

# FALL 2003 WomenCARE

Women's Cancer Advocacy, Resources & Education

FREE SUPPORTIVE SERVICES FOR WOMEN WITH CANCER

## *WomenCARE's 7th Annual Bowling Benefit* **Strike Out Against Cancer**

*Saturday Afternoon, October 25th, 2003*  
*Boardwalk Bowl in Santa Cruz*

*As a child, do you remember going bowling?*

*Gathering at the local alley with your friends or family?*

*Sitting together on the hard plastic furniture?*

*Carefully searching for the perfect bowling ball?*

*Deciding which of you would fill in the score card?*

*Arguing over who should bowl first?*

*Cheering and clapping for each spare and strike?*

*Giggling over the gutter balls and silly mistakes?*

These childhood memories capture a time of innocence...an experience of pure playfulness. We bowled simply for the fun of it. Nothing more.

Yet for Rachel Hawkins, bowling takes on a greater meaning. For the past 4 years Rachel has had a more serious goal. Instead of striving for a high score, Rachel has dedicated her time to raising a high pledge total for WomenCARE's STRIKE OUT AGAINST CANCER event. To date, Rachel, now 15 years old, along with her four teammates, has collected almost \$6,500.

Quoting from Rachel's touching letter to her prospective donors, "WomenCARE is a truly wonderful organization that helps women who



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## *WomenCARE Entre Nosotras invites you to our 1st* **Baila, Baila Con Nosotras** **Ethnic Dance Extravaganza**

*Sunday, February 8th, 2004*  
*2pm at the Henry J. Mello Center in Watsonville*

WomenCARE Entre Nosotras in collaboration with the Santa Cruz County Latino Chamber of Commerce and the Pajaro Valley Performing Arts Association presents an afternoon of ethnic dance from Polynesia, Argentina, Mexico to name a few.

## DIRECTOR'S MESSAGE

One of WomenCARE's founding principles is that our services will always be offered free of charge. Based on an analysis of our demographic records we know that thirty-two percent of WomenCARE's clients live on an income of less than \$25,000 a year. Most women have to take time off from their jobs while they are dealing with the impact of cancer on their lives. Single women whose resources are limited and/or who are raising children are sometimes unable to take time off from work, even though they should. Many have no insurance to begin with, or lose their insurance if they quit working.

*It is vitally important that the question of payment is not an obstacle. This is why one of WomenCARE's founding principles is that our services will always be offered free of charge.*

Even those women who have insurance and are not financially strapped need a place to go for help where they can be welcomed by someone who is immediately willing to assist them in finding the resources they are seeking. It is vitally important that the question of payment is not an obstacle.

At a time when statewide and national budget cuts are affecting us all, WomenCARE's capacity to maintain and even expand our free services has depended on the

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# WOMENCARE

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# Thinking, Sharing...

By Maribel Valencia Castillo

Cuando comenzó mi trabajo con Entre Nosotras me era muy difícil poder explicar la naturaleza de nuestro programa. Para poder hacerlo, me tuve que enfocar no tan sólo en los servicios que ofrecemos, sino también en lo que significa este programa para las mujeres a las que ayudamos.

Comenzando por el significado del nombre, uno encuentra que Entre Nosotras encierra un sentido de convivencia, de camaradería, de amistad. Entre Nosotras le permite a muchas mujeres poder abrirse, poder compartir de sí mismas sus miedos, sus esperanzas, sus tristezas. Entre Nosotras es la mano amiga, la sonrisa amable y sincera, es la compañía durante un camino difícil.

El pensar así sobre Entre Nosotras me ha ayudado a explicar la importancia de nuestros servicios. El hecho de que haya tantas mujeres aisladas, quizá por el idioma, la cultura propia y la de este país, o por la familia misma que no sabe como apoyarla, o cualquiera que sea la razón, habla de una dura realidad que rodea la vida de muchas mujeres y sus familias. Se puede decir que Entre Nosotras es el testimonio de muchas mujeres, ya sean madres de familia, hermanas, tías, cuñadas, primas o simplemente amigas que han salido adelante.

Estudios han comprobado que los grupos de apoyo suelen mejorar la calidad y, en ocasiones, alargar la vida de personas con cáncer. Estos grupos sirven también como una posibilidad de intercambio de información y sobre todo como un espacio seguro para escuchar y saberse comprendida y apoyada. Desgraciadamente, muchas personas aún no saben que existimos y que pueden obtener apoyo por medio de nuestro programa. Y por si fuera poco, las necesidades de las mujeres de habla hispana son muy distintas. Tan sólo tomemos en cuenta la barrera del idioma, la cual impide el acceso a información especializada.

Hace poco, al platicar con una de nuestras clientas, ella compartió que cuando se enteró de su diagnóstico, lo primero que pensó fue: ¿Y ahora como voy a mantener a mis hijos? ¿Cuándo podré regresar a trabajar? ¿Que va a ser de ellos sin mí? Al escuchar esto, me di cuenta de que su testimonio es el de muchas mujeres, para las que su familia es primero y sus necesidades personales secundarias.

Mi trabajo como Coordinadora para el Desarrollo de Entre Nosotras me invita a compartir el reto y los obstáculos que muchas mujeres y sus familias enfrentan. Así mismo, ésta invitación me permite buscar soluciones y en conjunto trabajar arduamente para mantener nuestras puertas siempre abiertas. Mi trabajo es parte de una misión y una meta compartida.

Espero que en este año de trabajo que apenas comienza, logremos que más mujeres y sus familias tomen ventaja de nuestros servicios. Así mismo, que más personal médico o trabajadores sociales, sepan que estamos aquí para ayudar a sus pacientes de habla hispana. Con su apoyo y el de la comunidad en general, podremos mantener abiertas nuestras puertas y expandir nuestros servicios mientras que haya mujeres y familias que lo necesiten.



One of the first things I needed to do when I started my job as Project Development Coordinator for Entre Nosotras was to find just the right words to explain our program to the many community members I would be meeting. In doing so, I had to explore the reasons why this program exists and why is it important to maintain it.

In my exploration I found that Entre Nosotras (Among Ourselves) is more than a program name. It is a concept that captures the intimacy and energy produced when women get together. Entre Nosotras is a circle of friends sharing tears and laughter, hope and despair. It is a healing path. Furthermore, I found that Entre Nosotras means looking deeper into the challenges that break the heart and that are central to the mission of our program. The fact that there are many women suffering in isolation due to language and cultural barriers, socio-political stigmas, or lack of family support, are some of the many compelling reasons Entre Nosotras exists.

While it is not easy to capture in a single conversation the importance of our program and what we do, it is certainly worth the effort. Research has demonstrated that support groups extend the life of women with cancer. Support groups also offer the opportunity to exchange information and most importantly, a safe haven to ease anxiety and for some, to forget about other problems.

During one conversation I had with a client, she shared with me that the worries she had immediately after learning she had cancer were her children, her ability to work and support and be there for them. During the conversation I also learned that she was a single mother of eight and had left her native country in search of work. She had no family or resources and was undocumented.

When I heard this, I thought of the many women like her whose primary concern is their family. Also, I thought about how the challenge of not knowing English, being a stranger to this country and its health system, and how being poor and lacking medical and social resources can greatly enhance stress, anxiety, fear and further isolation. In this case Entre Nosotras provided much needed psycho-social support, advocacy, referrals and information, which made a difference in this woman's life. She said to me, *gracias a Dios y a este progrogama no me volvi loca* (thanks to God and this program, I did not go crazy).

The needs of many Latinas with cancer far exceed the scope of work that Entre Nosotras can currently offer. Yet staying close to our mission of service is essential, particularly when the challenges we face are many. My work as Project Coordinator is an invitation to share these challenges with our clients, and along with our Entre Nosotras' team, identify solutions.

This year, we plan to attract more women to our support groups and services. We are on our way to making our presence more known in the community, so that any Latina with cancer can learn about our services through her medical and social providers. We have started an advisory committee, and are planning the integration of volunteers for

our program. In addition, we are also planning a South County event in February: *Baila, Baila Con Nosotras* (see details on page 1).

As I shared earlier, talking about Entre Nosotras is not easy; there is so much to say—so much to do. However, when I think of clients who depend on us to be that caring friend during uncertain times, I think this is just the beginning of endless possibilities.



## DIRECTOR'S MESSAGE

Continued from page 1

commitment of our donors and our volunteers. All of us who live in Santa Cruz County know that we inhabit a blessed community where creativity, generosity and the health of the human spirit are held in high regard. Through the creativity and generosity of our donors, several of whom are highlighted in this newsletter, we have been able to maintain our budget—so far—without reducing services. And through the dedication of our volunteers we have been able to inflate the value of each dollar we receive many times over. During the past year, volunteers have contributed 3,200 hours—answering phones, facilitating support groups and Healing Circle workshops, helping with events, and providing one-to-one peer support. Our thanks to all who give so much to keep WomenCARE thriving.

In this issue we are delighted to welcome Maribel Valencia Castillo, our first Project Development Coordinator for Entre Nosotras (see pages 2-3).

*Our thanks to all  
who give so much to keep  
WomenCARE thriving.*

We also have stories from Sylvia Brown, our highlighted volunteer, and Eliza Livingston, a board member, which take us into their emotional psychological and

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# — An excerpt from “Bittersweet:

Stirring from sleep, I open my eyes to see the yellow sun splashing lacey patterns on the peach bedroom wall. Charles is sitting beside me on the bed. “You’re half-way through, honey.” He rubs my back gently. “Three behind us, three to go!” Yesterday I finished my third cycle of chemotherapy.

“Yeah. It feels like forever. But also like a quick flash in time. I just had this dream, of walking with a small child on a narrow sea wall in a terrible storm—I WAS surrounded by danger: by the storm, by the possibility of falling, by the difficulty of holding onto the child amidst the wind and waves, and then by the sudden appearance of blood in the water, and the fear that it would attract sharks.” Taking a deep breath, I go on, “We were supposed to swim back to shore, but when we saw the blood, we reversed our steps and walked back.” Remembering the balance required to back out OF this precarious place, I continued, “And in the end, we were safely back on shore.” where the sand was warm and the storm forgotten.” I smile at the memory. “And a big motherly Greek lady snipped off my hair with long black scissors.”

“Well, you have been in a dangerous place.” Charles pauses. “Who do you think the child is?”

“I imagine it’s me, a part of me. The new life part, the fresh start part perhaps.” Images of the dream replay themselves in my head. “And since I am protecting the little child, doesn’t that mean I want to live, to find that place of safety?”

“It sounds like a possibility.” He turns to me. “I hope you want to live, because I sure want you to keep living!”

“I do. I really do. It’s not that I’m afraid to die exactly—but I just don’t want to leave the people I love.”

Charles helps me swing my legs over the bed. In the bathroom, he leaves me to wash and dress. The downy scattering of hair no longer covers the imperfections of my scalp: I notice scars from long-forgotten tumbles from tree branches and bikes, and collisions with cupboard corners. My eyebrows and eyelashes are so sparse as to give the impression of complete nakedness, like the smiling ceramic mannequins in Macy’s windows waiting to be dressed and groomed.

Instead of waiting patiently for my hair to thin and fall out in random clumps, I had convinced my aunt to shave my head. With the shearing of the locks that had reached nearly to my waist, I feel that I’m being initiated into secret rites. The intentionality of shaving my head confers a certain power, the power of making choices. My mother smiles, “You look like a Buddhist nun who has just taken her vows.” This naked crown marks my initiation into another dimension, another time and place. I remember descriptions of the cropped heads of Catholic nuns, the nakedness concealed by severe black and white starched headdresses. I remember stories of tender maidens whose long flowing tresses, upon marriage, are gathered up into tight buns, and fastened with pins at the napes of their necks. I remember the Samurai warriors in Rashomon: their hair cut and bound tightly for going into battle. I ponder the Jungian notion that cutting the hair or shaving the head in a dream may herald transformation.

The ring of the telephone interrupts my reverie. The voice on the other end, a woman from “Looking Good on Chemo,” is offering me the 800 number I might call to get a wig, free for cancer patients. “I really appreciate the information, but I don’t think I’ll be needing a wig.” The light-hearted voice continues, “We find that cancer patients feel so much better about themselves if they can look normal.”

There is a peculiar irony in the suggestion that there can be anything

—

*Running my hands over  
the smooth contours of my  
skull, I consider the  
uncovering of my life  
as well as my scalp.  
This awesome disease is  
pushing me toward  
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of my existence, to an  
uncovering of the devices  
and deceits with which I have  
habitually covered pain  
and difficulty and sorrow.*

# Living with Colon Cancer”

by Eliza Livingston

normal about this experience. How can I begin to understand the mysteries occurring in my inner world if I conspire to refashion my physical body into its prior form? How can I understand the extraordinary events happening in my life if I pretend they are not happening?

Running my hands over the smooth contours of my skull, I consider the uncovering of my life as well as my scalp. This awesome disease is pushing me toward an intimate examination of my existence, to an uncovering of the devices and deceptions with which I have habitually covered pain and difficulty and sorrow.

And there is a deeper meaning to my resisting camouflage, to my not wanting to hide or deny my naked scalp. Inclined to explore this disease and its profound impact, it is truly fascinating, albeit terrifying, to contemplate tiny microbes wielding such awesome power, ripping through my robust body, and leaving a trail of devastation in their wake. Leaning back and away from my intense experience, looking at it from the distance of a scientist, helps me to endure pain and humiliation.

Following the first cycle of chemotherapy, I noticed on my fingernails one slender white ridge radiating in a crescent that followed the outline of the moon. More fine white parallel arcs are accumulating one at a time following each cycle of chemotherapy. Like ripples in a pond fluttering in concentric circles about the dropped acorn, they curve around the half-moons, resembling the marks left by receding waves on wet beach sand. I feel tiny ridges along along each arc,



and smile at their resemblance to diminutive pink washboards.

My hands, where the chemo is injected through IVs, develop angry red and purple streaks that shoot up my arms clear to

my shoulders. Diagnosis: Chemical Phlebitis, a chemo induced inflammation of the veins.

My eyes are chronically weeping, and even my nose runs clear fluid with no warning. My gums throb and recede, and my teeth feel loose. My eyelids burn. My joints ache. I move like an old woman, slowly, and with the precision born of the fear of injury. Compounding the skeletal compromises, the chemo itself weakens me, accentuating my clumsy shuffle. Lingering traces of vanity have vanished: my singular focus is on getting where I need to go without stumbling. Even my craving for dignity is diluted by the overwhelming requirements for day-to-day survival.

Friends are eager to prescribe medications and potions to eliminate the side effects of chemotherapy, claiming that if I take this tablet or that tonic, I will feel “almost normal.” But what is there that is normal about this experience?

I am reluctant to take medications to alleviate the symptoms unless they become intolerable. It seems foolhardy to disregard the signs that may herald evolving injuries and assaults by either

the disease or the treatments. In making the choice to be alert to the transformation happening to my ravaged body, I also choose to listen to the changes in my interior world. I am awed by the power of both the disease and the drugs being infused to obliterate it.

It requires tremendous effort for me to engage socially. I am exhausted, and the energy I can summon is so limited that I ration it carefully, needing nearly all of it just to move from one day into the next. Especially during the first week or ten days after a cycle of chemo, I am exceptionally tired and plagued with mouth sores and nausea. I become, during those times, more often a listener and an observer, a bystander to social events rather than a participant. I also crave time and space to be alone. . . . time to witness the interplay between my body and my heart, time to contemplate the new world to which I am being transported. The potency of the drugs, of the disease, of the entirety of this experience, gives me a remarkable sense of power, a deep knowing of what I can and cannot do, without the overlay of the usual obligations. A new potential is arising out of the wreckage of terminal illness, a gold nugget shimmering in the cold ash.

*Bittersweet: Living With Colon Cancer* by Eliza Livingston is available in paperback edition. Call the WomenCARE office for purchase information.

## UPCOMING EVENTS & BENEFITS

CALL 457-2273 FOR INFORMATION

**Saturday and Sunday,  
September 13 & 14, 2003**

### *Cancer As A Turning Point: From Surviving to Thriving*

Veteran's Memorial Auditorium,  
Marin Center, San Rafael, CA  
Hurry and save your place at  
this incredible healing weekend.  
FREE, and pre-registration  
required, [www.healingjourneys.org](http://www.healingjourneys.org)

**Saturday, October 11, 2003**

### *O'Neill Capitola Women's Longboard Surf Fest: Women on Waves*

At the main beach in Capitola. One  
of the few contests exclusively for  
women. Sponsored by the Capitola  
Chamber of Commerce, Capitola  
Village Association and West Wind  
Surf Club. Once again, this year's  
event will benefit WomenCARE.

**Entire Month of October**

### *Breast Cancer Awareness Month at Emerald Iguana Salon*

Stop by the salon located at  
2121 41st Ave in Capitola, for  
a month long silent auction that  
will raise awareness and money  
for WomenCARE.

**Saturday, October 25**

### *Strike out Against Cancer*

At the Boardwalk Bowl in Santa  
Cruz. Don't miss this opportunity  
to get together with your communi-  
ty to have fun, raise money and  
awareness for a good cause. See  
front cover for details. To register,  
call Monica at 668-6654.

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# Women's Voices: A Night of Jazz

By Paula Alder



On May 11, Mother's Day Eve, I was deeply honored to be a part of WomenCARE's Spring Event, Women's Voices: A Night of Jazz. Two months later, I am still reeling from the impact.

When I volunteered to coordinate the event, I was operating largely on faith—faith in WomenCARE as an organization that touches lives in such a profound way, faith in my ability to make endless phone calls and ask for sponsorship, faith in the Santa Cruz musical community (of which I have been a part), faith that it would all, somehow, come together in the right way.

As sponsors signed on and musicians volunteered and our committee met regularly, I knew my

faith was warranted. What I didn't envision completely was the ultimate synergy that would transpire. On the evening of the performance, the Rio filled beyond our expectations, many Gold Circle tickets were sold, and the audience was sparkling. After weeks of rehearsals and one or two performer tribulations, the musicians were truly thrilled to be there for WomenCARE. The energy was electric. It seemed to all of us as though something much bigger than a concert or event was happening; there was a higher purpose, a deeper connection. WomenCARE is such a special organization, and we all felt it that night. Many people told me that Women's Voices: A Night of Jazz was one of the best concerts they had ever attended!

Needless to say, the event was a huge success in many ways. We brought in over \$10,000. We had phenomenal sponsors, including Newman's Own Organics, Karen Cogswell's Network Mortgage, and Gayle's Bakery. Our wonderful graphic design was donated by Julia Pinsky. Even our piano was donated for the evening by The Piano Store, as was our piano tuning, by Tom Cole. Some of our sponsors have already agreed to continue their sponsorship of this event next year! I cannot say enough to thank all of these people. Then, of course, there was boardmember Diane Grunes as MC and the amazing musicians who contributed their time and talent.

- **VOCALISTS:** Paula Alder, Pipa Pinon, Lori Rivera, Claudia Villela, and Ann Whittington, with surprise guest, Sista Monica Parker
- **MUSICIANS:** Gary Griffith—Piano, Tom Nold—Bass, Jeff Arlt—Drums, Phil Smith—Horns, Paul Breslin-Kessler—Percussion, Daniel Lewis—Guitar, and Art Alm—Piano

These people are working musicians, creative professionals, who took time from their busy schedules for WomenCARE. Every one of them told me what an honor it was to be a part of this event. They were all fabulous to work with.

Then there is our incredible staff. Jeni Brill and intern Nikki Pin did so much to make this event what it was, as did our tireless committee of Board members and our dedicated team of volunteers. And of course, I want to thank all of you, our audience, and our clients, for loving WomenCARE, and for being there to help us celebrate who we are. See you next year!!

# Angels in the Wings

WomenCARE has been blessed with generous and quiet angels throughout its history: rarely taking center stage, they are in the wings, supporting our programs by giving of their time, energy and resources. This new column, Angels in the Wings, will become a regular feature of our newsletter, and will describe the gifts that are essential to the continued availability of free services to women with cancer.

WomenCARE receives donations ranging from pennies to thousands of dollars, and each and every coin is appreciated. We wish to highlight and thank two major donors, each of whom have contributed enormous time and energy to WomenCARE, as well as dollars. Andy Todd, in memory of his beloved wife Sally, and on the 60th anniversary of her birth, donated \$6000 to WomenCARE's general fund. A client and dedicated WomenCARE volunteer, Sally's enthusiasm and love of life was felt by everyone she touched. We miss her deeply! Andy has also given boundless time and energy to the Friends and Family group, which he co-facilitated with David Skinner for 4 years. Our thanks to you both!

Jennifer Choate, a long time supporter, donated \$700 to WomenCARE's general fund. She has served on the WomenCARE board for nearly a decade, enriching our programs with her wisdom and expertise as an oncologist. Thank you, Jenny, for your many many contributions.

The Mid County Soroptomists recently presented to us a check for \$2500, as well as their personal expressions of gratitude for the services WomenCARE provides. Thank you, Soroptomists, for all that you give to us and to our community.

Our thanks to the Rosenlund Family Foundation again this year for providing \$2000 of essential funding for our Sisters Offering Support program.

Two fundraisers have taken place since our last newsletter. Our thanks to the Santa Cruz Cancer Benefit Group for contributing \$7,500 which was raised at their 6th annual Spring Forward Against Cancer Benefit at Chaminade. Our thanks, go out once again, to all of you, for including WomenCARE as a recipient of your generous and tireless efforts.

Our most unusual fundraiser was hatched and brought to fruition by 22-year-old Matt O'Brien, whose mother was recently diagnosed with breast cancer. To raise both awareness and dollars, Matt and his friend Nick Wells took on the challenge of trying to break the Guinness record for the longest car push in 24 hours.

During a recent visit to WomenCARE's office, Matt told us how he managed this triumph: "...First I obtained pledges, flat-rate and by-the-mile, from friends and family, with the proceeds donated to WomenCARE. Second, I selected a 2700 pound Mazda, greased the wheel-bearings, and pumped up the tires to the max (to reduce friction). Then I selected six drivers to keep the car's course veering to the left, consistent with the arc of the track..."

Finishing in 11 hours, breaking the former world record and bringing in over \$4,000 for WomenCARE, these two young men succeeded in their quest! Matt and Nick, you have touched our hearts with your love and support. Thank you so very much!



## UPCOMING EVENTS & BENEFITS

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**Tuesday, January 6, 2004**

***WomenCARE Night at the Shadowbrook Restaurant***

Reservations start December 7

**Sunday, February 8, 2004**

***Baila, Baila, Con Nosotras: Ethnic Dance Extravaganza***

At the Henry J. Mello Center in Watsonville at 2pm. WomenCARE Entre Nosotras in collaboration with the Santa Cruz County Latino Chamber of Commerce and the Pajaro Valley Performing Arts Association presents dance from Polynesia, Argentina, Mexico to name a few.

**Winter Solstice, date to be announced**

***4th Annual Rita's Gig Live Music***

Join Rita's band, the Smokin' Bananas for their annual show at the Crows Nest restaurant in the Santa Cruz Yacht harbor. This event is in memory of Rita Collier-Micuda and proceeds from the door benefit WomenCARE. You won't want to miss this show if you like to dance!

## WISH LIST

- New office carpet
- Mini tape recorders with tapes
- 1 year DSL for south county office
- 1 carton recycled white paper

## WOMENCARE'S SUPPORT GROUPS

Please call (831) 457-2273 to register. Advanced registration is required.

### Drop-In Groups

- **EVENINGS:** Alternate Tuesdays  
6:00pm–7:30pm
- **DAYTIME:** Every Tuesday  
12:30pm–2:00pm
- Open to women with all types of cancer from diagnosis through treatment and the healing process

### Friends & Family

- Alternate Mondays  
6:30pm–8:00pm
- Open to all friends and loved ones of people with cancer. A place to meet others who understand.

### Entre Nosotras

- Open to Spanish speaking women with all types of cancer from diagnosis through treatment and the healing process
- Call 761-3973

### Post Treatment

- Designed for women who have finished treatments for cancer. These groups require a time commitment of 5–6 months.
- Call for details

### Metastatic Group

- Every Monday  
1:30pm–3:00pm
- Open to women who are living with metastatic or advanced cancer or have experienced a recurrence.

## Coping with Can

The combination of physical, emotional, social, informational, practical, and financial demands confronted by those with cancer can be traumatic. Over the last decade, there has been an increased awareness of the parallels between cancer and other traumatic experiences, such as war/combat, rape, natural

disasters, and severe accidents. Such stressors may be sudden, unexpected, life-threatening, and out of one's control, undermining assumptions of predictability, safety, and invulnerability and eliciting intense anxiety, fear, and uncertainty. Further, survivors of such traumas are often met with social withdrawal, isolation, and stigmatization.

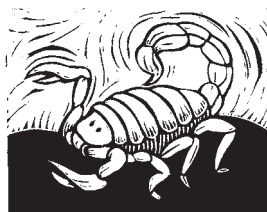
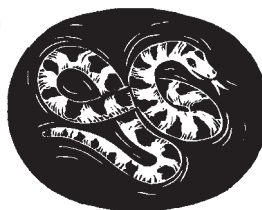
Given these parallels, researchers and health care providers have recently become interested in studying posttraumatic stress in those who have had cancer. Posttraumatic stress disorder (PTSD) is a constellation of reactions to traumatic experiences that, when persistent, may interfere with important life domains, such as work and social relationships. There are several symptoms of posttraumatic stress. First, the person may re-experience the trauma through recurrent, upsetting thoughts, dreams, and flashbacks, and through physical

(e.g., heart palpitations, sweating) and emotional (e.g., extreme anxiety) reactions when reminded of the trauma. Second, the person may rigidly avoid reminders of the trauma (e.g., thoughts, conversations, places, people) and feel emotionally "numb" (e.g., not have loving feelings for those close to her/him, feel isolated).

Third, the person may experience extreme physical agitation and anxiety (e.g., difficulty sleeping, poor concentration, irritability, feeling jumpy or on-guard). Research has shown that while few people experience all of these symptoms following cancer, many people experience at least some of these reactions in its aftermath.

PTSD is viewed by many as a "normal response to an abnormal event." With the increased attention to cancer-related PTSD, there has been concern about pathologizing what are considered normal reactions to this stressful experience. Rather than a focus on detecting a disorder or making a diagnosis, most researchers and clinicians feel that viewing cancer as a potential trauma can be useful in helping patients cope with their experience.

Traumatic experiences undermine people's beliefs and expectations about themselves and the world. For example, people may feel that



# cer as Trauma

By Matthew J. Cordova, Ph.D.

the world is safe, predictable, and controllable, that they are worthwhile and good, and that good things happen to good people. Extremely stressful experiences may shatter these assumptions, creating a sense of uncertainty, anxiety, and confusion. Many theories propose that adjustment to trauma entails integrating the experience into one's view of the world and self and coming to terms with the intense feelings it elicits. This may occur through changing one's beliefs about the world and one's self, changing one's understanding of the trauma, or both. This "processing" is facilitated by thinking and expressing feelings about the trauma, both alone and by talking with others. During this processing, it is common to re-experience the trauma through thoughts, dreams, and feelings. Because re-experiencing can be anxiety-provoking, it is common for people to try to avoid thoughts or reminders of the trauma in attempts to reduce anxiety and emotional upset. However, when attempts to avoid thoughts, feelings, and situations related to the trauma become pervasive and persistent, this normal set of reactions can begin to cause problems in daily life. The more one tries to push the experience away, the more it intrudes into one's thoughts and feelings—this can result in a chronic cycle of intrusion and avoidance.

Those who have faced cancer or other traumas often find that reminders of the experience bring back emotions and physical reactions they felt during and soon after the original experience. These "triggers" can be sensory (e.g., sights, smells, physical sensations), situational (e.g., being near the site of the trauma), or thematic (e.g., feeling vulnerable, dependent). People who have experienced cancer identify a number of triggers, including having friends or loved ones diagnosed with a life-threatening illness, having conversations or seeing TV shows related to cancer, driving by the hospital where they were diagnosed or treated, smells related to chemotherapy, unexplained pain, and attending follow-up medical appointments. Often, triggers are subtle and leave the person feeling anxious or uneasy, seemingly for no apparent reason.

Paradoxically, many people who have been treated for cancer find the end of conventional treatment to be a particularly difficult transition. Throughout treatment, there is a sense that one is doing something

*Rather than a focus on detecting a disorder or making a diagnosis, most researchers and clinicians feel that viewing cancer as a potential trauma can be useful in helping patients cope with their experience.*

Continued on page 14

## WOMENCARE'S HEALING CIRCLE

OUR CURRENT LIST OF EDUCATIONAL AND EXPERIENTIAL GROUPS FOR WOMEN WITH CANCER

### *The Writing Circle*

**Meets 2nd and 4th Saturday each month, 10am-noon**

Open to the writer in each of us, this group allows for creative exploration in a supportive space right where you are. Each session is a surprise, our creations prompted by writing activities and the stories of our lives—bring your notebook, invite your muse. (Led by Marybeth Varcados and guest writers)

### *Art for Healing*

**Meets 3rd Saturday each month, 10am-noon**

In a safe and encouraging atmosphere we paint, draw, glitter, glue, cut, tear, and use pastels, clay, natural and other materials to explore and express our deepest selves. No art experience necessary, just a willingness to play with art materials and listen tenderly to ourselves. (Led by Wendy Traber)

### *Spiritual Care Counseling*

**Individual sessions available**

Honoring all pathways, this spiritual counseling is individualized according to the needs and beliefs of each woman. Paulette holds the space for women to share, pray, sit in silence, channel spirit, or whatever moves them. (Led by Interfaith Minister, Paulette Forest)

### *Complementary Treatment Group*

**Meets 3rd Wednesday each month, 7-9pm**

An educational and collaborative group for women who want a safe place to gather, sort through, and share information about the many complementary cancer treatments. (Led by Robin London, LAc, Susan Beck, LAc, and Connie Batten, MFT)

## A NEW OVARIAN CANCER RESOURCE

*An excerpt from Ovarian Cancer: Your Guide to Taking Control by Kristine Connor and Lauren Langford O'Reilly and Associates Press, 2003, recommended by Sylvia Brown*

Ovarian cancer was often described as a 'silent disease' that did not cause any recognizable symptoms until it was too late. We now know that ovarian cancer is better understood as 'the disease that whispers.' There are symptoms that many women experience before they are diagnosed, but ones that are often subtle and easily mistaken for other conditions. The symptoms most commonly reported include any one or more of the following: feeling bloated or noticing that clothes don't fit; vague abdominal pain and pelvic discomfort; unexplained fatigue or back pain; gastrointestinal symptoms, such as gas and indigestion that persist over time; a frequent desire to urinate; a change in bowel habits; unusual bleeding or discharge; loss of appetite and feeling full after a light meal; unusual weight gain or loss; pain during intercourse; shortness of breath. Persistence of symptoms seems to be the key. When these symptoms are due to a less serious condition, they are more likely to come and go. If any unusual symptom persists for more than two weeks, it is imperative for a woman to see her doctor. *(Sylvia Brown adds: Trust your instincts. If you suspect something is wrong with you, but your doctor doesn't take your complaints seriously, see another doctor.)*

## Volunteer Highlight:

by LaVerne Coleman with Sylvia Brown

*Sylvia Brown is a one woman volunteer team. At WomenCARE she's done everything from answering phones and staffing the office, to picking up and arranging the flowers, running errands and securing support for newly diagnosed women. She has long been the keeper of our library and her next venture is to be a trained member of our Speakers' Bureau.*

*As an "army brat" Sylvia grew up with change as the norm. "We moved a lot, I mean a lot," she states emphatically. "I longed for culture and the arts," she continues, but most of her father's postings were brief stays in unmemorable towns. The exception was five formative years in France near*

*the childhood home of her war bride mother. There she learned the language and felt a part of the culture.*

*Sylvia's parents retired in the '60s in Seattle—which felt like a smalltown back then, she recalls—but good grades allowed Sylvia to choose Barnard College in New York City, where the "army brat" reveled in the freedom. While*



*earning a BA in History, she danced to her heart's content; her passion for dance was the one constant through all the moves. Inspired by lawyers who had defended Viet Nam anti-war protesters, Sylvia went on to law school in San Francisco but dropped out when she decided that her aversion to argument was a real impediment. San Francisco was, however, an exciting place to be in the early '70s, and there were lots of opportunities for women. She got involved in the food coop movement and worked at plumbing and auto mechanics before returning to New York City where she engaged in a variety of business ventures and danced for personal pleasure and cultural enrichment. After eight years, her spiritual quest led her back to California, to Esalen Institute for two years of work and study. Next on her path was a yoga workshop at Mt. Madonna where she met her future husband. For the first time, this woman who was raised on change, felt the potential for a "long lasting relationship."*

*Six years later, happily settled in Santa Cruz, Sylvia and Ray received news that felt like a "serious accident," she says. "One day everything was fine, then the next everything was turned upside down. I thought I was going to die." A diagnosis of ovarian cancer brought Sylvia to WomenCARE and, in her own words, it was quite a journey.*

“It has been six years since I was diagnosed with cancer, but I remember that day as though it were yesterday. At that point in my life I hardly knew what it was to be sick, so it came as a shock to be diagnosed with stage IV ovarian cancer. Because there is no early detection test it took several months and four visits to various doctors before I was given the ultrasound that led to the diagnosis. By then there was no time to wait; I was immediately scheduled for emergency surgery.

Thus began a year of being sick and bedridden much of the time. I had three abdominal surgeries in the first five months along with six rounds of chemo. Had I not had an outstanding team of doctors and superb care by my husband, I probably wouldn't have made it. I was also hurting emotionally. I knew my chances of being cured were only 10-15%, but I felt I had a lot more living to do; I wasn't ready to die.

When I heard about WomenCARE I eagerly went to the first meeting possible—one for women with metastatic cancer. In the course of six months most of the women died, one after another; I kept thinking I'd be next. Ironically, this group and WomenCARE became my lifeline. At first I believed that to have the best chance at cure, I had to be upbeat and positive at all times, but I soon learned that was impossible and undesirable. The group facilitators helped me to see how beneficial it was for women who were sick and dying to have a space (away from the expectations of family and friends) to be true to themselves. Cancer support groups, I found, were safe places to explore my full range of feelings. About eight months after my diagnosis I began to feel better and I switched to a group for women with less serious cases of cancer, but it would be two more long years before the cloud of imminent death lifted. Around this time I began to volunteer at WomenCARE to give back some of what I had received and to give newly diagnosed women the benefit of what I'd learned.

A few years went by and, to my amazement, I began to realize I had probably beaten the odds. Why I was one of the lucky women who survived is as much a mystery to me as why I developed the disease in the first place. I continue to be enriched and inspired by the women I have worked with at WomenCARE and I've made a lot of good friends, too.”



## EGYPTIAN LENTIL SOUP

Use organic ingredients whenever possible

Serves: 6

- 2 c dried, hulled split red lentils
- 2 qts vegetable stock
- 1 medium sized onion, peeled and quartered
- 1 medium sized tomato, quartered
- 2 tsp coarsely chopped garlic (set aside 15 min prior to adding to soup)
- 4 Tb olive oil
- 1 Tb finely chopped onions
- 2 tsp ground cumin
- 1 tsp salt
- freshly ground pepper
- lemon wedges

Wash the lentils in a large sieve or colander set under cold running water, until the draining water runs clear. In a heavy 4- to 5-quart saucepan, bring stock to a boil over high heat. Add lentils, quartered onion, tomato and garlic, reduce heat to low and simmer partially covered for 45 minutes or until lentils are tender.

Meanwhile, in a small skillet, warm 1 Tb. olive oil over moderate heat. Add chopped onions and, stirring frequently, cook for 10 minutes until they are soft and deeply browned. Set aside off the heat. Stir in cumin, salt and pepper, and taste for seasoning. Just before serving, stir in the remaining 3 Tb olive oil.

To serve, ladle the soup into a heated tureen, sprinkle lightly with reserved browned onions and serve the lemon wedges separately.

## DIRECTOR'S MESSAGE

Continued from page 3

spiritual experiences with cancer. Matthew Cordova, consultant for our Peer Navigator Project, provides an important psychological framework for the traumatic aspects of living with cancer. Moving from the personal to the political, we have excerpts from articles published elsewhere on the politics of environmental carcinogens and public awareness about what true cancer prevention would really mean.

The solid support of the Santa Cruz community for our work is celebrated in our seasonal fundraising events. We greatly appreciate all of you who contributed by attending the Women's Voices concert this past spring (see page 6), and to those who will bowl with us in October (see front page notice), and enjoy dance with us next February in Watsonville (see front page notice).



Connie Batten,  
Director

The WomenCARE Newsletter is brought to you through the countless volunteer hours of those listed below. Input, ideas and sponsorship of future issues are welcome and needed. Enjoy!

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**EDITORS:** Connie Batten, Deb Abbott

**DESIGNER:** Zoë Design

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Articles printed reflect the authors' opinions and are not necessarily those of WomenCARE. Editorials are not intended as medical advice, and publisher disclaims any liability for use of medical information and results thereof.

## The Whispering

Promotion for Breast Cancer Awareness Month (underwritten by Astra-Zeneca, the maker of breast cancer drug, Tamoxifen) focuses only on mammography, avoiding any mention of pesticides (which the company manufactured until a recent reorganization) or buying organic. Other campaigns invite you to Race For The Cure, Drive For The Cure (!!), and Shop For The Cure. Meanwhile, breast cancer rates continue to rise. The American Cancer Society estimated that the number of new breast cancer cases would hit 205,000 in 2002 and 40,000 would die from the disease. Of the billions of research dollars invested in breast cancer since 1971, less than 3 percent has been spent exploring environmental links. As Belle Shayer, co-founder of Breast Cancer Action, explained: "We haven't been able to get support for finding causes of breast cancer-or any cancer, for that matter. Congress and the drug companies don't see the need for prevention."

Despite the paucity of research on environmental carcinogens, two things are clear: 1) ionizing radiation (for example, in medical x-rays) is the only proven cause of breast cancer, which makes it essential to replace mammography as a detection method, and 2) considerable scientific evidence links breast cancer to the proliferation of synthetic chemicals since World War II. In February 2002, The Breast Cancer Fund (TBCF) and Breast Cancer Action released a white paper summarizing this evidence: *State of the Evidence: What Is the Connection Between Chemicals and Breast Cancer?*

Meanwhile, pollution has become personal. Biomonitoring studies (chemical analysis of body fluids) show that all of us carry a body burden of toxic chemicals. Rachel Carson described this toxic invasion 40 years ago in *Silent Spring*. More than 200 contaminants have been found in breast milk. Breast milk holds valuable information about human exposure to toxic chemicals, some of which may contribute to breast cancer, but unlike European countries, the US has no systematic program to monitor breast milk. TBCF is working to change that.

The existing evidence linking chemicals and breast cancer demands that we begin to implement the Precautionary Principle in shaping public policy. This principle says that evidence of harm rather than proof of harm should be the trigger for action.

Rachel Carson was right: our health and the health of the environment are inextricably linked. More than 85,000 synthetic chemicals have

invaded our air, food, water, and ourselves. The lifetime risk of breast cancer is 1 in 8. The lifetime risk of some kind of cancer in the US is 1 in 3 for women and 1 in 2 for men. And cancer is a symptom of a larger epidemic of chronic disease that a growing body of research is linking with environmental deterioration. Research on the link between workplace exposures, household exposures, and breast milk contamination must continue, but we must also take precautionary action, based on existing evidence.



#### WE NEED TO:

- Phase out chemicals that cause cancer
- Enact “sunshine” laws and enforce existing environmental protection laws to reduce the use of toxics
- Practice healthy purchasing, with local, state, and federal governments setting the example by purchasing environmentally preferable products
- Offer incentives to encourage businesses to eliminate the use of harmful chemicals in products and processes.

*Nancy Evans, a health science writer, filmmaker, and environmental health activist, serves as health science consultant for The Breast Cancer Fund (see <http://www.YESMAGAZINE.ORG/25environmentandhealth/resourcesforhealthandplanet.htm> or <http://www.breastcancerfund.org>).*

## THINK BEFORE YOU PINK CAMPAIGN

Breast cancer has become the poster child of corporate cause-related marketing campaigns, as companies try to boost their image and their profits by connecting themselves to a good cause. Breast Cancer Action urges you to ask some critical questions before opening your wallet for

*Breast cancer has become the poster child of corporate cause-related marketing campaigns, as companies try to boost their image and their profits by connecting themselves to a good cause*

these marketing campaigns: How much money goes to the cause? What is it supporting? How is it being raised? And will it truly affect the fight against breast cancer? Make sure you know what your money is actually supporting, and consider whether shopping or donating will truly make a difference. What the breast cancer movement needs is political involvement and action to create real change—and we don’t mean the kind you keep in your pocket.

For more information about Breast Cancer Action’s Thinking Before You Pink Campaign, go to <http://www.bcaction.org>

© 2002, Think Before You Pink.  
A project of Breast Cancer Action

## STRIKE OUT AGAINST CANCER BOWLING BENEFIT

Continued from page 1

have cancer by providing love, support groups and help with just about anything. It is a great place for women with cancer to go and talk with people who are going through the same things that they are. I know first hand how great WomenCARE is, because my mom (Robin Hawkins, a client and dedicated volunteer) became involved when she was diagnosed with breast cancer, and it helped her through it..."

Please join WomenCARE and Rachel again this year as we bowl to raise much needed funds to support our free services to Santa Cruz County women living with cancer, and their families and caretakers. Quoting Rachel once again, "...we all had lots of fun and are looking forward to participating this year... remember, no donation is too small (or too big)!..."

**MARK YOUR CALENDARS:  
SATURDAY, OCTOBER 25TH,  
AT THE BOARDWALK BOWL**

Join in the fun! Talk it up with your friends, family, co-workers... everyone! Register today. Be a team captain or a single player. We'll find you a fun team. PLEASE SEE THE ENCLOSED FLYER.

STRIKE OUT AGAINST CANCER is co-sponsored by Donald Richards, Seagate Technology, Brinks Trophy Shoppe, George Ow Family Properties, Robert Taren Attorney at Law, and Boardwalk Bowl. Call Monica 688-6654.

## COPING WITH CANCER AS TRAUMA

Continued from page 9

to combat the disease. A predictable schedule develops and a supportive relationship is built with the treatment team. Often, friends and family are more supportive and helpful during this period. However, the end of treatment brings many challenges.

No longer full-time patients, people face a new schedule with less frequent medical visits and less contact with their treatment team. While treatment side-effects may persist, one's appearance may return to "normal," making it difficult for family and friends to appreciate

that the cancer experience did not end with the last chemotherapy infusion or radiation session. Now out of survival mode, many people with cancer wonder, "What now?" and ponder whether it is possible to return to "normal." Family and friends look forward to such normality and encourage their loved one to "be thankful...move on...leave it in the past...focus on the future...keep a 'positive' attitude." These well-meaning encouragements often leave the person feeling alone and without an outlet to talk about her/his experience. For many, this post-treatment period is marked

by intrusive memories, anxiety, avoidance, and reactivity to triggers.

There is no one right way to cope with these challenges. It is important for each person to identify strategies that help to manage and reduce

posttraumatic stress and reactions to triggers. Because thinking and feeling about the cancer experience is a natural and important part of the adjustment process, finding ways other than avoidance to manage the anxiety and other intense "negative" feelings is essential.

There are a number of good alternatives to avoidance.

**FIRST**, become a good observer of your internal experience. Notice the things that remind you of your cancer experience and observe what you are thinking and feeling. Adopt a respectful, nonjudgmental stance toward yourself—anxieties are part of adjusting to what you've been through and will pass on their own if you just attend to them.

**SECOND**, make mindful decisions about how to cope. Rather than respond automatically, consider what you are feeling and choose how to react.

*Because thinking and feeling about the cancer experience is a natural and important part of the adjustment process, finding ways other than avoidance to manage the anxiety and other intense "negative" feelings is essential.*

## COPING WITH CANCER AS TRAUMA

Continued from page 14

**THIRD**, identify what scares you and confront it. Consider the worst-case scenario and what you would do to cope. Actively engaging your fears can relieve the pressure of having to avoid them and can reduce worry.

**FOURTH**, redefine what it means to have a “positive” attitude. It is unrealistic to expect that you will never feel sad, scared, angry, or worried about the future. Allowing yourself to feel these important emotions is part of taking an active approach to coping.

**FIFTH**, find outlets to process your experience. Sharing thoughts and feelings with receptive family members, friends, support groups, mental health professionals, or religious/ spiritual supports can reduce isolation and help you understand your experience in new ways. Given that family members often have their own worries and coping styles, finding multiple outlets to talk can help relieve pressure on loved ones. Expressing yourself through writing, art, singing, dancing, or other creative outlets can also be important ways of processing.

**SIXTH**, learn skills to reduce anxiety and tension. Practices such as meditation, progressive muscle relaxation, slow relaxed breathing, yoga, and exercise can be effective ways of reducing stress.

**SEVENTH**, do things that feel healing and empowering. This may entail pursuing complementary treatment approaches (e.g., diet,

acupuncture) that reduce symptoms and enhance a sense of control. Many become engaged in activism (e.g., through involvement in organizations such as WomenCARE or Breast Cancer Action) and contributing to others (e.g., becoming a mentor to a newly diagnosed person)—giving back is restorative to many women with cancer.

**FINALLY**, consider what is meaningful to you and adjust your priorities accordingly. Living fully and consistently with your values is an important part of rebuilding one’s view of the world and oneself.

Having cancer is a potentially traumatic experience. Actively processing thoughts and feelings related to one’s experience is an important part of recovery. Developing strategies to manage natural emotional reactions and making intentional choices in applying them can reduce posttraumatic stress and maximize your quality of life.

Matthew J. Cordova, Ph.D. is Staff Psychologist in Behavioral Medicine, Veterans Administration Palo Alto Health Care System

## THE GIFT OF GARLIC

“A host of epidemiological studies cited in a fact sheet from the National Cancer Institute says garlic may block breast, liver, stomach, colon, and prostate cancers. Garlic contains allyl sulfur that slows or prevents the growth of tumor cells. This compound makes cells vulnerable to the stress that comes from cell division. Because cancer cells divide so quickly, they create more stressors than normal cells. So, cancer cells are damaged by the allyl sulfur more easily than normal cells. To get the greatest cancer-preventing effects, don’t cook garlic immediately after peeling, because that stops the cancer-fighting chain reaction. Scientists recommend that you wait 15 minutes between peeling garlic and cooking it to allow the cancer-preventing reaction to occur.”

—SC Sentinel, 7/23/03

## THE VALUE OF VEGETABLES

QUEENSLAND, Australia—Women with ovarian cancer who eat more vegetables have an increased survival rate of approximately 10 months, according to researchers at the Queensland Institute of Medical Research. Those who eat more dairy products are likely to have shorter survival rates. “Women who had more than five or six servings of vegetables per day, compared to women who had fewer than three servings per day, were much more likely to survive from ovarian cancer and also lived longer after diagnosis.” said epidemiologist David Purdie. The 10-year study focused on 600 women with cancer.

—May 29, 2003, Australian Broadcasting Co.

## THANKS TO THOSE WHO HAVE DONATED TIME AND SERVICES

Marcie Allencraig  
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Maya Lev  
Robin London  
Vicki Lundgren  
David Skinner  
Raven Stevens  
Andy Todd  
Wendy Traber  
Marybeth Varcados  
Phyllis Wasserstrom  
Canon Western

*We apologize for any  
unintended omissions.*

# The Giving Corner

As a non-profit, community based organization WomenCARE relies on the contributions from individuals and organizations. There are many ways in which our donors can make contributions. We'd like to let you know some of the choices:

- **DIRECT DONATION:** a cash gift that has immediate value
- **LIVING TRUST:** a trust you establish to take effect in your lifetime
- **BEQUEST IN YOUR WILL:** a gift you make by designating WomenCARE in your will
- **LIFE INSURANCE:** a gift of an old or new policy with WomenCARE named as beneficiary
- **RETIREMENT PLAN:** an appointment of WomenCARE as remainder beneficiary after your lifetime
- **CHARITABLE TRUST:** call to find out more about them

Each of these contributions has different tax and other benefits. All of them provide valuable support to WomenCARE.

We want to thank you for considering a gift to help support our mission. We know that if you make a contribution, it will be because you believe in what we do, and because you want to help make a difference in the lives of women with cancer.

Please call us if you would like to discuss designing a giving plan and the benefits of each of the contribution choices. Contact Jeni Brill, Program Manager, 831-457-2273.



# We Thank the Following for Their Generous Financial Support



## OUR VALUED DONORS FOR THE LAST 6 MONTHS 2/1/20037-3/31/2003

Deborah Abbott, Linda Adams, Miriam Ahern, Mariana Alwell, Sherry Archer, Eileen Attanasio, Theresa Balandra, Nicholas Barthel, Bernice Belton, Leslie Berger, Lyn Binch, Karen Bleasdale, Everett Bliss, Marilyn Bliss, Robert Bliss, Sylvia Bortin Patience, Gaza Bowen, Diane Brayman, Katy Brophy, Jennifer Choate MD, Mark Christensen, Betsy Clark, Candice Clarke, Sandra Coleman, James Comer, Bruce Cooperstein, Adeline Davis, Mario Delgadillo, Donna Di Pietro, Kerrie Diebold, Vicki Carr Donnelly, Maxine Douglas, Peg, Tony and Pat Dubeck, Susie and Daniel Dubeck, Juliann Dulaney, Pamela Elders, Cathryn Ellis, Sue Faix, Carolyn Gaker, Sandra Garland, Gault Parent Teach Alliance, Gayle's Bakery, Elizabeth Gibboney, Ann Gilligan, Sandra Gilliam, Pilar Glucs, Diane and Howie Grunes, Daniel and Laura Hammang, Andy Heilbron, Joanne Helenbrook, Jill Heryford, Mary Lou Holleman, Dolores Hons, Margaret Ivy, Marilyn Jaffe, Ed James-Beckham, Janet Kai, Janis Kelly, Carolyn and Steve Kessler, Suzanne Kesterson, Joanne Klebe, Diane and Richard Klein, Allison Lanculescu, Francine Lapides, Carolyn Leech, Joan Levine, Nancy and John Lingemann, Terri Lodge, Meryl and Sarah Longanecker, Heidi Louis, Marsha Lubo, Sonja Margulies, Sandra Maroney, Barbara Mason, Margaret McFerran, Alice Mckown, M. Claudia Mellor, Ann Mischley, Lorraine Model, Rose Moore, Douglas Morris, Katherine Niven, Kathleen Noce, Mary Nugent, Kathleen O'Brien, Marianne O'Brien Gordon, P.F O'Brien, Sally O'Brien, Maria Olofson, Sandra Oppenheim, Gayle and Joe Ortiz, Lucille and Angela Patinella, Lucille and Martin Pine, Julie Porcella, Allen Rexrode, Sandy Rice, Maureen Rodriguez, Terry Roeder, Rosenlund Family Foundation, Suzanna Roth, Santa Cruz County Medical Auxillary, Carol Sawyers, Susan Seaburg, Karen Scarborough, Cathy Jo Seitchik Diaz, Marion Silverbear, Kelly Sims, Mr. and Mrs. Smith, Soroptimist International of Mid Santa Cruz County, Charlotte Spitzer, Peter Spofford, Nita Eder Stevens, Meredith Stout, Susan Szemerédi, Claire Tedsen, Temple Beth El Brotherhood, Patricia Thomas, Andy Todd, Merritt Tucker, Carol Tuttle, Emily Valencia, Terry Vitale, Nancy Vlach-Broce, Jean Vlamynck, Dee Vogel, Roni Walker, Phyllis Wasserstrom, Lynne Waxweiler, Carmella Weintraub, Nancy Wilcox, Timothy Willis, Dale Wilson, Virginia Zimmerman

*We apologize for any unintended omissions.*

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# — Sensuous During Life —

*Sensuous during life: do not deny me in death!*

*Wash me with scent of apple blossom.*

*Anoint me with essence of lilac.*

*Fill my veins with honeysuckle nectar.*

*Sprinkle me with perfume of purple violets.*

*Envelop me in shroud saturated with fragrance  
of freshly mown meadow hay.*

*Rest me in moss velvet earth.*

*Cover me with soil exuding flavor of maple  
and oak leaves.*

*Command a white birch to stand guard!*

*—Lois Wickenhauser*

# In Memoriam

SOME PEOPLE COME INTO OUR LIVES AND QUICKLY GO...  
SOME PEOPLE STAY AWHILE AND LEAVE FOOTPRINTS ON OUR HEARTS...  
AND, WE ARE NEVER THE SAME!



WomenCARE wishes to acknowledge and honor those women who have gone ahead of us this year, yet stay always in our hearts:

Kerry Rider

Maggie Borgman

Barbara Barnett

Sheila Solano

Cindy Gilholm

Maria Del Gado

Andrea R. Martin

*Fresh bouquets of exquisite flowers greet our visitors and support group members at the WomenCARE office each week. Many thanks to The Flower Shack for this ongoing donation.*

## ANDREA R. MARTIN, BREAST CANCER FUND FOUNDER

We sadly share the news of the passing of Andrea R. Martin, a pioneering leader of the breast cancer movement, and dedicated, visionary founder of The Breast Cancer Fund. Under Andrea's direction, the organization scored legislative victories, and funded cutting-edge research and patient support programs, including funding to WomenCARE.

Andrea devoted herself tirelessly. Whether she was climbing a mountain (Mt. Aconcagua with locals Vicki Boriack and Roberta Fama, and Mt. Fuji with Diane Grunes), supporting alternatives to mammography or questioning the environmental contributors to breast cancer, she was never afraid to push the limits.

Through two breast cancer diagnosis' and finally, her courageous 2-year struggle with brain cancer, Andrea remained focused on her vision of "ending breast cancer in our daughter's lifetime."

*Andrea Ravinett Martin*

*died on August 6th, 2003.*

*For more information visit:*

*<http://www.breastcancerfund.org>*

—Nancy Matlock (1948-1994)

"Hopefully, with community support, WomenCARE can begin to mobilize the activist energy that exists in Santa Cruz to take a stand against the nation's number one killer."

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# WomenCARE

## WomenCARE's Statement of Philosophy

WomenCARE is a community of women which provides advocacy, resources, education and support to all women with cancer, their families, friends, and health practitioners throughout diagnosis, healing, surviving, or dying.

WomenCARE is directed and led primarily by women with cancer or a cancer history.

WomenCARE respects and depends upon the wisdom that comes from a diversity of culture, economic background, age, sexual orientation, and physical ability and thus strives to be an organization embracing the widest diversity of women.

Cancer weaves innumerable changes—small and profound—into women's lives. We acknowledge cancer as a complicated disease that can strike any woman. We believe that no woman is to blame for getting cancer. WomenCARE honors the unique relationship each individual has to cancer.

WomenCARE helps women to explore diagnostic and treatment choices from worldwide and multicultural options using information and common sense. We honor and respect a woman's individual decisions, including choosing not to begin or not to continue treatment.

In coalition with other organizations, WomenCARE is committed to uncovering and challenging the current politics of cancer. We strive to rectify the insufficient funding for prevention, education, treatment, and research of women's cancers as well as the inequitable access to medical and alternative treatments and quality support services.

WomenCARE understands the necessity of, and is committed to, creating an organizational structure and process which promotes the health and well-being of all women involved in WomenCARE.

WomenCARE's services are provided FREE to women with cancer (or a cancer history) and their families and friends. For more information, call 457-CARE (457-2273).

Our gratitude to The Community Foundation of Santa Cruz County and The Soroptimists of Mid-Santa Cruz County for providing funds to produce and mail this newsletter.