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RESTRICTION CODES

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P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Meeting with Hollywood/Other Cancer Research Advocates

West Wing Office
12:45 - 1:30pm, Monday, October 27, 1997

Meeting requested by Don Gips
Briefing prepared by Jerry Mande

EVENT

You will be meeting with Friends of Cancer Research and the Creative Community Task Force on Cancer to discuss cancer research funding. Participants include Sherry Lansing, Chair of Paramount Pictures; Jack Valenti, Chairman of the Motion Picture Association of America; Ellen Sigal, Ph.D., Chair of Friends of Cancer Research; Donald Coffee, Ph.D., President of the American Association of Cancer Research (he was born in Bristol, Tennessee and received his BS from East Tennessee State Univ.); and Tony Podesta and Jean Prewitt of Podesta Associates, Inc.

LOGISTICS

- Ellen Sigal will begin with an overview. She will be followed by Sherry Lansing, who will be followed by Don Coffee.

YOUR ROLE/CONTRIBUTION

- Your role is to hear the priorities of some of the nation's leading cancer research advocacy organizations, and to explore possible themes for a Vice Presidential cancer initiative. This will also be your opportunity to follow-up on the challenge you gave this group on tobacco use in films and TV in February.

PROGRAM NOTES

- They have 4 priorities. 1) Administration support for NCI's FY99 bypass budget. 2) Administration support for the Senate position on NIH funding in the Labor/HHS appropriation's conference (the Senate bill provides a 7.5% increase over FY97 and $45 million more than the House bill; the President had requested a 2.6% increase). 3) Administration support for patient care and other non-research cancer issues. 4) Administration support for year-to-year NCI funding stability.

- The major, upcoming event for the cancer community is "The March," scheduled for next September in Washington, DC. The organizers hope that millions of cancer patients, survivors, and their families and friends will march on Washington demanding increased support for combating cancer.

- Sherry Lansing and/or Ellen Sigal may still be concerned about your focus on tobacco during the previous meeting in LA. Sherry may note that Brandon Tartikoff had planned to attend this meeting when it was requested in July, but is not here today because he died of cancer.

- Don and Valenti continue to discuss what steps the Creative Community Task Force will take to stop glamorizing smoking in films. Valenti has made no progress and may say today that there is nothing the studio heads can do.

ATTACHMENTS

- Letters to the President from Jack Valenti and Sherry Lansing, and Don Coffee, requesting a meeting to discuss the threat the budget deal poses to cancer and other biomedical research.

- USA Today article about smoking in films that discusses your LA meeting.

- Copy of the full page ad for The March that ran in the NYT and WSJ last week.

- Cancer initiative memo.

MOTION PICTURE ASSOCIATION
OF AMERICA, INC.
1600 EYE STREET NORTHWEST
WASHINGTON, D.C. 20006
(202) 293-1966
FAX: (202) 452-9823

JACK VALENTI
PRESIDENT
AND
CHIEF EXECUTIVE OFFICER

July 2, 1997

The President
The White House
Washington, D.C. 20500

Dear President Clinton:

We are writing to request a meeting with you because of our deep concern that pressures arising from the current budget deal threaten to halt critically important biomedical research in its tracks – at a time when medical breakthroughs, offering the promise of new treatments and cures for cancer and other diseases, are within our reach.

There is bipartisan congressional support for biomedical research, but additional funding was not explicitly provided in the budget agreement with Congress. For this reason, we are requesting the opportunity to meet with you – before the Appropriations Committees act – to discuss the importance of these funds and the position you will take on this issue. Specifically, we suggest a time between July 10 and July 22.

In requesting this meeting, we are joined by our colleagues and allies in this cause – among them, Dawn Steel, Brandon Tartikoff and Christopher Reeve. Why do we care? Because all of us, like all Americans, have been impacted by critical injury or life-threatening disease – either directly or through our family and friends. Biomedical research offers the hope of improved treatments and cures.

Earlier this year – together with Friends of Cancer Research – we formed the Creative Community Task Force on Cancer, comprised of the most senior executives in the entertainment industry, representing Disney, Castle Rock, Dreamworks, Warner Brothers, MCA/Universal, MGM, Paramount, Sony, Viacom, ABC, NBC, CBS, and Fox. Our request also reflects the support of the Task Force for a stronger federal commitment to this research.

We are asking to meet with you because we believe so deeply in this cause and because we believe that you can make a critical difference. We look forward to your reply.

Sincerely,

Sherry Lansing

Jack Valenti

USA TODAY Life

08/25/97 - 12:41 AM ET - Click reload often for latest version

Hollywood taking heat for all the lighting up in films

LOS ANGELES - Hollywood films are smoking - and Washington is trying to put out the fire.

In a year in which leading characters in movies are puffing cigarettes and cigars at a higher rate than in the past three decades, the Clinton administration has been carrying its crusade against tobacco to film industry leaders. The goal: to curtail gratuitous smoking onscreen and quietly look at movie studios' relationships with the tobacco industry.

Vice President Al **Gore** addressed the issue of onscreen smoking at a private session with studio and network chiefs earlier this year in Los Angeles and requested a follow-up. On Sept. 4, **Gore** plans to meet in Washington with executives including Paramount Pictures chief Sherry Lansing.

"The vice president thinks it's wrong for the tobacco industry and others, including Hollywood, to glamorize tobacco use, thereby making it appealing to younger people," says **Gore** spokeswoman Ginny Terzano. "He understands that producers, directors and actors have an artistic license to do what they want, but also believes they have a responsibility."

Hillary Rodham Clinton, whose personal causes are child welfare and smoking, is equally indignant over smoking in the movies at a time when teen smoking rates are rising. "I am very concerned about the mixed message our children are receiving regarding the use of tobacco products. The fact is that in many of this summer's blockbuster films, the lead characters smoke," the first lady says.

Indeed, the curve of smoking onscreen has taken a dramatic upturn since the summer began. One week, all five of the top five films at the box office featured smoking: *Men in Black, Face/Off, Hercules, My Best Friend's Wedding* and *Batman & Robin.* Teens saw characters played by John Travolta, Julia Roberts, Meg Ryan, Brad Pitt, Bruce Willis and Arnold Schwarzenegger puff onscreen. Even the animated Hades of Disney's *Hercules* lit a cigar.

In *Men in Black,* the No. 1 summer blockbuster and top-grossing film of the year, not only are the hip alien creatures seen vigorously smoking, but they also cart identifiable cartons of Marlboro cigarettes back to their planets.

Told by USA TODAY about criticism of smoking in the film, *Men in Black* director Barry Sonnenfeld responded sharply. "We probably shouldn't let anyone smoke onscreen to the same extent that we shouldn't let the Roadrunner drop an anvil on Wile E. Coyote. The Clinton administration and politics in general should either stay away from this or change the Constitution to no longer allow freedom of speech."

Gore pulled no punches when he addressed onscreen smoking earlier this year at a session convened on the issue of **cancer** awareness. Heads of the major movie studios and TV networks were present at the breakfast on the Paramount lot, including Lansing, Warner Bros. co-chairmen Terry Semel and Bob Daly, Viacom chief Sumner Redstone, NBC West Coast president Don Ohlmeyer and ABC president Robert Iger.

"They were a little taken aback by the vice president's bluntness," says Helene Brown, director of applications of research at UCLA's Johnsson Comprehensive **Cancer** Center, who attended the meeting. "Here they were, all these studio heads, meeting to talk about **cancer** awareness. They were not invited there to talk about onscreen smoking. And **Gore** was asking them as an industry to change the face of smoking as a nation. He wanted them to censor films. . . . They felt that he was not paying any attention

to their creative license."

"Nobody in that room is for smoking. All of us want to get rid of smoking as much as possible," counters Jack Valenti, president of the Motion Picture Association of America, who attended the session and co-chairs the **cancer** task force. "Directors use it (smoking) as a creative choice. . . . The only way we deal with issues like this is on a personal basis, through the guilds, individual writers and producers."

There's no simple explanation for the proliferation of movie smoking, though it's often described as a prop that conveys character. In films, characters who smoke can indicate neurosis, insecurity, villainy, risk-taking, sexiness or danger.

A study in the *American Journal of Public Health* in 1994 found that 38% of lead characters in movies were portrayed smoking in the 1960s; 29% in the 1970s and 26% in the 1980s. While a '90s follow-up has not been published yet, "We've seen a dropoff of brand placement in movies, but a big increase in smoking" in films, says study co-author Stanton Glantz, cardiology professor at the University of California at San Francisco.

Donna Shalala, secretary of Health and Human Services, also met privately with high-level entertainment executives at the Los Angeles home of Lorraine and Sidney Sheinberg (former chief of MCA) to convey the adminstration's concern about increased onscreen smoking and the parallel rise in teen smoking. "Everyone in the creative community - and that includes actors - must take responsibility for what goes up on the screen. They must not be unwitting accomplices in addicting another generation of children," Shalala says.

The current box-office draw most associated with cigarettes is John Travolta, who has lit up in *Get Shorty, Broken Arrow, Michael* and *Pulp Fiction* and will do so in the upcoming *She's So Lovely*. He's a nonsmoker offscreen, and Travolta's spokeswoman defends the actor's smoking as an artistic choice. "He smokes for the character," Michelle Bega says.

Actors and actresses are powerful, argues Mike Basal, mass communications professor at the University of Denver, who recently published a study on film smoking in the *Health Communications* journal. "Celebrities are actually giving what effectively are ads" for smoking, he says.

Responding to increasing visibility of tobacco in films from major studios, the Justice Department has made initial inquiries into possible illegal payoffs by tobacco companies for onscreen time - called "product placement." Buying screen time for tobacco products is a federal crime if the film does not display the same health hazard warning as cigarette packaging does. The tobacco industry has acknowledged product placement in such older films as *Licence to Kill* (1989) but maintains that it no longer engages in the practice.

No formal Justice Department investigation has been called, but "the fraud section of the criminal division is conducting a criminal investigation concerning possible criminality in the tobacco industry which I cannot discuss," says John Russell, a Justice Department spokesman.

Studios insist that back-fence deals are not being made with tobacco companies. "We have a strict policy prohibiting product placing by tobacco companies," says Steve Ross, a senior vice president of product placement for 20th Century Fox. He says he has never been approached by cigarette manufacturers, only cigar makers. Policy is equally strict at Sony Pictures, says Mark Workman, a marketing vice president.

Onscreen, tobacco is provoking controversy, even within the industry. "Personally, I think there's too much smoking in film," Valenti says. "But there's no dictatorial force in the motion picture industry. There's no way you can wave a magic wand."*By Clifford Rothman, special for USA TODAY*

□ Cover story index

□ Go to Lifeline

THE MARCH

TODAY MARKS THE BEGINNING OF THE END.

ANNOUNCING THE MARCH. COMING TOGETHER TO CONQUER CANCER.

A new movement to end cancer has begun.

We will no longer remain silent while half a million Americans die each year in the deadliest plague the world has ever known. We will no longer be apathetic as one out of every two men, and one out of every three women, are diagnosed with cancer during their lifetimes.

Patience has simply run out. We want a cure today. Americans everywhere are raising their voices and joining THE MARCH.

THE MARCH is a national grassroots campaign to educate the public about quality cancer care and to encourage our government to increase the woefully inadequate funding for research. THE MARCH will encompass hundreds of events around the country, culminating in a historic march on Washington, D.C. in September, 1998.

Make your voice heard and help bring about a cure. You'll be part of the biggest human event in history.

Today marks the beginning of the end. The end of apathy. The end of indifference. And the end of despair.

To join us and make your contribution, call this number immediately. 888.937.6227.

SIDNEY KIMMEL FOUNDATION for CANCER RESEARCH

October 20, 1997

MEMORANDUM FOR THE VICE PRESIDENT

THROUGH: Don Gips

FROM: Jerry Mande

CC: Ron Klain

SUBJECT: Cancer Initiative

I. SUMMARY

We are at a pivotal point in the fight against cancer. Your leadership would result in significant progress in this battle. Several factors have emerged to provide this opening. First, the current "war on cancer" has fallen short of public expectations. Second, the science has advanced to a point where additional investments in cancer research would likely result in important improvements in patient outcomes. Third, there is a renewed, visible, public interest in fighting cancer.

There is every reason to be confident of future success in the battle against cancer. Cancer is not one disease but many. Progress to date indicates we will eventually prevent or cure most cancers. We already have cures for childhood cancers, Hodgkin's lymphoma, and testicular cancers. But we have made only limited progress in the fight against most adult cancers, and we must take advantage of emerging science to do better.

To seize the opportunity, we need money. Specifically, we need $714 million more in FY99 than was in the President's last request ($2.442 billion for FY98) and a $3.5 billion increase over 3 years. As outlined below, this investment would: 1) protect millions of people at risk of developing cancer; 2) greatly improve early detection and diagnoses of cancer; 3) speed the discovery and development of new cancer drugs and devices; 4) dramatically increase adult participation in clinical trials; and 5) provide all cancer patients and their care givers with easy access to the latest information on treating their disease.

Given budget constraints, you would need to begin now establishing support for such a program. You could signal your interest by giving a major policy speech this fall, and advocating for an increase in the FY99 budget request. Comprehensive tobacco legislation may one day provide substantial new funds for cancer research. However, a cancer initiative funded through tobacco legislation rather than the FY99 budget would be poorly received by the cancer community. The tobacco bill's fate is just too uncertain.

II. BACKGROUND

The "war on cancer" began in 1971, when President Nixon and the Congress enacted the *National Cancer Act* (NCI was established by FDR in 1937). While significant advances have been made over the past 25 years, especially in treating cancer in children, many experts and much of the public are troubled by the lack of progress. Children's cure rates have approached 70-80%. Progress treating adult cancers, however, has been incremental and frustratingly slow. The science is thriving, but there is a sense that the nation does not have an effective national cancer program.

Each year, NCI publicly identifies key research opportunities and priority investments in its so-called "bypass budget." The 1971 Act authorizes NCI's director to submit an annual budget estimate directly to Congress after review "but without change" by the Secretary, the Director of NIH, and the National Cancer Advisory Board. The bypass budget is the holy grail of the cancer community.

III. PROPOSED VICE PRESIDENTIAL CANCER INITIATIVE

In his bypass budget for FY99, NCI Director Richard Klausner will request $750 million more than the President's FY98 request. I suggest you push for $714 million of this increase to achieve the five outcomes outlined below (with projected first year/three year cost of each outcome).

A. Enhance cancer prevention research, protecting millions of people at risk of developing cancer. ($121M/$559M)

Clinical trials for evaluating cancer preventive strategies (such as drugs, vaccines, better diet, more exercise, reduced environmental exposures) involve large numbers of subjects and take years to complete. There is currently a waiting list of interventions that merit testing. More resources would enable researchers to test promising interventions, leading to the prevention of millions of cases of cancer.

With the additional funds, NCI hopes to invest in the following new clinical trials:

- 22,000 women in a trial to test selective estrogen-response modulators to prevent breast cancer.
- 20,000 men in a trial to test vitamin E and selenium to prevent prostate cancer.
- 5,000 subjects in a trial to test cyclooxygenase Type 2 inhibitors, and 5,000 subjects in a trial to test aspirin, calcium, and selenium, to prevent colorectal cancer.

B. Improve early detection and diagnosis to make cancers more treatable. ($20M/$176M)

It is well known that early detection and effective screening can save lives because cancers caught early are more treatable. There are currently a number of innovative detection and screening technologies waiting to be explored. Added resources would provide the means to explore these technologies and ready more technologies for the field.

With the additional funds, we hope to:

- develop blood tests for detecting breast, lung, prostate, and colon cancer;
- develop new breast, lung, and bowel imaging technologies to detect cancers at more curable stages.

C. Speed the rate of discovery of new interventions related to all phases of the fight against cancer. ($220M/$1,376M)

We need to expand our understanding of the basic cellular pathways involved in making a cell cancerous, and apply this understanding to cancer interventions. NCI can currently fund only 25% of the grant applications it receives. This level of funding slows the engine of discovery and in turn slows progress against cancer. Funding 40% of grants would significantly speed the discovery of new interventions while maintaining competition for funding that drives excellence.

With the additional funds, we hope to:

- ensure that 20 additional drugs per year will enter the clinic for the initial phases of human testing;
- triple the number of clinical trials of new approaches to prevent, diagnose, and treat cancer.

D. Improve patient outcomes through increasing patient participation in clinical trials. ($335M/$1,221M)

We could make an immediate difference in patient outcomes by increasing patient participation in NCI experimental treatment protocols or clinical trials. Today, 90% of children are treated according to an NCI experimental protocol, 70% participate in an NCI sponsored clinical trial, and the cure rate is 70-80%. In contrast, only 2% of adult patients are enrolled in NCI sponsored clinical trials. By increasing the percent of adults enrolled in clinical trials from 2% to 10%, we could develop five times as many effective treatment, detection, and prevention strategies each year.

With the additional funds, we hope to:

- increase from 20,000 to 100,000 the number of new patients enrolled in NCI-sponsored trials;
- create new training programs in cancer clinical research in each of 10 NCI cancer centers.

E. Increase the access of the American people to state-of-the-art information about cancer and cancer interventions. ($18M/$116M)

Patients and doctors often do not have the most up-to-date information on treatment protocols. Many experts believe that if all adults were treated with the optimal protocol mortality would drop 10-20%. The extensive use of personal computers and the success of the World Wide Web provide a powerful new means to make the latest discoveries widely known. With additional resources we could place state-of-the-art information at the finger tips of cancer care providers and families, increasing the percentage of patients receiving optimal care and decreasing mortality.

With the additional funds, we hope to:

- create a Cancer Informatics Infrastructure;
- create patient-friendly clinical trials website for comprehensive information about state-of-the-art treatments and the availability of clinical trials;
- develop the next generation of informatics tools that will provide tailored messages to specific patients relevant to their own particular circumstances.

IV. SPENDING BREAKDOWN

We need to invest in six key, underlying and interdependent areas to build the needed infrastructure to achieve these five outcomes.

FY99 Spending	3yr. Spending	Description
$286 million	$1.218 billion	Enhance the clinical trials network including prevention initiatives. (Outcomes A, D)
$75 million	$200 million	Increase support of clinical investigators. (Outcomes A, D)
$20 million	$75 million	Improve the informatics associated with clinical trials and with dissemination of information about clinical trials. (Outcomes A, D, E)
$40 million	$195 million	Increase training and education of new clinical investigators including minority initiatives. (Outcomes A, D)
$93 million	$560 million	Increase the number of NCI-sponsored cancer centers. (Outcomes A-E)
$200 million	$1.2 billion	Increase funding of investigator-initiated research. (Outcome C)
$714 million	$3.448 billion	TOTAL

V. CONCLUSION

In this budget climate I had hoped to be able to recommend to you a cancer initiative that costs little or no money, but I am convinced such an approach would not be credible. Cancer control advocates have observed the tactics of the AIDS activists and are seeking to replicate their successes. Cancer advocates are now pursuing a "show me the money" strategy. The Administration has already acted on low-cost opportunities like speeding FDA approval of cancer drugs. The top priorities for the cancer advocacy community -- increasing biomedical research and assuring that research findings are rapidly translated into the clinic -- involve a significant investment of funds.

There are several paths you could take to author a credible Vice Presidential cancer initiative. Which path we take will be determined by the amount of money we can include in the FY99 budget.

Option 1-- You could advocate a comprehensive cancer initiative as part of the FY99 budget. The price tag is substantial -- $714 million or a 30 percent increase in NCI's budget over the President's FY98 request -- but these funds will buy significant progress in preventing, detecting, diagnosing, and treating cancer, and it will essentially implement the FY99 bypass budget which will guarantee widespread support from the cancer community.

Option 2 -- The second path is a more modest, "lite" version of the first path. You could seek a $425 million increase in NCI's budget. This would buy a credible but scaled down version of the outcomes described in this memo. It would pay for the "NCI Challenge" portion of the bypass budget, which focuses on translating scientific discovery into better patient care. This approach is a very credible initiative, will still generate widespread support, but Rick Klausner and prominent members of Congress will be calling for more.

Option 3 -- The third path is more modest still. You could seek less than $425 million but enough to have a credible initiative -- probably at least $250 million. A $250 million investment would increase NCI's budget 10%. A 10% increase should compare favorably to the Administration's FY98 request (a 2% increase) and Congress's expected FY98 appropriation (a 7% increase). Under this approach, we would fund one or more of the outcomes. In addition, we could shore up this approach by linking it to other initiatives the Administration is already pursuing. For example, if OMB approves, you could announce support for having Medicare cover the costs of its beneficiaries participating in clinical trials. This change, a priority of the cancer community, would substantially increase adult participation in NCI-sponsored clinical trials. You could also take ownership of the sharp increase in biomedical research that the President has said must be part of comprehensive tobacco legislation.

Finally, whichever path you choose the next step is the same. We must begin an immediate and public dialogue with the cancer community so that they have an opportunity to shape the final plan within the budget level you choose. Their participation and support will be critical to achieving our goals. You will have an important opportunity to begin building that support on October 27, when you are scheduled to meet with the Friends of Cancer Research, the leading cancer research advocacy group.

VI. DECISION

____ OPTION 1

Seek $714 million in the FY99 budget to fund all five outcomes of the cancer initiative outlined above, and NCI's FY99 bypass budget.

____ OPTION 2

Seek $425 million in the FY99 budget to fund a "lite" version of the five outcomes and the "NCI Challenge" portion of the bypass budget.

____ OPTION 3

Seek between $250 million and $425 million to fund a more modest cancer initiative, by championing one or more of the specific outcomes outlined above.

LEVEL 1 - 4 OF 13 STORIES

USA TODAY

August 25, 1997, Monday, FINAL EDITION

SECTION: LIFE; Pg. 1D

LENGTH: 1239 words

HEADLINE: Smoke screen Hollywood taking heat for all the lighting up in films

BYLINE: Clifford Rothman; Special for USA TODAY

DATELINE: LOS ANGELES

BODY:

LOS ANGELES -- Hollywood films are smoking -- and Washington is trying to put out the fire.

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GRAPHIC: EAR PHOTO, Color, Peter Iovino, New Line Cinema; PHOTO, Color, Peter

Iovino, New Line Cinema; PHOTO, Color, Lorenzo Beviliaqua, Miramax; PHOTO, Color, Stephen Vaughn, Paramount Pictures; PHOTO, Color, Melinda Sue Gordon, Columbia/TriStar
LANGUAGE: ENGLISH

LOAD-DATE: August 25, 1997

LEVEL 1 - 5 OF 13 STORIES

The New York Times

August 24, 1997, Sunday, Late Edition - Final
Correction Appended

SECTION: Section 2; Page 1; Column 1; Arts and Leisure Desk

LENGTH: 2234 words

HEADLINE: After the Preaching, the Lure of the Taboo

BYLINE: By RICHARD KLEIN; Richard Klein is the author of "Cigarettes Are Sublime" and "Eat Fat."

BODY:

TOWARD THE END OF THIS SUMMER'S hit film comedy "My Best Friend's Wedding," Julia Roberts is hunched on the floor of a hotel hallway, her back propped against the door. The man she wants to marry is in the room getting news of her betrayals. We see her extract -- from her bra, it appears -- a pack of Marlboros. Hesitantly, shakily, she lights a cigarette. The viewer is supposed to see the cigarette and her nervous smoking as a visible counterpart to the panicky feelings of imminent loss that are sweeping over her. She's about to explode, and this cigarette, as it often is in films, is a fuse. Utterly desolate, out in the cold, Ms. Roberts never looked more appealing, huddled around a brief flame and warming cinder, smoke streaming glamorously from her nose.

Smoking, once again, is hot in the entertainment media. Half the movies released between 1990 and 1995 featured a major character who chose to light up on screen, a significant increase compared with 29 percent in the 1970's, according to a recent study at the University of California, San Francisco. And the trend appears to be accelerating. In her syndicated column earlier this month, Hillary Rodham Clinton noted that 77 percent of all films last year had scenes depicting smoking, as did every film nominated for best picture at the Academy Awards. She went on to denounce films that "equate smoking with status, power, confidence and glamour." Mrs. Clinton cites these facts in order to blame Hollywood for an increase in teen-age smoking, "despite," she says, "the best efforts of parents and teachers to educate children about the dangerous effects of tobacco."

There can be no doubt about those efforts. In the last four and a half years, American teen-agers have been the object of the most sustained and systematic anti-smoking campaign ever mounted, directed at them from their earliest age by every adult institution of authority, particularly by the Clinton White House. Yet teen-age smoking during the same period has increased alarmingly. The President himself announced a 30 percent increase in smoking among 10th graders and 40 percent among 9th graders. Children are smoking more and starting earlier.

Who can doubt that they are being influenced by the new aura of cool that surrounds smoking in the media? When television isn't preaching the evils of

tobacco, it's putting cigarettes in the hands of unlikable characters, the ones we love to hate. On the silver screen, the sexiest, most bewitching stars make smoking look glamorous again. Somewhere along the way, all that preaching has backfired.

Mrs. Clinton specifically points to smoking by Leonardo DiCaprio in "Romeo and Juliet," and Kurt Russell in "Escape From L.A." But in "Sleepers," Brad Pitt did it. Arnold Schwarzenegger telling "True Lies" did it. Kristin Scott Thomas did it in "The English Patient." John Travolta does it in practically every film he makes, even when he plays an angel, as he did last year in "Michael." Sharon Stone in "Diabolique" smokes incessantly in order to show us she's malevolent. Mel Gibson has gone back to cigarettes in order to make a film of Christopher Buckley's witty novel "Thank You for Smoking," which ridicules anti-smoking fanaticism. K. D.Lang, who doesn't smoke, just assembled an album of torch songs about smoking, called "Drag."

Musically, on the Lang CD, taking a drag has Promethean echoes of fiery conquests and the bluesy rhythm of romantic defeats. Cigarette fetishists abound on the Internet at Web sites and in news groups, exchanging mildly pornographic scenes of people smoking. In those aroused by the spectacle of masterly women giving themselves pleasure (all nostril, mouth and fingers), smoking languorously and slow, the moment of lighting up seems to spark the most energetic erotic excitement.

MRS. CLINTON ARGUES that portrayals of cigarette smoking in films neutralize or counteract the efforts of teachers, parents and Government officials. She doesn't allow for the possibility that the films are merely exploiting the climate of repression and censorship surrounding tobacco, an atmosphere that those well-meaning efforts against smoking have brewed. She herself deserves some credit, and some responsibility, for the way issues of health have been put forth in tones of moral condemnation that entice transgression. As the preaching becomes more intense, tobacco use is eroticized and surrounded by the odor of what is reckless and tabooed, intensifying pleasure. That climate is bound to thicken if the Attorney General's deal to regulate tobacco becomes law and even vaster sums are dedicated to discouraging its use.

There is a sharp contrast between the image of smoking on television and in films. In the new era, it is forbidden, for example, to show cigarettes used in romantic situations, especially on television. It's hard to remember that in 1952 there was a CBS series called "The Continental." It featured Renzo Cesana, billed as the "first electronic gigolo," dressed in a tuxedo, delivering a monologue but conducting an on-screen seduction, in accents that were suave and lightly Italian. He spoke to the camera as if it were a beautiful woman he was trying to charm with subtle forms of verbal flattery and sexy body language. He compliments you on your dress in ways that are not at all obvious -- are witty, touching, personal. He avoids vulgar flatteries, only telling you what you deeply want to hear. He's never lewd but endlessly suggestive. At the beginning of the show you see a sterling silver cockleshell, on which two cigarettes are smoking. One has lipstick on the tip. He takes them both in his fingers and extends the lipsticked one to you. It is as if his hand is coming through the screen nonchalantly offering you a drag. The gesture is full of erotic implications. If at that moment you yourself reach for a cigarette (mingling your smoke in unison across the tube), it means he has made another conquest and you've been continentaled.

These days, when smoking is seen on television (five times less often than in the movies), it bears the signs of depravity, obliquity and inveterate corruption. Consider how tobacco companies have recently come to play the role of the Evil Empire, the embodiment of the purest evil and the most profound moral turpitude. In a segment of "Touched by an Angel," Della Reese, in sonorous tones, advises her erring client that God wants him to stop working for the maliciously named Fairchild tobacco company and to stop smoking. "Thou shalt not smoke" has become the 11th Commandment. Recently on "The Newshour With Jim Lehrer," several leaders of the anti-smoking campaign repeatedly compared negotiating with the tobacco companies to dealing with the Devil, with whom, it is well known, one negotiates at one's peril. As in a dream, our Granny Government echoes the piety of anti-smoking voices at the turn of the last century, who raised the cry "Tobacco is a filthy weed, and from the Devil doth proceed." Our leaders also sound like temperance crusaders denouncing the "demon rum." Hearing this, one doesn't need to be 16 to have some sympathy for the Devil.

In the opening frames of one episode of Fox's drama series "The X-Files," before you see the face of the Cigarette Smoking Man (William B. Davis), you see a rat between his feet, cloaked in shadows. Then a smoking butt drops to the floor and chases the rat away. According to the principle, what chases resembles what is chased: the cigarette is ratty.

And so, by metonymy, is the character, vermin to the core, whose odious lips it recently touched. Everywhere in "The X-Files," in which evil men mostly smoke, the cigarette is the index of the perverse underworld and filthy underside of what is seen in public. You thought Lee Harvey Oswald killed the President; it was actually Cancer Man (as fans and the show's lead character now call the smoking character) obeying the dictates of a hypersecret, intergovernmental conspiracy. When Cancer Man observes his patsy Oswald being arrested in the movie theater for the crime he himself has committed, he lights up a cigarette of cruel satisfaction. For us in the 90's, the great classic cigarette of triumph has become an ironic token of horror -- the pure poison of heartless intentions. In some "X-Files" segments, the smoke is the blue embodiment of the dark motives that surround the evil deeds these men hatch in the name of zealous patriotism. When the plotters order an assassination or determine someone's fate, like Delphic oracles their words seem to come from behind the tangible haze of their innumerable cigarettes.

Smoking on television hasn't always been a sign of villainy, of course. It's still surprising to see Desi Arnaz in 1953, smoking like a fiend in the maternity waiting room, on the famous episode when Lucy gives birth to Little Ricky. You never see the mother, of course, only the expectant father sucking on his cigarette, being brave for his wife but fighting hysterical panic, oblivious to the cigarette he's madly consuming, and we can't stop watching. Cigarettes, it's well known, are magnificent instruments for mitigating anxiety. They are the friend of soldiers, journalists and actors in the wings -- people who must wait for fateful events to occur.

It is even more surprising, today, looking at early television, to see the title character of "Dr. Kildare" offering a light to one of his troubled patients. In the very first scene of the premiere show, in 1961, Dr. Kildare, played handsomely by Richard Chamberlain, bounds up the hospital stairs and puts

quarters in a cigarette machine in the lobby. On the show, cigarettes are practically his signature and convey the pervasive assumption that all good doctors smoke. Offering a light or a cigarette, in the hospital, is a sign of sympathetic attention, a gesture of conviviality and sociality that made Dr. Kildare's hospital, before HMO's, a close-knit community. Smoking for the good doctor is a way of taking a break while keeping awake; sleep is what the cigarette wards off as the doctor pursues his exhausting rounds. It is an infallible sign of his thoughtfulness: whenever Dr. Kildare is faced with a grim alternative, he pulls out a cigarette. It indicates to the viewer that the doctor's intervention is not only physical but mental and even intellectual. He knows how to take the time to think, in the time of a cigarette, whose beautiful smoke billowing around his head is the material embodiment of his calmly evolving thoughts.

One shouldn't forget that cigarette advertising during the period sought and regularly received endorsements from doctors. Philip Morris was "recommended by eminent nose and throat specialists to those who smoke." On Ted Mack's "Original Amateur Hour," the Old Gold dancing pack and her sidekick, the box of matches, once did a special little dance on the television screen to support the New York Heart Fund Campaign.

Four decades later, in a television discussion of **smoking** in the **movies,** the newswoman Cokie Roberts tried to defend "My Best Friend's Wedding" from criticism by reminding us that "Julia Roberts didn't get the guy in the movie," that "it was the wholesome girl who won in the end." But it's an old story. We always love a bad girl, and the bad girl smokes.

Eva Marie Saint had a classic scene in "Wish on the Moon," a 1950's "Goodyear TV Playhouse" production. At the beginning of the hour, she's riding a train, going to the Big Apple to make her fortune. She's dressed like a country girl, sitting next to Phyllis Kirk, who looks sophisticated, reading a book and smoking. Saint Eva Marie declines a cigarette and offers an apple in return. But by the end of the hour she has undergone a startling metamorphosis. She has become a tough Hollywood star. In the famous last scene, what once was innocence is dressed to kill in a tight black sheath, her hair teased, her neckline plunging. She is brashly doing business on the phone, a cigarette permanently between her teeth or twirled at her fingertips. When she takes a puff, she blows the smoke back up her nose, the sign of a hardened smoker who likes her poison double. The cigarette she smokes, like certain cigars, is a sign that she has arrived.

OUR LEADERS OFTEN ASSUME that teen-agers read naively and will imitate what they are told is good for them and avoid what is disapproved. But one consequence of such assumptions is the present forms of censorship, which, however well meaning, may reinforce the behavior they seek to banish. Young people need information, not preaching, about the harm that smoking does to their development, to their bodies and to their futures. Confronted instead with censorship, they become skilled in and devoted to reading between the lines. In the end, the censor always incites aggressive curiosity about the very thing it aims to keep from view.

The censorship effect has clearly been at work in America in recent years, especially where teen-agers, inherently curious and skeptical of authority, are concerned. The abyss between what can be said and shown about smoking and the

fact that more than 25 million adults continue legally to smoke, despite the warnings, constitutes an enigma that gets the attention of every adolescent. They don't fail to notice either that there's a lot of secret smoking going down.

CORRECTION-DATE: September 7, 1997, Sunday

CORRECTION:

A picture caption on Aug. 24 about smoking in films and on television referred incorrectly to Lucille Ball's character on the CBS series "I Love Lucy." She was not shown smoking during her pregnancy; the photograph was from an earlier episode of the series.

GRAPHIC: Photos: (Photofest (Mr. Travolta, Ms. Roberts, Mr. Davis, Mr. Pitt and Ms. Stone). Phil Bray/Miramax (Ms. Scott Thomas). Smoke effect by David Woods/The Stock Market.)(pg. 1); Lucille Ball's character on "I Love Lucy," with Vivian Vance, left, happily smoked right through her television pregnancy. In 1952, Renzo Cesana had a CBS series in which two cigarettes and an ashtray were his most important props. In "True Lies," Arnold Schwarzenegger showed that no debonair secret agent's look was complete without a cigarette. In "Escape From L.A.," Snake Plissken (Kurt Russell) ignored no-smoking laws. (Photographs by Photofest)(pg. 31)

LANGUAGE: ENGLISH

LOAD-DATE: August 24, 1997

AMERICAN ASSOCIATION FOR CANCER RESEARCH

DONALD S. COFFEY, Ph.D
PRESIDENT

June 26, 1997

The Honorable William J. Clinton
President
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mr. President:

As President of the American Association for Cancer Research, I am writing on behalf of cancer researchers and patients throughout the country who are concerned about the implications of the budget agreement for our success in the fight against cancer and, indeed, for continued progress in all areas of medical research. I respectfully request the opportunity to meet with you to provide you with the perspective of the cancer research community, the patients treated by our members, and the real impact that changes in funding for biomedical and cancer research will have on American lives and your own Presidential legacy.

You know as well as anyone in this country the pain of losing a loved one to cancer. Every day, fifteen hundred families go through this experience. Our nation spends more than $104 billion dollars each year to treat this disease - a number that is certain to increase as the baby boomer generation ages - yet we currently invest less than 3% of that in research against this dreadful disease. We have made some remarkable progress, including dramatic improvements in cure rates for particular cancers, much more palatable therapy, earlier diagnosis, and even some understanding of how we may be able to prevent cancer in the future. Despite the progress made to date, only a little more than half of cancer patients are cured of the disease in the long term, demonstrating the complexity of the scientific, clinical, and social issues surrounding cancer. At present levels of federal support for cancer research, only *one in four* of the studies that have been approved through a rigorous peer review process can be funded. The other good projects represent opportunities and lives lost.

Mr. President, scientists, cancer patients, and their families are not insensitive to the valiant efforts that you and the Congress are making to balance the budget and provide economic stability to this Nation. The budget agreement calls for a cut in your own budget proposal for

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TELEPHONE: (410) 955-2517 • FAX: (410) 955-0833

cancer research. However, as you consider the impact of the choices that you are making now, please remember that one in three Americans will get cancer at some point during their lifetimes. Thus, one-third of the electorate - and their families - is interested in what priority you assign to cancer research in supporting or rejecting increased appropriations for the National Institutes of Health.

Thank you in advance for your willingness to listen to the concerns of those affected by cancer. I look forward to hearing from you.

Very sincerely yours,

Don Coffey

Donald S. Coffey, Ph.D.
President

DSC:jahm

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Ruth Fortson, Assistant to the Executive Director

Date and Page: October 27, 1997 PAGES: 1 of 13

Dear Mr. Mand:

The attached research summary and curriculum vitae (without publications) is sent in response to your telephone request for information on Dr. Donald S. Coffey, current President of the American Association for Cancer Research.

Ruth Fortson
Assistant to Executive Director
AACR Headquarters Office

DONALD S. COFFEY - A BRIEF BIOGRAPHY

Donald S. Coffey, Ph.D. is a Professor of Urology, Oncology, and Pharmacology and Molecular Sciences at The Johns Hopkins University School of Medicine. He is Director of the Research Laboratories of the Department of Urology. A prominent urological scientist, Dr. Coffey was appointed as The Catherine Iola and J. Smith Michael Distinguished Professor of Urology at The Johns Hopkins University School of Medicine. Dr. Coffey is also a member of the Principal Professional Staff at The Johns Hopkins University Applied Physics Laboratory.

He received his Ph.D. in Biochemistry from The Johns Hopkins University School of Medicine in 1964.

He is President of the American Association for Cancer Research for 1997-1998. He is Past-President of The Society for Basic Urologic Research and has served on several major editorial boards. For 19 years Dr. Coffey served as a member of the National Prostatic Cancer Program of the National Cancer Institute and served as National Chairman from 1984-88. He has published over 200 research papers. Dr. Coffey has received the Robert Edwards Award from the Tenovus Institute, the Fuller Award from the American Urological Association, and the First Society of International Urology - Yamanouchi Research Award. He is also the recipient of two Merit Awards from the National Institutes of Health.

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[001]

CURRICULUM VITAE

Name Donald S. Coffey

Social Security No (b)(6)

Appointments

The Catherine Iola and J. Smith Michael
Distinguished Professor of Urology
The Johns Hopkins University School of Medicine

Professor of Oncology
The Johns Hopkins University School of Medicine

Professor of Pharmacology and Molecular Sciences
The Johns Hopkins University School of Medicine

Director - Research Laboratories
Department of Urology
The Johns Hopkins Hospital

Principal Professional Staff, The Johns Hopkins
Applied Physics Laboratory

Addresses

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Department of Urology
Room 121 Marburg Building
The Johns Hopkins Hospital
600 North Wolfe Street
Baltimore, Maryland 21287-2101

TEL: (410)955-2517
FAX: (410)955-0833

Home:
1212 Oak Croft Road
Lutherville, Maryland 21093
Tel: (410)337-9283

Personal and Family

Date of Birth: (b)(6)
Place of Birth:
Wife's Name: Eula Cosby - Married 1953
Children: Kathryn Marie (Craighead) Born: 1955
Carol Teresa (Burns) 1966

Academic and Professional Experience

1951-53	King College, Bristol, Tennessee
1953-57	B.S., Chemistry (Biology, minor), East Tennessee State University, Johnson City, Tennessee
1955-57	Chemist, North American Rayon Corporation, Elizabethton, Tennessee
1957-59	Chemical Engineer, Westinghouse Electronic Corporation, Baltimore, Maryland
1959-60	Acting Director, The Brady Urological Research Laboratory, The Johns Hopkins Hospital, Baltimore, Maryland
1960-64	Ph.D., Graduate Study, Department of Physiological Chemistry, The Johns Hopkins University School of Medicine, Baltimore, Maryland
1964-65	Research Associate, Department of Physiological Chemistry, The Johns Hopkins University School of Medicine, Baltimore, Maryland
1965-66	Instructor, Department of Physiological Chemistry, The Johns Hopkins University School of Medicine, Baltimore, Maryland
1966-70	Assistant Professor, Department of Pharmacology and Experimental Therapeutics, The Johns Hopkins University School of Medicine, Baltimore, Maryland
1969-74	Director, The Brady Laboratory for Reproductive Biology, The Johns Hopkins Hospital, Baltimore, Maryland
1970-74	Associate Professor, Department of Pharmacology and Experimental Therapeutics, The Johns Hopkins University School of Medicine, Baltimore, Maryland
1973-74	Associate Professor, Department of Oncology, The Johns Hopkins University School of Medicine Baltimore, Maryland

1973-74	Acting Chairman, Department of Pharmacology and Experimental Therapeutics, The Johns Hopkins University School of Medicine, Baltimore, Maryland
1974-	Director, Research Laboratories, Department of Urology, The Johns Hopkins Hospital, Baltimore, Maryland
1974-	Professor, Department of Pharmacology and Molecular Sciences, The Johns Hopkins University School of Medicine, Baltimore, Maryland
1974-	Professor, The Oncology Center, The Johns Hopkins University School of Medicine, Baltimore, Maryland
1975-	Professor, Department of Urology, The Johns Hopkins University School of Medicine, Baltimore, Maryland
1987-1992	Deputy Director, The Johns Hopkins Oncology Center, Baltimore, Maryland
1992-	Principal Professional Staff, The Johns Hopkins Applied Physics Laboratory

Honors and Awards

1994	Recipient of the First Society of International Urology-Yamanouchi Award
1992	Eugene Fuller Prostate Award, American Urological Society
1992	Annual D. S. Coffey Named Lectureship established by the Society of Basic Urologic Research
1990	Outstanding Achiever Award of The Lab School of Washington, Washington, D.C.
1989	Falk Award, National Institute of Environmental Science
1989	Distinguished Eagle Award. Boy Scouts of America
1989	Alpha Omega Alpha Medical Honor Society
1988	President of the Society for Basic Urologic Research

1988	Mayor's Award for Baltimore's Best
1987	Merit Award, National Cancer Institute
1987	Merit Award, National Institute of Arthritis, Digestive Disease and Kidney
1986	Outstanding Scientist of Tennessee Award
1980	Who's Who In America - Marquis
1979	Outstanding Alumnus Award East Tennessee State University
1978	Who's Who in the World - Marquis
1977	Honorary Doctorate in Science, King College

Major Johns Hopkins University Service:

1970-1971	President's Committee on Governance of The Johns Hopkins Medical School
1971-1973	First Vice-Chairman, The Johns Hopkins Medical School Council (Faculty election)
1971-1974	The Johns Hopkins Medical School Advisory Board
1971-1975	The Johns Hopkins Medical School Council
1974-1978	Committee on Educational Policy and Curriculum
1975-1978	Professorial Promotions Committee
1975-1992	Admissions Committee for M.D./Ph.D. and Medical Scientist Training Program
1979-1981	Committee on Cultural and Social Affairs of the Johns Hopkins Medical Institutions
1981-1983	The Johns Hopkins Medical School Council
1986-	Advisory Committee to the Office of Cultural Affairs of The Johns Hopkins Medical Institutions

1987-1988	The Johns Hopkins Medical School Advisory Board
1987-1988	The Johns Hopkins Medical School Committee of the Whole
1991-	University Population Committee
1991-	Independent Research and Development Biomedical Advisory Committee, Applied Physics Laboratory
1991-	University-Wide Population Center Advisory Committee

United States Public Health Service:

1966-1972	Research Career Development Awardee, U.S.P.H.S.
1971-1975	Experimental Therapeutics Study Section, U.S.P.H.S.
1971-1977	National Prostatic Cancer Project, Working Cadre, National Cancer Institute, U.S.P.H.S.
1979-1983	National Prostatic Cancer Project, Working Cadre, National Cancer Institute U.S.P.H.S.
1984-1988	Chairman, National Prostatic Cancer Working Group, Organs Systems Program of the National Cancer Institute
1988-1989	Consultant, Research Committee, National Kidney and Urologic Diseases Advisory Board
1989-1994	Member, Board of Scientific Counselors of the National Institute of Environmental Health Sciences
1993-	Member, External Advisory Board for BPH Clinical Investigative Trial, NIDDK

Editorial Boards:

1974-1989	Board of Consultants, The Journal of Urology
1976-1987	Editorial Board, Pharmacology and Therapeutics
1976-1977	Editorial Board, Investigative Urology
1978	Editorial Board, Advances in Sex Hormone Research
1979	Editorial Board, International Union Against Cancer
1980-	Editorial Board, The Prostate
1982-1983	Editorial Board, Cancer Research
1982-	Editorial Board, World Journal of Urology
1991-	Editorial Board, Current Opinions in Urology
1994-	Editorial Board, Urologic Oncology

Memberships in Professional Societies

American Cancer Society, Maryland Division

1972-1976	Grants Committee
1976-1978	Chairman, Grants Committee
1976-1978	Executive Committee
1976-1979	Board of Directors

American Society of Pharmacology and Experimental Therapeutics

1969	Member
1968-1971	Assistant Editor, Molecular Pharmacology
1967-1973	Editorial Board, Molecular Pharmacology
1972-1974	National Program Committee

American Association for Cancer Research

1976-	Member
1988-1993	Scientific Planning Committee
1991	Program Committee
1990-1991	Long-Range Planning Committee
1992-1993	Public Education Committee
1993-1996	Member, Board of Directors
1995	National Program Chairman, AACR Annual Meeting, Toronto, Ontario, Canada

Other Societies

1972-	American Society of Biological Chemists
1979-	Endocrine Society
1981-	American Society for Cell Biology
1981-	Honorary Member, Southeastern Section of the American Urological Association
1983-	Affiliate Member, American Urological Association
1983-	Honorary Member, The Canadian Fertility and Andrology Society
1989-	Member, Society of Chinese Bioscientists in America
1991-	Member, International Society of Urologic Pathology
1993-	Honorary Member, South Central Section of the American Urological Association

Others:

1972-1975	Batelle Human Affairs Research Center, Medical Advisory Committee, Seattle, Washington
1977-1980	Consultant, Pasadena Research Foundation
1982-1983	Scientific Council of the Maryland Academy of Sciences

Named Lectureships:

1978	Kimbrough Memorial Lecture, San Antonio, Texas
1978	First Roswell Park Memorial Lecture Buffalo, New York
1979	Commencement Address - The Johns Hopkins University School of Medicine
1979	Hugh Hampton Young Memorial Lecture of the American Urological Association
1980	Aaron Brown Memorial Lecture Baylor College
1981	Norman and Margaret Gosse Memorial Lecture, Canadian Cancer Research Society, Dalhousie University, Nova Scotia
1981	Ballenger Memorial Lecture, Southeastern Section of the American Urological Association
1981	Calvin Souther Memorial Lecture, St. Vincent's Hospital and Medical Center Portland, Oregon
1982	George Slotkin Lecture, Northeastern Section of the American Urological Association
1982	Foster Fuqua Lecture, American Academy of Pediatrics
1982	Keynote Address, National Science Teachers Convention
1982	Keynote Address, National Cell Biology Meetings
1983	Commencement Address East Tennessee State University
1983	Robert V. Day Lecture, Western Section of the American Urological Association, Vancouver, British Columbia

1984	Ramon Guiteras Lecture, National Meeting of the American Urological Association
1984	Dean's Lecture, The Johns Hopkins University School of Medicine
1985	Commencement Address Carson-Newman College, Jefferson City, Tennessee
1985	Bruce H. Stewart Memorial Lecture North Central Section of the American Urological Association
1986	Distinguished Scientist Award State of Tennessee
1986	Bruce H. Stewart Memorial Lecture Combined Meeting of the American Fertility Society and the Canadian Fertility and Andrology Society, Toronto, Canada
1986	The Andrew S. Dempsey Memorial Lecture Cleveland Center for Contemporary Art
1987	First Annual Diggs Memorial Lecture Maryland Academy of Sciences
1987	Trueta Memorial Lectureship for the Girdlestone Orthopaedic Society Baltimore, Maryland
1988	East Carolina University School of Medicine, Greenville, North Carolina Commencement Address
1988	East Tennessee State University, Commencement Address
1988	Squire Visiting Professor of Urology, Columbia University
1988	Visiting Professor, Society of University Urology Residents, Newport, Rhode Island
1988	Dean's Lecture, University of Kentucky, Lexington, Kentucky
1988	Kutzmann Lecture, Cedars-Sinai Medical Center, Los Angeles, California

1988	Albert Southern Lecture, Furman University, Greenville, South Carolina
1989	Hans L. Falk Memorial Lecture, National Institute of Environmental Health Sciences, Research Triangle Park, North Carolina
1990	12th Annual Ed Holloran Memorial Lecture, Alpha Omega Alpha Honor Medical Society, Vanderbilt Medical School, Nashville, Tennessee
1990	Eugene P. Pendergrass New Horizons Lecture, 76th Scientific Assembly and Annual Meeting of the Radiological Society of North America, Chicago, Illinois
1991	The First Frisell Lecture, East Carolina University, Greenville, North Carolina
1991	Bob Champion Cancer Trust Lecture, 6th Annual Meeting of the British Oncological Association, Bath, England
1991	40th Annual Samuel C. Harvey Lecture, 25th Annual Meeting of the American Association for Cancer Education, Baltimore, Maryland
1992	Lecturer - First Annual Roper Cancer Center Symposium, Charleston, South Carolina
1992	Triennial Fuller Prostate Award, AUA Annual Meeting, Washington, D.C.,
1993	Speaker, Dean's Centennial Symposium, The 100th Anniversary of The Johns Hopkins University School of Medicine
1993	Keynote Speaker - Opening of the Pappajohn Cancer Center at the University of Iowa
1993	AWT Edwards Oration - Australian Society for Medical Research, Adelaide, South Australia
1993	Visiting Professor, Dept. of Urology, Massachusetts General Hospital, Harvard Medical School
1994	1994 Central Virginia Governor's School for Science and Technology - Magnitude of Science Lecture, Charlottsville, Virginia
1994	Keynote Speaker - Canadian Urological Association, Jasper, Canada
1994	Distinguished Lecturer - The George Washington University Program in Molecular and Cellular Oncology

1994	Visiting Professor - Canadian Society of University Urology Residents, Alberta, Canada
1994	Annual Hadassa Horn Memorial Lectgure, Weitzmann Institute of Science, Rehovot, Israel
1994	Keynote Speaker - Opening of Innsbruck Prostate Cancer Center, Innsbruck, Austria
1994	Keynote Speaker - 10th MIR-ROC Radiation and Biological Sciences Symposium, St. Louis, Missouri
1994	Keynote Speaker - 10th Meeting of the European Society for Urological Oncology and Endocrinology, Berne, Switzerland
1995	Keynote Speaker, National Meeting of the Society of Toxicology, Baltimore, Maryland

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Re: Jerry Mander
- CSTP

From: Skelton —

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w/ Amanda

TO: Karen Skelton

FAX #: 456.7929 CODE: 202

DATE & TIME: 7/3

FROM: Tony Podesta / Amanda Crumley

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MESSAGE

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July 3, 1997

MEMORANDUM

TO: Karen Skelton
Deputy Assistant to the President & Deputy Director of Political Affairs

FROM: Tony Podesta

SUBJECT: Friends of Cancer Research and the Creative Community Task Force on Cancer

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A coalition of prominent cancer groups came together in 1996 to form Friends of Cancer Research (FCR) to commemorate the 25th anniversary of the passing of the National Cancer Act and to increase public education and awareness on the importance of cancer research. Earlier this year, FCR teamed with a coalition of top entertainment industry executives to form the Creative Community Task Force on Cancer, whose purpose is to advocate for cancer research. The Task Force is co-chaired by Sherry Lansing, Chair of Paramount Pictures, and Jack Valenti, Chairman of the Motion Picture Association of America.

Members of the Task Force include various figures from the entertainment community and senior executives from Disney, Castle Rock, Dreamworks, Warner Brothers, MCA/Universal, MGM, Paramount, Sony, Viacom, ABC, NBC, CBS, and Fox.

As you will see from the attached letter from Sherry Lansing, the Task Force is interested in meeting with the President to discuss funding for biomedical research for the National Institutes of Health and the National Cancer Institute. The current budget agreement does not specifically provide additional funding for cancer research. Although there is substantial bipartisan support in Congress for biomedical research, the Task Force is interested in what position the President will take should the Congress decide to increase funding above the level for which the Administration has called.

The Task Force members would like to meet with the President sometime between July 14 and July 22. Aside from Sherry Lansing, Jack Valenti, Brandon Tartikoff, Dawn Steel and Christopher Reeve, possible participants in the meeting would include Terry Semel and Bob Daly of Warner Brothers, sports figure Arnold Palmer and former Surgeon General C. Everett Koop.

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Thank you in advance for your consideration, and I look forward to discussing this with you further. Although I will be out of the office until Monday, July 7, you may call Amanda Crumley for further information about this request. She may be reached at 202.393.1010.