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Breast Cancer & Environments

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We know that Long Island, which has always been an important agricultural area, has for years used all kinds of pesticides and chemicals in the growing crops. We all know but no research scientist can tell us exactly, that there has been exposure we need to understand -- exposure to the chemicals in the environment, in the water, in the ground, in the air that is associated with breast and prostate cancer cases. We know that if we can reduce those cancers by only 10 percent, we will be able to prevent over 30,000 men and women from developing cancer each year.

Those cases are very high. We need to understand what the relationship might be. The 27 million dollars in new funds will allow the environmental health lab in the CDC to routinely conduct nationwide monitoring of over 100 potentially positive substances including PCBs, Maeldrin, and a high percent of the other possible carcinogens. These data will give us the first ever information about the effect of exposure of these dangerous substances. They will help us provide a blueprint for action.

There are others in the Congress who are also aware of this. Carolyn McCarthy, is a champion about this. Nita Lowey has a bill that also addresses breast cancer and environmental issues and we need to support Nita's bill and Carolyn's leadership so that with the President's initiative, we will get more money out of the Congress to do this kind of investigation.

I also believe that one of the lessons that breast cancer advocates have taught everyone is that patience and advocacy and grass root organizations have to be part of the research protocol. We need to have a Fran or Marie Kaplan, or any of you sitting with those scientists and researchers, who are plotting this investigation so we can get the best possible input so people with common sense and experience can contribute to our eventual knowledge.

I also want to add that after we do this work and learn more about what causes breast cancer and after we develop

treatments for breast cancer, I hope we will provide the funding to treat everyone who is diagnosed with breast cancer. This is a particularly troubling issue for me.

I have personally been with, listened to and tried to help women who found a lump, went to a doctor, had it examined, found out it was cancerous, and had no money to be treated. That is one of the most horrible experiences about being in public life. When you know there is a need and you try to meet that need, and in the act of meeting it for everyone, you can only meet it for some. Like when a woman comes up to me -- more times than I care to recount - and says, "'I'm 63, and I had a cancerous lump and I hope I live till I am on Medicare'." Or when a woman says to me, "I have been diagnosed with breast cancer but there is nothing I can do about it because I don't have insurance." Or when a woman says to me, "I found a lump Mrs. Clinton, but I can't afford to find out if it is cancer." There is something very wrong with that.

Now if a woman is eligible for Medicare, we know she can get treatment. But if a woman on Medicaid, she cannot necessarily get treatment and that is one of the initiatives that Fran and I are pushing, that if you have a mammogram and if you are diagnosed you will be treated. But I am also beginning to hear a lot of stories from women who do have insurance and say that they are not getting the treatment that they know they should get.

And I will end with this last story from up by the Canadian border, which is really Upstate New York. We were having a discussion about health care in their local hospital and one of the women who was on the panel told us, me, the panel, and the audience like this, that she had been in that position that I just described.

She had found a lump, went to a family friend who was not an oncologist or internist. He thought that she needed to be referred, but she did not have any insurance. She worked but did not have any insurance. So he arranged for her to be tested, the test came back it was cancerous, she needed surgery. She had no insurance. The doctor told her that he would personally call a friend, another physician surgeon, and see if this person would take her as a charity case. This is a middle class woman who worked full-time with no insurance. And her friend, the doctor, said yes she was admitted to her

treatment when I met her at the meeting.

She said something that I have found very upsetting. "When I got to the surgeon, he said, "you know, in a funny way, it is probably just as well that you do not have insurance because I don't have to fight with the insurance company to do for you what I know you need.'"

So just as breast cancer has served as the leading edge in breast cancer research, in cancer advocacy, in grass roots organizing, in public awareness, I think breast cancer will also serve as the leading edge in helping us worry about the environment, the risks that the environment poses to us. And it will help us push up and deal with those risks, and make sure we do everything we can to eliminate or ameliorate them. And further, breast cancer advocates will make sure that people are given the health care they need -- particularly women -- and that would be good not only for breast cancer victims, but for all who hurt and all Americans.

So I thank you for the work all of you have done to put this issue and this disease on the agenda of America and let's keep working to make sure we do everything possible to prevent it, to cure it, to treat it, and hopefully find it in the history books in the 21st Century. Thank you very