January 27, 1999

THE EIGHTH ANNUAL JO OBERSTAR MEMORIAL LECTURE

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

I. PURPOSE

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

II. BACKGROUND

The Jo Oberstar Lecture Series

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

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

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

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

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

The George Washington University Breast Care Center

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

Mobile Mammography Program

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

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

III. PARTICIPANTS

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

IV. SEQUENCE OF EVENTS

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

President, George Washington University.

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

V. PRESS

Open Press/ WH Photo.

VI. REMARKS

Provided by Laura Schiller.

BIOGRAPHY OF JAMES L. OBERSTAR

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

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

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

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

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

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

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

FIRST LADY HILLARY RODHAM CLINTON

JO OBERSTAR MEMORIAL BREAST CANCER LECTURE

GEORGE WASHINGTON UNIVERSITY

JANUARY 28, 1999

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

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

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

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

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

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

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

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

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

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

And, of course, none of us will ever forget when Betty Ford brought this issue out of the shadows by telling the world that she had breast cancer and a mastectomy. Suddenly women everywhere went out to get their own exams, including Happy Rockefeller, who found out that she too had the disease. It's impossible to calculate how many lives she saved, how many attitudes she changed.

[Betty Ford once joked about the time when, after her surgery, she was playing touch football with a few members of the Secret Service. In the middle of the game, her prosthetic slipped and she was somehow able to keep it in her t-shirt without anyone knowing. But, more important, she said she learned that day that she was still able not only to play football, but also to laugh and be alive.]

Because of women like these, there has been nothing less than a sea change in the way we look at and tackle breast cancer. No longer are the words breast cancer whispered in the shadows, shrouded in the darkness of ignorance and apathy. Women living with breast cancer grace the pages of People Magazine, SELF and Good Housekeeping. They appear on t.v. shows such as Murphy Brown, Oprah, and Rosie O'Donnell. When we log onto the Internet, we can visit more than 33,000 websites about breast cancer. And, when 500,000 people race for the cure every year, they run for their mothers and sisters, their wives and daughters, their neighbors and colleagues, their aunts and cousins. They run for themselves.

Not a single one of us has been untouched by this disease. We all come to this lecture...and this subject...with a number of faces in mind. In the last few years alone, I have seen many of my friends wage their own battles against breast cancer. And in the last few years, I have seen firsthand the enormous progress we've made -- not only with breast cancer, but in so many other areas of women's health. There was a time when a breast cancer diagnosis was considered a death sentence. But we now have a whole generation of women -- two million women -- who are breast cancer survivors.

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

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

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

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

Every day, there are more women asking questions, reading journal articles, talking to friends, and logging onto the Internet. It's not at all uncommon these days for a woman to walk into her doctor's office with a list of clinical trials in her hand eager to discuss which one might be best for her. Every day, there are consumers sitting on peer review panels, and changing the way scientists look at research...by virtue of their unique perspective and their very presence.

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

[Now, to reach that goal, we knew we couldn't afford to argue about whether research, treatment, early detection, or prevention is the best course of action. We needed every weapon at our disposal.]

So we've worked to ensure and afford that women have access to mammograms they can trust. At DoD, NASA and the CIA we're using high-tech imaging to help find breast cancer early. Just recently, the National Cancer Institute created something called a Risk Disc. It helps doctors calculate their patients' risk of breast cancer...and talk to them about those risks.

And we have made the steady and sustained investments in research that helped lay the foundation for today's breakthroughs . In the first Jo Oberstar lecture, Congresswoman Oakar called for a $50 million increase in breast cancer research. This was, of course, very controversial at the time. But, from 1993 to 1999, my husband fought to increase funding for breast cancer research to more than $600 million -- that's an increase of about $200 million at NIH alone.

Don't know why breast cancer Montgomery MD.

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

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

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

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

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

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

Which brings me to my second challenge. If all women are going to reap the benefits of our progress on breast cancer, then they must also have access to quality health care. When a woman is diagnosed with breast cancer, she should feel confident that managed care will not mean less care. She and her doctor, not bureaucrats and bookkeepers, should make decisions about her health. And if she has already embarked upon a course of treatment with a doctor – even if her employer switches health plans – she should never be forced to switch doctors.

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

On this 50th anniversary of clinical trials, it is also time to ensure that Medicare reimburses patients who need access to this cutting-edge research. It is time to allow people with disabilities and chronic illnesses such as breast cancer to buy Medicaid coverage. And, yes, I believe that it is time to guarantee health care for every American.

But no matter how good our health care system is, women will never reap the benefits of our progress on breast cancer unless we eliminate the fear that can prevent them from seeking care -- and even endangering their lives.

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

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

Every day, our most personal health care information is moving quickly from computer to computer, from insurance company to doctors without any real national safeguards. If we want people to feel comfortable getting the health care they need...then we must protect the privacy of medical records. We must outlaw genetic discrimination. And we must do it this year.

No one should be afraid to walk into their doctor's office for fear that their genetic secrets will be used to close the door to affordable health insurance.

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

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

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

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

And when we do, it will be because women like Jo Oberstar reached out their arms and opened their hearts to make it happen.

Thank you very much.