Box 6

Mammogram
Medal of Freedom
Military
Minimum Wage
Miss America
Charles Murray
Mothers Against Violence
NAFTA/Health Care
National Service
Native Americans
New Yorker
New York Times
New York University
Office of Public Liaison
Oklahoma
Olympic Games

File - Mammograms

December 2, 1995

MEMORANDUM TO MAGGIE WILLIAMS
MELANNE VERVEER

FROM: BARBARA WOOLLEY

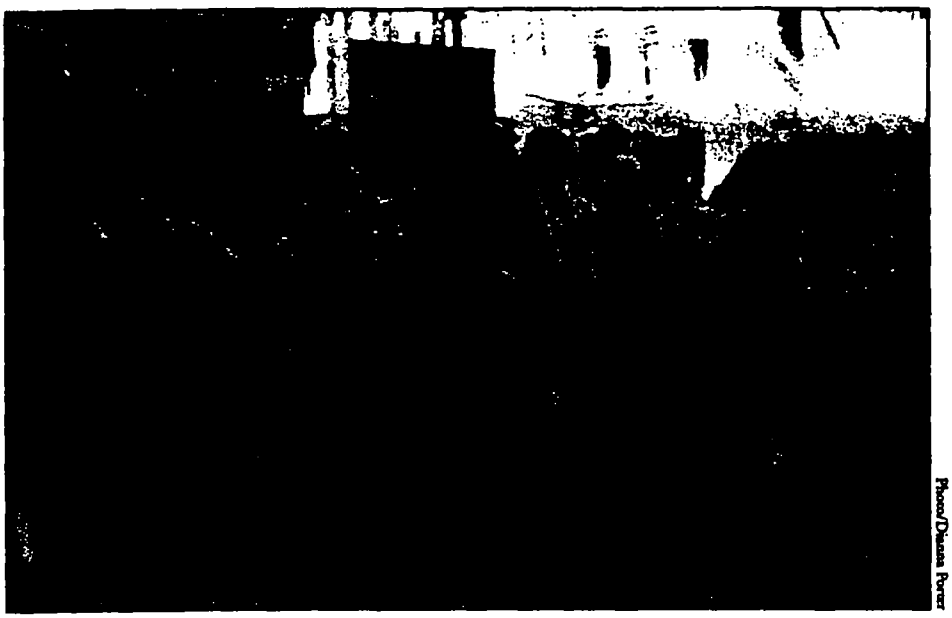
RE: MAMMOGRAMS

Thought you might be interested in seeing a copy of the article on the First Lady in the newsletter of the Older Women's League.

Also, American Greetings has additional funding for another "mammogram" event in the winter/spring. Maybe a report card event on new mammography numbers by HCFA on "Mothers Day."

The OWL OBSERVER

National Newsletter of the Older Women's League • September-October 1995, Vol. 15, No. 3



Photo/Dianna Porter

Mary Gardiner Jones, OWL Business Council Co-Chair, speaks at a press conference opposing Medicare cuts in Washington, D.C., in May.

Medicare, Medicaid Face Cuts

During President Clinton's televised address on June 13, advocates and Hill allies were surprised by Administration-proposed cuts to Medicare and Medicaid. Under the Administration's budget proposal, both Medicare and Medicaid will suffer a fate similar to other entitlement programs.

The President's proposal would affect Medicare and Medicaid less than Congress' version but would nevertheless rely on program cuts to finance the budget deficit and tax cuts. Whatever the amount, cuts to Medicare and Medicaid would be disastrous — especially for the 20 million older women who are Medicare beneficiaries and the 3 million older women who rely on Medicaid for their health care.

The House and Senate have already approved their own balanced budget resolutions and have begun to pass legislation implementing it. Under the compromise plan, Medicare would be cut by $270 billion. Over the next seven years, Medicaid would also suffer huge cuts of $180 billion.

The President warned during his televised address that cuts in several programs "will be painful." He promised proposed cuts would only affect health care providers, but such cuts still mean greater costs for beneficiaries.

Congressional proposals for cuts in Medicare will mean increased out-of-pocket costs — an average of $900 to $1,000 a year. Many beneficiaries will be moved into managed care programs via a voucher system for buying their own insurance.

In addition, these cuts will have a damaging ripple effect — marginal hospitals could close, and doctors could drop out of the Medicare system entirely.

Medicaid most likely will be changed to a block grant to each state. Block grants will set up competition among population groups for the limited services. As a result, Medicaid

Continued on page 5

She Can't Afford Less: A Personal Account

Beverly Wallace celebrated her 72nd birthday in July. A proud and independent woman ("I was the first black restaurant hostess on Connecticut Avenue in Washington"), she now lives on a fixed income of $700 per month. Ms. Wallace has been separated from her husband for over 25 years and raised five children on her own, working a variety of jobs. She has no savings.

Ms. Wallace led an active life until arthritis forced her to undergo two total knee replacements. Since then, the road to recovery has been long, painful, and expensive. "My medical and rehabilitation therapies have totaled into the thousands," she says. "Medicare covers some of it, but the rest has to come out of my monthly income."

Ms. Wallace also suffers from hypertension and needs to take blood pressure medicine every day. Medicare doesn't cover the cost of the medication she needs. "I skip every other day on my pills," she says. "The doctor, and my kids, tell me I shouldn't do that, but if I buy all the medicine I need to take, then I can't eat and that's not good for my health either." Now her doctor wants her to see a heart specialist.

She keeps a close eye on the news and what takes place on Capitol Hill. "I don't know what I'll do if they cut Medicare," she says. "I feel like I'm already suffering from the cuts and they haven't even happened yet."

Inside this issue

President's Message

In Time of Crisis, OWL Links Vision With Action

Dr. Johnetta Marshall

The accomplishments of OWL during the past six months have far exceeded my expectations. It has been exciting to witness the commitment of each chapter in establishing contact with legislators.

While massive cuts in Medicare and Medicaid are not going to cure the American health care crisis, such cuts will unequivocally make an already difficult life even more difficult for older women and families.

On June 13, during my testimony before a panel of the Ways and Means Committee, I emphasized and reemphasized the negative impact Congress' proposed "$5 reduction in general income" would have on women 65 years and older, as well as other recipients of the SSI program. I asked the committee to reject not only this proposal, but also any request for reductions in the SSI program.

During the June meeting of OWL's Board of Directors, the bylaw committee submitted its revision recommendations, which were accepted by the board. Full membership will have the opportunity to vote on these revisions during the annual board meeting this fall.

The vision for the 1995 OWL Board of Directors is to increase the visibility of OWL, and to increase communication among the board, the executive director, and the chapters. The board, its committees, and the executive director have worked diligently to form a very successful and productive working relationship. All are now working toward expanding this "circle of life" to include chapters, and I am confident that this objective will be realized.

Board members took the phrase "working board" literally by visiting their legislators. Members shared OWL's concerns regarding proposed cuts and urged legislators to prevent reductions in, or delays of, benefits both to Social Security and COLAs; oppose means testing of Social Security; protect SSI's entitlement status; and increase access to pensions and pension benefits.

The board prayerfully remembered its own: Naomi Gottlieb, who died in May while in Israel, and Caroll Estes, Vice President of Development and Programs, who lost her mother in May.

Lastly, OWL is being called upon repeatedly to address the issues facing older women. Therefore, OWL will continue its work in order to increase our visibility by increasing our availability, thus increasing our ability to work toward a shared sense of responsibility. That responsibility is to educate both the public and the politicians, while attempting to persuade Congress to not "Break the Promise" of a better America and to provide all Americans with the opportunity for a better life.

Executive Director's Report

By Returning to Our Roots, We Emphasize Our Strengths

Deborah Briceland-Betts

Fifteen years ago OWL was founded on two major issues: economic security and access to health care for midlife and older women. Over the years, Gallup polling has shown again and again that for women, *economic security is the* No. 1 issue, regardless of color, regardless of age, regardless of socio-economic background. OWL's mission from its inception has been to represent the specific needs of older women and to work for passage of legislation that supports those needs.

Tragically, every program related to economic security and health care for women is now under assault. While there are other organizations besides OWL that address issues related to older Americans, these organizations target a predominantly male audience, whose experience of growing older is quite different from that of women.

That is why OWL must be stronger than ever to most effectively represent the needs of our members. We cannot lose sight of our founders' clear vision.

And yet somehow, over the years, we've spread ourselves too thin as an organization, trying to become all things to all people. OWL has tried to champion every cause, no matter how small, with increasingly limited resources. While noble in intent, we've strayed somewhat from the original purpose.

It is time for OWL to make changes or the organization will not survive. The answer has always been there in our roots, in the foundation of our very existence. Our founding members knew what was of vital importance to women in this country. So do we, and the time has come to unclutter our agenda and re-focus all our efforts on why this organization came into existence in the first place.

As is true of many things in life, change is a necessary precursor for growth. Like cutting back a plant to give it the opportunity to grow healthier and stronger, OWL is going through a pruning process of its own.

Aiding this transition is a new leadership in OWL — a new board president, a new executive director, several newly elected board members, and a natural change in staffing — new faces, new job descriptions, new approaches.

We are a grassroots organization and we are only as strong as our base of support — the state organizations, chapters, and our membership. We cannot make this transition work unless we each do our part. And that is why we ask you to continue to re-invest yourself in OWL. For some of you, that is through active involvement in your chapter. For others, it is through contributing financially to our mission to ensure that, at the time it is needed most, the only voice for midlife and older women doesn't go silent.

First Lady Speaks Out on Mammograms

On Mother's Day, First Lady Hillary Rodham Clinton announced the "Mamagram" Campaign, a comprehensive, nationwide effort by the White House to educate women everywhere about the importance of mammography screening.

Mrs. Clinton recently talked with OWL about the campaign's goals and how OWL members can encourage older women to include mammography screening as part of every annual physical.

OWL: In May you kicked off an educational program on the importance of mammograms for older women. Why?

Mrs. Clinton: Many of us have seen the statistics, and we know that the risk of breast cancer increases with age. Yet, as I learned during my work on health care reform, nearly two out of three women 65 and older are not getting regular mammograms, in spite of the Medicare benefit that covers a mammogram at least once every two years. This concerns me deeply, and it is why I kicked off this educational campaign to encourage women to get a mammogram.

OWL: Why is it so important for older women to have mammograms? How often should they have them?

Mrs. Clinton: One of the things the President and I tried to emphasize during the health care debate is the importance of preventive health care, not only because it is cost-efficient, but because it saves lives. Although we are working on new screening methods, mammography currently is the best weapon we have to detect breast cancer.

While there is disagreement in the scientific community as to how often women should get mammograms, everyone agrees that women should get one at least once a year. Women who have special concerns may require more frequent screening. Regular mammograms can detect breast cancer in its early stages when treatment is less likely to require drastic measures and more likely to be successful. A mammogram can also offer

OWL Observer Profile

women peace of mind, because most often, the results are benign.

OWL: What steps have you taken to further understand the reasons many women are not having routine mammography screening?

Mrs. Clinton: This past winter, I met with doctors, nurses, and older women around the country to try to understand why so many women aged 65 and older are not taking advantage of their Medicare benefit, and to explore ways we can encourage them to do so. At these "listening sessions," I learned that many women don't get mammograms because they are afraid of what might be found. Others fear that the procedure is painful and embarrassing or that the radiation might cause cancer. Other women, particularly as they get older, view breast cancer, "it was just meant to be." Still other women have spent their whole lives taking care of their family members and simply don't have experience taking care of their own health.

These listening sessions encouraged us to inaugurate a national awareness campaign, and the insights of each and every participant have been enormously helpful.

OWL: We find that many women are not screened because it was never recommended by their doctor. How will you address this?

Mrs. Clinton: Many older women told us they would be more likely to get a mammogram if their doctors recommended the procedure. While many of them see a series of specialists for various health problems, they rarely if ever see a primary care physician. Because many specialists don't see it as part of their role to remind patients to get mammograms, many older women never hear about mammography from their doctors.

To address this issue, we have spoken with health care professionals and organizations and enlisted their help in getting doctors to join us in our campaign by talking to their patients about the importance of regular mammography. Because the only doctors many older women regularly visit are specialists, we have reached out to those health care professionals whose specialties are not typically associated with breast health.

OWL: Did you find any similarities or discrepancies that were consistent among certain demographic groups with regard to race, income, geographic region, urban/rural communities, etc.?

Mrs. Clinton: The women I spoke with had a variety of backgrounds and experiences, and each had a compelling and enlightening story to tell. While I personally did not take note of specific demographic trends, Medicare data reveal that African-American women use mammography less than white women. Research also suggests that rural women may get fewer mammograms than urban women. As part of our mammography awareness campaign, we will make this kind of data available to grassroots organizations and state and local agencies so they can identify and reach out to the com-

Continued on page 4

Leadership Institute to Develop Grassroots Activists

The strength and vitality of a grassroots organization depends, in part, on the strength and vitality of the leadership of its grassroots activists. Convention survey returns and conversations with chapter leaders and members indicate a compelling desire for leadership development and chapter development information and training.

In response to this need, the OWL Board of Directors has agreed to hold a Leadership Institute Feb. 16-18, 1996, in San Francisco. (As the Observer went to press, negotiations began with the ANA Hotel regarding use of the facility.)

The goal of the Leadership Institute will be to strengthen OWL's impact as the leading organization representing midlife and older women; and to enhance OWL's potential at the local, state, regional, and national levels by providing training in leadership, individual and chapter advocacy, problem-solving, communication and marketing skills, organizing, and media relations.

The Institute will enable our chapter leaders to respond to the rapidly changing and radically different political climate. Workshops will be planned along three tracks:

- Recruiting, diversifying and maintaining membership and leadership.
- Problem solving: strategic planning sessions that help us to identify "What Is The Problem? What Can We Do To Solve It?"
- Marketing our message: Skill-building sessions on how to develop OWL's messages tailored to the media, our allies and legislators, as well as how to use the information highway to make organizing work easier and less costly.

The organizational core of OWL at the local level is our chapter structure. Through its 65 chapters, members carry out OWL's public education and advocacy agenda. Motivating and maintaining an ongoing and active leadership to guide the work of the chapters is of utmost priority as is the challenge to identify and develop new generations of leaders in the organization.

This commitment to strengthen and broaden the base of leadership can only be realized through the execution of an ongoing program of leadership training. Now more than ever, the vitality of an organization depends on how well it prepares its members to act on its agenda.

The national office is developing a plan to encourage participation by representatives of all of our chapters as well as at-large members. It is our hope that we will identify those interested in assuming a leadership role, offering them the opportunity to participate in the institute.

Participants will be asked to make a commitment to participate in a leadership capacity within OWL for the next year. OWL National will make a commitment to organize follow-up training activities and materials for chapter members to bolster the training their leadership received.

This will be an exciting opportunity for OWL members to be a part of OWL's leadership as it grows and takes on the issues facing women now and into the future.

Save the Date

Leadership Institute, Feb. 16-18, 1996

First Lady Launches Mammography Awareness Campaign

Continued from page 3

munities that are in need of our support.

OWL: What programs are you organizing to encourage older women to have routine mammograms?

Mrs. Clinton: We launched our nationwide mammography awareness initiative with the "Mamagram" campaign in honor of Mother's Day. The campaign featured public service announcements, informational brochures about mammography and the Medicare benefit in Spanish and English, and a "mammography kit" that included sample newsletter articles and posters. FTD florists, chain drug store pharmacists, and grocery stores distributed or displayed messages encouraging older women to get mammograms. The "mamagrams" themselves — mammography reminders to an older woman from a loved one — were available at card stores and FTD florists, ready to be slipped into Mother's Day cards and flower arrangements.

The awareness campaign is continuing after Mother's Day, as information and encouragement continue to reach older women and their health care providers through Medicare carriers and intermediaries, state and local aging agencies and health departments, and voluntary and professional organizations. Grandparents Day in September and October, Breast Cancer Awareness Month, are also likely to be highlights of the campaign.

OWL: How can OWL members help?

Mrs. Clinton: By printing this interview in the Observer, you have already contributed by helping get the word out. The most important things you can do, however, is to spread the word among your friends, and try to learn more about available options and services.

OWL members can also take action in your own communities. Learn what the needs are, and contact local organizations and businesses that might be willing to help the education effort. For further information, members can call the Office of Beneficiary Services at the Health Care Financing Administration at 202/690-6113. The success of the awareness campaign depends on the enthusiasm and participation of people like OWL members.

Tell your friends, tell your neighbors, tell your sisters: Get a mammogram. It's a picture that can save your life.

Medicare Cuts

Continued from page 1

beneficiaries can expect fewer health care services, more restrictive eligibility requirements, and the closing of hospitals and clinics around the country. And there will likely be less money available for long term care.

"Now more than ever," says OWL President Dr. Johnetta Marshall, "we need to press members of Congress on behalf of midlife and older women and urge them specifically not to do anything that will hurt Medicare/Medicaid beneficiaries."

Legislators protest they're not cutting Medicare, just controlling its growth, but projected analysis shows otherwise.

OWL's Position

Nearly 20 million older women are Medicare beneficiaries. Without it, many older women could not afford important medical procedures like biannual mammograms, a necessity for women over the age of 65 because they are six times more likely to develop breast cancer than younger women.

Over 3 million older women are Medicaid beneficiaries. Medicaid is the primary source of funding for long term care, paying for half of all nursing home care, and one-fourth of all home care. Older Medicaid beneficiaries tend to be sicker than the average older American, in large part due to a lifetime of not being able to afford proper health care.

Medicaid pays for Medicare out-of-pocket costs (premiums, copayments, and deductibles) for poor older people, the majority of whom are women. Medicaid also provides some protection from poverty for the spouse at home whose institutionalized husband or wife must "spend down" to become eligible for Medicaid benefits.

Following are the principles adopted by OWL's Board of Directors at its June meeting:

- Medicare must be protected and strengthened.
- Cuts to Medicare and Medicaid should not be used to balance the federal budget or finance tax cuts.
- Efforts to control Medicare spending should be part of a system-wide approach to cost containment and should not simply shift costs to beneficiaries and providers.
- Medicare must not become a means-tested program.
- Efforts to redefine the Medicare and Medicaid programs should preserve genuine beneficiary choice of health care providers, including fee-for-service, managed care options, and other initiatives.
- Any proposals to alter the Medicare and Medicaid programs must include options that will guarantee universal health care access and coverage.
- Medicaid must be preserved as a federal responsibility and entitlement program until enactment of a universal health care plan including long term care.

What OWL Is Doing

OWL faces one of its most difficult challenges to persuade Congress *and* the President to keep Medicare and Medicaid safe and secure. Balancing the budget on the backs of the most vulnerable is *not* the American Way.

"Our strategy is to be unrelenting in our message to the President and Congress," says OWL Executive Director Deborah Briceland-Betts. "We must be disciplined and consistent in our approach."

OWL has been organizing with individuals and organizations, through its "Don't Break the Promise" campaign, to hammer home the message to lawmakers.

While the House and Senate were deliberating their own versions of a balanced budget bill, OWL members made over 500 calls to their offices.

OWL participated in a national call-in day on June 22 for members to contact Congress and the White House to register their opposition to cuts. President Clinton received a two-pronged message congratulating him on eliminating the copayment for mammograms and reminding him to keep his promise to protect Medicare and Medicaid.

OWL members called and visited Congressional offices during the summer months, and when the Observer went to press, OWL members were planning to attend town hall meetings on Medicare and Medicaid scheduled for the August-September recess.

Honoring Lives

The following have made gifts to OWL in honor of their loved ones:

- **OWL staff, in honor of Naomi Gottlieb**, a member of OWL's National Board, who recently died in a car accident while in Israel. Gottlieb lived in Seattle, where she was a social worker and social work faculty member at the University of Washington.

For many years, Gottlieb taught a course on older women, emphasizing the need for political and social change to better the conditions of older women as a group. She was particularly active in expanding the exchange of ideas among the various OWL chapters in the Northwest region.

- **Bucks County Chapter of OWL**, in memory of chapter founder **Sylvia Rosenberg Fishbach, who passed away** this winter after a long life of active service to the chapter.

Fishbach spearheaded the chapter's successful public relations efforts and served as editor of the chapter newsletter. She also founded a support group, the Widows' Lifeline, in 1988, serving as vice president for two years.

- **Susan C. Koepsell**, in remembrance of her father, **Dr. Harold J. Koepsell**, who passed away a year ago, and in honor of his wife, **Anne Koepsell**, who cared for him throughout his illness.
- **David Goldstein and Stanley Goldstein**, in memory of their mother, **Ida Goldstein.**

Convention Postponed

- The 1996 OWL Convention has been postponed because of a lack of organizational resources. The Board and staff regret the need for this action. We are committed to holding the convention in California as funds become available. A notice for a new date will be announced in future issues of the OWL Observer and Hold Advocate this fall.

OWL-Supported Resolutions Fare Well at WHCoA

By Dianna Porter, Public Policy Director

Congratulations to OWL members who pushed OWL's agenda through countless mini-conferences prior to the May 2-5 White House Conference on Aging (WHCoA), and to OWL delegates who represented midlife and older women's concerns at WHCoA.

A total of 50 resolutions were approved the final day of the conference, many reflecting OWL's agenda. Delegates considered 60 resolutions during the conference, amending them in a series of issue-resolution discussion sessions.

Delegates also approved an additional 10 resolutions introduced for the first time at the conference. To be included for voting, these resolutions had to have the support of at least 10 percent of the delegates. All of the approved "10 percent" resolutions were developed by the Leadership Council of Aging Organizations and supported by OWL.

Following are adopted resolutions in the four major issue areas containing OWL's language and/or positions:

Assuring Comprehensive Health Care

• The reforming the health care system resolution incorporates many of OWL's health care reform principles, including a comprehensive national system; benefits, including physical and mental health care services, long term care, prescription drugs, and early detection and treatment; affordability and choice; cost containment; quality assurance; and research funding.

• Resolutions on availability of services and on financing and providing long term care call for preventing impoverishment of spouses of Medicaid beneficiaries for long term care, including home-based services; uniform standards and consumer protections for private long term care insurance policies; and guaranteed long term care for all regardless of age, income, or disability through a progressively financed program.

• The support for caregivers resolution calls for adequate funding, education, and training of formal and informal providers of long term care and for expanding the Family and Medical Leave Act to include caring for aging relatives and to grandparents raising children.

Photo/Dianna Porter

At the recent White House Conference on Aging, from left: Sandy Warshaw, Secretary, OWL National Board; Nancy Moldenhauer, Vice President, OWL National Board, and Miriam Seltzer, OWL Minnesota member.

• Medicare and Medicaid resolutions call for assurance that any changes to Medicare will provide access to a standard benefits package with preventive care, long term care, prescription drugs, dental, vision, and hearing services; strengthen the program's financial well-being; preserve the social insurance nature of Medicare; and enhance the quality of the program within the context of health care reform.

Resolutions also urge that the Qualified Medicare Beneficiary and Specified Low-Income Beneficiary programs be preserved and outreach expanded.

Promoting Economic Security

• The resolution receiving the most votes was "Keeping Social Security sound, now and for the future." The resolution calls for continued cost-of-living adjustments, and opposing means-testing and the use of Social Security to balance the budget.

• Other resolutions on Social Security and pensions support crediting a worker for caregiving years, strengthening the traditional pension system, providing incentives for employers to provide pensions for all workers, applying ERISA standards to public pensions, and enforcing anti-discrimination laws covering salaries, hiring, promotions, and pension benefits.

Maximizing Housing Options

• Resolutions call for incentives to encourage design, construction, and modification of housing for people of all ages; elimination of barriers; financing for home improvements, maintenance, repairs, and modifications; and continued support for Section 202, Section 8, and other federally assisted housing.

Maximizing Options for a Quality Life

• Two resolutions on elder abuse and crime contained many of the recommendations in OWL's 1994 Mother's Day report on ending violence against midlife and older women.

• A resolution on image and roles of older people emphasized the need for partnerships of aging organizations and the media to recognize contributions and worth of older adults.

• A resolution on grandparents raising grandchildren supported granting legal surrogate decision-making authority to caregivers; providing them with financial, social, and legal supports; and removing barriers to Aid to Families with Dependent Children, food stamps, and other programs.

After the conference, the WHCoA Advisory Committee put together a report, which was sent to all state governors on July 31. The governors have 90 days to review the report and submit comments.

The WHCoA Policy Committee will compile all comments and send them to the President and Congress. The committee will then be responsible for putting together an administrative and legislative action report by Jan. 31, 1996.

Board To Vote on Bylaw Changes at Annual Meeting

On June 11, 1995, OWL's Board of Directors accepted the Bylaw Committee's revision recommendations. Over the past several months, committee members had gathered suggestions from four areas of the country and solicited input from members as well as national board members.

All of the information was forwarded to OWL's legal counsel to ensure that OWL is in compliance with California law. (Because OWL was incorporated in California, any bylaw changes must follow California corporate rules.)

According to legal counsel, OWL has a very strong set of bylaws reflecting the careful thought utilized in developing them. She cautioned against any changes as a reaction to fixing a situation. Most of these situations would be policy and procedural issues, not bylaw revisions. She also recommended that careful consideration be given in making bylaw changes.

At its June meeting, the board requested that members be forwarded the revisions. The vote will take place during OWL's Annual Board of Directors Meeting in Washington, D.C., on Oct. 13-15, 1995.

All OWL members are invited to attend the meeting. Please call the OWL National Office at 800/825-3695 or 202/783-6686 by Sept. 30 if you plan to attend.

The proposed bylaw changes are:

I. Current: (Article IV - 6) Meetings. Meetings of members shall be held at such times and places, and for such purposes, as the directors may determine.

Add: Proposed in writing 5 percent of the members can call a special meeting of the members. **Reason:** This is already true under California law. It should be stated in the by-laws so members are aware of this provision.

II. Current: (Article IV - 7) Quorum. A quorum shall consist of one-third of the voting members of the corporation.

Change: A quorum shall consist of those members voting in an election or present at a meeting. **Reason:** It is impossible to meet the current one-third membership quorum.

III. Current: (Article V - 1) Number and Eligibility. Each region shall elect one representative to the Board of Directors. One-half of the regional representation shall be elected at each election.

Add: Regional representatives shall be a voice for their regional members, chapters, and organization, and they shall vote in the best interest of the League. **Reason:** This defines the role of the regional representatives and their responsibilities as a board member.

IV. Current: (Article V - 5) Quorum. The President shall vote only if there would otherwise be a tie vote.

Change: The President shall vote only if there would otherwise be a tie vote or deadlock. **Reason:** To avoid the situation of the board not being able to move ahead on the two-thirds vote issues.

V. Current: (Article V - 5) Quorum. A majority of a quorum, or of all directors present, whichever is greater, is necessary for the approval of business. Such approval constitutes an Act of the Board.

Change: The affirmative vote of a majority of the Directors present at a meeting of which a quorum is present is necessary for the approval of business. Such approval constitutes an Act of the Board. **Reason:** This language clarifies and makes clear the intent of the original article.

VI. Current: (Article XI - 1) Charter. The Board of Directors may charter any petitioning local group of at least eight members of OWL as a chapter of OWL.

Change: The Board of Directors may charter any petitioning local group of members of OWL meeting the criteria established by the Board.

VII. Current: (Article XI - 3) Revocation. The Board may annul, revoke, or suspend a chapter if its membership falls below eight, or if, in the opinion of two-thirds of the Board, it is in the best interests of OWL.

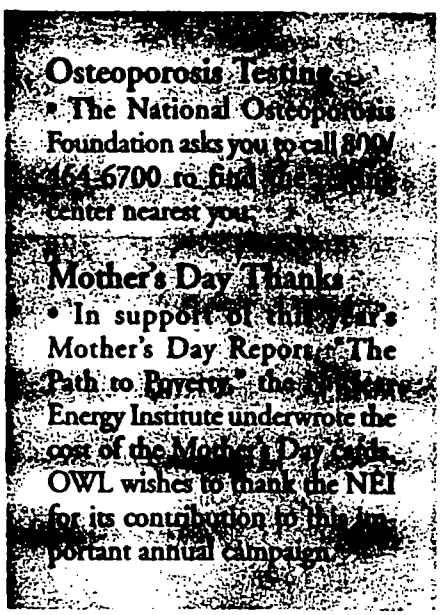
Change: The Board may annul, revoke, or suspend a chapter if, in the opinion of two-thirds of the Board, it is in the best interests of OWL.

Reason (for VI. & VII.): The origin of the number eight or reason for it is unknown. It would be sounder to base these numbers on OWL's experiences or predicted rate of survival and on research of other chapter-based membership organizations' rate of success. These criteria, once established, would then be recorded in Policy and Procedures.

VIII. Current: (Article XII - 1) State Organizations. The Board of Directors may charter one state organization per state, upon receipt of a petition by at least two-thirds of the chapters in the state and 100 members of the League.

Change: State and/or Regional Organizations. The Board of Directors may charter a state organization and/or a regional organization meeting the criteria established by the Board. **Reason:** To give recognition to the regional organizations and the contributions that they have made to the League. The criteria once established would then be recorded in Policy and Procedures.

OWL Briefs



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The OWL Observer

The OWL Observer is published six times a year.

Executive Director
Deborah Briceland-[illegible]
[illegible]

Writer
Deborah D[illegible]
[illegible]

Publishing Office
666 Eleventh St. [illegible]
Suite 700,
Washington, D.C. [illegible]
Phone: 800/825-36[illegible]
202/783-6686
Fax: 202/[illegible]

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Final Report
May 9- September 1, 1995

Market Rank	Designated Market Area	Station	Network	Number of Airings	PSA Aired*
0		LIFETIME	Cable	42	A
1	New York	WWOR	UPN	29	B
4	Philadelphia	WGBS	IND	16	A+B
		WPVI	ABC	19	A+B
		WPHL	IND	21	A
		WTXF	FOX	2	A
5	San Francisco	KGO	ABC	1	A
6	Boston/ New Hampshire	WMUR	ABC	34	B
		WLVI	IND	1	A
7	Washington DC	WDCA	IND	28	A
		WTTG	FOX	6	A
		WUSA	CBS	37	A+B
9	Detroit	WGPR	CBS	68	A+B
		WKBD	IND	4	A
11	Houston	KPRC	NBC	31	A+B
15	Tampa/St.Pete	WFTS	ABC	4	A
17	Pittsburgh	KDKA	CBS	22	A
18	Denver	KUSA	ABC	13	A
19	Phoenix	KPHO	CBS	120	A+B
		KTVK	IND	3	B

*KEY:
The letter A in the last column denotes that the First Lady's PSA is being aired.
The letter B in the last column denotes that the Presidents PSA is being aired.
The letters A+B in the last column denotes that the two PSA's are being aired by that station in approximately a 50/50 mix.

Market Rank	Designated Market Area	Station	Network	Number of Airings	PSA Aired*
96	Baton Rouge	WAFB	CBS	60	A+B
100	El Paso	KVIA	ABC	26	A
110	Tyler/Longview,TX	KLTV	ABC	5	A
115	Monterey/Salinas	KNTV	ABC	24	A
116	Tallahassee	WTXL	ABC	60	A+B
127	Florence/Mrytl Bch	WPDE	ABC	1	B
136	Wheeling, WV	WTOV	NBC	1	A
139	Wilmington	WECT	NBC	18	A+B
140	Wichita Falls	KSWO	ABC	1	B
144	Terre Haute	WTHI	CBS	12	B
177	Greenwood/ Greenville, NC	WABG	ABC	1	A
191	Butte/Bozeman, MT	KCTZ	CBS	117	A+B
191	Butte/Bozeman, MT	KXLF	CBS	117	A+B
194	Casper/Riverton	KFNE KTWO	ABC	2 1	A A
205	Fairbanks, AK	KATN	ABC	1	A
207	Victoria	KAVU	ABC	1	A

TOTAL NUMBER OF STATIONS TO DATE: 55
TOTAL NUMBER OF AIRINGS TO DATE: 1352

PAGE 2

Market Rank	Designated Market Area	Station	Network	Number of Airings	PSA Aired*
20	St. Louis	KSDK	NBC	4	A+B
24	Indianapolis	WISH	CBS	6	A
29	Milwaukee	WITI	CBS	6	A
36	Buffalo	WGRZ	NBC	8	A
37	Salt Lake City	KUTV	NBC	14	A+B
39	San Antonio	KMOL	NBC	35	A+B
43	Oklahoma City	KFOR	NBC	1	A
45	W. Palm Beach	WPTV	NBC	1	A
51	Birmingham	WVTM	NBC	1	A
54	Richmond/ Petersburg	WTVR	CBS	49	A
58	Little Rock/ Pine Bluff	KATV	ABC	13	A
		KTHV	CBS	76	A+B
69	Honolulu	KHAW	NBC	19	B
		KHON	NBC	25	B
73	Des Moines	KCCI	CBS	16	A
74	Omaha	KETV	ABC	65	A+B
75	Spokane, WA	KHQ	NBC	21	A
81	Tucson	KVOA	NBC	29	A
84	Dubique/ Cedar Rapids, IA	KDUB	ABC	1	B
93	Tri-Cities, TN-VA	WJHL	CBS	12	A

August 26, 1995 File mammography

MEMORANDUM TO MAGGIE WILLIAMS
MELANNE VERVEER

FROM: BARBARA WOOLLEY

RE: UPDATE ON MEDICARE MAMMOGRAPHY PSA'S

Enclosed is an update on the First Ladies and the President's Medicare Mammography PSA's between May 9, 1995, and August 24, 1995. Patti has confirmed the taping of the next PSA for the First Lady for September 12, 1995. It will run for 3 months beginning on October 1 for Breast Cancer Month.

Medicare Mammography PSA
Preliminary Report #3
May 9- August 24, 1995

Market Rank	Designated Market Area	Station	Network	Number of Airings	PSA Aired*
0		LIFETIME	Cable	42	A
1	New York	WWOR	UPN	29	B
4	Philadelphia	WGBS	IND	16	A+B
		WPVI	ABC	19	A+B
		WPHL	IND	21	A
		WTXF	FOX	2	A
5	San Francisco	KGO	ABC	1	A
6	Boston/ New Hampshire	WMUR	ABC	34	B
		WLVI	IND	1	A
7	Washington DC	WDCA	IND	28	A
		WTTG	FOX	6	A
		WUSA	CBS	37	A+B
9	Detroit	WGPR	CBS	68	A+B
		WKBD	IND	4	A
11	Houston	KPRC	NBC	31	A+B
15	Tampa/St.Pete	WFTS	ABC	4	?
17	Pittsburgh	KDKA	CBS	22	A
18	Denver	KUSA	ABC	13	A
19	Phoenix	KPHO	CBS	112	A+B
		KTVK	IND	3	B

*KEY:
The letter A in the last column denotes that the First Lady's PSA is being aired.
The letter B in the last column denotes that the Presidents PSA is being aired.
The letters A+B in the last column denotes that the two PSA's are being aired by that station in approximately a 50/50 mix.

Market Rank	Designated Market Area	Station	Network	Number of Airings	PSA Aired*
20	St. Louis	KSDK	NBC	4	A+B
24	Indianapolis	WISH	CBS	6	A
29	Milwaukee	WITI	CBS	6	?
36	Buffalo	WGRZ	NBC	8	A
37	Salt Lake City	KUTV	NBC	14	A+B
39	San Antonio	KMOL	NBC	35	A+B
43	Oklahoma City	KFOR	NBC	1	?
45	W. Palm Beach	WPTV	NBC	1	?
51	Birmingham	WVTM	NBC	1	?
54	Richmond/ Petersburg	WTVR	CBS	49	A
58	Litttle Rock/ Pine Bluff	KATV	ABC	13	A
		KTHV	CBS	76	A+B
69	Honolulu	KHAW	NBC	19	B
		KHON	NBC	25	B
73	Des Moines	KCCI	CBS	16	A
74	Omaha	KETV	ABC	65	A+B
75	Spokane, WA	KHQ	NBC	21	A
81	Tucson	KVOA	NBC	29	A
84	Dubique/ Cedar Rapids, IA	KDUB	ABC	1	?
93	Tri-Cities, TN-VA	WJHL	CBS	12	A

Market Rank	Designated Market Area	Station	Network	Number of Airings	PSA Aired*
96	Baton Rouge	WAFB	CBS	60	A+B
100	El Paso	KVIA	ABC	26	A
110	Tyler/Longview,TX	KLTV	ABC	5	A
115	Monterey/Salinas	KNTV	ABC	24	A
116	Tallahassee	WTXL	ABC	60	A+B
127	Flomce/Mrytl Bch	WPDE	ABC	1	?
136	Wheeling, WV	WTOV	NBC	1	?
139	Wilmington	WECT	NBC	18	?
140	Wichita Falls	KSWO	ABC	1	B
144	Terre Haute	WTHI	CBS	12	B
177	Greenwood/ Greenville, NC	WABG	ABC	1	?
191	Butte/Bozeman, MT	KCTZ	CBS	117	A+B
191	Butte/Bozeman, MT	KXLF	CBS	117	A+B
194	Casper/Riverton	KFNE KTWO	ABC	2 1	A ?
205	Fairbanks, AK	KATN	ABC	1	A
207	Victoria	KAVU	ABC	1	A

TOTAL NUMBER OF STATIONS TO DATE: 55
TOTAL NUMBER OF AIRINGS TO DATE: 1344

File Mammograms

FYI - VSL

June 6, 1995

MEMORANDUM TO MAGGIE WILLIAMS
MELANNE VERVEER

FROM: BARBARA WOOLLEY

SUBJECT: FOLLOW UP ON LONG TERM MEDICARE AND MAMMOGRAPHY CAMPAIGN

I have enclosed copies of updates on the distribution of PSA's for your information. As you can see, the distribution of the PSA's has been receptive and wide. The following stations have cleared the PSA's to air soon: CBS Network; WFLD, Chicago; KUSI, San Diego; WDAF, Kansas City; WTRV, Richmond, VA; WABG, Greenville, MS; and, WTHI, Terre Haute.

Tamar Small, Biologix Communications, designed a press kit and other material for widespread dissemination of the long term campaign elements. She is interested in any feedback you might have on the material.

Kodak recently agreed to contribute funds towards the PSA's. The two communication firms developing the PSA's continue to seek funding of the remaining two PSA's targeted for release in September, 1995, and January, 1996.

HHS is currently putting together a list of proposed events for the First Lady to participate in the long term medicare and mammography campaign. As soon as I receive this information, I will share the information with you.

TVN
TARGET VIDEO NEWS

Medicare Mammography PSA
Preliminary Report #2
May 9-31 1995

Market Rank	Designated Market Area	Station	Network	Number of Airings
1	New York	WWOR	UPN	29
4	Philadelphia	WGBS	IND	16
4	Philadelphia	WPVI	ABC	12
4	Philadelphia	WPHL	IND	2
6	Boston/ New Hampshire	WMUR	ABC	15
7	Washington DC	WUSA	CBS	7
7	Washington DC	WTTG	FOX	3
9	Detroit	WGPR	CBS	34
11	Houston	KPRC	NBC	12
17	Pittsburgh	KDKA	CBS	2
18	Denver	KUSA	ABC	8
20	St. Louis	KSDK	NBC	2
39	San Antonio	KMOL	NBC	8
54	Richmond/ Petersburg	WTVR	CBS	9
58	Little Rock/ Pine Bluff	KTHV	CBS	20
58	Litttle Rock/ Pine Bluff	KATV	ABC	4

Target Video News, Inc.
220 Fifth Avenue
New York, NY 10001
212.889.2323
212.889.1206 Fax

PAGE 2

Market Rank	Designated Market Area	Station	Network	Number of Airings
69	Honolulu	KHAW	NBC	10
69	Honolulu	KHON	NBC	15
74	Omaha	KETV	ABC	16
75	Spokane, WA	KHQ	NBC	3
81	Tucson	KVOA	NBC	8
96	Baton Rouge	WAFB	CBS	21
100	El Paso	KVIA	ABC	5
116	Tallahassee	WTXL	ABC	10
144	Terre Haute	WHTI	CBS	12
191	Butte/Bozeman, MT	KCTZ	CBS	35
191	Butte/Bozeman, MT	KXLF	CBS	35
194	Casper/Riverton	KFNE	ABC	2
205	Fairbanks, AK	KATN	ABC	1

TO:HILLARY RODHAM CLINTON

FROM:JACKIE NEDELL

SUBJECT:MAMMOGRAPHY PROJECT

It has been a terrific and rewarding experience to work with you and your staff on the mammography project.It has been especially meaningful for me because I covered you and your husband for years while I was a TV reporter in Memphis and saw your tremendous commitment to women and children. That commitment continues and I am now thrilled to be part of your team.

I have taken the following steps to make sure TV coverage of the mammography project continues and to make sure that as many stations as possible run the PSA'S.

On May First-I put together an eight minute video and audio feed which was fed via satellite from our HHS studio to seven hundred television stations nationwide. That tape was SIGMA coded which means we will get weekly reports for at least one month on which stations aired portions of that feed. It included video and parts of your speech along with both public service announcements.

With corporate funds-we contracted with a PSA distribution company to send hard copies to two hundred stations nationwide in key TV markets during the week of May 8th. That effort included phone calls to every station's public service director along with follow up calls to key markets several days later.The distribution included TV networks as well.The tapes were also SIGMA coded so we will get tracking reports for at least two weeks after on which stations aired the PSA'S.

I spoke with the producer of the "Today" show piece on mammography several weeks before the interviews and video were shot...offering information and sending them a copy of my video news release.The producer told me Katie Couric saw the video before she did the interview with her. The piece turned out very well...shown on May tenth...and parts of the video news release were included.

I sent CNN a copy of the public service announcement and parts of them were used in a recent story on your mammogram project.

I sent Potomac Television a copy of the public service announcements for its PSA channel. The feed goes out the third Tuesday of the month to more than 700 TV stations nationwide.I asked Potomac to send a special alert to stations highlighting the PSA'S...before the feed. Potomac says its already gotten requests for hard copies of the PSA'S so I sent additional copies to Potomac.

I sent the National Association of Broadcasters a copy of the PSA'S

for its monthly feed to almost 1000 stations nationwide. Coincidentally The NAB is in the process of recording congressional wives for breast cancer PSA's which will run this summer. So the NAB will run your PSA with the president's for several months on its feed...because of its breast cancer campaign.

I will continue my efforts in every way possible. I think its a meaningful and worthwhile project and again I applaud your efforts.

NIELSEN SIGMA SERVICE

VIDEO RELEASE USAGE REPORT - HALF HOUR SUMMARY

MAY 01, 1995 - MAY 07, 1995

CLIENT ID : P101
VIDEO RELEASE: MDMS MAMMOGRAPHY
RELEASE TYPE : VNR
DISTRIBUTOR : DAILY BUSINESS SATELLITE

* * * SUMMARIES * * *	NO. OF MARKETS	NO. OF STATIONS	NO. OF 1/2 HRS
TOTAL(ALL DP ALL VER)	36	39	56
EM = 5AM-9AM	15	16	17
DT = 9AM-4PM	11	11	11
EF = 4PM-8PM	12	13	16
PT = 8PM-10P	1	1	1
LE = 10PM-1A	9	10	10
LN = 1AM-5AM	2	2	2
VERSION: GENERAL	36	39	56
EM = 5AM-9AM	15	16	17
DT = 9AM-4PM	11	11	11
EF = 4PM-8PM	12	13	16
PT = 8PM-10P	1	1	1
LE = 10PM-1A	9	10	10
LN = 1AM-5AM	2	2	2

VIDEO RELEASE USAGE REPORT - HALF HOUR SUMMARY
MAY 01, 1995 - MAY 07, 1995

CLIENT ID : P101
VIDEO RELEASE: HHS MAMMOGRAPHY
RELEASE TYPE : VNR
DISTRIBUTOR : DAILY BUSINESS SATELLITE

MKT RANK	DESIGNATED MARKET AREA	STATION	AFFL	DATE AIRED	DAY OF WK	DAY-PART	LOCAL 1/2HR AIRED	VERSION
64	TOLEDO	WTOL	CBS	01MAY95	MO	EF	5:00P	
72	LAS VEGAS	KLAS	CBS	07MAY95	SU	DT	10:00A	
73	DES MOINES-AMES	KCCI	CBS	02MAY95	TU	EN	6:00A	
79	PORTLAND-AUBURN	WGME	CBS	01MAY95	MO	EF	5:30P	
85	MADISON	WISC	CBS	01MAY95	MO	LE	10:00P	
				02MAY95	TU	EN	6:00A	
86	SOUTH BEND-ELKHART	WSBT	CBS	02MAY95	TU	DT	12:00N	
						EN	6:00A	
91	JOHNSTOWN-ALTOONA	WTAJ	CBS	02MAY95	TU	DT	12:00N	
97	COLORADO SPRINGS-PUEBLO	KKTV	CBS	02MAY95	TU	EN	6:00A	
116	TALLAHASSEE-THOMASVILLE	WTXL	ABC	01MAY95	MO	EF	5:00P	
140	WICHITA FALLS & LAWTON	KAUZ	CBS	01MAY95	MO	LE	10:00P	
141	ERIE	WSEE	CBS	02MAY95	TU	EF	5:30P	
						EN	6:30A	
152	LUBBOCK	KLBK	CBS	02MAY95	TU	DT	12:00N	

EN = 5AM-7AM DT = 9AM-4PM EF = 4PM-8PM PT = 8PM-10P
LE = 10PM-1A LN = 1AM-5AM

NIELSEN SIGMA SERVICE
VIDEO RELEASE USAGE REPORT - HALF HOUR SUMMARY
MAY 01, 1995 - MAY 07, 1995

CLIENT ID : P101
VIDEO RELEASE: HHS MAMMOGRAPHY
RELEASE TYPE : VNR
DISTRIBUTOR : DAILY BUSINESS SATELLITE

MKT RANK	DESIGNATED MARKET AREA	STATION	AFFL	DATE AIRED	DAY OF WK	DAY-PART	LOCAL 1/2HR AIRED	VERSION
2	LOS ANGELES	KCAL	IND	01MAY95	MO	PT	9:00P	
		KCBS	CBS	01MAY95	MO	EF	5:30P	
				02MAY95	TU	DT	12:00N	
3	CHICAGO	WBBM	CBS	02MAY95	TU	EF	4:00P	
4	PHILADELPHIA	WCAU	CBS	02MAY95	TU	DT	12:00N	
5	SAN FRANCISCO-OAK-SAN JOS	KGO	ABC	01MAY95	MO	EF	6:00P	
		KPIX	CBS	01MAY95	MO	EF	5:00P	
						LE	10:30P	
7	WASHINGTON, DC	WDCA	IND	01MAY95	MO	LE	11:00P	
		WUSA	CBS	01MAY95	MO	EM	5:30A	
						LE	11:00P	
				02MAY95	TU	DT	10:30A	
						EM	6:30A	
15	TAMPA-ST. PETE,SARASOTA	WTSP	CBS	01MAY95	MO	EF	5:30P	
				02MAY95	TU	EM	6:00A	
16	MIAMI-FT. LAUDERDALE	WCIX	CBS	02MAY95	TU	EF	5:00P	
18	DENVER	KMGH	CBS	01MAY95	MO	LE	10:00P	
						LN	2:00A	
				02MAY95	TU	EM	6:30A	
27	SAN DIEGO	KFMB	CBS	01MAY95	MO	EF	5:30P	
28	CHARLOTTE	WBTV	CBS	02MAY95	TU	DT	12:00N	
30	CINCINNATI	WCPO	CBS	03MAY95	WE	EM	6:00A	
31	KANSAS CITY	KCTV	CBS	02MAY95	TU	EM	6:00A	
33	NASHVILLE	WTVF	CBS	02MAY95	TU	DT	11:00A	
						EM	6:00A	
35	GREENVLL-SPART-ASHEVLL-AN	WSPA	CBS	02MAY95	TU	EM	6:30A	
36	BUFFALO	WIVB	CBS	02MAY95	TU	EF	4:30P	
							5:00P	
							5:30P	
37	SALT LAKE CITY	KSL	CBS	02MAY95	TU	EM	6:00A	
							6:30A	
38	GRAND RAPIDS-KALMZOO-B.CR	WWMT	CBS	01MAY95	MO	LE	11:00P	
40	NORFOLK-PORTSMTH-NEWPT NW	WTKR	CBS	02MAY95	TU	EF	5:00P	
42	MEMPHIS	WREG	CBS	01MAY95	MO	LE	10:00P	
45	GREENSBORO-H.POINT-W.SALE	WFMY	CBS	01MAY95	MO	LE	11:00P	
						LN	2:00A	
				02MAY95	TU	EM	7:30A	
49	ALBUQUERQUE-SANTA FE	KRQE	CBS	01MAY95	MO	LE	10:00P	
55	DAYTON	WHIO	CBS	01MAY95	MO	EM	5:30A	
56	CHARLESTON-HUNTINGTON	WCHS	CBS	02MAY95	TU	DT	12:00N	
59	TULSA	KOTV	CBS	03MAY95	WE	DT	12:30P	

EM = 5AM-9AM DT = 9AM-4PM EF = 4PM-8PM PT = 8PM-10P
LE = 10PM-1A LN = 1AM-5AM

NIELSEN SIGMA SERVICE
VIDEO RELEASE USAGE REPORT - HALF HOUR SUMMARY
FEBRUARY 15, 1995 - MAY 07, 1995

CLIENT ID : P101
VIDEO RELEASE: HHS FIRST LADY
RELEASE TYPE : VNR
DISTRIBUTOR : DAILY BUSINESS SATELLITE

MKT RANK	DESIGNATED MARKET AREA	STATION	AFFL	DATE AIRED	DAY OF WK	DAY-PART	LOCAL 1/2HR AIRED	VERSION
7	WASHINGTON, DC	WJLA	ABC	15FEB95	WE	EF	5:00P	
							5:30P	
8	DALLAS-FT. WORTH	KDFW	CBS	01MAY95	MO	EF	5:00P	
10	ATLANTA	WNGH	IND	16FEB95	TH	EM	7:00A	
		WSB	ABC	01MAY95	MO	EF	5:30P	
11	HOUSTON	KNWS	IND	01MAY95	MO	EF	7:00P	
							7:30P	
						PT	8:00P	
							9:30P	
				06MAY95	SA	EF	5:00P	
							5:30P	
							6:00P	
							6:30P	
							7:00P	
							7:30P	
						PT	8:00P	
							8:30P	
							9:00P	
							9:30P	
		KRIV	FOX	01MAY95	MO	LN	1:00A	
						PT	9:00P	
				02MAY95	TU	EM	7:30A	
15	TAMPA-ST. PETE,SARASOTA	WTSP	CBS	01MAY95	MO	EF	5:30P	
16	MIAMI-FT. LAUDERDALE	WPLG	ABC	01MAY95	MO	EF	5:30P	
21	SACRAMNTO-STKTON-MODESTO	KXTV	ABC	01MAY95	MO	EF	5:00P	
45	WEST PALM BEACH-FT. PIERC	WPTV	NBC	15FEB95	WE	EF	5:00P	

EM = 5AM-9AM DT = 9AM-4PM EF = 4PM-8PM PT = 8PM-10P
LE = 10PM-1A LN = 1AM-5AM

File Mammography

June 15, 1995

MEMORANDUM TO MAGGIE WILLIAMS ✓
MELANNE VERVEER

FROM: BARBARA WOOLLEY

RE: UPDATE ON PSA'S - MAMMOGRAPHY CAMPAIGN

Enclosed is the most recent information on the airing of PSA's for both the President and the First Lady that ran between May 9 and June 6. What is different in this report, the information separates out where the President's (indicated by a B) and First Lady's (indicated by a A) PSA's were aired. What one can conclude is there is about an even split between the two spots. The First Lady's spot ran 240-244 times, the President's spot ran 241-245 times.

TVN
TARGET VIDEO NEWS

Medicare Mammography PSA
Preliminary Report #3
May 9- June 6 1995

Market Rank	Designated Market Area	Station	Network	Number of Airings	PSA Aired*
1	New York	WWOR	UPN	29	A
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4	Philadelphia	WPVI	ABC	12	A+B
4	Philadelphia	WPHL	IND	7	A
6	Boston/ New Hampshire	WMUR	ABC	16	B
7	Washington DC	WUSA	CBS	9	A+B
7	Washington DC	WTTG	FOX	5	A
9	Detroit	WGPR	CBS	45	A+B
11	Houston	KPRC	NBC	17	A+B
17	Pittsburgh	KDKA	CBS	5	A
18	Denver	KUSA	ABC	9	A
20	St. Louis	KSDK	NBC	2	A+B
24	Indianapolis	WISH	CBS	1	A

*KEY:

The letter A In the last column denotes that the First Lady's PSA is being aired.
The letter B in the last column denotes that the Presidents PSA is being aired.
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PAGE 2

Market Rank	Designated Market Area	Station	Network	Number of Airings	PSA Aired*
36	Buffalo	WGRZ	NBC	1	A
37	Salt Lake City	KUTV	NBC	2	A
39	San Antonio	KMOL	NBC	13	A+B
54	Richmond/ Petersburg	WTVR	CBS	9	A
58	Little Rock/ Pine Bluff	KTHV	CBS	22	A+B
58	Litttle Rock/ Pine Bluff	KATV	ABC	4	A
69	Honolulu	KHAW	NBC	16	B
69	Honolulu	KHON	NBC	21	B
74	Omaha	KETV	ABC	31	A+B
75	Spokane, WA	KHQ	NBC	7	A
81	Tucson	KVOA	NBC	12	A
93	Tri-Cities, TN-VA	WJHL	CBS	4	A
96	Baton Rouge	WAFB	CBS	29	A+B
100	El Paso	KVIA	ABC	10	A
116	Tallahassee	WTXL	ABC	15	A+B
140	Wichita Falls	KSWO	ABC	1	B
144	Terre Haute	WTHI	CBS	12	B

PAGE 3

Market Rank	Designated Market Area	Station	Network	Number of Airings	PSA Aired*
191	Butte/Bozeman, MT	KCTZ	CBS	50	A+B
191	Butte/Bozeman, MT	KXLF	CBS	50	A+B
194	Casper/Riverton	KFNE	ABC	2	A
205	Fairbanks, AK	KATN	ABC	1	A

Totals 485 airings

A 240 Mrs. Clinton

B 245 President/Mrs Kelley

Devra Lee Davis
Senior Advisor
Assistant Secretary for Health
202-401-7681

Remarks to Hadassah May 5, 1995

Good afternoon. I want to thank Sheila Adler and Hadassah for inviting me to speak with you today. The topic guiding this meeting is faith in human virtue. At first thought, the recent terrible tragedy of Oklahoma City, makes it difficult to believe in human virtue. Certainly, the evil confused people who perpetrated this horrible deed, lacked any human virtue. They appear to have sought revenge for the losses at Waco, by inflicting even greater losses on innocents in Oklahoma. Within minutes of this dreadful event, we also could see the bravery and compassion that makes this country so great in action. We have heard many stories of human courage and compassion and there are many others that we will never hear. These serve as a forceful and blessed reminder that, indeed, we have much to be proud of, in this country. Few have remarked that the date of this infamous terrorist event was also the fiftieth anniversary of the Warsaw Ghetto uprising. I thought it would be appropriate to ask for a moment of silence in honor of those who died in all of these tragic incidents.

I am honored to be invited to speak with you today and to expand on the words of Henrietta Szold, who once spoke of "faith in progress, in the perfectability of life and the bearers of life, in human virtue, in the values of idealism and aspiration... which altogether comprises the guarantee of continued achievement.""

Deep and abiding faith in Judaism and the possibility Judaism holds out for attaining human virtue have been sources of enormous comfort and inspiration in all parts of my life, and I am thrilled to be asked to discuss how my own personal faith has shaped my work. Today, I want to talk about Judaism as a religion of personal struggle for virtue, and as an environmental religion of caretakers. I will conclude by discussing how Jewish women, who have been traditional caretakers of the world and their families-- the ashet chaylim– may be at increased risk of breast cancer. And I will note some of the work that my colleagues and I have been doing in trying to figure out how to prevent this disease. It is time to do a better job of taking care of the caretakers.

Judaism places great faith in human virtue, in the abilility of people to find the right thing to do and to do it, despite having made mistakes in the past. We have opportunities every Shabbat, and indeed, everyday to remind ourselves of the holiness of life, of our own imperfections, and of the possibility of improvement.

We come from a people chosen to give the world a message that individual peace

and freedom requires social justice and order. Among the highest values is to study and search for meaning in our religious history. At Passover, it is no accident that in order to remind ourselves of freedom we are given rules to follow--literally the word seder, means order. Each year we restate our thanks that we are no longer slaves, that we live in freedom.

There is a long protracted debate in theological and philosophical circles about whether free humans are innately good or evil. Judaism has long embraced the notion that humans are just that, namely human, and responsible for whether they chose to be good or evil. The Bible is full of stories of those who were less than perfect, including all of our forefathers and foremothers. Once, in our synagogue Chavera we were discussing why Abraham asked his wife Sarah to lie and say she was his sister. When I said, I thought it was wrong of God to allow Abraham to do that, even if it was to save Abraham's life, my daughter whispered, "Mom, you can't argue with God." But, indeed, that is precisely what Judaism offers all of us--a chance to argue and struggle with ourselves to be better people and, even to argue with God.

The very name Yisroel means to struggle with God, and was given to Isaac, after he wrestled the night long with an Angel. In fact, the Hebrew root for Yitzchak derives from the word for crooked, whilst that for Yisroel stems from the word for straight. Israel provides the straighter path that we all can seek. No matter how crooked we may be--whatever our human flaws and imperfections--we can always seek to do and be better.

Today women are wrestling with many issues. We have many more jobs in our society, and for some of these we are getting paid. There are more of us in positions of some influence. But, we still confront glass ceilings in many segments of society, including in religion and our work outside of the home. These barriers all involve struggles, some of which are intensely personal and physical, some chiefly spiritual. And all of them challenge us to become better at whatever we are doing. There is one prayer at the end of the Amidah, which has always been a source of great comfort to me. It is translated, "O Lord, guard my lips from speaking evil, and to those who speak against me let me give no heed."

Those who challenge conventional views, such as I have done from time to time when I have argued that cancer increases cannot be explained solely by smoking or aging, have to be prepared for the fact that many do not like to hear such messages. When I have been attacked, sometimes personally, this prayer has restored my faith and given me the serenity to persevere. Besides, Jews have long persisted in the face of enormous challenges, far greater than those intellectual squabbles in which I have been involved.

Among other things the Jewish tradition is rich in conflicts and stark choices. At one point, the Torah vividly depicts the radically conflicting, freely made choices that God lays before the Jewish people upon the death of Moses. "Before you I have placed life and death, the blessing and the curse. You must choose life, so that you and your descendants will survive." If you choose good, and walk in the Lord's path, you will flourish, but if

you go astray, you will be utterly exterminated.

Surely, this seems a bit harsh, but it lays out the competing choices quite clearly. Indeed, sometimes we get to argue with God about what appear to be little details and phrases--entire treatises have been written on specific phrases, such as what does it mean to walk with God, since God does not exist in an earthly form? Often the process of arguing transforms us into better persons.

It is sometimes said that if there are two Jews, they will have at least three opinions, and all of them will be strongly held. Thus, arguing, contesting, has always provided us with a way to learn what the boundaries are and also a means to stretch those boundaries. For many women, wrestling with strong and shifting opinions about their place within traditional Judaism and society has provided a key lesson in learning who they are and in making ourselves and our societies better.

Thus, when she was 13, Bella Abzug was refused the chance to say kaddish for her father, as there were no brothers or sons to perform this Mitzvah. Undaunted even then, Abzug found other places and ways to pray. After a similar experience after the death of her Mother, the author, Letty Cottin Pogrebin, fell away from Judaism for years afterwards, coming back when she could feel connected by new ceremonies and rituals that she helped to create.

Commenting on the positive experiences that these struggles ultimately provided in her witty book, Deborah, Golda and Me, Pogrebin noted that traditional Judaism had usually failed to count women altogether. She reported on a sign in an orthodox section of New York which advertised a Talmud course--it said 'Talmud for everyone--men only.'

Well, today we know all too well what kind of world it is, where men are everyone and women are not! With the help of the Conservative movement in this country and its emergence in Israel, and with the efforts of organizations, like Hadassah and Na'amat, the days when women did not count in Judaism are numbered. Today women are counting and counting in increasing numbers in Israel, even while co-existing in a changing traditional society. Na'amat in Israel represents not quite a million Jewish, Arab and Druze working women, including homemakers. We are finally overcoming the notion that "when men are oppressed, it's a tragedy. But when women are oppressed, it's tradition."--as Bernadette Mosala, a black South African clergywoman has put it.

We are closer to peace in Israel today, in part, because of the continued efforts and struggles of Hadassah and Na'amat, and other organizations, to promote the well being of caretakers in Israeli society. Many women have refused to accept war as a permanent condition and insisted on the basic human rights to health and welfare of family and children. Bringing together Palestinian and Israeli women at first to talk and later to act provided part of the framework upon which the peace era must rest. One year before the

Camp David accords, Golda Meier well expressed these concerns when she noted: "I'm a realist. I once said we will have peace when Nasser has a sleepless night–not over Israel but over his hungry Egyptian children. Then he will make up his mind that to both fight us and feed his children is not possible. We know that Egyptian and Syrian mothers weep for the death of their children exactly as Israeli mothers. When Sadat understands this, then we will have peace."

We did not ask to be chosen, but we were chosen to give the world some unique messages about monotheism and justice. A number of commentators have observed, Judaism can also lay claim to the title of one of the first environmental religions. Fruit bearing trees were never to be destroyed in battle. The Mitzvah of ba'al tash'hit (do not destroy) forbids the destruction of enemy land and food supplies, even during war.

Many of our rituals and rules evolved from a relationship between a land and its people, as they change over the seasons. Sukkot is truly the holiday of harvesting. One scholar has suggested that Sukkot provides a reminder that we are strangers on the earth but a short time. We come from a nomadic people, for whom homes were not permanent. Throughout the year, we are to remember that even our permanent homes are but temporary dwellings. The earth does not belong to us.

One biblical fable reminds us of this special relationship to the land. Two men argued that they each owned the same land. They went to the rabbi and pleaded their cases. The rabbi was unable to resolve the dispute, "I cannot decide. Let's ask the land to make the decision." The rabbi listened a while, and then replied, "the land says it belongs to neither of you–but that you belong to it."

In recognition of our basic connection to the land and seasons, the Romans reportedly called us the moon people. And our prayer times are still set by organic time at sunrise and sunset. According to biblical legend, one of the few ceremonies that women may have led was that commemorating the beginning of the month. Early in Jewish history, women were exempt from working on Rosh Khodesh, the time of the new moon. Miriam allegedly gathered women together to celebrate the new month.

This link of women with Rosh Khodesh may have stemmed from the cyclical nature of our lives, our clear connections to life changes, and with the suspicion that all menstrual cycles followed moon cycles. As more and more women of the baby boomer generation face aging, they have refused to accept some of the so-called inevitabilities of these cycles, including the high rates of hysterectomies and the growing rates of breast cancer in women over age 60.

The world is truly a different and better place, in part because of the major struggles undergone by women in politics. We now have two on the Supreme Court. Only 7 more to go. But, one of those women has breast cancer.

As part of their general advance in society, women today are coming together on environmental and health issues in record numbers and insisting on more answers. This renewed focus on women's health is part of the general maturing of women in American politics, from the grassroots, to the state house, to the houses of Congress, and the White House. Of course, we still earn on average about 70 cents for every dollar that a man earns, both in this country and in Israel, but we are out there in record numbers, and we get involved in politics, stay involved, and we vote--which is one of the main reasons that President Clinton won the election, and why preventive health services for women have begun to be provided to women in both Israel and the U.S. as well!

There are more women working in more different kinds of jobs since the period of Rosie the Riveter during the World War Two, when women were last encouraged to take jobs outside the home. The traditional role of women in societies has been that of the caretaker, 'remember to take your umbrella, wear your galoshes, drink milk, change your underwear...in short, remember to take care of yourselves'

These are the mottos of women worldwide, whether or not they work outside the home with or without pay. As more and more women enter the work force and obtain leadership roles in society–even with the glass ceiling that some confront, they are not prepared to accept business as usual on many fronts, especially where that business has failed to protect its future and take proper care of itself and the world on which it rests. The caretakers are starting to insist that better care be taken of themselves.

The issue of breast cancer has created a new sisterhood, one to which all women belong. But, the changes in women in our society today have also spawned some major changes in the way we deal with this disease. Thanks to the hard won efforts of the National Breast Cancer Coalition, the Congressional Women's Caucus, President and Mrs. Clinton, and Secretary Shalala, there is now more money available for research on this disease than at any time in the past.

Working with colleagues at several major medical centers, we have developed a concept that a major portion of breast cancer may be avoidable, that is due to factors that can be controlled. We know that only 5% of women have inherited defective genes. We need to figure out what causes the majority of women who are born healthy, to acquire a disease that will affect 1 in 8 women in her lifetime and used to affect 1 in 20 less than 3 decades ago.

Most of the risk factors that have been identified for breast cancer can be linked by their association with higher lifetime exposure to estrogen. The earlier in life a girl gets her period and the later in life a woman enters the change of life, the greater her lifetime exposure to estrogen and her risk of breast cancer. We have identified a number of chemicals that can increase the body's production of estrogen. These include some pesticides, plastics, fuels, plant materials, drugs, and other chemicals.

Now, not all estrogen is bad. There appear to be both good and bad estrogen. Women with breast cancer have much higher levels of bad estrogen, than those without the disease. The good news is that we may be able to influence these levels by diet and exercise. Broccoli, soy products, high fiber and exercise appear to increase levels of good estrogen. Animal fat, some pesticides, drugs, and plastics, appear to increase levels of bad estrogen. We are working on cell tests to confirm these properties and give us new ideas for identifying people at risk of the disease and developing new treatments, including nutriceuticals and preventive agents, to reduce the risk of recurrence.

Make no mistake, although improved access to screening accounts for some part of the recent increase in breast cancer, it cannot explain all of it.

For almost a decade women on Long Island have been raising cane about the high rates of breast cancer there. At first, they were told the rates were really not that high. More recently, it was suggested that it was all their fault. They were too rich, and too fat, had eaten the wrong foods for years, and had forgotten to have enough children early enough. It was even alleged that it was their Mothers' faults. After all, Jewish women do have higher rates of breast cancer.

It is true that many of the known risk factors for breast cancer are elevated in the women of Long Island. They have generally eaten richer diets, and may have been more overweight, and had children later in life. But, these risk factors do not explain the whole story. If they did, then the generation of women now in their sixties should be getting less breast cancer, and they are , in fact, getting more.

Women who started out working in factories as Rosie the Riveter with the newly industrialized war work force, ended up living out the feminine mystique, where they used household chemicals to keep their homes impeccably neat. They ate diets contaminated with early organochlorine pesticides in animal fat and dairy products, and took early versions of high dose birth control pills. They also had higher exposures to old diagnostic and therapeutic radiation, sometimes for acne, scoliosis, Could these be playing a role?

Let's consider what we do know about breast cancer> Known risk factors account for 30% of the disease. Inherited cases explain between 5-10% of all cases. So, what happens with the majority of women who were born with healthy genes to cause them to develop the disease? Early radiation exposure is clearly a risk factor, for those who experience heavy doses of fluroscopic exams for tuberculosis; or for those who were treated for such 'diseases' as acne, scoliosis, and thyroid irregularities.

Besides radiation, total lifetime exposure to estrogen appears key. And we believe that environmental factors, broadly conceived, affect the type and levels of estrogen that a women is exposed to overall.

For many of the risk factors there is little that can be done. You cannot pick your parents. Or change what you ate several decades ago. So we need to find out what else is going on?

Could environmental chemicals explain all of the recent patterns? of course NOT.. But, they could account for a preventable fraction of all cases and offer us something we can do as a society to reduce the burden of this most common cancer for women.

We face a puzzle of major proportions.

To reduce your risk of breast cancer, it is never too late to start to increase your regular exercise, eat a diet rich in fruits and vegetables, reduce their intake of animal and dairy fats, avoid exposures to suspect chemicals in the indoor environment, and insist that we in government keep doing our job of reducing the use of suspect materials.

Studies have indicated that even women who have had breast cancer live longer if they eat a lower fat diet, and if they are involved and connected with others in activities, such as support groups, and religious organizations. You may not have thought about Hadassah and Namat as lifesavers, but they can be.

As to the matter of how much proof we need to take action, remember the history of the debate over whether tobacco smoking caused lung cancer.....

In the first half of the twentieth century, Freud was baffled and asked, 'what do women want?' He thought we all wanted to be men. But we can give a better answer today when it comes to what women want. Women want their families and communities to be healthy and their environment to be protected. We want our daughters and granddaughters to be free of the dread of breast cancer. We want all Americans and all Israeli, Palestinian and Druze women to have good quality, regular preventive medical care, and we want researchers to figure out how to prevent environmental diseases and breast cancer from occurring in the first place.

As a member of the Clinton Administration I can tell you that some progress is being made on two fronts: access to care, and research on prevention.

Access to care for all Americans is a cornerstone of our evolving national health plan. The government is determined to put an end to the time when those who need it cannot medical services, or when people lose their jobs in order to pay for health care for sick family members. Mrs. Clinton has launched a mommogram program this month, to ensure that the millions of women eligible for Medicare use that benefit to receive mammograms.

A second linchpin of this Administration, is a renewed commitment to research into preventable causes of breast cancer and other important diseases.

These are noble goals, all the nobler because they appear to be beyond our grasp at this moment. But, staying the course and arguing and fighting for these matters remain critical. If Hadassah and other organizations that have long led the fight for women's health will continue to argue for preventive care, we will move closer to these goals, and we will also move closer to fulfilling this prayer:

May the world be a better place, because we are in it.

05-12-95 11:45AM FROM ... TO ...

file Mammography

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Note from Jackie Nedell

Communications Director
Office of the Secretary

DATE: 5/18/

TO: Marge

☐ For necessary action
Date due: ________

☐ For your information

☐ Comments/Recommendations

☐ Please see me

Remarks: Marge - here is a preliminary report - again - all 200 stations have been called - and many promise they will begin PSA's June 1st - to run all summer - we will get future reports to keep tabs - so its looking very good!

Jackie

Room 634-E, HHH Building, 202-690-5897, FAX: 202-690-7318

Mammography PSA
Preliminary Report
May 9-16 1995

Market Rank	Designated Market Area	Station	Network	Number of Airings
4	Philadelphia	WGBS	IND	8
4	Philadelphia	WPVI	ABC	10
6	Boston/New Hampshire	WMUR	ABC	13
9	Detroit	WGPR	CBS	6
11	Houston	KPRC	NBC	4
18	Denver	KUSA	ABC	2
54	Richmond/Petersburg	WTVR	CBS	8
58	Little Rock/Pine Bluff	KTHV	CBS	5
58	Little Rock	KATV	ABC	1
69	Honolulu	KHAW	NBC	2
69	Honolulu	KHON	NBC	5
74	Omaha	KETV	ABC	7
96	Baton Rouge	WAFB	CBS	5
144	Terre Haute	WTHI	CBS	12
191	Butte/Bozeman	KCTZ	CBS	23
191	Butte/Bozeman	KXLF	CBS	16
194	Casper/Riverton	KFNE	ABC	2

file mammogram

THE WHITE HOUSE
Office of Media Affairs

April 27, 1995

To: Karen Finney
cc: Lorrie McHugh
From: Peggy Lewis
re: FLOTUS Specialty Press MAMMOGRAPHY Conference Calls

I would like to do two half hour conference calls with a mixture of the following news outlets. I am not including Seniors because we are hoping for the 1/2 hour with AARP radio which will reach 55 stations. For the most part these are groups that we don't reach out to as much as we should and they include our targets.

Asian Week - Gerard Lim (415) 397-0220
(circulation 50,000)
weekly-national distribution

Daily Labor Report - Pamela Prah (202)452-7506
(working women)

Women - Ladies Home Journal - Linda Fears(212) 351-3575

- ESSENCE Magazine - Valerie Wesley (212) 642-0600

- Chicago Tribune's Sunday Women's Page
Editor, Marla Krause (312) 222-4530

- Ms. - Marcia Gillispie (212) 551-9565

Haiti En Marche - Elsie Etheart (305) 754-0705
(weekly 15,000 N.Y., Miami, Boston, Chicago)

Miami Herald - Ana Veciena-Suarez (women & family writer)
(305) 376-3633

Phoenix Gazette - Kim Crockett (Editorial Writer)
(602) 271-8461

Catholic Press - The Columbia (1.5 million)
New Haven, CT. (203) 772-2130

-Salesian Bulletin (1 million +)
New York, N.Y. (914) 636-4225

Hispanic Press - La Opinion, Los Angeles
Monica Lozano (213) 622-8332

MAY-11-1995 13:30 FROM OASPA NEWS DIV TO 94566244 P.01

File Mammogram

A fax from:

Jackie Nedell
Director of Communications
Dept. of Health and Human Services

Phone: 202-690-5897
Fax: 202-690-7318

TO: Marge

DATE: 5/11/95

FAX: 202-456-6244 ***PHONE:*** 456-7884

Remarks: good news - the 1st report is on Seep I DID last week - 36 stations - my Best hit ever! - thats just the 1st wave of good things -

Number of pages including cover:

P.S. I'm now working on new Release till call you — also Please forward memo to MRS Clinton on TV efforts Thanks!

U.S. Department of Health and Human Services
200 Independence Ave., S.W. Washington, D.C. 20201

TO:HILLARY RODHAM CLINTON

FROM:JACKIE NEDELL

SUBJECT:MAMMOGRAPHY PROJECT

It has been a terrific and rewarding experience to work with you and your staff on the mammography project.It has been especially meaningful for me because I covered you and your husband for years while I was a TV reporter in Memphis and saw your tremendous commitment to women and children. That commitment continues and I am now thrilled to be part of your team.

I have taken the following steps to make sure TV coverage of the mammography project continues and to make sure that as many stations as possible run the PSA'S.

On May First-I put together an eight minute video and audio feed which was fed via satellite from our HHS studio to seven hundred television stations nationwide. That tape was SIGMA coded which means we will get weekly reports for at least one month on which stations aired portions of that feed. It included video and parts of your speech along with both public service announcements.

With corporate funds-we contracted with a PSA distribution company to send hard copies to two hundred stations nationwide in key TV markets during the week of May 8th. That effort included phone calls to every station's public service director along with follow up calls to key markets several days later.The distribution included TV networks as well.The tapes were also SIGMA coded so we will get tracking reports for at least two weeks after on which stations aired the PSA'S.

I spoke with the producer of the "Today" show piece on mammography several weeks before the interviews and video were shot...offering information and sending them a copy of my video news release.The producer told me Katie Couric saw the video before she did the interview with her. The piece turned out very well...shown on May tenth...and parts of the video news release were included.

I sent CNN a copy of the public service announcement and parts of them were used in a recent story on your mammogram project.

I sent Potomac Television a copy of the public service announcements for its PSA channel. The feed goes out the third Tuesday of the month to more than 700 TV stations nationwide.I asked Potomac to send a special alert to stations highlighting the PSA'S...before the feed. Potomac says its already gotten requests for hard copies of the PSA'S so I sent additional copies to Potomac.

I sent the National Association of Broadcasters a copy of the PSA'S

for its monthly feed to almost 1000 stations nationwide. Coincidentally The NAB is in the process of recording congressional wives for breast cancer PSA's which will run this summer. So the NAB will run your PSA with the president's for several months on its feed...because of its breast cancer campaign.

I will continue my efforts in every way possible. I think its a meaningful and worthwhile project and again I applaud your efforts.

Joseph Riddle

NIELSEN SYDNA SERVICE

VIDEO RELEASE USAGE REPORT - HALF HOUR SUMMARY
FEBRUARY 15, 1995 - MAY 07, 1995

CLIENT ID : P101
VIDEO RELEASE: MMS FIRST LADY
RELEASE TYPE : VNR
DISTRIBUTOR : DAILY BUSINESS SATELLITE

* * * SUMMARIES * * *	NO. OF MARKETS	NO. OF STATIONS	NO. OF 1/2 HRS
TOTAL(ALL DP ALL VER)	8	10	26
EM = 5AM-9AM	2	2	2
DT = 9AM-4PM	0	0	0
EF = 4PM-8PM	8	8	16
PT = 8PM-10P	1	2	7
LE = 10PM-1A	0	0	0
LN = 1AM-5AM	1	1	1
VERSION: GENERAL	8	10	26
EM = 5AM-9AM	2	2	2
DT = 9AM-4PM	0	0	0
EF = 4PM-8PM	8	8	16
PT = 8PM-10P	1	2	7
LE = 10PM-1A	0	0	0
LN = 1AM-5AM	1	1	1

VIDEO RELEASE USAGE REPORT - HALF HOUR SUMMARY
FEBRUARY 18, 1995 - MAY 07, 1995

CLIENT ID : P101
VIDEO RELEASE: HHS FIRST LADY
RELEASE TYPE : VNR
DISTRIBUTOR : DAILY BUSINESS SATELLITE

MKT RANK	DESIGNATED MARKET AREA	STATION	AFFL	DATE AIRED	DAY OF WK	DAY-PART	LOCAL 1/2HR AIRED	VERSION
7	WASHINGTON, DC	WJLA	ABC	15FEB95	WE	EF	5:00P	
							5:30P	
8	DALLAS-FT. WORTH	KDFW	CBS	01MAY95	MO	EF	5:00P	
10	ATLANTA	WNGM	IND	16FEB95	TH	EM	7:00A	
		WSB	ABC	01MAY95	MO	EF	5:30P	
11	HOUSTON	KNWS	IND	01MAY95	MO	EF	7:00P	
							7:30P	
						PT	8:00P	
							9:30P	
				06MAY95	SA	EF	5:00P	
							5:30P	
							6:00P	
							6:30P	
							7:00P	
							7:30P	
						PT	8:00P	
							8:30P	
							9:00P	
							9:30P	
		KRIV	FOX	01MAY95	MO	LN	1:00A	
						PT	9:00P	
				02MAY95	TU	EM	7:30A	
15	TAMPA-ST. PETE,SARASOTA	WTSP	CBS	01MAY95	MO	EF	5:30P	
16	MIAMI-FT. LAUDERDALE	WPLG	ABC	01MAY95	MO	EF	5:30P	
21	SACRAMNTO-STKTON-MODESTO	KXTV	ABC	01MAY95	MO	EF	5:00P	
45	WEST PALM BEACH-FT. PIERC	WPTV	NBC	15FEB95	WE	EF	5:00P	

EM = 5AM-9AM DT = 9AM-4PM EF = 4PM-8PM PT = 8PM-10P
LE = 10PM-1A LN = 1AM-5AM

NIELSEN SIGMA SERVICE

VIDEO RELEASE USAGE REPORT - HALF HOUR SUMMARY
MAY 01, 1995 - MAY 07, 1995

CLIENT ID : P101
VIDEO RELEASE: HHS MAMMOGRAPHY
RELEASE TYPE : VNR
DISTRIBUTOR : DAILY BUSINESS SATELLITE

MKT RANK	DESIGNATED MARKET AREA	STATION	AFFL	DATE AIRED	DAY OF WK	DAY-PART	LOCAL 1/2HR AIRED	VERSION
2	LOS ANGELES	KCAL	IND	01MAY95	MO	PT	9:00P	
		KCBS	CBS	01MAY95	MO	EF	5:30P	
				02MAY95	TU	DT	12:00N	
3	CHICAGO	WBBM	CBS	02MAY95	TU	EF	4:00P	
4	PHILADELPHIA	WCAU	CBS	02MAY95	TU	DT	12:00N	
5	SAN FRANCISCO-OAK-SAN JOS	KGO	ABC	01MAY95	MO	EF	6:00P	
		KPIX	CBS	01MAY95	MO	EF	5:00P	
						LE	10:00P	
7	WASHINGTON, DC	WDCA	IND	01MAY95	MO	LE	11:00P	
		WUSA	CBS	01MAY95	MO	EM	5:30A	
						LE	11:00P	
				02MAY95	TU	DT	10:30A	
						EM	6:30A	
15	TAMPA-ST. PETE,SARASOTA	WTSP	CBS	01MAY95	MO	EF	5:30P	
				02MAY95	TU	EM	6:00A	
16	MIAMI-FT. LAUDERDALE	WCIX	CBS	02MAY95	TU	EF	5:00P	
18	DENVER	KMGH	CBS	01MAY95	MO	LE	10:00P	
						LN	2:00A	
				02MAY95	TU	EM	6:30A	
27	SAN DIEGO	KFMB	CBS	01MAY95	MO	EF	5:30P	
28	CHARLOTTE	WBTV	CBS	02MAY95	TU	DT	12:00N	
30	CINCINNATI	WCPO	CBS	03MAY95	WE	EM	6:00A	
31	KANSAS CITY	KCTV	CBS	02MAY95	TU	EM	6:00A	
33	NASHVILLE	WTVF	CBS	02MAY95	TU	DT	11:00A	
						EM	6:00A	
35	GREENVLL-SPART-ASHEVLL-AN	WSPA	CBS	02MAY95	TU	EM	6:30A	
36	BUFFALO	WIVB	CBS	02MAY95	TU	EF	4:30P	
							5:00P	
							5:30P	
37	SALT LAKE CITY	KSL	CBS	02MAY95	TU	EM	6:00A	
							6:30A	
38	GRAND RAPIDS-KALMZOO-B.CR	WWMT	CBS	01MAY95	MO	LE	11:00P	
40	NORFOLK-PORTSMTH-NEWPT NW	WTKR	CBS	02MAY95	TU	EF	5:00P	
42	MEMPHIS	WREG	CBS	01MAY95	MO	LE	10:00P	
48	GREENSBORO-H.POINT-W.SALE	WFMY	CBS	01MAY95	MO	LE	11:00P	
						LN	2:00A	
				02MAY95	TU	EM	7:30A	
49	ALBUQUERQUE-SANTA FE	KRQE	CBS	01MAY95	MO	LE	10:00P	
53	DAYTON	WHIO	CBS	01MAY95	MO	EM	5:30A	
56	CHARLESTON-HUNTINGTON	WOWK	CBS	02MAY95	TU	DT	12:00N	
59	TULSA	KOTV	CBS	03MAY95	WE	DT	12:30P	

EM = 5AM-9AM DT = 9AM-4PM EF = 4PM-8PM PT = 8PM-10P
LE = 10PM-1A LN = 1AM-5AM

VIDEO RELEASE USAGE REPORT - HALF HOUR SUMMARY
MAY 01, 1995 - MAY 07, 1995

CLIENT ID : P101
VIDEO RELEASE: HHS MAMMOGRAPHY
RELEASE TYPE : VNR
DISTRIBUTOR : DAILY BUSINESS SATELLITE

MKT RANK	DESIGNATED MARKET AREA	STATION	AFFL	DATE AIRED	DAY OF WK	DAY-PART	LOCAL 1/2HR AIRED	VERSION
64	TOLEDO	WTOL	CBS	01MAY95	MO	EF	5:00P	
72	LAS VEGAS	KLAS	CBS	07MAY95	SU	DT	10:00A	
78	DES MOINES-AMES	KCCI	CBS	02MAY95	TU	EM	6:00A	
79	PORTLAND-AUBURN	WGME	CBS	01MAY95	MO	EF	5:30P	
85	MADISON	WISC	CBS	01MAY95	MO	LE	10:00P	
				02MAY95	TU	EM	6:00A	
86	SOUTH BEND-ELKHART	WSBT	CBS	02MAY95	TU	DT	12:00N	
						EM	6:00A	
91	JOHNSTOWN-ALTOONA	WTAJ	CBS	02MAY95	TU	DT	12:00N	
97	COLORADO SPRINGS-PUEBLO	KKTV	CBS	02MAY95	TU	EM	6:00A	
116	TALLAHASSEE-THOMASVILLE	WTXL	ABC	01MAY95	MO	EF	5:00P	
140	WICHITA FALLS & LAWTON	KAUZ	CBS	01MAY95	MO	LE	10:00P	
141	ERIE	WSEE	CBS	02MAY95	TU	EF	5:30P	
						EM	6:30A	
152	LUBBOCK	KLBK	CBS	02MAY95	TU	DT	12:00N	

EM = 5AM-9AM DT = 9AM-4PM EF = 4PM-8PM PT = 8PM-10P
LE = 10PM-1A LN = 1AM-5AM

NIELSEN MEDIA SERVICE
VIDEO RELEASE USAGE REPORT - HALF HOUR SUMMARY
MAY 01, 1995 - MAY 07, 1995

CLIENT ID : P101
VIDEO RELEASE: HHS MAMMOGRAPHY
RELEASE TYPE : VNR
DISTRIBUTOR : DAILY BUSINESS SATELLITE

* * * SUMMARIES * * *	NO. OF MARKETS	NO. OF STATIONS	NO. OF 1/2 HRS
TOTAL(ALL OF ALL VER)	36	39	56
EM = 5AM-9AM	15	15	17
DT = 9AM-4PM	11	11	11
EF = 4PM-8PM	12	13	15
PT = 8PM-10P	1	1	1
LE = 10PM-1A	9	10	10
LN = 1AM-5AM	2	2	2
VERSION: GENERAL	36	39	56
EM = 5AM-9AM	15	15	17
DT = 9AM-4PM	11	11	11
EF = 4PM-8PM	12	13	15
PT = 8PM-10P	1	1	1
LE = 10PM-1A	9	10	10
LN = 1AM-5AM	2	2	2

5

File Mammogram

BC-MAMAGRAM lifestyle:FL
Send a `Mama'gram for Mother's Day
Fort Lauderdale Sun-Sentinel
Sunday is Mother's Day no better day to let mom know you love her and wt her to live a long and healthy life.
First lady Hillary Rodham Clinton, the U.S. Department of Health and Human Services, Medicare and American Greetings Corporation suggest a reminder to moms, especially those 65 and older, to get a mammogram.
Special ``Mama''gram coupons, to enclose with your Mother's Day card, will be offered free this year at many card shops. The coupons explain that mammograms are safe X-rays of the breast and that Medicare pays for them.
``No matter what your age, you still need to care for your breasts. The risk of breast cancer increases as you get older,'' the coupon says. ``Early detection saves lives. You never outgrow the need for a mammogram.''
Coupons include phone numbers to call 1-800-4-CANCER, for more information on breast cancer and mammograms, and 1-800-638-6833, for information of Medicare coverage.

**** filed by:KR-F(--) on 05/10/95 at 11:13EDT ****
**** printed by:WHPR(JEL) on 05/11/95 at 08:51EDT ****

File Mammogram

Medicare Mammography Statement for the Internet

The threat of breast cancer is increasing in this country -- 1 out of 8 women born the United States will contract this terrible disease during her lifetime. And the risk of breast cancer increases with age. That's why it is so important for older women to get regular mammograms.

Medicare covers mammograms, but the data show that, over a two year period, fewer than 40 percent of women aged 65 and older who are on Medicare take advantage of this benefit. To increase the use of mammography among our nation's older women, the Clinton Administration has launched a Medicare mammography awareness campaign.

In honor of Mother's Day, we are kicking off this initiative with a "Mama-gram" campaign. The campaign will include public service announcements and store displays, bill inserts and grocery store bags carrying information about mammography and Medicare. In addition, free "mama-grams" -- mammography reminders -- will be available at greeting card shops and FTD florists to be slipped into a Mother's Day card or bouquet.

As part of our campaign, we are making the following information about Medicare and mammography available on the Internet. Please share it with your friends! And remember, a mammogram is a picture that can save your life.

- Mammograms are the best weapon we have against breast cancer. They can find breast cancer early, when it is too small to be felt or seen. Early detection of breast cancer saves lives and makes treatment easier.

- If you are a woman on Medicare aged 65 and older, you should know that Medicare covers mammograms every other year even if there is no reason to believe that there is a problem with the health of your breasts. If you have symptoms or if other circumstances suggest that you may have breast disease, Medicare will cover more frequent mammograms when they are ordered by a doctor.

- To ensure the reliability of mammograms, the Food and Drug Administration (FDA) has put in place quality standards for mammography facilities, and the Agency for Health Care Policy Research (AHCPR) has published guidelines that tell health care professionals and consumers what they need to do to obtain high quality mammograms. When you get a mammogram, make sure that the facility you are using is displaying a certification from the FDA.

- The older you are, the more important it is for you to take care of your breasts. This means getting regular mammograms, clinical breast exams from your doctor or other

qualified health professional, and examining your breasts regularly yourself.

For more information

. . . about mammograms and breast cancer, call the National Cancer Institute hotline at 1-800-4-CANCER (1-800-422-6237).

. . . about Medicare coverage of mammograms, call the Health Care Financing Administration's hotline at 1-800-638-6833.

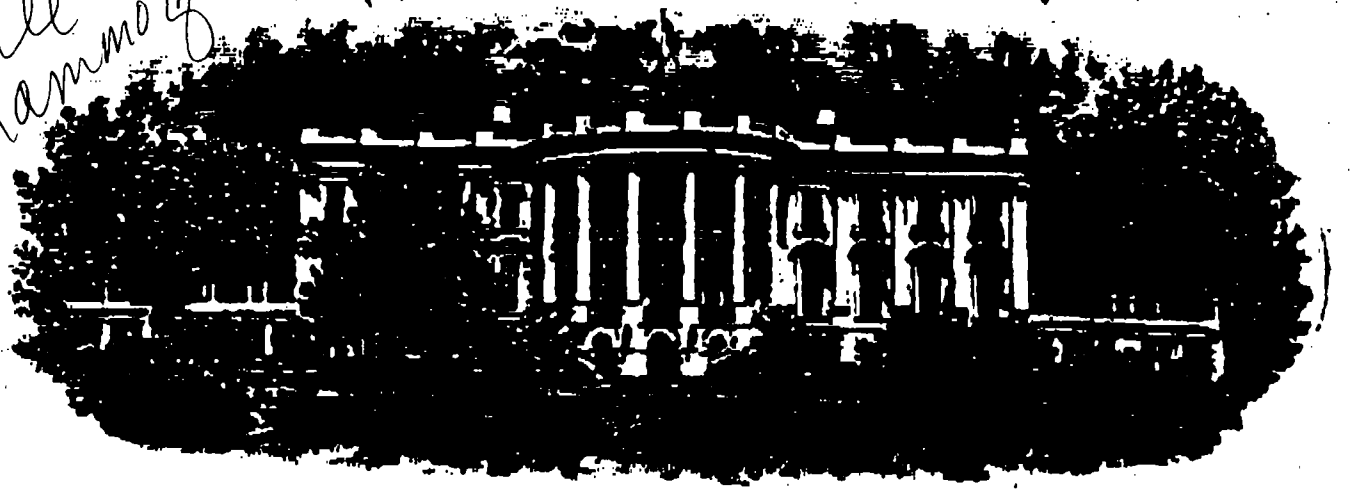
. . . about Food and Drug Administration certified mammogram facilities, call 1-800-249-6772.

. . . about how to get a copy of a pamphlet from the Agency for Health Care Policy and Research about quality mammograms, call 1-800-358-9295.

And remember, a mammogram is a picture that can save your life.

File Mammography

THE WHITE HOUSE



OFFICE OF MEDIA AFFAIRS

FAX : (202) 456-6409
PHONE: (202) 456-7150

TO: Maggie

FROM: Richard Strauss

DATE: 4-26-95

RECEIVER FAX: 6-6244

RECEIVER PHONE:

NUMBER OF PAGES (INCLUDING COVER SHEET)

COMMENTS:

BIOLOGIX COMMUNICATIONS
A DIVISION OF THE HAL LEWIS GROUP, INC.

President Clinton

[Photo stills of President Clinton as an infant and child, with his mother. Soundtrack: Emotional score TBD — music choice is important, perhaps a Barbra Streisand song]

President Clinton Voice Over: This is our second Mother's Day without her. You know, not a day goes by that I don't think about her ... that I don't miss her spunk, her courage ... and especially her love.

[Cut to stills and/or film of President Clinton and his mother as he grows up]

President Clinton Voice Over: My mother died of breast cancer.

President Clinton Voice Over: That's why I want you to know about the importance of mammography.

[Cut to more recent footage of President Clinton and his mother]

President Clinton Voice Over: You see, it can help diagnose cancer early, years before a lump can be felt. And early diagnosis means early treatment.

[Cut to President Clinton]

President Clinton: Medicare helps cover mammograms for women 65 and over. So make sure to get a mammogram.

[Cut to still of President Clinton hugging his mother.] It's a picture that could save your life.

File

MAMMOGRAM

Sucess	——	May — July TV
Excuses=	——	Summer RADIO
You Ought be in Pictures	——	FALL - September — Novembe
You ought to be in pictures		January — TV / RADIO

HILL,HOLLIDAY
Hill, Holliday, Connors, Cosmopulos, Inc., Advertising

"Excuses, Excuses."

Everyone makes excuses — some genuine, some not-so-honest — for why they haven't gone to the doctor. It's the same with women 65 and older: they've got a lot of excuses for why they haven't had a mammogram. Ignorance of the issues, fear of the unknown, and sincere lack of desire are the driving forces behind most of these issues.

The objective of this TV spot is to address, deflate, and poke a little fun at these excuses, and drive home our key message of the importance of getting a mammogram. The approach, using "real people" in real situations, lends a lively, genuine feel to the spot. And by placing the First Lady between each excuse, we achieve two goals: we give our factual information in a lighthearted, good-natured tone, and we let the First Lady be herself and have some fun with the spot.

These "slice of life" spots usually use characters that have been cast — but they are encouraged to ad lib their lines a bit to reflect their own speech and ideas. The result is often a gem of a line (or two!) that really make the spot come alive. The same holds true for Mrs. Clinton; we would encourage her to try variations on her dialogue to attain a level she would be comfortable with.

The tone, the music, the "feel" of the spot would all be paced appropriately for our female 65+ audience.

TV/Copy

Hill, Holliday, Connors, Cosmopulos, Inc., Advertising

Client HHCC Date 3/16/95B pH Job Number HHCR-MAMM/LOB 18
Description Clinton/PSA for Mammograms Title Excuses, Excuses Time :60

VIDEO	Audio
OPEN ON ART CARD: WHY HAVEN'T YOU HAD A MAMMOGRAM?	Music: 30's swing.
CUT TO AFRICAN-AMERICAN WOMAN, 60'S, AT MALL.	Woman #1: Ooooh, those things hurt like the dickens!
CUT TO SHOT OF MRS. CLINTON, SITTING AND SPEAKING.	Mrs. Clinton: That's really not a excuse. A mammogram is painless, fast and easy.
CUT TO CAUCASIAN WOMAN, 60'S, IN KITCHEN.	Woman #2: I just retired, for pete's sake! I'm too old to get breast cancer.
CUT TO MRS. CLINTON AGAIN.	Mrs. Clinton: The risk of breast cancer actually doubles once you turn 65. So that's no excuse either.
CUT TO HISPANIC WOMAN ON BUS.	Woman #3: I just don't like the idea of having all those X-rays shooting into me.
CUT TO MRS. CLINTON.	Mrs. Clinton: A mammogram uses no more radiation than your microwave oven. There's no risk, so that's no excuse.
CUT TO ASIAN WOMAN IN GARDEN.	Woman #4: Those tests are really expensive, aren't they?

John Hancock Tower / 200 Clarendon Street / Boston, MA 02116 617-437-1600

CUT TO MRS. CLINTON.

Mrs. Clinton: Actually, Medicare picks up most of the price of a mammogram. The cost to you is less than two tickets to the movies.

CUT TO CAUCASIAN WOMAN AT BOWLING ALLEY.

WOMAN #5: Who's got the time? I've got bowling twice a week!

CUT TO MRS. CLINTON.

Mrs. Clinton: There's no excuse for not getting a mammogram. Early detection of breast cancer has led to a 90% cure rate. And Medicare covers most of the cost of the exam. This Mother's Day, give yourself a gift by calling 1-800-000-0000 to learn where you can be tested.

DISSOLVE TO LOGO CARD: "Breast cancer never retires. At 65, get a mammogram – Medicare covers it." 1-800-000-0000, etc.

Mrs. Clinton VO: No excuses: when you turn 65, get a mammogram. Because breast cancer never retires.

BREAST CANCER NEVER RETIRES.

AT 65, GET A MAMMOGRAM - MEDICARE COVERS IT.

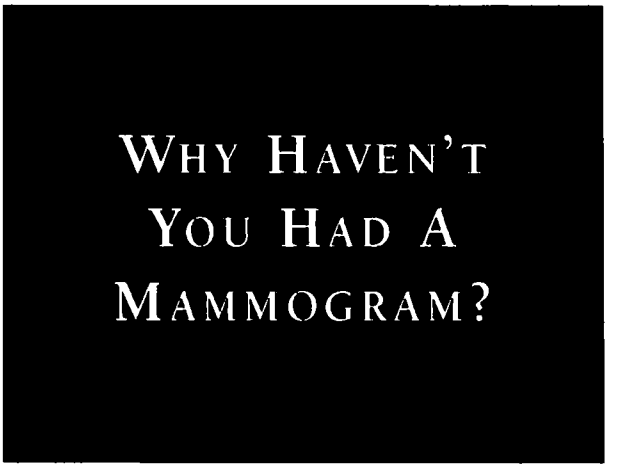
1-800-000-0000

EXCUSES, EXCUSES

VIDEO:

AUDIO:

OPEN ON ART CARD:



Music: 30's swing.

CUT TO
AFRICAN AMERICAN
WOMAN, 60'S, AT MALL.

Woman #1: Ooooh, those things hurt like the dickens!

CUT TO SHOT OF
MRS. CLINTON, SITTING
AND SPEAKING.

Mrs. Clinton:
That's really not an excuse. A mammogram is painless, fast and easy.

CUT TO CAUCASIAN
WOMAN, 60'S, IN LIVING
ROOM.

Woman #2: I just retired, for pete's sake! I'm too old to get breast cancer.

VIDEO:

AUDIO:

CUT TO
MRS. CLINTON AGAIN.

Mrs. Clinton: The risk of breast cancer actually doubles once you turn 65. So that's no excuse either.

CUT TO HISPANIC
WOMAN ON BUS.

Woman #3: I just don't like the idea of having all those X-rays shooting into me.

CUT TO MRS. CLINTON.

Mrs. Clinton: A mammogram uses no more radiation than your microwave oven. There's no risk, so that's no excuse.

CUT TO ASIAN WOMAN
IN GARDEN.

Woman #4: Those tests are really expensive, aren't they?

EXCUSES, EXCUSES

VIDEO:		AUDIO:
CUT TO MRS. CLINTON.		Mrs. Clinton: Actually, Medicare picks up most of the price of a mammogram. The cost to you is less than two tickets to the movies.
CUT TO CAUCASIAN WOMAN IN BOWLING ALLEY.		WOMAN #5: Who's got the time? I've got bowling twice a week!
CUT TO MRS. CLINTON.		Mrs. Clinton: There's no excuse for not getting a mammogram. Early detection of breast cancer has led to a 90% cure rate. And Medicare covers most of the cost of the exam. This Mother's Day, give yourself a gift by calling 1-800-000-0000 to learn where you can be tested.
DISSOLVE TO LOGO CARD: "Breast cancer never retires. At 65, get a mammogram — Medicare covers it." 1-800-000-0000, etc.		Mrs. Clinton VO: No excuses: when you turn 65, get a mammogram. Because breast cancer never retires.

HILL,HOLLIDAY
Hill, Holliday, Connors, Cosmopulos, Inc., Advertising

"You Oughta Be In Pictures."

We all the know the song, which is perfect for our 65+ demographic. The concept behind this TV spot is to take the "curse" off getting a mammogram, and show it for what it really is: just having your picture taken. The important point, of course, is that this is a picture that can save your life.

The pictures the music is relating to are the mammograms of women over 65. We're showing three women, each of a different ethnic background: Caucasian, African-American, and Hispanic. We're showing survivors in this spot, either women who have a mammogram with negative results, or a woman with positive results who has gone on to lead a longer, more fruitful life.

In this spot, Mrs. Clinton is an information resource, and a sympathetic person who can help. She provides the crucial information for how women can get these tests, and how Medicare covers most of the cost. At the end, Mrs. Clinton pulls the whole piece together by asking women to smile for the "camera" — the mammography machine — because it's a picture that can save their life.

John Hancock Tower/200 Clarendon Street/Boston, Massachusetts 02116/617-437-1600
New York

TV/Copy

Hill, Holliday, Connors, Cosmopulos, Inc., Advertising

Client HHCC Date 3/16/95B pH Job Number HHCR-MAMM/LOB 18
Description Clinton/PSA for Mammograms Title You oughta be Time :30

VIDEO	Audio
SERIES OF QUICK CUTS OF X-RAY BEING SET ON LIGHT TABLE.	Music: *You Oughta Be In Pictures.*
SUPER: JUDITH HARRINGTON. MAMMOGRAM AT AGE 66.	
CUT TO JUDITH (CAUCASIAN) IN LIFESTYLE SHOT WITH FRIENDS AT LUNCH.	SFX: Laughing, room noise.
SUPER: JUDITH NOW, AGE 68.	
	Music: Under.
CUT TO FIRST LADY IN PRIVATE SITTING ROOM.	Mrs. Clinton: When detected at an early stage, over 90% of all breast cancer cases can be cured. And finding breast cancer is as easy as having your picture taken.
CUT TO X-RAY SHOT.	
SUPER: NANCY VIENT. BREAST CANCER DETECTED AT AGE 67.	Music: up.
CUT TO NANCY (AFRICAN AMERICAN) IN LIFESTYLE SHOT WITH HUSBAND.	SFX: Exterior sounds, talking.
SUPER: NANCY NOW, AGE 70.	
	Music: Under.
CUT TO MRS. CLINTON.	Mrs. Clinton: If you're over 65, you're entitled to a mammogram – Medicare covers most of the expense. Your cost is about the same as getting a roll of film developed.

John Hancock Tower / 200 Clarendon Street / Boston, MA 02116 617-437-1600

Music: Up.

CUT TO X-RAY.
SUPER: MARGARITA VIVES, TEST RESULTS SHOW NO CANCER.

CUT TO MARGARITA W/ GRANDKIDS.
SUPER: MARGARITA NOW, AGE 71. NEXT MAMMOGRAM IN 1 YEAR.

SFX: Kid noises, laughing.

CUT TO MRS. CLINTON IN BLUE ROOM.

Mrs. Clinton: This Mother's Day, give yourself a gift by calling 1-800-000-0000 to learn where you can get a mammogram. And when you do, remember to smile: it's a picture that can save your life.

LOGO CARD: "It's a picture that can save your life. Get a mammogram - Medicare covers it." 1-800-000-000, etc.

Music: fades.

John Hancock Tower / 200 Clarendon Street / Boston, MA 02116 617-437-1600

IT'S A PICTURE THAT CAN SAVE YOUR LIFE.

GET A MAMMOGRAM - MEDICARE COVERS IT.

1-800-000-0000

BE IN PICTURES

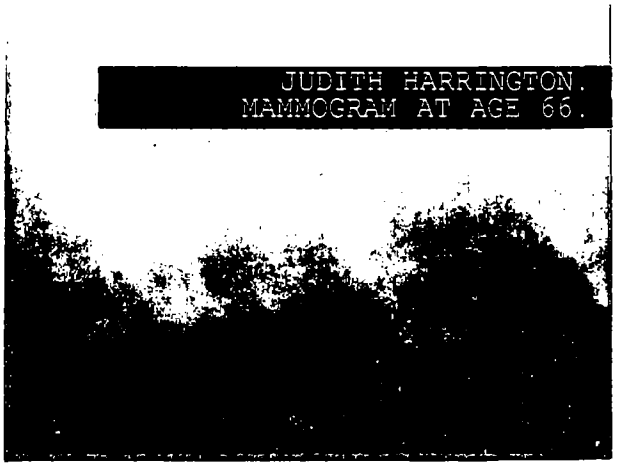
VIDEO:

AUDIO:

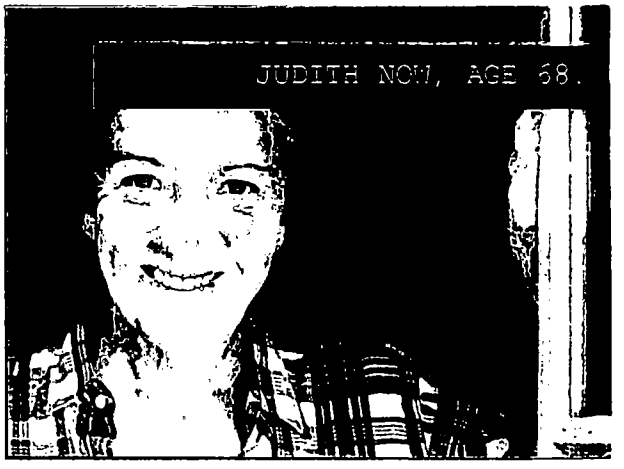
SERIES OF QUICK CUTS OF X-RAY BEING SET ON LIGHT TABLE.

Music: *You Oughta Be In Pictures.*

SUPER:
JUDITH HARRINGTON.
MAMMOGRAM
AT AGE 66.



CUT TO JUDITH (CAUCASIAN) IN LIFESTYLE SHOT WITH FRIENDS AT LUNCH.
SUPER: JUDITH NOW, AGE 68.



SFX: Laughing, room noise.

CUT TO FIRST LADY WITH IN PRIVATE SITTING ROOM.

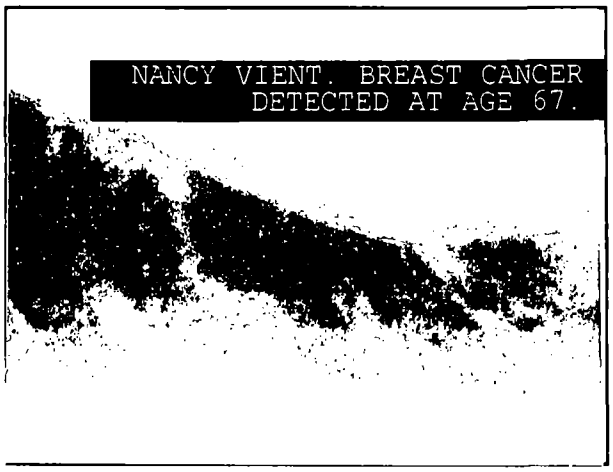
Music: Under.

Mrs. Clinton: When detected at an early stage, over 90% of all breast cancer cases can be cured. And finding breast cancer is as easy as having your picture taken.

VIDEO:

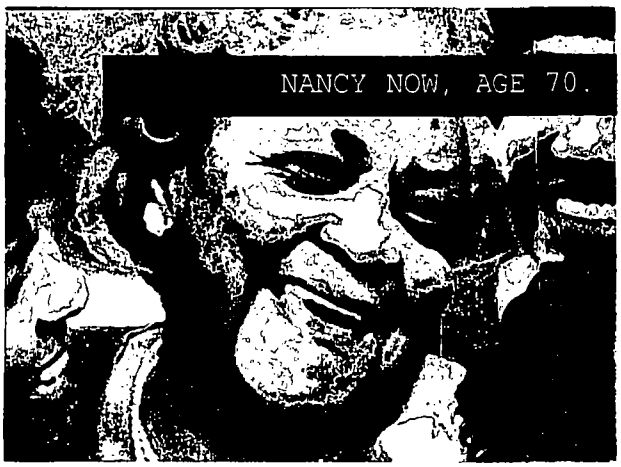
AUDIO:

CUT TO X-RAY SHOT.
SUPER: NANCY VIENT.
BREAST CANCER
DETECTED AT AGE 67.



Music: up.

CUT TO NANCY
(AFRICAN AMERICAN)
IN LIFESTYLE SHOT
WITH HUSBAND.
SUPER: NANCY NOW,
AGE 70.



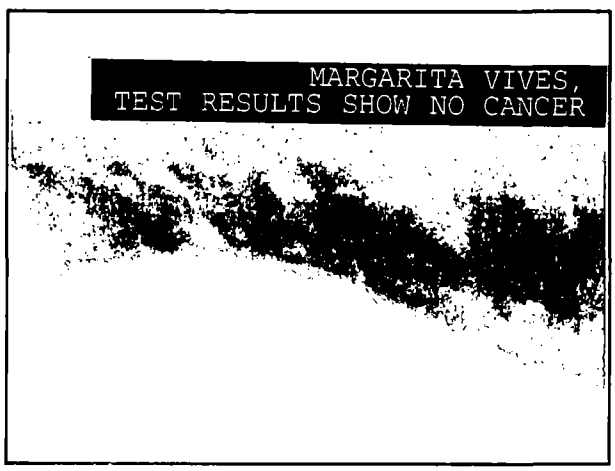
SFX: Exterior sounds,
talking.

CUT TO MRS. CLINTON.

Music: Under.

Mrs. Clinton: If you're
over 65, you're entitled to
a mammogram —
Medicare covers most of
the expense. Your cost is
about the same as getting
a roll of film developed.

CUT TO X-RAY.
SUPER: MARGARITA
VIVES, TEST RESULTS
SHOW NO CANCER.



SFX: Kid noises, laughing.

BE IN PICTURES

VIDEO:

AUDIO:

CUT TO MARGARITA WITH GRANDKIDS.

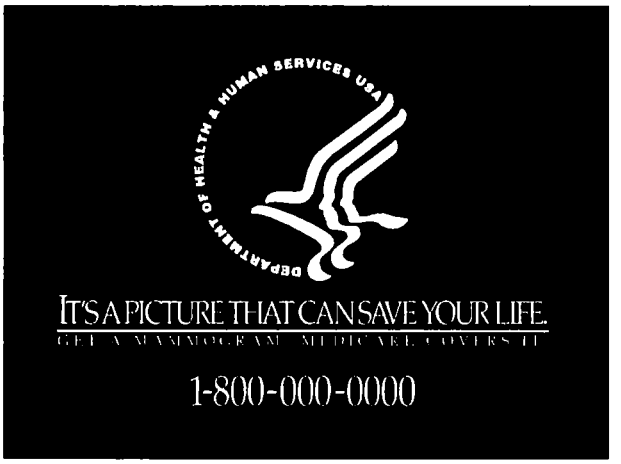
SFX: Kid noises, laughing.

SUPER: MARGARITA NOW, AGE 71. NEXT MAMMOGRAM IN ONE YEAR.

CUT TO MRS. CLINTON.

Mrs. Clinton:
This Mother's Day, give yourself a gift by calling 1-800-000-0000 to learn where you can get a mammogram. And when you do, remember to smile: it's a picture that can save your life.

LOGO CARD: "It's a picture that can save your life. Get a mammogram - Medicare covers it." 1-800-000-000, etc.



Music: fades.

THE WHITE HOUSE
WASHINGTON

File Breast Cancer

Maggie -

Thought you might want to read these articles by Amy Goldstein about 21 women in a Silver Spring church who all had breast cancer.

We should see if Amy will cover HRC on Monday at Columbia Hosp. and set up an interview!

Jissa

10TH STORY of Level 1 printed in FULL format.

The Washington Post

October 18, 1992, Sunday, Final Edition

SECTION: FIRST SECTION; PAGE A1

LENGTH: 2563 words

HEADLINE: Confronting the Trauma of Breast Cancer;
Pastor's Revelation Sets Silver Spring Congregation on a Shared Journey

SERIES: IN THE SHADOW OF BREAST CANCER: REVERBERATIONS OF A DISEASE, Part 1 of 2

BYLINE: Amy Goldstein, Washington Post Staff Writer

BODY:
First of two articles

On a Sunday like so many Sundays, the Rev. Joey Noble listened quietly until the familiar cadence of the service at her Silver Spring church reached the proper place for the sermon.

But on that morning last autumn, Noble stepped to the pulpit, searched the faces in the sanctuary and felt sorrow. For years, she had comforted her congregation. Now she would share her pain with them.

"Several weeks ago, my life was on such a good journey," she began. ". . . Then I hit a wall.

"Breast cancer."

For a moment, the filled sanctuary of Christ Congregational Church was utterly still. Somewhere, a woman started to sob.

Noble's revelation, four days before a surgeon carved a deep chunk from her right breast, "was like a thunderbolt," one parishioner recalled. The congregation was all too familiar with the disease. Now their minister had it too.

At 49, Noble is associate pastor of a 770-member church in which 20 other women have had breast cancer. Two have died, and a third has abandoned medical treatment.

This is the story of their journey and how it has transformed a particular congregation, but it could be told in many places. Breast cancer has become so common that it will strike one American woman in nine sometime in her life. More than one-third of American adults already have had a close relative or friend die of the disease, according to a Washington Post poll.

"I never heard of it hardly until the last 10 years. Now, every time I turn around, someone else has it," said Pennie Harvison, a member of the Colesville Road church who knows 15 women diagnosed in the last year.

The Washington Post, October 18, 1992

Through its sheer prevalence, breast cancer has evolved from a disease that women often harbored in secret even 15 years ago. The disease is less lonely today. Hazel Ewing, a parishioner who had a mastectomy in 1990 and chemotherapy last year, has been her minister's role model. "As I was losing my hair, hers was growing back," Noble said. "There has been a kind of sisterhood in that."

Yet Noble's own struggle with cancer -- her openness, her fears and her strength -- is the one that has reverberated most strongly through the congregation. Old silences have shattered. The church secretary, Ruth Avery, confided to Noble that she had a mastectomy 19 years ago.

In a broader way, Noble's cancer has attuned members to their own vulnerability. "Whenever you have a minister go through some kind of illness, it is a special kind of crisis for the church," senior minister James Todhunter said. "Especially someone like Joey. For a very, very strong, nurturing person to get breast cancer, that is a very powerful symbol of loss.

"Now, if you are going to love Joey, you have to experience some of her pain," he said. "It is encouraging people to move right toward what they fear the most."

Noble agrees. "This isn't the same church it was [last] October," she said.

Part of the United Church of Christ, a Protestant denomination, Christ Congregational grew up with Silver Spring. Its founding minister went door-to-door in the 1940s to recruit the young families moving into the new suburb.

The congregation today is a blend of original members, now reaching old age, and newer generations of families and single adults. Mostly professionals and government workers, the members share a belief in activism on such issues as housing, homelessness and abortion rights.

"The faith that is expressed here is not a magical, mystical sense that God is here to rescue us," Todhunter said.

Noble arrived five years ago to take her first full-time ordained position. Married the weekend after she graduated from college in Kansas in the mid-1960s, she had taught high school English in Massachusetts for four years until her older daughter was born. She then did a stint as full-time homemaker and volunteer: League of Women Voters, the local school board and -- always -- her church. By 1979, she was a part-time seminary student in Montclair, N.J.

Noble is sensitive, affectionate and smart -- an extrovert who loves long walks, long letters and afternoon tea.

At Christ Congregational, she quickly became the ballast. Todhunter handles most of the preaching and political causes. Noble comforts the sick and weaves newcomers into the church.

Even before her cancer, she had shared private milestones with her congregation: divorce, diabetes and a second marriage, performed during a Sunday worship service in 1990.

For years, Noble had gotten regular mammograms, or breast X-rays, to check for cancer. They showed nothing amiss. But on Oct. 9, 1991, as she was applying moisturizer after her shower, she discovered a distinct, hard lump about the width of a dime.

Her gynecologist immediately recommended that it be removed but said the problem seemed minor. Confident that she was fine, Noble persuaded her husband, David Smock, to leave that weekend on a business trip to Turkey, Ethiopia and Egypt.

She was not a likely candidate for breast cancer, she told herself. No family history of it. A careful diet. Two children, both born while she was young.

After her biopsy, Noble was still on the operating table when the surgeon told her she had a tumor. It was relatively large -- 1.3 centimeters -- and malignant.

It was as if she had smacked full-force into a closed door. She could not see beyond it but felt sure that nothing in her life would be the same.

A parishioner had waited outside during Noble's biopsy. For a long time, they held one another and sobbed. "I felt totally helpless, devastated for her, seeing this person who always takes care of everybody else," the woman later recalled.

That night, Noble called her younger daughter, Faith, a student at Northwestern University. Listening to her strong mother cry, the 19-year-old decided to come home for several days. In Istanbul, Noble's husband was trying desperately to reach her, stymied by time differences and bad telephone connections. When he finally talked with his wife, he rejected her advice to continue with the trip.

Once he was back, they began a dizzying whirl of doctor appointments to assess her choices: a mastectomy to remove the entire breast or a less drastic form of surgery, called a lumpectomy, that would preserve much of the breast but require radiation afterward.

"You were choosing what your body was going to look like for the rest of your life," recalled Noble's husband, a grant officer with the U.S. Institute for Peace. "And you were choosing without knowing all the facts. You didn't know if it had spread."

Noble confided in a few lay leaders, who debated whether to summon Todhunter from a five-month sabbatical. They did not want to undermine Noble's authority, yet did not want the congregation set adrift.

The senior minister was not called back, but rumors were starting to filter out.

The congregation, Noble decided, needed to hear about her cancer directly from her.

"Writing the sermon, having to put it down on paper, to be specific, objectified it a little bit for me," she said. "Kind of realizing, for whom is life fair? It also helped give me a sense of my own strength."

The morning of Oct. 27, the Sunday before her lumpectomy, Noble dressed as usual in her unbleached clerical robe. Waiting to give the sermon, she wondered how her news would affect the women diagnosed in the months and years before.

Then, slowly and evenly, she read her carefully rehearsed words: " . . . In the middle of the night, when I awake in terror at the destruction . . . inside my body, as doctors deliberate and I vacillate, I am tempted to despair. 'It is too much, God,' I cry out.

"But . . . as I talk with the many courageous women who have walked this path before me, I realize . . . I am not alone. One day I said to one of you, 'I don't know if I can be strong.' The reply came back, 'You don't have to be. Lean on us for a while.' "

The congregation grieved that morning. A parishioner, Kay White, who had a mastectomy in 1970, remembers "bawling" in her pew. Few in the sanctuary had her firsthand experience with the disease, but most knew women with breast cancer. They loved their minister. They knew what she would go through.

Even in a church with a tradition of openness, Noble's sermon broke barriers.

A few members of the congregation questioned whether the pulpit was the proper forum for Noble's news. "There is a fine line between revealing yourself to the congregation and unloading yourself on the congregation," said Christine Wood, 38, a parishioner studying for a master's degree in divinity.

Yet nearly everyone thought her disclosure appropriate, a Post telephone survey of the church found.

Parishioners believe Noble enabled them to respond as a real community. And they saw strength in her ability to reveal her fears -- her uncertainties and her rage -- when they still were raw.

For Noble, the revelation has had profound trade-offs. It produced a torrent of emotional support but deprived her of emotional privacy.

She was deluged with telephone calls and cards, hundreds of each. For this outpouring of care, she was grateful. At the same time, she felt too many people were anxious about every test result, every doctor's appointment.

"It was kind of unhealthy for the congregation and for me. I couldn't deal with 400 people caring for me," she said. "There was definitely a part of me that would have liked to flee to the hills. On the other hand, I felt this was my family. This is the stuff of life."

By December, Noble was receiving chemotherapy along with radiation treatments. Her surgery had revealed that the cancer had indeed spread to nearby lymph nodes.

Todhunter ended his sabbatical early.

And for the congregation, Noble's cancer had a new, more tangible effect: Her doctor insisted that she stop her ritual of hugging each church member after every Sunday service.

The problem was in her blood chemistry. Her white cells and platelets had been ravaged by the chemotherapy, leaving her so vulnerable to infections and bleeding that close physical contact was dangerous.

She broke this news from the pulpit too, striving for a tone that would not further frighten her congregation. "I said I had just found out I had platelets. I hadn't even known I had platelets, but now I wished I had more. It meant I couldn't hug them until Easter."

A few days later, a man in the congregation who is fond of puns gave her a small china plate. Around the border, he had printed "A platelet for pal Joey."

"It was moments like that that sustained me," she said. "And there were many."

For the members of Christ Congregational, such gestures were familiar. In the Post survey of the church, most of the women and nearly half the men said they had done a favor for someone with breast cancer. They have given free legal and medical advice, brought food and read aloud. One woman helped plan a family reunion as her cousin was dying.

Many reached out to their minister.

A different member of the church drove Noble to each of her 12 chemotherapy treatments. A woman she knew only casually chauffeured her one day when her blood count proved so low that the treatment had to be postponed. Noble began to cry, and the woman suggested stopping for a cup of tea. By the end of the afternoon, Noble had become absorbed in the pleasure of a budding friendship.

The afternoon "was a gift to me," she recalled. It lifted a little of the emotional burden from her husband as well.

Some gifts have been spiritual. Cathy Balmer, a member of the church since birth, prays for Noble every night.

Others gave tokens meant to lighten her burden. A woman left feathers in Noble's mailbox and under her office door as a symbol of her concern and God's.

Barclay Shepard, whose wife, Marta, had breast cancer in 1988, told Noble that several families wanted to chip in to buy her a wig to help her cope with one of chemotherapy's side effects.

Members of a women's group gave Noble 50 little, carefully wrapped gifts. One was a Christmas angel. "It said to me, I am going to see another Christmas," she said. "They were a sensitive group of women anyway, but Hazel is part of this group, and they had just been through this with her."

And men whose wives had survived breast cancer sought out her husband, a quiet man who also is ordained. "Husbands said, 'I know what you are going to go through. My wife had it years ago, and look at us,' " Smock said. He found their message hopeful and optimistic.

Noble finished chemotherapy during the third week of April, Holy Week in Christianity. "Symbolically, this is very powerful in terms of the possibility of renewal," she said.

Her hopefulness was tempered by remembrance. It had been exactly one year since Sylvia Rydell, a longtime leader in the congregation, had died of breast cancer. She was 66.

On Easter, parishioners stood in line at the front of the sanctuary to be hugged by Noble for the first time in months.

On May 1, her doctor found a new lump.

She was crushed. "The sense of relief [that] it is over is very much a false sense," Noble said. "It just goes on and on."

More than a week passed before she found out whether the lump was malignant. During those days, Noble made a decision.

She would not tell the congregation. She would spare them this time.

"People are feeling hopeful now," she said. "I am beginning to feel there are going to be a lot of ups and downs, and people don't need to go through that."

The new lump proved benign.

What the people of Christ Congregational have gone through -- their immersion in a disease that women once hid -- has changed them.

Some have awakened politically. One parishioner, Mark Clark, is angry that breast cancer hasn't gotten as much research funding as AIDS or heart disease. Two years ago, his wife, Stacy, had a mastectomy. "It is a terrible disease," he said, "and the message isn't getting out."

Yet, despite their enthusiasm for other forms of social action, most members have responded to breast cancer apolitically. The effects on them have been strong but personal.

Wood, the parishioner working toward a divinity degree, discovered a lump late last year. It turned out to be a cyst. But as she waited to find out, she said, her closeness to Noble "ratcheted up the fear."

The eight women in a bridge club, all church members, talked one another into getting their first mammograms. Before friends in the congregation got cancer, "I never even gave it a second thought," said one of the women, Ruth Haigh, who is 68.

Others have changed in broader ways. Caroline Dorworth, 30, a microbiologist who has belonged to the church since third grade, said her closeness to Noble and to a friend with breast cancer outside church has made her more appreciative of her own life -- more tolerant of its small disappointments.

As Dorworth has watched those two strong women cope with difficult medical treatment, with the disfigurement of their bodies, she has felt herself becoming more sensitive to issues of oppression and discrimination.

For many in the congregation, such sensitivity is a central legacy of Noble's public journey through breast cancer.

"If it is possible to become a more compassionate people," said Hazel Ewing, who has been her minister's cancer role model, "we just seem to be more compassionate because of Joey."

GRAPHIC: PHOTO, DRAWING CLOSE AS A COMMUNITY: ABOVE, THE REV. JOEY NOBLE LEADS A COMMUNION SERVICE. SENIOR MINISTER JAMES TODHUNTER SAID NOBLE'S ILLNESS HAS BEEN A "SPECIAL KIND OF CRISIS" FOR THE CHURCH. "NOW, IF YOU ARE GOING TO LOVE JOEY, YOU HAVE TO EXPERIENCE SOME OF HER PAIN. IT IS ENCOURAGING PEOPLE TO MOVE RIGHT TOWARD WHAT THEY FEAR THE MOST.", NANCY ANDREWS; ILLUSTRATION, COMPILED BY SHARON WARDEN

LANGUAGE: ENGLISH

9TH STORY of Level 1 printed in FULL format.

The Washington Post

October 19, 1992, Monday, Final Edition

SECTION: FIRST SECTION; PAGE A1

LENGTH: 3770 words

HEADLINE: Coping With Breast Cancer Together; Shared Disease Bonds Women at Silver Spring Church

SERIES: IN THE SHADOW OF BREAST CANCER: AN EMERGING SISTERHOOD, Part 2 of 2

BYLINE: Amy Goldstein, Washington Post Staff Writer

BODY:

Inside a pink fitting room in a Bethesda lingerie shop, Barbara Muller stood before a mirror and tried on yet another silicone-filled pouch where her right breast used to be.

For 4 1/2 months, she had been impatient for this day, when her scar would have healed enough to let her wear a prosthesis. Yet as a saleswoman handed her various shapes and sizes, she felt awkward. She slipped each one carefully into a special bra. Some looked too pointy, others too flat.

Watching from a corner of the tiny room, a woman from Muller's church tried to put her at ease. It had been nearly two years since Hazel Ewing lost a breast to cancer. She knew that for Muller, the shopping trip was a rite of passage.

With a prosthesis, her body would resume its usual appearance to the outside world. Yet the fabric-covered insert meant acceptance that her breast was really gone. From now on, it would be part of the beginning and the end of her day. "It is sort of this little ritual," Ewing told her. "You take it off, wash it off and go to sleep."

Muller and Ewing are two of 21 women, including associate minister Joey Noble, at Christ Congregational Church who have had breast cancer. All but two are still alive. The shopping trip last July is testament to the emerging sisterhood that bonds the women of the Silver Spring church who have shared the disease.

In many ways, Muller and Ewing are unlikely companions.

A social worker for the mentally ill, Muller, 44, is a single workaholic who attends church irregularly and describes her social life as "pretty nonexistent." Newly retired and long divorced, Ewing, 62, is gutsy and effervescent, an energetic fixture at the church.

Breast cancer is not the same for every woman. Yet there are common threads. The disease often leaves a feeling of fragility -- of finite time -- even among women with no further trace of cancer. In response, some who survive have changed the way they live.

After 27 years in Silver Spring, Ewing moved to California this month. During difficult months of chemotherapy, when sleep was elusive, she packed. Between 2 and 4 a.m., she filled 90 boxes.

"The cancer said to me, you definitely don't know what the future holds, so why not do something different?" Ewing said before she left. "I think I have wanted to move for a long, long time."

Patricia O'Connor, 62, a retired teacher who sings in the church choir, has begun a psychological quest. Eight months after her 1989 mastectomy, she found a counselor. Together, they explore her mild and yielding personality, her perfectionism and the effect of her parents' nearly simultaneous deaths.

"My cancer was a wake-up experience," O'Connor said. "I woke up and asked, 'Who am I? What am I like that I could take on an illness like this?' "

Stacy Clark, 44, a medical office manager who moved here recently from Tucson, has reconfigured her time. A year after her mastectomy in 1990, she chose a less rigorous job with plenty of vacation. Now, she commutes to work with her husband, who has traded his longtime political causes for shared hobbies.

Clark said: "I was a perpetual-motion machine. Cancer stops your life so cold in the tracks. You realize the show isn't going to go on forever. It is a matter of slowing down and balancing out your life.

"When I heard 'cancer,' I really thought I would be dead the next Tuesday. But as I got farther out from the diagnosis, I realized it had changed me in positive ways."

Such changes did not occur right away. The experience of breast cancer unfolds in phases: discovery of the disease, medical decisions and treatments, often an altered body shape, altered relationships and -- ultimately -- living with the possibility of recurrence.

The stages once were private, and some remain intrinsically personal, psychological. Yet for many of the 21 women of Christ Congregational, breast cancer has been almost a community event, shared with the rest of the 770-member congregation and most of all, with one another.

"I feel very closely related to those women," O'Connor said. "You have faced a reality of life, each of you separately. And that is what you have in common."

Such connections did not always exist.

Kay White was a busy 31-year-old with two young children when she had a mastectomy in 1970. "I had a feeling of uniqueness," she recalled. "It was like I was the first person ever to have breast cancer."

O'Connor's feeling 19 years later was quite different. She spent the 10 days between her biopsy and mastectomy on the telephone, searching for advice from friends, friends of friends. "I called a woman's cousin-in-law in Tennessee," she said. "I kept saying, 'Other people have this too.' "

Two years after her mastectomy and a year after she arrived from Tucson, Stacy Clark remains acutely aware that breast cancer surrounds her. She has a mental habit, a reflex almost, that triggers when she walks into a crowd: She calculates how many women have had the cancer based on the number of people in the room.

For some women, this awareness cushions the impact of their own diagnosis. Last November, seven months before her shopping trip with Ewing, Muller discovered a "tiny, little hard something" in her breast. She was not surprised.

Breast cancer is "the family curse," she said. Her grandmothers had it. So did a first cousin. An aunt had it twice. "I'd been expecting it almost," Muller said.

But for Joey Noble, the associate minister, the lump in her breast seemed random and inexplicable. One day soon after her diagnosis last October, Noble got angry as she found a magazine article listing nine secrets to a longer life. "I was doing all nine," she said.

Like Noble, Stacy Clark had no breast cancer in her family. She didn't even have a lump. She was 42 when she got her first mammogram. The next day, her doctor called to say, "Something is funny."

"You have no pain. You are not sick. You have a full life, an exciting life, and it just blindsides you," Clark said. "Then I said to myself, 'Why not me?' It isn't like you get so many Brownie points and bad things don't happen in your life."

As breast cancer has become more common, the relationship between women and their doctors has changed.

In 1970, no one offered Kay White medical options when she checked into a hospital for a biopsy of a lump that had persisted for months.

The night before surgery, she was writing Christmas cards from her hospital bed when a nurse dropped off a form. "It said, 'We are going to do a biopsy. And if it is malignant, we are doing a radical mastectomy,' " White recalled.

It was the first time anyone had mentioned the possibility of a mastectomy.

White did not know whether she would emerge from surgery with two breasts or one. She was groggy as she was wheeled out of the recovery room. As she looked up, she noticed her minister walking down the hall. "I said, 'Uh-oh, something must have happened to me.' "

By the time O'Connor, the retired teacher in the church choir, discovered she had cancer, surgeons were less autocratic. She had choices, and she found them excruciating.

A mastectomy would remove her entire breast. A lumpectomy would leave much of the breast intact but require radiation afterward.

The decision came to her during an aria at the Kennedy Center. The singer was a soprano, like O'Connor. "When she came to one note, it was so beautifully done, this emotion came out of me completely unexpectedly."

To spare her body the radiation, she would sacrifice her breast.

Before her mastectomy, Hazel Ewing stood naked before her bathroom mirror. "I told my breast I had enjoyed it . . . . I wanted to keep it forever, but I couldn't because it was diseased."

"I'm sorry," she told her breast, "but I'm saying goodbye."

Surgery was easier than what followed. "Chemotherapy is the pits," Ewing said.

It usually begins easily enough. A perky cancer nurse at Georgetown University's Lombardi Cancer Research Center ushered Barbara Muller into treatment room G, where three other nurses hovered over three women in reclining chairs, with fine plastic lines dangling from their arms.

One at a time, four drugs flowed into Muller's veins. Three were to fight nausea. One, a ruby liquid called Adriamycin, fought the cancer.

The session ended 24 minutes after the drips began.

Muller's first round of chemotherapy knocked her kidneys out of kilter. Then came pancreatitis and gallbladder problems. It took her body nearly two months to regain the strength to resume the cancer treatment.

Noble, the minister, found that her body reacted differently. The evening after her first chemotherapy session, she ate dinner and felt fine. "I thought, 'This is a piece of cake.' "

But after midnight, she became violently sick. She dragged herself to the bathroom to vomit again and again. Once, she fainted, struck the vanity and knocked her teeth out of alignment.

After Ewing's second session, her hair started falling out. "There is hair on the bedclothes, hair in the shower," she said. "You feel as if you are a cat."

The hot, heavy wig was only one result. Food tasted like metal. Her energy ebbed, and her personality changed. "I would get nasty," she said, "and I couldn't stop it."

Ewing's 12 chemotherapy cycles were unvarying. Every fourth week, just as she felt nearly normal again, a new cycle began.

As she struggled with chemotherapy, she also was struggling with her body's new shape. Not until the treatments ended, eight months after surgery, did Ewing buy a prosthesis. Waiting was a form of denial, she said.

"Snakes shed their skin and get new skin," she said. "A worm you can cut in half, and it grows back. I wanted to grow another breast."

O'Connor did not need chemotherapy. Her husband said it mattered only that the cancer had been caught early, that she was alive. But like Ewing, she needed months to find peace with the loss of her breast. One night she finally grieved, awaking in tears, in rage. "I was so angry. What if they threw it in the garbage?" she said.

Her rage was a release. After that night, she felt a new calm.

Unlike other women at her church, Stacy Clark had a surgical implant in Tucson immediately after her mastectomy. Her body looked much as it had. So she had not expected her sense of loss to be so sharp -- to so shake her image of her sexuality and herself. "It is very good reconstruction," she said, "but it is . . . not like a normal breast. It is numb."

As a feminist, Clark feels awkward too about her very choice to have an implant. "You know, all those years I spent saying, 'It doesn't matter if you're pretty. It's who you are and what you know.'

"Well, obviously it means a lot to me to have a breast," she said.

Social worker Muller has never dwelled on makeup or hairstyles, either. She had not thought ahead about what to wear to her mental health agency's annual dinner, the Festival of Hope.

The dinner was on a Saturday last spring, before her scar tissue had healed enough to allow her to wear a prothesis. She got home from work at 5 p.m., took a shower and tried on dress after dress. Nothing looked right.

Suddenly, it was 6:30. The dinner had started at 6. She stayed home.

Clark hated parties for a different reason. People looked at her, she believed, "like I was laid out on a coffin."

"It isn't just dealing with your own feelings when you get breast cancer. You have to deal with everyone else's feelings."

Ewing remembers the well-meaning lies. During her chemotherapy, friends gently took her arm to tell her she looked "just wonderful. And I would think, 'I want to punch your lights out!' My body was puffed up. I had on a wig. I knew how lousy I was feeling."

Yet from her friends and her church, Ewing also drew strength. "There were times when I really felt I was being cradled and lifted up," she said. "Knowing people were praying for me was important because I didn't always do my own praying. Sometimes I was too tired, and sometimes I was too angry."

For Muller, the relationships that changed most were those in her family. After 15 years in Washington, she was startled when her mother urged her to quit her job and move back to Pennsylvania. When she refused, her parents made the two-hour drive to most of her chemotherapy sessions.

She was flattered by the attention, yet it sometimes felt intrusive.

In Noble's family, roles reversed. The minister's younger daughter, Faith, an economics major at Northwestern University in Evanston, Ill., took her final exams two weeks early so she could get home.

She and her mother took walks, drank tea, played piano duets. "It was important to be normal," said Faith, who is 19. Yet their relationship was not.

"Your mom, who is like a rock, was crying and worried and sick and confused. And I had to be strong for her," she said. She was the one relaying news of her mother to her 22-year-old sister, Vicki, who was in China for a year. In her journal, Faith wrote about being scared that her own children would never know their grandmother.

Kay White's husband, Perry, remembers similar fears two decades ago. "There is this attitude, 'The guy isn't the one under the knife.' It ignores the fact there is another scared person out there."

In the years since his wife's cancer, he said, he has not loved her less for having a single breast. Yet he still has twinges of resentment at the way the disease intruded into their lives.

"You had a young girl who, even at 30, would go out and wear dresses with no straps. No longer. She used to wear bikinis. No longer.

"There are just times that the fact of the surgery stands out," he said. "It steps in between you and your relationship with her."

Another residual effect is fear -- sometimes subtle, never absent -- that the cancer will come back. Kay White thinks of herself as healthy. Her cancer has stayed away for 22 years. Yet she will be surprised if it does not eventually return.

The same pessimism made it difficult for Noble to sit through a meeting on ministers' retirement benefits. "I thought, 'Oh, I should only be so lucky to live to retirement,' " she said.

Clark knows her tumor was caught at an early, generally curable stage. Even with an implant, she thinks about the cancer almost every day. "I have a new sense of how much time I have . . . . I can't stop cancer, and the next time, it may be fatal.

"I'm not a famous person," she said. "After I die, they aren't going to build a memorial to me, so the time I have to interact with people, I have now."

From now on, she has promised herself, her life will be in order: no delinquent bills, lots of life insurance, no unresolved relationships. Just in case it comes back.

That uncertainty -- that altered sense of time -- is propelling Hazel Ewing to California. It is driving Pat O'Connor to dig into her personality and her past.

Barbara Muller is striving to improve her rapport with her father. Kay White refuses to worry about hypothetical problems and counsels women with breast cancer -- even though it churns up her own memories every time.

Joey Noble and her husband, David Smock, married only two years, splurged last summer on a new patio and a restful vacation in Maine. "David and I are just treasuring each day," she said. "We've said to each other, 'If this is all we have, this is good, really good.' "

Cancer has pressed the women of Christ Congregational more deeply into their families, more quickly into their futures. It has drawn the women toward one another too.

After O'Connor's mastectomy, Louise Petzold, a church member who had breast cancer in 1988, gave her a sweet-smelling soap, Bare Elegance.

O'Connor gave the same liquid soap to Ewing the next year and to Noble the year after that. Ewing recalled: "She said, 'It just feels so soft on your body. And it'll make you feel so good.' And when I used it, I thought, 'Isn't this nice? Here is somebody who knows just exactly how I feel.' "

When Ewing helped Muller shop for a prosthesis, she remembered how comforted she'd been when Petzold had helped choose hers.

One day last December, Ewing stopped by the church to give Noble a bag. Inside were medical books, pamphlets, a wig stand and scarves. "I was starting my treatment," Noble said. "She was just finishing hers."

At Eastertime, Noble's chemotherapy treatments ended and Muller's began. Noble gathered the contents of the bag and passed it on.

"I thought, will this never end?" Noble said. "Who is Barbara going to pass it to?" On Woman's Odyssey...And the Journeys Of Many

The women, in addition to Muller, at Christ Congregational Church who have had breast cancer (in chronological order, beginning with the first diagnosis):

IRENE HARTIG, 81 1965

A Silver Spring resident, she has been married for 57 years, with two children and several grandchildren and great-grandchildren. Because her mother had died of breast cancer, Hartig was nervous when, at 54, she found a lump. It was benign, but cancer was discovered in her other breast. Radical mastectomy to remove breast and lymph nodes. No recurrence.

KAY WHITE, 53 1970

An administrative assistant for a money-management company, the Burtonsville resident is married with two grown children. She counsels women in whom cancer is newly diagnosed. Modified radical mastectomy at age 31. Two benign lumps in late 1970s.

RUTH AVERY, 60 1973

A Bethesda resident, the office administrator at Christ Congregational Church is divorced and has three daughters. She had a modified radical mastectomy at 41 after a breast discharge led doctors to discover her cancer. No recurrence.

MARGARET YOUNG 1974

Married with one son, she was a Prince George's County teacher and supervisor before opening a yarn shop in College Park. She loved art, music, theater and sewing. She found a lump through a self-examination and had a modified radical mastectomy. The cancer spread to her bones 2 1/2 years later. She responded

temporarily to chemotherapy and spent a summer traveling to Nova Scotia and Minnesota, but died in December 1977 in her mid-fifties.

ANONYMOUS, 75 1978

She noticed a lump at age 61 but didn't seek medical care until 1989. Her cancer was found to be inoperable.

KAY PERRY, 74 1979

Married with three sons and a daughter, the Silver Spring resident has been blind since she was 36. After feeling discomfort in her breast while reading Braille in bed, she found a broad, flat lump that doctors confirmed as cancer. Modified radical mastectomy at age 61. No recurrence.

RUTH LUGAR, 75 1984

A widow with two daughters, the Silver Spring resident went to a cancer-screening booth at the Montgomery County Fair because of a sore spot on her breast. Cancer diagnosed at 67. Modified radical mastectomy. No recurrence.

ELAINE WUNDERLICH, 54 1987

A Laurel resident, she is living in England on a three-year assignment for the U.S. government. Married with two children, she began frequent breast checkups after her mother got breast cancer. Wunderlich's cancer was diagnosed at age 49, less than a year after her mother's. Modified radical mastectomy. Six months later, a preventive mastectomy to remove her remaining breast, and surgical reconstruction. There has been no recurrence.

LOUISE PETZOLD, 68 1988

Married with five children and seven grandchildren, the Aspen Hill resident discovered her cancer at 54 through a mammogram. Modified radical mastectomy. No recurrence.

MARTA SHEPARD, 64 1988

Married with three sons, she divides her time between Rockville and Maine and enjoys creating sculpture. At 60, she had lymph nodes removed and six weeks of daily radiation treatments after a mammogram found specks of what her doctors diagnosed as breast cancer under her arm. No recurrence.

AFAF McGOWAN, 57 1988

A Silver Spring resident and an acquisition specialist for the Library of Congress, she is married with two children. A mammogram showed four tiny specks of calcified cells that she had removed. No recurrence.

PAT O'CONNOR, 62 1989

A Silver Spring resident who retired from teaching at Acorn Hill Children's Center, she is married. She had a modified radical mastectomy after doctors discovered her cancer from spots of calcified cells that showed up on a mammogram. Since then, she has taken homeopathic medicine and changed her diet

to try to prevent recurrence.

ANONYMOUS, 89 1989

A widow who lives in a retirement community, she had a lump that was discovered by a doctor four years ago. Modified radical mastectomy. No recurrence.

HAZEL EWING, 62 1990

She moved this month from Silver Spring to California. A retired administrative assistant for the United Church of Christ regional conference, she is divorced and has a son. She had a mammogram after finding a lump but was told it was benign. By November, the lump had grown, and doctors discovered it was malignant. Modified radical mastectomy, followed by six months of chemotherapy. No recurrence.

HELEN FOLEY, 76 1990

The Silver Spring resident, married with two children, discovered her cancer through a mammogram. Lumpectomy, plus 35 radiation treatments. No recurrence.

STACY CLARK, 44 1990

An administrator for a group of doctors, the Silver Spring resident is married and has two children from a previous marriage. She was living in Tucson when the first mammogram she ever had revealed cancer. Modified radical mastectomy and surgical reconstruction. Because of infection and other problems, the implant required six operations during the next several months. No recurrence.

SYLVIA RYDELL 1991

She was a Washington tour guide and a member of the church board of deacons, married and living in Silver Spring. After discovering a lump that turned out to be malignant, she had a lumpectomy, but the cancer had spread through her body. Despite laser treatment and chemotherapy, she died on April 2, 1991. She was 66.

JOEY NOBLE, 49 1991

A Silver Spring resident and associate pastor of Christ Congregational Church, she discovered a cancerous lump after showering. Lumpectomy, radiation treatment and chemotherapy. She has found three more lumps, all benign.

NANCY HUGHES, 61 1991

An office manager for the Council for a Livable World, she lives on Capitol Hill, is married and has four children. She had a lumpectomy after a mammogram revealed malignant calcium deposits. No recurrence.

BARBARA WHITTLESEY, 64 1992

Married with two daughters and a family automobile repair business, the Ashton resident had a modified radical mastectomy after discovering two tiny tumors through a mammogram in July. -- Amy Goldstein

GRAPHIC: PHOTO, SOME CHURCH MEMBERS WHO HAVE HAD BREAST CANCER, POSING, ARE IRENE HARTIG, FRONT; BARBARA WHITTLESEY, RIGHT; LOUISE PETZOLD (BEHIND HARTIG); BARBARA MULLER, FAR LEFT; RUTH LUGAR, FAR RIGHT. NANCY ANDREWS

LANGUAGE: ENGLISH

CAN AMA

Bill Moyers Documentary helpful

File Send to Mammogram Committee Cox

Veteran's Hit Television

Mammograms & Pap Smear

PANELIST PROFILES

RUBY FOWLER

Ms. Fowler is a 76 year-old African American who has never had a mammogram because she thinks she doesn't need one. She says her physician gives her clinical breast exams, but doesn't encourage her to a have a mammogram. She vividly remembers the disfigurement of the body of a friend (age 65 or so) who had a mastectomy. She was not aware that Medicare paid for mammograms.

Invite Local Media

MAGGIE HELTON

Ms. Helton is an 84 year-old public health nurse who has had yearly physicals throughout her life, but not mammograms. At the age of 75, she was diagnosed with cancer. She had a mastectomy a week after her diagnosis, and is now a breast cancer survivor of 12 years. She receives health insurance through an HMO.

PATTI LONGO

Ms. Longo is a 65 year-old breast cancer survivor of 17 years. She has a family history of breast cancer--both her mother and sister had breast cancer, and she had a double mastectomy. She is an activist on breast cancer issues.

LUELLA CROW

Ms. Crow is a 72 year-old woman who can speak about her experience with fibrocystic disease. Her insurance is provided through an HMO, and she gets regular mammograms. She thinks we need to better educate the providers on the importance of regular mammograms.

ZENNIE CUMMINS

Ms. Cummins is a 74 year-old African American who had a modified mastectomy in February 1994. Having a mammogram helped catch her cancer at the earlier stages, and Ms. Cummins says that she feels great now. She belongs to an HMO and is a believer in regular mammograms.

MARY TRUJILLO (treh-hee-low)

Ms. Trujillo is a 70 year-old Hispanic woman who says that in her culture, mammograms are viewed as taboo. Nonetheless, she broke the barrier and had a mammogram. She is concerned that her peers in the Hispanic community will not do the same. She also says that the Medicare co-payments are often difficult to meet. (Note: Mrs. Trujillo is bilingual, but not completely fluent in English.)

MELBA VAN BUREN

Ms. Van Buren is a 74-year old colon cancer survivor who has had many mammograms throughout her life. She currently has lumps in her breast, which her physician will biopsy in a few weeks. She says that is frightened to know the diagnosis, because she has a strong history of breast cancer in her family.

DR. MARGARET (MAGGIE) McCRACKEN

Dr. Margaret (Maggie) McCracken is a full-time general internist in San Diego who is a preacher of the gospel of preventive medicine, especially breast cancer screening. Seventy percent of her practice is older women. Of breast cancer screening and mammograms, she says, "I push it big-time." She also teaches 3rd and 4th year medical students part-time at the University of California-San Diego Medical Center, where she earned her medical degree. Her undergraduate work was done at Washington University in St. Louis. Her residency in general internal medicine was done at Mercy Hospital and Medical Center, an affiliate of UCSD Medical Center.

Memorandum

THE WHITE HOUSE
WASHINGTON

Maggie —
from Ann Stock
re unveiling
Pink Ribbon Breast
Cancer Stamp —

MEMORANDUM

TO: **Maggie Williams** ✓
Marilyn Yager

FROM: **Ann Stock**

DATE: **February 8, 1995**

RE: **Pink Ribbon Breast Cancer Stamp**

FYI: **THE FIRST LADY**

I followed up with Amy Langer regarding the status of the Pink Ribbon Breast Cancer stamp. A small group has been working on it and we are trying to see if it will be ready for unveiling in October. Do you want to see if we can do the unveiling at the White House to coincide with Breast Cancer Month?

I'll keep you posted.