PRESIDENT CLINTON AND VICE PRESIDENT GORE ANNOUNCE HISTORIC EFFORTS TO RENEW THE WAR ON CANCER
September 26, 1998

Today, the President and Vice President launched a new series of initiatives to redouble our efforts in the war against cancer. The President outlined these new steps in his weekly radio address on cancer and the Vice President delivered the keynote speech to tens of thousands of Americans at the March to Conquer Cancer on the National Mall.

ADVANCING COMMITMENT TO HIGH QUALITY RESEARCH

Called on the Congress to pass the President's historic multi-year commitment to cancer research. Experts believe that we are at the cusp of important new breakthroughs in the war against cancer. Today, the President and Vice President called on Congress to pass the Administration's historic five-year, 65 percent increase in cancer research at the National Institutes of Health. This multi-year investment would ensure that our nation's scientists conduct more extensive and fruitful research than ever before, secure in the knowledge that the research will not be interrupted as the result of funding lapses.

Announced that Federal cancer research programs will fully integrate patients and advocates into research within a year. Cancer advocates and patients provide a unique and critical perspective on the cancer research agenda. Building on unprecedented efforts to integrate patients and advocates into the cancer research program at the Department of Defense and ongoing innovative efforts at NCI, the President and Vice President announced that by next year NCI will fully integrate patients and advocates into activities such as reviewing grant proposals and planning policy.

Issued nationwide challenge for new technological approaches to fight cancer. Winning the war against cancer requires innovative approaches to prevent, detect, treat, and one day cure this disease. Today, the Director of NCI announced a $48 million competitive grant program for researchers to apply new technologies -- from areas such as computer science, engineering, military defense, and astronomy -- to prevent, detect, and treat cancer.

USING NEW PROGRESS IN GENETICS TO ADVANCE PREVENTION AND TREATMENT FOR CANCER

Announced that in the first year of the Cancer Genome Anatomy Project (CGAP), scientists have identified twice as many genes and gene sequences as expected. In 1996, the Vice President unveiled the CGAP, a

comprehensive effort to profile genes in precancerous and cancerous cells and by doing so, to unravel the genetics of cancer. The President and Vice President announced that in the first year of this historic effort, the project already has identified more than 300,000 DNA sequences and 12,000 new genes -- double what the NCI initially expected.

Issued historic challenge to scientists to use the CGAP to develop new diagnostic techniques for every major cancer in the next two years. Efforts to unravel the genetics of cancer should be used to make unprecedented progress in improving detection and treatment for cancer patients. The President and the Vice President issued a challenge to scientists to use new knowledge about genetics to develop new diagnostic strategies for every major cancer in the next two years, so that doctors can pinpoint cancers in their earliest and often most treatable stages.

Challenged Congress to pass bipartisan legislation preventing genetic discrimination. According to one report, 63 percent of Americans would not take a genetic test if their health insurers or employers could get access to the results. The President and Vice President renewed their call for Congress to pass bipartisan legislation, similar to legislation introduced by Rep. Slaughter and Senator Snowe, to prohibit health plans and employers from using genetic screening to discriminate against individuals.

SPUR RESEARCH BREAKTHROUGHS BY INCREASING THE NUMBER OF PATIENTS ENROLLED IN NEW NATIONAL CLINICAL TRIALS SYSTEM.

Directed NCI to fully implement its new computer-based clinical trials system for breast, prostate, and colon cancers by next spring. The President and Vice President directed NCI to fully implement a new system to make it easier for physicians to enroll patients in clinical trials. Under the directive, NCI will complete this simplified system for breast, colon and prostate cancer by next spring and expedite the system for other cancers as well. This new system will ensure that physicians are informed about cutting-edge cancer clinical trials and will allow them to enroll patients on the spot. This effort will gives tens of thousands of cancer patients improved access to cancer clinical trials. By increasing participation in these trials, the effort will accelerate test results and spur research breakthroughs.

Challenged Congress to pass a bipartisan initiative that authorizes coverage of cancer clinical trials for Medicare beneficiaries. Americans over the age of 65 make up half of all cancer patients, and are 10 times more likely to get cancer than younger Americans. Older Americans, however, frequently cannot participate in cutting-edge cancer clinical trials because Medicare does not pay for experimental treatments. The President and Vice President

renewed the call on Congress to pass a proposal, similar to legislation supported by Senators Mack and Rockefeller, that authorizes coverage of clinical trials for Medicare beneficiaries without harming the Trust Fund.

NEW STEPS TO IMPROVE QUALITY OF CARE FOR CANCER PATIENTS AND SURVIVORS

Renewed call on Congress to pass a strong enforceable bipartisan patients' bill of rights to assure cancer patients of high-quality care. The President and Vice President urged Congress to stop delaying and pass a strong enforceable patients' bill of rights this year. The patients' bill of rights would provide many critical protections for patients with cancer including access to the specialists they need and continuity-of-care protections to prevent them from having to change care suddenly in the middle of treatment.

Unveiled groundbreaking research grants to examine how to prevent cancer recurrence, understand the lifelong impact of cancer treatment, and to improve the quality of life for cancer survivors. The Vice President announced that the NCI is releasing $15 million in new cancer survivorship grants to fund top-of-the-line research to examine the impact of this disease on patients and their families. Specifically, researchers will examine the long-term effects of cancer treatments and the most effective ways to prevent recurrence of cancer and to improve the quality of life for cancer survivors and their families.

APPROVING NEW CUTTING-EDGE DRUGS FOR PATIENTS.

Announced that FDA has approved a record number of cancer drugs. In 1996, the President launched the FDA Initiative on Reinventing the Regulation of Cancer Drugs. Since that time, the FDA Division of Oncology Drug Products has approved more than twice as many new therapies as in the three years prior to the initiative.

Urged Congress to confirm Jane Henney, the first woman and the first oncologist nominated as FDA Commissioner. The President and Vice President urged the Senate not to adjourn without confirming Dr. Jane Henney, the first woman and the first oncologist to be nominated as FDA Commissioner.

URGING CONGRESS TO PASS COMPREHENSIVE TOBACCO LEGISLATION

The President and Vice President are fighting against the leading cause of preventable cancer -- tobacco. Every day 3,000 children start smoking, and one thousand will die of a tobacco-related disease. Today the President and

Vice President reminded Americans that they need a Congress that has the courage to pass comprehensive tobacco legislation to stop kids from smoking.

American Cancer Society, Inc.

American Cancer Society, Inc.
National Government Relations Office
701 Pennsylvania Avenue NW
Suite 650
Washington DC 20004-2608

Phone: 202.661.5706
FAX: 202.661.5750
email: asmith@cancer.org

Facsimile

To: Barbara Wooley - URGENT
@Fax: 456.6218
456.6682
From: Alison C. Smith
Date: Tuesday, October 20, 1998 @ 6:10PM
Re: Zora Brown
Pages: 12 , including this

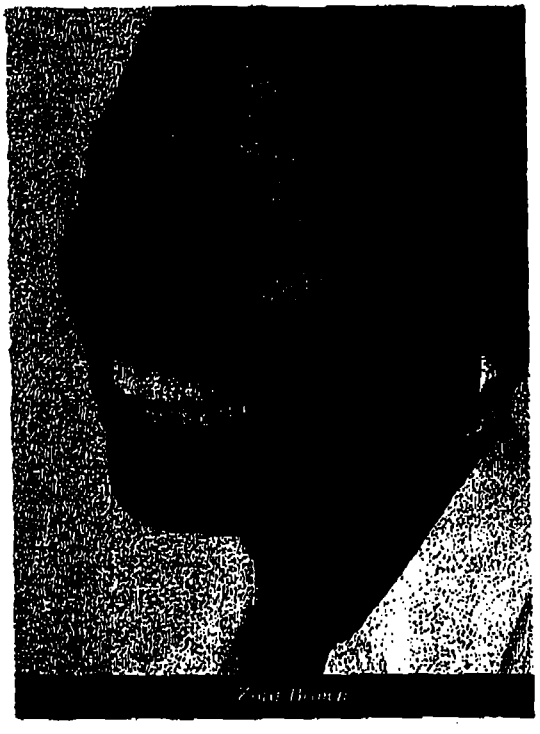
PROFILE

Sister, Rising

Brown picks up the family torch

BY AVIS THOMAS-LESTER

Breast cancer was supposed to be Belva Brissett's fight. She was the charismatic one, the dynamo, the lobbyist, the one who'd give you the blouse off her back. ■ Then she died. And baby sister Zora Brown, the shy one, the one who'd come to Washington to babysit Belva's children, the one who'd watched her sister rise, only to fall from breast cancer, was left to carry on.



Zora Brown

Brown's connection to breast cancer goes back four generations. Her great grandmother, her grandmother, her mother, three of her sisters and four of her great aunts had the disease. And in 1981, when Brown was 32, she found a lump that eventually led to a modified radical mastectomy.

Brown calls herself a volunteer on a mission to educate African-American women about breast cancer. In 1989, she and Belva founded the Breast Cancer Resource Committee. Its goal: "To reduce the incidence and mortality rate from breast cancer among African-American women by 50 percent by the year 2000."

To some, that might seem like a daunting task. But for Brown, it's surmountable.

She often gets up as early as 3 a.m. and works late into the evening. There are business meetings, board meetings, support groups. And a daily telephone call for inspiration from her mother, "Mama Helen."

Confidence radiates from Brown, who ironically describes herself as shy. The youngest of eight children born in Holdenville, Oklahoma, she received her BA from Oklahoma State in 1969. Shortly thereafter, she came to Washington.

Brown's first jobs were clerical, despite her degree. "That's the way it was for black women back then," she says. "You were lucky to get a job in an office, any office."

It was while she was working at the White House as an administrative assistant that former first lady Betty Ford was diagnosed with breast cancer. Brown's mother had recently recovered from the disease. And then, in 1978, Belva was diagnosed.

Brown gradually developed into the Washington power player that she is today. She has testified before Congress and organized groups to influence legislation related to breast cancer. She has worked closely with former second lady Marilyn Quayle on breast cancer initiatives. She has appeared on CNN and the networks, in magazines and newspapers. But these were only important because they helped her spread the message: That African-American women die younger and more frequently of breast cancer. That African-American women need to do monthly breast self-exams and have regular mammograms. That African-American women need to be aware of the impact of breast cancer. That more needs to be done. And she goes everywhere, from church basements to board rooms to the halls of Congress, to deliver the message.

When Brown was diagnosed, she had already selected an oncologist. "I knew from a very young age that I was high-risk for breast cancer," she says. But unlike some women, Brown never thought she would die. She marshaled her personal determination, rallied a battalion of family and friends and set her course for recovery.

That is another part of her message: That one can survive and be powerful and beautiful and sexy and feminine without breasts. At 48, standing model-slim and gorgeous before audiences in her signature brightly colored suits, hair coifed perfectly and the picture of health, Brown shows them that life can be rewarding and wonderful and long, even after breast cancer.

She does it for the women. She does it for her 18 nieces, who, because of their family history, are more susceptible to the disease. She does it for their families.

And for Belva. "Belva and I went to a symposium back in 1988 on breast cancer, and in a room of 400 women, there were only a few African-Americans," she says. "Belva looked around and said, 'We've got to do something.' That was the start and this is where it is." ■

Baby sister Zora, the shy one, was left to carry on.

BREAST CANCER RESOURCE COMMITTEE

A Beacon of Hope
for African-American Women

THE ORGANIZATION

The Breast Cancer Resource Committee (BCRC) is a not-for-profit, 501(c)(3) organization located in Washington, D.C. BCRC is dedicated to reducing the incidence and mortality from breast cancer among African-American women, particularly those women who have little or no access to adequate health care and treatment. Founded in 1989 by its Chairperson, Zora Kramer Brown, a fourth generation breast cancer survivor, BCRC is a response to the immense need in the African-American community for increased education and understanding about breast cancer risk factors, the importance of breast cancer screening and early detection, and the availability of successful treatment options and support.

Since its inception, BCRC has worked diligently to broaden awareness of breast cancer in the African-American community, and to generate support and increased research targeting African-American women. To reach its target audience, BCRC conducted an inventory of the available literature on breast cancer; developed a listing of all institutions currently providing services to those stricken with breast cancer; identified existing African-American women's social and service organizations; and notified the media of its goals and objectives.

BCRC's aggressive outreach program has contributed to its national recognition as a leading advocacy and information resource for African-American women's social and service groups. The Center's advocacy and education efforts promoting early detection, diagnosis and treatment have played a pivotal role in shaping legislation and national policy in support of increased funding and programs to specifically address the needs of African-American women. These efforts have earned BCRC the mantle of the leading authority on the impact of breast cancer in the African-American community.

A critical component of BCRC's advocacy and outreach is its support of community-based organizations that provide health care and treatment services to minority audiences where they live. One such organization is the Belva Brissett Advocacy Center; the Brissett Center is part of the District of Columbia's Greater Southeast Health Care System, and the only Washington, D.C. community-based organization devoted exclusively to issues related to breast cancer that is located in the heart of its service population. BCRC is a principal advocate for the Brissett Center, and is committed to assisting the Center in replicating itself throughout the target audience communities in the Nation's Capital.

BCRC's PHILOSOPHY

BCRC's philosophy is "Meeting the Challenge through Education, Advocacy and Support." Working steadfastly to enforce this principle through collaborative efforts with established organizations that share its vision and philosophy, BCRC is committed to informing and educating the African-American community about breast cancer, and teaching both the community and its collaborating organizations to advocate for and promote programs that address the importance of early diagnosis and treatment of breast cancer.

BCRC's MISSION

BCRC's mission is to reduce the incidence and mortality rate of breast cancer among African-American women by 50% by the year 2000. The Center has made significant strides toward fulfilling its mission and continues to employ the following strategies to bring to fruition its ultimate vision -- the eradication of breast cancer in the African-American community:

- Advocating mammography screening for African-American women aged 35 and older;
- Promoting and reinforcing early detection and treatment of breast cancer through local, national and international outreach;
- Increasing the participation of African-American women in early detection and screening for breast cancer;
- Establishing support groups for African-American women who are survivors of breast cancer;
- Providing peer counselors to African-American women;
- Encouraging major organizations to develop programs to educate all women about breast cancer; and
- Promoting the Center's involvement in alerting the African-American community about breast cancer.

BREAST CANCER AWARENESS PROGRAMS

Since its inception, BCRC has conducted more than 800 local and national breast cancer awareness programs targeting minority women and others who have little or no access to health care and treatment. The Center's programs have been highly successful and very effective in addressing the following breast cancer issues:

- Early screening through self-examination, mammography screening, and clinical evaluation;
- Surgical advancements in the treatment of breast cancer;
- Breast-saving techniques and options;
- Chemotherapy and radiation treatment; and
- Breast cancer rehabilitation and support.

BCRC IN ACTION

As a leading advocate for breast cancer education, research and support, BCRC is actively involved in White House meetings, Congressional hearings, Agency Boards, and other forums that address critical issues germane to breast cancer and its impact on the African-American community. The Center stands as a "beacon of hope" for African-American women and men, particularly the vast underserved population who lack access to affordable, comprehensive diagnosis, care and treatment of breast cancer.

BCRC is dedicated to educating and supporting the African-American community through a broad-based breast cancer awareness campaign that includes the following initiatives:

National Breast Cancer Awareness Speakers' Bureau

In 1992, BCRC established its National Breast Cancer Awareness Speakers' Bureau to effectively reach African-American women in communities throughout the United States, and internationally. The Bureau is comprised of leading authorities and luminaries in the fields of breast cancer research, advocacy, education and survivorship, and has been particularly successful in disseminating information to a broad audience seeking advice, support and counseling about breast cancer. Appearing before Congressional committees, academia, federal agencies and the media, the speakers have used communications materials developed by BCRC and other breast cancer advocacy groups to inform and educate about the key breast cancer issues impacting the African-American community. Bureau speakers also educate community-based groups and other grassroots organizations about issues germane to breast cancer prevention, early diagnosis, screening and treatment, and ways to secure funding to provide care and treatment to low-income women.

BCRC Annual Symposium and Luncheon

Building upon the ancient African model of embracing and incorporating all aspects of a community's resources and populace, BCRC has garnered the interest and support of academic, medical, civic and community-based organizations to develop a comprehensive outreach strategy that effectively communicates and reinforces BCRC's message. Each year, this holistic effort culminates in BCRC's Annual Symposium and Luncheon for representatives of major African-American women's social and service organizations.
The symposium and luncheon serve a dual purpose: (1) to provide a forum to discuss the impact of breast cancer within the African-American community; and (2) to develop a strategic plan to reach all segments of the African-American population, particularly communities that have little or no access to education, diagnosis, treatment or support for breast cancer. The Annual Symposium and Luncheon has helped BCRC to broaden and strengthen its support base, and has drawn extensive attention to the importance of early diagnosis, treatment and support for breast cancer within the African-American community.

"RISE-SISTER-RISE"

Recognizing the dire need among African-American women to find solace and support from other African-American women diagnosed and/or treated for breast cancer, BCRC established "Rise-Sister-Rise" in 1993. This Afrocentric women's group envelops the principles of African spiritualism, and provides a loving, nurturing and supportive environment where African-American women can receive counseling and support for breast cancer diagnosis. "Rise-Sister-Rise" offers a 16-week, comprehensive program, conducted by faculty who are trained professionals in the psychological healing aspects of breast cancer. The program provides skills for coping with breast cancer, oncology nutrition, psychotherapy, gyno-oncology, physical therapy, meditation and post-surgical rehabilitation. Upon program completion, graduates may become "Rise-Sister-Rise Alumnae", if they personally choose to do so. The RSR Alumnae help other African-American women who have been recently diagnosed with breast cancer, and are newcomers to the "Rise-Sister-Rise" program.
The RSR Alumnae also are responsible for the Annual Salute to African-American Breast Cancer Survivors that is a part of BCRC's Annual Symposium and Luncheon. The Salute is to "Celebrate Life," and bring forth African-American women from all walks of life who have fought the breast cancer battle and overcome.

"Rise-Sister-Rise" is an active participant in the National Race for the Cure. It's team, "Run-Sister-Run", has recruited over 1,000 members for the Race held in Washington, D.C. Members of "Run-Sister-Run" have also participated in Races in Philadelphia, Boston, Charleston, S.C., and Dallas.

"Rise-Sister-Rise" also provides prostheses and surgical garments to low-income women diagnosed with breast cancer. Because it has become such a force in helping African-American women diagnosed with breast cancer to reclaim the mastery of their own lives, "Rise-Sister-Rise" has become the primary referral source for private physicians, health maintenance organizations, and family members seeking support for African-American women diagnosed with breast cancer.

Men In Action Against Breast Cancer

Organized in 1996 by BCRC, "Men in Action" harnesses the enormous, and often untapped, support resource that exists in the African-American community -- its men. Since its inception, "Men in Action" has developed outreach and education programs to inform African-American women and men about the risk of breast cancer in their community. Incorporating unique activities and traditional "meeting grounds" for men, e.g. athletics, music, etc., BCRC has helped to create new opportunities to spread the breast cancer message.

"Men in Action" has become an important resource and means of support for other men whose significant others have been diagnosed with breast cancer. "Men in Action" is a vital complement and support to "Rise-Sister-Rise" initiatives, and advocates in tandem for education and continued research in the fight to conquer breast cancer.

Church Outreach Ministry

Recognizing that the church is the most trusted and frequently-accessed institution in the African-American community, BCRC established its Church Outreach Ministry in 1995. Seeking to create a multi-denominational outreach ministry, BCRC has worked tirelessly to cultivate relationships with all denominations that foster African-American fellowship. Through its "Rise-Sister-Rise" and "Men in Action" support groups, BCRC conducts mini breast cancer symposiums during church services. A comprehensive, breast cancer education symposium is scheduled as a follow-up. This session is conducted by trained physicians and scientists who volunteer their time to teach members of the congregation about the importance of early diagnosis and treatment of breast cancer. BCRC serves as the conduit for information, materials and services to each church that seeks to expand its knowledge and assistance in preventing breast cancer.

Minority Breast Cancer Awareness Day on Capitol Hill

In 1994, along with the Susan G. Komen Breast Cancer Foundation and the General Mills Foundation, BCRC convened the first Annual Minority Breast Cancer Awareness Day on Capitol Hill. The objective of the Awareness Day was to inform and update members of the Congressional Black and Hispanic Caucuses about the impact of the National Cancer Policy on minority communities. Each subsequent year, BCRC has shared vital information about pending legislation, federal agency policies, and minority community concerns about breast cancer issues. BCRC, through its analysis of breast cancer policy issues, encourages members of Congressional policymaking committees to take active and positive roles as advocates for minority communities to ensure that a national cancer policy is developed which embraces the needs and objectives of minority communities, as defined by these communities.

Youth United Against Breast Cancer

In our fight against breast cancer, people often forget about the children and how they must cope when mothers are going through treatment. When a woman is diagnosed with breast cancer, it may be difficult to talk to children, teenagers and other family members. The children may feel afraid, guilty, mad, embarrassed, neglected and alone. Through **Rise, Sister, Rise,** we have recognized that children of women who have been diagnosed also have a tremendous need for support and services. BCRC has provided an opportunity for children to dialogue with health professionals who assist them in coping with the impact that cancer has had on their lives; and, we have also enlisted the assistance of children in developing a breast cancer campaign to reach out to others as they too cope with a family diagnosis of cancer.

BCRC's SYMBOL OF HOPE

Women of Color, BCRC's "Symbol of Hope," was created by renowned artist Michael Escoffrey, as an evocative expression of the artist's personal view of women of color. The vivid use of color in this piece addresses the elements of strength, sensuality, passion, and spirituality that are inherent in the nature of women of color. The presentation form -- curvaceous and angular -- arms interlinked and hands outstretched, are physical depictions of their ability to give as well as to receive; to share as well as to support; to guide as well as to follow. The collective visual image is a powerful force, physically and spiritually linked from generation to generation -- Women of Color.

This BCRC "Symbol of Hope" was purchased by Anheuser-Busch Companies and donated to the Breast Cancer Resource Committee to aid in BCRC's continuing efforts to promote its mission.

Limited edition, signed and numbered offset lithographs are available for purchase through BCRC.

VISION FOR THE FUTURE

BCRC's goal is to continue to promote its efforts and identity as a viable organization to the African-American community, and to continue to provide support and service to that community through its broad-based education, advocacy and outreach programs. Toward this end, BCRC's vision is to purchase a site that will become a sanctuary for women diagnosed with cancer, and which will house all of the operations of the Breast Cancer Resource Committee including meditation and prayer rooms; massage and counseling rooms; a comprehensive library and information clearinghouse; facilities for retreats, psychological healing through meditation; group support meeting rooms; individual counseling rooms; and the activities of BCRC's expanded Reproductive Cancer Program.

As BCRC continues to "meet the challenge through advocacy, education and research," it is seeking to expand its organizational partnership base to provide needed assistance, and to stimulate increased understanding of the vital importance of early detection and treatment for breast cancer in the African-American community. In this way, BCRC will be able to fulfill its continuing mission to reduce the incidence and mortality rate of breast cancer within the African-American community.

BCRC Awards Program

Each year, BCRC recognizes the contributions of individuals and organizations that have made significant contributions to the fight against breast cancer on behalf of African-American women. The awards are part of BCRC's effort to continue to involve the African-American community at-large in the fight against breast cancer, and to recognize the importance of the collective and active involvement of every segment of African-American society.

Belva Brissett Breast Cancer Advocacy Award

The Belva Brissett Breast Cancer Advocacy Award is presented to an individual or organization that has demonstrated outstanding achievements in breast cancer prevention, outreach, treatment or research targeted to African-American women.

Breast Cancer Resource Committee Community Service Award

The Breast Cancer Resource Committee Community Service Award is presented to an individual or organization that has demonstrated the highest level of commitment in providing breast cancer services to minority women.

Breast Cancer Resource Committee Communications Award

The Breast Cancer Resource Committee Communications Award is presented to an individual or organization that has demonstrated excellence in communicating breast cancer information to minority women.

Breast Cancer Resource Committee Leadership Award

The Breast Cancer Resource Committee Leadership Award is presented to corporations who have demonstrated unwavering support for promotion of breast cancer awareness, early, detection, screening, education and outreach initiatives.

Breast Cancer Resource Committee Outstanding Volunteer Award

The Breast Cancer Resource Committee Outstanding Volunteer Award is presented to an individual who has given untiringly of his or her time and resources to African-American women and families affected by breast cancer.

ZORA KRAMER BROWN

Biography

Zora Kramer Brown is founder and chairperson of Cancer Awareness Program Services (CAPS) and the Breast Cancer Resource Committee. CAPS was organized on January 1, 1992 to institute a comprehensive cancer prevention program focusing on awareness and education programs targeting women. Established in 1989, the goal of the Breast Cancer Resource Committee is to reduce the mortality rates from breast cancer among African Americans by fifty percent by the year 2000.

Ms. Brown is a public relations consultant to Blackstar Communications, Inc. and Broadcast Capital Fund, Inc. (BROADCAP), a leading small business investment company. Ms. Brown previously served as Vice President for Development and Public Affairs for BROADCAP. She has also served as Assistant Director of Public Affairs for the Federal Communications Commission; Staff Assistant to U.S. House Majority Leader, Jim Wright; Administrative Assistant at the White House; and Assistant in the National Affairs Office of Ford Motor Company.

In 1991, Ms. Brown was appointed by President Bush to the National Cancer Advisory Board, National Cancer Institute. She is chair of the Cancer Association of South Africa. She co-chairs the Howard University Cancer Center Advisory Council, along with the esteemed Dr. LaSalle Leffall. She also serves on the Boards of the Hollings Cancer Center, Charleston, SC; the Breast Health Institute, Philadelphia, PA; Biomedical Research Foundation; and the Paul Berry Scholarship Foundation. She has served as a member of the Special Commission on Breast Cancer, the President's Cancer Panel; and past- Chair of the District of Columbia Cancer Consortium.

Ms. Brown is a native of Oklahoma City, Oklahoma and received a degree in Business Administration from Oklahoma State University in 1969.

Ms. Brown is an outspoken advocate for minority and women's health issues and appears regularly as a media spokesperson. As a recognized leader in health communications and community outreach activities, Ms. Brown has received numerous awards and honors. Some of these include a Proclamation from California Governor Pete Wilson; Special Cancer Control Service Award from the National Cancer Institute; the Greater Southeast Healthcare System Foundation Service Award; the 1992 Susan G. Komen Foundation's Community Service Award; the 1993 Gretchen Posten Award; the first "Making a Difference Award" from the Washington Hospital Center Cancer Institute; the Community Service Award, AMC Cancer Center, St. Louis; the 1996 C. Everett Koop Health Advocate Award, American Hospital Association; the 1996 **AVON Breast Cancer Leadership Award;** and the 1996 Howard University Cancer Center Community Service Award. On November 1, 1995 she received a special citation in the **Congressional Record** by U.S. Senator Fritz Hollings. Ms. Brown was named one of the ten "***1997 Women's Health Heroes***" by **American Health for Women** (a **Readers Digest** publication), the first and only national magazine devoted entirely to women's health. Ms. Brown appears regularly on CNN and FOX IN-DEPTH, the networks and other media as an advocate for women's health.

Ms. Brown is more than a fifteen year breast cancer survivor and is founder of **Rise Sister**

ZORA KRAMER BROWN

AWARDS AND HONORS

1997, American Women in Community Service, Questers, Inc.
1997, Women at Work Award, Wider Opportunities for Women
1997, **American Health** Magazine, Top Ten American Health Hero Award
1996, **Avon Breast Cancer Awareness Crusade** Leadership Award
1996, American Hospital Association, C. Everett Koop Award
1996, Community Service Award, Howard University Cancer Center
1996, Communications Award, Toastmasters International
1996, D.C. Chamber of Commerce, Women in Business Award for Community Service
1996, Soroptomist International, Community Service Award
1996, Community Service Award, Lambda Kappa Mu Sorority, Inc.
1995, **Congressional Record** proclamation by Senator Fritz Hollings
1995, AMC Cancer Center, Illuminator Award, St. Louis Region
1994, Annual Black History Month Award for Service to Medicine and Community
1993, Gretchen Poston Breast Cancer Award
1993, Greater Washington Coalition of Cancer Survivors Award for Community Service
1993, Washington Hospital Center, Cancer Institute, **Making a Difference** Award
1992, National Association of Black Journalists, Marilyn Robinson Community Service Award
1992, Susan G. Komen Breast Cancer Foundation Award for Community Service
1991, National Cancer Institute, Special Cancer Control Award
1991, National Women's Health Resource Center Award
1991, Greater Southeast Healthcare Foundation Community Service Award
1991, Southern California Division, American Cancer Society Award
1991, Proclamation from California Governor Pete Wilson
1991, LINKS, Inc., Community Service Award
1985, Federal Communications Commission, Merit Performance Award
1983-1985, Federal Communications Commission, Exceptional Performance Award
1980-1982, Federal Communications Commission, Outstanding Performance Award
1980, American Association of University Women, Outstanding Young Women of America

FAX TRANSMISSION

U.S. Department of Health and Human Services
Office of the Secretary

DATE: 10/20/98

TO: Christy Macy

FAX: 456-5709 **PHONE:** _____

FROM: Michele Patrick

SPEECHWRITING.OASPA
Phone: (202) 690-7470
Fax: (202) 690-7318

TOTAL NUMBER OF PAGES TRANSMITTED: 9

COMMENTS:

U.S. Dept. of Health and Human Services
Office of the Secretary

MICHELE M. PATRICK
Speechwriter

Room 63/E, H. H. Humphrey Bldg.
200 Independence Avenue, S.W.
Washington, DC 20201

(202) 690-7470
Fax (202) 690-7318
mpatrick@os.dhhs.gov

Let me briefly underscore the remarkable progress we've made against breast cancer -- and the challenges ahead.

As many of you are aware, a controversial exhibit on Sigmund Freud just opened at the Library of Congress.

And as we know, it was Freud who posed the glib question: "What do women want?"

Well, I believe the answer is quite simple.

Women want us to *stand up*...to *step up*...and to never *give up* on their rights and their families.

Women want us to take up their health care concerns.

And when it comes to breast cancer, women want us to rise up and fight this disease with everything we've got.

Over the past five years, that's exactly what we've done. And we've stepped up in every creative way possible to defeat breast cancer.

We stepped up to break down the barriers that once divided agencies, actions and efforts against the disease.

We stepped up to form innovative partnerships with our outstanding colleagues at the Department of Defense and at NASA.

And we built a network -- a power grid against breast cancer—that connects my department...

...to the corridors of the Pentagon and the headquarters of NASA...

...to the labs of our best universities and hospitals...

...to the broadcast airwaves, the boards of private foundations and boardrooms of corporate America -- and right into American homes, hearts and minds.

We stepped up against breast cancer by addressing the demands of prevention, treatment and research.

...By increasing funds specifically earmarked for breast cancer research at NIH by 11 percent to over 480 million dollars in FY 1999...

...By raising the NIH-wide spending on cancer research to over 3 billion dollars in FY 1999—which the Vice-President has pledged will increase by 65% over the next 5 years...

...And by boosting the National Cancer Institute with an exciting funding increase the First Lady just told you about that will unlock the dark secrets of this disease and shed light on new treatments...

...decode the genetic causes of breast cancer...

...disarm the disease before it starts...

...discover new risk factors and how to treat them...

...And determine not just the causes but the cures.

By stepping up, we've posed ourselves on the brink of a new millennium that offers a brave new world for any woman who faces the fear of breast cancer.

We have much to celebrate.

But until we finally reach that brave new world...

...Until there are no breast cancer statistics—only survivors

...Until this shadow of this disease is lifted from every woman's life...

...Our challenge is to keep fighting this disease with everything we've got.

What women want is to keep this challenge on our national agenda, and in our minds, our conscious, and our subconscious.

That's what Breast Cancer Awareness Month is all about.

It's why another First Lady, Betty Ford, helped launch the very first breast cancer awareness campaign 14 years ago.

It's why, every year, we race for the cure with our feet and our science.

It's why, every day, we celebrate the survivors and take strength from our memories of those who succumbed.

And it's why, every day, we want every woman, everywhere, to know how to avoid the risks and save their lives.

One day we will win the race for the cure, the race against this cancer.

...we will consign it to the history books...

...we will remove it from our daughter's lives...

..and we will erase it from every woman's psyche..

Because in the words of Eleanor Roosevelt, "What one *has* to do...can be done."

And now I'd like to return the podium to someone who truly understands what women want, our First Lady, Hillary Rodham Clinton.

Thirty years ago, people only whispered the words breast cancer, and a diagnosis of breast cancer meant a virtual death sentence. Today, breast cancer is at the forefront of the nation's health care agenda, and we have made tremendous strides to prevent, detect, and treat the disease.

Since 1993, the Clinton Administration has been committed to waging this battle on numerous fronts. First, the Administration has made a significant investment in research--reaching [$595 -- from Visco] million in 1998. Second, we have improved the quality and availability of prevention tools like mammograms. Third, we have worked to improve access to treatment and quality of care for women with breast cancer. The Administration has fostered cooperation and communication among the government, experts, survivors, and advocates, primarily through the National Action Plan on Breast Cancer, a public-private partnership. The Administration has also worked to increase collaboration among government agencies through the Federal Coordinating Committee on Breast Cancer.

Breast cancer mortality rates have improved markedly in the United States, declining 4.6 percent between 1991 and 1995 alone. However, breast cancer remains the second leading cause of cancer deaths among American women. Today, one in eight women will develop breast cancer, up from one in 20 just two decades ago. In 1998, approximately 180,000 new cases of breast cancer will be diagnosed and the disease will claim nearly half a million lives in this decade.

Faced with these still daunting statistics, the Administration has made an [unprecedented?] investment in breast cancer research, prevention, and treatment. The National Institutes of Health increased breast cancer research funding from $237 million in FY 1993 to $433 million in FY 1998, and will invest [$...] in FY 1999. The Department on Health and Human Services has nearly doubled its discretionary spending on breast cancer from $238 million in FY 1993 to nearly $550 million today. [HOW DO THESE RELATE TO EACH OTHER? -- NIH AND HHS SPENDING NUMBERS ARE VERY CONFUSING -- IS NIH INCLUDED WITHIN HHS?] The Department of Defense's Breast Cancer Research Program will spend $135 million in FY 1999 on innovative peer-reviewed research. Finally, spending by the Centers for Disease Control and Prevention has increased from approximately $42 million in FY 1993 to $84 million in FY 1998. [In FY 1998 alone, the Clinton Administration invested over [$1 billion????] in the fight against breast cancer.]

In recent years, intensive research has yielded important breakthroughs. A 1994 study revealed two genes that increase a woman's risk of developing breast cancer, and President Clinton has announced $30 million of additional funding to explore further the role of genes in breast cancer susceptibility. This year, tamoxifen was shown to reduce the incidence of breast cancer by 49 percent in women at high risk for the disease. The Food and Drug Administration (FDA) has recently approved new detection and treatment devices, and is putting drugs for

women with breast cancer on a fast track. Drugs recently approved by the FDA include Herceptin, a drug that may help slow the progress of the disease once it has spread to other parts of the body, and Taxol, a drug that when used with chemotherapy helps patients whose cancer has reached the lymph nodes. And more ground breaking research is ongoing -- including studies of environmental factors contributing to breast cancer; the NIH's Women's Health Initiative, which is examining opportunities to reduce breast cancer through diet; and the Cancer Anatomy Genome Project, which since its launch in 1996 has already identified more than 300,000 DNA sequences and 12,000 new genes in an effort to understand better the genetics of breast cancer -- double what the National Cancer Institutes (NCI) originally anticipated.

The Administration has also worked to educate women about and improve access to mammography and other tools to prevent breast cancer. This year, due to the President's leadership, Medicare began covering annual mammograms for all beneficiaries age 40 and over and made them more affordable by waiving the deductible. On October 9, the President signed the reauthorization of the Mammography Quality Standards Act, under which the FDA sets high standards to ensure that mammograms are safe and accurate and certifies those facilities that meet its standards. The Clinton Administration has also spearheaded a number of outreach initiatives and programs to ensure that women have access to mammograms. The First Lady launched a campaign in 1995 to encourage older women to take advantage of the mammography benefit offered by Medicare, and this campaign continues each year with the support of the Health Care Financing Administration and numerous private partners. This year's effort focuses on improving mammography rates among minority women. CDC's National Breast and Cervical Cancer Early Detection Program offers free or low-cost mammograms to uninsured, low-income, elderly, and minority women.

The Administration has also fought tirelessly to improve access to treatment and quality of health care for women with breast cancer. The President has fought to prevent health plans and employers from discriminating against individuals based on their genetic information, so that advances in genetic research can be used to help detect breast cancer rather than to discriminate. He has also urged Congress to pass a patients' bill of rights that will guarantee critical protections to patients with breast cancer -- including access to specialists and a fair appeals process. To help breast cancer patients participate in clinical trials, last month, the President directed NCI to implement a new system that will make it easier for physicians to enroll patients in clinical trials, and the Administration has urged Congress to pass legislation that would allow Medicare to cover patient care costs for cancer clinical trials. To address racial disparities in treatment, access to care, and health status, the Administration has proposed an initiative to address health disparities in six major areas, including cancer. And finally, building on unprecedented efforts begun at the Department of Defense and the FDA, next year NCI will fully integrate

patients and advocates into policy planning and grant reviews.

Significant challenges remain. We must continue to fight for legislation ending discrimination against individuals based on their genetic information. We must continue to fight for strong, enforceable patients' bill of rights legislation. We must continue to increase access to clinical trials. We must continue to work to end racial disparities that still exist in breast cancer mortality, mammography rates, and access to treatment. We must continue to integrate advocates in planning the cancer research agenda. And, most important, we must continue to support research that builds on the dramatic research breakthroughs we have seen in recent days to find a cure, and finally an end, for breast cancer.

REMARKS BY: DONNA E. SHALALA, SECRETARY OF HEALTH AND HUMAN SERVICES
PLACE: Federal Coordinating Committee's Breast Cancer Workshop, Washington,
DATE: September 28, 1998

Fight Against Breast Cancer

All year we've been transfixed on the home-run heroics of Sammy Sosa and Mark McGwire. But the lessons of their quest - like the baseballs they've smacked - go well beyond the playing field. First, we saw more camaraderie than competition between the batters as they cheered each other's successive home-runs. Second we saw a remarkable public spirit from the fan who caught the home run ball - and gave it back.

Finally, we saw a relentless pursuit of greatness. Even after they made home-run history, Sosa and McGwire never quit baseball or took walks. They kept suiting up, staring pitchers down, and swinging for the fences. Because that's what heroes do.

We need to heed all three lessons today, on the heels of the March on Washington against Cancer. On the eve of Breast Cancer prevention month. And, as we come together in this unprecedented meeting to escalate our battle against breast cancer. We need to reach out to new partners. We need to harness the public spirit we saw on the mall this weekend. And, even though we've made history, the heroes against breast cancer need to keep swinging for the fences.

Many of these heroes are in this room - public health leaders, outreach workers, researchers, scientists and physicians who have led our breast cancer prevention and detection strategy. And, you join the other heroes in the fight against breast cancer: activists, research institutions and universities around the world; Congressional leaders and, of course, patients and their families -- including the President and First Lady;

As you know, the First Family has a deep understanding of breast cancer, having seen the President's own mother fight a courageous battle against it. And, no Administration has been more committed to lifting this deadly shadow that hangs over the life of every women - of every family.

I'm proud that together - with many of you - this Administration created the National Action Plan on Breast Cancer, a public private partnership with a single goal: The complete eradication of breast cancer.

To pursue this goal since 1993, we've almost doubled discretionary spending for breast cancer research, prevention and treatment. And, we've made progress we can measure. The overall Breast Cancer mortality rate for American women has dropped over 6 percent in recent years. The number of American women getting recommended mammograms has increased by 30 percent. And, the death rate from Breast Cancer has continued to decrease -- probably due to early detection and improved treatment.

In fact, gone are the days, when breast cancer was considered a death sentence. Today we have a whole new generation of women who call themselves Breast Cancer survivors. Tomorrow, we hope to celebrate many more, because we are supporting revolutionary new research that promises to escalate our battle against breast cancer.

We've discovered genes linked to hereditary breast cancer - discoveries that can help us detect the disease early when we can still treat it and beat it. We already knew that Tamoxifin could prevent the re-occurrence of breast cancer. But recently our Breast Cancer Prevention Trial showed us that women at high risk of breast cancer can also use Tamoxifin to reduce their chances of ever getting the disease. As you may have heard on Friday, the FDA approved the use of Herceptin for certain women with advanced breast cancer.

We are also supporting a variety of research projects to improve the quality of mammography screenings. One applies the computer technologies used to improve spy satellites. Around the world, we're also seeing research in cutting-edge alternatives to mammography, including a high-tech bra with

heat sensors and an electronic memory chip.

During the course of this conference, you will probably hear about some of this research in detail, and how new discoveries are changing the way we look at breast cancer detection, treatment and prevention. But, I know that you will also discuss the basics. Because right now the best way to detect breast cancer is still regular mammograms and annual exams. And, we can't emphasize that enough.

Early detection remains our most powerful weapon in the war against breast cancer. 93 percent of breast cancer cases are successfully treated when detected early. that's difference between a breast cancer survivor, and a statistic.

This Administration understands that well. That's why I'm proud that as of this year, mammograms for all Medicare eligible women over 40 are free. I'm proud that last year, we replaced years of confusion with a clear and consistent scientific recommendation for woman in their 40s - that regular mammograms can save your life.

I'm proud that the President announced even tougher regulations for mammograms under the Mammography Quality Standards Act. Medical facilities, health providers and detection equipment will all be held to the highest possible standards -- so that all women have confidence in the care and the results they receive. .

All of us should take heart in these accomplishments. We should take heart in the fact that we're-bit by bit-chipping away at this terrible disease. But just as Sammy Sosa and Mark McGwire won't start taking walks, we won't walk away from the fight against Breast Cancer.

That's why we're here today. Because we still have much work to do - and many challenges to meet.

Our first challenge is to spread the word, especially to older women, poor women and women of color. Believe it or not, too many women still haven't heard our message about detection and prevention. A third of women ages 50-64, and an even higher percentage of women over 65 still report they haven't had a mammogram during the past two years.

Our second challenge is to make sure all women benefit from our progress against breast cancer, regardless of their race or ethnicity. While the breast cancer death rate declined over 6 percent for white women between 1991 and 1995, it only declined by 1.6 percent among black women. That's why our Initiative to Eliminate Racial and Ethnic Health Disparities has set a specific goal to increase the number of minority women who get annual mammograms.

But along with fighting racial discrimination, our third challenge is fighting genetic discrimination. Too many women are afraid of getting screened because they are afraid to find out they're genetically pre-disposed to breast cancer and losing their health insurance. This Administration has made clear: we need to protect the privacy of our genetic information to make sure our health information is used to heal us -- and not reveal us.

Our fourth challenge is to make sure that all women, including women at high risk of breast cancer, can access the care they need and deserve. That's why we are fighting for the Patient's Bill of Rights -- to make sure that every health plan guarantees a patient's right to see a specialists, if they need to.

And, finally we need to keep plugging away at breast cancer research, looking at the underlying causes and possible treatments. Because unfortunately, we still don't have a cure. But fortunately, we do have all of you. We have your partnership. Your spirit of service and your perseverance.

And, we have this conference. It's a first of it's kind. But, it's also the first of many. So, make the best use of your time. Be creative. Be innovative. And, don't be afraid to think big. Because the most important weapon we have to fight breast cancer is commitment.

We're living, of course, in a golden age of communication. When you can call your mother in Des Moines from a cell phone in the Saudi desert. In an age of communication that's bringing everyone

closer together, why can't we link up all troops fighting breast cancer into one powerful force? Why can't we link up all the different federal, state and local resources into one powerful force?

Today we can and we will. We will keep fighting breast cancer. We will keep fighting it together. We will keep enlisting all forces and all families to join the fight. Not just today. Not just during this conference. Not just during Breast Cancer Awareness Month, but every single day of the year.

Thank you.

###

Improving the Public Health of America

For six years, President Clinton and Vice President Gore have been working hard to expand our Nation's health care investments, including research, prevention, and quality care for more Americans. This year's budget includes important victories, including:

✔ **Expansion of National Institutes of Health for Biomedical Research.** President Clinton's FY99 budget included the largest-ever dollar increase in funds for the National Institutes of Health (NIH). The final budget includes almost $2 billion expansion of NIH research funding -- a 14-percent increase. Scientists are on the cusp of important new breakthroughs in biomedical research, which could revolutionize the way medical experts understand, treat, and prevent some of our most devastating diseases. This increase will enable scientists to pursue a wide range of cutting edge research from Alzheimers to AIDS to genetic discoveries.

✔ **New Efforts to Prevent and Treat HIV/AIDS.** The Congress has responded to the President's and Vice President's request to substantially increase efforts to prevent and treat HIV/AIDS. Congress has provided $1.4 billion for Ryan White Care Act activities. This funding level includes a 61-percent increase for the AIDS drug assistance program, which provides funds to States to help uninsured and underinsured people with life-saving treatments for HIV/AIDS. In addition, Congress provided about $630 million for HIV prevention activities at the Centers for Disease Control and Prevention.

✔ **Historic $130 Million Effort to Address HIV/AIDS in Minority Community.** Minority communities make up the fastest growing portion of the HIV/AIDS caseload (44 percent of all new HIV cases). Today, the final budget makes an unprecedented $130 million investment, including $50 million in emergency funding that will improve prevention efforts in high risk communities, and expand access to cutting edge HIV therapies and other treatment needed for HIV/AIDS, and the Department of Health and Human Services will invest $20 million of existing resources to address this problem.

✔ **Critical New Investments to Protect Public Health at the Centers for Disease Control (CDC).** The Congress has responded to President Clinton's request for a $2.4 billion investment -- a $222 million increase -- in public health at the CDC. This critical investment will address a host of public health challenges, including fighting emerging infectious diseases, combating new resistance to anti-biotics, and improving prevention for some of our nation's leading killers, such as diabetes, HIV/AIDS, and heart disease.

✔ **New Efforts to Improve the Quality of Health Care.** Congress has responded to the President's request for a $25 million investment in new research at the Agency of Health Care Policy and Research (AHCPR) to improve the quality of the health care delivery system. Identifying critical health care problems and educating health plans, medical professionals, patients, and advocates about solutions can lead to important improvements in the quality of health care. For example, overuse of antibiotics has been shown to lead to resistance and cost as much as $7.5 billion a year. AHCPR's development and dissemination of guidelines for the appropriate use of antibiotics will result in better patient care and significant health care savings.

✔ **Increasing Funding to Provide Health Insurance to Low-Income Children in Puerto Rico and the Territories.** Thousands of uninsured children in both Puerto Rico and the other territories will now be eligible for meaningful health care coverage for the first time under the Children's Health Insurance Program (CHIP). The territories were currently on schedule to receive an inadequate and inequitable $10.7 million. Today, the Congress responded to the President's request and provided the territories with an additional $153 million over five years for their new CHIP programs that will meet the needs of their uninsured children.

✔ **Funding the President's Commitment to Eliminate Racial Health Disparities.** Minorities suffer from higher rates for a number of critical diseases. For example, African Americans under the age of 65 have twice the rate of heart disease as whites, and Native Americans suffer from diabetes at nearly three times the average rate. The Congress has taken a critical first step in investing in the President's multi-year proposal to eliminate racial health disparities in six health areas, including HIV/AIDS, cancer, diabetes, and immunizations. The Congress has given the Administration flexibility to fund its proposed $30 million grants for communities to develop new strategies to address these disparities and has granted the President's request for increases in other critical public health programs, such as heart disease and diabetes prevention at CDC, that have proven effective in attacking these disparities.

Unfortunately Congress Has Adjourned Leaving Much Unfinished Business That Would Improve Health Care for Millions of Americans.

✔ **Patients Bill of Rights.** President Clinton repeatedly urged the Congress to pass a strong, enforceable patients' bill of rights that would assure Americans the quality health care they need. Congressional Republicans killed this year's effort to pass a Patients Bill of Rights.

✔ **Work Incentives Bill for People with Disabilities.** At the commemoration of the Americans with Disabilities Act last July, the President endorsed the bipartisan Jeffords-Kennedy bill that enables people with disabilities to go back to work by providing an option to buy into Medicaid and Medicare, as well as other pro-work initiatives. This bill was on the list of top Administration priorities in the final budget negotiations, but rejected by Republicans. The President will continue to fight to give people with disabilities the opportunity to work --including the critical health insurance that makes work possible.

✔ **Comprehensive Tobacco Legislation.** This year, President Clinton made passage of legislation to reduce youth smoking a top priority, in order to stop kids from smoking before they start through a significant price increase, measures to prevent tobacco companies from marketing to children, and critical public health prevention and education programs. Congressional Republicans opted to act as politicians instead of parents, and killed this year's effort to pass bipartisan comprehensive tobacco legislation to reduce youth smoking.

✔ **Legislation to End Genetic Discrimination.** Studies show that a leading reason women do not get new genetic testing for susceptibility to breast cancer is because they worry about this kind of discrimination. According to one report, 63 percent of Americans would not take a genetic test if their health insurers or employers could get access to the results. To ensure that new advances in genetics are used to improve health rather than to discriminate against individuals, the President has called for legislation prohibiting the use of genetic screening to discriminate in health insurance and employment.

✔ **Medicare Buy-In.** President Clinton proposed providing new options for Americans ages 55 to 65 to obtain health insurance, including buying into Medicare. This policy would not have hurt the Medicare Trust Fund. The Republican majority killed this new initiative that would have helped provide health care to hundreds of thousands of vulnerable Americans.

Accomplishments and New Possibilities in Biomedical Research

- In the 19th century, scientists discovered the first X-ray, learned to mass produce aspirin, and discovered that disease -- and even life itself -- occurs at the cellular level.

- At the begining of this century, Americans were only expected to live to age 50, but today's children can expect to live well into their 70s.

- In the last fifty years, smallpox has been eradicated from the world and polio from this hemisphere.

- Because of improvements in vaccines in the last fifty years, diseases such as measles, mumps, and whooping coughs are no longer common diseases of childhood.

- Transplantation of kidney, heart, lung, and liver extends the life of those who only two decades ago would have had no hope. New surgical techniques and medical devices such as pacemakers and artificial joints, save lives and greatly enhance the quality of life for many others.

- For the first time cancer death rates are down. Most childhood cancers were fatal until recently, but survival rates are now up to 70 percent. And scientists are making progress in identifying drugs that have the potential to prevent cancer, such as Tamoxifin, a common cancer drug that was recently found to be able to prevent breast cancer. There are new promising therapies that show potential to destroy tumors.

- We are making enormous progress understanding aging, which is particularly significant as there are more Americans of the age of 65 today than in the rest of history combined and the number of Americans will rise significantly in the next couple decades as baby boomers begin to retire.

- In fact, researchers just recently discovered a gene that affects aging in humans. We are on the cusp of understanding how the process of aging changes the structure and the function of brains, bones, nerves, and heart. A better understanding of the process of aging will help us develop interventions to reduce or delay age-related degenerative processes.

- In the 20st century, we extended the length of life by 25 years. In the 21st century our challenge is to discover ways to keep these years healthier: to better understand and to prevent debilitating diseases.

- We are also making progress in understanding the multi-step process which

leads to nerve cell damage and death in Alzheimer's disease. Alzheimers afflicts as many as four million Americans. Researchers are making new strides in understanding the genetic components and risk factors of this disease will help them identify more effective treatments. There is also promising new research to help prevent bone loss so that millions of older women will not have to continue to suffer from Osteoporosis.

- We are also learning much more about a number of degenerative diseases, such as muscular dystrophy, Parkinson's disease, and Lou Gehrig's disease. We now understand how proteins destroy cells. This will help develop more effective medications and allow us to identify these diseases earlier so we can act before damage occurs.

- We have the potential to develop effective vaccines for the world's deadliest infectious diseases such as tuberculosis, AIDS, and malaria. Tuberculosis and malaria are currently the leading killers worldwide, although AIDS is soon expected to overtake them. Last year, the President posed a challenge to scientists to develop an AIDS vaccine in the next decade -- and we are even closer on a tuberculosis and malaria vaccine.

Progress in Genetics

- In the next few years, the human genome will be completely sequenced -- giving us, for the first time, the full instruction manual for the human body.

- *The pace of mapping the human genome is unprecedented: in the 1980's it took scientists nine years to isolate the gene that causes cystic fibrosis. Last year, the gene responsible for Parkinson's disease was mapped in only nine days.*

- We are at the forefront of our progress in finding the genetic components of cancers and brain disorders. Recently, researchers discovered a genetic mutation that doubles one's risk of getting colon cancer, and a few years ago scientists uncovered BRCA1 and BRCA2 -- two genes that indicate an increased possibility for breast cancer.

- Within a decade, it will be possible for our doctor take a cheek swab, place a few of our cells on a gene chip scanner, and quickly analyze our genetic predisposition to scores of diseases. For many of those who are predisposed to certain diseases, treatment and life-saving prevention can begin right away. And those without such predispositions will receive much needed peace of mind.

** All of these new possibilities in understanding and treating diseases

require a sustained investment in biomedical research. A renewed commitment to research is necessary to ensure that we crack the human genome and to uncover the vast implications genetic information has for preventing disease and developing new treatments; to explore uncharted areas about the aging process as well as other debilitating diseases that have the potential to reduce disability rates and ensure that Americans live healthier lives. ; to ensure that we develop new treatments that have to prevent cancer or vaccine to prevent AIDS and malaria. This requires a renewed investment in research and a commitment to (and from) innovative researchers -- like the ones graduating today.

Perils of Progress

- These new discoveries and breakthroughs have important implications for our laws and social justice. For example, we know that genetic information can be used to stigmatize and discriminate against individuals and groups.

- Those who are identified as having a genetic predisposition to a disease are at risk for discrimination -- even those who have not yet or who may never show signs of that disease. We already know that many Americans are reluctant to take advantage of new breakthroughs in genetic testing for fear that the results will be used to deny them their health insurance or their jobs rather than to improve their health care.

- Studies show that a leading reason women do not get new genetic testing for susceptibility to breast cancer is because they worry about this kind of discrimination. And according to another study, 63 percent of Americans would not take a genetic test if their health insurers or employers could get access to the results.

New Possibilities from Improved Technology
Changing Health Care Delivery System

- Since 1990 the number of Americans in managed care plans has grown from about 94 million to more than 160 million -- about a 75 percent increase.

- These changes have helped bring down health care costs and there is evidence that managed care can help ensure that patients receive preventive care earlier to avoid costly treatment later.

- However, we also know that many Americans are extremely concerned about some of the changes in the health care delivery system.

- According to a recent Kaiser Survey: 60 percent of Americans say they are worried that their health plan would be more concerned about saving money than about what is the best treatment for them if they were sick.

- 60 percent say that managed care has decreased the amount of time that doctor spend with patients

- 60 percent also believe it has made it harder for the sick to see medical specialists

- Half believe it has decreased the quality of care for the sick.

- Doctors are also concerned that managed care has reduced their ability to deliver high quality health care to their patients.

- The patients' bill of rights as one part of the solution -- improving confidence in high quality health care.

- Another implication of changing health care delivery system is that medical information is no longer secret information kept between patients and their health care providers. Rise of third party payors and others who now have access to this information. Moreover, with advances in technology, this information is no longer kept privately in the doctors office. It can crosses state lines, accessible by computers.

- This rapidly changing technology underscores the need for new Federal standards to protect the confidentiality of medical records.

Quality of Health Care

- Americans receive the highest quality health care in the world. However, there is still wide variation in health care services.

- There is wide variation among health care services across the country. One study found tat surgeons in some parts of the country receive mastectomies rather than lumpectomies on Medicare beneficiaries 35 times more often than in other parts of the country. Rates of heart surgery vary by a factor of three (confirming stat).

- Others receive unnecessary health care that can increase costs and even endanger a patient's heath. For example, 80,000 women every year undergo unnecessary hysterectomies. (proper term?).

- Underutilization of services. An estimated 18,000 Americans dies of heart attacks each year because they did not receive known effective interventions for their known heart condition.

- More than 7,300 deaths each year are attributable to errors in medication.

Record Type: Record

To: Christine N. Macy/WHO/EOP

cc: Jennifer L. Klein/OPD/EOP
Subject:

I know you two were just talking -- but perhaps the breast cancer stamp event in late July may be an appropriate place to start. I know she used a lot of the rhetoric from there and it may be useful to overlay all of Jen's comments onto it.

FIRST LADY HILLARY RODHAM CLINTON

DRAFT REMARKS TO NATIONAL BREAST CANCER COALITION

WASHINGTON, D.C.

MAY 4, 1998

Thank you. It has been one of my greatest honors over the last 6 years to get to know the members of the National Breast Cancer Coalition and see the amazing results borne of activists who stand up, speak out, and always demand results. I will never forget when you came to the White House with the signatures of 2.6 million Americans who told us they wanted a National Action Plan on Breast Cancer. With your leadership, this public-private partnership has worked tirelessly to reach one goal: the complete eradication of breast cancer.

I will also always remember my very first meeting with this coalition in Williamsburg during the 1992 campaign. Not only because of how inspired I was by your stories of courage and commitment. But, also because of what it took for you to get there -- literally. For those of you who don't know this, the bus that Fran and others took from Washington to Williamsburg broke down that day. So, did they give up, call the bus equivalent of AAA, and go back home? Not a chance. They hitch-hiked all the way to Williamsburg -- climbing into Sheriff's Cars and trucks to make it there. And I would add, on time.

Now, if there are children in the audience, none of us are recommending

hitch-hiking as a preferred mode of transportation. But what struck me that day is that, even in the face of great obstacles, you didn't give up. What I have learned since then, is that you never give up. Especially the survivors in this room, who have courageously and continuously turned pain into action...on behalf of all women, all families, all men who have a sister or mother, a wife or daughter.

As I got ready to come here today, I started flipping through some newspaper clips from the last few years. Not always the most uplifting way to start a week -- but in this case it was. Here are some of the headlines I found: From The New York Times this month: "Breast Cancer Breakthrough." From the AP May 8, 1996: "Breast Cancer Deaths Continue to Decline." And here's my personal favorite. "Formation of Coalition was Watershed in Funding." That's from the Chicago Tribune one year ago. And it's about you.

Back when we met in 1992, who would have thought that we'd see funding for breast cancer research, treatment and prevention nearly double? That the President would propose a 65 percent increase in cancer research? Or that we'd dramatically expand the Department of Defense breast cancer research program and have survivors serving on review panels?

Who'd have thought that increases in funding for genetic research would help us discover genes linked to hereditary breast cancer? That Tamoxifin would give us such hope? Or that genetic fingerprinting would offer the potential of predicting which women will relapse so that we can aggressively treat them before the disease strikes again.

Who'd have thought that the number of women getting recommended mammograms would increase by 30 percent? I am very proud that Medicare now pays for annual mammograms for all beneficiaries over 40...and that we've waged a campaign to make sure older women use this benefit.

These victories all have one thing in common: the fingerprints of the National Breast Cancer Coalition. Because you have literally changed the way we think about breast cancer. More than 25 years ago, one of my predecessors Betty Ford, brought this disease out of the shadows. You put in at the top of the agenda. And you had a President who was on your side every step of the way.

My husband has a very personal commitment to this issue, because, as you know, his mother died in 1994 from breast cancer. Those of you who knew Virginia Kelly will remember that she never wanted anyone to feel sorry for her. As with every other adversity she faced, she looked her cancer square in the eye, then put on her lipstick and went on with her celebration of life. She was always a

great inspiration to us -- and never more so than in her last moments as she crossed the country to help prevent breast cancer and heal those it strikes.

She kept a sampler by her makeup table that read, "Lord help me to remember that nothing is going to happen to me today that You and I can't handle." Clearly, there will be great obstacles. And clearly, our work is far far from done. But, if we stick it out and stick together, there is nothing we cannot handle or accomplish.

Together, we can ban genetic discrimination -- and we should work day and night to ensure that a bill passes this year. No woman should be scared to walk into a doctor's office for fear that her genetic secrets will be used to deny her the job she wants or the affordable health insurance she needs.

Together, we can expand coverage for Medicare cancer clinical trials. And together, we can make sure that whether people choose managed care or traditional care, they always get quality care. We need a patient's bill of rights.

And we need a fight against breast cancer that uses every weapon at our disposal. Yes, our first priority should be finding a cure. And, we must do everything in our power to fund the research that will find that cure...research that will help develop treatments to stop the disease in its tracks.

But, we also need education -- education that reaches all women...especially

poor and minority women who have too often not reaped the benefits of our progress on breast cancer. We need prevention. We need mammography screenings that help us catch breast cancer early so we can treat it immediately. We need all of it -- and much much more.

If we do that, if we work together, then one day, I pray in the not so distant future, we will be able to write the best headline of all: the one that says, Breast Cancer is History. Thank you for making history every day.

CLINTON ADMINISTRATION ANNOUNCES HISTORIC INCREASE IN FUNDING FOR CANCER RESEARCH, THE LARGEST BREAST CANCER CLINICAL TRIAL EVER, AND OTHER NEW STEPS TO FIGHT BREAST CANCER

October 21, 1998

Today, in honor of breast cancer awareness month, First Lady Hillary Rodham Clinton announced: the largest increase ever at the National Cancer Institute (NCI); the largest preventive clinical trial in history for breast cancer drugs; and a new expanded mammography outreach campaign. Marking the fifth anniversary of the Clinton Administration's groundbreaking National Action Plan on Breast Cancer, the First Lady also unveiled a landmark five-year report from the Federal Coordinating Committee on Breast Cancer charting the extraordinary progress in breast cancer. The First Lady:

Announced Record Funding Increases for the National Cancer Institute. As part of the recent budget agreement, Congress has passed a significant down-payment on the President's multi-year proposed funding for the National Institutes of Health. Today, the First Lady announced that the National Cancer Institute will receive a total budget of $XX will enable NCI to undertake critical new research activities, including: exploring new efforts to pinpoint who is a risk for cancer, developing new interventions to prevent, detect, diagnose and treat cancer, and to enhance survivorship from cancer; and bringing research discoveries to consumers and to medical practice. (*Kind of boring -- Anything we can say about breast cancer here).* This builds on historic increases in breast cancer at the NCI [$x to $x].

Announced Largest Breast Cancer Clinical *[drug?]* Trial Ever That May Have Great New Potential For Women With Breast Cancer. The First Lady also announced a new clinical trial to study tamoxifen, a breast cancer prevention drug, to raloxifene, which researchers believe will also prevent the disease, but with fewer side effects. The unique STAR trial will consist of 22,000 women at increased risk of breast cancer and is scheduled to open at approximately 400 sites across the United States and Canada early next year. Underscoring the need to examine all aspects of breast cancer, the First Lady also highlighted an ongoing trial at NIH that is examining the relationship between diet and disease.

Launched New Awareness Campaign To Help Ensure Women Get Recommended Mammograms. The First Lady also unveiled a new expanded promotion campaign, including public service announcements, outreach and promotional efforts, and intensified campaigns in six cities, run by HHS to encourage women ages 65 years and older to get a regularly scheduled mammogram screenings. This year's campaign will emphasize the new mammography Medicare benefit that the President proposed and signed into law last year makes regular mammograms more affordable. HHS is also expanding outreach efforts to special populations -- low-income and African American women -- who tend to have the highest breast

cancer mortality rates. For example, the Health Care Financing Administration has initiated a pilot program to provide free mammogram screenings and launch public service announcements in key cities targeted to minority communities while the Food and Drug Administration has developed and distributed educational materials to underserved communities around the country.

Unveiled Landmark Report in Honor of Five-Year Anniversary of National Action Plan on Breast Cancer (NAPBC). The First Lady also announced a new report from the Federal Coordinating Committee on Breast Cancer highlighting the accomplishments in breast cancer over the past five years, since the Administration launched the NAPBC. This report underscores critical progress since the Administration has started including:

- A *significant investment in research--reaching [$595 -- from Visco] million in* 1998 that has led to historic advances in breast cancer, such as the identification of new breast cancer genes, and new promising new treatments, such as taxol and hereciptin;
- Improved the quality and availability of prevention tools like mammograms, through efforts such as a new Medicare mammography benefit, an unprecedented outreach campaign to encourage older women to get *mammograms; and improvements in the quality of mammograms through the* Mammography Quality Standards Act;
- Enhanced access to treatment and quality of care for women with breast cancer by increasing access to cancer clinical trials, new projects to improve detection rates and care among minority women; and
- Innovative interagency and public-private partnerships that have made remarkable strides, such as applying the latest in defense and space technology to better detect cancerous tissues and develop less intrusive surgeries for patients.

Highlighted That Congress Has Adjourned Without Passing Critical Legislation to Advance the Fight Against Breast Cancer. The First Lady also outlined the agenda that has yet to be included by this Congress including:

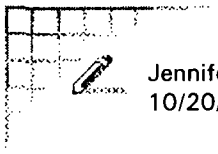
- **A Patients Bill of Rights.** The Clinton Administration has repeatedly urged the Congress to pass a strong, enforceable patients' bill of rights that would assure Americans the quality health care they need. A patients' bill of rights contains critical patient protections for women with breast cancer, such as assuring access to specialists, continuity of care so that women are not required to change doctors in the middle of treatment, and an independent appeals process to address concerns that health plans are unfairly delaying or denying care.

- **Legislation to End Genetic Discrimination.** Studies show that a leading reason women do not get new genetic testing for susceptibility to breast

cancer is because they worry about this kind of discrimination. To ensure that new advances in genetics are used to improve health rather than to discriminate against individuals, the President has called for legislation prohibiting the health plans and employers from discriminating against individuals on the basis of genetic information.

- **Bipartisan Initiative Authorizing Coverage of Cancer Clinical Trials for Medicare Beneficiaries.** Americans over the age of 65 make up half of all cancer patients, and are 10 times more likely to get cancer than younger Americans. Older Americans, however, frequently cannot participate in cutting-edge cancer clinical trials because Medicare does not pay for experimental treatments. The Congress has adjourned without passing the Administration's proposal, similar to legislation supported by Senators Mack and Rockefeller, that authorizes coverage of clinical trials for Medicare beneficiaries without harming the Trust Fund.

Note: If Congress passes Jane Henney as expected than we should highlight the first woman and first oncologist of the FDA.



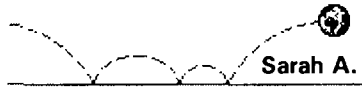
Jennifer L. Klein
10/20/98 10:09:30 AM

Record Type: Record

To: Christine N. Macy/WHO/EOP

cc:
Subject: paper for your review

This is the paper on the announcements that I am in the process of reviewing. I thought it might help you though to see the announcements as you work. Are you doing okay?
---------- Forwarded by Jennifer L. Klein/OPD/EOP on 10/20/98 10:09 AM ----------



Sarah A. Bianchi 10/19/98 11:51:56 PM

Record Type: Record

To: Jennifer L. Klein/OPD/EOP, Neera Tanden/WHO/EOP

cc:
Subject: paper for your review

Please edit as you wish. Also, Jen not sure if I did Star politics correctly.

On other issues, Chris asked, and I wasn't sure, whether we had fully thought through the legislative politics on this. Have we? Schumer coming? any Republicans? Should we check with Janet M or Rich Tarplin?

Also, I heard that the President is cancelling event to CA for Middle East. With that the case,is there any chance that he might do this?

sb

BREAST.P