

led us to make a dramatic increase in our commitment to cancer research and treatment. But still, it's true that every year, thousands of women are told they have cancer and must cope without insurance.

This is especially troubling, given the stunning progress scientists are making in the fight against cancer. Researchers now can identify genes that predict several kinds of cancers. They're experimenting with therapies that will shut down defective genes so they can never multiply and grow. New drugs and new combinations of drugs will bring hope to those whose cancer has spread, or who suffer from the side effects of chemotherapy.

These breakthroughs will make a big difference for some of our most prevalent cancers, like breast cancer, which strikes one in eight American women over a lifetime. But these lifesaving new therapies can only help if patients have insurance or other resources that enable them to afford state-of-the-art treatment or any treatment at all.

At a time when we know more about cancer than ever and can fight it better than ever, we must not leave women to face cancer alone. That's why today I'm announcing a proposal to help States eliminate the barriers low income women face to getting treatment for breast or cervical cancer. The budget I'm sending to Congress on Monday will allow States to provide full Medicaid benefits to uninsured women whose cancers are detected through federally funded screening programs. Too often, uninsured women face a patchwork of care, inadequate care, or no care at all. Many are denied newer, better forms of treatment or wait months to see a doctor.

Judy Lewis was one of the lucky ones. When a screening program detected her breast cancer, she had no health insurance and no money to spare. Fortunately, she found doctors who would treat her. And 17 months later, she's cancer-free. But she and her husband are also \$28,000 in debt, with nothing left for their retirement. That is wrong, and it doesn't have to happen.

This initiative will help women get comprehensive treatment, and get it right away. It will make state-of-the-art therapies available to women who need them, not just those

who can afford them. And it will free State and Federal dollars to be spent on cancer screening and outreach to women at risk.

This proposal has strong bipartisan support in Congress, led by Senators Barbara Mikulski and Olympia Snowe and Representatives Anna Eshoo and Rick Lazio. It was also strongly supported by the late Senator John Chafee of Rhode Island.

These Senators and Representatives from both parties have put forward legislation to meet our goal, and my budget includes the funds to make it happen. This is an issue that transcends political boundaries, because it touches all of us. Together, we can save lives and bring medical miracles of our time within the reach of every American. We can do it this year, and we ought to do it soon.

Thanks for listening.

NOTE: The address was recorded at 1:43 p.m. on February 4 in the Oval Office at the White House for broadcast at 10:06 a.m. on February 5. The transcript was made available by the Office of the Press Secretary on February 4 but was embargoed for release until the broadcast.

### **Statement on the Death of Carl B. Albert**

*February 5, 2000*

Hillary and I were saddened today to learn of the death of Carl Albert. Carl served his country in Congress through three decades, as majority whip, majority leader, and ultimately, Speaker of the House.

Working with President Johnson, he played an invaluable role crafting the greatest effort America had ever launched against poverty. And as the 46th Speaker, he led the House during a trying time in our Nation's history. Through it all, he kept his gaze focused on the national interest. Carl Albert was a true statesman. Our prayers go out to family and friends.

### **Remarks on Releasing the Fiscal Year 2001 Federal Budget**

*February 7, 2000*

Thank you, John. I really appreciate, in particular, the comment about the first draft