FIRST LADY HILLARY RODHAM CLINTON
REMARKS FOR THE DEDICATION CEREMONY OF THE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL PATIENT CARE CENTER
MEMPHIS
OCTOBER 7, 1994

[Acknowledgements: Marlo Thomas, Terre Thomas, Tony Thomas; Dr. Arthur Nienhuis [Neen-hice], director of the hospital; Richard Shadyac [shady-ack], national executive director of ALSAC (pronounced Al-sac)]

One can't tour this hospital, as I have just had the privilege of doing, without being reminded of the extraordinary capacity of individual men and women to do good things on behalf of their fellow human beings.

Today is a celebration of one of the most remarkable pediatric research institutions in the world. But it is also a celebration of values. It's a celebration of what we can accomplish when we take responsibility, when we care about things beyond ourselves, when we believe that a brighter future is worth working for.

I've heard all the stories about how, as a struggling, young entertainer, Danny Thomas prayed to the Patron Saint of hopeless, impossible, and difficult cases. He had faith that his fortunes would improve, and they did. And before long, if you grew up when I did, everybody in America knew him as the loveable star on "Make Room for Daddy."

St. Jude Hospital is not only Danny's shrine to his Patron Saint -- his thanks for prayers answered -- but it is also a beacon of hope for thousands of children all over the world suffering from cancer, infectious diseases, hereditary diseases, blood disorders and other catastrophic illnesses.

This hospital, and the Thomas family's ongoing commitment to it, embody a philosophy that I, and the President, and all of you hold very dear: That in this country, we cannot afford to waste a single person, and particularly not a child.

In 1960, two years before St. Jude was founded, the survival rate for the most common form of childhood cancer, acute lymphoblastic leukemia, was about 10 percent at best. Today, the survival rate has increased to about 70 percent, and St. Jude deserves much of the credit for that progress.

We know that the medical research taking place here is remarkable. We know the doctors, nurses, and hospital staff are remarkable. We know the equipment and technology used to treat

patients are remarkable.

But most remarkable to me is to walk through the Atrium and the Medicine Room and know that every child undergoing treatment was admitted regardless of his or her family's ability to pay. This is only possible because the American Lebanese Syrian Associated Charities literally foot the bill for more than half of the patients treated here. They do so through Herculean fundraising efforts and through an enduring and passionate commitment to bettering the lives of children.

And that is why, from start to finish, from top to bottom, this hospital reflects the very best things about our nation and our tradition of giving.

In the past 20 months I have traveled all over the country. And I can't tell you how many times I've seen fear and panic written all over the faces of parents who don't know whether they can afford treatments for a child.

I've met the grandparents of children with meningitis, one of whom lived, one of whom died, the sole difference being that one had insurance and the other didn't.

I've met a couple in Cleveland with two chronically ill children who couldn't get insurance. The parents made too much money to qualify for Medicaid. Insurance companies wouldn't take them because of the children's illnesses. And the parents were told: "You just don't understand. We don't insure burning houses."

I can't imagine how I would have felt if someone had said that to me about my daughter. And I don't think anyone should have to experience that.

Whether it's a child who needs a well-baby exam, or a tetanus shot after stepping on rusty nail, or chemotherapy, or major surgery, no child in this country -- the richest country in the world -- should ever be denied the health care he or she needs.

That has always been the root of my interest in health care reform, and it's the reason we must continue to work toward a new ethos in this country that affirms every person's -- and particularly every child's -- basic right to care.

St. Jude reflects that ethos because you understand that children are our future. But like any great institution, St. Jude has only succeeded because the people behind it shared a common purpose, a mission, a sense of partnership.

As a former board member of Children's Hospital in Arkansas,

I know the effort required to raise funds through private philanthropy. I also know that government support is essential, particularly when that government support acknowledges that there is a difference between treating children and treating adults.

I'm proud that the federal government supports this hospital and the research going on here through the National Institutes of Health and the National Cancer Institute.

Of course none of this support would matter much if individuals had not become involved, beginning with Danny Thomas and now with Marlo, Terre, and Tony and the many others who have dedicated so much of themselves to ensuring that St. Jude continues to thrive.

And none of this support would matter much if the people who work here -- whether you are in the operating rooms or cleaning the floors to make the halls sparkle -- didn't care profoundly about the importance of this hospital to children and their families.

Because ultimately, what really matters most in life? What matters is that we can look at ourselves in the mirror and say we did something that day or that week to make a child's life better.

Every day, those of you who work here, and those who support this hospital, can do that. You can say: "Yes, I have done something to make a child's life better." Maybe you do it through research. Maybe through treatment. Maybe through counseling a parent who is anxious about a child's illness. Maybe through providing a comfortable environment for families under tremendous stress. Maybe through contributions of time or money.

This is the real measure of who we are as individuals, and as a nation. And when we can say with certainty that we have really made a difference in the lives of children, then we will have fulfilled our responsibilities as adults and as leaders.

Of course, we have Danny Thomas' legacy to draw from. Of all his accomplishments -- being knighted by the Pope, winning the Congressional Gold Medal, succeeding as an entertainer -- the one he was most proud of was the founding of St. Jude.

As we dedicate the new Patient Center today, I hope we will all be reminded of the need to renew that spirit of selfless commitment. Of caring and compassion. Of responsibility and giving. And I hope we will all remember that we can make no better investment than the investment we make in our children.

Thank you very much.

ST. JUDE'S NOTES

Make Room for Daddy
Knighted by two Popes (:)
Cong. & Gold Medal

> all of his awards + accomplishments meant as much as called it "greatest accomplishment of his life"

Bob Hope: I can't understand his leaving us.
God must have needed his help.

Patron saint of hopeless causes

Movie execs wanted him to fix his nose — said no

Shrine to St. Jude
The work you do is a memorial to him
And his life

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release September 21, 1994

REMARKS BY THE FIRST LADY
AT THE CHILDREN'S HOSPITAL IN MASSACHUSETTS

MRS. CLINTON: Thank you very much, Senator, and thank you David Wyner (phonetic), for your invitation and for your deep concern on behalf of this hospital and all Children's Hospitals. I want to thank Helen Spalding (phonetic) and the board members, Dr. Lovejoy and the medical staff, the nursing staff, and the entire staff that make this hospital such an extraordinarily place.

I have been very privileged in my life because I've been associated with Children's Hospitals, one in particular in my state of Arkansas where I served on the board, where I helped raise money and where I also had my daughter, luckily, for a very short stay. So I experienced it as a parent, and there is something that undeniably is special about Children's Hospitals, but this particular hospital, as Senator Kennedy never tires of telling me, is the most special place of all when it comes to the universe of Children's Hospitals because you are the biggest.

You have had the most extensive experience in many forms of treatment, and you have a research capacity that is unmatched by any others. As I was walking through the hallway and having a chance to talk to Mr. Wyner, I realized that much of what this hospital stands for and much of which it can be proud is directly related to the partnership between the public and private sector.

As a former board member of Children's Hospital in Arkansas, I know what it takes to raise private funds through private philanthropy, but I also know how essential it is and absolutely the basis of our continued existence as Children's Hospitals to have government support that understands there is a difference between treating children and treating adults.

There is a need for the kind of entertainment center and the child-like work and the family support, and those differences are just a few of what it takes to make sure that

MORE

not only the child but the entire family is supported.

I remember very well when one of my brothers was in a Children's Hospital in Chicago in the days before parents were permitted to do anything other than show up for that one hour of visiting time 8 o'clock at night. So children would wait all day long scared, lonely, confused, and then their mother or their father, because siblings were not permitted, would come in and then be told to leave.

I know what that did to my parents and my brother and the rest of us while he stayed in the hospital. Contrast that with my own experience when my daughter had to go in overnight. I was there in the room. My husband was in and out. Finally, the nurse came in, took one look at me and said, "One thing about Children's Hospital is we take care of parents as well. You need some sleep."

It was that kind of family center care that has made the difference, but there have also been a number of other changes in the last several years that have made a difference for this hospital, for Children's Hospital and for academic health centers.

Senator Kennedy talked about research. What he didn't say is we would not have the NIH budget and the research capacity that this country now enjoys that permits the sort of breakthroughs that enable you on the medical and nursing staff to give the quality of care to our children were it not for Senator Ted Kennedy and the tireless work he has done over the years to promote medical research, and he did it not just because of his own personal experience; he did it because he wanted every single child to have the same aspects of quality care that his children had, and that's the kind of leadership that he has shown when it comes to the health care of our children. (Applause)

I also think as I walk around this hospital of those specialists who are here, pediatric cardiologists, nephrologists, oncologists, and in large measure the training that you have received is because the federal government supported that specialist training. Training of positions is not done in the marketplace without any government support. It is done because the federal government decided 20 years ago or more that we needed certain specialists, and we had to pay for their training because no institution alone could absorb the cost.

Again, as I look at the medical staff, the nursing specialties, I think of the role that Senator Kennedy has played in his Senate career and his chairing of the important committee through which health legislation passes in the United States Senate and so many other ways.

Now, I say that not as a paid political advertisement, because I'd be glad to say it anywhere, anytime, but as a reminder about what it takes to build great institutions. It takes common purpose, a sense of mission, and resources from both the public and the private sector in order to make the difference, and over and over again I have seen this senator be the only one who would break a logjam, the only one who could talk to both democrats and republicans, who would bring them together. Over and over out of his committee bipartisan solutions emerged because he always talked about what we were trying to do for others and particularly for children.

We are at a kind of funny point in our history right now as a country because we are struggling with how we want to target our resources, what kinds of policies we want to follow, how we feel about our government, what we want to do for all of the needs that exist.

To me, a lot of that is, frankly, just rhetoric. I hear the arguments on the talk shows. I see all of the back and forth in the political game. What matters to me is have we done something today, this week, this month that makes the lives of children better?

That's how I try to measure every single -- (Applause) and every day those of you who work here and those of you who support the work here, you can answer the question, "Yes, I have. I have. I've done something not only to help cure a child or fix a problem but to help with a parent's anxiety or to solve a financial issue that they confront in order to get the care that they need. I've done something to help at least one child."

I wish that is the way we would measure all of our political leaders in America today because, when it is all said and done, what will really count in a lifetime, whether it be of an individual or of a nation, is what have we done to set the groundwork and to make it possible for every child to live up to his or her God-given potential. If we can answer the question positively about that, then I think we have fulfilled our responsibilities as adults and as leaders.

Based on my work and my long-time observation of Senator Kennedy, he can say that, but we need to work together in partnership to make sure that all of us can say that, because I love coming to Children's Hospitals.

I cannot bear looking into the eyes of parents who don't know whether they will be able to afford to keep coming or whether they will have lifetime limits on their insurance policy coverage cut just when they need it most or who look at me, as a couple did in Cleveland at the Children's Hospital there with two chronically ill children and say, "We can't get insurance. We make too much money to qualify for Medicaid. We've gone from place to place to try to get financial help. The hospital carries us as a charity case, which is not what we think is right, but finally I knew I would never get help in our current system, because after hearing about our children's illnesses and have insurance companies say, 'You just don't understand. We don't insure burning houses.'"

I could not imagine how I would have felt had anyone said that to me about my daughter. I don't want to live in a society where we can say it about anyone's child. (Applause) All of you every day, from those who are in the operating rooms to those who clean the floors and make this place shine, every day you are doing what you can to make it possible that parents with sick children know that they will be taken care of, and I hope that you will speak out to your friends and neighbors about what you see here, what you know are the needs and demand the kind of leadership from the public and private sector in our country that puts our children first. That is the way to maintain a great America for the 21st Century. Thank you all very much.

(End of tape.)

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2ND STORY of Level 1 printed in FULL format.

Celebrity Bios

LENGTH: 385 words

NAME: Thomas, Danny

OCCUPATION: (aka Jacob, Amos Muzyad) actor; also singer

BORN:
Yakhoob, Muzyad
Deerfield MI
January 6, 1912

DIED:
Beverly Hills CA
February 6, 1991 (aged 79)

FORM/ALT-OCCUP:
TV producer

EDUCATION:
dropped out of high school in freshman year

MILESTONES:
Grew up in Toledo OH

First job in entertainment world: selling candy and ice cream in aisle at local burlesque house at age 11

1932: began career on Detroit radio program, "The Happy Hour Club", an amateur show

1940-43: worked as master of ceremonies (and took name Danny Thomas, from first names of two of his brothers) at the 5100 Club in Chicago

1944-49: performed on Fanny Brice's radio show and was given own radio program, "The Danny Thomas Show"

Entertained troups in North Africa, Italy and Philippines during WWII

1946: film acting debut, "The Unfinished Dance"

1950-52: first TV appearance as guest performer on "All Star Revue"

1951: notable feature film role, as Gus Kahn in "I'll See You in My Dreams" opposite Doris Day

1953-64: starred in TV series, "Make Room for Daddy"

1991: Week of his death, made personal book signing appearances promoting autobiography and appeared as doctor on son's program, "Empty Nest"

AWARDS:
Emmy

Best Actor Starring in a Regular Series
"Make Room for Daddy"
1954

FAMILY:
father
Jacobs, Charles
drygoods peddler
Lebanese immigrant

mother
Jacobs (nee Simon), Margaret
Lebanese immigrant

daughter
Thomas, Marlo
(aka Thomas, Margaret Julia)
actor
married to Phil Donahue

daughter
Thomas, Theresa

son
Thomas, Tony
(aka Thomas, Charles Anthony)
TV producer
producer of TV's "Golden Girls", "Empty Nest", "Lenny" and "Blossom"
with partner Paul Junger Witt

COMPANIONS:
wife
Cassanti, Rose Marie
married January 15, 1936

BOOKS:
"Make Room for Danny"
Thomas, Danny
1991
Putnam
autobiography

NOTES:
Founded the St. Jude Children's Research Hospital in Memphis TN in 1962
"He would hold an audience for an unprecedented length of time in the imagery of the story he was telling, and suddenly would come the punch line, and the ceiling would crack with laughter. He wove an illusion on the stage with no props, all by himself."--Phil Donahue about his father-in-law
"Sporting a cigar only slightly longer than his epic nose, mixing verbal sass with moralistic schmaltz, he shaped small-screen humor--along with the likes of buddies Milton Berle and Sid Caesar--for over four decades."--"People" Magazine, February 18, 1991
Title for TV series came from family's experience when Thomas was a nightclub entertainer on the road and his daughters would sleep in his room with their mother and use his dresser. When he returned home, they would have to clean

out the dresser to "make room for Daddy".
He was given the Layman's Award by the American Medical Association.
Thomas received the Better World Award from the Ladies Auxillary of the Veterans of Foreign Wars (1972)
He was awarded the Michelango Award from Boys Town of Italy (1973)
He received the Humanitarian award from the Lions International (1975)
Thomas was given the Father Flanagan-Boys Town Award (1981)
He has received the AFL-CI Murray-Green-Meany Award (1981)
The Touchdown Club gave him the Hubert H. Humphrey Award (1981)
He has received the Humanitarian Award from the Variety Clubs International (1984)
Thomas was nominated for a Nobel Peace Prize (1980-81)
He was decorated knight of Malta.
Thomas was awarded a Congressional Gold Medal from former Presiden Regan. 1986

BIO:
Popular standup comedian in nightclubs during the 1940s and 50s and one of the first TV star-moguls. Besides starring in the successful series "Make Room for Daddy" and the top-rated "The Danny Thomas Show", Thomas produced "The Dick Van Dyke Show", "The Andy Griffith Show", "Gomer Pyle" and "The Real McCoys" with partner Sheldon Leonard and "The Mod Squad" and "The Guns of Will Sonnett" with Aaron Spelling during the 1950s and 60s.

Noted for his many humanitarian and philanthropic activies, the Toledo, Ohio born Thomas also founded St. Jude Children's Research Hospital in Memphis. Father of actress Marlo Thomas and TV producer Tony Thomas.

LANGUAGE: ENGLISH

LAST-UPDATE: May 13, 1994

LOAD-DATE-MDC: September 21, 1994

"We are the pediatric research center of the world," he said.

For his humanitarian efforts, Pope Pius XII made the Roman Catholic Maronite a Knight of Malta and Pope Paul VI decorated him as a Knight Commander of the Holy Sepulchre of Jerusalem.

The man that Burns once called the greatest storyteller in the world was born the fifth of nine children to a struggling family who moved from Deerfield, Mich., to Toledo, Ohio, when the family farm failed.

He was raised by a childless aunt because of his mother's health. And while his father worked in a family candy store, the aunt, who lived upstairs, doted on him.

When she and her husband insisted on taking young Amos Jacobs to Rochester, N.Y., when they moved, it was not a traumatic moment for him because he wasn't completely aware of who his real parents were.

"I didn't know my brothers were my brothers until I was 7," he would say. His took his professional name from two of them in 1940 while working a shabby Chicago nightclub where he was ashamed to use his real name.

Last September, Thomas made a surprise visit to Deerfield, touring the village of about 1,000 people and popping in at some stores and St. Alphonsus Catholic Church, where he was baptized -- without shoes, because the family couldn't afford them.

Earlier records had indicated Thomas was born Jan. 6, 1914, but his baptismal certificate shows he was born in 1912.

The future star first fell in love with show business while he was selling candy in a burlesque theater. He dropped out of high school after a year and began a series of odd jobs that would give him the stake he needed to go to Detroit, where he intended to become a comedian.
There he met and married (in 1936) Rose Marie Cassaniti while she was still in her teens and began working as a $2-a-night dialect comic in dingy rooms.

After their first child, Margaret (later Marlo, the actress and wife of Phil Donahue), was born, his wife pleaded with him to get out of what was then a struggling radio and club career and into more financially rewarding work.

It was then he made his now legendary bargain with St. Jude, patron saint of hopeless causes.

"On my honor," he would say years later, "I never did say: 'Make me rich and famous,' " as one version of the story had it. "I said, 'Help me find my way in life and I will build you a shrine.' "

Foladare said it was about this time that he met Thomas, who credited St. Jude with a rapid turnaround in his fortunes. He began a series of quick nightclub successes in Detroit, Chicago and New York, where his weekly salary rose from $50 to $500 and then came to Hollywood to work on Fanny Brice's radio show "Baby Snooks," where he did 14 weeks and created the character of Jerry Dingle.

Movie studios wanted to sign him, but there was one problem, as Thomas remembered:

"Louis B. Mayer said I had the qualities to become a great dramatic actor. He said I could be another David Warfield. I didn't even know who David Warfield was but apparently he was a Broadway star who also had a swarthy complexion.

"Then Mayer told me how Americans go to the movies to live in a dream world, leaving their own humdrum lives behind. They wanted to see beautiful people with perfect faces. So he wanted me to have my nose fixed.

'After all,' " Mayer added, " 'if you had an unsightly wart wouldn't you want to have it removed?' "

"I told him it wasn't a wart, I breathed through it.

"Afterward, my agent, Abe Lastfogel of William Morris (who Thomas referred to in later years as 'my dad'), said, 'Danny, this is one thing I can't advise you on.' (But) that night he called me and told me, 'Yes, I can advise you. You don't have to change your nose. There'll be plenty of work for you anyway.' "

Lastfogel proved prophetic and his client's films came to include "The Unfinished Dance" in 1947, "Big City" in 1948, "Call Me Mister" and "I'll See You in My Dreams" (as songwriter Gus Kahn) in 1951 and a remake of "The Jazz Singer" in 1953.

He also did an early TV variety show, "All-Star Revue," alternating with such giants of comedy as Milton Berle, Jimmy Durante and Ed Wynn, but left unhappily in 1952 after two years, calling television "a workplace for idiots."

But he returned to TV the following year in "Make Room for Daddy," which after three years became "The Danny Thomas Show." That show ended its original run in 1964 but resurfaced later as "Make Room for Granddaddy."

The plot was a veiled reflection of Thomas' life and the original title came from a phrase used in Thomas' home. Whenever he returned from his club, film or radio appearances, his children had to shift bedrooms to "make room for daddy."

Jean Hagen played his first wife, Margaret, followed by Marjorie Lord as his second wife, Kathy; Angela Cartwright played a daughter, Linda; and Rusty Hamer played his son, Rusty. Sherry Jackson and Penney Parker were seen successively as the daughter, Terry.

Of all the artists who appeared on the program over the years, perhaps the most beloved was Hans Conried as Uncle Tonoose, the heavily accented, wonderfully eccentric patriarch of the Williams clan.

The series ended its various incarnations in 1971 and Thomas made another try at episodic TV five years later in "The Practice," in which he portrayed an elderly, absent-minded and contrary physician. But the show was placed opposite "Dallas" and lasted only a year.

Another comedy, "One Big Family," brought Thomas back to syndicated television for the final time in 1986. He played an old-time vaudevillian who inherits five children after his brother and sister-in-law have died.

By then he had also become a television executive, forming his own company to produce "The Andy Griffith Show," "The Dick Van Dyke Show," "Gomer Pyle USMC" and "The Mod Squad."

Besides his wife and Marlo ("I just adored him," she said simply, shortly after her father's death), he is survived by another daughter, Theresa, and a son, Tony.

A few days ago, while touring to promote his autobiography, "Make Room for Danny," Thomas was asked why his characters had been so sympathetic and so successful.

"People cared about us," he replied, and then reflected for a moment.

"I don't know who said this," he continued. "Maybe it was Shakespeare who said: 'Show me a man in trouble and I'll show you a funny man.' "

The family is seeking contributions to St. Jude's Children's Research Hospital, 332 N. Lauderdale St., Memphis, Tenn. 38105.

A funeral service will be held at 3 p.m. Friday at Church of the Good Shepherd in Beverly Hills.

GRAPHIC: Photo, Thomas gets a smile from a young fan 29 years ago at Memphis hospital. Behind them is a statue of St. Jude. United Press International; Photo, Danny Thomas at a charity event in 1979. Los Angeles Times; Photo, COLOR, (A1) Danny Thomas last year ROBERT GABRIEL / Los Angeles Times

LANGUAGE: ENGLISH

10TH STORY of Level 1 printed in FULL format.

The New York Times

February 7, 1991, Thursday, Late Edition - Final
Correction Appended

NAME: Danny Thomas

CATEGORY: Popular Entertainers

SECTION: Section D; Page 25; Column 1; Cultural Desk

LENGTH: 1161 words

HEADLINE: Danny Thomas, 79, the TV Star Of 'Make Room for Daddy,' Dies

BYLINE: By MERVYN ROTHSTEIN

BODY:

Danny Thomas, the comedian and philanthropist best known as the star of the television series "Make Room for Daddy" in the 1950's and 60's, died yesterday at Cedars-Sinai Medical Center in Los Angeles. He was 79 years old.

He died after a heart attack at his home in Beverly Hills, a hospital spokesman said.

Mr. Thomas appeared in "Make Room for Daddy," later known as "The Danny Thomas Show," from 1953 to 1964, playing a nightclub comedian, which he was for much of his almost 60-year career. He was also a founder and benefactor of the St. Jude Children's Research Hospital in Memphis, which seeks cures for children's cancer and other catastrophic diseases.

"Danny was one of the giants of the industry," Bob Hope said yesterday. "And what he did for St. Jude's will never be forgotten."

Phil Donahue, the television talk-show host who is married to Mr. Thomas's daughter Marlo, said: "He hit the long ball for such a long time. He would hold an audience for an unprecedented length of time in the imagery of the story he was telling, and suddenly would come the punch line, and the ceiling would crack with laughter. He wove an illusion on the stage with no props, all by himself."

A Title Taken From Life

Mr. Thomas returned home recently after completing a nationwide tour promoting his autobiography, "Make Room for Danny," written with Bill Davidson and newly published by G. P. Putnam's.

The comedian said in his autobiography that the original title of his television show was provided by his wife, the former Rose Marie Cassaniti. The title was based on their family's many years of experience with his nightclub travels. While he was away, his two daughters slept in his bedroom with their mother and put their clothes in his dresser. When he returned home, they would have to clean out the dresser to "make room for Daddy."

Danny Thomas was born on Jan. 6, 1912, on a horse farm in Deerfield, Mich., the son of Lebanese immigrants. Many references list the year of his birth as 1914, but a family spokesman said yesterday that it was actually 1912. At birth he was named Muzyad Yakhoob, but his parents later changed the name to Amos Jacobs. He grew up with his eight brothers and one sister largely in Toledo, Ohio, and dropped out of high school in his freshman year with a dream that many first-generation Americans had in those days: to make it in show business. He had already, at age 11, had his first job in the entertainment world: selling candy and ice cream in the aisles at a burlesque house. He made his official show-business debut in 1932 on "The Happy Hour Club," an amateur show on WMBC Radio in Detroit.

On Aug. 12, 1940, at the 5100 Club in Chicago, he took the name Danny Thomas, Danny after his younger brother and Thomas after his eldest. He had already acted on radio -- his true ambition was to be a character actor -- but took the club job because the pay, $50 a week, was better than his radio salary. He did not, however, want his radio friends, or his family in Toledo, to find out that he had returned to the saloons, so he came up with a pseudonym. It stuck.

A Comedian's Style

It also soon became clear that his forte was comedy. He was spotted by Abe Lastfogel, then the head of the William Morris Agency, who guided his career for many years.

As a comedian, Mr. Thomas was a storyteller, not a specialist in one-liners. "My people are inherently storytellers," he said in a recent interview. "When I was a kid, the entertainment was somebody from the old country or a big city who came and visited and told tales of where they came from. And my mother was very good at it. She could not read or write in any language, yet she would see silent movies and make up her own scenarios."

In the 1940's, Mr. Thomas performed on the Fanny Brice radio show and then was given his own program on CBS radio, "The Danny Thomas Show," which ran from 1944 to 1949. In World War II, he entertained troops in North Africa, Italy and the Philippines, and after the war he went into the movies.

Three movie producers -- Jack Warner, Louis B. Mayer and Harry Cohn -- wanted him to fix his trademark hook nose, saying that otherwise he would never make it big. Mr. Thomas adamantly refused.

His films included "The Unfinished Dance" (1947); "The Big City" (1948); "Call Me Mister" (1951); "I'll See You in My Dreams" (1951), in which he starred, opposite Doris Day, as the songwriter Gus Kahn, and "The Jazz Singer" (1953), in which he portrayed Al Jolson.

From Performer to Producer

Then came the television series, which lasted 11 years. It began on ABC and was switched to CBS. The show can still be seen in reruns. The series made him a household name. Mr. Thomas recently recalled that the program was frequently No. 1 in the ratings and almost always in the top 10.

He then became a highly successful television producer, first with Sheldon Leonard and then with Aaron Spelling. The series he produced with Mr. Leonard

included "The Andy Griffith Show," "The Dick Van Dyke Show," "Gomer Pyle, U.S.M.C." and "The Real McCoys"; those with Mr. Spelling included "The Mod Squad" and "The Guns of Will Sonnett." Later television series in which Mr. Thomas starred included "Make Room for Granddaddy" in 1970, "The Practice" in 1976 and 1977, "I'm a Big Girl Now" in 1980 and "One Big Family" in 1986.

Throughout his television career, Mr. Thomas continued to perform in nightclubs. In recent years, he appeared in a Legends of Comedy act with Milton Berle and Sid Caesar. In 1985, President Ronald Reagan gave him a Congressional medal for his achievements.

Creating a Shrine

Mr. Thomas, a Roman Catholic, was long known for his strong religious faith. He often said that in the difficult early days of his career, when his wife was urging him to give up show business and get a regular job, he prayed to St. Jude Thaddeus, the patron saint of hopeless, impossible and difficult cases. He asked the saint to put him on the right path, vowing that if the saint did so he would build him a shrine.

That shrine, built with the assistance of many other people, was the St. Jude Children's Research Hospital, which was dedicated in 1962. Mr. Thomas spent much of his time raising money for the hospital, which he long considered his most important accomplishment. "That's my epitaph," he said in a recent interview. "It's right on the cornerstone: Danny Thomas, founder."

He was also devoted to his family and loved to talk about the success of his children: Marlo Thomas's career on television and in films, his daughter Theresa's two children, the work of his son, Tony, as a producer of television shows and films, including "The Golden Girls," "Empty Nest" and "Dead Poets Society." On Saturday night, Danny Thomas appeared as a guest on "Empty Nest," portraying an elderly physician.

In addition to Mr. Thomas's wife and three children, survivors include five grandchildren.

CORRECTION-DATE: February 13, 1991, Wednesday

CORRECTION:
An obituary of Danny Thomas on Thursday misidentified his movie role in the 1953 version of "The Jazz Singer." He portrayed the son of a cantor, the role played by Al Jolson in the 1927 original.

GRAPHIC: Photos: Danny Thomas (Sara Krulwich/The New York Times, 1991); Danny Thomas in 1954 in his television series "Make Room for Daddy," with Rusty Hamer and Sherry Jackson. (ABC)

LANGUAGE: ENGLISH

LOAD-DATE-MDC: February 7, 1991

12TH STORY of Level 1 printed in FULL format.

The New York Times

January 10, 1991, Thursday, Late Edition - Final

NAME: Danny Thomas

CATEGORY: Popular Entertainers

SECTION: Section C; Page 22; Column 3; Cultural Desk

LENGTH: 1077 words

HEADLINE: Danny Thomas Puts His Life and Work on Paper

BYLINE: By MERVYN ROTHSTEIN

BODY:

Danny Thomas, 77 years and 1 day old, is sitting on a sofa at his midtown hotel comparing the comedians of today with the ones of his generation. "Most of the new comics have about six or seven great minutes," Mr. Thomas says. "After that, they have to garbage it up to be out there for maybe 20 minutes. In our day, you did an hour."

He raises his left hand to his mouth, and gray smoke from the long cigar that is clenched between his fingers drifts over his not-quite-as-gray hair. He reaches up to adjust the black-rimmed eyeglasses that somewhat disguise his trademark large hook nose, a nose that three movie producers -- Jack Warner, Louis B. Mayer and Harry Cohn -- could not persuade him to change.

"The new comics' subject matter is not deep enough," Mr. Thomas continues. "They don't get to the core of the people. There's really no substance, no universality to what they're doing. There's no artistry there." He takes another puff. "They have one big problem. They have to start on top. They go on the talk shows or to the big comedy clubs and the first time out they must be scared to death. They have no place to stink. We did. Oh, did we stink!"

An Autobiography

The tale of the days in which he stank, as well as the years in which he soared, is told in in Mr. Thomas's autobiography, "Make Room for Danny," which he wrote with Bill Davidson and which is being published by G. P. Putnam's Sons.

It is the story of Muzyad Yakhoob (his name was later changed to Amos Jacobs, and his friends still call him Jake), the son of Lebanese immigrants who was born in Deerfield, Mich., on Jan. 6, 1914, and grew up with his eight brothers and one sister largely in Toledo, Ohio. It is the story of a high-school dropout who went into show business with the dream of becoming a character actor. (It is a dream he still pursues; his daughter Marlo Thomas is working on a movie for the two of them to do together.) He was a character actor on radio, although one of his first radio jobs was making the sound of horses' hooves on a "Lone Ranger" show by beating his chest with two toilet plungers.

But he had a yen for comedy and after rough beginnings became a night-club star, with the encouragement and assistance of Abe Lastfogel, then the head of

the William Morris Agency. He took the name Danny Thomas, combining the first names of two of his brothers, at the 5100 Club in Chicago in 1940.

Then came movies, followed by major success on television in the situation comedy "Make Room for Daddy," later known as "The Danny Thomas Show," which ran from 1953 to 1964 and is still seen in reruns. And he became a successful television producer, first with Sheldon Leonard and then with Aaron Spelling, creating such shows as "The Real McCoys," "The Andy Griffith Show," "The Dick Van Dyke Show" and "The Mod Squad."

No One-Liners

But through it all, he remained a comedian -- a special kind of comedian. Danny Thomas does not deliver one-liners. "My people are inherently storytellers," he explains. "When I was a kid, the entertainment was somebody from the old country or a big city who came and visited and told tales of where they came from. And my mother was very good at it. She could not read or write in any language, yet she would see silent movies and make up her own scenarios."

Of his comic tales, the one that is his signature is known as the Jack Story:

There's this traveling salesman who gets stuck one night on a lonely country road with a flat tire and no jack. So he starts walking toward a service station about a mile away, and as he walks, he talks to himself. "How much can he charge me for renting a jack?" he thinks. "One dollar, maybe two. But it's the middle of the night, so maybe there's an after-hours fee. Probably another five dollars. If he's anything like my brother-in-law, he'll figure I got no place else to go for the jack, so he's cornered the market and has me at his mercy. Ten dollars more."

He goes on walking and thinking, and the price and the anger keep rising. Finally, he gets to the service station and is greeted cheerfully by the owner: "What can I do for you, sir?" But the salesman will have none of it. "You got the nerve to talk to me, you robber," he says. "You can take your stinkin' jack and . . ."

Mr. Thomas laughs. "The story has the fundamentals of real comedy," he says. "Show me a man or a woman in trouble, and I'll show you a funny man or woman. People can relate to it. They have all been in situations where they suffered anticipation and slow burn, and those are two great commodities in comedy."

A Vow Fulfilled

Through the years Mr. Thomas has been known for his deep religious faith. (Bob Hope's one-liner on the subject is that his friend Danny is so religious the highway patrol stops him for having stained-glass windows in his car.) The classic tale about Mr. Thomas is that early in his career, when things were not going well and after his wife, the former Rose Marie Cassaniti, had urged him to leave show business, he prayed to St. Jude Thaddeus, the patron saint of the hopeless, impossible and difficult cases, asking the saint to set him on the right path. He vowed that if the saint did so he would build him a shrine. To this day, Mr. Thomas says, he believes in the saint, and still has conversations with him.

"After that, everything happened to me so quickly that it had to be more than a coincidence," he says. "I never prayed for fame and fortune. I wasn't trying to do anything but make a living. I was hoping that the radio producers would have more faith in my ability to play character roles. All I wanted was to get a house in the country, buy a station wagon, raise my kids."

The shrine he built, with the help of many other people, turned out to be the St. Jude Children's Research Hospital in Memphis, Tenn. And, he says, there is no doubt in his mind that the hospital is his most important accomplishment.

"There's no question of it," he says proudly. "That's my epitaph. It's right on the cornerstone: Danny Thomas, founder."

He still spends much of his time raising money for the hospital. "We raised $92 million last year," he says, "and spent only 22 cents on the dollar to raise it."

It is, he is convinced, the reason he was born. A while back, he had a family coat of arms designed, with a family motto. "The motto is 'Blessed is he who knows why he was born,' " he says. "And I am blessed."

GRAPHIC: Photo: "I never prayed for fame and fortune," said Danny Thomas during an interview. "I wasn't trying to do anything but make a living." (Sara Krulwich/The New York Times)

LANGUAGE: ENGLISH

LOAD-DATE-MDC: January 10, 1991

8TH STORY of Level 1 printed in FULL format.

Los Angeles Times

February 7, 1991, Thursday, Home Edition

NAME: DANNY THOMAS

SECTION: Metro; Part B; Page 1; Column 2; Metro Desk

LENGTH: 1886 words

HEADLINE: COMIC DANNY THOMAS DIES;
ENTERTAINER: THE BENEFACTOR OF ST. JUDE'S CHILDREN'S RESEARCH HOSPITAL IN MEMPHIS WAS 79.

BYLINE: By BURT A. FOLKART, TIMES STAFF WRITER

BODY:

Danny Thomas, one of America's most beloved entertainers, whose life and career were indelibly intertwined with that of his patron saint, died of a heart attack Wednesday.

Norman Brokaw, head of the William Morris Agency and Thomas' longtime agent, said the 79-year-old actor was stricken at his Trousdale Estates home about 1:30 a.m.

Paramedics took Thomas to Cedars-Sinai Medical Center, where he was pronounced dead in the emergency room about 30 minutes later, hospital spokesman Ron Wise said.

"There was nothing that anyone could do," Wise added.

Maury Foladare, Thomas' personal publicist for nearly 50 years, said his old friend had just completed a series of coast-to-coast interviews in connection with his autobiography and had stopped in Memphis, Tenn., to help celebrate the 29th anniversary of Thomas' beloved St. Jude's Children's Research Hospital.

"He had a little bronchitis, which seemed to be aggravated by the rain in Memphis," Foladare said, but otherwise he was in apparent good health.

Winner of five Emmys for "The Danny Thomas Show," called "Make Room for Daddy" when it first went on the air in 1953, knighted by two Popes and holder of the Congressional Gold Medal presented by former President Ronald Reagan, Thomas was a multifaceted comic, equally at home before TV and movie cameras and in the acrid environs of the cheap nightclubs where he began.

And the immediate reaction to his death reflected both Thomas' dedication to humanitarian causes and that versatility.

"His warmth and believability generated truth," actress Pat Carroll, who portrayed the wife of a nightclub owner on the TV show, told CBS radio Wednesday.

Brokaw and Foladare remembered particularly his kindnesses and lack of temperament.

Carl Reiner, who produced the "Dick Van Dyke Show" with Thomas as co-executive producer, said Thomas "was the most alive man . . . I've ever met. You'd just walk up to him and there would be energy coming out from him. The word love comes out. He exuded love. He hugged you and complimented you. He was always positive."

One of Thomas' last public appearances was Jan. 24 at a 95th birthday party for George Burns at the Hillcrest Country Club. "Danny was one of my closest friends," Burns said Wednesday. "He touched all of our lives and he will be missed. . . ."

Bob Hope said, "Danny was one of the giants of the industry and what he did for St. Jude's will never be forgotten. . . . I can't understand his leaving us. . . . God must have needed some help."

In a written statement, President Bush said Thomas' death "leaves a noticeable void in the world of American humor. We also lose a fine gentleman and humanitarian who will always be known as a man of good will. . . . He pioneered the family sitcom in which we could all use the new medium of television to laugh at ourselves and our daily problems. We will be laughing with him for years to come."

At St. Jude's, a hospital spokesman recalled Thomas' final visit on Monday, the last of hundreds its benefactor had paid over the years.

"He was cutting cake, chatting with kids and parents, shaking hands with employees. His spirits were high, his health seemed good. It's a terrific final memory -- he was having such a great time when he was here."

Although Thomas was best-known popularly as Danny Williams, the frequently absent entertainer on one of the country's longest-running television series, he seemed to think of himself as Amos Jacobs, the son of Lebanese immigrants.

A religious man but one who never evangelized his beliefs, Thomas once said, "My purpose in life is to propagate the philosophy of man's faith in man, based upon my own belief that unless man re-establishes his faith in his fellow beings, he can never establish a faith in God."

" 'Make Room for Daddy' " made me a national figure," Thomas said in 1986 on the eve of accepting his Gold Medal from Reagan -- one of only 96 in the nation's history ever handed out at the time. "But St. Jude's Hospital is the greatest accomplishment of my life, something that will live long after the celluloid turns yellow."

At fund-raisers for the hospital -- where an 8-year-old girl was cured of sickle-cell anemia through a then-unprecedented bone marrow transplant -- Thomas would gather players from the old TV series and reminisce about the show.

But the stories quickly turned to appeals for donations from the thousands of friends and celebrities who attended the countless lunches and dinners that raised what Thomas once estimated at more than $1 billion.

When St. Jude's accepted its first patient in 1962, the survival rate of children with acute lymphocytic leukemia was less than 5%, he would say. It was past 50% at St. Jude's when he died.

TO: Lissa
FROM: Kathy
DATE: 10/6/94
RE: St. Jude Children's Research Hospital

The following is a brief summary of the information contained in the packet Liz gave me.

St. Jude Children's Research Hospital in Memphis, Tennessee conducts research and treatment of catastrophic diseases in children, primarily pediatric cancers.

Patients

Since it opened in 1962, it has treated over 13,175 children from the U.S. and from 43 foreign countries.
(Patients are accepted by physician referral when a child is newly diagnosed or suspected of having a disease *under research and treatment by the St. Jude staff*. Children who have been previously treated or who have relapsed are rarely admitted.)

No child is denied admission because of the family's inability to pay for treatment. The hospital covers all costs beyond those reimbursed by third party insurers, and all costs when no insurance is availiable. After initial evaluation, financial assistance is available for transportation and local living expenses for U.S. families in need.

Staff

St. Jude has a research staff of 276 and a total of 1,545 employees.

Founding

When Danny Thomas was a struggling young entertainer, he prayed before the statue of St. Jude Thaddeus, the patron saint of hopeless causes and asked the saint to "show me my way in life." As things improved in his life, he prayed to St. Jude again and pledged to someday build a shrine to the saint.

When he became a nationally-known entertainer, he did not forget his pledge. He began discussing with friends the idea of a children's hospital in Memphis in the early 1950s. By 1955, local business leaders had joined the cause and began fundraising efforts that supplemented Thomas' benefits that brought major entertainment stars to Memphis. He and his wife, also roadtripped throughout the country in order to raise money. Once he had raised the money for the building of the hospital, Thomas had to figure out how to fund its annual operation.

Thomas turned to Arab-speaking Americans, who he believed should thank the U.S. for the gifts of freedom given their parents. In 1957, 100 representatives of the Arab-American community met in Chidago to form ALSAC - The American Lebanese Syrian Associated Charities - with the sole purpose of raising

funds for the support of St Jude Children's Research Hospital.

Since then, ALSAC has assumed full responsibility for all the hospital's fundraising efforts. Today, ALSAC-St. Jude has grown to be America's seventh largest health-care charity.

In 1987, St Jude Children's Research Hospital began a $134 million expansion project to double the hospital's size, increase the number of researchers and expand research programs.

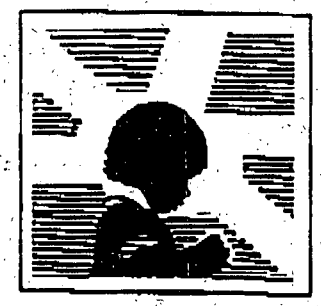
In 1991, Thomas died just two days after celebrating the hospital's 29th anniversary. He is buried in a family crypt at the Danny Thomas/ALSAC Pavilion on the grounds of the hospital and white roses are placed at the crypt daily.

Statistics

By the year 2000, one in every 1,000 adults will be a survivor of childhood cancer.

The most common childhood cancer is acute lymphoblastic leukemia. In 1960, only 5% to 10% of children survived this cancer. Now, over 70% survive this cancer, which strikes 2,000 children each year.

Elvis benefit



ST. JUDE CHILDREN'S RESEARCH HOSPITAL
Public Relations Department

TELEPHONE: 901/522-0306
FAX: 901/525-2720

Danny Thomas, Founder

DATE: October 5 94

This transmittal consists of 21 page(s), including this cover page.

Please deliver to:

NAME: Liz Bowyer

COMPANY/DEPARTMENT:

FAX#: 202/456-2239

FROM: JERRY CHIPMAN EXT. 306

MESSAGE: Liz - Call me -
901/522-0306

Jerry

FACT SHEET

ST. JUDE CHILDREN'S RESEARCH HOSPITAL

ST. JUDE CHILDREN'S RESEARCH HOSPITAL
Danny Thomas
Founder

Description

St. Jude Children's Research Hospital, located in Memphis, Tennessee, is one of the world's premier research centers for research and treatment of catastrophic diseases in children, primarily pediatric cancers.

Mission

The institution's mission is to save children's lives by finding the causes of and cures for fatal diseases in children.

Research Focus

Research efforts are directed at understanding the molecular, genetic and chemical bases of catastrophic diseases in children, identifying cures for such diseases, and promoting their prevention. Research is focused specifically on cancers, infectious diseases, blood disorders, and hereditary diseases.

Current Research

The current basic and clinical research at St. Jude includes work in chemotherapy, the biochemistry of normal and cancerous cells, radiation treatment, blood diseases, resistance to therapy, viruses, hereditary diseases, influenza, pediatric HIV, and psychological effects of catastrophic illnesses. St. Jude also conducts longterm biostatistical investigations on its patients and is the only pediatric research hospital supported by a National Cancer Institute cancer center core grant.

Expansion Program

St. Jude Children's Research Hospital broke ground in November 1987 for a $134 million expansion project that will double the hospital's size, increase the number of researchers and expand research programs. The construction program includes a four-story research patient care building, a five-story research center and a 1,000 vehicle parking facility. The 19-year-old seven-story research tower will be extensively renovated. The expansion-renovation program should be completed in early 1995.

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ST. JUDE FACTS - Page 2

Patients

More than 5,000 patients are seen at St. Jude Children's Research Hospital yearly, most of whom are treated on a continuing out-patient basis as part of ongoing research programs and account for more than 23,000 hospital visits per year. The hospital also maintains 48 beds for patients requiring hospitalization during treatment.

To date, St. Jude has treated more than 13,175 children from across the United States and 43 foreign countries - from Argentina to China.

Patients at St. Jude Hospital are accepted by physician referral when the child or adolescent is newly diagnosed or suspected of having a disease under research and treatment by the St. Jude staff.

The hospital covers all costs of care beyond those reimbursable by third party payments and, after the initial evaluation, can provide assistance with transportation and local living expenses.

Founding

St. Jude Children's Research Hospital was founded by entertainer Danny Thomas and opened in 1962.

It is supported primarily by funds from volunteer contributions raised by the American Lebanese Syrian Associated Charities (ALSAC). ALSAC is the national fundraising organization established by Danny Thomas expressly for the purpose of funding St. Jude. St. Jude also receives assistance from federal grants (mainly through the National Institutes of Health and the National Cancer Institute), insurance and investments.

Operations

Operations are overseen by the Board of Governors and a 15 member Executive Management Board. The research activities are reviewed annually by the Scientific Advisory Board, composed of internationally eminent physicians and scientists.

The hospital's 1994 operating budget is $110 million. St. Jude has a research staff of 276 and a total of 1,545 employees.

Outreach

St. Jude Children's Research Hospital is a member of The Pediatric Oncology Group and a contributor to the Pediatric Training Program. It collaborates with hospitals worldwide on research and has formal affiliations with hospitals in Peoria, Illinois; Chattanooga, Tennessee; Youngstown, Ohio; and Springfield, Missouri.

# # #

FACT SHEET

ST. JUDE CHILDREN'S RESEARCH HOSPITAL
Danny Thomas
Founder

ADMISSION POLICY

Age requirements

St. Jude Children's Research Hospital, located in Memphis, Tennessee, accepts children 18 years old and younger. Patients of various ages with specific infectious diseases and blood disorders under study at the hospital may also be eligible for treatment.

Diagnosis

Any child admitted to St. Jude must have a diagnosis or suspicion of cancer or another catastrophic illness treated here. Patients can only be accepted for treatment if the hospital has an active research study of their diagnosis at the time of referral.

Patient acceptance

Parents wishing to have their child treated at St. Jude must have the child's doctor contact St. Jude to formally refer the patient. After discussing the case with the child's physician, a St. Jude physician will decide if the patient is medically eligible to be admitted.

Even if the child is not eligible for admission, experts in hematology, oncology and infectious disease at St. Jude are available around the clock for consultation with the child's physician regarding questions related to patient management.

Previous treatment

A child previously treated for cancer in another setting or a child who has relapsed can rarely be admitted. Chemotherapy and radiation treatments are usually considered previous treatment, however, surgery is not.

Because St. Jude is a research hospital, each child's treatment is part of a specific study to help our scientists learn more about cancer. But the researchers can learn nothing unless the children begin treatment at approximately the same point - the beginning - of their disease. This method increases the accuracy of study results and therefore becomes essential in helping more children survive cancer.

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Financial requirements

St. Jude Children's Research Hospital has no financial requirements for admission. No child has ever been denied admission because of the family's inability to pay for treatment. All St. Jude patients are treated regardless of their ability to pay, with ALSAC covering all costs beyond those reimbursed by third party insurers, and all costs when no insurance is available. After initial evaluation, financial assistance is available for transportation and local living expenses for U.S. families in need.

Lodging

Depending on availability, patients and their families can stay at the Ronald McDonald House without charge. If space at the Ronald McDonald House is not available, financial assistance for lodging can be provided for families in need. St. Jude provides bus transportation to and from these locations at specific intervals. Parents of inpatients who do not wish to leave their child overnight may stay in a parent room, which is separated from the child's room by glass.

Foreign patients

Admission policies for children from countries other than the United States are the same with a few conditions. Admission of foreign children is dependent upon available space, and all patients from other countries must be referred to and accepted by the hospital's physician-in-chief. While the entire staff of St. Jude is available for support of foreign patients and their families, the hospital does not have the resources to provide financial assistance with travel, lodging or food expenses. The hospital will cover all costs of medical care beyond those reimbursable by third parties.

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FACT SHEET

ST. JUDE CHILDREN'S RESEARCH HOSPITAL
Danny Thomas Founder

AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES (ALSAC)

Description The American Lebanese Syrian Associated Charities (ALSAC), also known as ALSAC-St. Jude Children's Research Hospital, is the fund-raising arm of St. Jude Hospital. Each year, millions of Americans from all ethnic backgrounds participate in its activities.

Mission ALSAC exists solely to raise and provide the funds to operate and maintain St. Jude Children's Research Hospital. Because of ALSAC, no child has ever been turned away from St. Jude because of an inability to pay for treatment.

Founding Danny Thomas and approximately 100 leaders of his Arabic-speaking heritage founded ALSAC in 1957. Danny asked them to take on St. Jude Hospital as their gift to America for what America had allowed them to become. Michael F. Tamer, inspired by Danny Thomas' vision of a hospital to research and treat catastrophic childhood illnesses without charge, became ALSAC's first national executive director. Until his death in 1974, Tamer worked closely with Danny to lead ALSAC in fulfilling its mission.

Growth From its humble beginnings, ALSAC-St. Jude has grown to be America's seventh largest health-care charity. All money raised is restricted to the current and future needs of the hospital. In the next fiscal year, ALSAC will raise more than $100 million.

Operations ALSAC has a full-time staff of approximately 175, headed by its national executive director, to coordinate the fund-raising activities of the more than one million volunteers who participate each year. ALSAC operations are overseen by its board of directors who are also the same volunteers serving as the board of governors of St. Jude Hospital.

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Operations (cont.) The combined financial statements of ALSAC-St. Jude have shown a fund-raising expense of between 11 and 14 percent for the last ten years. For FY'93, the figure dropped to 10 percent.

Fund-raising activities ALSAC sponsors more than 30,000 fund-raising activities annually. These include Math-A-Thons®, bike-a-thons, radiothons and other special events. It also conducts direct mail and corporate solicitation campaigns and special television programming.

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FACT SHEET

ST. JUDE CHILDREN'S RESEARCH HOSPITAL

Danny Thomas
Founder

DANNY THOMAS and the FOUNDING of ST. JUDE CHILDREN'S RESEARCH HOSPITAL

It was nearly 50 years ago that Danny Thomas, then a struggling young entertainer with seven dollars in his pocket, got down on his knees in a Detroit church before a statue of St. Jude Thaddeus, the patron saint of hopeless causes. Danny Thomas asked the saint to "show me my way in life."

His prayer was answered and soon he moved his family to Chicago to pursue career offers. A few years later, at another turning point in his life, Thomas again prayed to St. Jude and pledged to someday build a shrine to the saint.

Throughout the next years, Danny Thomas' career prospered through films and television, and he became a nationally-known entertainer. And he remembered his pledge to build a shrine to St. Jude.

In the early 1950s Danny Thomas began discussing with friends what concrete form his vow might take. Gradually, the idea of a children's hospital, possibly in Memphis, took shape. In 1955, Danny and a group of Memphis businessmen who had agreed to help in supporting his idea seized on the idea of creating a unique research hospital devoted to curing catastrophic diseases in children. More than just a treatment facility, this would be a research center for the children of the world.

Danny Thomas had started raising money for his vision of St. Jude Hospital in the early 1950s. By 1955, the local business leaders who had joined his cause began area fundraising efforts, supplementing Danny's benefits that brought scores of major entertainment stars to Memphis. Often accompan-led by his wife, Rose Marie, Thomas crisscrossed the United States by car talking about his dream and raising funds at meetings and benefits. The pace was so hectic that Danny and his wife once visited 28 cities in 32 days. Although Danny and his friends raised the money to build the hospital, they now faced the daunting task of funding its annual operation.

To solve this problem, Danny turned to his fellow Americans of Arabic-speaking heritage. Believing deeply that Arabic-speaking Americans should, as a group, thank the United States for the gifts of freedom given their parents, Thomas also felt the support of St. Jude Hospital would be a noble way of honoring his immigrant forefathers who had come to America.

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Danny's request struck a responsive chord. In 1957, 100 representatives of the Arab-American community met in Chicago to form ALSAC - The American Lebanese Syrian Associated Charities - with a sole purpose of raising funds for the support of St. Jude Children's Research Hospital.

Since that time, this group, with national headquarters in Memphis and regional offices throughout the United States, has assumed full responsibility for all the hospital's fundraising efforts, raising millions annually through benefits and solicitation drives among Americans of all ethnic, religious and racial backgrounds. Today, ALSAC is the seventh largest not-for-profit fund raising organization in America and is supported by the efforts of more than one million volunteers nationwide.

Danny's dream - St. Jude Children's Research Hospital - opened its doors in 1962 and is now recognized as one of the world's premier centers for study and treatment of catastrophic diseases in children. Focusing on pediatric leukemias, solid tumor forms of cancer, and biomedical research, during its first decade of existence, the hospital's curative therapies and research successes spread its fame worldwide and helped save the lives of innumerable children everywhere.

Today's basic and clinical research at St. Jude includes work in chemotherapy, the biochemistry of normal and cancerous cells, radiation treatment, blood diseases, resistance to therapy, viruses, hereditary diseases, influenza, and psychological effects of catastrophic illnesses. Now blessed with the first sizable population of adults living cancer-free after having received chemotherapy and radiation treatments as children, the hospital stays in touch with these former patients in order to conduct long-term biostatistical investigations on the history of their health.

Potential secondary problems related to their disease treatment, could result in chemotherapy and radiation adjustments that improve the life of future children diagnosed with cancer.

St. Jude Hospital broke ground in November 1987 for a $127 million expansion and renovation project that will more than double the hospital's size and increase the hospital's staff and researchers and move into new investigative programs. The construction program includes a four-story patient care building, a five-story research center, a central energy plant and a 1,000 vehicle parking facility. The existing seven-story tower will be extensively renovated. Completion aim on the project is 1994.

To date, St. Jude Hospital has treated more than 12,700 children from across the United States and 43 foreign countries. All were accepted by physician referral because the child had a newly diagnosed disease that was under research at St. Jude and ability to pay was not an issue for admittance for one single patient. All St. Jude patients are treated regardless of their ability to pay, with ALSAC covering all costs beyond those reimbursed by third party insurers, and all costs when no insurance is available.

Through striking improvements in the care of pediatric leukemias and numerous forms of solid tumors, Danny Thomas' "little hospital in Memphis" - which now has an annual operating budget of $103 million - has brought about improved healthcare for children all over the world.

From a promise of "show me my way in life and I will build you a shrine" to the fulfillment of his dream, a $127 million building expansion program, Danny Thomas lived to see his little hospital become a beacon of hope for the catastrophically ill children of the world. The founder of St. Jude Children's Research Hospital and ALSAC died on February 6, 1991, just two days after joining patients, parents and employees to celebrate the hospital's 29th anniversary. He was laid to rest in a family crypt at the Danny Thomas/ALSAC Pavilion on the grounds of the hospital. White roses are placed at the crypt daily as a reminder to visitors, families of patients and the thousands of children who benefitted from his caring that Danny Thomas' dream will live on.

# # #

FACT SHEET

ST. JUDE CHILDREN'S RESEARCH HOSPITAL

Danny Thomas
Founder

LONG-TERM SURVIVAL

It has been estimated that, by the year 2000, one in every 1,000 adults will be a survivor of childhood cancer. According to research completed at St. Jude's After Completion of Therapy (ACT) Clinic, most of these survivors will lead "normal" lives.

Research

- A survey of 417 randomly selected long-term cancer survivors from St. Jude showed that 70 percent had only mild side-effects of treatment.
  - -- In approximately 90 percent, the quality of life -- as judged from general sense of well-being and ability to function in social roles -- was similar to that of peer groups in the normal population.
  - -- 88 percent had completed high school.
  - -- 30 percent graduated from college.
  - -- 89 percent were employed.
  - -- Of those 25 years or older, 71 percent were married or had been married.
    - -- 10 percent had children.
  - -- Only 10 percent of the patients had severe complications apparently secondary to cancer or its therapy.
    - -- 12 percent were unable to have children.
    - -- Two percent had severe obesity.
  - -- Second cancer had occurred in only two percent of the patients.

History

- In 1984, St. Jude Children's Research Hospital transferred over 1,300 former pediatric cancer patients, living disease-free for as long as 20 years, to a newly-formed section, the After Completion of Therapy (ACT) Clinic.

Focus

- The ACT clinic aims to learn more about the possible problems of cancer survivors, including:
  - -- Growth
  - -- Sexual maturation and reproductive function
  - -- Change in heart, lung, liver, gastrointestinal, kidney or thyroid function
  - -- Education or employment
- The ACT team helps prepare patients for alumni status by nurturing their independence and re-entry into the mainstream of society.

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ACT Team

- Pediatric hematologists/oncologists, nurse practitioners, and RNs work with psychologists and social workers.

ACT Clinic

- Patients are enrolled in ACT when they reach five years from diagnosis and are off treatment.
- They are then seen annually until they are either 18 years of age or 10 years from diagnosis, whichever comes later.
- The coordinator of the ACT Clinic maintains contact with alumni via telephone calls and questionnaires.

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COVER STORY

Improving the science of hope

At St. Jude's, the odds for youngsters with leukemia get better all the time

By Kim Painter
USA TODAY

MEMPHIS—When Jordan Marks' mother heard the word leukemia, she was devastated.

"I thought, 'My child is dying, she's dying now,' " says Sandra Sellers Vega, who carried a very sick toddler into St. Jude Children's Research Hospital two years ago.

Today, 3-year-old Jordan is full of life - and full of beans. She's happily skipping around a hospital lobby, dangling a beaded necklace from her ears. Her hair is a bit thin and her face is a bit puffy, as a result of her cancer treatment. But she hardly looks like a child with a fatal disease.

And, she may not be.

In 1960, only 5% to 10% of children survived Jordan's illness, acute lymphoblastic leukemia. Now, more than 70% survive this most common childhood cancer, which strikes 2,000 U.S. children each year.

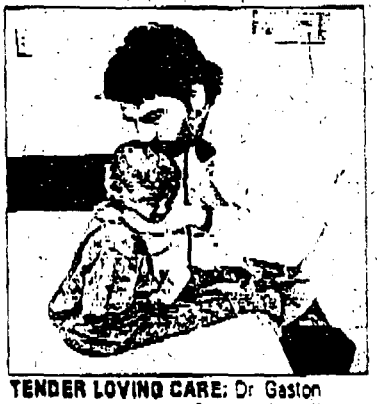
But this apparent success story—recounted in a 30-year review published by St. Jude researchers last fall—is not over. In fact, the childhood ALL story perfectly embodies a

Kids beating cancer

Research raises ceiling of survival

Photos by John L. Ford, AP

LAUGHTER AS MEDICINE: Sandra Sellers Vega shares a happy moment with her daughter Jordan Marks, 3, a cancer patient at St. Jude Children's Research Hospital in Memphis.



TENDER LOVING CARE: Dr. Gaston Rivera treats Sharissa Stewart, 2, at St. Jude.

A SURVIVOR: Marisa Shanle, 14, finished undergoing chemotherapy 5 years ago.

Later concerns: Brain tumor, infertility

concept that scientists wish the public understood better: In medical research, answers rarely are found in one magic moment. Instead, they are found over many years—and many Jordans.

If little Jordan survives—something that is far from assured—she will owe her life to research done with thousands of children all over the United States and Europe. And she, in turn, is part of an effort that the Leukemia Society of America says could lead to a cure for all children—and adults—with leukemia by the year 2000.

It all began right here, in 1962.

At that time, the question for many doctors wasn't whether childhood leukemia could be cured—it was whether it should be treated at all.

"The thought was that these children were going to die anyway—so why put them through it," says Betty Thompson, now chief physician at the research hospital founded by the late entertainer Danny Thomas.

Indeed, the children faced a formidable enemy—one that, like all cancers, begins silently with a few abnormal cells.

In the case of ALL, the culprits are immature white blood cells inside the bone marrow. For reasons no one understands, these cells begin to reproduce wildly, crowding out normal blood cells needed to deliver oxygen, aid clotting and prevent infection throughout the body.

Soon, the abnormal cells spill out into the blood stream and infiltrate vital organs—the liver, the spleen, lymph nodes, testes, the brain.

And suddenly, there are symptoms—a cold that doesn't clear up, a fever, bloody gums, inexplicable bruises. An active child turns listless and pale.

Finally, a blood test turns up abnormalities. A bone marrow tap confirms the diagnosis.

Before 1962, doctors had tried a handful of drugs against childhood ALL. They'd induced remissions. But relapse and death usually came in a few weeks or months.

Dr. Donald Pinkel, St. Jude's first director, had a new idea. He decided to combine several of the drugs at once for an all-out assault on the rogue cells.

Initial results looked promising: About half the patients survived at least a year. But after two years, fewer than one quarter survived. The five-year survival rate was only 9%.

"We had kids living a year instead of six months," says Gaston Rivera, who was a medical student in Chile when he heard of the work being done at St. Jude.

The problem, doctors soon found, was that a few bad cells often made it into the brain and spinal fluid, where the anti-cancer drugs did not reach. The radical solution doctors chose was radiation—directed right at the brains of their young patients.

"The medical community did not (approve of) St. Jude radiating kids' heads," says Rivera, who joined the staff in that era.

Then, the results came in. Five-year, cancer-free survival rates soared to 36%, then, with the addition of new drugs, 53%.

By the late 1980s, further drug refinements allowed doctors to limit radiation treatment to the riskier cases. And survival rates passed 70%—not only here, but at other hospitals in the U.S. and Europe that have contributed to the research.

But, every child with ALL who comes through St. Jude's doors faces an individual battle—one that doesn't always conform to the statistics or end when the treatment ends.

Marisa Shanle, a pretty 14-year-old, finished her chemotherapy five years ago. She remembers the day doctors removed the catheter put in her chest to ease drug infusions. "I was praying to God, saying thank you, thank you, thank you, I got my life back."

And yet, she says, "It's something that will stay with me for the rest of my life." For one thing, radiation stunted her growth, leaving her around 5 feet tall—in the normal range, but something of an embarrassment to the athletic teenager. "People call me 'Miss Petite Person,'" she says with a grimace.

She also blames the radiation for giving her some problems with reading and writing—though she's proud to say she earns all As and Bs.

Saddest for Marisa is the prospect that the treatment may have impaired her ability to have children—although many former patients seem to have no trouble with fertility.

In fact, researchers say that after a decade, 80% have no serious medical problems.

Exhibit A is Memphis accountant Pat Patchell, 41, who was diagnosed in 1964 at age 11. The hospital's longest living ALL survivor says: "Their goal is to let people have a normal life and that's just what I've had."

But up to 3% of patients treated with radiation have developed brain tumors. Some have developed another kind of leukemia. Problems with growth and learning are common.

And, doctors worry that these survivors may have a higher-than-normal lifetime risk of cancer—possibly because of the same factors that allowed them to get cancer in the first place.

But such concerns are far from the mind of Frank Stewart, whose 2-year-old daughter Sharissa is undergoing treatment now.

The soft-spoken construction worker, 36, is spending the day with the little girl in an isolation ward, where she's been sent because of a stomach bug—a common problem for patients low on infection-fighting blood cells.

Sharissa seems to have just enough strength to slurp on an orange sherbet. "She wants to run and play, but her energy's just not there," her father says. Stewart, his wife and their three other preschool daughters are living in a nearby motel while Sharissa goes through the first phase of a treatment regime that typically lasts two to three years.

"I know we've still got a lot to go through," he says.

Downstairs, a perkier Jordan Marks—who's had her own crises over the past two years—is talking about the Chihuahua she hopes she can get when her treatment is over.

"I love them," she says, cuddling against her mother. A dog isn't possible now because of her weak immune system.

But her mom, too, knows there's a lot to go through before she can buy that puppy—and afterwards.

"Cancer is so good about coming back. It has a good memory," Vega says.

But, as she watches her child skip away again, she says "I think she's going to make it. I know how strong she is."

International Outreach Program

Reaching out to the world to save all children's lives.

by Deidre Malone

In a perfect world there would be no such thing as disease, but this is not a perfect world and children all over the globe are dying from catastrophic childhood diseases. Approximately 80 percent of children who have cancer live in developing countries and lack access to modern healthcare. St. Jude Children's Research Hospital is taking a stand and reaching out to try and ensure some of the dying stops.

The St. Jude Children's Research Hospital International Outreach Program was developed to improve globally the cure of childhood cancer through education, consultation and collaborative research. Currently, there are six countries participating in the outreach program: El Salvador; Brazil; Russia; Chile; Taiwan; and China under the direction of Dr. William Crist, deputy director of St. Jude Hospital.

In 1988, the Fellowship Travel Program was created to promote interchanges between full-time academic clinical faculty from foreign countries and St. Jude's programs. The goal was to provide an educational experience for foreign healthcare professionals for about a month. They would have an opportunity to meet with staff members, observe them working, and examine the physical plan and organization of the hospital and its supporting structures. Each year five to six faculty members from other countries utilize this program.

Positive comments from visitors about the Fellowship Travel Program dub it a successful project. "I think the education process starts with the physician and other healthcare professionals and once you change their attitudes you want to work on disseminating that information out to other people," states Dr. Neyssa Marina, assistant member of the department of hematology oncology at St. Jude. Dr. Marina is shaping the outreach program in El Salvador.

El Salvador is a small Central American country, with a population of six million people. Because of political unrest that lasted a decade, medical care has been severely compromised. Two women whose children died from leukemia formed a non-profit organization to help raise funds to help treat children with leukemia from El Salvador. The son of one of the women was a patient at St. Jude and she approached Dr. Crist to secure the hospital's help and that's how the El Salvadorian outreach got underway.

Benjamin Bloom Children's Hospital is the only children's hospital in San Salvador, El Salvador, and that's where 90 children with new cases of leukemia were seen last year. Last November St. Jude doctors prepared a modified version of Total XI, one of St. Jude's leukemia protocols. "In the last eight or nine months we've started studying over 50 patients from El Salvador's leukemia project. We modified the study a couple of times basically because they are not used to dealing with the complications that come with the type of therapy we use. Since modification complications have dramatically decreased," states Dr. Marina.

In the United States children with acute lymphoblastic leukemia (ALL) have over a 70 percent chance of survival; in El Salvador the survival rate is 25 percent. Dr. Marina's goal is to increase the survival rate in ALL by 50 percent over the next five years. "When Dr. Crist and I traveled to El Salvador and presented talks on St. Jude's survival curves," remembers Dr. Marina, "one of the questions from a doctor was, 'Well, they're alive for how long?' 'I said, 'No, they are cured. It's not a matter of how long.' He didn't see leukemia as a curable illness. I think with time, energy and effort, we're going to be able to change that mindset." El Salvadorian physicians at the children's hospital consult with Dr. Marina once or twice a week about patient care.

Another Latin American country St. Jude has developed a relationship with is Brazil, the homeland of Dr. Raul Ribeiro, associate member of the department of hematology-oncology. The most impressive work so far coming from Brazilian oncologists and their affiliation with St. Jude is the collaborative studies in childhood adrenocortical carcinoma and non-Hodgkin lymphoma. Dr. Ribeiro says "Childhood adrenocortical carcinoma is a very rare tumor in the USA with about 15 cases a year, but in southern Brazil it is relatively common." A clinical trial has been developed using a novel drug (mitotane) in these patients after surgical removal of the tumor. This study has been very productive and St. Jude Hospital is considered the world leader in the research of this cancer.

Dr. Ribeiro is looking to the future and a five-year plan to build a pediatric cancer hospital in Brazil. "This hospital will be a state-of-the-art patient care facility and teaching hospital like St. Jude," states Dr. Ribeiro. "We have a strong relationship with members of the

medical community and the citizens are strongly involved in raising money to start construction of the hospital. The land to build the new hospital has already been purchased by the Brazilian government."

Another study underway in Brazil and Russia is the non-Hodgkin lymphoma study. Dr. Torroy Sandlund, assistant member in hematology-oncology, and Dr. Ribeiro work together on this project and Dr. Sandlund is in charge of the Russian outreach program. "This lymphoma research project started over two years ago in Russia," says Dr. Sandlund. A team of healthcare professionals from Methodist Hospital were headed to Russia on a fact-finding trip to assess the needs of a children's hospital they wanted to adopt. When they found out it was a children's cancer center they contacted St. Jude for help.

Since Dr. Sandlund's first visit to Russia a great deal of progress has been made. "The lymphoma research project we started working on two years ago serves as a model for the Russian medical staff to learn how to organize their data on patients and how to collect, not just information about their presenting features, but what their side effects to treatment were and how they responded to therapy and those sorts of things. That's not something they did before," says Dr. Sandlund. But over the last two years, things have changed. "They probably have 40 patients in this lymphoma study now and they are keeping data. It's exciting to see this happen and they are excited as well about doing it."

An important part of the Russian and Brazilian lymphoma study collaboration is collecting tumor samples and sending them to St. Jude to be reviewed. Dr. Sandlund says, "Dr. [Costan] Berard [chairman of pathology and laboratory medicine] reviews the results and compares his results with their working diagnosis. This helps us understand their approach to these diseases and what the Russians' data and treatment results mean."

More cities are interested in participating in the lymphoma project. Dr. Sandlund says, "A hospital in Toronto; a cancer center in Paris, France; and hospitals in Switzerland and Great Britain are interesting in getting involved in this collaborative lymphoma project. So what started out as something big in Moscow has turned into a big project, and I think it's going to be a very positive thing for everyone."

The International Outreach program is expanding into Chile, Taiwan and Hong Kong. Drs. Walter Hughes, infectious diseases chairman, Gaston Rivera, member in hematology-oncology, and Sergio Vargas, clinical fellow in infectious diseases, will work with universities and hospitals in Chile. Dr. Rivera, a native of Chile, says he's glad St. Jude has an official international program to help other countries. "I think now we have the opportunity to export the St. Jude methods, the St. Jude attitude towards a child with cancer and the research and solid background to make patient treatment and care better for all the children of the world," says Dr. Rivera. Dr. Ching-Hon Pui, vice chairman for research in hematology-oncology, will work with pediatric oncologists in Taipei and Hong Kong to form collaborative research program projects.

"This is just the beginning," says Dr. Crist. "Five years down the road, I hope that we can document that in selected sites, the outcome of children with cancer has been measurably improved ... the cure rate increased. St. Jude has directly benefitted from its research programs' international affiliation. And through this international outreach healthcare professionals are energized by the fact their patients are getting upgraded healthcare practices because of their association with St. Jude Hospital."

Dr. Crist says delivery of healthcare is a team effort at St. Jude as it should be everywhere. "I think we are all here to serve and the more kids we can help through this international outreach the better. That's why I believe we should be very careful with the wonderful resources we can provide and we should try to spread them as far as we can because the need is enormous. It's what Danny Thomas would have liked and that's the way I view it."

SJCRH INTERNATIONAL OUTREACH PROGRAM

Brazil	Drs. R. Ribeiro, W. Crist
Chile	Drs. G. Rivera, W. Crist, S. Vargas
El Salvador	Drs. N. Marina, W. Crist
Russia	Drs. T. Sandlund, W. Crist
Taiwan/Hong Kong	Drs. C-H Pui, W. Crist

I. PURPOSE

To tour the St. Jude Children's Research Hospital in Memphis, and give remarks on xx at a dedication ceremony of the hospital's new Patient Care Center.

II. BACKGROUND

St. Jude Children's Research Hospital

St. Jude Children's Research Hospital in Memphis is an internationally recognized research and treatment center for children with catastrophic diseases, primarily pediatric cancers. Every year, St. Jude Hospital treats approximately 5,000 children ages 18 years and younger who have been diagnosed, or are suspected of having, cancer or other catastrophic illnesses currently under research and treatment by the St. Jude staff.

The hospital, which was founded in 1962 by the late entertainer Danny Thomas, has no financial requirements for admission. The hospital covers all costs of care beyond those reimbursable by third party payments. The hospital is supported primarily by volunteer contributions raised by the American Lebanese Syrian Associated Charities (ALSAC), a fundraising organization established by Thomas expressly for the purpose of funding St. Jude. In addition to medical costs, the hospital often provides assistance with transportation and local living expenses for families of St. Jude patients.

Patients are referred to St. Jude from around the world -- to date, St. Jude has treated more than 13,175 children from all 50 states and 43 foreign countries. Although most visits to St. Jude are on an out-patient basis, the hospital also maintains 48 beds for patients requiring hospitalization during treatment.

St. Jude Hospital's reputation is well-known -- Presidents Bush and Ford, Vice President Quayle and Barbara Bush and Nancy Reagan all visited the hospital while in office. Vice-President Gore visited right before the inauguration.

Research

St. Jude is one of the world's premier research institutions specializing in children's catastrophic illnesses, and is the only pediatric research hospital supported by a National Cancer Institute cancer center core grant. St. Jude's primary research focus is on cancers, infectious diseases, blood disorders and hereditary diseases.

The current basic and clinical research at St. Jude includes work in chemotherapy, the biochemistry of normal and cancerous cells, radiation treatment, blood diseases, resistance to therapy, viruses, hereditary diseases, influenza, pediatric HIV, and the psychological effects of catastrophic illnesses.

FIRST LADY HILLARY RODHAM CLINTON
REMARKS FOR THE DEDICATION CEREMONY OF THE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL PATIENT CARE CENTER
MEMPHIS
OCTOBER 7, 1994

[Acknowledgements: Marlo Thomas, Terre Thomas, Tony Thomas; Dr. Arthur Nienhuis [Neen-hice], director of the hospital]

One can't tour this hospital, as I have just had the privilege of doing, without being reminded of the extraordinary capacity of individual men and women to do good things on behalf of their fellow human beings.

Today is a celebration of one of the most remarkable pediatric research institutions in the world. But it is also a celebration of values. It's a celebration of what we can accomplish when we take responsibility, when we care about things beyond ourselves, when we believe that a brighter future is worth working for.

I've heard all the stories about how, as a struggling, young entertainer, Danny Thomas prayed to the Patron Saint of hopeless, impossible, and difficult cases. He had faith that his fortunes would improve, and they did. And before long, if you grew up when I did, everybody in America knew him as the loveable star on "Make Room for Daddy."

St. Jude Hospital is not only Danny's shrine to his Patron Saint -- his thanks for prayers answered -- but it is also a beacon of hope for thousands of children all over the world suffering from cancer, infectious diseases, hereditary diseases, blood disorders and other catastrophic illnesses.

This hospital, and the Thomas family's ongoing commitment to it, embody a philosophy that I, and the President, and all of you hold very dear: That in this country, we cannot afford to waste a single person, and particularly not a child.

In 1960, two years before St. Jude was founded, the survival rate for the most common form of childhood cancer, acute lymphoblastic leukemia, was about 10 percent at best. Today, the survival rate has increased to about 70 percent, and St. Jude deserves much of the credit for that progress.

We know that the medical research taking place here is remarkable. We know the doctors, nurses, and hospital staff are remarkable. We know the equipment and technology used to treat patients are remarkable.

But most remarkable to me is to walk through the Atrium and the Medicine Room and know that every child undergoing treatment was admitted regardless of his or her family's ability to pay.

In the past 20 months I have traveled all over the country. And I can't tell you how many times I've seen fear and panic written all over the faces of parents who don't know whether they can afford treatments for a child.

I've met the grandparents of children with meningitis, one of whom lived, one of whom died, the sole difference being that one had insurance and the other didn't.

I've met a couple in Cleveland with two chronically ill children who couldn't get insurance. The parents made too much money to qualify for Medicaid. Insurance companies wouldn't take them because of the children's illnesses. And the parents were told: "You just don't understand. We don't insure burning houses."

I can't imagine how I would have felt if someone had said that to me about my daughter. And I don't think anyone should have to experience that.

Whether it's a child who needs a well-baby exam, or a tetanus shot after stepping on rusty nail, or chemotherapy, or major surgery, no child in this country -- the richest country in the world -- should ever be denied the health care he or she needs.

That has always been the root of my interest in health care reform, and it's the reason we must continue to work toward a new ethos in this country that affirms every person's -- and particularly every child's -- basic right to care.

St. Jude reflects that ethos because you understand that children are our future. But like any great institution, St. Jude has only succeeded because the people behind it shared a common purpose, a mission, a sense of partnership.

As a former board member of Children's Hospital in Arkansas, I know the effort required to raise funds through private philanthropy. I also know that government support is essential, particularly when that government support acknowledges that there is a difference between treating children and treating adults.

I'm proud that the federal government supports this hospital and the research going on here through the National Institutes of Health and the National Cancer Institute.

Of course none of this support would matter much if individuals had not become involved, beginning with Danny Thomas

and now with Marlo, Terre, and Tony and the many others who have dedicated so much of themselves to ensuring that St. Jude continues to thrive.

And none of this support would matter much if the people who work here -- whether you are in the operating rooms or cleaning the floors to make the halls sparkle -- didn't care profoundly about the importance of this hospital to children and their families.

Because ultimately, what really matters most in life? What matters is that we can look at ourselves in the mirror and say we did something that day or that week to make a child's life better.

Every day, those of you who work here, and those who support this hospital, can do that. You can say: "Yes, I have done something to make a child's life better." Maybe you do it through research. Maybe through treatment. Maybe through counseling a parent who is anxious about a child's illness. Maybe through providing a comfortable environment for families under tremendous stress. Maybe through contributions of time or money.

This is the real measure of who we are as individuals, and as a nation. And when we can say with certainty that we have really made a difference in the lives of children, then we will have fulfilled our responsibilities as adults and as leaders.

Of course, we have Danny Thomas' legacy to draw from. Of all his accomplishments -- being knighted by the Pope, winning the Congressional Gold Medal, succeeding as an entertainer -- the one he was most proud of was the founding of St. Jude.

As we dedicate the new Patient Center today, I hope we will all be reminded of the need to renew that spirit of selfless commitment. Of caring and compassion. Of responsibility and giving. And I hope we will all remember that we can make no better investment than the investment we make in our children.

Thank you very much.

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Patients

Because St. Jude is a research hospital, each child's treatment is part of a specific study aimed at learning more about cancer -- therefore, patients can only be accepted for treatment if the hospital has an active research study of their diagnosis at the time of referral. Children who have been previously treated for cancer in another setting or have relapsed can rarely be admitted, because St. Jude researchers can only ensure the accuracy of their studies unless all patients begin treatment at approximately the same point in their illness.

Most of the 5,000 patients St. Jude cares for each year are treated on a continuing out-patient basis as part of the hospital's ongoing research programs -- these visits account for more than 23,000 hospital visits per year. Even after cancer survivors complete their treatment at St. Jude, they still visit the hospital once a year until they are 18 years old. St. Jude studies show that 30 percent of childhood cancer survivors have some medical problems in later years related either to the original cancer, or to the treatment given for the disease. St. Jude Hospital has an "After Completion of Therapy Clinic" that monitors former patients for second malignancies or other problems, and helps patients cope with cancer or treatment-related problems.

Financial/Cost Issues

Because ALSAC covers all medical costs beyond those reimbursed by third party insurers, no child has ever been denied admission to St. Jude Hospital because of a family's inability to pay for treatment. Approximately % private insurance; % Medicaid.

The hospital has an operating budget of $110 million and approximately 1,545 employees, including a research staff of 276. In addition to funds from ALSAC, St. Jude also receives assistance from federal grants, mainly through the NIH and the National Cancer Institute.

Expansion Program

In November 1987, St. Jude broke ground for a $134 million expansion project that will (when completed) double the hospital's size, increase its number of researchers and expand existing research programs. The first phase of the project was a 1,000 vehicle parking facility, completed in xx; the second phase was the seven-story "Danny Thomas Research Tower," completed in 1991. On Friday, the hospital will dedicate the third and final phase of the project, the four-story "Patient Care Center." The hospital's seven-story "Danny Thomas Research Tower" will also be extensively renovated. The expansion-renovation program should be completed in early 1995???

American Lebanese Syrian Associated Charities (ALSAC)

ALSAC was founded by Danny Thomas and approximately 100 other leaders of the

Lebanese/Syrian-American community in 1957 with the sole purpose of raising funds for St. Jude Children's Research Hospital. Today, ALSAC is the seventh largest health care charity in America, sponsoring more than 30,000 fundraising activities for St. Jude around the country each year. In the next fiscal year, ALSAC expects to raise more than $100 million for the hospital.

The Thomas Family

Danny Thomas was very personally committed to St. Jude Hospital, and bore much of its fundraising responsibility. When he died in 1991, Thomas was buried in the hospital's rotunda. After his death, Thomas' three children decided to carry on with his work at the hospital: Marlo Thomas does all of the hospital's on-air publicity; Terre Thomas is the family's representative on the hospital board; and Tony Thomas helps organize the hospital's major fundraising events.

Tour of the Danny Thomas Research Tower

On your tour of St. Jude Hospital, you will visit three areas in the Danny Thomas Research Tower, a seven-story high-tech research facility where the heart of St. Jude's biomedical research takes place. Your tour will include the following:

Official Photo with Children in the Atrium/ Play Section
Dr. xx, head of the xx, will briefly introduce you and Marlo Thomas to several outpatients (ages five and under) and their families waiting to see the medical staff.

Tour of the Medicine Room
In the Medicine Room, you and Marlo Thomas will visit with several children with cancer while they are receiving chemotherapy treatments. The chemotherapy -- which lasts anywhere from one to four hours, depending on the level of treatment -- is administered through IVs while the children lie in bed. Between 50 and 100 children receive chemotherapy at St. Jude Hospital every day. (The advance team will give you written descriptions of the patients at the airport.)

Tour of the Experimental Hematology Laboratory
The Experimental Hematology Laboratory is St. Jude Hospital's newest department. The laboratory is experimenting with new gene therapy and gene transfer research. Dr. xx, head of the department, will ask several of his researches to give you a brief explanation of the projects they are working on. Dr. xx came to St. Jude a year and a half ago from the NIH, where he was director of the Heart, Blood and Lung Division.

Dedication of the Patient Care Center

Following your tour of the Danny Thomas Research Tower, you will proceed to a dedication ceremony for the hospital's new Patient Care Center. When this new four-story center opens in January, it will house all inpatient and outpatient facilities, and

all patient-support services (see attached fact sheet for more information.) This dedication ceremony was planned a few months before the official opening of the center to coincide with ALSAC's annual convention.

Following the ceremony, you will proceed to the lobby of the Patient Care Center for the unveiling of a new mural. The mural... After the artist, xx, delivers brief remarks, you and Marlo Thomas will pull ribbons on either side and unveil the mural.

[Note: On Saturday night at the Pyramid in downtown Memphis, Priscilla Presley is hosting "Elvis Presley -- The Tribute," an all-star tribute to Presley and his music that will air on ABC in December. In honor of this first "official" tribute to Elvis, various pop and rock stars will perform some of his songs. Half of the proceeds will be donated to St. Jude Hospital.]

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III. PARTICIPANTS

IV. SEQUENCE OF EVENTS

V. PRESS

VI. REMARKS