Good Housekeeping

959 EIGHTH AVENUE, NEW YORK, NY 10019 * 212-649-2477

ELLEN LEVINE
EDITOR-IN-CHIEF

October 14, 1997

Bruce Reed
Assistant to President for Domestic Policy
Office of the President
The White House
1600 Pennsylvania Ave.
Washington, D.C. 20500

Dear Mr. Reed:

First of all, thank you again for the generous stretch of time you gave us yesterday, and for assembling such an influential group of advisors. We can't tell you how exciting it is to know that you share our enthusiasm for a joint Presidential-*Good Housekeeping* initiative sometime in the spring.

I wanted to review where we stand. The areas that strike us both as most viable are:

• Heart disease is the number one killer of women. There are very real inequities in diagnoses, treatment, research and public education. As we speak, our health editor is pulling together a report that will spell these out, as well as information on the very newest findings. As you yourself put it, this is an opportunity to do for women and heart disease what has been done with breast cancer. We'll get that off to you in a week or so. You also thought you could share a copy of your 1998 health issues agenda.

• The future of fatherhood. Here the plan would be to stimulate discussion and ultimately spearhead social change

concerning the role of fathers. As we leave the twentieth century, with its seismic changes in the role of women, it is now time for men to reevaluate their involvement with their family. The issue is very much in the air, and this is a chance to retrieve the debate from extremists factions.

- The rise in children's cancers and asthma.

Environmental pollution is suspected to be the main cause, and focusing on this disturbing trend would mean a call to direct research money to identifying the precise culprits, and adjusting our environmental standards accordingly in order to help protect generations of children.

We also discussed the issue of the quality of schools. We're very happy to tell you that we already had in the works a major report on the debate over teacher tenure. In fact, it will appear in our January 1998 issue, and our discussion with you confirmed our sense that we ought to conduct an opinion poll to run with it. That will give us a very good start in stimulating debate, and getting a good look at how *Good Housekeeping*'s 24 million readers feel about it.

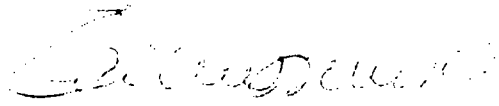
In terms of national testing standards for children, we definitely want to hear more. We'll be on the lookout for Bruce Reed's poll results on that, which we want to study and think through. Conceivably, another feature could be undertaken on this subject as a follow up to our January tenure article.

Tom Freedman also raised two interesting issues. The first was domestic violence's impact on working women, and I've enclosed our October issue so you can see our most recent piece on the subject, which focused on the shortcomings of stalking laws, and the need for more prosecutors to use VAWA. (Before that, we covered the topic in TK, also attached, focusing on what happens to women after they are released from prison for killing a batterer.) We'd very much like to have a look at whatever data he is working with so that we can consider a feature.

Secondly, he raised the issue of a national data base for adoptions. Our readership is passionately interested in adoption, and we cover the subject very regularly, from many different angles. I've attached just one recent story about efforts to move hard to place kids out of foster care through "adoption picnics." As you can see, we did a GH Lobby citing the President's support. We'd be specifically interested in knowing if there is evidence that a national data base would raise adoption rates. We ask because we hear from states that they have trouble getting all their needy children adopted within the state; is there reason to believe that recruiting parents from across state lines would give more children homes?

Once again, let us say how pleased we are to be launching a joint project. We're so very eager to keep the momentum going, so that we can realize our goal by next spring.

Sincerely,



Ellen Levine
Editor- in- Chief

cc:
Ann Lewis, Director of Communications
Paul Begala, Counselor to the President
Tom Freedman, Special Assistant to the President
Jennifer Klein, Senior Policy Analyst
Jurate Kazikas, Good Housekeeping Washington correspondent
Diane Salvatore. Good Housekeeping Deputy Editor

Good Housekeeping

959 EIGHTH AVENUE, NEW YORK, NY 10019 * 212-649-2200 * FAX 212-265-3307

September 4, 1998

TO: Neera Tanden
FROM: Debbie Pike
RE: Ellen Levine's remarks for colon cancer event

Today is an important day; it marks the beginning of a new public health campaign that has the power to save thousands of lives. Good Housekeeping believes we must start talking about colon cancer. Women have always used their personal experiences to raise public awareness of disease and save the lives of their families and friends. It's really easy to forget that thirty years ago, no one talked about breast cancer. It was embarrassing. It was the C-word. But when former First Lady Betty Ford spoke out about her breast cancer diagnosis, other well-known people followed. Then, slowly, women began to get mammograms, though not enough doctors were encouraging it--despite the fact that science was beginning to show that routine testing could save lives. Just ten years ago, only 27 percent of women age 50 and over were being tested. Today, that number has more than doubled--at least 60 percent of women age 50 and over are getting screened. And there's been a substantial decline in deaths from breast cancer--the largest drop since 1950. How did this happen? In no small way, thanks to women's voices, the famous and the not-so-famous, talking out loud about taking care of themselves and raising our awareness of breast cancer.

Now it's time for women to speak out about colon cancer. I became too aware of the disease. Many dear friends have been diagnosed with it. This year, colon cancer will claim the lives of more women than men--primarily because women aren't being screened. There are many reasons for this: Women wrongly believe colon cancer is a man's disease; our doctors don't insist we be tested; or we're too afraid or embarrassed. Even I, who should know better, postponed screening until January of this year, just because I thought it was going to be unpleasant. That's a tragedy, because screening has been proven to save lives.

We at Good Housekeeping want to spread the word, so we've devoted a section of our October issue to what women can do to protect themselves. Experts told us over and over again that early detection is key. At least one woman in the audience today is living proof of that message. Last March, Elizabeth Ely, a 55-year-old interior decorator in New York City, decided to have a colonoscopy, a test that allows a doctor to check the entire colon for abnormalities. Her physician had urged her to get screened because of her age. After the test, she was shocked to learn she had a malignant rectal tumor. Fortunately, it was an early-stage cancer, and surgery cured her. But her experience was a real wake-up call.

In our efforts to raise awareness of colon cancer, we turned to Katie Couric, a very brave woman and brilliant newscaster. All over America, people tune in to the Today Show and recognize Katie as a friend, daughter, sister or mother. And all over America, we are

aware that her leadership on this issue has come the hard way. Women like Katie take their responsibilities not just to their families but to their public with a seriousness. She knows a lot more about this disease than many doctors, and she's convinced that our ability to talk openly about colon cancer will simply save lives. Now I'd like to introduce a woman I consider a good friend and one of the great voices of our time: Katie Couric, anchor of the Today Show.

Remarks by Dr. Bernard Levin
White House Event
September 10, 1998

Thank you, Secretary Shalala. Good afternoon Mrs. Clinton. Good afternoon ladies and gentlemen. I am Dr. Bernard Levin, vice president for cancer prevention at the University of Texas M.D. Anderson Cancer Center, and chair of the National Colorectal Cancer Roundtable. Recently founded by the American Cancer Society and the Centers for Disease Control and Prevention, the Roundtable is a coalition of 25 medical professional, consumer advocacy and voluntary organizations, many of which are represented here this afternoon. Our mission is to reduce the suffering and mortality from this disease by achieving screening rates for colorectal cancer that are equivalent to those for other cancers. Currently, for example, four out of five people are screened for breast and cervical cancer. Colorectal cancer screening rates are nowhere near that and we need to be.

We've all heard the old saying, "an ounce of prevention is worth a pound of cure." As a practicing physician who specializes in colon cancer, I

can tell you that nothing is more true of this disease. From where I sit, the real tragedy of 50,000 deaths a year from colorectal cancer is that so many of them can be prevented. I have sat by the bedsides of too many patients with this cancer, and have sympathized with too many family members who have lost loved ones to this disease, simply because they were not screened.

Colorectal cancer is preventable. Moreover, colorectal cancer is curable when detected early. In fact, if we instituted widespread screening for the disease as a national priority, we could reduce the death rate by at least 50 percent. There is no other disease about which we can make this claim.

Sadly, too many people are not getting this message, even from their physicians. The number of doctors who fail to recommend screening for their patients over age 50 is alarming. Physicians must make screening for colorectal cancer a routine part of their practices. General practitioners,

family doctors, internists, gynecologists – all must inform their patients over 50 of the benefits of screening and urge them to get tested. In fact, better education of physicians is a primary goal of the National Colorectal Cancer Roundtable. Medicare now reimburses the cost of screening for those over age 65 – a wise decision by the Administration and Congress.

In addition to screening, lifestyle choices can help to prevent colorectal cancer. Eating plenty of vegetables and high fiber foods, as well as exercising regularly, can lower your risk. And know your family history. People with a close relative who has had colorectal cancer are at higher risk of developing the disease themselves, and should start screening earlier.

In keeping with our efforts to get these messages out, I am pleased now to unveil a new public service announcement campaign, starring the First Lady. The National Colorectal Cancer Roundtable is grateful that Mrs. Clinton is taking this leadership role in the fight against colorectal cancer,

and we are honored that she serves as our Honorary Chair. We are also very excited that NBC network has agreed to air the public service announcement you are now about to see. Please look to the monitors on either side of the room.

[play PSA]

I am pleased now to introduce the Editor-in-Chief of *Good Housekeeping* magazine, which will publish Mrs. Clinton's print public service announcement in its January issue. Ladies and gentlemen, Ellen Levine.

jrichter Wed Sep 9 14:40 page 1

SLUG	SHOW	WRITER	MODIFIED jrichter	TIMING	LC
WHITE HOUSE REMARKS		kcouric	Wed Sep 9 14:40 1998 HOLD	3:58	12(

THANK YOU ELLEN.

I WISH I COULD SAY I'M HAPPY TO BE HERE ON THIS OCCASSION, AS MANY OF YOU KNOW THAT COULDN'T BE FURTHER FROM THE TRUTH. BUT I AM SO GRATEFUL TO MRS. CLINTON FOR HER INTEREST AND COMMITMENT, TO ELLEN LEVINE AND THE STAFF OF GOOD HOUSEKEEPING FOR THEIR INCREDIBLY THOROUGH COVERAGE IN THEIR UPCOMING OCT. ISSUE AND THE TODAY SHOW PRODUCERS AND STAFF FOR WHAT I HOPE WILL BE A LIFE-SAVING SERIES ON COLON CANCER THAT WILL AIR NEXT WEEK.

FOR THOSE OF YOU WHO HAVE HAD FIRST-HAND EXPERIENCE WITH COLON CANCER - FOR THOSE WHO HAVE BEEN TO HELL AND BACK, OR HAVE LOVED ONES WHO WERE TRAGICALLY UNABLE TO MAKE THE RETURN TRIP...YOU KNOW ALL TOO WELL AND TOO MUCH ABOUT THIS DEVASTATING DISEASE.

OUR EYES SEEM TO GLAZE OVER WHEN WE HEAR CANCER STATISTICS. BUT SOMETHING STRUCK ME RECENTLY. I WAS HEARTBROKEN AS I'M SURE YOU WERE WHEN YOU HEARD THE NEWS ABOUT THE PASSENGERS ABOARD SWISS AIR FLIGHT 111. 229 LIVES LOST. BUT AN EQUALLY SENSELESS TRAGEDY IS THAT IT WOULD TAKE 247 OF THOSE PLANES FULL OF PEOPLE TO MAKE UP THE MORE THAN 56,000 WHO DIE EVERY YEAR OF COLON CANCER. COLON CANCER KILLS MORE PEOPLE THAN BREAST AND PROSTATE CANCER COMBINED. EVERY LIFE IS PRECIOUS, EVERY LOSS DEVASTATING. BUT CLEARLY, IT'S TIME WE PUT COLON CANCER ON THE FRONT BURNER. WE'VE GOT TO INCREASE AWARENESS--EDUCATE THE PUBLIC...ENCOURAGE, NO---FORCE PEOPLE TO TAKE ADVANTAGE OF THE DIAGNOSTIC TOOLS THAT EXIST, COERCE INSURANCE COMPANIES TO PAY FOR COLON CANCER SCREENING AND NOT JUST FOR PEOPLE WHO HAVE SYMPTOMS OR A FAMILY HISTORY OF THE DISEASE. ANYONE WHO WANTS TO PREVENT COLON CANCER...AND YOU KNOW OF COURSE, IF IT'S CAUGHT EARLY, THERE'S A 90 PERCENT CURE RATE...SHOULD BE ABLE TO. IT WILL SAVE THE HEALTH CARE SYSTEM UNTOLD MILLIONS IN THE LONG RUN.

I SUFFERED A VERY PERSONAL LOSS, ONE THAT I DEAL WITH EVERY MINUTE OF EVERY DAY. JAY WAS A GIFTED, HIGHLY INTELLIGENT MAN OF COMPASSION AND INTEGRITY...WITH EVERYTHING TO LIVE FOR, INCLUDING TWO ADORED AND ADORING

DAUGHTERS. ONE OF THE TRULY GOOD GUYS. AND FRANKLY, I'M STILL IN THE ANGER STAGE. I'M MAD AS HELL THAT THE FIRST LINE CHEMOTHERAPY FOR COLON CANCER, WHICH IS ONLY MODESTLY SUCCESSFUL, HAS BEEN AROUND SINCE THE 1950'S. I'M MAD AS HELL THAT DESPITE THE FACT THAT 13,000 PEOPLE UNDER 50 ARE DIAGNOSED WITH THIS DISEASE EVERY YEAR, MANY DOCTORS DON'T EVEN CONSIDER IT A POSSIBILITY, AND EVEN DISMISS SYMPTOMS AS HEMMORHOIDS...UNTIL IT'S TOO LATE.

I'M MAD AS HELL THAT NO MEDICAL SOCIETY RECOMMENDS SCREENING FOR PEOPLE UNDER FIFTY UNLESS THERE'S A FAMILY HISTORY AND THAT MEDICARE DOESN'T PAY FOR COLONOSCOPIES FOR PEOPLE WITH AN AVERAGE RISK FOR THE DISEASE. I'M MAD AS HELL THAT NO ONE HAS COME UP WITH A LESS EXPENSIVE, LESS INVASIVE PROCEDURE OR BLOOD TEST TO DETECT THE DISEASE.

AND WHILE I'M RAILING, I'M MAD AS HELL THAT ONE CENT OF EVERY TEN DOLLARS COLLECTED IN TAXES GOES TO CANCER RESEARCH AND THAT THREE-OUT-OF-FOUR FEDERALLY APPROVED CANCER RESEARCH GRANTS GO UNFUNDED.

MALCOLM X ONCE SAID "USUALLY WHEN PEOPLE ARE SAD, THEY DON'T DO ANYTHING. THEY JUST CRY OVER THEIR CONDITION. BUT WHEN THEY GET ANGRY, THEY BRING ABOUT A CHANGE."

THIS WILL BE MY ONLY SOLACE.

I HAVE GOT TO DO SOMETHING FOR ALL THE OTHER 42-YEAR-OLDS LIKE MY HUSBAND, 49-YEAR-OLDS LIKE KEN HAWKHOUSER, 28-YEAR-OLDS LIKE LISA SHERER...WHOSE FAMILIES ARE HERE TODAY. WE ALL DO. I KNOW I'M SINGING TO THE CHOIR HERE, BUT WE'VE GOT TO CONVERT THE NON-BELIEVERS. AND IT CAN'T END WITH ONE ISSUE OF GOOD HOUSEKEEPING, A WEEK-LONG SERIES ON THE TODAY SHOW OR EVEN AN EVENT AT THE WHITE HOUSE. WE'VE GOT TO MAKE COLONOSCOPY AS MUCH A PART OF THE LEXICON AS MAMMOGRAM. MY ANGER MAY DIMINISH, BUT MY RESOLVE WILL NOT. TO ALL YOU MEDICAL PROFESSIONALS OUT THERE, TO PARAPHRASE JERRY MCGUIRE, HELP ME HELP YOU GET THE MESSAGE OUT. AND TO ALL OF YOU WITHOUT THE M.D. AFTER YOUR NAMES, PLEASE SPREAD THE WORD...IF WE CAN KEEP OTHER HEARTS FROM BREAKING AS A RESULT OF THIS VILE DISEASE THEN WE CAN ALL PROUDLY SAY, WE HAVE MADE A DIFFERENCE.

IT'S MY PLEASURE TO INTRODUCE SOMEONE WHO CARES DEEPLY ABOUT HEALTH CARE,

PREVENTION, AND MOST OF ALL PEOPLE. FIRST LADY HILLARY RODHAM CLINTON.

Thank you Mrs. Clinton. Ms. Couric, Ms. Levine, Dr. Levin **[pronounced Levine]**, distinguished guests.

Yesterday, in his speech to schoolchildren in Orlando, the President made an interesting observation about the new king of swing, Mark McGwire.

He said that although McGwire has made home-run history, he's not going to quit baseball or take walks.

He's going to keep suiting up, staring pitchers down, and swinging for the fences.

Because that's what heroes do, no matter what their walk of life.

And that's what we need to do in the battle against Cancer

Many of my heroes are in this room – physicians, researchers, foundation leaders who helped build a cancer detection and prevention strategy.

And they join other heroes in the fight against cancer: the President and First Lady; scientists at NIH, FDA,CDC and research institutes and universities around the world; Congress that appropriated funds, and, of course, patients and their families.

Together, these heroes have helped win many victories.

Overall cancer rates are down.

New drugs are coming on the market that prevent some breast cancers.

Public awareness about the importance of cancer prevention is on the rise.

But just as Mark McGwire won't start taking walks, we won't walk away from this fight. And that's why we're here today – to strike out colorectal cancer.

Although many Americans don't know it, colorectal cancer is one of our nation's biggest killers.

It often strikes in the prime of life – and hits men and women almost equally.

And most important, although it tends to run in families, no one is immune.

This is a seemingly bleak story. But turn the page because behind it is a story of discovery, change and hope.

Today, the death rate from colorectal cancer is dropping.

We know that a high-fiber, low-fat diet cuts the risk of this terrible disease.

And we've discovered a genetic marker that make critical early detection easier.

Research proves that a special test for colorectal cancer – just once a year – reduces the chance of death in people 50 to 80.

And the examinations are getting easier as new diagnostic equipment makes screenings quicker and less painful.

So our message is unmistakable. Eat smart. Know your family history. And get a regular screening after age 50.

That's a message that the National Colorectal Cancer Roundtable – with major help from the CDC – is bringing to homes across America.

Roundtables are like great baseball teams. Everyone is necessary, but there will always be a Mark McGwire – or a King Arthur – leading the charge.

The head of the National Colorectal Cancer Roundtable has that kind of extraordinary leader of vision and courage..

So I'm proud to introduce a knight in shining armor for every American fighting colorectal cancer, Dr. Bernard Levin. Bernard . . .

WHSO Layout FINAL
a/o 9/8/98; L. Schwartz

THE COLON CANCER PREVENTION EVENT
Thursday, September 10, 1998

East Room	Event		
Grand Foyer	Reception		
EV Gate Opens:	2:30 p.m.		
Invite Time:	3:00 p.m.		
Principal Time:	**3:00 p.m.**	**Brief**	Elevator, State Floor
	3:05 p.m.	**Meet**	Red Room
	3:15 p.m.	**Meet**	Blue Room
	3:25 p.m.	**Event**	East Room

Approx. 180/Open Press/Business Attire
10 Social Aides

SET UP NOTES GROUND FLOOR: *coat check in family theater; 2 tables in booksellers with cloths and flowers with photo cards and pens.*
BOOK SELLERS*: two tables with cloth and flowers for photo cards and pens; also for distribution of Good Housekeeping October issue distribution on departures.*
GRAND FOYER/STATE FLOOR: *string combo with piano in Grand Foyer; 1 easel in Grand Foyer for Good Housekeeping cover - 30x40*
EAST ROOM/EVENT*: 10x16 stage at gold curtain; Toast lectern in East Room; WHCA Announce from Blue Room; water at podium; 2 Press risers on both sides of cross hall doors; 2 50inch monitors placed on floor on both sides of stage in East Room for play of psa during event; lights provided by residence electricians; programs on chairs.*
BLUE ROOM MEET/RECEIVING LINE*: furniture removed from Blue Room for meet and greet; WHCA announce for program; social aide announce position with microphone and monitor.*
GRAND FOYER*: stand up reception - tea and pastries; string combo will play for reception.*

WEDNESDAY, September 9

2:00 p.m. Future View Video monitor and WHCA set up for event.

THURSDAY, September 10

12:00 p.m. Future View, WHCA return for video check/final set up.

2:15 p.m. IN PLACE TIME

2:30 p.m. East Visitors Gate opens and guests proceed to the State Floor and are seated in the East Room.

3:00 p.m. **THE FIRST LADY** arrives at the elevator on the State Floor and is briefed.

Contact: Jennifer Klein/Neera Tanden

3:05 p.m. **THE FIRST LADY** proceeds to the Red Room for a private meet with Katie Couric and family.

Red Room Participants
Katie Couric
Katie's parents, Mr. and Mrs. John Couric
Katie's brother and sister-in-law, John and Marilyn Couric
Jay Monahan's sisters, Claire Myers, Barbara Monahan and Sally Monahan

3:15 p.m. **THE FIRST LADY** proceeds to the Blue Room to meet event participants and corporate commitment representatives (see attached).
Note: THE FIRST LADY will be presented with an award from Dr. Gerald Woollam president-elect of the American Cancer Society on behalf of the American Cancer Society.

Blue Room Participants

Event Participants:
Secretary Shalala
Ellen Levine, Editor-In-Chief of Good Housekeeping Magazine
Katie Couric, NBC Today Show Anchor
Dr. Bernard Levin, Chairman of the Colon Cancer Roundtable

Corporate Representatives:
Nestor Kowalsky, Central Regional Medical Director, American Airlines
Deborah Dingell, General Motors Industry
Karen Kafer, Director, Communications, Kellogg USA
Janine Nessit, Better Health Foundation (on behalf of Bristol Myers Squibb Oncology)
Louis Costentio, Vice President, Endoscope Division Manager, Olympus America
James Schlicht, Vice President, Government Relations, Zeneca Pharmaceuticals
William Pelzer, Jr, President, SmithKline Diagnostics, Beckman Coulter, Inc.
Gregory Larkin, MD, Director, Corporate Health Services, Eli Lily
Deborah Hohit, Director, Public Affairs, Eli Lily
Phillip Schnieder, National Association of Chain Drug Stores
Jill Froula, American Greeting
Amy Manela, Program Director, American Digestive Health Foundation
Gerald L. Woollam, MD, American Cancer Society

Colon Cancer Roundtable:
Carole Anikis
Amy Minella

Colon Cancer Survivor:
Barbara Barrie, Actress

3:25 p.m. **THE FIRST LADY** is announced into the East Room accompanied by Secretary Donna Shalala, Good Housekeeping Editor-In-Chief Ellen Levine, NBC Today Show Anchor Katie Couric and Chairman of the Colon Cancer Roundtable Dr. Bernard Levin.

PROGRAM BEGINS
Note: The event will be available live on the America Cancer Society's and Colon Cancer Roundtable's websites.

THE FIRST LADY briefly welcomes guests to the White House and introduces Secretary Shalala.

Secretary Shalala makes remarks and introduces Dr. Bernard Levin.

Dr. Bernard Levin makes remarks, introduces the PSA and Ellen Levine.

Ellen Levine makes remarks and introduces Katie Couric.

Katie Couric makes remarks and introduces **THE FIRST LADY.**

THE FIRST LADY returns to the podium to make substantive remarks.

4:00ish p.m. The program concludes and **THE FIRST LADY** invites guests to a reception in the Grand Foyer and proceeds to Blue Room for receiving line.

NOTE: Guests move from the East Room, through the Green, into the Blue and out the Red and into a reception in the Grand Foyer.

Following the receiving line, **THE FIRST LADY** has the option to proceed to the Grand Foyer or depart to the Residence.

Following the tea, guests depart East Gate.

Seating

9 pink reserved - survivors
(11 on chairs)

17 blue reserved - blue room guests
(20 on chairs)

7 red reserved - Couric family
(8 on chairs)

MOC cards
Rep. Ben Cardin (D-MD)
Rep. Alcee Hastings (D-FL)
Rep. John Lewis (D-GA)
Rep. Nita Lowey (D-NY) *tentative
Rep. Jim McDermott (D-WA)
Rep. Darlene Hooley (D-OR)
Rep. Jay Johnson (D-WI)

[redacted] 11:25:01 AM

Record Type: Record

To: Jennifer L. Klein/OPD/EOP

cc:
Subject: First Lady Colon Cancer event UPDATE

---------- Forwarded by Neera Tanden/WHO/EOP on 09/10/98 11:33 AM ----------

Marty J. Hoffmann 09/10/98 10:52:42 AM

Record Type: Record

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

cc: Laura D. Schwartz/WHO/EOP, Bronson J. Frick/WHO/EOP, Sharon K. Gill/WHO/EOP, Neera Tanden/WHO/EOP

Subject: First Lady Colon Cancer event UPDATE

EVENT: First Lady Event - Announcing the Colon Cancer Prevention Initiative
DATE: Thursday, September 10th
TIME:3:30 pm (Members arriving at 3:10 PM).
PLACE: EAST ROOM, WHITE HOUSE

YES (8)
Sen. Barbara Boxer (D-CA)
Sen. Arlen Specter (R-PA)
Rep. Ben Cardin (D-MD)
Rep. Alcee Hastings (D-FL)
Rep. John Lewis (D-GA)
Rep. Nita Lowey (D-NY) *tentative
Rep. Jim McDermott (D-WA)
Rep. John Tierney (D-MA) *tentative

PENDING (3)
Sen. Ron Wyden (D-OR)
Rep. John Porter (R-IL)
Rep. Norman Sisisky (D-VA) * tentative

NO (36)
Sen. John Breaux (D-LA)

Sen. John Chafee (R-RI)
Sen. Tom Daschle (D-SD)
Sen. Chris Dodd (D-CT)
Sen. Russell Feingold (D-WI)
Sen. Dianie Feinstein (D-CA)
Sen. Slade Gorton (R-WA)
Sen. Bob Graham (D-FL)
Sen. Tom Harkin (D-IA)
Sen. Ernest Hollings (SC)
Sen. Daniel Inouye (D-HI)
Sen. James Jeffords (R-VT)
Sen. Edward Kennedy (D-MA)
Sen. Patrick Leahy (D-VT)
Sen. Connie Mack (R-FL)
Sen. Barbara Mikulski (D-MD)
Sen. Patty Murray (D-WA)
Sen. Harry Reid (D-NV)
Rep. Bill Archer (R-TX)
Rep. Michael Bilirakis (R-FL)
Rep. Thomas Bliley (R-VA)
Rep. Leonard Boswell (D-IA)
Rep. Sharrod Brown (D-OH)
Rep. Robert Cramer (D-AL)
Rep. John Dingell (D-MI)
Rep. Lane Evans (D-IL)
Rep. Darlene Hooley (D-OR)
Rep. Jay Johnson (D-WI)
Rep. Ron Kind (D-WI)
Rep. David Obey (D-WI)
Rep. Earl Pomeroy (D-ND)
Rep. Louise Slaughter (D-NY)
Rep. Adam Smith (D-WA)
Rep. Pete Stark (D-CA)
Rep. Charles Stenholm (D-TX)
Rep. Bill Thomas (R-CA)

Message Sent To:

Sharon K. Gill
09/09/98 06:39:41 PM

Record Type: Record

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

cc: Laura D. Schwartz/WHO/EOP
Subject: Colon Cancer / Press accepts

FYI, Matt Lauer (NBC), David Bloom (NBC), Tamara Jones (Wash Post) and Babara Harrison (WRC/DC) have accepted. Russert and Shipman have regretted.

Message Sent To:

Capricia P. Marshall/WHO/EOP
Marsha E. Berry/WHO/EOP
Neera Tanden/WHO/EOP
Jennifer L. Klein/OPD/EOP
Toby C. Graff/WHO/EOP

Marty J. Hoffmann 09/02/98 07:33:38 PM

Record Type: Record

To: Bronson J. Frick/WHO/EOP

cc: Neera Tanden/WHO/EOP

Subject: colon cancer MOC

*Here is our list of invites, however, we do not expect the RSVP to be more than 10 members. WE ADDED THE FOLLOWING INVITES IN BOLD.

First Lady Event - "Announcing the Colon Cancer Prevention Intitiative": September 10, 1998, 3:30 PM

SENATORS (21)
Sen. Barbara Boxer (D-CA)
Sen. John Breaux (D-LA)
Sen. John Chafee (R-RI)
Sen. Tom Daschle (D-SD)
Sen. Chris Dodd (D-CT)
Sen. Russell Feingold (D-WI)
Sen. Dianie Feinstein (D-CA)
Sen. Slade Gorton (R-WA)
Sen. Bob Graham (D-FL)
Sen. Tom Harkin (D-IA)
Sen. Ernest Hollings (SC)
Sen. Daniel Inouye (D-HI)
Sen. James Jeffords (R-VT)
Sen. Edward Kennedy (D-MA)
Sen. Patrick Leahy (D-VT)
Sen. Connie Mack (R-FL) ~ Approp.
Sen. Barbara Mikulski (D-MD)
Sen. Patty Murray (D-WA)
Sen. Harry Reid (D-NV)
Sen. Arlen Specter (R-PA)
Sen. Ron Wyden (D-OR)

HOUSE (27)
Rep. Bill Archer (R-TX)
Rep. Michael Bilirakis (R-FL)
Rep. Thomas Bliley (R-VA) ~ Approps.
Rep. Leonard Boswell (D-IA)

Jen - I double checked w/ Marty - they are putting Dem. candidates even critical ones, on the list & that's why it looks the way it does. The bolded Reps are appropriators. I'm going to call her "Kimili" to say if it's ok w/ you.

Just make sure we are not going to get criticized for being too partisan

She said when I made that point, that (1) very few will come (2) it's election time & they do that from now on, for every event.

Rep. Sharrod Brown (D-OH)
Rep. Ben Cardin (D-MD)
Rep. Robert Cramer (D-AL)
Rep. John Dingell (D-MI)
Rep. Lane Evans (D-IL)
Rep. Alcee Hastings (D-FL)
Rep. Darlene Hooley (D-OR)
Rep. Jay Johnson (D-WI)
Rep. Ron Kind (D-WI)
Rep. John Lewis (D-GA)
Rep. Nita Lowey (D-NY)
Rep. Jim McDermott (D-WA)
Rep. Eleanor Holmes Norton (D-DC)
Rep. David Obey (D-WI)
Rep. Earl Pomeroy (D-ND)
Rep. John Porter (R-IL)
Rep. Norman Sisisky (D-VA)
Rep. Louise Slaughter (D-NY)
Rep. Adam Smith (D-WA)
Rep. Pete Stark (D-CA)
Rep. Charles Stenholm (D-TX)
Rep. John Tierney (D-MA)
Rep. Bill Thomas (R-CA)

WHSO Layout Draft 4
a/o 9/8/98; L. Schwartz

GOOD HOUSEKEEPING COLON CANCER PREVENTION EVENT
Thursday, September 10, 1998

East Room Event
State Dining Room Reception

EV Gate Opens: 2:30 p.m.
Invite Time: 3:00 p.m.
Principal Time: **3:00 p.m.** **Brief** Elevator, State Floor
3:05 p.m. **Meet** Red Room
3:15 p.m. **Meet** Blue Room
3:25 p.m. **Event** East Room

Approx. 170-180?/Open Press/Business Attire
10 Social Aides

SET UP NOTES GROUND FLOOR: *coat check in family theater*
GRAND FOYER/STATE FLOOR: *string combo with piano in Grand Foyer; 1 easel in Grand Foyer for Good Housekeeping cover - 30x40*
EAST ROOM/EVENT: *10x16 stage at gold curtain; Toast lectern in East Room; WHCA Announce from Blue Room; water at podium; 2 Press risers on both sides of cross hall doors; 2 50inch monitors placed on floor on both sides of stage in East Room for play of psa during event; lights provided by residence electricians; programs on chairs.*
BLUE ROOM MEET: *furniture removed from Blue Room for meet and greet; WHCA announce for program.*
GRAND FOYER: *stand up reception - tea and pastries; string combo will play for reception.*
BOOK SELLERS: *one table with cloth and flowers for distribution of Good Housekeeping October issue distribution on departures.*

WEDNESDAY, September 9

2:00 p.m. Future View Video monitor and WHCA set up for event.

THURSDAY, September 10

12:00 p.m. Future View, WHCA return for video check/final set up.

2:15 p.m. IN PLACE TIME

2:30 p.m. East Visitors Gate opens and guests proceed to the State Floor and are seated in the East Room.

3:00 p.m. **THE FIRST LADY** arrives elevator on State Floor and is briefed.
Contact: Jennifer Klein/Neera Tanden

3:05 p.m. **THE FIRST LADY** proceeds to the Red Room for a private meet with Katie Couric and family.

3:15 p.m. **THE FIRST LADY** proceeds to the Blue Room to meet other event participants and corporate commitment representatives (approx. 20 total).

3:25 p.m. **THE FIRST LADY** is announced into the East Room accompanied by Secretary Donna Shalala, Good Housekeeping Editor Ellen Levine, NBC Today Show host Katie Couric and Dr. Bernard Levin.

PROGRAM BEGINS

THE FIRST LADY briefly welcomes guests to the White House and introduces Secretary Shalala.

Secretary Shalala makes remarks and introduces Ellen Levine.

Ellen Levine makes remarks and introduces Katie Couric.

Katie Couric makes remarks and introduces Dr. Bernard Levin.

Dr. Levin makes remarks, introduces the PSA and **THE FIRST LADY**.

THE FIRST LADY returns to the podium to make substantive remarks.

4:00ish p.m. The program concludes and **THE FIRST LADY** invites guests into the Grand Foyer for tea and pastries.

NOTE: Optional receiving line following event. The flow would be as follows: Guests move from the East Room, through the Green, into the Blue and out the Red and into a reception in the Grand Foyer.

THE FIRST LADY has the option to proceed to the Grand Foyer

or depart to the Residence.

Following the tea, guests depart East Gate.

WHSO Layout Draft 2
a/o 9/2/98; L. Schwartz

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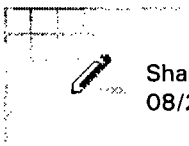
Following the tea, guests depart East Gate.



Sharon K. Gill
08/21/98 05:58:24 PM

Record Type: Record

To: Jennifer L. Klein/OPD/EOP, Marsha E. Berry/WHO/EOP

cc: Kim B. Widdess/WHO/EOP
Subject: Colon Cancer

welcome back. By the time you read this, I will be on vacation. Kim will follow-up with you all for the event. Outstanding issues:

- invitation / this event is more like a message event for POTUS where we do not do mailed invitations - but phone calls. Neera and I played with language and were not able to come with anything that felt right. Thoughts -

1. Not do a mailed invitations, but phone invites and a handout program at the event. What do you think? Would Colon Cancer Roundtable, Good Housekeeping and Today Show be OK with this format? In addition, we could mail a special letter from HRC to guests - explaining the event better - after the phone invite has been extended. We are most concerned that Katie Couric is confortable with format -- Marsha have you been able to get a sense of her expectations?

- Lists - have you guys approved/vetted. I have the following lists:

OPL -	103 names (OPL is about 30 names over)
Good Housekeeping -	57
Today Show-	57 (I know Julie is trying to talk to Kassie about the list)

Kim will hold on inviting until you guys can let her know the status. Thanks so much for your help and see you in September!

Barbara Barry
516-583-7743

5/28

file Sept

Melanne -
Marsha -
Jen K. -✓
Meera -

At last sked mtg, HRC indicated she wanted to do a public awareness event on colorectal cancer. Attached you will find letter from Rep. Louise Slaughter. I called Cindy Pellegrini in Slaughter's 225-3615 & told her someone from Jen Klein's shop would call to follow up for possible Sept/Oct event. HRC wanted coordinated effort w/ Good House-keeping, Katie Couric, Slaughter.

FYI -

Dawn

Week of 9/14

RULES
SUBCOMMITTEE
AND ORGANIZATION
OF THE HOUSE

CAUCUS FOR WOMEN'S ISSUES

CONGRESSIONAL ORGANIZATION
FOR THE ARTS
CHAIR

DEMOCRATIC LEADERSHIP
VICE CHAIR: RESEARCH

WHIP-AT-LARGE

CONGRESS OF THE UNITED STATES
LOUISE M. SLAUGHTER
28TH DISTRICT, NEW YORK

2347 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, D.C.
202/225

DISTRICT OFFICE:
3120 FEDERAL BUILDING
100 STATE STREET
ROCHESTER, NY 14614-1309
716/232-4850
TTY 716/454-4826

E-mail: louisemy@mail.house.gov
web: http://www.house.gov/slaughter/

Fax from the Washington, D.C. Office of Congresswoman Louise M. Slaughter, 28th District of New York

Please Deliver To: Diane Dewhirst

Organization: _____

Fax Number: _____

From Cindy Pellegrini

Total Pages Including Cover Sheet: 3

Date: 5/14

Time: _____

Comments:

Here's the letter, per our conversation, plus the letter we received back yesterday. Look forward to working with you on this!

(If you did not receive all pages, please call 202-225-3615. Thank you.)

...E ON RULES
...COMMITTEE
...AND ORGANIZATION
...OF THE HOUSE

...CUS FOR WOMEN'S ISSUES

CONGRESSIONAL ORGANIZATION
FOR THE ARTS
CHAIR

DEMOCRATIC LEADERSHIP
VICE CHAIR: RESEARCH

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WASHINGTON, D.C. 20515-3228
202/225-3615

DISTRICT OFFICE:
3120 FEDERAL BUILDING
100 STATE STREET
ROCHESTER, NY 14614-1208
716/232-4850
TTY 716/454-4805

E-mail: louisemy@mail.house.gov
web: http://www.house.gov/slaughter/

April 21, 1998

Ms. Melanne Verveer
Chief of Staff
Office of The First Lady
Old Executive Office Building, Room 100
Washington, D.C. 20500-0005

Dear Melanne,

I am writing to follow up on the First Lady's expressed interest in an event to educate men and women about colorectal cancer.

Understand that, in a recent conversation with Linda Tarr-Whelan, the First Lady expressed an interest in participating in an awareness-raising event on colorectal cancer. As you may know, colorectal cancer is the number two cancer killer of all Americans and the third leading cancer killer among women, yet it receives virtually no attention. As a result, more than 55,000 Americans die each year of a disease that is highly preventable, readily detectable and often curable. Linda and I are commited to bringing new public attention to colorectal cancer prevention, detection, and treatment.

The First Lady has been an outstanding leader on a range of health issues over the past six years. Her participation in a colorectal cancer event would be a tremendous asset and a great service to the American people. We would be happy to plan the event around her busy schedule and are therefore interested in dates over the coming months when Mrs. Clinton would be available. If you would like to discuss this matter further, please do not hesitate to contact me or Cindy Pellegrini of my staff at 225-3615.

Thank you for your time and consideration. I look forward to working with the White House to educate our nation about colorectal cancer.

Sincerely,

Louise

Louise M. Slaughter
Member of Congress

cc: Diane Dewhirst

THE WHITE HOUSE
WASHINGTON

May 11, 1998

The Honorable Louise Slaughter
U.S. House of Representatives
Washington, D.C. 20515

Dear Representative Slaughter:

Thank you for your kind letter inviting Mrs. Clinton to participate in an event about colorectal cancer. She greatly appreciates your hard work and dedication to your constituents.

Since it is difficult to know what the First Lady's upcoming official schedule will be, I am unable to make a commitment for her at this time. While it is unlikely Mrs. Clinton will be able to accept your invitation, please be assured that we will keep it in mind and contact you if we can accommodate your request.

Mrs. Clinton appreciates your thoughtfulness and sends her best wishes.

Sincerely,

Patti Solis Doyle

Patti Solis Doyle
Special Assistant to the President
Director of Scheduling
for the First Lady

TO: Jen Klein, Neera Tanden

FROM: Fiona Rose

DATE: June 17, 1998

RE: Colorectal cancer screening procedures

In recent years, colorectal cancer (CRC) incidence rates have declined from 53 per 100,000 in 1985 to 45 per 100,000 in 1993. Research suggests that this decline may be due to more widespread use of screening procedures. There are four tests currently employed: fecal occult blood test (FOBT), flexible sigmoidoscopy, and two more-invasive measures, the barium enema and the colonoscopy. Until the early 1990s, there was disagreement within the medical community as to which screening programs were best for at-risk patients. But, according to Dr. Gabriel Feldman (ACS), enough research has now been done to conclude that the above tests are just as effective for detecting early-onset CRC as mammograms are for detecting breast cancer.

The 1997 ACS Guidelines for Screening and Surveillance for Early Detection of Colorectal Polyps and Cancer suggests a program of testing procedures, which is outlined on the attached page. These guidelines are almost identical to those of two other widely-respected healthorganizations, the US Preventive Services Task Force (USPSTF) and the Agency for Health Care Policy Research (AHCPR). There are no major dissenters in the medical community concerning these guidelines. Further, the ACS's recommendations are supported by every major American gastroenterological society.

A 1995 Centers for Disease Control and Prevention (CDC) survey found that 38% of American adults 50 years and older reported ever having a colon exam; 29% had had one within the past 5 years. The American Digestive Health Foundation (ADHF) suggests that as many as 25,000 - 30,000 lives could be saved each year if all men and women 50 years and older were screened annually for CRC.

Increased awareness of screening options is important to combating CRC. Dr. Feldman suggests working with HMOs to pressure doctors, through a system of incentives and disincentives, to encourage patients to undergo CRC tests. The HEDIS index (Health Employer Data Information Statistics) is a comprehensive measure of how each American HMO is doing in preventing and treating patients' diseases. If CRC screenings were added to the HEDIS index, medical employers would be able to monitor how consistently their employees (the physicians) were employing CRC screenings.

Most insurance companies reimburse patients for FOBTs, but less often for the other three tests. Kaiser Permanente Medical Care Program of Northern California and Puget Sound of Oregon are major "preventive" insurance companies, covering the full range of CRC screenings. Costs for CRC tests range from $4.00 for each FOBT and $80 for a sigmoidoscopy, to $400 for a diagnostic colposcopy (+ associated clinical costs) and $1,000 for a double-contrast barium enema. In comparison, a mammogram costs about $200 (+ associated clinical costs).

In 1997, the National Institutes of Health (NIH) spent $103 million on CRC research, and expects to spend $109 million in 1998. Most of the NIH money is used towards scientific research, while the CDC is launching a $2.5 million CRC education campaign. Funds for CRC still lag far behind the funds allocated to breast cancer ($477.9 million). This discrepancy can be attributed both to constituents' focus on other cancers, and on scientists' lack of CRC research proposals.

American Cancer Society Guidelines for Screening and Surveillance for Early Detection of Colorectal Polyps and Cancer: Update 1997

-- PEOPLE AT AVERAGE RISK --

"Approximately 70 to 80% of all colorectal cancers occur among people at 'average risk.' Average risk is defined by exclusion as anyone who is not otherwise defined as being at increased risk." (1997 ACS Guidelines, p. 4.)

Everyone should begin colorectal cancer screening by age 50 with either an annual FOBT (plus a sigmoidoscopy every 5 years); or with a total colon examination by colonoscopy (every 10 years) or by double-contrast barium enema (every 5 to 10 years).

-- PEOPLE AT MODERATE RISK --

"Approximately 15 to 20% of colorectal cancers occur among people at moderate risk." People with adenomatous polyps of any size, or with a family history of colorectal cancer, are considered to be at moderate risk. (1997 ACS Guidelines, pp. 4-5.)

Moderate-risk patients diagnosed with adenomatous polyps should have them removed via colonoscopy, followed by a total colon examination in 3 years. If polyps have not recurred at the time of the 3-year procedure, surveillance of the colon can be reduced to a total colon exam (colonoscopy or double-contrast barium enema) every 5 years.

-- PEOPLE AT HIGH RISK --

"Approximately 5 to 10% of all colorectal cancers occur among people at high risk. Most of those defined as being at high risk for colorectal cancer have one of two hereditary syndromes or inflammatory bowel disease." (ACS Guidelines, p. 6.)

With the discovery of a familial colorectal cancer gene, doctors are now able to identify high-risk individuals at a younger age. Genetic counseling, plus early surveillance (as young as puberty) with endoscopy and colonoscopy are recommended for those in the high-risk category.

These guidelines have been endorsed by the following organizations:

American College of Gastroenterology
American College of Physicians
American College of Radiology
American Digestive Health Foundation (ADHF)
American Gastroenterological Association
American Society of Colon and Rectal Surgeons
American Society for Gastrointestinal Endoscopy
National Caucus and Center on Black Aged, Inc.
National Center for Chronic Disease Prevention and Health Promotion, CDC

TO: The First Lady

FROM: Neera Tanden

DATE: April 9, 1998

RE: Colorectal Cancer

Colorectal cancer is the second leading cause of cancer-related death in the United States. Approximately 130,000 new cases of colorectal cancer are diagnosed each year, with roughly 55,000 ending in death. For both men and women, it is the third most common cancer in frequency.

Survival of colorectal cancer depends heavily on early detection. When diagnosed at the localized (early) stage, only 8% of those patients will die within 5 years. However, only 37% of all colorectal cancer cases are diagnosed at this stage. When the disease is diagnosed at an advanced stage the death rate is a staggering 93% within 5 years.

The risk of developing colorectal cancer increases greatly after the age of 40. Men are more likely than women to develop the disease, as are African Americans over other racial groups. Major risk factors include having inflammatory bowel disease, a family history of colorectal cancer, and certain hereditary syndromes. A growing number of studies suggest that diet is also a major risk factor in the development of colorectal cancer: high fat and low fiber diets seems to promote a high rate of polyps and cancer.

The statistics mentioned above indicate how critical early detection is to survival, yet the nature of the cancer makes it especially difficult to detect. Most colorectal cancers are "silent" tumors; they grow slowly and often do not produce any noticeable symptoms until they reach a large size. The earliest sign of colon cancer is usually bleeding. Fortunately, two currently available tests have been shown to be beneficial in screening for colorectal cancer. First, fecal occult blood testing (FOBT) is a chemical test for blood in the stool sample. A positive test can indicate bleeding from a precancerous growth or from colorectal cancer. Studies have found that colorectal cancer screening by FOBT is effective, reducing colorectal cancer mortality by 33% in those who underwent annual screening by FOBT in one study. The other popular screening method is flexible sigmoidoscopy, which uses a hollow, lighted tube to visually inspect the wall of the rectum and lower sections of the colon. The 60-centimeter flexible scope can detect about 65%-75% of polyps and 40-65% of colorectal cancers. Recent studies show that removing polyps can reduce a person's risk of colon cancer by as much as 90%. The CDC recommends an increase in screening for colorectal cancers, especially for those individuals over the age of 50.

Under the 1997 Balanced Budget Act the President signed, Medicare covers Fecal Occult Blood Tests, flexible sigmoidoscopy and screening colonoscopy for high-risk individuals. The Secretary of HHS was also given authority to allow Medicare coverage of other screening tests/procedures, or modifications thereof as they become available. Nevertheless, screening for colorectal cancer

lags far behind screening for other cancers, perhaps because the effectiveness of colorectal screening has only recently been documented. Another possibility is that screenings have been unaffordable for many without the Medicare coverage. Given the fact that less than half of the adult population over 50 has ever had an FOBT, and only 38% have had a sigmoidoscopy, increased awareness is crucial.

According to the National Cancer Institute and the Center For Disease Control and Prevention, the federal government appropriated roughly $99 million for colorectal cancer research and $2.5 million for prevention in 1997. In comparison, the government allocated $332.9 million on breast cancer research and $145 million on breast cancer prevention and $123.3 million on lung cancer research in 1997.

Two institutions that deal specifically with colorectal cancer are the David J. Jagelman Foundation in Cleveland and the National Institute of Diabetes, Digestive and Kidney Diseases, which is part of the National Institute of Health.