

7/19/93  
Lee Center Center

PHOTOCOPY  
PRESERVATION

IRIS CANTOR CENTER (L.A.)  
July 19, 1993

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THE WHITE HOUSE

Office of the Press Secretary

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REMARKS BY THE FIRST LADY  
AT THE IRIS CANTOR CENTER FOR BREAST IMAGING

University of California at Los Angeles  
Los Angeles, California

MRS. CLINTON: Thank you so much for this extraordinary honor and for the opportunity to be with you today. I have looked forward to this occasion greatly, and it is a special privilege to have had a chance to participate in this extraordinary event.

The morning, for me, started out at the Charles Drew University for Medicine and Science, which, Chancellor Young has explained to me, is something that UCLA is also very proud of having been involved with, and there I saw firsthand many of the people who will be, in the future, providing health care to Americans.

I was very encouraged by the dedication and commitment that they demonstrated, because they share the goal that all of us share together, and that is, improving health care for Americans, but particularly for improving health care for American women.

This is a goal that Iris Cantor has been moving toward, and for which we are all grateful that she has. To have an award with her name attached to it is very special for me, because I know her as a champion of the arts and a champion of education and a champion of health, particularly breast cancer research and treatment.

She reminds all of us of what one can do when one puts one's mind and resources and dedication to the task of trying to make a difference, and a difference has truly been made here at the Iris Cantor Center. Just six years ago, as we saw from the video, this was a dream that arose out of Iris' own personal tragedy, with the death of her sister. Today, we can look around us and go far beyond just the short video that we were able to see, and we can know that today the center is in the process of giving evaluations and mammography screenings to 700 women each month.

We can applaud the pioneering work of physicians like Dr. Susan Love, whom you saw on that video, and whom I had the

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pleasure of meeting for the first time some months ago when I attended a gathering of breast cancer survivors and physicians and researchers to be brought up to date about what was happening in the area of breast cancer treatment and research, and learned for the first time of the work of Dr. Love.

We have heard from Dr. Bassett, and the accolades given to him are so well-deserved for the leadership that he has shown in an area that, very frankly, has been far too neglected until recently.

There are many others who serve with Dr. Love and Dr. Bassett, who have pioneered the use of core biopsies instead of surgical biopsies, and have done so much to move forward what we now know about breast cancer -- research into silicone implant leakage, the education of physicians through special one-year fellowships, and, particularly, the outreach programs we saw illustrated on the video for underserved women throughout Los Angeles.

Importantly to all of us, no matter whether we have come here -- as I have met some of you -- from New York or as far away as London and Australia, the standards that have been set for quality management of mammography here at this Center are really setting the curve.

Every woman in America and, indeed, in the world, owes this center a debt of gratitude because the mammography that she receives will be better because of what the Iris Cantor Center has been able to do. (Applause)

What I would like to do for a few minutes this afternoon is to put into context what this center has been doing, is doing, and will continue to do, and to talk about how it and the work it is doing on behalf of women will help to guide what we intend to achieve with respect to health care reform.

But let's start with some unpleasant reality. The health of American women should be better than it is. For too long, women have not had their health needs met with the same attention that the health needs of men have received. We have been on the medical and scientific sidelines. For too many years, when we watched our symptoms, our illnesses, our need for treatments increase, there has not been the corresponding response.

It is ironic that women historically have been relegated to the margins of the health care system. After all, we often are the primary care-givers for our children, for our aging parents, and yet we have not benefitted often from the kind of care and treatment we need most. Today, women are finally on the radar screen when it

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comes to research and treatment. We are speaking up. We are being heard. But we have to understand how far we have yet to travel in order to achieve the kinds of advances that the Iris Cantor Center are working toward every day.

It is truly up to us to create a new and healthier culture in our country, a culture in which we promote good health from the outset instead of spending lots of time, money, and energy to treat diseases that could be prevented. Women have a special responsibility, as we are now finding our voices in health care, to be the advocates for that kind of emphasis on primary and preventive care.

Those of you in this room who support this center are examples of the kind of concern and dedication I am talking about and that I hope we will continue to see more of in the future. Your generosity has already saved lives. You have already opened up new opportunities for poor and neglected women, and you have brought your energy and your resources to focus on breast cancer so that no longer can this disease be ignored.

Your support is crucial, because we need to work as hard as we know how and as hard as the scientists and doctors here at UCLA can to find a cure for breast cancer and for other diseases that primarily endanger women.

For too long, the conventional wisdom has been that women's health problems are no different from men's. After all, women usually live longer than men, so they must be healthier; right? Well, wrong. Women do have longer years, in terms of a biological advantage over men when it comes to life expectancy, but they do not have a medical advantage when it comes to funding, research, and treatment of the illnesses that burden them most.

Just last week, one of the most comprehensive surveys ever completed on women's health was released. It showed that last year one-third of all women did not receive basic preventive services such as Pap smears, clinical breast exams, or complete physicals. Among women over 50, only 44 percent received a mammogram, and, often, the reason cited for the failure to seek such primary or preventive care was the expense or lack of insurance. What this study confirmed is that women become more vulnerable and more exposed to serious illness as they get older, largely because their access to preventive care is limited and, until recently, because all too often the treatments that they received had not changed dramatically over a number of years.

So, too often, those bonus years that we perhaps can look forward to as a result of our gender are not really benefits at

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all. They become lonely days and nights, clouded by needless infirmity and inadequate care. Sadly, even today, women grow older with few clues about the health problems they face. Breast cancer is but one example. We don't know what causes it. We don't know how to prevent it. We don't know how to cure it. The truth is, we still know far too little about this disease and other diseases that primarily afflict women.

For example, do environmental factors, such as toxins or pollutants, diet, drugs contribute to the rise in breast cancer rates? We don't know. And the reason we don't know is because, until just a few years ago, we were not looking very hard for answers.

A few years ago, however, a group of energetic women's scientists and grass roots advocates alerted us to the inequities that existed in research and funding to try to determine what caused and how to prevent and cure women's diseases. Groups such as the Society for the Advancement of Women's Health Research showed us the appalling degree to which women were routinely excluded from major clinical trials of most illnesses.

Even when women are victims of the same diseases as men, such as coronary heart disease, hypertension, or strokes, research has focused on men. A major study on the relationship between cholesterol and heart disease involved 15,000 men and no women. In one of the most significant trials in the 1980s, which studies the preventive effects of aspirin on heart disease, there was not one woman included among the 22,000 patients screened, even though heart disease is the leading cause of death among women, followed by cancer and strokes.

For too long, the explanation has been that men were providing a more stable group for clinical trials, but the fact is that women are different from men, and the effects on women of interventions have to be tested on women for us to know what works and what does not.

Well, the national research agenda is finally recognizing that women have unique health problems, unique systems, and unique responses to treatment, so we are finally beginning to get attention to diseases such as breast cancer. But what about, also, cervical and ovarian cancer, osteoporosis, immunological illnesses such as lupus and MS, certain forms of mental illness, eating disorders, endometriosis -- all diseases which either exclusively affect women or disproportionately affect women?

Even one of the most universal female experiences, menopause, is barely understood today. Are hormone therapies helpful

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or harmful in coping with menopause? Do they increase, decrease, or have no effect on the possibility of contracting another disease, such as cancer? Nobody really knows, and the result is that women are often bombarded with confusing and conflicting messages about their own health at critical stages of their lives.

Now, I don't think I need to say to this group why we should be caring about these issues or why we should be focusing on women's health, but for those who might not think this is as obvious as we do, we need to make the case that focusing more attention on women's health is good for everyone. It will greatly benefit the 51 percent of our population who happen to be women and who will live longer and, we hope, healthier in those years, but also because their well-being often affects the well-being of their family members and because, in sheer economic terms, continued ignorance about women's health will cost our nation far more than any investment we can make to try to prevent and control the diseases that affect them.

If we have technology, as we do, sophisticated enough to direct missiles to targets thousands of miles away, then we ought to work to have technology sophisticated enough to detect every fatal lump in a women's breast, because every three minutes -- every three minutes, a woman in this country will be diagnosed with breast cancer, and every 12 minutes, a woman will die from it.

Just last week, a young woman whom I met at that meeting with Dr. Love in Williamsburg, Virginia, who had battled courageously against breast cancer, died. One of the last things she did was to bring her husband and her young son to the White House, because she wanted her son to meet the President.

As we were standing there in the Oval Office, with my friend, Sherry, confined to a wheelchair, after having exhausted every possible treatment that she could, with her son clinging to her leg, with her husband pushing the wheelchair, the last thing she said as she left the Oval Office, was to turn to the President and me and to say, "Don't ever let anyone forget what this disease does to those who are left behind."

I told her then that I would not. And, just as Iris Cantor felt that commitment to her sister, I intend to fulfill my commitment to Sherry. (Applause.)

Because, even though we can applaud what the center here is doing and what hard-working physicians and nurses and others are doing all over this country every day, the toll in human terms can never be completely over-looked until the disease is conquered, because every person who is a statistic, whether we talk about the numbers and the millions, the 2.6 millions who currently have it, or

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whether we talk about, on a very individual basis, someone like my mother-in-law, who is a breast cancer survivor, behind every one of those statistics there stands not just a single woman, but family members and medical personnel who are battling to save her life.

I hear from these women and their families all the time, and I know, as many of you do, what they are struggling against. I am grateful that, finally, we have, I hope and trust, put behind us the days of insensitivity, the days of the kind of treatment that was implied in the video, where women are made to feel somehow less than whole if they contract this disease, where women are treated as second-class citizens if they do get the courage to seek help. I trust those days are moving behind us, so that we can focus with sensitivity and caring on the women who need our help.

This effort has to be put into the larger context of what we are attempting to achieve with health care reform. I have been privileged for the last six months to travel around our country, to speak to all kinds of Americans, from the deans of prestigious medical schools to nurses on the front lines to business people, to patients in hospitals, and to listen to their stories. But there is one in particular that I keep coming back to and that I often tell, because it summed up for me what we are up against.

Several months ago, I was in New Orleans. I was visiting a small business that did not provide any contribution toward the health care insurance of employees, most of whom had worked for this small business for many years, but most of whom did not make very much money. I was sitting in a semicircle, talking to men and women who were telling me about the travails they were facing because of the extraordinary financial obstacles they faced in achieving health care.

I think, all too often, those of us who have health insurance, those of us who schedule our annual checkups, who do what we're supposed to do, think of those without as somehow not quite being responsible. You know, if they were responsible, they would take care of themselves, and we wouldn't have all these health problems.

Well, for many people, it's often a question between food and health care or between rent and health care. For many others, they try as hard as they know how to be responsible patients themselves, responsible parents, and there are so many obstacles that they face.

This one woman, who had worked for this company for 15 years, said she always tried to take good care of herself. She tried to do what we all should be doing -- you know, not smoking, not

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drinking to excess, not using drugs, taking care of your diet. She tried to do all of that, and, every year, she also dug into her own pocket and went for an annual physical exam. She told me that she had gone to her doctor and, during a manual breast exam, he had found what he thought of as a suspicious lump, and he referred her to a surgeon. She went to the surgeon. The surgeon examined her and told her that if she had insurance, he would biopsy the lump in her breast, but since she did not have insurance, he would just watch it.

I cannot tell you what it was like, but I think many of you can feel what I felt when I heard that woman say that. What I felt was that here was someone who was being responsible, was taking care of herself, was seeking out care in a very reasonable way, and was being told that she would be treated differently than someone who came holding that insurance card or someone who came who would be paid for tax dollars.

She fell in between the crack that exists between the privately insured and the government insured, and in that crack are about 40 million of our fellow citizens, the vast majority of whom get up every day and go to work and who are mostly women and children. She was being penalized in our health care system.

Now, it is traumatic enough for a woman to be told that she has breast cancer and to cope, as Dr. Love, said, with losing a breast or maybe even both. But can you imagine how it is like for that woman to get up every day and wonder whether she is living with cancer and not knowing it?

So, until we learn more about breast cancer, and until we pursue the work that is being done here, to try to prevent or cure breast cancer, we will all be in the same position as women are today with not knowing. But until we change our health care system, we will all share the unfair emotional burden that is afflicted on any of our fellow citizens because of the inequities in this system.

Now, fortunately, times are finally beginning to change. Women like Iris and many of you in this room -- cancer survivors, scientists, physicians, nurses, health care advocates, Members of Congress -- have all helped awaken our country to the challenge that breast cancer poses, and we have some progress to report.

In 1985, the federal government spent \$50 million on breast cancer research. In the current Appropriations Bill, \$449 million is earmarked for programs at several agencies. That's an improvement, and we hope that it will lead to the kinds of breakthroughs that we're all praying for.

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Scientists are also exploring promising drug therapies, such as taxol and tamoxifen, and they have uncovered potential uses of RU-486 in tumor treatments. And, at the National Institutes of Health, scientists may be on the verge of identifying a gene marker in high-risk women.

The President lifted the ban on RU-486 importation, and that will pave the way for more aggressive research. (Applause.) And he also lifted the ban on fetal tissue research, which may be useful in helping us find a cure. (Applause.) The President recently signed the National Institutes of Health bill, which includes the newly created Office of Research on Women's Health as part of the statute, so, for the first time, we will have an office in NIH that will focus in women's health issues as we begin to create a more balanced approach. (Applause.)

And, very importantly, the federal government is sponsoring a 14-year, \$625 million effort called the Women's Health Initiative, that will explore long-term patterns in heart disease, cancer, and osteoporosis, looking for some of the solutions that have eluded us thus far.

We are beginning to make the kind of commitment that is required, and the administration in Washington has targeted \$10.7 billion for research on prevention, treatment, and general health promotion, and there has been a significant increase, as I've said, in what effects women.

There has also been an increase targeted for the Public Health Service budget, so that we can begin to implement the standards for quality mammography that have been pioneered here at the Iris Cantor Center.

But, in order for any of this to work and to make a difference in our lives, we have to proceed with universal coverage for every American in a health care system that provides quality health care for men and women. (Applause.)

Let me just briefly describe to you what we hope that health care system will look like after this reform occurs. It will provide security for every American. Right now, those of us who are insured have no assurance that we will be insured next year.

Whoever you talk to today, in this changing economic climate, cannot tell you that if they are employed and their employer provides insurance, that the employer will continue to do so, or continue to do so at the level that was previously offered, or will be even in business in today's fast-changing global economy.

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So the first and foremost promise we have to make to the American people is this: No matter who you are, no matter who you work for, no matter whether you have ever been sick before -- and, therefore, have what is called a pre-existing condition -- you will have health insurance, no matter what. That has to be a solemn commitment that is made to everyone. (Applause.)

That health insurance has to provide a core of benefits in a package that emphasizes primary and preventive health care. We have done it backwards for too long. We have paid for the surgery, but not for the mammography. We have paid for the expensive drug treatment, but not for the screening. We need to emphasize primary and preventive health care that includes checkups, immunizations, Pap smears, mammographies, the kinds of early detection and prevention treatments that will save us money as well as save us lives. And, if we do that, we will need to be sure to have the kind of broad-based delivery of health care that will enable us to have the primary and preventive health care specialists, the physicians in family practice, and the internists and the pediatricians, the nurse practitioners and the nurse-midwives, the others who will be on the front line, delivering primary and preventive health care. If we do that, we will save money, and we will save lives.

That has to be the emphasis of the package of benefits that we give, because we have to change the mind set as to what health means. Health needs to be keeping people healthy, not just treating them when they are sick. The only way we can get there is by emphasizing primary and preventive health care, and we need to have incentives for people to take advantage of those kinds of interventions early.

If we provide security for everyone, and if we provide a good system of primary and preventive health care, we will begin to put our health care system on a much firmer footing, in terms of health outcomes and in terms of its financing.

We also need to assure that patients have the choice as to who they choose for their health care provider. We want to secure the individual's right to choose the physician, the hospital, the health plan that is best suited for that person.

In an area like Los Angeles, where you have so many providers and so many fine institutions, that will not be as big a problem, except in the currently underserved areas. It will do very little good to tell the people where I came from this morning that they now have health security and access, if they don't also have choice.

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But with their now having a reimbursement stream that will flow with them and the assurance that they will no longer be uncompensated care statistics, we think that the kind of delivery networks that need to exist even in underserved urban areas and rural areas will be created within a marketplace of new approaches to providing health care that will link fine institutions like UCLA with primary care providers in places like Watts --

(End of side one)

(Begin side two -- in progress) -- and the difficulties of providing health care in underserved areas, those areas have for too long gone without.

We think we can make a market there that will enable us to provide care to the citizens who live there, and we want the decisions about health care to be made by physicians, nurses, health care professionals, not government and insurance bureaucrats. We want to move back the centrality of the patient-physician relationship. (Applause.)

For those of you who have dealt with some forms of so-called "managed care" now, you know that, too often, you get on the phone, if you're a physician or you're a nurse or you're in the admission department of a hospital, trying to convince somebody a thousand miles away why you need to do the procedure that you want to do for this particular patient. Those decisions need to be made where the patient is.

Now, in order to do that, we need to simplify the reimbursement and the administrative side of health care. We have too many insurance companies, too many forms from both the private companies and the government. They need to be collapsed in, as close as possible, as a single form, so that physicians and nurses can get back to treating patients instead of pushing paper. It will make a big difference in the delivery of health care. (Applause.)

If we move on all of these fronts -- research, universal access, providing a core benefits package that emphasizes primary and preventive health care, making it possible for people to have choice, simplifying the system to save the money that we now spend on administrative and bureaucratic costs, we will have a system that better allocates the resources that are within it. And that is, in the end, what we are attempting to achieve.

We already spend more money than any nation on Earth, and we don't even cover most of our people. Many of our statistics cannot be matched against other nations whose standard of living is not as high as ours, because they do a better job in providing primary and preventive health care. We cannot afford to let this moment in history for this country go by.

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There will be a million reasons, as there always are when you're advocating change, why something should not be done, but we do not have a stable status quo. We have a status quo that continues to deteriorate. At one end, you have the very best of health care that you can find anywhere in the world, and yet, as you go down the line from the UCLAs and the Iris Cantor Centers of this world, down into where health care is not being delivered or being delivered inadequately because of the pressures of too few resources for too many people, we end up with results that no one in this country can be proud of.

We could, however, change that and do it in a way that will be financially beneficial for this country in terms of solving our continuing deficit problem and, more importantly, begin to treat all of our people with the respect and dignity they deserve to have.

But, in the end, even if we are successful, as we intend to be, in reforming the health care system of our country to be a more reasonable, cost-efficient quality deliverer of services, much of what we can achieve will depend upon each of us individually. We have to take responsibility for our own health, and we have to take responsibility for our own communities.

It is not always easy to take care of yourself when you've got so many things on your mind or when you're under the kind of financial pressure, as that woman I met in New Orleans is. But good health care starts with the individual, and good health care for this country starts with recognizing the connections among individuals.

We can improve our own health care. We can change our behavior. Hippocrates said it first, as I have found he often said things first, "The patient must combat the disease along with the physician."

What is at stake in this struggle and challenge we are confronting is not just changing the way we finance health care, it's not just eliminating administrative hassles or giving us more primary and preventive health care providers instead of specialists, or all of the individual, specific pieces of what will make up health care reform.

It is about once again asking individuals to be responsible for themselves, but also for those with whom they live and care about. It is, in the end, a vision about the kind of people we are and that we want to be. It is about creating an ethos of caring and it is about once again considering ourselves linked as part of a great community.

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In the end, that is what will make us healthier. It is being part of a community that is healthy. It is being part of a commitment to caring and individual responsibility. That is what the Iris Cantor Center is attempting to do.

For many of us, breast cancer is a very personal challenge. It is something that we want to have a part in seeing cured and prevented. But we want to do that, not just to combat a disease, but because we love someone, we have a friend we care about, we've been moved by somebody's story. Because, at bottom, it is that human connection that will make the difference.

So let us join our hearts and our hands together to support the changes that we need for ourselves as individuals, for our communities, and for our country.

Thank you all very much. (Applause.)

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