnson. "I'll send her there and make them cure her."

As Jo would have been the first to say, we cannot accept any less than the best in our race for the cure. But until the day when we win that race – and I believe we will – we must make sure that all women reap the benefits of the progress we've made.

It is unacceptable that the death rates for African American women are not going down as much as those for white women. It is unacceptable that the capital of our nation has one of the highest breast cancer mortality rates in the nation. We must make sure that all women can protect themselves against breast cancer today. And that will take meeting four challenges.

First, all women must have access to quality, affordable mammograms. The truth is, we know that early detection is often the main difference between becoming a breast cancer survivor…and a breast cancer statistic. But we also know that too many women -- especially poor women, elderly women and women of color -- still don't get regular mammograms. And there are a lot of reasons why. I've talked to women who tell me they were too scared of the pain…and the results. Some said they just couldn't afford it. Some are embarrassed. Some simply have never heard about mammograms.

Which is why we've reached out to 1.7 million vulnerable women with free or low-cost mammgrams. We made sure that Medicare helps pay for mammograms for women over 40. And I've worked on an education campaign to convince older women to take advantage of the Medicare benefit…and get a mammogram. One of the most gratifying letters I've received came from a Virginia woman who got a mammogram because of that campaign. Her screening revealed two malignant tumors – but they caught them before they could spread to other parts of her body.

Again, I want to congratulate GW on your Mammovan. And not only because it has brought mammograms to 5,000 women who would otherwise go without. But also because this Medical Center has made a commitment to care for every woman diagnosed in the van. Which brings me to my second challenge. If all women are going to reap the benefits of our progress on breast cancer, then they must also have access to quality health care.

When a woman is diagnosed with breast cancer, she should feel confident that managed care will not mean less care. She and her doctor, not bureaucrats and bookkeepers, should make decisions about her health. And if she has already embarked upon a course of treatment with a doctor – even if her employer switches health plans – she should never be forced to switch doctors.

Imagine how you'd feel if you – or someone you love -- had developed a bond of trust with a doctor treating you for this life-threatening, life-altering disease. Then imagine what it would be like if you were told that you suddenly had to go somewhere else, and start all over again with a doctor you don't know…and don't yet trust. These are just a few of the many reasons that it is long past time to pass a Patient's Bill of Rights.

It is also time to ensure that Medicare pays a patient's costs in clinical trials. It is time to allow people with disabilities and chronic illnesses such as breast cancer to buy Medicaid coverage. And, yes, I believe that it is time to guarantee health care for every American.

But no matter how good our health care system is…Women will never reap the benefits of our progress on breast cancer unless we eliminate the fear that can prevent ~~a woman~~ them from seeking care -- and even endanger ~~her life~~ their lives.

Those of you who have visited or worked in the GW Breast Care Center have no doubt seen the women's art in the waiting room. One of the pieces is a quilt called "My Right Breast." And it was done by a woman who had been scared, waiting for her results. Woven throughout it are images of women's faces…each one tinged with anxiety and fear.

Why do women fear -- and avoid -- care that could save their lives? They may be scared they'll find out they have breast cancer. They may be scared that their results will cause them to lose their health insurance, their job, or their privacy. And a recent study pointed out that, for too many women, their fears about breast cancer far exceed their risks.

Every day, our most personal health care information is moving quickly from computer to computer, from insurance company to doctors without any real national safeguards. If we want people to feel comfortable getting the health care they need...then we must protect the privacy of medical records. We must outlaw genetic discrimination. And we must do it this year. No one should be afraid to walk into their doctor's office for fear that their genetic secrets will be used to close the door to affordable health insurance.

And we need to help women understand the facts – and dispel their worst fears. We need to say: Just because you have a genetic risk does not mean you'll get the disease. And we must say that when it comes to breast cancer, ignorance is not bliss -- what you don't know can hurt you. As one doctor I met said, "Awareness is human lives that need not be lost."

We must replace fear with education. Together we can teach all women how to help prevent...detect...treat...and beat breast cancer. That is my final challenge. It is the purpose of the Jo Oberstar Memorial Lecture. And it was the mission of the woman for whom it was created.

Even in the face of unspeakable pain, Jo kept her arms outstretched to all those who surrounded her...and all those who came after her. Jim sometimes talks about a conversation they had right after her surgery. He was telling Jo that it going to be o.k., that they'd beat this disease, that she'd recover. And she smiled and patted him on the hand saying, "I only hope that through my experience others will be spared."

It is up to us to finish the journey she so courageously began. So, that one day, we will gather again at this lecture to celebrate our victory against breast cancer. I hope we will say that women no longer live in fear. That husbands no longer lose wives...that children no longer lose mothers. I hope we will say that the next generation of children will have to look to the history books to find a disease called breast cancer.

And when we do, it will be because women like Jo Oberstar reached out their arms to all of us.

Thank you very much.

Star Tribune (Minneapolis, MN)

January 29, 1999, Metro Edition

SECTION: Pg. 6A

LENGTH: 574 words

HEADLINE: Hillary Clinton hails gains in research on **breast cancer;**
But, at a **lecture** in honor of the late Jo Oberstar, she urged that the nation not let up in its fight to eradicate the disease.

BYLINE: Greg Gordon; Staff Writer

DATELINE: Washington, D.C.

BODY:
First Lady **Hillary** Rodham **Clinton,** citing research breakthroughs and a decline in the disease's fatality rate last year, said Thursday that "it seems . . . we are finally turning the corner in the battle against **breast cancer.**"

But Clinton, speaking at a **lecture** series in memory of Jo Oberstar, the late wife of Rep. Jim Oberstar, D-Minn., stressed that difficult work remains to contain the disease, which claimed the lives of 44,500 Americans last year.

The nation must maintain its stepped-up investment in **breast-cancer** research, expand efforts to to educate women about early-detection methods and protect patients' rights so that victims receive the best possible care, she said.

Addressing a packed auditorium at George Washington University, Clinton spoke during the eighth annual **lecture** series in honor of Jo Oberstar, who died of **breast cancer** in 1991 after fighting the disease for eight years. The **lectures** are intended to increase awareness of **breast cancer,** the second-deadliest cancer among women, trailing only lung cancer.

Before introducing Clinton, Jim Oberstar recalled trying to offer his wife encouragement after her surgery. "She patted my hand and said: 'This disease is going to kill me. Be realistic about it, Jim. But I want some good to come of it.' "

Clinton hailed Jo Oberstar as a woman who, while terminally ill herself, "held out her hand to every woman facing **breast cancer** - every woman who needed to know the importance of self-exams, regular checkups and early treatment, every woman who needed a shoulder to cry on and a friend to lean on."

She also praised Oberstar for his relentless campaign to increase federal funding for **breast-cancer** research and described him as a key player in boosting the allotment from $ 87 million in fiscal 1990 to $ 592.9 million this year.

Cause remains unknown

The First Lady stressed that, unlike lung cancer, which has been connected to smoking, "we still don't know what causes **breast cancer"** or why women in certain regions have higher rates of the disease.

But she said that in the eight years since Jo Oberstar died, researchers have made "revolutionary breakthroughs in **breast cancer** prevention, early detection and treatment," contributing to a 5 percent reduction in the disease's fatality rate.

Clinton noted that silicon chips engineered for the Hubbell space telescope are being used to detect tiny spots in the breast tissue with needles, rather than surgery. The CIA has used high-tech imaging similar to the devices that guided "smart bombs" down chimneys during the Persian Gulf War in 1991 to help detect **breast cancer,** she said.

And new drugs have cut the rate of **breast cancer** in some women by 50 percent.

To contain the the disease, she said:

- The government must help guarantee that all women have access to "quality, affordable" mammograms.

- Medicare must reimburse patients "who need access to the most advanced research" and should sell coverage to women who are younger than 65, lack health insurance and face a growing risk of **breast cancer.**

- Congress should adopt a Patient's Bill of Rights that will ensure that managed care will not prevent women from seeing the doctors they prefer.

Oberstar was joined at the event by two of his four children, daughters Annie, 25, and Monica, 23. He said he was touched by Clinton's references to his first wife.

"Wow," he said. "She had me in tears."

LANGUAGE: ENGLISH

LOAD-DATE: January 29, 1999

January 28, 1999

LENGTH: 296 words

HEADLINE: First lady to speak at George Washington U.

BYLINE: By Jason Steinhardt, The Hatchet

SOURCE: George Washington U.

DATELINE: Washington, D.C.

BODY:
First lady **Hillary** Rodham **Clinton** will speak at the Betts Theatre Thursday at the Eighth Annual Jo Oberstar Memorial **Lecture.**

The Oberstar **Lecture,** founded in 1991 by U.S. Rep. James L. Oberstar (D-Minn.), is an annual event held to promote public awareness of **breast cancer,** now the leading cause of death for American women ages 35 to 50.

"Each October is Breast Care Awareness Month and at that point the initial invitation was extended to (Mrs. Clinton)," said Ray MacDougall, public relations spokesman for the School of Medicine and Health Sciences.

In the past, other high-profile guests such as Tipper Gore, wife of Vice President Al Gore, and ABC News correspondent Cokie Roberts have lectured as part of the series.

This year, the program involved extra planning because of the extensive security detail that accompanies the First Lady.

"There are two tiers of preparation once we had our program planned," MacDougall said. "The first is that a representative from an advance team comes to identify the routes that (Clinton) will take throughout the course of events and identify the departments that will be responsible for the event."

MacDougall said the second tier of preparation involved a visit by a Secret Service representative to plan for Clinton's arrival and to determine what cooperation the White House needs from the University.

"No one will be admitted in the theater for a period of about two hours but it won't impact very many people," MacDougall said.

The Oberstar **Lecture** Series commemorates Jo Oberstar, who died in 1991 after an eight-year fight against **breast cancer.** Oberstar received treatment at GW Medical Center under the care of Jean Lynn, program director of the Breast Care Center.

LANGUAGE: ENGLISH

LOAD-DATE: February 5, 1999

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Divider Title: **1/28/99 Glaser**
Pediatric Aids

January 27, 1999

ELIZABETH GLASER PEDIATRIC AIDS SCIENTIST AWARDS

DATE:	**Thursday, January 28**
TIME:	**9:55 am - 10:35 am**
LOCATION:	**National Press Club**
	Washington, D.C.
FROM:	**Brenda Costello and**
	Natasha McMahan

I. PURPOSE

To deliver remarks honoring the 1999 Elizabeth Glaser Scientist Award recipients, and to announce Graduate Medical Educational funding for Children's Hospitals.

II. BACKGROUND

Overview

On Thursday morning, the Elizabeth Glaser Pediatric AIDS Foundation will hold its annual Awards Ceremony to name the 1999 recipients of the Elizabeth Glaser Scientists Awards. The Elizabeth Glaser Pediatric AIDS Foundation will honor four of America's best and brightest researchers with the 1999 Elizabeth Glaser Scientist Award for their innovative, collaborative and cutting-edge research in pediatric HIV/AIDS. This event will also highlight Elizabeth Glaser Pediatric AIDS Foundation's 10th Anniversary and its theme, "A Decade of Progress, A Decade of Promise."

The Elizabeth Glaser Pediatric AIDS Foundation is dedicated to educating and enlightening people on how difficult it is to be a child living with HIV/AIDS. In addition, Thursday's event will highlight the need to promote innovative and collaborative research, the impact of the Foundation's research on Pediatric HIV/AIDS, and the meaning of the Pediatric AIDS Scientist award. The audience for this event will be comprised of approximately 75 members of the scientific community, as well as staff and friends of the Foundation.

Announcement of Graduate Medical Education Funding for Children's Hospitals. You will also announce the proposal in the President's fiscal year 2000 budget to create a new $40 million grant program to provide federal financing for graduate medical education (GME) for freestanding children's hospitals. Children's hospitals would be paid on a per resident basis to support the costs of graduate medical education. As you know, the 53 freestanding children's hospitals across the country are in desperate need of this funding. While other teaching hospitals receive support for their training and research costs through Medicare, children's hospitals receive very little Medicare funding; teaching hospitals receive an average of $76,000 in federal GME funding per resident, while children's

hospitals receive an average of $400 per resident. In addition, while some states have funded GME through Medicaid, most of those programs are ending as more states move to Medicaid managed care programs. This proposal is designed to address the current inequity.

The proposal is similar to bills offered last year by Senators Kennedy, Bob Kerrey, Bond, Durbin, DeWine, and Moynihan, and Representatives Sherrod Brown, Nancy Johnson, and Greenwood. We have invited those Members as well as Representatives Stark, Dingell, and Moakley -- who have strongly supported this initiative to attend this announcement.

The Elizabeth Glaser Scientist Awards

Created in 1995, the Elizabeth Glaser Scientist Awards are specifically dedicated to pediatric AIDS research, and are awarded to those who embody the characteristics of Elizabeth Glaser's legacy of courage, commitment, and strength. Through these awards, her vision and resolve will continue to inspire researchers to join together and bring an end to pediatric HIV/AIDS.

Every year top scientists from the international research community are selected on the basis of their knowledge, innovation and dedication. The total number of working Elizabeth Glaser Scientists is now 15. Already, ground breaking work in exciting areas such as host genetic factors, immune response to HIV infection and gene therapy has emerged. This work has been published in 55 journal articles.

This prestigious award is the only named research award developed specifically and exclusively for work in pediatric HIV/AIDS and will be presented by you to Robert Doms-M.D., Ph.D.,University of Pennsylvania; Paul Johnson-M.D.,Harvard Medical School; Philip Goulder-M.R.C.P., D. Phil., Massachusetts General Hospital; and Julie Overbaugh-Ph.D., Fred Hutchinson Cancer Research Center, Seattle. Each scientist will receive approximately $700,000 for five years of research dedicated to treatment and prevention of pediatrics HIV/AIDS.

Although the majority of PAF's funds go directly to research, the organization continues to fund emergency assistance in hospitals around the country that serve children with HIV/AIDS, parent education programs, and a student intern program that encourages promising students to enter the field of pediatric AIDS research.

Note: As you may recall, you served as Honorary chair and gave remarks at the Pediatric AIDS Foundation's 2nd Annual "Kids for Kids" event in September 1994, and in May 1995 you hosted an event at the White House for their public service announcement campaign encouraging pregnant women to request a voluntary HIV test as part of their routine prenatal care. Also, in December, 1997, you delivered remarks at the Pediatric AIDS Foundation's 1997 World AIDS Day Event and were presented with the first "Commitment to Children Award."

Elizabeth Glaser Pediatric AIDS Foundation

The Pediatric AIDS Foundation was co-founded in 1988 by Elizabeth Glaser, Susan DeLaurentis and Susie Zeegan. These three friends were compelled to take action when Elizabeth discovered that she, her daughter Ariel and her son Jake were all HIV-infected. As you know, Elizabeth Glaser lost her battle against AIDS in December 1994. On December 1, 1997, Pediatric AIDS Foundation officially changed its name to "The Elizabeth Glaser Pediatric AIDS Foundation," as a way of reaffirming the vision, passion and dedication Elizabeth Glaser inspired in cofounding PAF.

Today, The Elizabeth Glaser Pediatric AIDS Foundation is the leading national non-profit organization dedicated to identifying, funding and conducting basic pediatric AIDS research. Through the work of the Foundation, there is now an entire research community focused on pediatric HIV/AIDS so that children are no longer forgotten. The Foundation has raised more than $60 million to fund research as well as to develop programs that educate, raise awareness and promote compassion. In October, 1996, PAF Co-founder and CEO Susan DeLaurentis was invited to serve on the Office of AIDS Research Advisory Council at NIH for a two year term.

Top Issues for PAF and AIDS Community

- The issue of pediatric uses of new drugs (especially protease inhibitors) has been an ongoing project and of highest priority with the Foundation. On November 27, 1998, the Federal Food and Drug Administration (FDA) released final regulations outlining its authority to require pharmaceutical manufacturers to study their products for safety and effectiveness for use by children. The Foundation relentlessly pressed the FDA for such regulations and with the help of the President, You, and Vice President Gore, these regulations are now a reality. [Press Release, November 27, 1998-FDA]
- The Public Health Service Guidelines routine counseling and offering of HIV testing to all pregnant women have been broadly accepted, although PAF is opposed to mandatory testing of women or newborns. There was some controversy over the fact that pregnant women are the only group being urged to use monotherapy (AZT alone) while other groups are using combination therapy. The Administration recognizes the need to push for research for pregnant women, and NIH is supporting clinical trials now in this area.
- Needle exchange programs (NEPs) have also been a top agenda item for the AIDS community.

HIV/AIDS: Women and Children

- HIV prevalence among women tested in STD clinics varies geographically in a pattern that reflects the prevalence rates among injecting drug users (IDUs). From 1996 to 1997, AIDS incidence and deaths declined 8% and 32%, respectively, among

women. From 1996 to 1997, the number of children (under 13 years of age) who were diagnosed with AIDS declined 40%, principally reflecting the continued success of efforts to reduce perinatal transmission through promoting voluntary HIV testing and zidovudine therapy for pregnant HIV-infected women and their infants. Youth aged 13 through 24 years accounted for 4% of AIDS cases reported during the 1-year period from July 1997 through June 1998. They accounted for 15% of HIV infection cases reported during the same period. [CDC, 12/28/98]

- As reported in an article in the February 28, 1997 issue of Morbidity and Mortality Weekly Report (MMWR), AIDS related deaths in the U.S. declined 12 percent in the first six months of 1996 compared with the same time period in 1995. However, AIDS deaths were up among women (3%) and heterosexuals (3%). There is no children-specific data in this report.
- By 2000, the World Health Organization estimates that 5 to 10 million children will have been infected with HIV, and another 5 to 10 million will have been orphaned by the death of their parents to HIV. [NIH Fact Sheet, 2/97]
- Virtually all cases of pediatric AIDS in the U.S. are now caused by perinatal transmission. The vast majority of those are either directly or indirectly linked to drug use.[CDC, 12/28/98]

Administration Action on HIV/AIDS and Pediatric AIDS

- December 1, 1998, the President, commemorating World AIDS Day, launched a series of new initiatives to address the growing crisis of children orphaned by AIDS. It was announced that there would be a 12% increase in funding by the National Institutes of Health for AIDS research, prevention and care by over 30 percent in 1999 alone. NIH dedicated $200 million in vaccine research in Fiscal Year 1999, a $47 million increase from FY 1998 and an 100% increase since FY 1995. [World AIDS Day 1998]
- Accelerated the approval of AIDS drugs to record times. Between 1993 and 1997, the FDA approved 16 new AIDS drugs and two new diagnostic tests.
- Strengthened and focused the Office of AIDS Research at NIH, giving it the authority to plan and implement the AIDS research agenda.
- Created the Office of National AIDS Policy at the White House to direct Federal AIDS Policy.
- Increased funding for the Ryan White CARE Act--a historic $262 million increase-providing for primary HIV health services, treatments, and training for health care professionals HIV treatment guidelines. [Protecting America's Health, Increasing Funding for HIV/AIDS, 10/28/98]
- In 1997, NIH reported it was spending $165.8 million for pediatric research on AIDS, including $69.5 million for pediatric trials.

- NIH sponsored research which determined that the use of AZT by HIV-positive pregnant women and their newborns can reduce the risk of perinatal transmission by two-thirds.
- On Feb. 21, 1997, NIH awarded $32 million to pediatric AIDS clinical trials -- awarding 23 four-year grants.
- Increased attention on the impact of HIV infection on U.S. women. The National Institute of Allergy and Infectious Diseases at NIH began the Women's Interagency HIV Study (WIHS).
- The Centers for Disease Control continues to work with the Pediatric AIDS Foundation to distribute their PSA's on the need for women to learn their HIV status. (As you know, you helped kick off this campaign in 1995.)

Format

Thursday's program will open with remarks and a welcome from Kate Carr, Chief Executive Officer, Elizabeth Glaser Pediatric AIDS Foundation. As you may recall, Kate served in the White House as a Special Assistant to the President in the Office of Public Liaison, and more recently as the Chief Operating Officer of The Welfare to Work Partnership, before joining the Foundation.

Kate will introduce Susie Zeegan, Co-Founder of Elizabeth Glaser Pediatric AIDS Foundation, who will make remarks and introduce Mary Fisher, Founder of Family AIDS Network. Mary Fisher will introduce Paul Glaser, Chairman of Board of Elizabeth Glaser Pediatric AIDS Foundation, who will introduce you. You will deliver your remarks from the podium and will present scientists with awards. The meet and greet will take place prior to the Award Ceremony.

III. PARTICIPANTS

Meet and Greet

-The First Lady
-Dr. Robert Doms, Award Recipient and Spouse
-Dr. Paul Johnson, Award Recipient and Spouse
-Dr. Philip Goulder, Award Recipient and Spouse
-Dr. Julie Overbaugh, Award Recipient
-Paul Glaser, Chairman of the Board, Elizabeth Glaser Pediatric AIDS Foundation
-Larry Lipman, President, National Press Club
-Kate Carr, Chief Executive Officer, Elizabeth Glaser Pediatric AIDS Foundation
-Susie Zeegan, Co-Founder, Elizabeth Glaser Pediatric AIDS Foundation
-Janis Spire, Executive Director, Elizabeth Glaser Pediatric AIDS Foundation

Program
-The First Lady
-Kate Carr, CEO, Elizabeth Glaser Pediatric AIDS Foundation
-Susie Zeegan, Co-Founder, Elizabeth Glaser Pediatric AIDS Foundation
-Mary Fisher, Founder, Family AIDS Network
-Paul Glaser, Chairman of the Board, Elizabeth Glaser Pediatric AIDS Foundation

IV. SEQUENCE OF EVENTS

-- *Meet and Greet*

- Kate Carr, CEO, Elizabeth Glaser Pediatric AIDS Foundation makes welcoming remarks and introduces Susie Zeegan, Co-Founder, Elizabeth Glaser Pediatric AIDS Foundation.
- Susan Zeegan makes brief remarks and introduces Mary Fisher, Founder, Family AIDS Network.
- Mary Fisher makes brief remarks and introduces Paul Glaser, Chairman of the Board, Elizabeth Glaser Pediatric AIDS Foundation.
- Paul Glaser makes brief remarks and introduces the First Lady.
- The First Lady make remarks and present the awardees with the awards.
- Paul Glaser thanks the First Lady and the First Lady departs.

V. PRESS

Open press/WH Photo.

VI. REMARKS

Provided by Christy Macy.

THE ELIZABETH GLASER SCIENTISTS AWARDS

> 1999 HONOREES - PROFILES AND INTERVIEWS

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ROBERT DOMS, M.D., Ph. D.

University of Pennsylvania

Associate Professor, Pathology and Laboratory Medicine

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Area of Investigation: Study the role of chemokine receptors in HIV infection.

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Background: In 1996, Dr. Doms led one of five groups that independently >identified the chemokine receptor CCR5 as playing a critical role in the >entry of the most common types of HIV into cells. Working with colleagues >in Belgium, he subsequently found a polymorphism in the CCR5 gene that >renders approximately one percent of Caucasians CCR5 negative - explaining >why some people remain HIV-negative despite repcated exposure to thc >virus. The Elizabeth Glaser Scientist Award will help Dr. Doms continue >his studies on HIV pathogensis in thc pediatric population.

>

QUESTIONS AND ANSWERS

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1. How would you explain the significance of your work to a layperson?

My team and I are focused on chemokine receptors - specialized proteins that function at the surface of cells and allow molecules to trigger internal cell processes without actually entering the cell - as tools to understand how the virus works and come up with new therapeutic strategies. If we can stop the virus from getting into the cells, obviously, we can stop the infection -- that is the point of vaccines.

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For HIV to get into a cell it has to do a couple of things, starting with latching on to the outside of the cell by binding to the CD4 molecule which is found on the surface of cells found in the immune system. It then has to get inside the cell through a process called

membrane fusion. It had been known for some time that CD4 by itself was enough for the virus to latch on to the cell, but was not enough for it to get inside the cell - the virus needed something else to get into cells, and this 'something else' eluded discovery for over a decade. However, in 1996, a molecule or co-receptor called CXCR4 was discovered. In conjunction with CD4 , CXCR4 that allows the virus to get into the cell to start an infection. Interestingly, it was also discovered that CXCR4 worked for some types of HIV but not others. Specifically, it was clear that CXCR4 didn't work for M-tropic viruses, the most common kinds of viruses that infect children and adults. Therefore, it was important
to find the co-receptor that worked for M-tropic viruses because then we can understand how these viruses get into cells and we could find new ways to block it.

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In 1996, we found that the CCR5 molecule that holds the key for entry of these M-tropic viruses into cells. Then, continuing our work with Marc Parmentier and his colleagues in Belgium, we discovered that one- percent of Caucasians naturally lack CCR5 because of a naturally occurring mutation in the gene. Those individuals who lack CCR5 are highly resistant to HIV infection but are otherwise normal. The goal was then to come up with some kind of strategy to stop the virus from using CCR5 -- to develop an anti-viral drug.

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2. How will your research under the Foundation grant be implemented in the pediatric HIV/AIDS population?

We now know that viruses throughout the world use CCR5.
That suggests a commonality that allows them to recognize the CCR5 molecule. Just this past summer it was discovered that gp120, the protein that coats the outside of HIV, has a very highly conserved region that interacts with CCR5.
We have discovered a way to trick the virus to expose this conserved region and hope to accomplish one of two things: make antibodies to this region and to then come up with new vaccines that target this region. Secondly, we want to expose the region and come up with drugs that will bind to this area and prevent HIV from using the CCR5 receptor.

Another component of our work will attempt to explain some of the differences in clinical symptoms in people with HIV on the basis of the kinds of co-receptors used by the viruses. We have been able to make antibodies to many of these receptors and we want to find out where these receptors are expressed in both children and adults. This will give us a clue as to which types of cells might potentially be infectable by different types of viruses. It may also help us explain some differences between pediatric and adult AIDS.

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3. What does funding from a Foundation such as ours mean to your creativity as a scientist?

Historically, the system for getting grants almost forces people to be scientifically safe because they are worried that if they propose something too unique, too risky, they simply won't get funded. Funding from a private Foundation enables you to take more risky and creative approaches to new and interesting avenues of research. When you get funding from the Pediatric AIDS Foundation, it is a very substantive grant that allows you to move your research into new and challenging directions.

4. What does it mean to be an Elizabeth Glaser Scientist?

I remember hearing Elizabeth Glaser speak in 1992 at the Convention. It is quite an honor to receive an award named after her. When you ask yourself what you can do as a person to make a difference -- you look to her example as really showing the way. She demonstrated how one individual can make a positive difference.

5. We have come so far in the past decade, what does the next decade of >progress on pediatric HIV/AIDS research look like?

We are making progress and things are much more promising than they have been. There are some effective drug therapies helping a lot of people -- but people can develop resistance and the drugs are just too expensive. In Uganda, there are about a million HIV-positive individuals, but only very few can afford the triple-drug cocktail. We clearly need new therapeutic strategies.

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Through basic research we are beginning to unravel this very complicated virus. I think we will develop new drugs to target the virus or the chemokine receptors. Obviously, what we really need is a vaccine, but that is going to be a slow and complex process because this virus changes its spots so readily. I think in the next decade there will be more progress in developing drugs to help knock this virus down, but we have to keep working on new ways to come up with a vaccine. New approaches, such as the conserved region approach, are exactly the kind of new investigative angles we need on the vaccine front.

THE ELIZABETH GLASER SCIENTISTS AWARDS

>>

>> 1999 HONOREES - PROFILES AND INTERVIEWS

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>> Philip Goulder, M.D., Ph.D.

>> Instructor in Medicine

>> Massachusetts General Hospital, Boston

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>> Area of Investigation: HIV-infected children progress to disease more
>>rapidly than adults. One possible explanation is that the immune response
>>to HIV is defective in children. This study aims to investigate the cells
>>normally responsible for eliminating virus infections known as Cytotoxic
>>"killer" T-lymphocytes.

>>

>> Background: Dr. Goulder began his investigative career at Oxford where
>>he developed a number of techniques to examine immune function in HIV-1
>>infected children, which is his main area of focus. His experience as
>>a pediatrician and the novel technologies he has developed place him in
>>a unique position to define the role of immune responses in children
>>infected with the virus and will impact our understanding of HIV
>>pathogenesis and the prospects for immunotherapy.

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>> QUESTIONS AND ANSWERS

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>> 1. How would you explain the significance of your work to a layperson?

Our ultimate goal is to develop a vaccine designed especially for children. We know that HIV-infected children progress to disease more quickly than adults. We also believe that the cells normally responsible for eliminating virus infections, known as Cytotoxic "killer" T-lymphocytes (CTL) play a central role in controlling HIV in adult infection. One possible explanation for the rapid progression generally seen in HIV-infected children is that their "killer" T-cell response is defective in some way. Recent advances in the technology available have allowed us the opportunity for the first time to make a detailed study of the "killer" T cell response in children. The long-term

goal is to identify components of the immune response that are important in protecting against HIV disease, and which may ultimately be important to vaccine design.

>>

2. How will your research under the Foundation grant be implemented in >>the pediatric HIV/AIDS population?

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We are already studying HIV-infected children here in North America, and we will continue with these studies. However, the global epidemic is concentrated elsewhere, and much of our research effort will focus on HIV-infected mothers and children in South Africa. Over one-third of the Zulu mothers in Durban, South Africa, where our collaborations are centered, are HIV-infected. One other important reason for directing our research effort towards this region is that the commonest strain of HIV worldwide ('clade C') is infecting this South African population, and this is likely to be relevant for vaccine design.

>>

3. What does funding from a Foundation such as ours mean to your >>creativity as a scientist?

Five years of funding provides the stability and support for ambitious and important projects to be planned and carried out. For a pediatrician who research focuses on pediatric HIV,the PAF has international recognition and the close association with it can only be helpful in developing collaborations and setting up studies with people whose priorities and goals overlap with those of the PAF.

>>

4. What does it mean to be an Elizabeth Glaser Scientist?

It is a great honor to be bracketed with the other EG Scientists, who are clearly highly creative and talented individuals. The Pediatric AIDS Foundation deservedly has a reputation for practicing scientific research the way it should be done - that is, in truly collaborative way, so that rapid progress may to be made towards eliminating HIV. I believe that this "team" approach is the right approach and I am very excited to be joining a team whose priorities and research interests overlap so much with my own.

>>

5. This year marks the Foundation's 10th Anniversary. We have come so >>far in the past decade, what might the next decade of progress on

>>pediatric HIV/AIDS research look like?

I would hope the next decade will put us squarely on the path toward developing a vaccine for HIV – for children as well as adults. Ultimately, a vaccine is our only real hope
for impacting this disease. While implementation of a successful vaccine is years away, if we wait to develop HIV vaccines for children until after they are proven effective for adults, we will lose millions of children to this pandemic.

THE ELIZABETH GLASER SCIENTISTS AWARDS

1999 HONOREES - PROFILES AND INTERVIEWS

PAUL JOHNSON, M.D.
HARVARD MEDICAL SCHOOL
Associate Professor of Medicine,
Chairman of the Immunology Division,
Partners AIDS Research Center
Harvard Medical School.

Area of Investigation: CD4+ T helper Cell Function in Macaques to combat SIV infection in Pediatric patients.
CD4+T lymphocytes play a central role in the war between the AIDS virus and the body's immune system.

Background: Dr. Johnson has focused on analysis of HIV-specific cytotoxic T lymphocytes (CTL), research that has established him as a leading investigator in the field of cellular immunology. Since being appointed as Chairman of the Division of Immunology in 1994, Dr. Johnson has led a successful research program focused on immunology related to AIDS pathogenesis and vaccine development. More recent research has analyzed T cell turnover in SIV infection and the development of gene therapy for AIDS.

QUESTIONS AND ANSWERS

1. How would you explain the significance of your work to a layperson?
I am trying to better understand the role that CD4+T cells play in helping children to fight off HIV infection. CD4 cells are the major cells responsible both for fighting off infection and also the main target that HIV infects and destroys. By studying monkeys infected with a closely related AIDS virus, I hope to understand both how quickly CD4+ T-cells are killed and regenerated and also understand how they recognize the AIDS virus. This information should help us could restore those critical immune responses via either treatment with anti-retroviral therapy, immunization or a combination of the two.

2. How will your research under the Foundation grant be implemented in the pediatric HIV/AIDS population?
The hope is that our research with Macaques could help us to design an approach to help boost the immune response against HIV in HIV-infected children. If this is successful, it would help us design techniques for therapeutic immunization - - meaning that it might allow their immune system to better contain the virus

replication, either as a supplement to antiviral therapy or if the antiviral therapy fails for some reason, allow them to better contain viral replication without drugs.

3. What does funding from a Foundation such as ours mean to your creativity as a scientist?

What's really unique about the Foundation is the group of scientists that are affiliated with it? The chance to interact with the outstanding group of Glaser scientists is an exceptional opportunity. The ability to contrast results and share ideas at the conferences that the Foundation sponsors is very exciting, because that degree of focus and level of interaction is quite unique.

4. What does it mean to be an Elizabeth Glaser Scientist?

It's a tremendous honor and responsibility. I've heard so much about Elizabeth over the years and besides the scientific opportunity, it is simply a personal honor for me.

5. This year marks the Foundation's 10th Anniversary. We have come so far in the past decade, what might the next decade of progress on pediatric HIV/AIDS research look like?

I would hope the research over the next decade would help us to better understand how we can rebuild the immune system of people infected with the AIDS virus. We have now a number of scientific tools at our disposal and the challenge will be to see how we use those tools to rebuild the immune system to lead to prolonged gains in the health of HIV-infected kids.

THE ELIZABETH GLASER SCIENTISTS AWARDS

1999 HONOREES – PROFILES AND INTERVIEWS

JULIE OVERBAUGH, Ph. D.
Full Member, Fred Hutchinson Cancer Research Center
Seattle

Area of Investigation: Leading an effort to study how HIV virus is transmitted through breast feeding by using a collection of samples from a recently completed clinical trial of breast feeding transmission of HIV in Kenya. Since 1992, Dr. Overbaugh has been a member of the Nairobi HIV/STD Research Project, an international collaborative group based at the University of Nairobi.

Background: In the past decade, strategies to limit HIV transmission to newborns have been implemented in developed countries as a result of research showing the effectiveness of treatment around the time of delivery. Moreover, in developed countries, women infected with HIV are counseled not to breast feed, which further reduces the infant's exposure to HIV. However, in resource-poor settings, many continue not to have access to adequate health care, including new drugs that can prevent their babies from acquiring HIV. In these situations, breast feeding is also more common. Dr. Overbaugh is pursuing studies that are designed to help devise ways to further reduce HIV transmission to infants, including during breast feeding.

QUESTIONS AND ANSWERS

1. How would you explain the significance of your work to a layperson?

I am part of a large, collaborative research team that is conducting a clinical trial that is designed to determine how and when breast feeding transmission occurs. The Foundation project will build on the information we are learning from this trial try and understand what features about the mothers' viruses make it more likely to be transmitted to her infant. For example, how does the genetic makeup of the virus influence transmission and is there a common genetic signature to viruses that infect infants? We are also interested in determining whether the amount of virus that mother has, including virus in breast milk, increases the chances of her infant being infected? AIDS researchers have already shown how to decrease transmission to newborns with a short course of AZT around the time of delivery. Now, we are trying to understand how to develop other ways to reduce HIV transmission to children in situations where access to expensive treatments are impractical.

2. **How will your research under the Foundation grant be implemented in the pediatric HIV/AIDS population?**

One overall goal of studying breast milk transmission of HIV is to provide information to women so that they can make more informed choices about breast feeding. From the viral studies we hope to undertake over the next five years, we hope to understand a lot more about viruses in breast milk so that we can begin to think about therapies more designed to target those viruses. Up to this point, there has been a heavy focus on HIV in the woman's blood. Much of transmission to the infant is actually going on during delivery, while they are in the birth canal. Or, in developing countries, a lot of infection is occurring through breast feeding when they are exposed to the virus in breast milk. We want to now start looking at those secretions and understand what is going on so that people can think more about intervention to target those viruses, instead of just blood viruses.

3. What does funding from a Foundation such as ours mean to your creativity as a scientist?

A lot of what I see from the Glaser Foundation is not just individual creativity but a lot of encouragement to interact and be creative as a group.

3. **What does it mean to be an Elizabeth Glaser Scientist?**

For those of us in the AIDS community, Elizabeth Glaser is one of the heroes who proves that one individual, if they work hard and have a lot of personal strength, they can make good things happen out of something that is inherently bad. I personally feel very proud to have funding from a group that bears her name.

4. **This year marks the Foundation's 10th Anniversary. We have come so far in the past decade, what might the next decade of progress on pediatric HIV/AIDS research look like?**

I think there is a big mental shift that needs to take place (and hopefully will occur in the next decade) -- and that is what to do in developing countries where the therapies used to block HIV vertical transmission aren't really available? I think the next decade of AIDS research might be trying to come up with therapeutic approaches that are affordable and applicable in developing countries. That will be both a big political and scientific hurdle. That is really going to be the focus in terms of a lot of rethinking on how to deal with the problem of vertical transmission. The progress we have made in reducing vertical transmission in some settings has given may AIDS researchers renewed enthusiasm, and we need to continue to design better and better therapies for people who have access to

high quality health care. At the same time, the success in blocking HIV vertical transmission should serve as a source of encouragement to try to understand how the therapies we now have work and then figure out less costly approaches to accomplish the same aim. We have to remember that most HIV transmission is occurring in developing countries, and in it is this setting that we face our major challenge for halting the worldwide devastation of HIV.

PRESIDENT CLINTON UNVEILS NEW STEPS TO ADDRESS EMERGING CRISIS OF THE UP TO 40 MILLION CHILDREN WHO WILL BE ORPHANED BY HIV/AIDS BY 2010, COMMEMORATES WORLD AIDS DAY
December 1, 1998

Today, President Clinton, commemorating World AIDS Day, joined Secretary of State Madeleine Albright and U.S. Agency for International Development (USAID) Administrator Brian Atwood, to launch a series of new initiatives to address the growing crisis of children orphaned by AIDS. The President unveiled historic new increases at the National Institutes of Health dedicated to fund research aimed at developing an effective AIDS vaccine and new prevention strategies to help address the problem of HIV/AIDS throughout the world; announced new emergency funding from USAID to support international community-based AIDS orphan programs; and directed his AIDS policy advisor Sandra Thurman to lead a delegation to Africa to assess the growing problem of AIDS orphans and recommend new strategies for responding. The President:

✓ **Highlighted USAIDS projection that up to 40 million children who will be orphaned by HIV/AIDS by 2010,** over 90 percent of which live in developing countries that have too few resources to provide for their care and support. Globally, there are over 33 million people with HIV or AIDS, with another 5.8 million becoming infected every year. As with so many epidemics, children and young people are bearing much of the burden of AIDS. In the United States, as many as 80,000 children have already been orphaned by AIDS.

✓ **Announced 12 percent increase this year in funding by the National Institutes of Health on research to prevent and treat HIV around the world.** The National Institutes of Health, representing the largest single public investment in AIDS research in the world, will support a comprehensive program of basic, clinical, and behavioral research on HIV infection and its related illnesses. These will include:

- **$200 million investment in research on AIDS vaccines to prevent transmission around the world, a thirty-three percent increase this year alone.** The development of a safe and effective AIDS vaccine is critical to stemming the growing problem of HIV/AIDS and AIDS orphans across the world. The President announced that NIH will dedicate $200 million in vaccine research in Fiscal Year (FY) 1999, a $47 million increase from FY1998 and an 100 percent increase since FY1995. This investment is critical in supporting the President's challenge to make AIDS vaccine research a national and international priority.

- **$164 million for other research critical to addressing the HIV/AIDS epidemic across the world.** The President also announced that the NIH will invest $164 million, in FY1999, a $38 million increase over last year for critical projects to reduce the number of AIDS orphans by preventing and treating HIV/AIDS internationally, including: a new prevention trials network to reduce adult and perinatal transmission of HIV/AIDS; new strategies to prevent and treat HIV infection in children; funding to train more foreign scientists to collaborate on this epidemic; research on the prevention and treatment of the opportunistic infections, such as tuberculosis, that commonly kill people with HIV/AIDS; and research on topical microbicides and other female-controlled barrier methods of HIV prevention.

✓ **Unveiled $10 million in emergency relief funding at USAID to provide support for AIDS orphans.** USAID will make available $10 million in emergency funding to support community-based efforts for orphans, including training and support for foster families, initiatives to keep children in school, vocational training, and nutritional enhancements. In addition, USAID will take steps to help prevent the spread of HIV from mothers to children and to improve medical care for children already infected with HIV.

✓ **Directed AIDS Policy Advisor Sandra Thurman to lead fact-finding delegation to raise awareness and make recommendations to address growing problem of AIDS orphans.** President Clinton asked Sandra Thurman, Director of the Office of National AIDS Policy, to lead a fact-finding delegation to southern Africa, where 90 percent of AIDS orphans reside. The delegation will include representatives from across the Clinton Administration, key Congressional offices, and the national media to raise awareness about this emerging problem and to develop recommendations for action.

✓ **Unveiled new steps to address the continued needs of those living with HIV/AIDS in the United States.** While the problem of AIDS orphans is most acute internationally, the President also underscored that HIV/AIDS impacts and displaces families in this country as well. The President highlighted that today the Vice President will be unveiling over $200 million in funds for the Housing Opportunities for People With AIDS program this year to assist communities around the country to keeping individuals affected by HIV/AIDS and their families from becoming homeless. The Vice President will announce these grants at a meeting with local community leaders who provide housing and other support services for people living with HIV/AIDS, as well as several individuals and families who have benefited from their services.

✓ **Built on a solid record of achievement in HIV/AIDS.** Today's announcements build on a deep ongoing commitment by the Clinton Administration to respond to the AIDS crisis both in the United States and across the world. The Administration has fought for other critical investments in HIV/AIDS. This year alone, the President:

- Declared HIV/AIDS in racial and ethnic minority communities to be a severe and ongoing health care crisis and unveiled a new $156 million initiative to address this problem, including crisis response teams, enhanced prevention efforts, and assistance in accessing state-of-the-art therapies all targeted toward ethnic and racial minorities in communities across the country;

- Worked with Congress to secure historic increases in a wide range of effective HIV/AIDS programs. Increases this year alone include: a $262 million increase in the Ryan White CARE Act; a 12 percent increase in AIDS research funding at the NIH, a $32 million increase in HIV prevention programs at the CDC; and a $21 million increase in the Housing Opportunities for People With AIDS program at HUD.

THE WHITE HOUSE Office of the Press Secretary

For Immediate Release December 1, 1998

WORLD AIDS DAY, 1998

- - - - - - -

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

On World AIDS Day, we are heartened by the knowledge that our unprecedented investments in AIDS research have resulted in new treatments that are prolonging the lives of many people living with the disease. Thousands of scientists, health care professionals, and patients themselves have joined together to advance our understanding of HIV and AIDS and improve treatment options. Because of the heroic efforts of these people, fewer and fewer Americans are losing their lives to AIDS, and for that we are immensely thankful.

But the AIDS epidemic is far from over. Within racial and ethnic minority communities, HIV and AIDS are a severe and ongoing crisis. While the number of deaths in our country attributed to AIDS has declined for 2 consecutive years, AIDS remains the leading killer of African American men aged 25-44 and the second leading killer of African American women in the same age group. African Americans, who comprise only 13 percent of the U.S. population, accounted for 43 percent of new AIDS cases in 1997 and 36 percent of all AIDS cases. Hispanic Americans represent just 10 percent of our population, but they account for more than 20 percent of new AIDS cases; and AIDS is also becoming a critical concern to Native American and Asian American communities. Young people of every racial and ethnic community are also disproportionately impacted by AIDS, both in the number of new AIDS cases and in the number of new HIV infections. In fact, the Centers for Disease Control and Prevention estimate that approximately half of all new HIV infections in the United States occur in people under age 25 and that one-quarter occur in people under age 22.

Across the world, the situation is even more grim. As with other epidemics before it, AIDS hits hardest in areas where knowledge about the disease is scarce and poverty is high. Of the nearly 6 million people newly infected with HIV each year, more than 90 percent live in the poorest nations of the world. Entire communities are threatened by this epidemic, and the growing number of children who will lose parents to AIDS will have a devastating impact on these societies. By the year 2010, there may be as many as 40 million children who will have been orphaned by AIDS, and developing nations will have to struggle to deal with the overwhelming needs of a generation of young people left withoutparents.

This year's World AIDS Day theme, "Be A Force For Change," is a reminder that each of us has a role to play in bringing the AIDS epidemic to an end. Our response must be comprehensive and ongoing. It must also be a collaborative one, bringing together governments and communities in a shared effort to expand prevention efforts, raise awareness among young people of the risks of HIV infection and how to avoid it, increase access to lifesaving therapies, and ensure that those who are living with HIV and AIDS receive the care and services they need.

Developing a vaccine for HIV is perhaps our best hope of eradicating this terrible disease and stemming the tide of pain and desolation it has wrought. The global community has joined together in

making the development of an HIV vaccine a top international priority. Within the next decade, we hope to have the means to stop this deadly virus, but until we reach that day we must remain strong in our crusade to prevent the spread of HIV and AIDS and to care for those living with the disease. In this way we can best honor the memory of the many loved ones we have lost to AIDS.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim December 1, 1998, as World AIDS Day. I invite the Governors of the States, the Commonwealth of Puerto Rico, officials of the other territories subject to the jurisdiction of the United States, and the American people to join me in reaffirming our commitment to defeating HIV and AIDS. I encourage every American to participate in appropriate commemorative programs and ceremonies in workplaces, houses of worship, and other community centers and to reach out to protect and educate our children and to help and comfort all people who are living with HIV and AIDS.

IN WITNESS WHEREOF, I have hereunto set my hand this first day of December, in the year of our Lord nineteen hundred and ninety-eight, and of the Independence of the United States of America the two hundred and twenty-third.

WILLIAM J. CLINTON

30-30-30

PRESIDENT CLINTON:
PROTECTING AMERICA'S HEALTH, INCREASING FUNDING FOR HIV/AIDS

October 28, 1998

"The AIDS epidemic is not over. It is a particularly severe and ongoing crisis in the African-American community and other communities of color. Like other epidemics before it, AIDS is hitting hardest in areas where poverty is high and education is scarce. It is picking on the most vulnerable among us. We must do more to bury this cruel disease."

President Bill Clinton
October 28, 1998

Today, President Clinton holds a White House event, where he will declare HIV/AIDS to be a severe and ongoing health crisis in racial and ethnic minority communities and announce a comprehensive new initiative that invests an unprecedented $156 million to improve the nation's effectiveness in preventing and treating HIV/AIDS in the African-American, Hispanic, and other minority communities. The President will also highlight other important investments in the fight against HIV/AIDS, and new funding for his initiative to address racial health disparities for a range of diseases, including HIV/AIDS.

THE NEED FOR INCREASED EFFORTS TO FIGHT HIV/AIDS IN MINORITY COMMUNITIES. While overall AIDS deaths have declined for two years in a row, it remains the leading killer of African-American men age 25-44 and the second leading killer of African-American women in the same age group. African-Americans comprise more than 40 percent of all new HIV/AIDS cases, and African-American women make up 60 percent of female cases. Hispanics represent over 20 percent of new HIV/AIDS cases, though they make up only 10 percent of the population. During the budget negotiations, President Clinton fought for and won $156 million to address the urgent problem of HIV/AIDS among minorities:

- **A Crisis Response Team**: The Department of Health and Human Services (HHS) will make available Crisis Response Teams to a number of highly-impacted areas. These teams of public health and HIV prevention and treatment experts, doctors, nurses, and epidemiologists, will, over the period of several weeks, help assess existing prevention and treatment services for racial and ethnic minorities and develop innovative new strategies to best meet the needs of the community;
  Enhanced HIV/AIDS Prevention Efforts In Racial And Ethnic Minority Communities: Funding will be used for important HIV prevention purposes at the Centers for Disease Control (CDC), and to substance abuse treatment programs for African-American and Hispanic women and their children living with or at risk for HIV/AIDS;
- **Reducing Disparities In Treatment And Health Outcomes For Minorities With HIV/AIDS**: Studies show that African-Americans and Hispanics are much less likes to receive care that meets federally-recommended treatment guidelines. This new funding will help minorities get access to cutting edge HIV/AIDS drug treatments and the range of primary health services needed to treat this disease. Funding will also be used to educate health care providers serving largely minority populations on treatment guidelines for HIV/AIDS.

THE PRESIDENT FOUGHT FOR AND WON INCREASES IN EFFECTIVE HIV/AIDS TREATMENT, PREVENTION, AND RESEARCH PROGRAMS. The President fought for and won substantial increases in a wide range of effective HIV/AIDS programs:

- A Historic $262 Million Increase In The Ryan White Care Act providing for primary HIV health services, treatments, and training for health care professionals HIV treatment guidelines;
- A 12 percent Increase For HIV/AIDS Research At NIH to enhance both basic research to further our understanding of the HIV virus, applied research that includes clinical testing of new HIV/AIDS pharmacological therapies, and better protective measures for women at risk.

A PRESIDENTIAL COMMITMENT TO ELIMINATE RACIAL HEALTH DISPARITIES. Minorities suffer from higher rates for a number of critical diseases, including HIV/AIDS. Congress has taken a first step in investing in the President's proposal to address racial health disparities, but only partially funded the President's proposed grants for communities to develop new strategies to address these disparities and for increases in other critical public health programs.

CALLING ON CONGRESS TO PASS THE UNFINISHED AGENDA FOR PEOPLE WITH HIV/AIDS. In addition, Congress failed to pass:

- A Patients' Bill Of Rights that contains critical protections for people with HIV/AIDS, including, access to specialists, and continuity of care to prevent abrupt changes in treatment when an employer changes health plans;
- A Work Incentive Bill For People With Disabilities that enables people with disabilities and other disabling conditions,

such as HIV/AIDS, to go back to work by expanding options to buy into Medicaid and Medicare, as well as other pro-work initiatives. The President will keep fighting to allow people with disabilities to get the health coverage the need to return to work.

THE WHITE HOUSE

WASHINGTON

TO: THE FIRST LADY

WHAT: PEDIATRIC AIDS FOUNDATION PUBLIC SERVICE CAMPAIGN KICK OFF EVENT & RECEPTION

WHEN: Monday, May 22, 1995

WHERE: Meet & Greet: Blue Room
Remarks: East Room
Receiving Line: Blue Room
Reception: State Dining Room

TIME: 1:10 p.m.

# of GUESTS: Approx. 160/Open Press/Business Attire

FROM: Ann Stock

==========

12:15 p.m. East Visitor Gate opens for guest arrival. Guests are escorted to their seats in the East Room.

12:30 p.m. Mr. Glaser and Stephanie Amande arrive in the Blue Room.

12:40 p.m. Blue Room guests arrive at the NW Gate and are escorted to the Blue Room

1:10 p.m. **THE FIRST LADY** arrives in the Red Room for event briefing.

1:20 p.m. **THE FIRST LADY** proceeds to the Blue Room for meet and greet.

- Blue Room participants are escorted to their reserved seats by Social Aides.

PROGRAM BEGINS:

- **THE FIRST LADY, Patricia Flemming, the National Aids Policy Coordinator and Mr. Glaser** are announced from the Blue Room and proceed to stage. (Enter Cross Hall; stage in front of the gold curtain.)

- Patricia Flemming makes remarks and introduces **THE FIRST LADY.**

- **THE FIRST LADY** makes remarks and introduces Mr. Glaser.

- Mr. Glaser makes remarks.

- **THE FIRST LADY** returns to the lectern and introduces Stephanie Amande.

- Ms. Amande proceeds on stage and makes remarks.

- Mr. Glaser returns to the lectern and introduces the PEDIATRIC AIDS FOUNDATION PUBLIC SERVICE CAMPAIGN.

NOTE: The two television spots will play followed by the radio spot.

- Following the presentation video, **THE FIRST LADY** returns to the lectern to close program and invite the guests to a reception in the State Dining Room.

- **THE FIRST LADY, Ms. Flemming and Mr. Glaser** proceed to the Blue Room for a receiving line.

NOTE: The receiving line will flow from the Red Room through the Blue Room and out the Green Room.

THE WHITE HOUSE

WASHINGTON

PEDIATRIC AIDS FOUNDATION
PUBLIC SERVICE CAMPAIGN KICK OFF EVENT
Monday May 22, 1995

Blue Room Guests:

Patsy Fleming, AIDS Policy Coordiantor

From the Pediatric AIDS Foundation:

Paul Glaser,	Director, Pediatric AIDS Foundation
Susie Zeegan,	Co-Founder, Pediatric AIDS Foundation
Susan DeLaurentis,	Co-Founder, Pediatric AIDS Foundation
Robert DeLaurentis,	Susan's husband
Francesca DeLauentis,	Susan daughter
Daniela DeLaurentis,	Susan's daugther
Dr. Art Ammann,	Director of Research, Pediatric AIDS Foundation
Marilyn Ammann,	Dr. Ammann's wife
Stephanie Amande,	infected mother, who is speaking during the program

Corporate Sponsors of the PSA launch:

Bob Burkett, President, Guess? Foundation
Eva Kasten, Executive Vice President, the Ad Coucil

THE WHITE HOUSE

WASHINGTON

May 19, 1995

MEMORANDUM FOR THE FIRST LADY

FROM: Patricia S. Fleming

SUBJECT: HIV Testing of Pregnant Women and Infants

In preparation for Monday's event with the Pediatric AIDS Foundation, I wanted to provide you with information regarding HIV testing of pregnant women and newborn infants. Both issues have received a great deal of recent media attention and are somewhat intertwined with the topic of Monday's event.

The CDC Survey

Since 1989, the Centers for Disease Control and Prevention have been conducting a national survey to determine the prevalence of HIV in childbearing women. To obtain that information, CDC has provided funds to the states to test leftover blood from heel-stick tests of newborn infants. All personal identifiers are removed before any testing is performed. Hence, the survey is "blinded" and results cannot be given to parents, guardians, and providers. Since virtually all babies of HIV-infected women have the antibodies to HIV at birth, this survey is a good way to determine HIV prevalence in women. However, only one-quarter of infants born with HIV antibodies actually remain HIV-positive. Therefore, it is not a good test for HIV infection in infants. The survey has provided useful information on the number of HIV infected women giving birth each year (6,000 to 7,000) and the estimate number of children infected as a result (1,200 to 2,000).

The Ackerman Bill

In 1993, Rep. Gary Ackerman (D-NY) introduced legislation that would require states to "unblind" the test and inform the HIV-positive mothers of their infection. He has reintroduced the bill this year and has 220 cosponsors. Among the cosponsors are many of the most liberal Democrats in the House. Absent informed consent, this would be *de facto* mandatory testing of pregnant women.

The 076 Trial

In February 1994, the NIH announced the results of an AIDS clinical trial (ACTG 076) that found that use of AZT during pregnancy, childbirth, and for a period after birth can reduce the risk of HIV transmission from mother to child by 67 percent (from 1-in-4 to 1-in-12). And, recently, the CDC released guidelines recommending treatment of all babies born to HIV-infected women with drugs to prevent pneumocystis carinii pneumonia, the leading cause of death among infants with HIV. This means that there are specific interventions for these mothers and babies that can save and extend the babies lives.

CDC Guidelines

In February, the CDC issued draft guidelines recommending that physicians routinely counsel all pregnant women to be voluntarily tested for HIV. For women who are not tested during pregnancy, doctors should recommend testing of the infant. There is strong evidence that routine counseling and voluntary testing are an effective way to get women tested and into treatment. Atlanta's Grady Memorial Hospital has a 96 percent success rate.

Suspension of the Survey

On May 11, the House Commerce Committee Subcommittee on Health and the Environment held a hearing on testing of pregnant women. In preparation for that hearing, a decision was made to suspend the CDC Survey of Childbearing Women and assemble a group of outside experts to advise on the best combination of surveillance, testing, and treatment for pregnant women and their children. This decision was announced at the hearing by Dr. Helene Gayle of the CDC. It has been the subject of some criticism from proponents of the Ackerman bill and from some of our allies in the states.

Other Key Issues

There are two other related issues of interest. They are:

AIDS Funding: The President has increased funding for AIDS-related research, prevention, and care by 30 percent in two years. Included is an 82 percent hike in the Ryan White CARE Act, which provides direct services to people living with HIV and AIDS. The FY1996 budget would increase funding by another 7 percent, bringing the three-year total for overall AIDS spending to 40 percent and the Ryan White figure to 108 percent.

The pending rescission bill does not touch research, prevention and care funding but does include a $30 million cut in the Housing Opportunities for People with AIDS (HOPWA) program. The President has cited that cut as one reason he will veto that bill.

Ryan White Reauthorization: Congress is at work on a five-year reauthorization of the Ryan White CARE Act. A Senate bill by Kassebaum and Kennedy was approved by the Labor and Human Resources Committee on a unanimous vote but floor action has been delayed by a hold by Senator Helms. Efforts are being made to round up 60 cosponsors to help shut off debate. A House bill is being drafted. The major issue in this debate is how to change the formulas that determine how much each city and state receives. However, the issue of prenatal and postnatal HIV testing could become entangled with this legislation.

# # #

AP Online

December 02, 1994; Friday 01:18 Eastern Time

SECTION: Washington - general news

LENGTH: 640 words

HEADLINE: A Beribboned Baby Offers Hope

DATELINE: WASHINGTON

BODY:

A baby with a red ribbon in her hair provided a ray of hope for President Clinton on World AIDS Day.

After becoming pregnant last year, the mother, Stephanie Amande, learned she was positive for the HIV virus that causes AIDS. She lived with the fear of passing the virus on to the child in her womb.

But medical researchers have found that infected mothers who take the drug AZT during pregnancy reduce the risk of transmitting the disease to the child.

The Los Angeles woman did that, and now doctors say there is little risk that 7-month-old Reyna Molina will be infected with HIV.

Clinton held the infant in his lap in an Oval Office meeting Thursday while discussing the epidemic with Amande and five other young people infected with the virus.

"I just feel very grateful that she's HIV-negative," Amande, 27, told reporters afterward. She said AIDS education should start in kindergarten.

The White House later dimmed its lights and put candles in its windows in a gesture of solidarity with the 1 million Americans believed to be infected with the virus, including 240,000 who have died.

Other ceremonies and memorials were held around the capital to mark World AIDS Day.

At the National Institutes of Health in Bethesda, Md., where scientists are seeking clues for a cure or vaccine, an elm tree was dedicated in memory of Arthur Ashe, the

tennis star and author who died of AIDS on Feb. 6, 1993.

AIDS is the sixth leading cause of death among 15-to-24-year-olds, and the number of AIDS cases among those ages 13 to 24 has jumped 30 percent in a year.

The disease may not strike for up to 10 years after infection, so many young adults with AIDS were likely infected as teen-agers.

"It's not a gay disease, it's a human disease," said Christopher Garcia, 24, a teacher's aide from Los Angeles who is gay and was infected four years ago. He said Clinton seemed "very concerned."

Jay Minish, 15, a high school freshman from Carrollton, Ga., and a hemophiliac, learned of his infection two years ago.

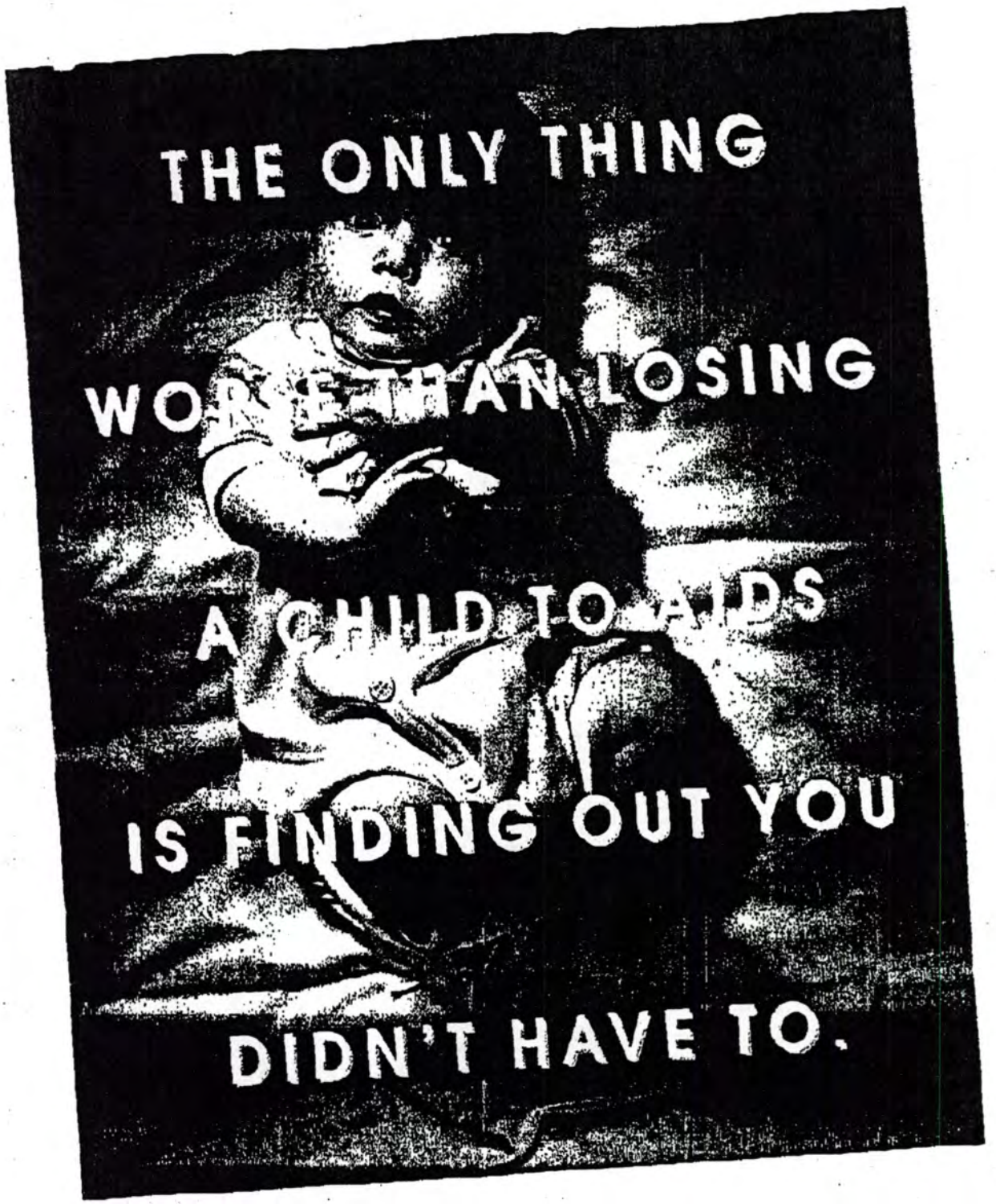
"Nobody's ever treated me wrong," said Minish. But he added that he quit a swim team after some parents said they didn't want their kids in the water with him.

His father, Dan Minish, appealed for help in getting Jay classified as disabled so he can stay covered under a private health insurance policy for another year.

The others who met Clinton and domestic policy adviser Carol Rasco were Autry Lee Bell Jr., 22, of Tacoma, Wash.; Alex Danford, 22, of Dayton, Ohio; and Robert White, 13, of Charles County, Md.

LANGUAGE: ENGLISH

LOAD-DATE: December 02, 1994


THE ONLY THING
WORSE THAN LOSING
A CHILD TO AIDS
IS FINDING OUT YOU
DIDN'T HAVE TO.

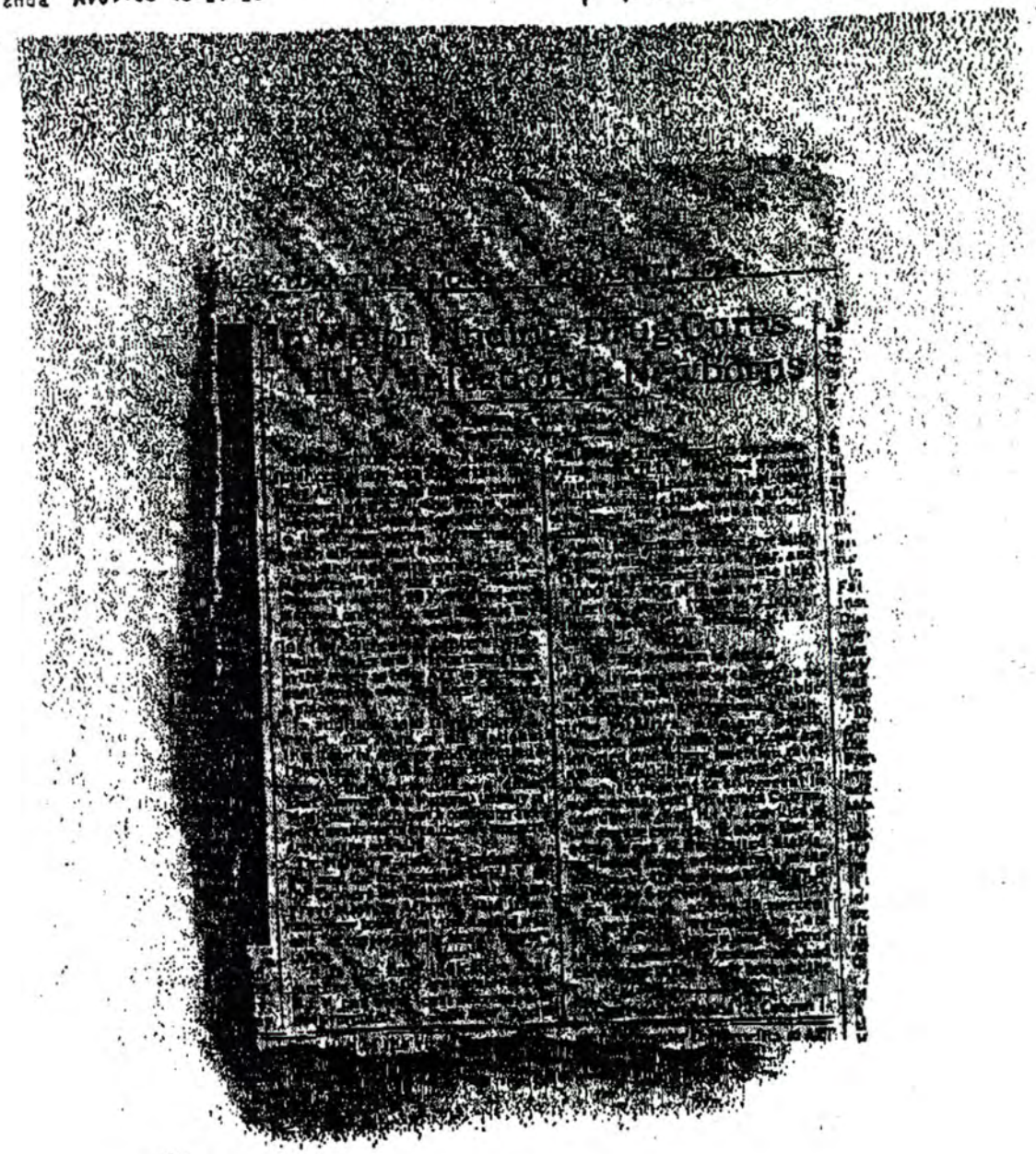
Headline:
The only thing worse than losing a child to AIDS is finding out you didn't have to.

Body copy:
Thousands of women will lose a child to AIDS simply because they didn't get an HIV test during their pregnancy. They didn't know they were infected, so they couldn't take advantage of new treatments that can help stop the spread of HIV from mother to baby.

If you're pregnant, please get an HIV test. For confidential HIV/AIDS information 24 hours a day, call 1-800-342-2437.

Pediatric AIDS Foundation
Ad Council logo

FINAL 5/17/95



Finally, some good news about AIDS.

If you're pregnant, please get an HIV test.
For confidential HIV/AIDS information 24 hours a day, call 1 800 342-2437.

Pediatric AIDS Foundation

:30 Sec Radio Script

Woman 1:	"When I have sex, I almost always use a condom."
Woman 2:	"That's only for people who shoot drugs and sleep around."
AVO:	There are a lot of reasons why women don't get HIV tests.
Woman 3:	"I've only had sex with my husband."
AVO:	But there's a least one good reason why they should.
SFX:	Baby's cry.
AVO:	There is now treatment that can help stop the spread of AIDS from mother to baby. So if you're pregnant, please get an HIV test. For confidential HIV/AIDS information 24 hours a day call 1-800-342-2437. Brought to you by the Pediatric AIDS Foundation and the Ad Council.

:30 Sec Television Spot

AVO: Thousands of women will lose a child to AIDS, simply because they didn't get an HIV test while they were pregnant.

You see, there's now treatment that can help stop the spread of HIV from mother to baby.

Which gives children of HIV infected mothers something they never had before. . .

SFX: Baby laughing

AVO: A chance.

If you're pregnant, please get an HIV test.

For confidential testing information
1-800-342-2437

Pediatric AIDS Foundation
Ad Council logo

:20 Sec Television Spot

There is treatment

that can help stop the spread of AIDS.

Unfortunately the people who need it

Have a hard time asking for it.

(Image of a sonogram)

AVO: If you're pregnant, please get an HIV test

For confidential testing information
1-800-342-2437

Pediatric AIDS Foundation
Ad Council logo

REPORT DATE 05/20/95
REPORT TIME 08:03PM

Pediatric Aids Foundation Campaign Announcement -
Monday, May 22, 1995 - 01:00PM
Contact Social Office X7787

MRS. CLINTON

Ms. Stephanie Amande
Canyon County, CA
Dr. & Mrs. Art Ammann (Marylin)
Research Division, Pediatric AIDS Foundation
Mr. Frank Assumma
Bates USA
Mr. Morton Bahr
President, Communications Workers of America
Dr. James Baisley
NIAID/NIH
Mr. Josh Baran
Los Angeles, CA
Mr. Mark Barnes
Executive Director, AIDS Action Council
Mr. Robert B. Barnett & Ms. Rita Braver
Williams & Connolly
Ms. Jennifer Bartlett
New York, NY
Mr. Peter Benzian
San Diego, CA
Ms. Kathie Berlin
Sherman, CT
Hon. (Rep.) Michael Bilirakis
House of Representatives
Ms. Mary Boland
Child Hospital AIDS Program
Hon. (Rep.) David E. Bonior
House of Representatives
Hon. (Sen.) Barbara Boxer
D/California, United States Senate
Mr. Reg Breck
The Advertising Council
Hon. & Mrs. Bill Brock (Sandi)
Annapolis, MD
Ms. Kim Brooks
New Market, MD
Mr. & Mrs. Peter Brown
Palm Beach, FL
Mrs. Peggy Brummitt
Linden, VA
Dr. Yvonne Bryson
Department of Pediatrics, UCLA Medical Center

REPORT DATE 05/20/95
REPORT TIME 08:03PM

Pediatric Aids Foundation Campaign Announcement - May 22, 1995

Mr. Bob Burkett
Claremont, CA
Ms. Carolyn Burr
Newark, NJ
Mr. & Mrs. Ron Canter (Marleene)
Lee Canter and Assoc.
Miss Nicole Canter
Mr. Roger Carlock
Massachusettes Financial Services
Ms. Jody Chalek
Pediatric AIDS Foundation
Ms. Kathy Champion
Communications Workers of America
Mr. & Mrs. Alfred Checchi
Los Angeles, CA
Ms. Dianne Chips
Georgetown University Law Center
Ms. Sheila Clapp
Novato, CA
Mr. Howard Cohen
Washington, DC
Mr. Paul Costello
Edelman PR
Mr. Jim Curran
CDC
Hon. (Sen.) Thomas A. Daschle
United States Senate
Mr. & Mrs. Robert J. DeLaurentis (Susan)
Pediatric AIDS Foundation
Miss Daniela DeLaurentis
Miss Francesca DeLaurentis
Ms. Trish Devine
Pediatric AIDS Foundation
Mrs. Debbie Dingell
Ms. Christine Dobday
The Advertising Council
Ms. Kitty Dukakis
Brookline, MA
Ms. Ivy Dunier
Merrick, NY
Mr. & Mrs. John Eyler (Delores)
FAO Schwarz
Dr. John Farley
Baltimore, MD
Dr. Anthony S. Fauci
National Institutes of Health
Hon. (Rep.) Victor H. Fazio
House of Representatives

REPORT DATE 05/20/95
REPORT TIME 08:03PM

Pediatric Aids Foundation Campaign Announcement - May 22, 1995

Dr. Mark Feinberg
Assistant Professor of Medicene, Microbiology, Gladstone Inst. of Virology & Immunology
Mr. Fabrizio Ferri
Indrustria
Ms. Susie Field
Beverly Hills, CA
Mr. Kevin Fitzpatrick
CDC Nationmal AIDS Clearinghouse
Ms. Patsy Fleming
National AIDS Policy Director
Mr. William Freeman
Executive Director, National Association of People with AIDS
Dr. Helen Gayle
CDC
Mr. Paul Glaser
Santa Monica, CA
Mr. Denis Gooding
Georgetown University Law Center
Dr. Ralph W. Hale
Executive Director, American College of Obstetrics & Gynecology
Mr. & Mrs. Caleigh Hanson (Cheryl)
Irvine, CA
Ms. Kathy Harmon
Pediatric AIDS Foundation
Ms. Melody Harned
Counsel, Committee on Commerce
Mr. David C. Harvey
Executive Director, AIDS Policy Center for Children, Youth & Fam
Hon. (Sen.) Orrin G. Hatch
United States Senate
Hon. (Sen.) Mark O. Hatfield
United States Senate
Mr. Bob Hattoy
Senator Paula Hawkins
Winter Park, FL
Mr. Craig Higgins
Washington, DC
Dr. David Ho
Director, Aaron Diamond AIDS Research Center
Ms. Kay Holcomb
Washington, DC
Ms. Lauran Huff
Pediatric AIDS Foundation
Ms. Katherine Nouri Hughes
Vice President of Communications

REPORT DATE 05/20/95
REPORT TIME 08:03PM

Pediatric Aids Foundation Campaign Announcement - May 22, 1995

Mr. Michael Iskowitz
Chief Counsel for Poverty, Disability and Family Policy, US Senate Committee on Labor and Human Resources
Ms. Judy Jansen
Pediatric AIDS Foundation
Mr. Paul Jervis
Bates USA
Mr. Elton John
Los Angeles, CA
Hon. (Rep.) E.B. Johnson
D/Texas, House of Representatives
Mr. Bob Johnson
Black Entertainment Television
Mr. Joel Johnson
Cheverly, MD
Mr. Tom Kalinske
Sega Foundation
Ms. Donna Karan
Donna Karan Company
Ms. Eva Kasten
Senior Vice President, The Advertising Council
Ms. Anna Belle Kaulman-Fried
Los Angeles, CA
Mr. Paul Kawata
Executive Director, National Minority AIDS Council
Hon. (Sen.) Edward M. Kennedy
United States Senate
Ms. Patricia Knight
Committee on Judiciary
Hon. (Dr.) C. Everett Koop
Bethesda, MD
Ms. Mathilde Krim
New York, NY
Mr. Peter Levathes
Bates USA
Ms. Liz Loden
Washington, DC
Ms. Estela Lopez
Pediatric AIDS Foundation
Ms. Melinda Machado
Edelman PR
Mr. Maurice Marciano
Guess, Inc.
Mr. Paul Marciano
President, Guess?, Inc.
Mr. Armand Marciano
Guess Inc.

REPORT DATE 05/20/95
REPORT TIME 08:03PM

Pediatric Aids Foundation Campaign Announcement - May 22, 1995

Ms. Natasha Martin
Novato, CA
Ms. Mary McGrane
Washington, DC
Mr. Kevin McGuiness
Arlington, VA
Mr. Brian McNally
Royalton Hotel
Hon. & Mrs. Howard M. Metzenbaum (Shirley)
Consumer Federation of America
Mrs. Susan Metzenbaum Hyatt
Mr. Lowell Milken
Santa Monica, CA
Mr. Michael Milken
Ms. Marguerite Miller
Pediatric AIDS Foundation
Dr. Lynne Mofenson
PAMA Branch, Center for Research for Mother's & Children
Ms. Karen Nelson
Washington, DC
Ms. Mary Ann Nelson
Bates USA
Ms. Elizabeth J. Noyes
Executive Director, American Academy of Pediatrics
Mr. James Olesken
University of Medicine of New Jersey
Mr. & Mrs. Robert Oremland (Eleanor)
Arlington, VA
Ms. Nancy Oremland
Washington, DC
Dr. William Paul
Director, Office of AIDS Research
Ms. Carol Pearlman
Pediatric AIDS Foundation
Mr. Gary Pearlman & Mrs. Sylvia Schwartz
Portland, OR
Dr. Paul Pizzo
Chief of Pediatrics, National Cancer Institute
Mr. & Mrs. Pat Riley (Chris)
New York, NY
Ms. Maria Robinson
Pediatric AIDS Foundation
Dr. Martha Rogers
Chief, Epidemiology Branch, CDC
Mr. Robert Rosenblum
Department of Fine Arts, NY University
Ms. Helen Rosley
Arlington, VA

REPORT DATE 05/20/95
REPORT TIME 08:03PM

Pediatric Aids Foundation Campaign Announcement - May 22, 1995

Dr. Marty Sieg Ross
Committee on Labor & Human Resources
Ms. Beth Roy
Branch Chief, HRSA/MCHB
Dr. Arye Rubenstein
Albert Einstein College of Medicene
Mr. Joe Rutledge
General Mills, Inc.
Ms. Diane Sawyer
ABC/Prime Time
Mr. Leonard Schaeffer
Blue Cross of California
Hon. (Rep.) Patricia Schroeder
D/Colorado, House of Representatives
Dr. Gwen Scott
Div. of Immunology & Infectious Diseases, University of Miami
Hon. Jose Serrano
House of Representatives
Ms. Melissa Shepherd
CDC, Office of the Assoc. Director for HIV/AIDS
Ms. Jane Silver
Director of Public Policy, American Foundation for AIDS Research
Ms. Nunna Spikes
Annapolis, MD
Mr. Mike Stephens
Washington, DC
Ms. Sarah Steven
Edelman PR
Mr. Sean Strub
POZ Magazine
Mr. Xavier Morales
Ms. Liz Tilberis
Harper's Bazaar
Mr. & Mrs. Jonathan M. Tisch (Laura)
President & CEO, Loews Corporation
Ms. Paula Van Ness
President, National AIDS Fund
Dr. Peter Vink
Columbia, MD
Ms. Diane Von Furstenburg
DVF Studio
Mr. Alexander Vreeland
Giorgio Armani
Mr. Jim Wade
Committee on Labor & Human Resources
Mr. Timothy Westmoreland
Georgetown University Law Center

REPORT DATE 05/20/95
REPORT TIME 08:03PM

Pediatric Aids Foundation Campaign Announcement - May 22, 1995

Ms. Frankie Whelan
People magazine, Time Inc.
Dr. Lori Wiener
Coordinator, National Institutes of Health
Ms. Ruth Wooden
The Advertising Council
Ms. Susie Zeegan
Co-Founder, Pediatric AIDS Foundation
Mr. Lloyd Zeiderman
ZFL Management, Inc.
Mr. & Mrs. Walter Zifkin
Pediatric AIDS Foundation

REPORT DATE 05/20/95
REPORT TIME 08:03PM

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REGRETS

Hon. (Rep.) Richard K. Armey
(R/Texas), House of Representatives
Mr. Claeys Bahrenberg
Hearst Magazines
Mrs. Deeda Blair
Washington, DC
Hon. (Rep.) Thomas J. Bliley, Jr.
House of Representatives
Mr. Tom Brokaw
NBC Nightly News
Mr. Jeff Brummitt
Ms. Sheila Burke
Washington, DC
Hon. (Sen.) Robert C. Byrd
United States Senate
Mr. Raymond Chambers
Amellor Foundation
Ms. Katie Couric
NBC News
Hon. (Rep.) Tom DeLay
House of Representatives
Hon. (Rep.) John D. Dingell
Chairman, Committee on Energy & Commerce, House of Representatives
Hon. (Sen.) Robert J. Dole & Hon. Elizabeth H. Dole
Majority Leader, United States Senate
Ms. Barbara Easterling
Secretary-Treasurer, Communications Workers of America
Ms. Marian Wright Edelman
President, Children's Defense Fund
Mr. Michael Eisner
Chairman & CEO, The Walt Disney Company
Hon. (Sen.) Dianne Feinstein
D/California, United States Senate
Ms. Mary Fisher
Bethesda, MD
Hon. (Rep.) Richard A. Gephardt
Minority Leader, House of Representatives
Hon. (Rep.) Newt Gingrich
The Speaker, House of Representatives
Mr. Jake Glaser
Santa Monica, CA
Dr. Michael Gottleb
Gottleb Medical Group
Hon. (Sen.) Thomas R. Harkin
United States Senate

REPORT DATE 05/20/95
REPORT TIME 08:03PM

Pediatric Aids Foundation Campaign Announcement - May 22, 1995

Dr. Margaret Heagarty
Harlem Hospital Center
Mr. Peter Jennings
ABC World News Tonight
Mr. Landon Jones
People Magazine
Hon. (Sen.) Nancy Landon Kassebaum
United States Senate
Hon. David A. Kessler
Commissioner, Food & Drug Administration
Mr. Andy Lack
Forstmann Little
Hon. (Dr.) Philip R. Lee
Assistant Secretary for Health, Department of Health & Human Services
Hon. (Rep.) Robert L. Livingston
(R/Louisiana), House of Representatives
Mrs. Joan Lunden
Co-Host, ABC
Mr. Tony McCann
Staff Director, Subcommittee on Labor, HHS, Educaiton
Hon. (Rep.) Kweisi Mfume
House of Representatives
Mrs. Ann Moore
President, People Magazine
Hon. (Rep.) Constance A. Morella
House of Representatives
Hon. (Sen.) Patty Murray
D/Washington, United States Senate
Hon. (Rep.) David R. Obey
(D/Wisconsin), House of Representatives
Mr. Michael Ovitz
Chairman, Creative Artists Agency
Hon. (Rep.) Nancy Pelosi
D/California, House of Representatives
Hon. (Rep.) John Edward Porter
House of Representatives
Hon. & Mrs. Ronald Reagan (Nancy)
Los Angeles, CA
Dr. David Satcher
CDC
Hon. Donna E. Shalala
Secretary of Health & Human Services, Department of Health & Human Services
Hon. (Sen.) Arlen Specter
United States Senate
Mr. Steven Spielberg
Chief Executive Officer, Amblin Entertainment

REPORT DATE 05/20/95
REPORT TIME 08:03PM

Pediatric Aids Foundation Campaign Announcement - May 22, 1995

Hon. (Rep.) Louis Stokes
Black Caucus, House of Representatives
Mr. & Mrs. Bob Tisch
New York, NY
Hon. (Rep.) Henry A. Waxman
House of Representatives
Hon. (Gov.) Pete Wilson
Governor of California (R)
Ms. Paula Zahn
CBS Morning News

FIRST LADY HILLARY RODHAM CLINTON
MISS AMERICA ORGANIZATION
1995 WOMAN OF ACHIEVEMENT AWARD
MAY 22, 1995

TALKING POINTS

[Acknowledgements: Heather Whitestone, Miss America 1995; Leonard Horn, CEO of Miss America Organization (MAO); Jayne Bray, Chairman of the Board, MAO]

- Thank you Heather, and the Miss America Organization, for the 1995 "Woman of Achievement" award. I am honored and delighted to accept it. [NOTE: You may want to insert here a mention of the $25,000 award to be contributed in your name to a charity of your choice (tbd)]

- The Miss America Organization deserves recognition and applause for being the single largest provider of scholarships to women in the world. With $24 million given to women in 1994 alone, and $100 million since 1945, these scholarships represent a belief in the potential of women throughout this country.

- Investments in the education of women and girls are not only essential for individual advancement, they are vital to the future of our nation. To become full participants in the civic and political life of our own or any society, women must have access to the "tools of opportunity" -- and education is one of the most important ones.

- The Miss America Organization has also made an enduring commitment to community service. Contestants and titleholders -- and even Miss America herself -- are encouraged to participate in community service activities. Just a few months ago, the Organization entered into a vibrant new partnership with the Corporation for National Service. And I understand that in 1994, Miss America Organization contestants collectively participated in close to 6000 local community service projects.

- This is an organization that has always understood the value of investing in women -- and the importance of community service. I commend you for your commitment to the future of this nation. Thank you all very much.

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FIRST LADY HILLARY RODHAM CLINTON
PEDIATRIC AIDS FOUNDATION PSA CAMPAIGN KICK-OFF
THE WHITE HOUSE
MAY 22, 1995

[NOTE: Acknowledgment of Stephanie Amande (HIV-infected mother) comes at the end.]

Thank you all for coming, and thank you for the contributions you are making in the fight against pediatric AIDS. I'd like to say a special thanks to Susie Zeegan and Susan DeLaurentis for their tireless leadership of the Pediatric AIDS Foundation and of the PSA campaign we are here to unveil. I sent a letter to be read at Elizabeth's memorial service and in it I wrote that we could best honor her by continuing her mission. As many of you know so well, Susan and Susie do this everyday, and this PSA campaign is just one example of their tremendous work.

Nobody has fought harder and done more in the fight against pediatric AIDS than Elizabeth Glaser. And nobody has fought with more dignity and courage. When Elizabeth discovered that she had contracted HIV from a blood transfusion after the delivery of her daughter Ariel, she could have given up. When she discovered that Ariel and her son Jake, born 3 years later, had both contracted the virus, she could have given up. And when Ariel died of HIV infection at the age of 7, Elizabeth could have given up. But instead of giving in and giving up, Elizabeth channeled her energy and passion into the fight against pediatric AIDS.

The Pediatric AIDS Foundation exists because Elizabeth refused to see herself and her children as victims of fate. She lit candles of hope for children by igniting fires under Presidents, Congress, bureaucrats, scientists and doctors. She had tremendous success in mobilizing private support and in getting Republicans and Democrats to work together against AIDS. Elizabeth succeeded in part because she reminded us that everyone is at risk -- wealthy or poor, black or white. But, more importantly, she succeeded because of her enormous tenacity, compassion and grace.

Elizabeth's husband Paul has continued the fight with a strong sense of responsibility to Elizabeth -- and to other women and children who may not *have to* live with HIV and AIDS because of the work that Elizabeth and others began. Again, rather than giving in or giving up, Paul worked ceaselessly with Elizabeth, and continues their commitment to increase public awareness about AIDS and raise funds for research to find treatments for this terrible disease.

The results of Paul and Elizabeth's dedication and devotion are clear. When Elizabeth helped found the Pediatric AIDS Foundation in 1988, there was no pediatric AIDS research agenda.

Since then, the Foundation has raised more than $31 million. It has sponsored unique collaborations among government, businesses, and private research institutions. Its Ariel Project brought together key researchers and clinicians to find a way to block transmission from an infected mother to her newborn child.

Of course, that is why we are here today. Because finally -- as the public service announcement you see on display here today says -- there is "some good news about AIDS." As you know, last year, a study sponsored by the National Institutes of Health found that drug treatment during pregnancy will significantly reduce the risk that an HIV-infected mother will transmit the virus to her child. About 7,000 HIV-infected mothers give birth each year, and without treatment, about 25 percent of those children are born infected with HIV. This study shows that treatment can reduce the rate of transmission from 25 percent to 8 percent.

With this information comes opportunity and hope. The opportunity to educate women about the importance of getting tested for HIV. The opportunity to get these women the treatment they need to help themselves and to prevent their babies from being infected. And the hope that with the guidance of doctors and counselors and the vigilance of mothers, we can prevent infection of newborn babies.

The PSA campaign will encourage pregnant women to ask for an HIV test as part of their routine prenatal care. We've seen that counseling works -- with the appropriate information, women take responsibility and take action. In cooperation with its partners in business, government, the AIDS community and the medical community, the Pediatric AIDS Foundation's campaign will reach out to give women the information they need to protect their own health and the health of their children.

But information alone is not enough. HIV-infected women and their children must have access to health care and other support services. That's why the Health Care Financing Administration is working with states to assure Medicaid coverage of AZT for the prevention of perinatal transmission of HIV. And that's why, through a bipartisan effort, we have increased funding for the Ryan White CARE Act -- which pays for AIDS-related drugs and primary care services, including counseling and testing.

The battle against pediatric AIDS is being fought every day -- by advocates like the Pediatric AIDS Foundation, by researchers and doctors, by mothers and fathers, and by so many remarkably brave and strong children. The NIH study -- and this campaign to send the message to women about the importance of getting tested -- show us that we *can* win the fight. That there can be more mothers like Stephanie Amande, who is with us today, who take advantage of the treatments we know work, and who can give their children the chance to grow up without HIV infection.

Elizabeth Glaser Pediatric AIDS Foundation Awards
Remarks by First Lady Hillary Rodham Clinton

Washington Press Club
January 28, 1999

Thank you all. Thank you. Well, it is my honor to be here, once again, for one of the most important events that I think goes on in Washington every year, as we take the energy and the generosity of individuals, corporations, and foundations in a great show of philanthropic spirit and put that to work on behalf of the extraordinary, groundbreaking work that these scientists and their colleagues are doing. I am grateful to be here with all of you and to have a chance, once again, to thank those of you who support the foundation and the work that Elizabeth started so many years ago.

I want to thank my friend Paul, whom I appreciate for not embarrassing me. But more than that I want to thank him for his courage, commitment, and his support and friendship. I'm honored to be with him once again as we recognize the outstanding work that the Elizabeth Glaser Pediatric AIDS Foundation, and these scientists, are doing to push the frontiers of science even further.

I want to thank the remarkable leaders of this foundation, who have helped to build it into what it is today. I know that Suzie Zeegan is often very modest about her contributions, but she has been a stalwart, steadfast voice and heart of this organization for so many years. I'm glad that she is joined by Kate Carr and Janis Spire, and all of you who are on the board and involved in the work of the foundation.

And I want to say a personal word of appreciation and gratitude to Mary Fisher. Her tireless work, her eloquent powerful voice has meant a lot to many of us, and I know that she will not rest until we do all that we can on behalf of the work that she so well represents.

None of us would be here today—not Suzie, not Paul, not me, not Mary—none of us, were it not for the inspirational life and work of our friend Elizabeth Glaser. Her spirit animates this gathering, as it does any time we come together. No one fought harder—or more—to bring attention and resources to the issue of pediatric AIDS. No one who ever heard her speak or met her will ever forget that fabulous laugh and that very persistent effort that she put into making it clear to all she met that this was an issue that was not just confined to those who were suffering from the tragedy of HIV and AIDS—and particularly as it affected children—but for every human being. And that work that she started and that spirit that is still with us has brought hope to millions and millions of children and adults who suffer from this disease. She transformed literally the way this country responds to HIV and AIDS.

It was something that started very simply, sitting around a kitchen table with Suzie and Susan, and deciding to undertake what must, at that time, have seemed like an impossible task. But once again, one person and a small group of people have made a tremendous difference. And as Margaret Mead famously once said, "It is only a small group of people who ever make a difference in changing the direction of the world."

So here we are to celebrate the 10th anniversary, a "decade of progress, a decade of promise," and to go forward into this upcoming decade with the same level of commitment, motivation, and dedication. And there is no group that has done more than this foundation to make it possible for us to say that we are looking at a decade of promise.

Ten years ago, almost no one knew about AIDS, let alone that it could be transmitted from mother to child. There was ignorance; there was fear. And we have come a very long way indeed. We've come to the point where we can say that there is a pediatric AIDS research agenda and that we can point to the progress that all of us have seen made because of the dedication of scientists.

We can look back at the decade of breakthroughs that have dramatically reduced mother-to-child

transmission and greatly improved the quality of life and life expectancy of infected children. There are also more drugs—once only available to adults—that are now benefiting children.

I want to underscore something Paul said and thank all of you who joined us in our fight to make pediatric labeling a reality. It was a long struggle, but it was one that we could not have achieved without the support of this foundation and many of you here today. Now we have a regulation in place assuring that prescription drugs are tested for safety and efficacy in children. This regulation will ensure that doctors know which drugs to prescribe and how much to give to their youngest patients. We believe this initiative has the potential for saving countless lives, and we could not have done it without you.

In the past several months, the Clinton Administration has also launched new initiatives to address AIDS in minority communities, to strengthen our efforts to find a vaccine, and to boost our international efforts to care for children orphaned by AIDS. Those are three very important initiatives, and let me just briefly address them.

As I look around this room, I see that there are not many representatives of minority communities, which are the hardest hit part of the American population. And certainly if we look abroad and we see what HIV/AIDS is doing in Africa and Asia, it makes that emphasis even more urgent.

The effort to find a vaccine, which these scientists to some extent are focusing their work on, is something that the United States is even more committed to. And working with partners around the world, we hope we will see progress.

And finally, international efforts to care for children orphaned by AIDS are extremely important. I've seen varying statistics, but I keep seeing the number: 40 million orphans from AIDS in the next ten years.

So we've come together to celebrate what we've achieved, but also to look towards the future. And we have a lot to be thankful for when we look at the health care of our children. In the last six years, because of the leadership of this President and the Administration and the supporters in Congress and elsewhere, we've seen improvements in the health of America's children. Immunization rates are at an all time high, infant mortality at an all time low. And thanks to the President's program for children's health insurance called "CHIP," millions more children are eligible for coverage, and we have to make sure that we reach the 5 million children who are eligible but not currently enrolled.

I'm also pleased to announce today that the President's fiscal year 2000 budget includes a new $40 million grant program to support graduate medical education. This is something that has worried me for quite sometime. Some of you may know that graduate medical education—how we fund the training of our physicians, our research scientists, our hospitals, and our medical centers—is funded by Medicare. And what we have found over the last several years is that the funding for those who work with children and are being trained to work with children is grossly disproportionate to the need. I can't remember the exact figures, but something like over $9,000 a year is spent out of Medicare to fund the training and work of physicians who work with adults, and about $400 a year for those physicians working with children. We have worked for quite sometime to change that, and I am very proud that the President's budget will make a start on that.

There is no way we could talk about treating children with HIV or AIDS or any chronic or acute condition if we don't have the doctors and the trained staff ready and able to treat them throughout our country. So we need to do more to train doctors who care for our children and provide vital health services for the poorest, the sickest, and the most vulnerable among our children.

Too long children's hospitals have been trying to carry this responsibility without adequate resources. I ran into Senator Kennedy as I got off the elevator. Senator Kennedy and others have introduced a bipartisan piece of legislation to make permanent the funding of those who work for children's health and I hope, in addition to the grant, we will see a permanent solution to this problem.

But we have a lot of work ahead of us. Here, and around the world especially, new HIV infections are

increasing, and women of color and young people are among the most vulnerable. Every hour of every day, two more American adolescents are infected with HIV. And around the world, 1,600 children are infected every single day.

As we all know, the ravages of pediatric AIDS are the most severe in the developing countries, where over 90 percent of new infections now occur. By the end of this year, 40 million people will be living with HIV or AIDS. And by the end of the next decade, AIDS will have orphaned over 40 million children.

Now when you're confronted with statistics like these, it is sometimes difficult not to feel overwhelmed. But the founders of this foundation and this effort, and Elizabeth herself, would not accept that as an excuse at all. The legacy that Elizabeth leaves us is one that is driven by and shaped by hope, not despair; one that chooses action over inaction; one that is determined, regardless of the odds, to find effective treatments, a vaccine, and eventually a cure.

Now we know that that can only happen if we have the kind of support and dedication of the scientists that we honor today, and I am very proud to ask them to stand and receive their individual awards. These gifted individuals represent some of the brightest investigators from the international research community. While they work at separate research institutions, they all share a deep commitment to not only furthering their own work, but collaborating with those who are their partners here and around the world.

The first recipient is Dr. Robert Doms from the University of Pennsylvania. Dr. Doms, will you please come forward? Dr. Doms is investigating how a cell gets infected with HIV. And I told Dr. Doms and the other scientists that I read the summary of their work, and as a lay person, I have to confess I wasn't quite sure what CCR5 was, what it did or what it didn't do, but I know how important the work is that each of them is engaged in. Dr. Doms is attempting to discover how we can block the infection by learning how the cell gets infected in the first place—which would then lead to the development of an effective vaccine. And so on behalf of all us, and literally on behalf of millions of people who will maybe never know your name, Dr. Doms, but will benefit from your work, congratulations! [The First Lady presents the award.]

Dr. Philip Goulder from Massachusetts General Hospital is investigating the immune response of AIDS-infected children in the United States and Africa to bring us closer to the discovery of an AIDS vaccine. I want, particularly, to thank Dr. Goulder and those who work with him for partnering with scientists and physicians in Africa where the need is so acute, and where we have an opportunity to make a tremendous difference. Because, as so many of you know, the progress that we've made in extending life expectancy and quality of life for many people living with HIV/AIDS is dependent upon a very expensive drug regiment which is out of the reach of people in most of the rest of the world. So the work that is being done by Dr. Goulder and others is critical to bringing hope to people in parts of the world that now don't have an opportunity to benefit from what has already been achieved. Dr. Goulder—congratulations. [The First Lady presents the award.]

Next is Dr. Jule Overbaugh from Seattle's Fred Hutchinson Cancer Research Center. She is collaborating with other researchers to further reduce mother-child HIV transmission—particularly during breastfeeding. You know, we spent years persuading women in developing countries to breast feed. This was one of the great causes of the 1970's and early 80's, to persuade them that their breast milk was more effective for their children to build up their child's immune system, and not to be persuaded by advertisements promoting the use of formula when they didn't even have clean water that they could mix with the formula. But, of course, now we are trying to figure out what we do with that success, because the breast feeding, which is very important for many reasons, is one of the ways that HIV is transmitted. As part of the work that Dr. Overbaugh is doing, she is studying HIV-infected infants and mothers in Nairobi, Kenya. And I want to thank her also for helping to focus on the issue in Africa. Congratulations. [The First Lady presents the award.]

Dr. Paul Johnson from Harvard Medical School is researching new ways to help boost the immune system's response to HIV infection in children. And that is something else that we are so hopeful about,

to learn more about what can be done to fend off HIV once it enters into a child's system, to prolong life and really do everything we can to diminish the impact of HIV and postpone or eliminate the development of AIDS. Thank you, Dr. Johnson for your important work. [The First Lady presents the award.]

You know, I feel, as I hand out these awards to these scientists, the way I felt when I first went to a doctor younger than myself. These four incredible scientists are so young, and for all of us we think of that as a very hopeful sign that the research that is going on is engaging the attention and the intelligence and expertise of our young scientists and researchers. And certainly by evidence of them today and the work that they are doing, we have every reason to be hopeful. So let me on behalf of the foundation thank all of you who have been part of this work, who have been involved in carving out this very unique contribution that the foundation is making to furthering scientific endeavor and to highlighting the work that these four scientists are doing.

It is a pleasure and an honor for me to be part of this presentation once again, and to do all that I can along with all of you to make it possible for us to move forward against this disease, and do everything we can to protect our children from it, and to help those who already suffer from it to lead lives of quality as they try to fulfill their entire God-given promise.

Thank you very much.

FIRST LADY HILLARY RODHAM CLINTON

PEDIATRIC AIDS FOUNDATION

WASHINGTON PRESS CLUB

WASHINGTON, D.C.

JANUARY 28, 1999

THANK YOU, PAUL, FOR THOSE KIND WORDS -- BUT ALSO FOR YOUR COURAGE, AND FOR YOUR FRIENDSHIP. I AM HONORED TO BE HERE TODAY TO JOIN YOU IN RECOGNIZING THE OUTSTANDING WORK OF THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION, AND THE CONTRIBUTIONS THAT THESE TALENTED AND DEDICATED SCIENTISTS -- AND ALL OF YOU -- HAVE MADE TO PROMOTE THIS CAUSE OVER THE YEARS.

I WANT TO BEGIN BY THANKING THE REMARKABLE LEADERS OF THE FOUNDATION, WHO HAVE HELPED BUILD IT INTO THE POWERFUL FORCE THAT IT IS TODAY: SUZIE ZEEGAN; KATE CARR; AND JANIS SPIRE. I ALSO WANT TO RECOGNIZE MARY FISHER FOR HER TIRELESS WORK AT THE FAMILY AIDS NETWORK.

NONE OF US, OF COURSE, WOULD BE HERE TODAY WERE IT NOT FOR THE INSPIRATIONAL LIFE AND WORK OF ELIZABETH GLASER, WHOSE SPIRIT SO ANIMATES THIS GATHERING. NO ONE FOUGHT HARDER -- OR DID MORE -- TO BRING ATTENTION AND RESOURCES TO THE ISSUE OF PEDIATRIC AIDS. NO ONE WHO EVER MET HER -- OR HEARD HER SPEAK -- WILL EVER FORGET HER LAUGH, HER GRACE, AND HER ABILITY TO PERSUADE EVERYONE IN THE ROOM TO GET ENGAGED IN THIS ISSUE. NOR WILL WE EVER FORGET HER PASSIONATE COMMITMENT TO DOING EVERYTHING POSSIBLE TO BRING HOPE TO THE MILLIONS WHO SUFFER FROM THIS DISEASE -- PARTICULARLY CHILDREN.

ELIZABETH TRANSFORMED US ALL. AND IN THE PROCESS, SHE HELPED TRANSFORMED HOW THE WORLD RESPONDED TO THIS TERRIBLE EPIDEMIC.

TEN YEARS AGO, SITTING AROUND A KITCHEN TABLE, ELIZABETH, ALONG WITH TWO DEAR FRIENDS (SUZIE ZEEGAN AND SUSAN DELAURENTIS), DECIDED TO UNDERTAKE WHAT MUST HAVE SEEMED TO BE AN IMPOSSIBLE TASK. TO BREAK HER SILENCE ABOUT HER DAUGHTER'S STRUGGLE WITH AIDS, AND LAUNCH A CAMPAIGN FOR PEDIATRIC AIDS RESEARCH. NO ONE, SHE BELIEVED, SHOULD EVER HAVE TO SUFFER THE UNSPEAKABLE PAIN AND DESPAIR THAT THIS TERRIBLE DISEASE CAN BRING. NOT MOTHERS, NOT FATHERS, NOT CHILDREN, NOT ANYONE.

THAT YOU HAVE CHOSEN AS THE THEME FOR YOUR 10TH ANNIVERSARY CELEBRATION "DECADE OF PROGRESS, DECADE OF PROMISE" IS A TRIBUTE NOT ONLY TO THE IMPORTANT SCIENTIFIC ADVANCEMENTS IN PEDIATRIC AIDS THAT HAVE BEEN MADE SINCE THAT DAY -- BUT ALSO TO THE DETERMINATION, DEVOTION, AND BOUNDLESS OPTIMISM OF THE PEOPLE IN THIS ROOM WHO WILL INSIST THAT EVEN MORE BE ACCOMPLISHED.

LOOK WHAT YOU HAVE ALREADY ACHIEVED.

TEN YEARS AGO, THERE WAS NO ORGANIZED EFFORT DEVOTED TO STOPPING PEDIATRIC AIDS. TODAY, THIS FOUNDATION IS THE LEADING ORGANIZATION IN THE COUNTRY COMMITTED TO THAT MISSION.

TEN YEARS AGO, ALMOST NO ONE KNEW ABOUT AIDS -- LET ALONE THAT IT COULD BE TRANSMITTED FROM MOTHER TO CHILD. THERE WAS ONLY IGNORANCE AND FEAR. TODAY, THE FOUNDATION IS AT THE FOREFRONT IN DEVELOPING PROGRAMS THAT RAISE PUBLIC AWARENESS ABOUT PEDIATRIC AIDS, AND PROMOTE COMPASSION FOR THOSE WHO SUFFER FROM IT.

TEN YEARS AGO, THERE WAS NO PEDIATRIC AIDS RESEARCH AGENDA ANYWHERE IN THE WORLD. TODAY, THANKS TO THE WORK OF SO MANY OF YOU, THERE IS AN ENTIRE RESEARCH COMMUNITY WORKING COLLABORATIVELY TO MAKE SCIENTIFIC ADVANCES IN PEDIATRIC AIDS.

AND AS A RESULT, WE CAN LOOK BACK ON A DECADE OF BREAKTHROUGHS THAT HAVE DRAMATICALLY REDUCED MOTHER-TO-CHILD TRANSMISSION AND GREATLY IMPROVED THE QUALITY OF LIFE AND LIFE EXPECTANCY OF INFECTED CHILDREN. THERE ARE ALSO MORE DRUGS -- ONCE ONLY AVAILABLE TO ADULTS -- THAT ARE NOW BENEFITING CHILDREN -- THANKS TO THE WORK OF MANY OF YOU.

I WANT TO UNDERSCORE HOW PLEASED I AM -- AS I KNOW ALL OF YOU ARE -- WITH THE PROGRESS WE'VE MADE ON PEDIATRIC LABELING. WE NOW HAVE A REGULATION IN PLACE ASSURING THAT PRESCRIPTION DRUGS ARE TESTED FOR SAFETY AND EFFECTIVENESS IN CHILDREN.

THIS REGULATION WILL ENSURE THAT DOCTORS KNOW *WHICH* DRUGS TO PRESCRIBE AND *HOW MUCH* TO GIVE TO THEIR YOUNG PATIENTS. THIS INITIATIVE WILL SAVE COUNTLESS LIVES -- AND COULD NOT HAVE HAPPENED WITHOUT THE COMMITMENT AND EFFORTS OF THE PEOPLE IN THIS ROOM.

AND IN JUST THE PAST SEVERAL MONTHS, WE HAVE ALSO LAUNCHED NEW INITIATIVES TO ADDRESS AIDS IN MINORITY COMMUNITIES -- STRENGTHENED OUR EFFORTS TO FIND A VACCINE, AND BOOSTED OUR INTERNATIONAL EFFORTS TO CARE FOR CHILDREN ORPHANED BY AIDS.

WE'VE COME TOGETHER THIS AFTERNOON TO CELEBRATE THE PROGRESS THAT'S BEEN MADE -- NOT ONLY IN PEDIATRIC AIDS -- BUT MORE GENERALLY IN THE HEALTH OF AMERICA'S CHILDREN. IMMUNIZATION RATES ARE AT AN ALL TIME HIGH. INFANT MORTALITY AT AN ALL TIME LOW. AND THANKS TO THE PRESIDENT'S CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) -- MILLIONS MORE CHILDREN ARE NOW ELIGIBLE FOR COVERAGE. THE CHALLENGE NOW -- AS YOU KNOW -- IS TO MAKE SURE THAT THE UP TO FIVE MILLION CHILDREN WHO ARE ELIGIBLE FOR THIS PROGRAM AND MEDICAID ACTUALLY GET ENROLLED.

I'M ALSO VERY PLEASED TO ANNOUNCE THAT THE PRESIDENT'S FISCAL YEAR 2000 BUDGET INCLUDES A NEW $40 MILLION GRANT PROGRAM TO SUPPORT GRADUATE MEDICAL EDUCATION.

AS MANY OF YOU KNOW, CHILDREN'S HOSPITALS ARE ESSENTIAL IN THE TRAINING OF DOCTORS WHO CARE FOR OUR CHILDREN -- PROVIDING VITAL HEALTH SERVICES FOR THE POOREST, SICKEST, AND MOST VULNERABLE AMONG THEM. AND FOR TOO LONG, THOSE HOSPITALS HAVE BEEN CARRYING OUT THIS RESPONSIBILITY WITHOUT ADEQUATE SUPPORT FOR THE COSTS OF GRADUATE MEDICAL EDUCATION. THE PRESIDENT'S PROPOSAL WILL SUPPORT THAT EDUCATION -- WHICH WILL HELP PRESERVE AND STRENGTHEN OUR CHILDREN'S HOSPITALS THAT FAMILIES ACROSS THE COUNTRY HAVE ALWAYS DEPEND UPON.

YET FOR ALL THE ADVANCES WE'VE MADE -- IT'S TIME TO PLEDGE OURSELVES TO THE GREAT UNFINISHED WORK AHEAD. THE HEALTH OF MOST OF OUR CHILDREN IS IMPROVING -- AND EVEN CHILDREN WITH HIV WHO HAVE ACCESS TO HEALTH CARE ARE LIVING LONGER, HEALTHIER LIVES, THANKS TO BOTH TO SCIENTIFIC BREAKTHROUGHS AND GREATER PUBLIC UNDERSTANDING OF THIS DISEASE. BUT OUR WORK IS FAR FROM OVER.

HERE AND AROUND THE WORLD, NEW INFECTIONS ARE INCREASING, AND WOMEN OF COLOR AND YOUNG PEOPLE ARE AMONG THE MOST VULNERABLE. EVERY HOUR OF EVERY DAY, TWO MORE AMERICAN ADOLESCENTS ARE INFECTED WITH HIV. AND AROUND THE WORLD, 1,600 CHILDREN ARE INFECTED WITH HIV EVERY SINGLE DAY.

AS WE ALL KNOW, THE RAVAGES OF PEDIATRIC AIDS IS THE MOST SEVERE IN THE DEVELOPING COUNTRIES -- WHERE OVER 90% OF NEW INFECTIONS OCCUR. BY THE END OF THIS YEAR, 40 MILLION PEOPLE WILL BE LIVING WITH HIV OR AIDS. AND BY THE END OF THE NEXT DECADE, AIDS WILL HAVE ORPHANED OVER 40 MILLION CHILDREN.

WHEN CONFRONTED WITH THESE HEARTBREAKING STATISTICS -- IT'S NEARLY IMPOSSIBLE NOT TO FEEL OVERWHELMED BY THE TASK AHEAD. BUT THE FOUNDERS OF THIS ORGANIZATION HAVE GIVEN US A DIFFERENT KIND OF LEGACY. A LEGACY THAT IS DRIVEN BY HOPE, NOT DESPAIR. ONE THAT CHOOSES ACTION OVER INACTION. ONE THAT IS DETERMINED -- REGARDLESS OF THE ODDS -- TO FIND EFFECTIVE TREATMENTS, A VACCINE, AND EVENTUALLY A CURE TO END THIS DEADLY EPIDEMIC.

WHEN WE THINK ABOUT ELIZABETH -- AND PAUL -- AND THE MILLIONS OF CHILDREN AND THEIR PARENTS LIVING WITH AIDS EVERY SINGLE DAY -- WHAT BECOMES IMPOSSIBLE IS THE IDEA OF GIVING UP.

ELIZABETH ONCE WROTE ABOUT SITTING IN HER LIVING ROOM, FEELING RELIEVED THAT SHE HAD FINALLY FOUND AN AIDS DRUG THAT COULD HELP HER DAUGHTER, ARIEL, LEAD A MORE NORMAL LIFE. BUT FURIOUS THAT THE SYSTEM BACK THEN CARED MORE ABOUT RULES THAN LIVES. AND SHE ASKED HERSELF: "DID I LOVE MY CHILD ANY MORE THAN THE MOTHER IN HARLEM, MIAMI, OR NEWARK LOVED HER CHILD? ABSOLUTELY NOT. DID ARI DESERVE A CHANCE ANY MORE THAN THEIR CHILDREN? NO. EVERY CHILD WITH AIDS DESERVES A CHANCE."

TODAY, WE HONOR FOUR INDIVIDUALS WHO BELIEVE -- LIKE ELIZABETH DID --THAT EVERY CHILD LIVING WITH AIDS DESERVES A CHANCE.

THIS FOUNDATION BELIEVES THAT PROGRESS ON PEDIATRIC AIDS CAN BE MADE FAR MORE QUICKLY IF THE BRIGHTEST MINDS IN SCIENCE WORK TOGETHER. IN FACT, THE FOUNDATION'S FOCUS ON COLLABORATION REMAINS UNIQUE IN THE SCIENTIFIC COMMUNITY. TOGETHER, WE HAVE MADE A DIFFERENCE. AND TOGETHER, WE WILL -- WE MUST - BRING AN END TO AIDS.

I WANT TO NOW ASK FOUR OF THOSE COLLABORATORS -- TODAY'S HONOREES -- TO STAND AND JOIN ME AT THE PODIUM. THESE GIFTED INDIVIDUALS REPRESENT SOME OF THE BRIGHTEST INVESTIGATORS FROM THE INTERNATIONAL RESEARCH COMMUNITY. WHILE THEY WORK AT SEPARATE RESEARCH INSTITUTIONS -- THEY ALL SHARE A DEEP COMMITMENT TO BRING HOPE TO CHILDREN LIVING WITH HIV AND AIDS.

THEY WORK IN DIFFERENT SCIENTIFIC FIELDS -- BUT WHAT THEY HOLD IN COMMON IS NEVER, EVER, GIVING UP ON EFFORTS TO END THE SUFFERING, AND SAVE THE LIVES, OF CHILDREN WITH AIDS.

DR. ROBERT DOMS [DOMES], FROM THE UNIVERSITY OF PENNSYLVANIA, IS INVESTIGATING HOW A CELL GETS INFECTED WITH HIV -- SO WE CAN DISCOVER HOW TO BLOCK THAT INFECTION, AND DEVELOP A VACCINE. CONGRATULATIONS, DR. DOMS. [THE FIRST LADY HANDS HIM THE AWARD].

DR. PHILIP GOULDER [GOOL-DER], FROM MASSACHUSETTS GENERAL HOSPITAL, IS INVESTIGATING THE IMMUNE RESPONSE OF AIDS INFECTED CHILDREN IN THE UNITED STATES AND AFRICA -- TO BRING US CLOSER TO THE DISCOVERY OF AN AIDS VACCINE. CONGRATULATIONS, DR. GOULDER. [THE FIRST LADY HANDS HIM THE AWARD.]

DR. PAUL JOHNSON, FROM HARVARD MEDICAL SCHOOL, IS RESEARCHING NEW WAYS TO HELP BOOST THE IMMUNE SYSTEM'S RESPONSE TO HIV INFECTION IN CHILDREN. THANK YOU, DR. JOHNSON. [THE FIRST LADY HANDS HIM THE AWARD.]

DR. JULE OVERBAUGH [OVER-BAH], FROM SEATTLE'S FRED HUTCHINSON CANCER RESEARCH CENTER, IS COLLABORATING WITH OTHER RESEARCHERS TO FURTHER REDUCE MOTHER-TO-DAUGHTER HIV TRANSMISSION -- INCLUDING DURING BREAST FEEDING. AS PART OF THEIR WORK, THEY ARE STUDYING HIV-INFECTED INFANTS AND MOTHERS IN NAIROBI, KENYA. THANK YOU DR. OVERBAUGH, FOR YOUR WORK. [THE FIRST LADY HANDS HER THE AWARD.]

TOGETHER WITH OTHER FOUNDATION SCIENTISTS, THESE FOUR DEDICATED AND INNOVATIVE RESEARCHERS FORM AN INVALUABLE NETWORK THAT WILL HELP US MEET THE ONGOING CHALLENGE OF ONE DAY ERADICATING THIS DISEASE, ONCE AND FOR ALL. PLEASE JOIN ME IN CONGRATULATING OUR FOUR ELIZABETH GLASER SCIENTISTS.

I ALSO WANT TO THANK PAUL -- AND EVERY PERSON IN THIS ROOM -- FOR GIVING CHILDREN WITH HIV AND AIDS A BETTER CHANCE TO LIVE OUT THEIR LIVES, AND FULFILL THEIR GOD-GIVEN PROMISE.

THANK YOU.

PR Newswire

January 28, 1999, Thursday

SECTION: Washington Dateline

DISTRIBUTION: TO NATIONAL AND MEDICAL EDITORS

LENGTH: 791 words

HEADLINE: First Lady **Hillary** Rodham **Clinton,** Paul Glaser, Mary Fisher, Announce '99 Elizabeth Glaser **Pediatric AIDS Foundation Awards;**
Millions Targeted Toward Critical Research in Pediatric HIV/AIDS

DATELINE: WASHINGTON, Jan. 28

BODY:

First Lady **Hillary** Rodham **Clinton** and the Elizabeth Glaser **Pediatric AIDS Foundation** have honored four of the best and brightest scientists with the 1999 Elizabeth Glaser Scientist **Award** for their innovative, collaborative and cutting-edge research in pediatric HIV/AIDS. The **award** recognizes outstanding individuals who embody co-founder Elizabeth Glaser's dedication and compassion in working tirelessly to improve the lives of children across the country and around the world and provides funding for their ongoing research.

"Today we honor four outstanding individuals who believe -- like Elizabeth Glaser did -- that every child living with AIDS deserves a chance," said First Lady **Hillary** Rodham **Clinton.** "Together, with other **Pediatric AIDS Foundation** Scientists, these four dedicated and innovative researchers form an invaluable network that will help us meet the ongoing challenge of one day eradicating this disease once and for all."

"This year, as the Foundation commemorates its 10th Anniversary, this **award** recognizes the research advances that have been made and anticipates the promise that the new decade holds by honoring four of the nation's most promising researchers in the fight against pediatric HIV/AIDS," said Paul Glaser, the Foundation's Chairman of the Board of Directors. "These outstanding individuals offer us hope for research that will lead to more treatment options, to a vaccine that will protect against infection and eventually end this epidemic. We applaud their efforts to make this world a better place for children with HIV/AIDS."

The prestigious **award,** the only named research **award** developed specifically and exclusively for work in pediatric HIV/AIDS, was presented by First Lady **Hillary** Rodham **Clinton,** Paul Glaser and Mary Fisher, Founder of the Family AIDS Network, to:

Robert Doms, M.D., Ph.D., University of Pennsylvania, who is investigating how HIV gets into cells in an effort to discover how to block the infection from entering the cell and provide insight into finding a vaccine.

Paul Johnson, M.D., Harvard Medical School, who is investigating an approach to help boost the immune system's response against HIV in infected children.

Philip Goulder, M.R.C.P., D. Phil., Massachusetts General Hospital, who is investigating the immune response of HIV-infected children in the U.S. and Africa to identify features which will be critical in the development of HIV vaccines.

Julie Overbaugh, M.D., Fred Hutchinson Cancer Research Center, Seattle, who is investigating methods to further reduce mother-to-infant HIV transmission, including during breast feeding.

Each scientist will receive approximately $700,000 for five years of

research dedicated to the treatment and prevention of pediatric HIV/AIDS. While this **award** is given to honor an outstanding individual -- it also creates a collective of scientists and advisors who come together to interact and collaborate in a way that is unique in the scientific community. The end result is more promising research strategies more quickly.

"The Elizabeth Glaser Scientist **Award** reflects the dynamic qualities for which Elizabeth herself is remembered -- a keen sense of mission, unswerving vision and a passion for bringing hope to children with HIV/AIDS," said Susie Zeegen, co-founder of the Foundation. "With the awarding of nineteen scientists to date, the Foundation is building an invaluable network of Elizabeth Glaser scientists whose efforts will help us to unlock the mysteries of this deadly disease and may hold the key to finding an effective vaccine."

The **Pediatric AIDS Foundation** was co-founded ten years ago by Elizabeth Glaser, Susan DeLaurentis and Susie Zeegen. As mothers, the three friends were compelled to take action when Elizabeth discovered that she, her daughter and her son were all HIV infected. Discovering that virtually nothing was being done when it came to pediatric AIDS issues, the three women formed an alliance to draw international attention to the issue of pediatric HIV/AIDS and to create a future of hope for children and families affected by this disease. Today, the Elizabeth Glaser **Pediatric AIDS Foundation** is the leading national non-profit dedicated to funding and conducting research focused on pediatric HIV/AIDS that will lead to the prevention and treatment of HIV/AIDS in infants and children. The Foundation takes a leading role in establishing a national pediatric AIDS research agenda as well as promoting education, awareness and compassion. Elizabeth Glaser died in 1994.

SOURCE **Pediatric AIDS Foundation**
CONTACT: Linda Marson or Kelli O'Reilly of the **Pediatric AIDS Foundation,** 202-371-0099

LANGUAGE: ENGLISH

LOAD-DATE: January 29, 1999

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The Associated Press

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January 28, 1999, Thursday, PM cycle

SECTION: Washington Dateline

LENGTH: 519 words

HEADLINE: $ 100 million-plus sought for child health initiatives

BYLINE: By LAURA MECKLER, Associated Press Writer

DATELINE: WASHINGTON

BODY:

The Clinton administration wants to spend more than $ 100 million helping children's hospitals and fighting childhood asthma.

Both initiatives will be included in the budget President Clinton submits to Congress next week for the fiscal year starting Oct. 1, said a White House official, speaking on the condition of anonymity.

The $ 68 million asthma plan, which first lady **Hillary** Rodham **Clinton** is announcing this afternoon at the White House, was billed as the "first-ever comprehensive, administration-wide strategy" to fight the disease. Most of the money - $ 50 million - would be used for competitive state grants to identify and treat poor children served by Medicaid who have asthma.

And this morning, Mrs. Clinton unveiled proposed new subsidies for training pediatricians in speech at the National Press Club.

"The funding for those who work with children and are being trained to work with children is grossly disproportionate to the need," the first lady said at an **awards** ceremony for scientists whose work is being funded by the Elizabeth Glaser **Pediatric AIDS Foundation.**

The government now helps pay for training doctors by reimbursing hospitals through the Medicare program for the elderly. But that system is based on the number of Medicare patients a hospital sees, which creates a disadvantage for hospitals that treat mainly children.

Children's hospitals lose money each year, more than other teaching hospitals, partly because of this inequity, the administration contends. The $ 40 million would come through an existing grant programs and amount to about $ 9,380 per resident. The average hospital would see $ 689,000.

The asthma initiative would help schools educate children and parents on how to avoid attacks, support research into environmental hazards and pay for a public information campaign. It would be administered by the Department of Health and Human Services and the Environmental Protection Agency and was developed in part by Vice President Al Gore.

Over the last 15 years, the number of children with asthma has doubled to about 6 million, with an even steeper increase - about 160 percent - among children under age 5. More than 100,000 children are hospitalized with the ailment each year.

Black children suffer the most. Their risk of contracting the disease is only slightly higher than it is for other children, but they are more than four times as likely to die from it.

The initiative would provide:

-$ 8.4 million for schools to teach parents and children the importance of asthma medication and how to identify and avoid materials that trigger attacks. The administration estimates this initiative will reach more than 2 million children.

-$ 2 million for new research into the role chemicals, pesticides and cigarette smoke play in the onset of asthma. Another $ 1 million would be used by EPA to monitor air pollution in two communities to examine its relation to asthma.

-$ 5.2 million for a public information campaign, including posters, flyers and brochures, to reduce children's exposure to tobacco smoke and other asthma triggers.

LANGUAGE: ENGLISH

LOAD-DATE: January 28, 1999

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Search: General News;pediatric AIDS foundation and awards and hillary w/2 clinton

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SEATTLE POST-INTELLIGENCER

January 28, 1999, Thursday , FINAL

SECTION: NEWS, Pg. B2

LENGTH: 265 words

HEADLINE: MEDICAL RESEARCHER GIVEN $700,000, FIVE-YEAR GRANT

SOURCE: P-I Staff and News Services

DATELINE: SEATTLE

BODY: A Seattle medical researcher who studies pediatric AIDS and the genetics of the AIDS virus is among four scientists who will be given $700,000 five-year research grants today by first lady **Hillary Clinton.**

Dr. Julie Overbaugh, who has a joint appointment at Fred Hutchinson Cancer Research Center and the University of Washington, will receive the **award** from the Elizabeth Glaser **Pediatric AIDS Foundation** in recognition of her "innovative, collaborative and cutting-edge" work.

"It's an honor because Elizabeth Glaser was an inspiration to so many people," Overbaugh said.

Glaser, wife of actor Paul Glaser of "Starsky & Hutch" fame, died from AIDS in 1994 after establishing a foundation in 1988 dedicated to advancing pediatric research into AIDS and HIV, the AIDS virus.

Overbaugh works with Dr. Joan Kreiss as a member of the Nairobi HIV Research Project, an international research project that includes a focus on the problem of maternal transmission of HIV in developing countries.

"We want to understand how HIV is transmitted from mother to infant and to prevent it," Overbaugh said. In developed countries, HIV-positive mothers are instructed not to breast feed, she noted, but in developing countries mothers cannot always provide an alternative food source for their infants.

Today, at the National Press Club in Washington, D.C., Overbaugh and other scientists will receive the **award.** Other recipients are Drs. Robert Doms of the University of Pennsylvania, Paul Johnson of Harvard Medical School and Philip Goulder at Massachusetts General Hospital.

NOTES:
Northwest Briefing

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