

5/4/95 Council on Aging

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

May 4, 1995

**Remarks by First Lady Hillary Rodham Clinton
White House Council on Aging
Washington, D.C.**

MRS. CLINTON: Thank you so much Liz, and thank all of you for being here at this conference, and being part of this very important gathering. I really believe that what you are doing here in this week in focusing on all of these issues is very critical to setting the agenda for this country into the 21st century.

And I think that the kind of introduction I just received is exactly the right note, because in addition to all of the serious problems that we face as a nation, we can't forget that a little bit of laughter goes a long, long way. And we ought to be doing more of it.

I know how important the issues are that you're addressing, and we're here to talk about one of the most important programs of our country, and particularly for older Americans, Medicare.

I want to take just a minute to put what we're going to do this morning into context. As the President and Vice President said yesterday, Medicare and Medicaid are examples of government that works. These programs, with their combined help for older Americans, have lifted millions of older Americans out of poverty, and have helped millions more manage to pay for needed health care services like longterm care.

As the President said, we need to address the growth in federal health care costs, but there is a right way and a wrong way to do that. The wrong way is to cut these critical programs to pay for tax cuts for only the most well-off Americans.

The right way is to look at all of our programs that provide health care in the context of health care reform. And as the President again said, we must measure any health care proposal, including any changes in Medicare and Medicaid by four principles -- coverage, choice, quality and affordability. We have to ask ourselves -- Does any proposal go forward or backward? Does it

increase the number of uninsured Americans? Does it force older Americans into managed care, or does it give people real options and incentives? Does it make these programs more efficient without threatening the quality of care? And, will the proposal increase costs for beneficiaries so much as to make quality medical care unaffordable for older Americans?

We need to think about, and be unafraid to face changes that make sense, but we also need to think about some of the things that government is doing right. And I think the Medicare mammography benefit is a perfect example.

As all of you know, and as Liz reminded us, we have a serious threat to the health of American women when it comes to breast cancer. One in eight of American women will contract breast cancer in her lifetime. 80 percent of those women who do contract breast cancer will be aged 50 and older, and more than 50 percent of all new cases, occur in women aged 65 or older. The threat of breast cancer touches every American. We all know someone -- a grandmother, a mother, a sister, an aunt, a daughter, a friend, or in my case, my mother-in-law. We all know, and we have all been touched, by someone who has contracted breast cancer.

Finally, in 1991, thanks to the hard work and commitment of many of you in this room today, mammography was added as a Medicare benefit. That was very important, because although Medicare has, for decades, taken care of all older Americans when they got sick, it had not focused on preventive and screening health care. So adding mammography was a way of saying, "Older Americans, keep taking care of yourself -- have preventive health care." Because thank goodness, we live in a time where you may have decades of good quality health ahead of you. So adding that benefit was not only important for the women who will take advantage of it, but it was important as a value that we are going to try, not only to have a system that takes care of sickness, but a system that helps promote health.

But I must confess, when I started working on health care reform, and trying to learn as much as I could on what was actually happening with health care in our country, I was very concerned to learn that fewer than 40 percent of women, aged 65 or older, on Medicare, have used the Medicare mammography benefit. That really surprised me, because I understood why women between the ages of 50 and 65, despite the fact that doctors had recommended they get mammograms if they were not insured, and were living on fixed incomes, and were not yet old enough to qualify for Medicare, I understood, and it hurt me deeply that I did understand why some of those women would think to themselves -- They could not afford a mammogram. In fact, I have met women who postponed having mammograms, even when they felt lumps, because they were close to Medicare eligibility, and

wanted to wait until they could have that benefit paid for under Medicare.

But I thought, maybe there were other reasons that we were not focusing on. And over the past few months, I've had the privilege to meet with a number of terrific women all over the country, and to listen to them, and to health care professionals and breast cancer survivors, and through these listening sessions, to find out more about why women on Medicare are not having mammograms. I have learned a great deal.

And earlier this week, I was delighted to kick-off the Clinton administration's awareness campaign that will attempt to try to reach every single woman over the age of 65, because if we do, we will save lives, we will save heartache and we will save money. And I think those are three pretty good goals for all of us to strive for.

In honor of Mother's Day, we are calling the first phase of our campaign, "Mama-gram." We decided that it was just too much of an opportunity to overlook -- that mammogram and "Mama" sound so much alike. And this campaign will include the public service announcements that you've just seen. It will also include inserts in Mother's Day cards that remind the women who receive them that they should get a mammogram. It will include little cards that you have added to the bouquets that you send to women to celebrate Mother's Day. You will also see displays in your supermarket and in other stores.

It is very important to try to focus on Mother's Day, because that is a time when we think about the women in our lives. And I hope that all of us will try to reach out to one another to support each of us in having that mammogram. I know I can count on the people here. You are leaders in your community and throughout our nation. You understand the benefits of having such a preventive screening test as a mammogram, and you will carry the message back to your communities, to your friends, to your family.

But I thought it would be interesting for those of you here at the conference to get some sense of the campaign, and some idea of the reasons behind the campaign, and also, the reasons why women still, despite the publicity in the last years about breast cancer, have not taken that extra step, to go ahead and get their mammograms regularly.

And so we've compiled a panel here, much like the ones that I listened to in New York, and Florida, and California, and Iowa, and Chicago, because I thought that this audience would be able to be even better advocates for the need for the "Mama-gram" campaign, if you heard firsthand what we've been hearing as we traveled around the country.

I would like now, for our panelists to introduce themselves so you would have a sense of who is up here. And you've already met Liz. I asked Liz to stay, because I thought that her firsthand experience as a breast cancer survivor is an important one, because any woman who thinks that mammograms could lead to the discovery of breast cancer, and that breast cancer is a death sentence needs only look at Liz to know that that is absolutely not the case.

So I'd like to start by having the panel introduce themselves, and perhaps start with you, Dr. Smits.

DR. SMITS: I'm Dr. Helen Smits. I'm the Deputy Administrator of the Health Care Financing Administration, the agency that runs Medicare and also Medicaid.

MS. REYES: And I'm Karen Reyes. I'm the Health Editor of "Modern Maturity Magazine."

PARTICIPANT: I'm ----. I'm the Executive Director of the Area Agency on Aging of Fort Lauderdale, Broward County, Florida, home to 335,000 year-round senior residents.

DR. GERARD: I'm David Gerard. I am a breast surgeon. I am Chairman of the Coleman Breast Cancer Foundation Medical Advisory Board, and I'm Medical Director of the Orange County Comprehensive Breast Center.

MS. HUMMINGS: I'm Margaret Hummings of Golden Valley, Minnesota. I'm a proud member of the Older Womens' League.

MS. PAULIE: I'm Cecilia Paulie, the President of the National Council of Negro Women, Manassas, Virginia, the northwest section.

MS. BURTON: I am Jane Burton. I am retired. I am with Church Women United, but I am the grandmother of three, and the daughter of a mother whose 96-years-old today, and I am a breast cancer survivor.

MS. MONROE: I'm Carmen Monroe. I live in Silver Spring, Maryland. I'm originally from Puerto Rico, and I'm here to represent the Hispanic elderly.

MS. OLIVER: I'm Fran Oliver from Stratford, Connecticut, and I'm with AARP, and have the wonderful privilege of being here today. Thank you.

DR. GLEASON: I'm Steve Gleason. I'm a practicing Iowa family physician and Chair of the National Health Policy Council.

DR. IRWIN: I'm Dr. Deborah Irwin. I'm a medical anthropologist, and I'm here as Co-Director of the Delta Witness Project.

DR. BLUMENTHAL: Morning. I'm doctor Susan Blumenthal. I serve as Assistant Surgeon General and the Director of Women's Health in the United States Department of Health and Human Services. My position is a new one, created by the Clinton administration to address the inequities both in research and in access to health care services that have put the health of American women at risk.

Five years ago, there was very little focus or funding to women's health. Today, the administration is spending two billion dollars to improve the health of our nation's women. Two of our top priorities are improving older women's health and eradicating breast cancer as a threat to the lives of American women.

MRS. CLINTON: I thought perhaps we could start with Dr. Smits, describing something of the mammography awareness campaign and how the benefit under Medicare works, because as she told you, she is responsible for making sure that Medicare does work as well as it can for all recipients.

DR. SMITS: One of the new things we've been doing in this administration is reminding the Medicare beneficiaries of the services that are available to them. We started last Fall -- I hope you all noticed -- telling you about the flu shots, and the fact that those are available now, under Medicare. This is our second effort, and we are, as Mrs. Clinton said, particularly concerned that the numbers of women who take advantage of the mammogram benefit are so low. They're lower in certain parts of the country. They're also, sadly enough, lower for minority women. So what we're trying to do is reach out in every way possible through physician groups, through church groups, through volunteer organizations. We'll be doing this for a whole year, and basically saying, "Remember, this is like other Medicare benefits. Medicare will pay. You do have a co-pay, but Medicare pays the bill once every two years for women 65 and over. Please use it. It's a very important benefit."

MRS. CLINTON: I think too, Dr. Blumenthal, who spoke to you earlier about women's health knows that mammography is expensive for some women, even on Medicare. And that is an area that we are very concerned about, but it is an investment that every woman on Medicare needs to make because breast cancer, and the risk of it, does increase with age. Dr. Blumenthal, would you, perhaps, describe a little more information about that to us?

DR. BLUMENTHAL: Well, you know, we've discovered various risk factors for breast cancer. We know that early onset of menstruation, not having children, not breast feeding, late onset

of menopause, obesity -- these are all identified risk factors, but that fact is that 60 percent of women have no known risk factor for breast cancer, except for getting older. As Mrs. Clinton said, 80 percent of cases occur in women over the age of 50. You know, in this century, we've extended the lifespan for women by 30 years. In the year, 1900, women died at age 48, and they died of acute illnesses like pneumonia, and infectious disease and of childbirth. Today, because of government-sponsored public health interventions and medical research, we live 30 years longer. We want to make those bonus years for women, better years, and one way to do that is through preventive interventions, early detection interventions like mammography. Because mammography can decrease death rates for older women by 30 percent.

MRS. CLINTON: You know, one of the concerns we heard, as we traveled around the country, was -- A number of women said that mammograms were painful, and they just really didn't want to go through it. And some women, older women said they had had a mammogram some years ago, and it was so painful, they never had another one. And the technology for mammograms has improved, and I think that it is important for any woman who did have an experience that she thought painful to talk again to her physician, and to know that the techniques and training have improved -- that there is now a FDA, Federal Drug Administration process to certify those places that give mammograms. And every woman should look

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