

NATIONAL PRESS CLUB LUNCHEON WITH ROGER DALTREY AND PETE TOWNSHEND

SUBJECT: UCLA DALTREY/TOWNSHEND TEEN & YOUNG ADULT CANCER PROGRAM

MODERATOR: THERESA WERNER, PRESIDENT, NATIONAL PRESS CLUB

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THERESA WERNER: (Sounds gavel.) Good afternoon, and welcome to the National Press Club. My name is Theresa Werner, and I am the 105th President of the National Press Club. We are the world's leading professional organization for journalists committed to our profession's future through our programming and events such as this while fostering a free press worldwide. For more information about the National Press Club, please visit our website at www.press.org. To donate to programs offered to the public through our National Press Club Journalism Institute, please visit press.org/Institute.

On behalf of our members worldwide, I'd like to welcome our speakers and those of you attending today's event. Our head table includes guests of our speakers as well as working journalists who are National Press Club members. And if you hear applause in our audience, we'd note that members of the general public are attending so it is not necessarily evidence of a lack of journalistic objectivity.

I'd also like to welcome our C-SPAN and our Public Radio audiences. Our luncheons are also featured on our member-produced weekly Podcast from the National Press Club available on iTunes. You can also follow the action on Twitter using hashtag NPClunch. After our guests' speech concludes, we'll have a Q&A, and I will ask as many questions as time permits. Now I would like to introduce our head table guests, and I'd ask each of you here to stand briefly as your name is announced.

From your right, David McCumber, Hearst Bureau Chief; Sarah Sterner, cancer survivor and guest of the speaker; Dr. Val Jones, Better Health; Rebecca Rothstein, Chair of Teen Cancer America; Kelly Wright, Fox News.

I'll skip our speaker here for just a second. Alison Fitzgerald, Speaker Committee Chair, freelance journalist, and teen cancer survivor and mother of three; Suzanne Struglinski, Speaker Committee member who organized the luncheon; Dr. Glenn Taylor, Teen Cancer America's medical advisory board and guest of the speaker; Nikki Schwab, *The Examiner*; Tim Smith, *Baltimore Sun*; Justin Duckham, The Vinyl District; Hunter Brooks, cancer survivor and guest of our speaker. Thanks all of you very much for joining us today. (Applause)

It's not often I get to introduce guests here at the National Press Club who played at the original Woodstock concert 1969, made an appearance at the Summer Olympics closing ceremony in London earlier this year, and who play before thousands of cheering fans at every concert. But these aren't ordinary guests. For more than 40 years, Roger Daltrey and Pete Townshend have been entertaining fans with rock operas and rock music. But today, they are here to talk about, and to discuss, their latest collaboration *Who Cares?* Teen Cancer America, a nonprofit organization serving teenagers and young adults with cancer.

Pete Townshend is best known as the lead guitarist and primary songwriter for The Who. Named by *Rolling Stone* magazine as one of the top ten greatest guitarists of all time, Pete has written more than 100 songs for the band's 11 studio albums, including the popular rock operas *Tommy* and *Quadrophenia*. Roger and Pete kicked off their most recent tour of *Quadrophenia* about ten days ago and will be playing across America and Canada for the next couple of months where \$1 from each ticket sale will go to the Teen Cancer Foundation.

Pete is also a recognized solo artist who has written over a hundred songs for his solo albums. Best recognized as guitarist, Pete also plays keyboards, banjo, accordion, synthesizer, bass guitar and with no formal training. Pete is a prolific author and contributor to newspapers, magazine articles, book reviews, essays and books. I think we'll sign him up for membership here at the National Press Club. He just recently released his 500-page memoir last month called *Who I Am* where he talks about how he once dreamed of being a journalist himself. Like Roger, Peter is dedicated to supporting teams with cancer.

Roger Daltrey is a legendary singer, musician, songwriter, actor and humanitarian best known as the founder and front man of the English rock band The Who. Roger received a Grammy Lifetime Achievement in 2001 for outstanding artistic significance in music, and The Who has seven albums on *Rolling Stone's* 500 greatest albums of all time. Roger is also the longstanding patron of the British charity Teen Cancer Trust, and their successful annual benefit concerts at Royal Albert Hall.

Roger is deeply committed to raising awareness about teen cancer in the U.S. and is the driving force in creating Teen Cancer America. Today, he will talk about how he aims to raise the bar on how young people with cancer are treated by establishing specialized facilities and services to help meet their physical and emotional needs.

Rebecca Rothstein is one of the nation's foremost private wealth managers. She is a managing director at Merrill Lynch and a principal of The Rothstein Group. Rebecca became involved with teen cancer through her friendship with musician Roger Daltrey. Daltrey says that Rothstein made it possible. "Without her support, I would still be banging on doors." Please welcome Rebecca Rothstein, chair of Teen Cancer America. (Applause)

MS. ROTHSTEIN: Thank you. Usually, they get the applause, so I really say thank you and it's amazingly-- I can't tell you how this touches my heart, that we are finally going to have an American Teen Cancer. I have known Roger-- I just met Pete, actually, for the first time-- but I've had the pleasure of knowing Roger for a number of years and have watched his work. We opened a Teen Cancer America at UCLA a year ago almost to the day today that now houses about 16 teenagers that have various stages of cancer. Some are inpatient and some are outpatient. You cannot go there without feeling, from your heart, the fight that they're going through and want to get deeply involved.

So I thank you all for being here, and I have my board here, which is amazing. We have cobbled together a board including Glen, that is just unbelievable. And everybody has been working nonstop, hours and hours and hours, to get to this day today so that we could officially have our launch.

Teen Cancer's mission is to improve the quality of life for teenagers. When you go to a facility and you are a teenager, you don't want to be with a kid and you don't want to be with a grownup. So through the work these two gentlemen have done for the last 25 years, this is where we have come to today that it's time for this to be in America.

Our vision at Teen Cancer America is to ignite a movement that changes the way that teens and young adults with cancer are treated and supported. Teen Cancer America has built on the research and the models of Teen Cancer Trust. We have had incredible support from TCT in England during this period of time as we're rolling out Teen Cancer America, and they have over two decades of experience that we've been able to draw on. So, we're going to theoretically avoid a lot of mistakes that they made, we can only hope.

Teen cancer has been a focus on the needs of people with cancer between the ages of 13 and 24. This seems to be the prime group where we can do the most-- we can have the most impact and do the most good. So I'm not going to say anything else except to introduce you to my very good friend, who I absolutely adore who's a wonderful man, more than anybody could even find words for, Roger Daltrey. (Applause)

MR. DALTREY: Thank you. Thank you so much for coming. Where do I start with this thing? Teen Cancer America, for years in England we have had an organization called the Teenage Cancer Trust, which was founded by my doctor and his wife, Dr. Adrian Whiteson and Myrna Whiteson, and they recognized way back, over 20 years ago, that there was this huge gap in the health system. Yes, you have children's hospitals, yes you have adult hospitals. But for teenagers, and especially those ones with cancer, there was nothing, absolutely nothing. And as we all know in society today, whole sections of business is given over to try and attract the dollar of the teenagers. They recognize that this group, they don't want teddy bears, and they also don't want to do the things that adults do. They are a group unto themselves. So if business recognizes that they are different, it is criminal that within the organization of the hospital system, I am not talking about medicine here because everyone with cancer gets the same medicine, and quite rightly so, what I'm talking about here is the psychological and the emotional and environmental issues that a teenager has to face when they go to hospital.

They should not feel that they're going to somewhere where they're going to be isolated in fear with no one to talk to, in a room on their own. Teenagers love to be together, they love to be together. You know, remember the parties you used to have with all your mates? Teenagers with cancer want to do the same thing. They need a little bit of space in a hospital, not a great deal, just space, where they can be teenagers, they can make a bit of noise, they can have MTV, they can have computers, they can continue their education.

You have to remember that when a teenager gets cancer, it's at the time of your life where a spot on your nose is a big deal. And you know what they have to go through, a lot of them, and sadly they don't all survive. But providing these units in England and we, in the Teenage Cancer Trust who are consultants to Teen Cancer America, by the end of next year, we would have covered Britain so that every teenager in our country-- and this is all by charitable donation, by the way-- and we have to build our units, we have to pay for every brick. So you can imagine how much money we've had to raise. By the end of next year, we would have covered the whole of the U. K., so every teenager in our country who gets cancer will have access to one of these facilities. (Applause) Thank you.

And so for the last ten years, and Rebecca says out banging on doors, I have been banging on doors and I've been talking to as many people of influence as possible, as soon as I can grab their ear, I've been boring them to tears, probably, but determined to make your country aware of this issue. Because in your country, you're in an even worse situation than we were in Europe, in England, because you haven't even got within the clinical side of it any recognition that the age group from 13 to 24 are completely different. That age group, if they get cancer, they get the most aggressive, because they're growing so fast, they're hormonally challenged, they get some of the rarest cancers for some reason. I mean, there's still research going into that.

They also suffer from one of the saddest things at all because they're so active, late diagnosis. I've met so many teens who've been in hospitals having pieces of their

body removed because they'd gone to the doctor and they said, "I've got a pain in my leg," and the doctor says, "Well, you probably banged it. Do you play football?" "Yes." "Well, you probably banged it. If you leave it for a while and we'll have a look at it." And six weeks goes by and they go back and say, "Well, the pain's still there, Doc." And they say, "Well, we'll give you an injection of steroids." And then another six weeks go by and then the teen is screaming in agony and they have to take the leg off." This is just a problem of the age group because they are so physically active.

So there are the things that the teens suffer that the other age groups don't. There is more success in children's treatment of cancer, the survival rates, that's going up. But when they're teenagers, we get the regressions. We seem to get the ones that go back down again because, as you know, cancer is so pernicious, it never quite leaves you. Your life from then on is a battle.

So anyway, what we're trying to do here is make you aware of the situation. You should build a community within your hospital at the point of diagnosis for teenagers with cancer so that instead of them being isolated, they are put in with other teenagers that have been through the process that they're going to go through, so that they can help each other through that journey so their parents can talk to each other and unload, unload, some of the terror that is in their hearts.

And you should see it. I don't have any trouble dealing with teenagers' cancer, and I've been with a lot who haven't made it. Their courage and their spirit is nothing more than uplifting and enlightening. But the terror in the eyes of all the parents, it breaks me every time. It really, really does. And what we found in England is by having these units where the parents can meet and the teenagers can meet, the load is shared and it's lifted and the weight is lifted.

I went to two universities because we got UCLA last year, and I have to thank Dave Grohl and Robert Plant, who helped me do a charity show. We did one event in someone's back yard, and so I would really, really like the music business, because without teenagers and their support, would not exist. So all you rich rock stars out there, get off your butts, get involved, raise some money, get this thing up there, get it running.

But anyway, they supported me, we raised this money. Where was I? (Laughter) A laugh will do it. But anyway, putting the groups together, I went from UCLA, I went to Duke University and I talked to all the oncologists, the hematologists. And, of course, I'm just a stupid rock singer. I mean, I can't write songs. And I'm talking to all these nice, eminent people at Duke University, no small change, no small change, and I spoke about it like I'm speaking to you. By the end of the lunch, they were all totally on board, and Jerry, wherever he is, he's somewhere in the room, there he is, in the room now, he's the oncologist down there.

So they took me around Duke Hospital and I saw the most fabulous children's hospital you can ever imagine. It's better than some of the hotels we stayed. I saw adult facilities that were the same; space, palm trees, you name it, atriums. I did not see one

square foot of space where a teenager could be happy. You know, it's ridiculous. We're in 2012, the first children's hospital was founded in 1802 in Paris. They recognized then that children weren't the same as adults. Why are we ostriches and have our head in the sand? You can excuse it, possibly, up until the end of the Second World War where people went straight from school into work probably at the age of 14. And there was no choice, there wasn't that in between group.

But since the '50s, since Elvis, since my age group, what's the bloody excuse? So anyway, all I can say is I think this is something you will do in your country very quickly because what I love about America is that thing. "We can do this, we will do it. We will make this work and we will donate." These are your teenagers, they need your support, they're your community and they're your future. You deserve them to have it better.
(Applause)

MS. WERNER: I just have one or two. What inspired you to set up the UCLA Daltrey-Townshend Teen & Young Adult Cancer Center, why there?

MR. DALTREY: Mainly because I was doing a charity show in someone's back garden in Los Angeles with Rebecca Rothstein, was doing it, it was for autism and another teen program, and at that party there was Dr. David Feinberg who's in charge, the CEO, of UCLA. And I got him in a room and I bent his ear. And David, wonderful man that he is, he's one of the top pediatric psychologists in the country, and he got it immediately. And he said, "Well, I don't know why we've missed this, but I'm going to immediately send a team over to England to see what you do and I'll get them to report back to me."

He sent three people over, they came over, they saw the work that the Teenage Cancer Trust does. They went back and reported, he said, "Well, what did you think?" They wrote up their report, they put it to all their medical staff. The medical staff read the report. He said, "Do you think we should have this?" And bar none, every one of them came back and said, "This is the gold standard. This is what we should be doing."

I had to tell you also, by the way, that we haven't quite written it up in the journal yet, but we have a professorship in England who are writing the journal on what improvements we see by putting teens in this environment. And it will be printed next year. What we're seeing is a 10 to 15 percent improvement on the survival rates. And we're not dealing with medicine here, this is just environment.

So if you had a drug that would give you a 10 to 15 percent improvement on your treatment, they would throw billions at you.

MS. WERNER: Sounds like you can't really argue with that, that sounds like a great plan. So was there someone specifically or something-- how did you become interested in teen cancer? How did you notice there was a gap in this?

MR. DALTREY: Well, as I said earlier, I noticed basically because my doctor and his wife noticed. And I don't know, I've just got one of the brains, it just seemed to be just a straight line, sensible thing to do. There's a huge problem in medicine at the moment, the costs are going through the roof. There are other things you can do to improve the care of the patient. The one role of medicine here is observation of patient. The one thing that's failed to happen with this age group is observations that they are different. So, basically right from the beginning of when it was posed to me as a problem.

MS. WERNER: So when it was announced that you were speaking here, we did get some questions from the general public and some came from young adult teen cancer folks that are still fighting it, and they had some questions. And they wanted to know, have you thought about things like-- and I believe you did address this-- but are there places for parents to stay overnight and be comfortable with their teenager?

MR. DALTREY: In the U. K., the model that we're working on and building over here will be the same, yes. The answer to that question is yes. The parents can sleep in the room. We have facilities where teens can cook for themselves. We try and make their life as normal for a teenager as possible.

MS. WERNER: Have you thought about small refrigerators so patients' parents can prepare favorite foods at home and bring it to the hospital since hospital food is notoriously tasteless?

MR. DALTREY: Well, there's that, too, but we prefer to get them cooking because it kind of keeps their minds activated. But, yes there's all those facilities.

MS. WERNER: How about providing live music as it's helpful? (Laughter) For example, I'm sure a concert by The Who at any given time would be pleasant for the audience, or a [00:23:00] peaceful music?

MR. DALTREY: We might kill off the rest of the hospital.

MS. WERNER: I heard the mention of a ukulele over here. Is there a coordinator, social worker, on staff to find out for patients and parents what is available to them and where as many are under considerable stress and don't always know these things?

MR. DALTREY: Could you say that again?

MS. WERNER: Is there somebody on staff that helps coordinate for parents and the teens where to get the help they need, where to find stress relief just to kind of help point them in the right direction when they're overwhelmed?

MR. DALTREY: That will be part of our program, yes. Parent support, the after support, that's part of the program. That can only come from the patients building the communities. That will all come. Like I say, it's taken me ten years to get to this stage.

That will all come, that's the model we do in England and I'm sure you'll do it very quickly.

MS. WERNER: How about possibly exercise equipment available for parents and patients who feel like it to help reduce stress?

MR. DALTREY: You have to kind of limit it somewhere. That's all in-- that's usually in the rehab part of the hospital so we don't go there. I mean, you have to remember, the hospital space is incredibly expensive and valuable. So we have to fight for every inch. We use it as wisely as we can. We'd love to do all of it, including rock concerts, but we can't.

MS. WERNER: Okay, this request is a smaller scale. How about providing PCs, laptops and printers so parents and patients can stay connected and do research on questions or keep up with schoolwork?

MR. DALTREY: That's a must, that is a must. I mean, that's a big part of our program. In London, we just opened a daycare program. Because teenagers, when they have cancer, they don't need to be in hospital for a long time sometimes. Their treatments might take a day or two days. But they need the bed for that two days. But in London, we've just built a 21 bed unit that is purely for education. They have classrooms, we have teachers go in and out and so that's all on the program, yes.

MS. WERNER: When you approach hospitals, what do they say are the barriers to creating a teen center?

MR. DALTREY: (Laughter) I have to be very careful here. But the medical staff, most-- in fact, all-- of the medical people that I've spoken to recognize this need. The obstacles come from basically administration, how do I move this about and do that? Because it does take cooperation, I understand that, and it will take effort. But it's not that it can't be done, it's just a matter of saying, "We need this to be done."

MS. WERNER: How does cancer treatment and prevention differ in the U. K. compared to the U.S.?

MR. TOWNSHEND: It's better in the U.S.

MR. DALTREY: Yeah, Pete is correct there. Your actual medical side of it is much better than us. We've got a national health system. But one of the good things about having that national health system is because we are a charitable organization and we haven't had every cancer patient for the last 20-odd years going through the units that we provide. That's why we can get the figures of the benefit. You can correlate the numbers. You can say, "Well, this survival rate for this group that didn't go on the Teenage Cancer Trust unit had this survival rate, and this was the same amount of teens with the same diseases who survived in a Teenage Cancer Trust unit." That's where we're getting the 10 to 15 percent from.

MS. WERNER: Have any cancer centers said outright that they are not interested in a teen cancer center?

MR. DALTREY: No. I think it's like everything else, it's when you're in the forest and you've stopped seeing the trees. Once you notice the first tree, you will notice you're in the forest. I don't think there's going to be a problem there.

MS. WERNER: Do you know how many lives Teen Cancer America has helped?

MR. DALTREY: Well, we've only been going-- we've literally only got UCLA up and running for the last probably-- even now, they're still refurbishing, building the communal area. So it's still under construction, it's a brand new thing. So I haven't any idea of those things, no, and we only had that one. But I do have to say after going to Duke, I went to Yale, I visited Yale and I went around the hospital, wonderful people. I went into three separate rooms and there were three teenage boys. There was one boy who'd just been diagnosed with leukemia, there was another boy who was, I think, on his last treatment, I can't remember exactly what, his hair was all gone, of course. And there was another young lad in isolation. Sadly, I couldn't visit him because I was on a really tight schedule and you have to gown up and all that stuff.

So there they were, three boys, three separate rooms, three separate bunch of parents. None of them knew they were next door to each other. But Yale immediately recognized the issue again, and they are proposing to implement a program starting with an outpatient program. So they get it. It's just a matter of juggling the balls, getting them in the right place.

MS. WERNER: Have you found that social media platforms like Facebook and Twitter have helped to lead people in need to your UCLA program and to also forge a community of current and past people treated?

MR. DALTREY: Well, I don't do it, I don't go on any of those things. They terrify me. (Laughter) I keep my books. No, but there's no doubt obviously it will. I mean, teens, they're a wonderful community. And it's them that will do it and of course Twitter, Facebook, all those things are going to help tremendously.

MS. WERNER: We do here at the Press Club offer social media classes, so if you need help, we'll be happy to help you. I'm not sure if this will be one if you can answer, if you need to ask Dr. Taylor to answer this, but what is the number one type of cancer facing teens today?

MR. DALTREY: I can't answer that. It's a medical question and I will leave it to Dr. Taylor.

MS. WERNER: Dr. Taylor, could you answer that question?

DR. TAYLOR: Thank you, and before I answer that question, I just want to say isn't it remarkable to see someone that you might not expect to be so passionate and articulate and knowledgeable about a subject? I mean, it's really unique and it's inspirational. (Applause) And their enthusiasm is truly contagious.

The issue of the types of cancer, it runs the gamut. There are many cancers that young people, teenagers and young adults confront. We're talking leukemias, lymphomas, sarcomas, germ cell tumors, that is testicular and ovarian cancers, melanomas, thyroid cancers, brain tumors, carcinomas. They're relatively rare and yet they're profound for the individual, as you can well imagine because of the age and the issues that surround such a diagnosis.

MS. WERNER: Actually, you might need to stay for this one. In addition to cancer treatment for teens, is your program also supporting cancer research?

DR. TAYLOR: Absolutely. I think one of the great benefits, one of the great benefits, to developing dedicated units on behalf of teens and young people is that you encourage clinical trials. Clinical trials are very, very important in order to move the ball further down the road in terms of successful treatment and survivals. So, yes, there are all sorts of issues that come into play that are unique on behalf of teens with cancers. The psychosocial aspects are dramatic, survivorship issues, infertility issues. I've forgotten the actual question now that you--

MS. WERNER: Is there research going into cancer?

DR. TAYLOR: Yes, I'm sorry, absolutely. And I should say at the outset that here in America, we're already under way with this issue in that we have some wonderful clinicians, wonderful oncologists, who are not just clinicians treating patients, but they're advocates for this group. They're doing wonderful work and there's a groundswell of movement within the oncology community to address. That we need more research, we need more clinical data. And again, I think that such units provide an opportunity to be able to do that because you're able to dedicate and organize people in a way that we've never had before. It opens up greater numbers of patients to research, so it powers our ability to gather data. It also enables us to form registries in order to collect data.

MS. WERNER: Is teen cancer more prevalent in Europe than in the USA?

MR. DALTREY: It's very difficult to get numbers out of the USA. In Britain, every day there are six teenagers who get the bad news. Based on our figures and using your population, we're 60 million, using your population, it would be round about 30 a day, 30 families a day are all kind of going through hell. But because in your system, there's not anything like a teenager. There are children, and after the age of 12 they are adults. So like Glenn said, when you ask about are we doing any research, it's the fact that you then have a group, specific group from 13 to 24, that you can study and

obviously you would then focus the medicine. You will learn more about medicine. You will learn more about the cancers.

But in America, they don't exist. They are straight from children, straight to adults. So your numbers are all heaped together. And it's very difficult to get a number, but apparently at the moment, there are 70,000 a year getting cancer. But how many of those are teenagers, it must be 30, you are probably more.

MS. WERNER: Is it easier to do clinical trials on teens than young children, and are the risks, ethical issues, lower?

DR. TAYLOR: I believe it is more difficult to do such research on young people, teens and young people. They tend to be underinsured, they tend sometimes to have, of course, no insurance. Now, love it or hate it, the patient protection and Affordable Care Act may change that because it now gives us the opportunity to insure young people up to the age of 26 here in the United States. So, that will afford an opportunity to bring those young people in so that they can have access to such medical care.

But they are a more difficult group. They tend to feel invincible. They tend to go to doctors less. As Roger pointed out, when they do go to their doctors, the last thing on a doctor's mind might be the notion that this young person has developed a cancer. Cancer in this age group is very random. There are very few risk factors that have been identified. And again, it's a very profound diagnosis and one that's actually quite rare. But, another point to make about teens and young adults with cancer are the issues of survivorship. Because what happens once they're treated for their cancer? There are issues that they carry with them; issues of recurrence of their disease, issues of infertility, interruption to their social lives, interruption to their careers and their education. And these are all major issues that are, in a way, rather unique to this age group.

MS. WERNER: Do American patient privacy laws present any barriers for the implementation of the communal aspects of the teen program?

DR. TAYLOR: No, any more than it does for adult hospitals or children's hospitals. We're all very aware of privacy issues. But, no, I do not think it would have any bearing.

MS. WERNER: Do you have a relationship with St. Jude's Hospital?

MR. DALTRY: Where?

MS. WERNER: St. Jude's in Memphis?

MR. DALTRY: Not at the moment, no, but we'd like to. We've got talks going on in Philadelphia and a few other places but I'll keep that quiet at the moment until it's more definite. Philadelphia is looking very, very hopeful.

Anyway, what I'd like to say, just in case I don't get a chance to say anything more, we couldn't have staged this today without quite a lot of money and a lot of sponsorship. And my heart really goes out to thank Merrill Lynch and British Airways for sponsoring today. Thank you very much. (Applause)

MS. WERNER: And I believe we have a young lady, Sarah, who we are all sitting here talking about what we think teens need, and she has gone through-- has been treated at UCLA?

MS. STERNER: No, I was treated at Children's Healthcare Atlanta.

MS. WERNER: She was treated in Atlanta, but I think she has a couple of things to say and will give us an idea of exactly what this program will mean.

MS. STERNER: Well, I just want to thank everyone for being here today. I want to thank Roger and the whole board of Teen Cancer America for including me and getting me involved in such a great cause. And also, I want to acknowledge my new friend, Hunter, back there who's also a fellow-- Oh, hi there, Hunter. A fellow cancer survivor as well. We actually both had brain tumors, so we kind of have that in common.

And just a little bit about my story. At this time three years ago, I was a sophomore in high school and I was not able to attend school because two months prior to that, I had been diagnosed with a stage one brain cancer and all my medicines made me so tired that I really just-- I couldn't go to school and be with my friends, I just couldn't stay awake long enough, basically, to stay in school all day.

And I'm an only child and I had two hard working, loving parents so I was at home alone most of the time. And I did my classes online to keep up with high school. But it was really lonely and I had really no one to talk to during the day, all my friends were at school and people worked, so I was just kind of there by myself. And during that time, I was going to doctor's appointments sometimes up to three times a week about an hour away. And they were all offices that were designed for pediatric care. And I was 15 at the time and didn't really consider myself pediatric. I was kind of quiet and I didn't really care for the room visiting musical clowns, as I told Pete earlier. You know, they'd come in dressed up while I was being tested with their ukuleles and spoons and I was like, "Really? I'm 15, okay." My mom says she'll never forget the look on my face when they walked in, it was something like that.

And then I was in the ICU. I finally had surgery to remove my brain tumor. And I was in the ICU one night, it was about one in the morning, and there's a screaming baby next door. And I felt bad for the baby, it didn't want to be there any more than I did, I suppose. And it wasn't the baby's or the clown's fault, I was the one who didn't belong there.

And the only problem with this plan, the idea that I didn't belong there, was that the place that I did belong didn't exist yet. Teen Cancer America units focus on creating small hospital wards designed specifically for teenagers and it has kind of an emphasis on independence and socialization, if you desire that. If you want to have that kind of support with people your age, then you can just go next door and have it.

And shortly after I was diagnosed, I was so eager to find someone my age who knew somewhat what I was going through that I actually reached out to-- I'd read this article in a newspaper about a local football player, high school football player, who had been diagnosed with a brain tumor. So I reached out to him through the wonders of the internet and he was gracious enough to write back to me and we wrote a little bit back and forth about his journey and kind of what he went through and I learned a little bit about it. And we shared some doctors even, so it was just nice to know that I wasn't the only one in the state of Georgia that had a brain tumor that was my age.

And I just already felt better even that early in the game knowing that I wasn't the only one. And I realized later that most teenagers wouldn't go out seeking that kind of support. I consider myself quiet in some regards, but in other ways I'm very outgoing. So, I know that a lot of teenagers aren't like that, and that's kind of where TCA comes in. Because by putting these teen patients together, they don't have to go out and seek that emotional support, it's right next door. It's in the common rooms, it's in the kitchens where they can cook together.

And they've shown, like they said earlier, it's been shown to have beneficial effects as far as health as well. I mean, when your emotional health is better, your physical health is going to be better. And being a survivor of 2 ½ years, I firmly believe in that because if I didn't have the support that I had, I don't think I would be here today. And that's why I support Teen Cancer America, and I hope you all will join us as well. (Applause)

MS. WERNER: Thank you, Sarah. Thank you for sharing your story. And again, I want to echo what Dr. Taylor said. I think many of you were probably very excited to see that The Who was speaking at the Press Club and didn't realize what their cause was and how passionate they were about it. And I hope now that you've been educated a little bit about it, I believe they have information as you leave that you can-- to find out more about it.

But I don't want to let Roger off the hook yet because I still have a stack of questions for him, and perhaps if Pete wants to join in on some of these, we'll get back to the Q&A. And so, I thought I'd start with one kind of like how do you compare the rock and roll music of today with the classic rock music of the '60s and '70s? I thought we'd just ease into it. (Laughter)

MR. DALTRY: Would you like to answer this, Pete?

MR. TOWNSHEND: Hi, there.

MR. DALTREY: Pete Townshend. (Applause)

MR. TOWNSHEND: I'm so moved, I don't really know that I can answer any questions at all. I mean, I just think that was so fucking amazing, so amazing. I mean, I'm very proud of my small part in Teen Cancer. Adrian Whiteson was my doctor, too, so I was right in there at the beginning. But that was fantastic. I didn't know that you could make any sense, either. There were at least four or five sentences that I understood. I'm so moved. No, it was extraordinary and so what was the question again?

MS. WERNER: What's the difference between today's rock music and the classic rock of the '60s and '70s, and is one better than the other?

MR. TOWNSHEND: No, of course they're not better. You know what's so interesting? Is that the continuum in our music. Roger talks about teens and, you know, our demographic is certainly not teens anymore, although there are teens that like our music. Sometimes, they like it for kind of strange reasons because grandparents or parents have been playing it in the background or forced them to go to a Who concert.

But, the continuum, of course, is the teen that we all carry inside us and it could even be the child that we all carry inside us. In my case, certainly that's what motivates the music. And I think popular music, we were talking earlier about the fact that you love to dance to swing music, which was the music of my father's generation which I grew up with. And I see that music, I saw that music as popular music when I was a young man. And there's a continuum there, too. It's music to dance to, to relieve our daily worries.

So in a sense, it's all the same. Classic rock is a term invented by radio DJs in order to sell advertising. So it's got very little to do with the big, big mix that music is over the years.

MS. WERNER: Okay, I'll ask each of you this question. Who are some of the artists that influenced your music?

MR. DALTREY: What was that?

MS. WERNER: Who are some of the artists that influenced your music?

MR. DALTREY: Oh, me? Boy, right back to the beginning, Elvis was the first guy I thought had the best job in the world. But, of course, I never, ever thought I could actually do it. Then we had a guy in England called Lonnie Donegan. And he just sang in a way that was so free and he would just throw his head back and roar. And I thought, "I could do that." So, it was Lonnie Donegan. Then, of course, it was early American Chuck Berry, Motown, James Brown, you name it, the Everly Brothers, so much music. And, of course, Hank Williams. I remember my parents used to play a lot of Hank Williams. That's it, basically.

MS. WERNER: Thank you.

MR. TOWNSHEND: Yeah, the same. You know, my upbringing took me into a world that I'm sure Roger heard this music, but of course I was bullied by my dad to sit and listen to Sinatra, to Duke Ellington, to Count Basie, to Ella Fitzgerald. And when you've heard Ella Fitzgerald sing, there's nobody that's ever come close to her. So in a sense, every young singer of the day has to be compared to Ella. And then later, you know, artists that were in her tradition in R&B like Aretha Franklin.

And then when I started to listen to blues, probably some of the more R&B influenced hard nuts like Howling Wolf, who Roger and I heard through our friend, Tom Wright's record collection. We just loved it. Roger really does a great howling wolf, "Whoa," you know? But what's not-- probably not-- now you sing like a bird. Howling Wolf's guitar player was a guy called Hubert Sumlin who was an extraordinary guitar player. And often these guys in the background you did-- so I was kind of trained to listen back into the background. And I had very much the same-- we share a lot of stuff, but there's a lot of stuff that-- I wouldn't call myself a musicologist, I would just say that I don't have any barriers whatsoever. I listen to everything. On the plane last night, I was listening to Ligeti as I ate my spaghetti. (Laughter)

MS. WERNER: How did you all meet and decide to form a band?

MR. DALTREY: Well, I had a band in the way back, way, way back. And I used to have to make my guitars because we weren't wealthy at all and couldn't afford a guitar. So I used to make guitars and I had a band, every street in London kind of had a band. And I got kicked out of school on my 15th birthday and started working for a living. And one day I'm walking home from work and I bump into another guy who's got what suspiciously looks like a homemade guitar. But when I looked at it, it wasn't a guitar at all, it was a bass, and it was John Entwistle. And I had noticed John and Pete because we went to the same school, even though they were a year younger, and you can't hide either of them in a crowd. They just had something about them and so I recognized him instantly.

And I asked him if he was in a band. He said, "Yeah, I'm in a band." And I said, "Well, do you want to join my band?" He said, "No, not really." I said, "Are you getting paid?" And he said, "No." I said, "We are." Of course, I wasn't telling the truth. But anyway, he joined and then later on, he introduced Pete into the band. And what was so wonderful is that the band they were in was-- they played more trad. jazz than rock and roll, I think. Is that's right, Pete? And Pete was the banjo player. So when you hear his guitar playing now, you can hear where it all kind of came from.

To me, Pete is the most original of the great guitarists of all, ever. Totally original. Where'd it come from? (Applause)

MS. WERNER: What is the role of the major labels when it is now possible for recording artists who effectively self publish to their fan base?

MR. TOWNSHEND: This is a real shit heap. There are so many wonderful things about the internet and digitization of music and photographs and information and images and everything. But, as much as the record industry may have exploited teens, exploited country music stars, took their music and maybe didn't pay their royalties, or whatever, one thing that they always did was to give an artist a fair crack to allow them to have a hit and a miss and a miss and another miss and then another hit and then another miss.

One of the things that record companies used to do was to sign acts because some guy in the record company had seen a great band or a great artist in a nightclub and went back and told the fabulous [00:51:52] or whoever was in charge, that "This is a guy you should sign," and signed them. And I'm afraid none of the digital music parasites and vampires that exist at the moment making money out of music give money to developing artists. And this is something that really does need to be looked at. (Applause)

MS. WERNER: Do either of you have any thoughts on the state of high volume levels in live concerts today versus the earlier days?

MR. DALTREY: What is it?

MS. WERNER: Can you hear me now?

MR. DALTREY: No. All you can say is just be careful. I've been very lucky, Pete's having trouble now. I've still got a bit of hearing left, even though I'm having trouble today. But no, just be careful because what they don't tell you about hearing, which John Entwistle found out to his cost, is because he was wearing headphones in the studio and recording for eight hours. Of course, when you have them on for a while, you turn them up a bit more and you turn them up a bit more and you turn them up a bit more.

MR. TOWNSHEND: Then we get drunk.

MR. DALTREY: Yes. Well, which he was regular. But anyway, and of course, the hairs in the ear, they vibrate and that's what gives you the sound. And what happens is when you actually lose your hearing, they vibrate inwards and they don't bounce back. And John just went up to number 11, probably 15 if you know John, and he was deaf the last ten years of his life. He used to have to stand by his cabinet because he played like Beethoven, he played by feel. He couldn't hear it.

MS. WERNER: How do you stay in good enough physical shape to perform such strenuous shows?

MR. DALTREY: Well, just doing the shows themselves keeps you in shape. I love doing what I do, I'll never stop working. I'm always doing something, so I'm just one of those people, I suppose. I suppose I'm genetically lucky in that area. I've got the kind

of stamina that will do it. But it's not easy. I'm out, I see all these people running and jogging when they're 40 years old, I thought, "Won't save you." (Laughter)

MS. WERNER: Has the flying microphone ever hit a fan?

MR. DALTREY: I only ever hit one, I think one. I mean, I've got lucky because sometimes, I did lose it once and it went through the audience, and it didn't hit anyone. But there was one that I hit deliberately, and it was at-- and he will be old enough now to not even be here anymore, so I can say this. But we were doing a show with Chuck Berry and Chuck Berry supported us on the first show. He was the support act to The Who. And, of course, Chuck Berry's audience and The Who's audience, chalk and cheese, there were all these teddy boys.

And it was at Royal Albert Hall on the same day the Stones played the park. And we went on stage and we started playing and this crowd of about 50 to 100 teddy boys, Chuck Berry's audience, gathered down at the front of the Albert screaming and shouting and throwing things. And all I remember is my face-- I saw someone do that, and I saw who it was, and my-- something just nicked me and my face just got all warm and I had blood coming out, "What's that?" And it was a coin, it was a clipped coin that he'd thrown at me and it had clipped my eye.

And he was stuck in the middle of this group of teddy boys, all [mouth noise]. So I just-- and to make matters worse, I pointed at him. (Laughter) Direct shot. (Applause)

MS. WERNER: Could each of you tell me what your favorite venue in the world is to perform?

MR. TOWNSHEND: Do you know, there's some amazing places. You know what's really good for rock and roll, which is quite strange, is really great classical halls, are really good for rock and roll. I don't know why that is, so Berkeley Community Theater, which is a small theater that was built in California. The Albert Hall's not bad, Carnegie Hall's not bad. You know, no seriously, they're not bad for rock. It's nice to have a good acoustic place in which to-- we tend to play in places that were built for sport originally, and so the thing I've always wanted is to see somebody build a venue specifically for loud rock music and loud pop music. And where you get the perception of volume and the perception of excitement which perhaps without having to pump up with these huge systems to fill places that were really built for sport, ice hockey and so on.

Do you know, there isn't one. There isn't one. Nobody has built a venue specifically for my kind of, and our kind of, music.

MR. DALTREY: My favorite place was, believe it or not, is the Ryman Theater in Nashville, which I had the privilege of playing four years ago, three years ago. And I've been asked that question quite a lot of times, "What's your favorite gig?" and I could never answer it because they're gigs and they're all-- it's wonderful to be on the stage.

MR. TOWNSHEND: The Ryman?

MR. DALTREY: The Ryman, yeah. And I played there that night and there's something about that place, the sound. Like Pete says, it was an old kind of church, so it's designed for the sound from the stage. The spirits that live there on that stage, all the people that played it in the past, the history, as you can imagine, that was the best night I've ever had in any hall to play as a place to play.

___: Great, I was there.

MR. TOWNSHEND: Thank you.

MS. WERNER: We're almost out of time, but before I ask the last question, a couple of things I want to bring up. First of all, remind you of our upcoming luncheon speakers. November 16th, we have Admiral Jonathan Greenert, Chief of Naval Operations. Secondly, I know that The Who is already really cool, but I'm going to make them cooler because I'm presenting them with National Press Club coffee mugs. And I'm pretty sure you can drink other things other than coffee and it makes them taste really good.

And one of the last questions: when was the last time you smashed a guitar and could you smash one at tomorrow's concert, please?

MR. TOWNSHEND: Well, about tomorrow, I don't know that I've ever really thought about it too much. It either just happens or it doesn't. But I thought about it a lot when I was a kid because it was an artistic act. But now, if I break a guitar it's usually because I've got sick of it. And one interesting fact: if you're raising money for charity, get your guitar, give it to me, I break it, it's worth money. (Applause and Laughter)

MS. WERNER: Thank you both for coming today. I'd also like to thank the National Press Club staff including its Journalism Institute and Broadcast Center for organizing today's event. And finally, a reminder that you can find more information about the National Press Club at our website, Press.org. Thank you all, and we are adjourned.

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