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001. paper	Personal (Partial) (2 pages)	n.d.	P6/b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Speechwriting
OA/Box Number: 8168

FOLDER TITLE:
HRC [Hillary Rodham Clinton]/International Women's Media 5/27/94

2012-1004-S
ms498

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

INTERNATIONAL
WOMEN'S
MEDIA
FOUNDATION

FACT SHEET

The International Women's Media Foundation was launched in Washington, D.C. in the fall of 1990.

Women journalists from 50 countries met for three days to discuss "News in the Nineties" from the perspective of technology, business and journalism. These 100 founding delegates, who travelled from all corners of the globe, from China and Colombia, from Australia to Indonesia and Romania to Tanzania, called for an international network of journalists to help advance a free press and women's role in the profession.

IWMF convenes domestic and international gatherings, publishes a quarterly newsletter and is building an extensive global database of women in the industry.

Current IWMF membership includes journalists from more than 70 countries. The Board of Directors is co-chaired by Kathy Bushkin, Director, Editorial Administration, U.S. News & World Report; and Barbara Cochran, Vice President and Washington Bureau Chief, CBS News.

1993 EVENTS

- IWMF and Stanford University's Center for Latin American Studies co-sponsored a panel discussion on U.S. immigration policy moderated by Judy Woodruff (CNN) on November 30th.

- The fourth annual IWMF Courage in Journalism Awards were presented at luncheon ceremonies in New York City on October 26th. The award is given to journalists who have demonstrated extraordinary qualities in pursuing their craft. The 1993 awards were presented to Donna Ferrato, a freelance photojournalist in the U.S.; Cecilia Valenzuela, news editor with Caretas in Peru; and Mirsada Sakic-Hatibovic and Arijana Saracevic, reporters with RT-BiH in Sarajevo. In addition, the IWMF Lifetime Achievement Award was presented to Nan Robertson, a former New York Times reporter.

- Moscow, Russia was the site for three days of journalism management workshops to help in the transition to a market economy. Experts on financial management, marketing, advertising, and distribution shared knowledge and experience with media women from several of the Independent States. The IWMF-Freedom Forum program will continue in Prague and Warsaw in 1994.

- More than fifty women journalists from sixteen African nations convened in Harare, Zimbabwe in June for "African Voices - Strengthening the Media". The three day gathering was immediately followed by a two day freedom of the press conference co-sponsored by IWMF/The Nieman Foundation/The African-American Institute.

- "A Personal Perspective on the First 100 days of the Clinton Administration" was the topic of a luncheon discussion with Madeleine Albright, U.S. Ambassador to the United Nations. The luncheon was held at the Four Seasons Hotel in Washington, D.C. on April 19th, and attended by more than 200 individuals.

- Carole Simpson, Senior Correspondent with ABC News and Vice-Chair of IWMF, hosted an informal luncheon for Chicago women in the media at the International Press Center in Chicago on Wednesday, May 12th.

PROGRAM HISTORY

- The third annual Courage in Journalism Awards were presented at luncheon ceremonies in New York City on December 1, 1992. The award is given to journalists who have demonstrated extraordinary qualities in pursuing their craft. The 1992 awards were given to Kemal Kurspahic and Gordana Knezevic, Editor-in-Chief and Acting Editor-in-Chief of the daily newspaper, Oslobodjenje, in Sarajevo, Bosnia Herzegovina; CNN photographer Margaret Moth; and Catherine Gicheru, a reporter with The Nation in Nairobi, Kenya. In addition, the first IWMF Lifetime Achievement Award was presented to Barbara Walters.

- A retrospective panel discussion on the media's coverage of the U.S. Presidential election was held at the National Press Club on November 9th, in Washington, D.C. Moderator for the panel discussion was Judy Woodruff, Chief Washington Correspondent, The MacNeil/Lehrer NewsHour. Panelists for the luncheon exchange included: John Cochran, NBC News, Mara Liasson, National Public Radio; Michel McQueen, ABC News; David Shribman, The Wall Street Journal; and Robin Toner, The New York Times.

- On September 17th, "Women's Health: An Emerging National Agenda" was the topic of a one day gathering in Cleveland of health editors and reporters. Medical experts, public policy officials and advocacy representatives shared their knowledge and the latest findings on major women's health areas, including: breast cancer, menopause, reproductive health, AIDS and mental health. The keynote speakers were: Dr. Frances Conley, Professor of Neurosurgery, Stanford University School of Medicine and Dr. Bernadine Healy, Director, National Institutes of Health.

- Budapest, Hungary was the site in June for three days of business management workshops for journalists interested in acquiring new skills in building circulation, advertising and distribution. "Marketing the New Media" was an information sharing conference to help in the transition to a free market economy in Central/Eastern Europe.

- "Presidential Politics - Character, and the Turned-Off Electorate," was the subject for a provocative panel discussion chaired by Judy Woodruff in Los Angeles, in May. Panelists included: Felicia Bragg (Winner/Bragg), Linda Douglass (KNBC-TV, LA), Sherry Bebitch Jeffe (Claremont Graduate School), Robert Scheer (Los Angeles Times), and Stuart Spencer (Spencer-Roberts & Associates, Inc.) The discussion was co-sponsored by the Los Angeles Times.

- In November 1991 a panel discussion, "When is Sexual Harassment News?," was held at The National Press Club in Washington, D.C. The discussion was moderated by Barbara Cochran, CBS News.

- The second annual Courage in Journalism Awards were held in October 1991 at The Freedom Forum in Arlington, Virginia. The awardees were Lyubov Kovalevskaya, editor of Ukraine's Tribuna Enerhetyky (Energy Tribune), the newspaper of the Chernobyl Atomic Energy plant; and Marites Vitug of The Manila Chronicle in the Philippines, who broke the story of the plunder of the Philippines' last rain forest by greedy business interests and corrupt political officials.

- Due to the astonishing changes in Central and Eastern Europe, IWMF's first regional meeting was held in September 1991 in Prague, Czechoslovakia. "Media in Transition" was convened to identify the challenges and opportunities to a free press in Eastern/Central Europe.

- In March 1991, IWMF presented a panel discussion about the experiences of women journalists during the Persian Gulf War moderated by Judy Woodruff.

(November 1993)

IWMF
INTERNATIONAL WOMEN'S MEDIA FOUNDATION

SM

call to set up

March 3, 1994

5/25

Ms. Lisa Caputo
Press Secretary, Office of the First Lady
The White House
Washington, D.C. 20510

Dear Lisa:

The International Women's Media Foundation would like to extend an invitation to Mrs. Clinton to appear as the keynote speaker at a May conference for health and science journalists on health reform and care-giving.

Founded in 1990 by a group of women journalists to expand opportunities for women in media, the organization has offered a wide range of programs including a 1992 conference on women's health issues. The conference, held at the Cleveland Clinic in Ohio, attracted more than 40 science and health journalists from media ranging from Mirabella and Essence magazines to the New York Times and CNN. Panelists included experts such as Judith Feder and Dr. Susan Blumenthal.

We believe the time is right for another journalists' conference focusing on issues surrounding care-giving, a burden that usually falls on women. We plan to hold the day-long conference in Washington and to include as panelists experts who have first-hand experience with the issues.

We hope that this subject and this audience is something that Mrs. Clinton would like to address. A luncheon speech by the First Lady would be the highlight of the program for our participants.

We will be happy to work with you on schedule and arrangements. Our target dates are May 17, 18, 19, 24, 25, or 26. The conference would be held at the National Press Club or a hotel convenient to the White House.

We enjoyed our chance to meet with you and look forward to working together on this project. Thank you for your consideration.

Sincerely yours,

Barbara Cochran

Kathy Bushkin

Barbara Cochran

Kathy Bushkin

2775 S. QUINCY STREET
ARLINGTON, VIRGINIA 22206
703-820-0607

IWMF
INTERNATIONAL WOMEN'S MEDIA FOUNDATION

2775 S. QUINCY STREET
ARLINGTON, VIRGINIA 22206
703-820-0607

to Patti

follow up on 50

April 28, 1994

Fill May 25

Mrs. Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, DC

Dear Mrs. Clinton:

We are so pleased that you have agreed to join us as the keynote speaker for the International Women's Media Foundation's program, "Caregiving: Women's Roles In A Changing Health Care System," May 25th at the Mayflower Hotel in Washington, D.C.

Your keynote address will take place following breakfast at 9:15am. While our full-day program will serve about 50 journalist-delegates, we hope to open the breakfast program to a larger audience of three hundred additional journalists and women of Washington. We hope your schedule will permit a brief question and answer session after your remarks.

Attached is a preliminary agenda for the day which gives you a sense of the substance of the day-long conference for journalists on the significant role women play in delivering health care in our society. It is clear that as mothers making nutritional choices in the grocery store and caring for both children and older parents, as researchers at the leading medical institutions, and as nurses acting as primary care managers, women will be at the center of any new health care plan. Through a colloquy of medical and policy experts, and the media, we hope to raise the level of public knowledge about the influential role women play.

We are extremely pleased to be able to offer our delegates and members the opportunity to hear your perceptions of the role women will play in the new health care plan and thank you for scheduling time to be with us. We will work closely with your staff to ensure that your participation is both smooth and productive.

Sincerely,

Barbara Cochran
CBS News
IWMF Co-chair

Kathy Bushkin
U.S. News & World Report
IWMF Co-chair

The International Women's Media Foundation

"Caregiving: Women's Roles In A Changing Health Care System"

Draft Conference Schedule
Wednesday, May 25, 1994

The Mayflower Hotel, Washington D.C.

8:00am	**Registration**
8:30am	**Breakfast**
9:15-10:15am	Keynote Address **Hillary Rodham Clinton**
10:30-12noon	**Professional Caregiving** **"Women on the Medical Frontlines"** Will health reform create an environment for progress in women's health and for its women professionals?

- **Judy Woodruff, CNN - Moderator**

12:00-1:45pm	Luncheon Address **Senator Nancy Kassebaum (invited)**
2:00-3:30pm	**"Who Takes Care of the Caregiver? The Costly Reality"** A revolution in home health care is underway: where is the industry going?

- **Carole Simpson, ABC News - Moderator**

3:45-5:30pm	**"The Media and Medicine: The Difficulty in Reporting"** The anatomy of a story: how some women's health issues make it big and others are ignored.

- **Susan King, Broadcast Journalist - Moderator**

Women's health conference coming here

By ELEANOR MALLET
PLAIN DEALER HEALTH REPORTER

CLEVELAND

Generally, journalists aren't joiners, but in recent years, women in the media have found reason to form an organization of their own — the International Women's Media Foundation.

This week the group is holding a conference in Cleveland which will focus on women's health.

About 40 journalists from across the country who cover health, science and medicine will meet Thursday at the Cleveland Clinic. The title is "Women's Health: An Emerging National Agenda."

The subject of women's health grew out of an informal discussion at a foundation board meeting where members lamented finding out that friends had recently been diagnosed with breast cancer. "There was a sense that we should do something," said Ellen Morgenstern, the foundation's executive director.

"A lot of newspapers have health and medical writers but they are still not fixed on women's health issues as they ought to be," said Mary Ann Sharkey, assistant managing editor of metropolitan news at The Plain Dealer and chair of of the conference.

It is the group's first major conference in the U.S. outside Washington.

AP

Dr. Frances Conley, who quit her post at Stanford Medical School to protest sexual harassment, will be a featured speaker at the women's media conference here.

Sharkey suggested the conference be held in Cleveland because of the excellent medical facilities. She will chair a panel on "A Critical Look at the Media."

Figuring prominently on the program are Cleveland women physicians such as Mt. Sinai Medical Center's surgeon Dr. LuJean Feng, who has achieved prominence for her work with breast reconstruction; and University Hospitals of Cleveland internist Dr. Victoria Cargill who is known for her efforts in AIDS education.

PD/DAVID I. ANDERSEN

Dr. Bernadine Healy is director of the National Institutes of Health.

Keynote speakers are Dr. Bernadine Healy, director of the National Institutes of Health; and Dr. Frances Conley, professor of neurosurgery at Stanford Medical School. Conley quit her post last June to protest sexual harassment and then returned with the hope of bringing about reform.

PD/GEORGE HEINZ

Dr. Victoria A. Cargill, known for her efforts in AIDS education, will address Thursday's conference.

The conference will focus on how the media covers women's health issues, the financing of health services and topics such as breast cancer, menopause and AIDS.

The foundation grew out of conference in Washington in November 1990 of about 100 women journalists from 50 countries.

"It is as simple as an old girls network," said Barbara Cochran, vice president and Washington bureau chief for CBS News. "We want to expand it nationally and internationally and put more focus in the news on things of interest to women."

The organization's board is co-chaired by Judy Woodruff of the "McNeil Lehrer News Hour" on PBS and Susan King of WJLA-TV in Washington, and includes journalists from U.S. News and World Report, Time Magazine, the major TV networks and the Wall Street Journal, to name a few.

The group has held two conferences, in Prague and Budapest, for Eastern European journalists. One focused on the free press and the other on business techniques.

"Women in cultures that are paternalistic find it difficult to speak their minds in a dual gender environment," said Morgenstern. "In Eastern Europe, the media is very male-dominated. The idea was to leave behind a network of women journalists who could interact with each other."

The foundation, which now has about 500 members, also gives a yearly Courage in Journalism award.

"Our gender makes a difference in how we look at issues in the news," said Cochran. "If we are not going to focus attention on stories of interest to women and better serve women readers and viewers, then who is? We feel that as an extra responsibility."

Sick state of women's health issues

By MICHELE LESIE
PLAIN DEALER REPORTER

CLEVELAND

For years, women were second-class consumers whose health care was based on studies of what Susan Blumenthal calls "the generic human" — a 154-pound male who will never get pregnant, endometriosis or hot flashes.

Then, in 1990, the General Accounting Office reported that women were not included in most clinical trials on ailments ranging from cataracts to heart attacks.

■ Nearly 800 conferees are gathering in Cleveland for four days to discuss how menopause relates to women's health issues. **Page 1-C.**

PD/LUCI S. WILLIAMS

FRANCES K. CONLEY: "Most sexual harassment, for want of a better term, has nothing whatever to do with sexual desire or attractiveness."

Why not? Because menstruation and child-bearing make them "too complicated," Blumenthal said, adding wryly, "The women I know spend most of their time *not* pregnant."

Blumenthal, chief of the National Institute of Mental Health's behavioral medicine program in Maryland, was one of four panelists who talked about media coverage of women's health issues at the International Women's Media Foundation conference yesterday at the Cleveland Clinic.

SEE HEALTH/6-B

Contact: Nancy Marlaw
(703) 820-0607

Patti has agreed to following:

8:55 – Arrive.

9-9:15 – ~~Picture~~ WH Photos w/ VIPS

9:15 – 10:15 am Speech + Q+A
OPEN PRESS

Audience: 300 people
delegates plus
big wing media
people.

10:20 DEPART

Health

FROM/1-B

"Women's Health: An Emerging National Agenda" brought together journalists and medical professionals from across the country to discuss health-care financing, politics, reproductive issues, menopause, AIDS, mental health and other topics.

Speakers at other sessions included Bernadine Healy, director of the National Institutes of Health, and Frances K. Conley, professor of neurosurgery at Stanford University School of Medicine.

Conley was in the spotlight last year when she resigned her tenured professorship, citing "a subtle sexism" at Stanford. She eventually returned, but the media barrage resulted in the creation of an Office for Women in Medicine and the Medical Sciences at Stanford.

"Most sexual harassment, for want of a better term, has nothing whatever to do with sexual desire or attractiveness," Conley said yesterday. "It is a manifestation of power and control by certain men and the need for them to remind women, quite constantly, that they are second-class citizens and that they jolly well better behave as such."

Healy said, "Despite the fact that we've come a long way, 'baby' is still the operative word for many members of the medical profession when it comes to women's health."

She said that for too long, the medical profession had looked at women's health in terms of only reproduction and had paid little attention to other medical problems of women.

Healy said gender bias existed, and still does to some extent, in how doctors treat women with heart disease, for example. She said doctors ignored symptoms of heart disease in women until they started acting "just like men" by having severe heart attacks.

The media have come a long way in bringing women's health issues to the forefront and helping remove the stigma of formerly whispered-about subjects such as menopause and depression, panelists in Blumenthal's session agreed.

But they acknowledged that a major flaw in medical reporting was oversimplification, the tendency to highlight the small, but more dramatic, findings.

Edie Magnus, health and medical correspondent for CBS News, said she was prone to ask "What do you do?" questions, as in "Should women have breast implants removed or not?" when often there was no clear answer.

"We end up putting a lot of material out there that is ultimately inconclusive," said Magnus, whose latest media-medicine experience was having to squeeze a study relating fron to heart disease (which included no female subjects) into a 90-second soundbite.

PD/LUCI S. W

Cynthia Newbille, executive director of the National Black Women's Health Network in Atlanta, said all women had the same health needs.

Maurie Markham, director of the clinic's cancer center, said oversimplifying can lead to needless panic.

Of the 18,000 new cases of ovarian cancer diagnosed each year, fewer than 5% show a family history of the disease, he said. Yet in at least one well-publicized case involving a celebrity, the reporting implied she could have been "saved" had doctors known her history earlier.

"We have no evidence that we can diagnose it early, or that will have an impact on survival," Markham said.

Not only are women's health needs different from men's; they may differ from each other's.

Cynthia Newbille, executive director of the National Black Women's Health Network in Atlanta, said black women's health problems were often exacerbated by the stress of living in high-crime areas, poverty and racism.

Journalists tend to call on mainstream health organizations while researching stories and to give "feast or famine" coverage to minority health, Newbille said. "We need much more coverage that not only covers the issues, but covers them from the perspective of black Americans," she said.

PD/LUCI S.

Barbara Paulsen, senior editor of Health Magazine, said journ needed to try to make sense out of medical research. "Health are complicated. It's our job to provide the information so wor can make decisions for themselves."

Healy said much advancement in addressing women's health had come about because of political pressure from grass-roots women nizations. She said the only keep the momentum goi through "relentless pressur that ensuring every America to health care was a "soul" i the country.

GLENDA HOLSTE

At long last, research on women's health starts to enjoy a brighter outlook

EDITORIAL WRITER

Serious science is no longer automatically marginalizing women because of biases in medical and health research.

On an American landscape more marked these days by failures than successes in enlightening public policy, it's energizing to see the sun rising for women's health care.

A conference last week in Cleveland emphasized how women in health sciences, public office and the media have made a difference in addressing the pathologies of sexism in American medical research, practice and access to affordable care.

The International Women's Media Foundation, a professional organization, brought together eminences in women's health to educate folks like me. The conference was both a celebration of recent progress and a condemnation of the disproportionate impact of America's health care crisis on women and their children.

First, a few words about progress, marked roughly since 1990 when the glaring omissions in biomedical research on women reached critical mass in politically charged Washington. The National Institutes of Health, which fuels America's research engine, is forging ahead under Dr. Bernadine Healy's directorship.

Here's how Healy tells it: "The NIH agenda for research on women's health is all about making research reflect reality." That sounds like so much rhetoric until you think that she means it literally.

As late as the 1980s, medicine built its research and teaching assumptions around a man of middling height and weight. The catalytic example being the now infamous study of the preventative effects of aspirin in treating heart disease. A study of 22,000 men and no women was just too blatant to ignore, and women in Washington made sure ignorance and apathy would not prevail.

The money wasn't there. The awareness wasn't there. The political will wasn't there until women reached high enough places in large enough numbers to put women's health care on the national agenda. It's there now. You can bet on it.

Certainly, you can't bet your life on it yet. But you can be sure that serious science is no longer automatically marginalizing women because of biases in medical and health research.

The Society for Advancement of Women's Health Research was founded in 1990 to put the deadly inequities on the radar screen. In 1991 Healy was named director of NIH. Surprise. The gargantuan agency began enforcing its own rule that women be included in NIH-funded clinical trials except those on diseases specific to men. She also promptly committed the agency to a 14-year, $625 million study of 150,000 women. It is to be the largest clinical study ever undertaken in the United States. This week the NIH published its agenda for research on women's health.

The voices in the wilderness on Capitol Hill are finally being heard. While results aren't spectacular (what *is*, in Washington?), the list of political achievements is growing. Breast cancer research money. Setting quality standards on mammography. Getting women to the table for the great national debate on health care access and affordability.

But there's no avoiding the drag of abortion politics on the comprehensive women's health agenda. Hostage-taking is inevitable, as we have seen over the gag rule, fetal tissue research and other distorted responses in power games that have no respect for pure science.

It is clear that the wider women's health agenda is a living thing. It demands full participation in questions of unequal access and inappropriate treatment. It demands understanding and attention to specific concerns of women of color. It demands reforms in research. It demands attention to the mental and physical damage of domestic violence and sexual harassment.

The national sunrise for women's health care is a whole political cycle behind us. Goals are easy to see in the light of day. The challenge now is for that sun to generate more heat.

Scientists study why women live longer

Longevity secrets could help men

By Lisa M. Krieger
EXAMINER MEDICAL WRITER

CLEVELAND — Women, long assumed to be the "weaker sex," carry within them the secrets of longevity that, if better understood, could prolong the lives of millions of men.

Until recently, no one has studied what it is about women's behavior, biochemistry and genetic makeup that helps them live an average of seven years longer than men, Dr. Bernadine Healy, director of the National Institutes of Health, said at a meeting here of the International Women's Media Foundation.

This year, women's health issues have become the focus of a major new NIH research initiative. A 300-page NIH research blueprint on the subject will be released Monday. And this fall San Francisco is expected to be chosen as one site of a nationwide study on women's health issues.

Biology *is* destiny, scientists are learning. Men and women are not created equal.

"It is important to understand

[*See WOMEN, A-24*]

◆ *WOMEN from A-1*

Women may help men live longer

the differences — not deny them — and learn from them," said cardiologist Steven Nissen of The Cleveland Clinic Foundation.

According to physiologist Estelle Ramey of Georgetown University School of Medicine in Washington, D.C., "such research will help keep men alive longer and extend the viable life of men and women so that they can squeeze through the door of life together, rather than apart."

The gap between the life spans of the sexes has already begun to shrink, narrowing from 7.8 years in 1970 to seven years.

Part of the change is behavioral: Men are acting like women, drinking less and smoking fewer cigarettes. Some are better managing the stresses that trigger hormone-fueled Type A behaviors.

Men are also beginning to benefit from innovations in medical treatments, some first suggested by studies in women. For instance, one recent landmark study found that estrogen therapy can help ward off heart disease in men.

Another soon-to-be-published NIH study has found that postmenopausal women on hormone replacement therapy suffer from lower rates of Alzheimer's disease. That suggests estrogen may also prolong the survival of certain brain cells.

Among other applications of lessons learned in women, doctors have observed that they are less likely than the average man to be helped by a common operation for atherosclerosis, called balloon angioplasty, perhaps because their vessels tend to be narrower than men's. This might explain why men of smaller stature — say, those of Asian descent — also are less likely to be saved by the procedure.

More males to begin with

Men begin life far ahead of women, at least in sheer numbers. At conception, male fetuses outnumber females 115 to 100; at birth, the ratio has fallen to about 105 boys to 100 girls.

By age 80, there are twice as many women as men.

Much of the success of women's longevity can be credited to one hormone: estrogen. It helps remove harmful blood fats and prevents blood clots that lead to heart and blood-vessel disease. The male sex hormone, testosterone, has the opposite effect.

Another advantage is that women have two X chromosomes. The extra X can offset one that is defective. Males, who have an X and Y chromosome, lack this advantage. In the future, gene therapy could help correct these defects.

Women's immune systems are also stronger than men's, making them more resistant to infectious disease. This will be a key area of further research.

Men's physiological traits, once essential to survival, are now life-threatening. For instance, men secrete testosterone and high levels of stress hormones that cause them to react to stress more intensely than women, said Ramey. The hormones cause "flight or fight" responses that bring about faster clotting, a more forcible heart beat and increased blood pressure.

For primitive man, these physiologic reactions were essential. But these same traits — which lead to heart and blood-vessel damage and ultimately, heart attack — can be deadly to modern man in rush-hour traffic.

Throughout medical history, textbooks have focused on the health problems of the mythical "70 kilogram man." And so doctors "were trained to think of man as the generic human," said Dr. Susan Blumenthal, chief of the Behavioral Medicine Research Program at the National Institutes of Mental Health.

The women's movement didn't do much to change that perception. "We argued that we were the same as men, and to succeed, we played by men's rules," said NIH's Healy. "And because women were thought to be just like men, we were not included in medical research."

The implications for health care are just beginning to be understood.

"Is testosterone bad for men? Is that part of the problem here? We'll never know, as long as the differences between men and women are denied," said cardiologist Nissen. Said Ramey: "When you go to start a new business, do you study those that have failed — or the success stories?"

"We need to examine the successes of females," she added, "and apply the results to males, rather than the reverse."

13TH STORY of Level 1 printed in FULL format.

The Gazette (Montreal)

December 7, 1992, Monday, FINAL EDITION

SECTION: WOMAN NEWS; FROM AROUND THE WORLD AND AROUND THE CORNER: INTERNATIONAL; Pg. F1/BREAK

LENGTH: 60 words

HEADLINE: Sarajevo journalist honored

DATELINE: WASHINGTON

BODY:

Gordana Knezevic, the acting editor-in-chief of Oslobodenje, a daily newspaper in Sarajevo, received a Courage in Journalism Award last week in New York from the International Women's Media Foundation. Her paper hasn't missed an issue during the the Serbian siege of the city, though two reporters have been killed and 20 staff members have been injured.

LANGUAGE: ENGLISH

LOAD-DATE-MDC: December 8, 1992

ment for Democracy, which covers fiscal year 1993.

William J. Clinton

The White House,
May 5, 1994.

Statement by the Press Secretary on Reforming Multilateral Peace Operations

May 5, 1994

On May 3, 1994, President Clinton signed a Presidential Decision Directive establishing "U.S. Policy on Reforming Multilateral Peace Operations". This directive is the product of a year-long interagency policy review and extensive consultations with dozens of Members of Congress from both parties.

The policy represents the first, comprehensive framework for U.S. decisionmaking on issues of peacekeeping and peace enforcement suited to the realities of the post-cold-war period.

Peace operations are not and cannot be the centerpiece of U.S. foreign policy. However, as the policy states, properly conceived and well-executed peace operations can be a useful element in serving America's interests. The directive prescribes a number of specific steps to improve U.S. and U.N. management of U.N. peace operations in order to ensure that use of such operations is selective and more effective.

The administration will release today an unclassified document outlining key elements of the Clinton administration's Policy on Reforming Multilateral Peace Operations.

Nomination for District Court Judges

May 5, 1994

The President today announced his intention to nominate the following four individuals as Federal judges: H. Lee Sarokin to the U.S. Court of Appeals for the Third Circuit; Blanche M. Manning to the U.S. District Court for the Northern District of Illinois; Lewis A. Kaplan to the U.S. District Court for the Southern District of New York; and William F. Downes to the U.S. District Court for the District of Wyoming.

"These individuals will bring excellence to the Federal bench," the President said. "Each has an outstanding record of achievement in the legal community."

NOTE: Biographies of the nominees were made available by the Office of the Press Secretary.

Remarks on Women's Health Care

May 6, 1994

Thank you, Mrs. Bailey, for the wonderful introduction and for the wonderful life you have lived.

I want to thank all the mothers who are here for doing such a good job with their sons and daughters, helping them to achieve a full measure of ambition. I want to thank the Vice President and Mrs. Gore for being wonderful examples of good parents. And I want to thank my wonderful wife for being the best mother I have ever known, as well as for taking on this often thankless but terribly important job.

You know, since Tipper was kind enough to mention my mother—I was sitting here thinking, I know some of these mothers here. Rosa DeLauro's mother campaigned with me in New Haven, and Rosa said, "You need to get my mother to go with you. She's worth a lot more votes than I am." [*Laughter*] So I watched all the people along the way being too intimidated to say no, they wouldn't vote for me. [*Laughter*] Sure enough, we carried it.

On Mother's Day we tend to think of the wonderful and warm and kind and loving and sacrificial things our mothers do. You heard Hillary say that, like most families, mothers make the health care decisions and prod everybody else to do it. But you know, very often mothers are also the most practical members of the family and the most hardheaded, and the most insistent that we face up to our responsibilities. Very often the values, the internal character structure of children is profoundly influenced by the sort of daily insistence of mothers that you just face up to your daily tasks and do your job and life will take care of itself. And that may seem terribly elemental, but one of the reasons

that I ran for President is I thought all that had been abandoned here, and there was a lot more talk than action.

Now, last month, we just learned today that our economy produced 267,000 new jobs in no small measure because the people in this Government have begun to take responsibility for bringing the deficit down and trying to do things that will grow the economy.

Yesterday, in a heroic move, the United States House of Representatives voted to ban 19 assault weapons. It was a very difficult thing for some of the Members, who were literally threatened with losing their seats and their political careers. But in the end, they got beyond the rhetoric to a very commonsense, old-fashioned American judgment that it was the right thing to do, the disciplined thing to do, the sort of thing your mother would be proud of you if you did. [*Laughter*]

I say that because I want to focus on what your mother would tell you to do in health care, not just for emotional reasons but because every day, those of us who are charged with the responsibility of working here are supposed to get up and do what my mother told me to do, which is to do your job. And my mother used to tell me all the time, "Bill, you give a good speech, but you still have to *do* something—[*laughter*]—in the end you still have to do something."

There's so much talk and genuine concern in this country about the American family. We're here paying tribute to it. Sunday we'll pay enormous tribute to it. And I think all of us would admit, whether we're Democrats or Republicans or independents and whatever our political philosophies are, that if the families of this country weren't in so much trouble, we'd have about half as many problems as we've got. I think we all know that. But what I want to ask you is what my mother would ask me, "Well, so what are you going to *do* about it?" And how can we be so concerned with the stability of the family as an institution, and still walk away from those stories that Hillary talked to you about? I mean, we've heard so many of these stories, we can't keep up with them all now. We literally cannot keep up with them all.

Millions of women in this country have no health insurance. Many more have insurance policies full of the kinds of loopholes that you heard Hillary describe. There are policies that deny mammograms or that don't pay for well-baby visits or prescription drugs, that routinely exclude pregnancy as a preexisting condition. How can a profamily country say pregnancy is a preexisting condition? Some insurance companies have gone so far as to call domestic violence a preexisting condition. Well, so is breathing.

A couple of weeks ago, in the New York Times, there was a remarkable column by a novelist named Anne Hood who wrote how the system fails families today. She said she was a self-employed writer and her husband had a hard time finding health insurance. And when they finally found insurance that they were actually able to purchase, the quarterly payment was $1,800. That's $7,200 a year for a family policy.

And still, after they paid all that money their worries weren't over. She and her husband moved from New York to Rhode Island, and she had a baby. After the baby was born, she learned the insurance company had dropped their coverage when they moved 6 months into her pregnancy. And to renew her insurance would have cost $2,000 more a quarter, an extra $8,000 a year for maternity coverage. That was more than it would cost to have the baby.

Now, it's seems to me that common sense tells you that if we can make it possible for self-employed people, like this fine woman and her husband, and small business people to afford to take care of themselves and their families and to stop passing on their costs to the rest of us, and we can organize it so they can buy insurance on the same terms that those of us who work for government or big business can, that we ought to do that. And it seems to me that their mothers would tell them they ought to pay a little for it and assume their responsibility, too.

We have got to try to reform this system to try to help people stay healthy and take care of them when they're sick. In any given year, about a third of all American women fail to get basic preventive services, like clinical breast exams, Pap smears, complete physicals. More than half of all American women over the age of 50 fail to receive a

mammogram, often because of problems with their insurance.

In medical research, women have been on the sidelines too long, too little research into the causes and cure of breast cancer and osteoporosis. Heart disease is the number one killer of women, but until recently, all of the search for a cure was centered only on men. The simple fact is that we've paid too little attention to the unique problems of women.

I met with a lot of mothers this week whose children either have or have already died of AIDS, and there are an enormous number of women who now have the HIV virus and who have passed it along to their children, or some have it and some don't. And we don't know whether or not there are different potential resolutions of this for women than for men.

We're trying to change all that in this administration. For one thing, I've put only women in charge of the health care struggle. Donna Shalala is Secretary of Health and Human Services. America became the first nation in the world to establish a senior Government position to oversee women's health issues. I put a woman and a mother in charge of health care reform, and you can see she's done a pretty good job, and we're all still pretty healthy.

We created an office of research on women's health at the National Institutes of Health, and increased funding for breast cancer research, for a national action plan on breast cancer, for research into other problems that affect women. We removed barriers that stood in the way of finding cures to Alzheimer's and Parkinson's disease. We passed the family and medical leave law, a profamily bill if I ever saw it. You ought to read the letters that we get on that.

But if we really want to do right by the American family, and if we really want to honor our mothers, if we want the emotional satisfaction of seeing a lot of that pain taken away and the personal satisfaction of thinking we have done what our mothers would have told us to, which is to face up to our responsibilities and do the right thing, then we've got to find a way to provide health care to all Americans, to guarantee comprehensive benefits, including preventive care, including those screenings and tests and check-ups to keep people well, not just spend a fortune on them when they really get in trouble.

We've got to preserve the right to choose doctors that women normally make the choice of. And our older women need to be able to rely on Medicare.

We can do these things. We can fix what's wrong with our system and not mess up what's right. But in order to do it, it's going to take the same discipline that was required to deal with the problems of the economy; the same courage that was required to take that vote yesterday on assault weapons; and same memory that that is, after all, what we were raised by our mothers to do. And on Mother's Day, I hope that we will all resolve that, by Mother's Day next year, the women who cared for us will have a health care system that cares for them.

Thank you very much.

NOTE: The President spoke at 11:52 a.m. on the South Lawn at the White House. In his remarks, he referred to Barbara Bailey, mother of Representative Barbara B. Kennelly, and Luisa DeLauro, mother of Representative Rosa L. DeLauro. A tape was not available for verification of the content of these remarks.

Exchange With Reporters Prior to Discussions With Prime Minister Mahathir bin Mohamad of Malaysia

May 6, 1994

Jones Lawsuit

Q. Mr. President, do you have any comment on the lawsuit filed against you today?

The President. Well, I thought Mr. Bennett did a fine job. I don't have anything to add to what he said.

Q. Are you going to argue that all the charges are false?

The President. I don't have anything to add to what Mr. Bennett said. I'm going back to work.

Q. Do you categorically deny the charges?

The President. Bob Bennett spoke for me, and I'm going back to work. I'm not going to dignify this by commenting on it.

sister reveals a **Marilyn Monroe** never before seen—young and innocent

LIFE

Stephen King on Little League Baseball

FIGHTING BACK AGAINST THE REAST ANCER IDEMIC

WHAT SCIENCE IS DOING TO STOP IT, AND WHAT WOMEN ARE DOING TO HELP THEMSELVES

Front, from left: Phyllis Newman, Jill Eikenberry, Shirley Temple Black, Marcia Wallace, Linda Ellerbee. Behind them, nine other breast cancer survivors, from the Cedars-Sinai Comprehensive Cancer Center.

Fighting Back

They are everyday heroines living with everywoman's fear:

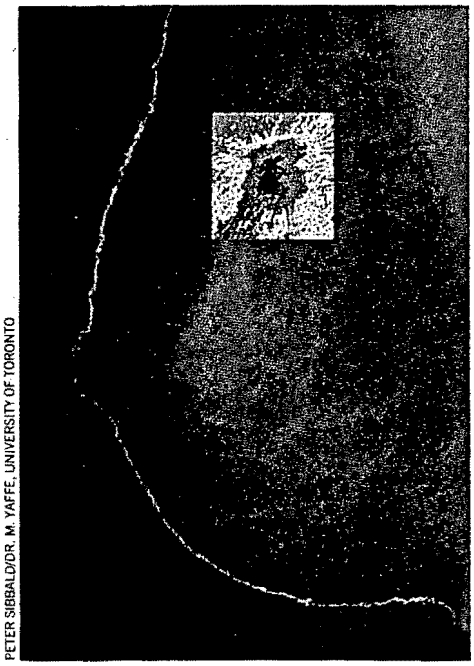
BREAST CANCER

But with the help of groundbreaking treatments and the love of families and friends, they find hope for themselves—and for all women.

MOTHERS, SISTERS, DAUGHTERS, WIVES—all are talking at once, in flurries of "How *are* you" and "It's been so *long*" and "You look *marvelous*." But social chitchat soon turns into the testimony of survivors: "I woke up concave" . . . "strontium 89" . . . "a reduction on the O.K. side" . . . "I don't have an O.K. side" . . . "This year has been tough." Looking around at the faces that have become so comforting to her over the years, one woman says, "It's really good to meet. You help each other. It's like a club."

It is one chapter of a club, a club of women who have an insidious disease that begins in the breast, spreads to the lymph nodes, the bones, the lungs, the liver. These women have been attacked close to the heart, their very symbol of femininity transformed from one of nurture to one of nature gone malevolently, malignantly, wrong. National membership is metastasizing at a rate of nearly 2 percent a year, and death collects the dues: In 1994 some 46,000 will die. But there is life in this club too, and hope.

The women in this chapter are in the forefront of a revolution. They represent the thousands who refuse to wait passively for a miracle. For years they have taken a controversial vaccine—one of many similar experiments currently being conducted—in the hope that it will prevent recurrence of breast cancer. They are literally fighting for their lives.



PETER SIBBALD/DR. M. YAFFE, UNIVERSITY OF TORONTO

A mammogram, enhanced by computer imaging, shows a malignant tumor in blue and red.

By **Claudia Glenn Dowling**
Photography by **Dana Fineman**

Reporting: **Stacey Bernstein, Judy Ellis, Jeff Goldberg, Anne Hollister, Sasha Nyary**

The mother was treated two decades ago, when breast cancer was a nasty secret. The daughter has more options for early tests and prevention.

Martha Goodrich worries that daughter Merrily Brannigan may inherit her disease.

A painting of a quote from philosopher Pierre Teilhard de Chardin hangs in the waiting area of the Heather M. Bligh Cancer Research Laboratories at the Finch University/Chicago Medical School: "The day will come when, after harnessing the ether, the winds, the tides, gravitation, we shall harness for God the energies of love. And, on that day, for the second time in the history of the world, man will have discovered fire."

Immunologist Georg Springer, 70, commissioned the painting of those words. He believes in science, and he believes in love. His work is a labor of both. Stacks of research papers flow from his desk onto the floor, and potted plants line the windowsill. Every holiday season Springer sends each of his patients a flowering plant to mark another year of life. His first experimental patient, his wife, died of breast cancer in 1980, six years after she was given but a year to live. Naming the facility, partly funded by his inheritance from a German publishing company, after his wife, he says, "came from my heart, not from my brain."

Historically, breast cancer has been treated with the triumvirate of surgery, radiation and chemotherapy—sometimes condemned as "slash, burn and poison." Although these traditional methods have never worked well, maverick researchers like Springer were ostracized by the establishment. "As far as bottom-line statistics, nothing looks very good. We have made no major breakthroughs in terms of a cure," admits Edward Sondik, deputy director of the National Cancer Institute. But now, he says, there is a growing interest in therapies that muster the body's immune defenses against cancer. Therapies like Springer's.

Springer's results are startling. All 19

omen from his first study group survived r ve years, and 16 are still alive—11 a decade or more. However, promi- nt scientists say too few women have en tested with his vaccine for results to meaningful, pointing out that interest- g data often doesn't stand up in large- ale, randomized trials.

The doctor puts on a clean lab coat. He seeing Marcia Kimes, 53, who has come m San Francisco for the early-detection ncer test he invented 20 years ago. ringer isolated antigens that occur on surface of cancerous cells, the first evi- nce of a signal that gears up the immune system to fight cancer. A simple skin test using similar antigens made from healthy cells, 90 percent accurate, can detect cancer years before it shows up on a mammogram. Springer's daughters, a lawyer and a physician, take the test annually. Although heredity accounts for only 5 percent of all cases, a woman with a mother or sister who had breast cancer is two to three times more at risk. Like Marcia, who helped to care for her sister, a patient of Springer's, in the terminal, terrible stages of the disease two years ago.

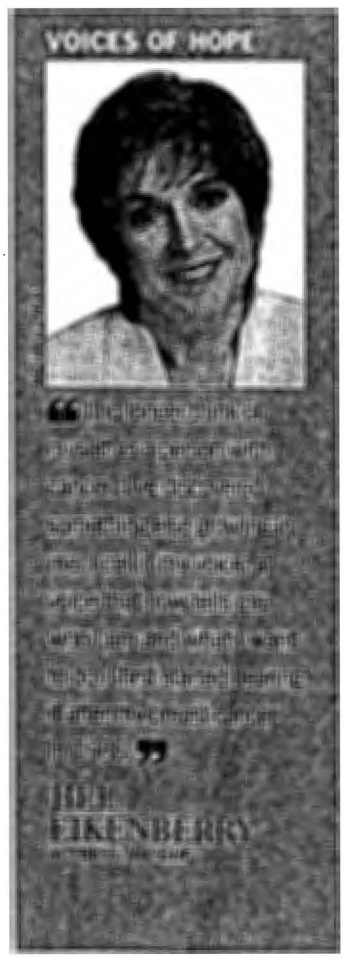
"Is your arm limp as a boiled spaghetti?" Springer asks Marcia in his German accent. He measures the sites he injected the day before. Marcia is cancer-free.

■ MARCIA KIMES AND LINDA MCCORMICK, 46, cling to each other for a long moment. They have hardly seen each other since Marcia's sister, to whom Linda was close, was dying. The two are glad to be meeting, fortuitously, on a visit to Springer.

After her double mastectomy, doctors discovered a five-centimeter tumor in the base of Linda's spine. Experts at the Mayo Clinic told her she would be lucky to see another year. Once breast cancer has spread to bone or a distant organ, 90 percent of patients die within five years. "All anyone could say was, 'I'm sorry,'" Linda recalls. "I prepared to die."

Her accountant husband and two children grieved—prematurely. After reading an article in the paper about Springer's vaccine, which uses injections of the antigens to stimulate the immune system, Linda flew 500 miles from Joplin, Mo., for treatments. "All I wanted to do was make it through my son's high school football season," she says. Six years later her son is a senior in college. "I would love to hold a grandchild," says Linda. "But if I should die now, I feel a whole lot better than I did six years ago. My kids are on their own."

When she got her diagnosis, breast cancer was usually seen as a surgical problem. "Today people understand that it's systemic," says Linda. "The key is trying to find out what causes it, what makes it grow, and stopping that cycle. Springer's kind of work is the answer of the future." Recent advances in immunology and genetic engineering have led to the revolution in cancer treatment. A study released in March indicated that immunotherapy can counter cancer: A hormone called interleukin-2 sent some virulent melanomas into remission. Antibodies that recognize cancer cells have also been used to successfully treat lymphoma. Aside from Springer's vaccine, some 24 different inoculation agents are being studied to see if they can provoke immune responses to fight breast and other cancers. A vaccine using an antigen similar to Springer's has been successful in early trials by Biomira Inc., a Canadian company. And this summer Olivera Finn, an immunologist at the University of Pittsburgh, will get results of tests of her breast cancer vaccine. "I would be incredibly surprised if the vaccine approach failed," she says. Michael Sporn, director of a new National Cancer Institute lab devoted to intervening in precancerous stages of the disease using a combination of new therapies, goes further. "Over the next twenty-five years breast cancer will disappear like the Cheshire cat," he says.



Such advances give Linda hope, though in just the past year cancer has spread to a hip, leg and ribs, and she has undergone high dosages of radiation. "I'm spot-welded together," she says. Some mornings the pain is so bad that it is hard to get out of bed, even for one of Joplin's most successful real estate agents.

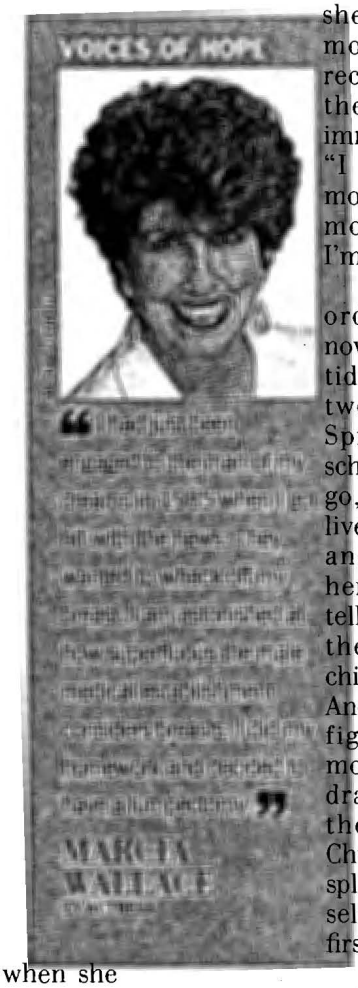
"When the cancer comes back, you're like the black ship," she says. "You're in a labyrinth of loneliness." Springer has been sending the vaccine to her local doctor, but Linda feels the need to see Springer in person. Talking with his other patients is also important. Linda points out that a Stanford University study found that women with metastatic breast cancer who

joined support groups lived twice as long as those without such networks. Says Linda, "Together they looked death in the face and gained strength from it."

■ A SILVER TEA SET, meticulously polished, sits symmetrically on a tray under the venetian blinds that cover the breakfast room window. As her husband of 50 years, a salesman, heads off to volunteer at the local soup kitchen, Martha Goodrich, 73, fixes dinner for a neighbor who is coming home from the hospital.

Unlike Linda and the younger women in Springer's group, Martha had little support, in or out of the hospital, when she was diagnosed with breast cancer 22 years ago. "For my mother's generation, cancer was almost like leprosy," she says. Martha didn't realize that she would undergo anything more than a biopsy when she was wheeled into the operating room. She signed the papers presented to her and woke up without a breast. "I was in such shock that I didn't ask many questions," she says, bemused now by her own naïveté. "I felt, that happens to other people, and you're terribly sorry, but you never think about it happening to you."

No one suggested breast reconstruction. "It was over. That was it. I cried a lot when I was alone." When a nurse asked her if she had looked at the scar, she said yes. But she hadn't, and didn't for months. Nor did she discuss the operation with her husband. "My husband is not the sort of person who likes to talk about things like that," she says. Seven years later Martha had another mastectomy. It was the late '70s, however, and thanks to the influence of such women as Betty Ford and Shirley Temple Black, who had begun talking about the disease, the subject was more openly discussed. A friend wrote Martha about the then president of the American Cancer Society, who practiced in nearby Evanston, Ill. Dr. Edward Scanlon suggested that Martha see Springer. She began with injections every few weeks; 15 years later she has them every few months and has had no recurrence. And because the shots boost her immune system, she says, "I don't get colds anymore. When everybody is moaning and groaning, I'm fine and dandy."



Martha's house is orderly, but she knows now that life is not always tidy. She has urged her two daughters to take Springer's test. One, a school counselor in Chicago, does; the other, who lives in Washington State and puts her faith in herbs, doesn't. Springer tells Martha that because the latter nursed eight children, her risk is lower. And neither would have to fight alone like their mother. In the back of a drawer, Martha still has the white, lace-yoked Christian Dior nightie she splurged on to make herself feel better after that first operation.

■ SINGLE MOTHER CINDY ROUND, 43, nukes the chicken she baked the night before. The kitchen of her Deerfield, Ill., town house has an air of impermanence, of being stripped down to basics: kid, work, health. Jeremy, 13, still bearing traces of makeup from the dress rehearsal of his junior high musical, kisses her as he goes off to get ready for the evening performance. "Love you, Mom," he says.

"Love you, too. Break a leg."

Cindy once envisioned herself onstage at the Metropolitan Opera, but in college she switched from a major in voice to one in occupational therapy, which enabled her to put her husband through medical school. Now vice president of a firm that provides occupational therapy, she believes that she got cancer from the trauma of her divorce. "I think that stress can make your immune system shut down," she says. For four years Cindy struggled to get custody of Jeremy. Finally, one Halloween, she managed to take pictures of the tombstone with her name on it that her ex-husband had erected in his front yard, reading, "Here lies the witch we were able to ditch." Cindy got custody.

"Just at the point when everything was going to be sick," she says. She felt the taking a shower and, after "denial," had it checked out just seen a *Doogie Howser, M.D.* which Doogie's mother had a proved benign, as do 80 percent biopsied in premenopausal w convinced himself that real lif like that on TV. "But it was Cindy, who had to reassure a l like he was losing his fa wasn't going to lose his moth

Breast cancers are categor

Stage I, an isolated tumor smaller than two centimeters, to Stage IV, in which the cancer has metastasized to various parts of the body. Cindy was a Stage III, with cancer in lymph nodes. She had a modified radical mastectomy, reconstruction and chemotherapy using a cocktail of drugs fed into her system through a device implanted under her skin called a Port-A-Cath. Three weeks after beginning chemo in 1990, she was cooking when, she recalls, "hair started falling into the pan. It was so gross. Chemotherapy attacks rapidly reproducing cells, like cancer cells and hair follicles." She kept the locks, thinking that if her hair didn't grow in, she could "paste it on or something."

Her self-image has suffered less from the loss of a breast, though she admits that dating can be awkward. "I remember going out with one gentleman, and the whole night thinking, 'Do I tell him?'" Now she's seeing a man she knew during treatment who has been supportive, as have coworkers. Cindy is loath to make long-term commitments, whether marriages or mortgages: "I worry about what'll happen to my child." Jeremy hasn't heard from his father for more than a year, but the boy is thriving.

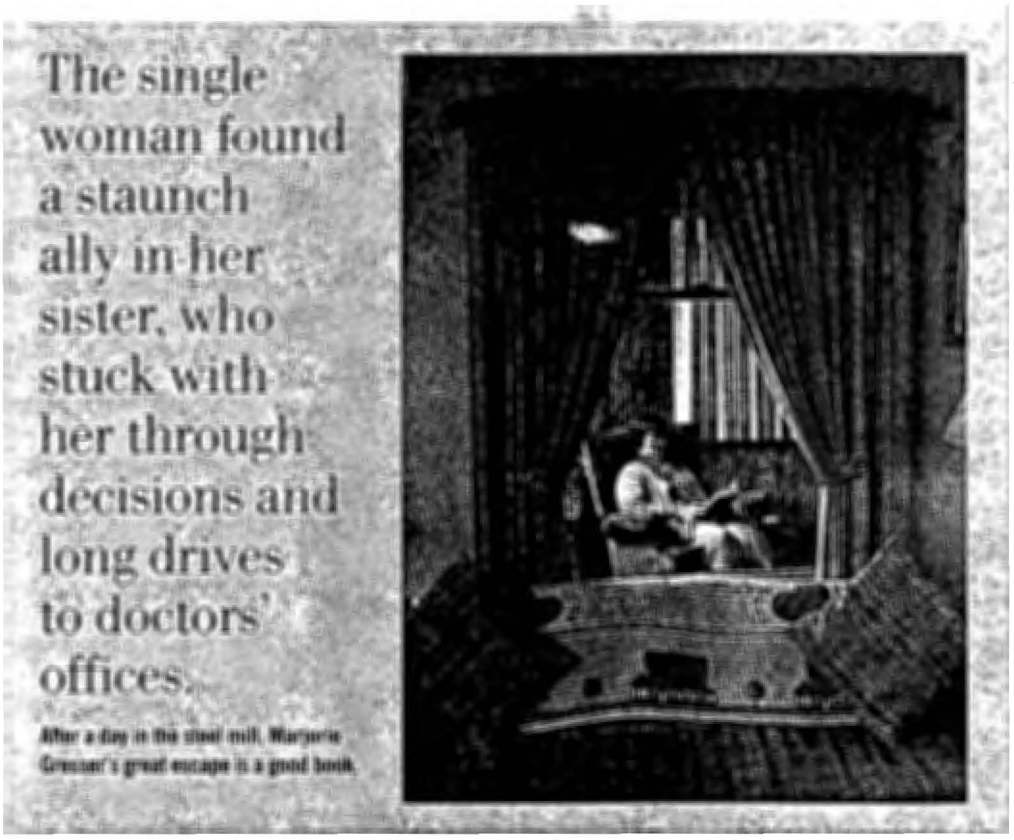
As Cindy goes through the doors of Alan B. Shepard Junior High to see *Krazy Kamp*, she points to Jeremy's name on the honor roll. "The proud mother," she says. "Little things give me such pleasure now." The curtain goes up, and Jeremy appears onstage to sing his first solo. Whispers Cindy's boss and friend of 20 years, "I didn't know he was so talented."

Cindy beams.

■ THE BUNGALOW ON WATER STREET in Hobart, Ind., was ordered from a Sears, Roebuck catalogue in the 1920s, and Marjorie Gresser, 52, has lived in its comfort-

The widow lost her husband and then her health, but never her joie de vivre. She never asked, "Why me?" The question seemed somehow arrogant.

Catherine Moloney lives in the house she and her husband finished building 30 years ago, just months before he died.



able, dark rooms for most of her life. Marge and her two bachelor brothers share the house. Joe, who has always been gentle and a little slow, was able to help care for their aging mother at home until her death, the night Marge found out she had cancer.

She could hardly believe her diagnosis in 1989. Her two older sisters had no history of breast cancer, nor did her mother's or father's family. On her way back to work at the steel-finishing mill where she's been a secretary for 30 years, she broke down. "Marge, you can't cry yet," she told herself. "You got to wait till you get home." She and her sister Barbara made arrangements for a burial and her surgery at the same time. "At my mother's funeral, I cried a lot. I thought it was for her, but it was probably more for myself," says Marge.

Barbara persuaded her sister to consult specialists an hour and a half away and promised to do the driving. Marge decided to have reconstructive surgery with a silicone implant. Now that she is aware of the problems associated with silicone.

she's not sure she would have it done again. "I guess it's just vanity, but it's kind of nice looking down and seeing a little cleavage," she says. "'Course I'm single, so it's not like I had to worry about showing myself to my husband."

A doctor at the mill told her his wife had been taking Springer's vaccine for years. In Springer's waiting room Marge met other long-term patients. "You start comparing notes," Marge says. "When you hear the statistics of how many women get breast cancer, you wonder what's going on." Springer tells Marge she has to lose weight—"which is true and I know it." She thinks perhaps her diet is responsible for the cancer.

Animal studies indicate that dietary fat can promote tumor growth; in women it may do this by increasing estrogen, a known risk factor in breast cancer. In addition, international studies suggest a correlation between a nation's fat consumption and breast cancer rates. Japanese women, with a low incidence in their own country, are at greater risk when they move to the U.S. As part of the National Institutes of Health's Women's Health Initiative, some 4,000 women will be tested to see if cutting dietary fat by half can lower breast cancer rates. Results won't be in until 2006; meanwhile, Marge is trying a low-fat diet on her own.

The two sisters have become closer during the long drives to doctors' offices. When they stay overnight, they make an outing of it, often shopping at a discount mall. Even though she faces mortality every time she gets undressed, Marge still plans to collect social security and enjoy every minute. "I was raised that you cleaned the house every week," she says. "Now if something more fun comes up—the dust'll be there tomorrow."

■ KAREN PLATT, 46, IS PRICING BOOKS with a light pen behind the counter at a mall bookstore, where she is an assistant manager. A man buys a magazine with big-bosomed women and the words *Hot Sex!* on the cover. A female customer asks Karen intently, "How are you doing?"

"Well," says Karen. "Really well."

She punches out at 4:37, pats the

crumpled front fender of her convertible, vanity plate KBP TOY 1, and heads home to Buffalo Grove, Ill. As she sits down at the kitchen table, Karen sees an envelope from a lab. "What's this?" she asks. "Oh, yes, that chest X ray."

"I hope insurance paid," says her husband, Paul, a computer systems manager, taking the envelope. "Owed, zero," he says with satisfaction.

Karen's illness came at a bad time. Her father and mother had recently died. Paul had been out of work for months. Karen was just three weeks into a new job as a youth program coordinator. Said Paul, "Hit me with a baseball bat again." Then, a week before surgery, Karen was fired. "You know that I'm not being fired for ineffectiveness," Karen told them. "I'm being fired because I have cancer. And you don't f---ing want to pay for it." Fortunately, the insurance Paul had bought when he was laid off proved to cover Karen, too. She figures her treatment cost about $60,000. Springer's inoculations—which cost him $1,500 a year per patient—are not covered by insurance, but his office told Karen that if she didn't have the money, she didn't have to make a donation.

Karen had two friends who helped her through chemo. They called themselves the Three Musketeers. "There are a handful of us whose kids all played soccer over a six-year period, and five of us developed breast cancer," says Karen. "You wonder—is something buried under that soccer field?"

Karen is not alone in wondering whether environmental causes are responsible for the increase in breast cancer. The pesticide DDT, which is no longer used, may increase the risk of breast cancer fourfold. Many other pesticides, plastics and chemical wastes act like estrogen in the body. Women on New York's Long Island, where breast cancer rates are 20 percent higher than in the rest of the state, have lobbied for a study to investigate electromagnetic fields and pollutants.

In the basement of the local library, Karen joins some 40 women on Saturdays for meetings of Y-ME, a national breast cancer support group. Using AIDS activist

tactics, the National Breast Cancer Coalition, including Y-ME, marched on Washington last year to lobby for more funding. They delivered 2.6 million signatures—the number of women believed to have breast cancer in the U.S. "If you look at how the government has approached women's health care," says Rep. Pat Schroeder, "women might as well go to a vet." National Institutes of Health funds for breast cancer studies soared from $88 million in 1990 to some $300 million in 1994, with another $210 million in outside grants to be announced this month. By comparison, some $1.3 billion is devoted to AIDS research—but breast cancer now receives more funding than any other cancer. Sen. Tom Harkin, whose two sisters died of the disease, says, "The women who pulled together to lobby had a great impact."

At the meeting Karen listens as an oncologist lectures on the latest research. He talks about new chemo drugs, including a synthetic form of taxol. He discusses promising new hormone treatments using the "abortion pill," RU 486, and

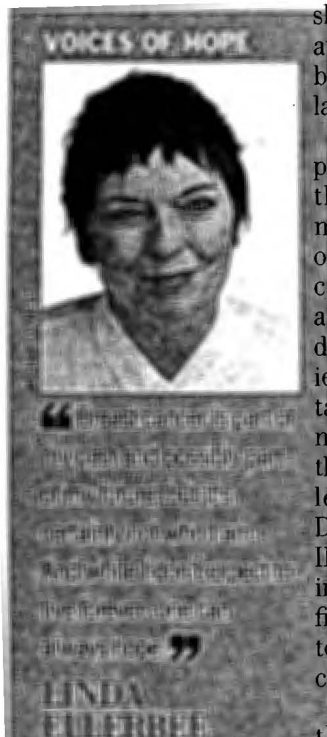
Cormick
l for the
grace
with
Larry and
Kelli, 20.

The working woman, told she would
be in a wheelchair, kept going strong.

oon

toremifene, a drug similar to tamoxifen, at present the drug most widely given to counter the effects of estrogen. While tamoxifen, which Karen has been taking for two years, reduces recurrence of cancer by 30 percent, it has also been implicated in uterine cancer. A $60 million study to see if tamoxifen can prevent breast cancer from developing in healthy women is now mired in controversy.

Afterward, Karen heads off for lunch with friends. Since Sue died, there are only two Musketeers left. In the library basement, chalked letters on the blackboard read: "Recurrence ≠ Death."



■ RAYS OF SUN SHOOT through the clouds like a Bible-story illustration as Catherine Moloney, 70, drives her '93 Cadillac Sedan de Ville toward Lake Michigan. She tries to take a few hours every now and then to restore herself by walking along the shore. After she was diagnosed, when it seemed as if her own horizon had come suddenly closer, she would sit at the lakefront and stare into the blue distance, leaving before sunset. Ever since she was a child, she has hated sunsets, the end of the day.

Catherine has had her share of trials. Thirty years ago her husband crashed his private plane during a snowstorm. She was left behind to run their toy company and electronic-components business—and raise five children. Then an explosion in her eldest son's apartment building burned off his face. Catherine tended him for five months in intensive care; 20 years later he is staying in her six-bedroom Lake Forest house while he undergoes the latest round of plastic surgery. "My family's put a wing on the hospital," she says with a sigh.

Catherine, whose grandmother died of breast cancer, felt her first lump while dressing for her daughter's debut party. That one was benign. Fourteen years later, in 1986, a mammogram picked up the real thing. After research, she chose a lumpectomy rather than a mastectomy. Now she has just read the *Chicago Tribune* article that revealed that some lumpectomy data had been falsified. She shrugs. "You judge by the available data at the time, but everything is a calculated risk."

Like most of Springer's patients, Catherine takes the vitamins he recommends: 4,000 milligrams of C, 20,000 units of beta-carotene, 800 units of E and a multiple vitamin daily. Several recent studies underscore the importance of antioxidant vitamins. Maurice Black, at the New York Medical College's Institute of Breast Diseases, found that Stage II patients with weakened immune systems cut their five-year risk of recurrence to 6 percent from 38 percent by taking vitamin E.

Catherine lunches at the Forge. The name is appropriate, she allows. "I just forge ahead. This is the way I feel: I've *had* cancer, past tense. I hope that's the way it's going to remain. And I think with Dr. Springer's help, it can." Like every other woman in the group, she says that faith, family and friends have sustained her. "You real that you have more yesterdays than have tomorrows," she says. "I try not have any of the trivia in my life tha once had. Love is the big thing."

■ "ALL THE OLD FACES," says Karen, as t club waits for Springer.

"It's hard to remember names," Mar confides to Cindy.

"This is your daughter, Linda? I' heard about her for years," Martha says.

"Oh, Linda, you are remarkable Catherine says to her.

Says Linda, "If there's one thing I learned, it's that you have to fight—n with death, but to hold on to life."

The doctor considers the indomital women who have collected, year aft year, in his office. "I think the mind h something to do with it," he says. encourage them. They know one anot er." A jumping champion, Springer su fered a concussion falling off a horse a f years ago. But as long as his patients ne him, he will not retire. He is putting six-day weeks developing a way to blo cancer in the earliest stage, when it sho up in his test. So that women will not di like his wife, too young. "Really, science not the ultimate goal in life," he say "The goal is what Teilhard de Chardi said: mutual understanding and love." □

May 1994
DRAFT #2

WOMEN'S HEALTH PROGRAMS AND ACTIVITIES

Office on Women's Health
Public Health Service
U.S. Department of Health and Human Services

OVERVIEW

The Clinton administration is committed to a comprehensive, equality-minded approach to women's health. Key examples include:

* Susan J. Blumenthal, MD, MPA has been appointed the first Deputy Assistant Secretary for Women's Health, a senior level health position created by the Administration to redress inequities in the health care system which have put the health of American women at risk.

* Women's health concerns are at the center of the comprehensive benefits package included in the Health Security Act.

* The National Action Plan on Breast Cancer provides an unprecedented opportunity to promote public-private linkages in an effort to fight breast cancer as a serious threat to the health of women.

* The Administration's 1995 Public Health Service budget request sets aside $1.8 billion for programs directly targeting the health of women, reflecting a $145 million (9%) increase over FY 1994 funding. This budget request includes increases for breast cancer research, funding of the National Action Plan on Breast Cancer, research on female-controlled chemical barriers against HIV infection, as well as other research on health conditions affecting women. It includes an increase in the HRSA Family Planning Program that provides contraceptive and pregnancy services and routine gynecological screening to low income women.

BACKGROUND

* Medical research has often short-changed women.

* Heart disease is number one cause of death of women; women

are dying in increasing numbers from lung and breast cancer and AIDS.

* More women aren't getting necessary health care because they have inadequate insurance or none at all.

* Domestic violence affects millions of women.

* Minority and older women receive inadequate care.

INITIATIVES AND ACCOMPLISHMENTS:

* The United States has set an important precedent by being the first country in the world to establish a senior level health position dedicated to redressing inequities in the health care system which have put the health of American women at risk. Susan J. Blumenthal, MD, MPA, a national leader and expert in women's health, has been appointed the first Deputy Assistant Secretary for Women's Health within the Department of Health and Human Services. In this role, Dr. Blumenthal provides the leadership, direction and support for a comprehensive women's health agenda, and coordinates women's health policies and programs across agencies and offices of the Public Health Service.

* The Administration's Health Security Act guarantees comprehensive health services, including clinical preventive services and reproductive health care, to all women regardless of their health, ability to pay, or marital or employment status.

* All PHS agencies with a focus on research--including the NIH, FDA, CDC and AHCPR--have enacted policies to ensure that women are included in HHS-sponsored clinical research programs.

* In 1993, the FDA revised its 1977 guidelines to include women in early phase drug testing.

* The NIH Office of Research on Women's Health, whose mission is to strengthen research on women's health issues, was signed into law in 1993. The 1995 budget request for the office is $16.7 million, a 48 percent increase over the previous year.

* The Substance Abuse and Mental Health Services Administration supports an Office for Women's Services, which ensures that the substance abuse and mental health needs and services of women are appropriately addressed.

* The FDA plans to establish an Office of Women's Health to

advance the agency's women's health agenda. An FY 1995 budget request of $2 million was made to fund this office.

* National Action Plan on Breast Cancer:
HHS Secretary Donna Shalala convened a national conference on breast cancer in December 1993 to develop a comprehensive plan to research, health care and policy issues pertaining to the eradication of breast cancer. The outcome of this conference--the National Action Plan on Breast Cancer--affirms the importance of public-private collaborations to fight breast cancer and promote breast health. The Deputy Assistant Secretary for Women's Health, who heads the PHS Office on Women's Health, is responsible for coordinating the implementation of action items outlined in the National Action Plan on Breast Cancer. This will involve the participation of representatives of consumer, health care professional and scientific organizations as well as the Federal Government.

* The NIH Women's Health Initiative, the largest clinical research study ever conducted in either men or women, has begun to examine the major causes of death, disability and frailty in post-menopausal women: heart disease, breast and colon cancer and osteoporosis. This multiyear study will examine the effect of dietary patterns and supplements, exercise, hormone replacement therapy and other interventions on the prevention of these major disorders in women.

* The President signed into law the Family and Medical Leave Act.

* President Clinton issued an Executive Order lifting the ban on abortion counseling by Title X (family planning) program grantees.

* The Administration worked to have provisions on violence against women included in the crime bill...Congress has allocated more than $7 million to the CDC to launch an initiative on domestic violence.

* HHS held the first National Minority Women's Conference on the Status of Health in April 1994 and scheduled the first National American Indian and Alaskan Native Conference on the Status of Women's Health for May 1994.

BREAST CANCER

* The disease kills 46,000 women a year and is expected to strike one in eight women compared to one in 20 women just two decades ago; the annual incidence of the disease has

increased about 52 percent during 1950-1990.

* Breast cancer is an especially high-risk disease for older women, minority and low-income women.

* Thirty-eight percent of women over the age of 40 fail to have breast cancer screening.

HHS actions include:

* development and implementation of the National Action Plan on Breast Cancer, a goal-driven blueprint for stimulating public-private linkages on health care, research and policy issues related to breast cancer and breast health. The PHS Office on Women's Health is coordinating implementation of action items outlined in the National Action Plan on Breast Cancer.

* an FY 1995 budget request that includes $387 million for breast cancer research, 29 percent over FY 1994.

* $10 million in the FY 1995 NIH budget request for implementation of the Secretary's Breast Cancer Action Plan, which calls for a wide range of immediate actions to make progress against the disease.

* another FY 1995 budget request for $20 million to continue implementation of FDA's 1992 Mammography Quality Standards Act, which ensures all women access to safe and effective mammography services.

* another request for 46.9 million for CDC's State Breast Cancer Screening and Education program.

* another request for $320 million for Medicare coverage of mammograms.

HEART DISEASE

* Heart disease is the number one cause of death among all women and accounted for more than 30 percent of all deaths among women in 1991.

HHS actions include...

* the largest clinical trial in U.S. history -- part of NIH's Women's Health Initiative -- which includes studies of the effect of a low-fat diet and hormone replacement therapy on preventing coronary heart disease in post-menopausal women.

* assuring through the NIH's Office of Research on Women's Health that women are appropriately represented in NIH-supported research, including studies on cardiovascular disease in women.

MATERNAL AND CHILD HEALTH

* About 16 million women and nearly 10 million of their children lack access to primary health care services.

* While infant mortality in the nation is lower than ever, it is still higher than in most developed countries because of a lack of prenatal care, poor nutrition, drug use and adolescent pregnancy.

* There are 17.6 deaths per 1000 births of black infants compared to 7.3 deaths per 1000 births of white infants.

HHS actions include...

* HRSA's provision during 1993 of primary care services to some four million low-income women and more than eight million children, including the homeless and those in public housing.

* production in 1993 of HRSA's "Health Diary," the Maternal and Child Health Bureau handbook for expectant parents with advice on prenatal and infant care.

* an FY 1995 budget request for increases in NIH research in contraception/reproductive and pregnancy health.

FAMILY PLANNING

* Sexual activity rates among females aged 15-19 rose from 29 percent in 1970 to 42 percent in 1980. The rate for this age group among males rose from 66 percent in 1979 to 76 percent in 1988. These trends are creating upturns in unintended pregnancies and sexually transmitted diseases.

* Births to unmarried adolescents 15 to 19 years rose from 29.5 percent in 1970 to 68.8 percent in 1991.

HHS actions include...

* an FY 1995 budget proposal to create a new Office of Adolescent Health.

* another budget proposal recommending an $18 million increase for the Title X Family Planning program, the primary point of contact for many teens into the health care system.

* elimination of the Hyde Amendment restrictions on abortions in Federal health plans and in the District of Columbia, as well as ending the ban on abortion counseling by Title X (family planning) program grantees.

DOMESTIC VIOLENCE

* Each year about two million women are battered by men they know; almost half of all female homicide victims are killed by their partners or ex-partners.

* Each year 30 percent of women get emergency treatment without anyone asking if their injuries were inflicted by someone they know.

* Homicide is the number one killer of women in the workplace.

HHS actions include...

* a massive and multi-faceted program to investigate and reduce domestic violence against women and increase public education on the problem launched by CDC in 1994; $7.7 million has been requested to continue the program in FY 1995.

* new assistance to families in crisis. In 1994, the Administration for Children and Families provided programs on the prevention of domestic abuse under the Family Preservation and Support Act, which passed with administrative leadership in 1993. The law authorizes $930 million over five years.

* assistance to states, also provided by the Administration for Children and Families, including funds to shelter victims through the Family Violence Prevention and Services program. Spending in 1994 totaled $28 million.

WOMEN AND DRUG ABUSE

* During 1992, 8.7 million women aged 15-44 used an illicit drug.

* There are approximately 4.6 million women in the United

States who either abuse alcohol or are alcohol-dependent.

HHS actions include...

* two new residential treatment programs established by SAMHSA in FY 1933, one for pregnant and postpartum women, the other for high-risk women and their children.

* a substance abuse prevention demonstration program established by SAMHSA in FY 1994 focusing on adolescent women.

* a National Women's Resource Center funded in FY 1994 to provide information and referral services on substance abuse throughout the life cycle. The Center is sponsored by a number of HHS offices and agencies.

WOMEN AND MENTAL HEALTH

* Women are twice as likely as men to experience certain mental illnesses, including depression and panic disorders, and also suffer more often from phobias and eating disorders.

* One in seven women will be clinically depressed in her lifetime.

HHS actions include...

* an estimated $66.2 million during FY 1994 for NIH research on mental illnesses that affect women.

* PHS Office on Women's Health co-sponsorship of the "Promoting Healthy Behaviors in Young Women" Conference with the Society for the Advancement of Women's Health Research.

WOMEN AND SMOKING

* Since 1990, more women die each year from lung cancer than from any other cancer, including breast cancer.

* Twenty-two million U.S. women 18 and older (23.5 percent) are smokers.

HHS actions include...

* CDC funding of a 1994 conference on women and smoking

that will convene a national network of women leaders.

WOMEN AND AIDS

* Women are the fastest growing population with HIV infection today -- new cases usually result from heterosexual transmission.

* AIDS is now the fifth leading cause of death in women aged 25 to 44.

* Low-income women face major barriers to HIV health and support services.

HHS actions include...

* an increase in AIDS funding by 17 percent.

* a Public Health Service Task Force to recommend guidelines for the use of AZT in the treatment regimen of HIV-positive women to prevent transmission of the virus from mother to child.

* a CDC Prevention Marketing Initiative for AIDS that includes public service announcements targeted to 18- to 25-year-old women and men.

* Health and support services provided through the Ryan White CARE Act to disadvantaged women infected with HIV.

MINORITY WOMEN

* In 1991, the death rate from breast cancer was 31.9 percent, 19 percent higher than for white women.

* In 1992, AIDS cases per 100,000 population were much higher among black and Hispanic women than among white women.

* Minority women are at a higher risk of maternal death than white women.

HHS actions include...

* ensuring that grantees under the Ryan White CARE Act of 1990 develop accessible services for disadvantaged women with HIV/AIDS.

* an FY 1995 budget request of $2.5 million to fund the

AHCPR "Patient Outcome Research Team" project to evaluate ways to prevent low birthweight among infants of minority and high-risk women.

* a wide range of health care services to American Indians and Alaska Native women by the Indian Health Service.

* health education projects for women of color sponsored by the PHS Office on Women's Health.

* PHS Office on Women's Health co-sponsorship of the Healthwatch Symposium: "Beating the Odds: Challenges to the Health of Women of Color," New York Academy of Sciences.

HEALTH CARE REFORM

The President's Health Security Act provides comprehensive preventive and medical services to every woman across her life span regardless of employment, marital or health status. Specifically, it:

* eliminates discriminatory exclusions for pre-existing conditions and lifetime caps.

* guarantees free preventive services, including periodic health examinations, screening mammograms, pap smears, cholesterol checks and immunizations.

* guarantees coverage for reproductive and family planning services.

* will include longterm care, which will benefit older women and women caregivers.

* will remedy the unjust situation of only 40 percent of working women receiving insurance through employers compared to 59 percent of working men.

* will include more research on women's health issues.

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TO: Ed Long
FROM: Carolyn Curiel
3 pages

sorely missed. Our prayers and sympathies are with his family during this difficult time.

NOTE: This item was not received in time for publication in the appropriate issue.

Proclamation 6684—National Walking Week, 1994

May 6, 1994

By the President of the United States of America

A Proclamation

We should all be aware of the benefits of regular physical activity; it can improve our energy levels while we expend calories. It can be as simple to incorporate into our daily lives as taking the stairs instead of the elevator, walking an extra block instead of riding, or taking a walk after a meal instead of taking a nap. Regular physical exercise can help to prevent and manage coronary heart disease, hypertension, noninsulin-dependent diabetes, osteoporosis, and mental health problems, such as depression and anxiety. And regular physical activity has been associated with lower rates of colon cancer and incidence of stroke.

Walking is an excellent form of light to moderate physical activity for most people. Walking for at least 30 minutes each day is a simple and inexpensive, yet very healthful, thing to do. It is a key element in Healthy People 2000, the Nation's prevention agenda, which envisions a healthier America by the year 2000. An increase in this important, positive health-related exercise can have a significant effect on the enhanced quality and life span of those who practice it. It is an invigorating form of self-care that can contribute to the reduction of preventable death, disease, and disability and to the containment of health care costs. It also provides a time for reflection and stress reduction.

Efforts to communicate with the American people about the health benefits of regular walking and to improve environments that make walking pleasurable and safe deserve the support of policy makers, legislators, and citizens throughout the country.

The Congress, by Senate Joint Resolution 146, has designated May 1, 1994, through May 7, 1994, as "National Walking Week" and has authorized and requested the President to issue a proclamation in observance of this week.

Now, Therefore, I, William J. Clinton, President of the United States of America, do hereby proclaim May 1, 1994, through May 7, 1994, as National Walking Week. I invite the Governors of the 50 States and the appropriate officials of all other areas under the jurisdiction of the United States to issue similar proclamations. I also encourage the American people to join with health and recreation professionals, private voluntary associations, and other concerned organizations in observing this occasion with appropriate programs and activities.

In Witness Whereof, I have hereunto set my hand this sixth day of May, in the year of our Lord nineteen hundred and ninety-four, and of the Independence of the United States of America the two hundred and eighteenth.

William J. Clinton

[Filed with the Office of the Federal Register, 2:08 p.m., May 9, 1994]

NOTE: This proclamation was published in the *Federal Register* on May 10. This item was not received in time for publication in the appropriate issue.

The President's Radio Address

May 7, 1994

Good morning. This week we saw a dramatic example of what we can accomplish together when you make your voices heard and Washington sets aside partisan differences to do the people's business.

Even though nearly everyone said it couldn't be done, the House of Representatives voted to make our streets safer by banning the sale of 19 different assault weapons. We pushed hard for this result, and the outcome defied the old enemy of gridlock. Democrats and Republicans alike sent a powerful message that the American people are determined to take their streets, their schools, and their communities back from criminals.

This vote teaches us
No matter how uphill
when we set our min
with the problems faci
year it took the same
to pass a powerful plan
And now we're seeing

Just yesterday, we l
omy has created over
jobs in April, and almo
4 months of this year
jobs since we all began
all of them in the privat

Our successes in fig
proving the economy
about on this Mother's
honoring the people wh
our society's most imp
family.

Tomorrow, mothers
enjoy the flowers, car
bed. But we should re
that will improve and p
gift of good health care.
ple most likely to guard
care and to make sur
And yet too often ou
leaves women behind. E
are available, women d
health care they need
adequate insurance o
women than men work
without insurance. And
studies on everything
strokes to AIDS have
men, leaving women
many diseases.

I am committed to
equities. We've made a
a fine woman, the Sec
Human Services, Donn
the first senior-level po
dedicated to women
We've increased funds
diseases that afflict wo
largest clinical trial in t
tory is underway, looki
heart disease, the bi
women. We launched
on breast cancer to figh
women every year. The
numbers, they are lov

This vote teaches us an important lesson: No matter how uphill a battle may seem, when we set our minds to it, we can deal with the problems facing our country. Last year it took the same kind of commitment to pass a powerful plan to reduce the deficit. And now we're seeing the rewards of that.

Just yesterday, we learned that our economy has created over a quarter of a million jobs in April, and almost a million in the first 4 months of this year alone, about 3 million jobs since we all began this effort and nearly all of them in the private sector.

Our successes in fighting crime and improving the economy are worth thinking about on this Mother's Day weekend. We are honoring the people who are at the heart of our society's most important institution, the family.

Tomorrow, mothers all across America will enjoy the flowers, cards, and breakfasts in bed. But we should remember another gift that will improve and prolong their lives: the gift of good health care. Women are the people most likely to guard their families' health care and to make sure we're all healthier. And yet too often our health care system leaves women behind. Even when treatments are available, women don't get the necessary health care they need because they have inadequate insurance or none at all. More women than men work part-time or in jobs without insurance. And historically, research studies on everything from heart disease to strokes to AIDS have tended to focus on men, leaving women more vulnerable to many diseases.

I am committed to redressing these inequities. We've made a good start. We've got a fine woman, the Secretary of Health and Human Services, Donna Shalala. We created the first senior-level position in Government dedicated to women's health concerns. We've increased funds to prevent and treat diseases that afflict women. Right now, the largest clinical trial in the United States' history is underway, looking at how to prevent heart disease, the biggest killer of our women. We launched a national action plan on breast cancer to fight the killer of 46,000 women every year. These women are not just numbers, they are loved ones lost forever. And most important, we're pushing to reform the health care system.

The great majority of the letters Hillary and I have received about health care reform have been from women, voicing concerns for their families, their children, and their parents. One was from a New York woman forced to take a job with no medical coverage. Last year, a lump was found in her breast, and her doctors said it should be removed. But her family can't afford the operation. "I don't want to die," she wrote us, "and because of lack of money, I may. I hope that you'll be able to do something soon so that no one will have to go through what I am going through."

This mother is just 44 years old. I can't share her name because she hasn't told her family yet. She doesn't want them to worry. This woman's condition may be treatable, but she won't know because treatment is simply out of her financial reach.

Travesties like this happen too often. Women avoid preventive care because they're afraid of having records of preexisting conditions that will deny them insurance coverage. In a recent survey, 11 percent of women said they didn't get their blood pressure checked; 35 percent didn't receive a Pap smear; and 44 percent didn't receive a mammogram.

Our health care plan emphasizes preventive care. It eliminates preexisting conditions and bans lifetime limits on health coverage. It makes research of women's health problems a priority. It helps families when a loved one needs long-term care. And it gives coverage to everyone, regardless of whether she is healthy or ill, married or single, working inside or outside the home.

For every American blessed with a mother, or the wonderful memory of one, I ask you to think about the 16 million women in our Nation who don't get the health care services they need. And think about their children. Think how a single illness can destroy a family.

I think of a courageous woman I met this week named Kate Miles, who is caring for a son with multiple disabilities. Her family has no assistance for long-term care. So to keep her son, Robert, out of a nursing home, and because of the awful way our system op-

erates, Kate Miles had to give up her job, and her husband, Tom, must work two jobs. As she so eloquently put it: "In an institution, who will be there in the middle of the night when he's frightened, to tell him it's all right and that his mother loves him?" No mother should have to know such pain.

So today I ask every mother's child to send another card this Mother's Day. Address it to your Senator or Representative in Congress. Tell them this health care reform plan is important, because it may help the most important person in your life. And tell them along with mother love, most of our mothers taught us that the most important thing in life was to be a good person and do the right thing.

Well, this Mother's Day, the right thing is to make sure that by next Mother's Day we never have to worry about the health of our mothers being cared for.

Thanks for listening.

NOTE: The address was recorded at 5:06 p.m. on May 6 in the Roosevelt Room at the White House for broadcast at 10:06 a.m. on May 7.

Remarks Announcing William H. Gray III as Special Adviser on Haiti and an Exchange With Reporters

May 8, 1994

The President. Good afternoon, ladies and gentlemen. I want to speak for a few moments about the crisis in Haiti, the challenge it poses to our national interests, and the new steps I am taking to respond.

Three and a half years ago, in free and fair elections, the people of Haiti chose Jean-Bertrand Aristide as their President. Just 9 months later, their hopes were dashed when Haiti's military leaders overthrew democracy by force. Since then, the military has murdered innocent civilians, crushed political freedom, and plundered Haiti's economy.

From the start of this administration, my goal has been to restore democracy and President Aristide. Last year, we helped the parties to negotiate the Governors Island accord, a fair and balanced agreement which laid out a road map for a peaceful resolution to the crisis. But late last year, the Haitian military abrogated the agreement, and since then they have rejected every effort to achieve a political settlement.

At the same time, the repression and bloodshed in Haiti have reached alarming new proportions. Supporters of President Aristide, and many other Haitians, are being killed and mutilated. This is why 6 weeks ago I ordered a review of our policy toward Haiti. As a result of this review, we are taking several steps to increase pressure on Haiti's military while addressing the suffering caused by their brutal misrule. We are stepping up our diplomatic efforts, we are intensifying sanctions, and we are adapting our migration policy.

Let me describe these steps. First, to bring new vigor to our diplomacy, I am pleased to announce that Bill Gray, president of the United Negro College Fund, former House majority whip, and chair of the House Budget Committee, has accepted my invitation to serve as special adviser to me and to the Secretary of State on Haiti. Bill is here with his wife, on his way to the inauguration of President Mandela in South Africa, and I will ask him to speak in just a few moments. But let me just say that he is a man of vision and determination, of real strength and real creativity. And I appreciate his willingness to accept this difficult and challenging assignment. He will be the point man in our diplomacy and a central figure in our future policy deliberations.

As part of our diplomatic efforts, we will work with the United Nations to examine the changes in the proposed U.N. military and police mission in Haiti. We want to ensure that once Haiti's military leaders have left, this mission can do its job effectively and safely.

Second, the U.S. is leading the international community in a drive to impose tougher sanctions on Haiti. On Friday, the U.N. Security Council unanimously adopted a resolution we had proposed to tighten sanctions on everything but humanitarian supplies, to prevent Haiti's military leaders and their civilian allies from leaving the country, to promote a freeze of their assets worldwide, and to ban nonscheduled flights in and out of Haiti. U.S. naval vessels will continue to enforce these sanctions vigorously.

ABCNEWS

WORLD NEWS TONIGHT WITH PETER JENNINGS

DATE: 5/24/94

TO: Carolyn Curiel

FAX NUMBER: 202-457-5709

FROM: Arnot WALKER

NUMBERS OF PGS INCLUDING COVER: _____

COMMENTS: As requested

IF THERE IS ANY DIFFICULTY IN TRANSMISSION, PLEASE CALL WORLD NEWS IN NEW YORK, AT (212) 456-4040

120

AGENDA SCHULDER

PJ r/c L

ON THE AMERICAN AGENDA WE ARE GOING TO DEVOTE THE ENTIRE WEEK TO WOMEN AND HEALTH CARE: HOW WOMEN ARE TREATED IN THE DOCTOR'S OFFICE; WHETHER MEDICAL RESEARCH FAVORS MEN OVER WOMEN; WHY WOMEN OFTEN ARE NOT SERVED WELL BY PRESCRIPTION DRUGS; AND WHAT WOMEN CAN DO TO IMPROVE THEIR SITUATION. THERE IS NO BLANKET CONDEMNATION OF THE DOCTOR-WOMAN RELATIONSHIP. BUT THERE IS A VERY STRONG SENSE AMONG MANY PEOPLE THAT WOMEN DO NOT GET THE QUALITY OF CARE THAT THEY DESERVE. THAT IN ESSENCE THERE IS A

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20A

AGENDA SCHULDER

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DOUBLE STANDARD IN THE GENERAL MEDICAL PROFESSION. OUR FIRST REPORT IS FROM AGENDA CORRESPONDENT JACKIE JUDD.

JUDD AYUT

21

REV.#2

CLOSE UPS OF CHICAGO SEVEN

BLACK OR WHITE, YOUNG OR NOT, THE MOST COMMON COMPLAINT WOMEN HAVE ABOUT MEDICINE IS A DOCTOR'S 'BEDSIDE MANNER.'

ROUNDTABLE OF WOMEN

Judd 3:46pm

SOT/PATRONIZING/CONDESCENDING/ INSENSITVE/DISMISSIVE/DISRESPECTFUL/ INHUMANE/BUSY.

THE PROBLEM ISN'T IN THEIR HEADS. KIM EGAN WENT INTO ACTIVE LABOR FIVE WEEKS BEFORE HER DUE DATE. BUT FOR MANY HOURS DOCTORS AND NURSES INSISTED SHE WAS NOT, SO IGNORED HER. EGAN SAYS NO ONE BELIEVED SHE KNEW WHAT WAS HAPPENING TO HER OWN BODY.

KIM EAGAN

SOT/I WAS BLEEDING AND THROWING UP. I WAS IN THE FINAL STAGES OF LABOR. AND FINALLY THE SHIFTS CHANGED AND I HAD NEW NURSES COME ON AND A NEW RESIDENT WHO FINALLY CAME DOWN AFTER REPEATED ATTEMPTS TO HAVE ONE COME DOWN. THEY WOULDNT COME DOWN. AND I-MY SON WAS BEING BORN AS I WAS SITTING ON THE TOILET.(P.14)

KATHY FREESE SAYS SHE BEGAN TO SUFFER CHEST PAINS, BUT THAT A HEART PROBLEM WAS NEVER CONSIDERED BY HER DOCTOR.

KATHY FREESE

SOT/IT WAS JUST A SERIES OF QUESTIONS, MENTAL QUESTIONS ABOUT THE STRESS, WHAT COULD HAVE BROUGHT IT ON, AND BASICALLY GET RID OF THE STRESS IN YOUR LIFE AND THEN HERE'S THE PILLS.(P.9)

THE PILLS WERE MISPRESCRIBED. FREESE WAS SUFFERING FROM A VALVE DISORDER DISCOVERED ONLY WHEN SHE TOOK HERSELF TO A CARDIOLOGIST.

STUDIES HAVE DOCUMENTED THAT WOMEN ARE TREATED LESS AGRESSIVELY THAN MEN ARE FOR SOME AILMENTS, INCLUDING HEART DISEASE. ITS IMPOSSIBLE TO KNOW HOW MUCH OF THAT IS BECAUSE A DOCTOR SIMPLY DISMISSED A WOMAN'S COMPLAINTS. BUT IT

2A

HAPPENS, AND THERE ARE TRAGIC CONSEQUENCES.

NT SND/JAY LANE'S WEDDING.

CAROLYN LANE COMPLAINED FOR A YEAR ABOUT BACK PAIN. DOCTORS TOLD HER TO EXERCISE AND TAKE PAIN KILLERS. HER SON SAYS SHE NEVER BELIEVED THE DOCTORS REALLY HEARD HER.

JAY LANE

SOT/I DONT THINK OLDER WOMEN ARE GENERALLY LISTENED TO WITH AS MUCH RESPECT AND SECOND OF ALL I THINK THEY HAVE BEEN BROUGHT UP TO BE POLITE AND NOT TO QUESTION PEOPLE IN ROLES OF AUTHORITY.(10:32/:15S)

MRS. LANE, WHO WROTE PLAYS AND CHILDRENS BOOKS, WAS FINALLY DIAGNOSED ACCURATELY LAST SEPTEMBER. SHE HAD CANCER, AND DIED THREE MONTHS LATER.

A LOUIS HARRIS SURVEY LAST YEAR OF 35-HUNDRED WOMEN AND MEN DOCUMENTED WHAT ALL THESE WOMEN EXPERIENCED.

PHIC

--25 PERCENT OF WOMEN, COMPARED TO 12 PERCENT OF MEN, SAY THEY'VE BEEN 'TALKED DOWN TO' OR TREATED LIKE A CHILD BY A PHYSICAN.
--17 PERCENT OF WOMEN, COMPARED TO 7 PERCENT OF MEN WERE, TOLD THEIR AILMENTS WERE IMAGINED.
--AND 41 PERCENT OF WOMEN, COMPARED TO 27 PERCENT OF MEN, WERE DISSATISFIED ENOUGH TO DROP THEIR DOCTORS.

MARGIE BOYLE

SOT/WE USED TO KID WHEN I WAS A NURSE THAT M.D. MEANT 'MAJOR DEITY.'(P.28)

NT SND/FROM DOCTOR AND FEMALE PATIENT EXCHANGE

DRS. OFFICE VISIT WITH FEMALE PATIENT

WHY DO SO MANY WOMEN FEEL DISCONNECTED FROM THEIR DOCTORS? MOST DOCTORS ARE MEN, AND MOST PATIENTS ARE WOMEN. BUT THE TRADTIONAL STRUGGLE BETWEEN THE

24B

SEXES DOESN'T FULLY EXPLAIN THE PROBLEM.

STAND-UP/WOMEN ARE MORE DEMANDING. STUDIES SHOW WOMEN GO TO DOCTORS MORE OFTEN THAN MEN. THEY USUALLY HAVE MORE QUESTIONS AND COMPLAINTS THAN MEN, AND WOMEN WANT MORE THAN THE AVERAGE 11 MINUTE OFFICE VISIT.

SALLY RYNNE
HEALTH CARE CONSULTANT

SOT/DOCTORS VISITS ARE NOT USUALLY LONG ENOUGH TO ALLOW FOR THE KIND OF CONVERSATION AND RELATIONSHIP THAT WOMEN WANT WITH THEIR PHYSICANS. THEY WANT A RELATIONSHIP. THEY WANNA KNOW THE PERSON. THEY WANNA BE KNOWN.(P.36)

...BUT THE DOCTOR...

DR. EILEEN HOFFMAN

SOT/I DON'T THINK MOST PHYSCIANS ENJOY GETTING INTO IT, NOR DO THEY RECOGNIZE THAT BY GETTING INTO IT, THEY'RE REALLY GETTING AT A MORE CENTRAL PART OF THE PROBLEM OF WHATS GOING ON.(P.9)

NT SND/FROM ILLINOIS MASONIC CLINIC

SOME WOMEN ARE SO DISSATISFIED WITH MAINSTREAM MEDICINE THAT THEY ARE TAKING THEIR BUSINESS ELSEWHERE. AND BECAUSE WOMEN CONTROL MOST OF THE HEALTH CARE DOLLARS IN A FAMILY, SOME MEDICAL INSTITUTIONS ARE RESPONDING.

NT SND/FROM DRS EXAM

12 YEARS AGO, ILLINOIS MASONIC MEDICAL CENTER IN CHICAGO OPENED THE FIRST CLINIC OF ITS KIND. WOMEN-ONLY ARE TREATED HERE, FOR EVERYTHING FROM CANCER, TO NUTRITION, TO PREGNANCY. TODAY THERE ARE MORE THAN THREE HUNDRED SUCH CENTERS ACROSS THE COUNTRY.

NT SND/FROM JACKIE LALLEY CHECKING IN

JACKIE LALLEY IS ONE OF TWO THOUSAND PATIENTS TO COME THRU ILLINOIS MASONIC EVERY MONTH. THERE IS NO PROOF THAT SHE AND THE OTHERS GET BETTER CARE HERE

THAN THEY WOULD IN A STANDARD MEDICAL SETTING, BUT LALLEY WOULDN'T GO ANYWHERE ELSE.

JACKIE LALLEY
PATIENT

SOT/I THINK ITS ESSENTIAL TO BE COMFORTABLE WITH YOUR DOCTOR BECAUSE MOST PEOPLE ARENT. THERE ARE THINGS THAT MOST PEOPLE ARENT GOING TO TALK ABOUT UNLESS THEY ARE VERY COMFORTABLE, AND THOSE ARE THE THINGS THAT ARE GOING TO SAVE YOUR LIFE.(5:01:19/:10)

IT ALSO HELPS, THESE WOMEN LEARNED, TO BE INSISTENT...TO BE THEIR OWN PATIENT-ADVOCATES.

BARBARA WALTERS

SOT/ITS JUST LIKE IF YOURE BUYING A CAR....(EDIT)....YOU HAVE THE RIGHT AS A CONSUMER TO INQUIRE, TO ASK QUESTIONS, TO COMPARE WHAT THE DOCTOR SAYS VERSUS THIS. AND YOU SHOULD BE LISTENED TO, BY VIRTUE OF ITS A SERVICE YOU PAY FOR.(P.25)

BUT MOST DOCTORS AREN'T TRAINED TO LISTEN OR TO BEHAVE THAT WAY....THOSE WHO HAVEN'T MAY HAVE A FEW THINGS TO LEARN FROM THEIR PATIENTS. JJ ABCN

JOHNSON SCHULDER NEW L22

PJ ok

THERE IS ANOTHER HURDLE. NOT LONG AGO, THE INVESTIGATIVE ARM OF CONGRESS CONCLUDED THAT WOMEN HAVE BEEN SYSTEMATICALLY EXCLUDED FROM MEDICAL RESEARCH. THAT MEN ARE STUDIED FAR MORE OFTEN AND MORE CAREFULLY THAN WOMEN. SUDDENLY, THE FEDERAL GOVERNMENT IS TRYING TO COMPENSATE, IN A CONTROVERSIAL WAY. OUR AGENDA REPORTER IS TIM JOHNSON.

Johnson MYVT

23

EN'S HEALTH INITIATIVE
NT AMERICAN AGENDA
5/23/94
JOHNSON/SERGEL

WOMEN IN HOSPITAL SCENES

FOR YEARS WOMEN HAVE FELT THEY ARE BEING NEGLECTED AND OVERLOOKED BY THE MEDICAL PROFESSION.

CHERYL EXERCIZES

AND MANY WOMEN, LIKE CHERYL PECCIA, HAVE GROWN ANGRY WONDERING WHY. WHY DON'T DOCTORS HAVE ANSWERS FOR WOMEN AS THEY DO FOR MEN. LIKE KNOWING WHEN THEY MIGHT BE HAVING A HEART ATTACK.

SOT PECCIA: I HEARD HE WROTE DOWN A DIAGNOSIS AS AN ANXIETY DISORDER. I'M ANGRY ABOUT IT. HOW DARE YOU NOT TAKE MY COMPLAINTS SERIOUSLY. (C-8 8:12:55)

MORE CHERYL AT EXERECIZE CLASS

CHERYL SUBSEQUENTLY HAD A MAJOR HEART ATTACK, FOLLOWED BY BYPASS SURGERY, AND IS CURRENTLY BEING CONSIDERED FOR A HEART TRANSPLANT.

DOCTORS OFTEN DO NOT HAVE ANSWERS FOR WOMEN BECAUSE THEY BELIEVED THAT RESEARCH RESULTS USING MEN WERE GOOD ENOUGH.

HOSPITAL SCENES
DIAGNOSTIC SCENES

AND BECAUSE WOMEN HAVE NOT BEEN STUDIED, DOCTORS ALSO DO NOT KNOW MUCH ABOUT PREVENTING DISEASES THAT AFFECT WOMEN, LIKE BREAST CANCER AND OSTEOPOROSIS.

BEING SWORN IN

IN 1991, WHEN DR. BERNADINE HEALEY BECAME DIRECTOR OF THE FIRST WOMEN DIRECTOR OF NATIONAL INSTITUTES OF HEALTH, SHE VOWED TO LAUNCH THE LARGEST WOMEN'S RESEARCH STUDY EVER UNDERTAKEN.

SOT HEALEY: THESE QUESTIONS SHOULD HAVE BEEN ANSWERED TWENTY YEARS AGO. THEY WERE NOT. WE HAVE A LOT OF CATCH UP TO PLAY AND WE WANT THESE ANSWERS NOW IN

WHY WOMEN NEED HEALTH CARE REFORM

Women Use More Health Services:

* 88% of women as compared to 75% of men use health care services during the year [Women's Research and Education Institute]

Women Spend More:

* Women age 15 to 44 pay 68% more in out-of-pocket expenditures for health care services than their male counterparts [Women's Research and Education Institute]

Women Are Less Likely to be Happy With Their Doctor:

* 41% of women, as compared to 27% of men have changed physicians because of dissatisfaction [Commonwealth Fund Report]

Women Are Vulnerable to Specific Health Care Problems:

* 11% of women in the US will develop breast cancer in her lifetime [National Breast Cancer Coalition]
* 80% of those afflicted with osteoporosis are women [Campaign for Women's Health]
* AIDS is now one of the five leading causes of death in women ages 15 to 44 [Centers of Disease Control]
* 33% of women admitted to an emergency room and 25% of all pregnant women seeking prenatal care have been seriously abused [Campaign for Women's Health]

Women Aren't Getting the Preventive Care They Need:

A recent survey found:

* 11% didn't receive a blood pressure check
* 33% didn't receive a clinical breast exam
* 35% didn't receive a pap smear
* 36% didn't receive a pelvic exam
* 39% didn't receive a complete physical
* 44% didn't receive a mammogram

[Commonwealth Fund Report]

Women Are Concerned With Long Term Health Care Issues:

* 69% of women, as compared to 58% of men are very concerned about the cost of long term illness/disability [American Association of Retired Persons Survey]
* In the past five years, 26% of women , as compared to 18% of men have been diagnosed with arthritis; 8% of women, as compared to 3% of men have been diagnosed with cancer [Commonwealth Fund Report]

Many Women Need Mental Health and Substance Abuse Services:

* 40% of women, as compared to 26% of men experience severe depression [Commonwealth Fund Report]
* Over 20% of women's primary health care visits are mental health related [Campaign for Women's Health]
* 15% of women delivering babies in Harlem use cocaine [Health and Human Services Testimony]

Women's Checklist For Health Care Reform

The Health Care Security Act Meets The Criteria

Universal Coverage

√ NOT dependent upon health status or health history
√ NOT dependent upon marital status, employment status or ability to pay
√ Discounts for low income families

Comprehensive Benefits

√ No lifetime limits; no pre-existing condition exclusions
√ Coverage for preventive care and prescription drugs
√ Expanded sites for care

Preventive Health Care

√ Emphasis on regular check-ups, early diagnosis and treatment
√ Clinical preventive services for high-risk populations; age-appropriate immunizations, tests, and clinical visits
√ Screening for breast and cervical cancer including routine mammograms, pap smears and pelvic examinations

Quality/ Choice

√ Annual "report cards" of health care providers and health care plans including important consumer information: e.g., percentage of women who receive mammograms, number of babies delivered by Caesarean Section
√ Option to change health care plans once a year

Reproductive Health Care

√ Full-range of pregnancy-related services including prenatal, delivery, and post-partum care
√ Family planning services
√ Screening for sexually transmitted diseases

Research

√ Increase funding for prevention research at the National Institutes of Health.
√ Research priorities on women's health care concerns including birth defects, prenatal care, adolescent health, mental health and substance abuse, reproductive health, osteoporosis and breast cancer

Long Term Care

√ Home and community-based long-term care initiatives
√ Expansion of nursing home coverage
√ Increased quality and affordability of private long-term care insurance

Mental Health/ Substance Abuse

- √ Treatment for mental illness and substance abuse including inpatient treatment, partial hospitalization, and day treatment programs
- √ Community-based treatment encouraged
- √ Differences in insurance coverage eliminated by 2001
- √ No pre-existing conditions

Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. paper	Personal (Partial) (2 pages)	n.d.	P6/b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Speechwriting
OA/Box Number: 8168

FOLDER TITLE:
HRC [Hillary Rodham Clinton]/International Women's Media 5/27/94

2012-1004-S
ms498

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[001]

Concerned Women Speak Out.....
The Health Security Act Has the Answers

Women from throughout the United States have sent letters to the President and First Lady voicing their health care concerns based on their own personal experiences. The Health Security Act addresses many of these important issues.

No Insurance:

"I am a 40-year old single mother of two. The medicine I must take each and every day costs approximately $150 a month. I do not have any health insurance for either myself or my children. . . . . I would love to have health care, not only for myself, but for my children. I should be going into the doctor for periodic check-ups for my illness, but there is no extra money. I would like to take my children to the doctor when they are ill, but there is no extra money. . . . I sincerely hope that you can come up with a reasonable alternative so that everyone who needs health care can receive it." - P6/b(6) P6/b(6)

The Health Security Act provides universal coverage for <u>everyone</u> regardless of employment status, marital status, health status or ability to pay. Those who are unable to pay will be given discounted insurance and preventive care. Each health plan would cover comprehensive benefits including prescription drugs which would include co-payments. President Clinton's plan emphasizes preventive care which would be beneficial for both P6/b(6)

Pre-Existing Conditions:

"I'm 55 year old women without any health insurance. I teach part-time (20 hrs) and my school system does not offer coverage to anyone who works under 30 hours. . . . We have tried to buy health coverage but due to the fact that I have only one kidney and have been diagnosed with a birth defect, no one will cover me. I live in constant fear of a catastrophic illness and losing everything we own. Last year I put off going to a physician, because of cost and ended up with pneumonia. . . . I'm hoping your health care plan will include people like me. I never dreamed I could find myself in this situation in a country such as ours. <u>Please help me</u>." -- P6/b(6)

The Health Security Act does not place any limits on pre-existing conditions nor are there any lifetime limits on health care benefits. No one would fear losing everything due to health care needs. More women than men work part-time, or in jobs where health insurance is not available. President Clinton's plan requires employers to pay for a portion of part-time employees' health insurance. The Act emphasizes preventive care

which would encourage women like P6/b(6) to seek care before her illness developed into pneumonia.

Mammograms:

". . . . I am 38 years old and I have been taking breast exams for about 8 years now. Last October they found microscopic pre-cancerous cells in my left breast. . . . Without me ever going to get a mammogram I would have never have knew. . . . If I had waited like you say to 40 or 50 to get [a] mammogram, I would probably be half dead. . . . I firmly believe it is a must be experience to get mammograms as early as possible." -- P6/b(6) P6/b(6)

The Health Security Act provides coverage for ALL women to receive clinical breast exams and mammograms at any time when the patient and doctor feel it is medically necessary or appropriate, and this will be subject to a standard co-payment. Women who are at risk will receive coverage at no charge. The routine health care package for women over the age of 50 will include bi-annual mammograms at no charge. President Clinton's plan also includes other services to specifically address women's health care needs including extensive reproductive health care and family planning services. P6/b(6) P6/b(6) and other American women who are understandably concerned about breast cancer prevention can be assured that **The Health Security Act** will provide adequate services to address their individual needs.

Women's Organizations Voice Their Support

"The Older Women's League (OWL) endorses President Clinton's health care reform bill." -- Older Women's League, March 6, 1994

"Many proposals in the plan represent positive and important advances for women and could expand access to health care for millions of women." -- Massachusetts Women's Health Care Coalition, November, 1993

"President Clinton's Health Security Act takes would make some major changes in improving women's access to preventive and reproductive services." -- Women's Research and Education Institute, February, 1994

"The President has placed women's health care concerns at the core of the plan. . . .This is real reform. The plan provides for universal access and for stringent cost control measures -- the two most important criteria set forth by League members after more than three years of studying the health care crisis." -- League of Women Voters, September 22, 1993

"It is the only proposal that begins to address the public health crisis that plagues cities and towns across America." -- Planned Parenthood

"The American Medical Women's Association (AMWA), representing 13,000 women physicians and medical students across the country, applauds the historic effort by President Clinton and Hillary Rodham Clinton to reform our nation's health care system and is proud to offer its support of the Health Care Security Act." -- American Medical Women's Association

"These plans [the Health Security Act and the American Health Security Act] offer unprecedented opportunities to provide coverage of health care services for women far beyond what is currently available." -- Campaign for Women's Health

WOMENS INT'L MEDIA

Annually give courage in j'm award
Have covered on various issues
Last yr did women's health

Focus on wed = "women as caregivers"
children
selves, spouses, parents
HRC will be fold'd by women i.e. providers
Role of nurses will be stressed
① Panel - women h.c. prov
② Panel - women
③ Panel - who takes care of caregivers

Choice (women or Stild)
is option to institutionalize
(Talk abt Rome care)

① Personal encounters
epid. / New O. Camp / burn kids
meningitis kids
② Women profiles
Nurses who talk abt adm. burden
ch. hospital.
"accountant"
Choices - ↑ for women prof'g

⊗ Military
Nurses
doing most
challenging work
in remote
places
get touch
+ can't
do alot.

③ Helps women w/ h.c.
as caregivers for children
one's own health
husb.
parents
④ Women left out of research,
"invisible women" in h.c.