BETTER TREATMENT

The Breast and Cervical Cancer Treatment Act is Getting Better Treatment in Washington

Being diagnosed with breast cancer is frightening. Knowing that you are unable to pay for lifesaving treatment is even scarier. Unfortunately, this scenario is happening to thousands of women in the U.S. today. However, thanks to the hard work of the Virginia Breast Cancer Foundation and breast cancer activists from across the nation, this problem is close to being resolved.

Women are encouraged to come in for screening, but, under the current system, the individual, her family and case managers are forced to find charity treatment. CDC studies report that this is the program's biggest problem and that this ad hoc system of charity care is fragile and deteriorating.

Breast cancer activists firmly believe that if women are diagnosed with breast or cervical cancer through a federal program, they should have access to federally funded treatment. The National Breast Cancer Coalition, which includes VBCF, called for legislation that would complement the federal screening program. However, largely due to scandals and the effort to impeach the President in the 105th Congress, very little legislation, including the Breast and Cervical Cancer Treatment Act, failed to pass. Early in the 106th Congress, this legislation was introduced to Congress for the second time.

In an effort to reduce breast and cervical cancer mortality rates in 1990, Congress authorized the Center for Disease Control (CDC) to develop the National Breast and Cervical Cancer Early Detection Program which provides free cancer screenings to low income and uninsured women. However, it became clear that this program was lacking in one essential component: funding for treatment for these women if cancer is found. If cancer is detected, there are no federal resources to pay for treatment or essential follow-up care.

Propelled through the legislative process on the power of grassroots, the Breast and Cervical Cancer Treatment Act is close to passing.

VBCF members played a pivotal role in moving the Breast and Cervical Cancer Treatment Act closer to becoming law in the 106th Congress. In

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Welcome to our new look! I hope you are as energized and excited by it as I am and that you agree it is very representative of VBCF and our mission. Speaking of which, our mission has a new look too! Most of you probably know by now that the board recently spent time editing the original mission statement. It was not changed to alter the meaning in any way, but to simplify and clarify. VBCF is a unique organization in Virginia in the fight against breast cancer, and we wanted a statement that leaves no doubt of what we want to achieve. Please take the time to read it in this issue. To continue the ‘new’ theme this, of course, is my first letter to you as your new president!

In my fourth month in this role, I am beginning to feel comfortable as a representative of issues that are important to you as individuals who have experienced breast cancer. Even with new advances in treatments and technology used to treat the disease, we are still a growing number. As time goes on, new and different issues are raising their heads in addition to the ones that seem to have been there for a long time. We are, for example, hearing much more about the long term effects of breast cancer treatment. Many are asking questions about the realistic expectations of a good quality of life in balance with a good life expectancy. The five-year timespan has long been the benchmark of a cure, but with a greater general life expectancy and more women being diagnosed at younger ages and at earlier stages many of us feel this heralded time period is often sadly lacking. It is important to talk to your physician about issues that you feel are related to your treatment even in the long term.

Without continuing input from the people experiencing symptoms, our doctors continue to tell us we are ‘back to normal’ after five years and there is a general expectation that everything is as they tell us it should be. Of course, for many, this is so and I am not trying to make a case for being whiny survivors. Rather I am saying that advocating for your needs does not stop at the end of five years. It is a continuing process and it is as important to maintain quality of life after that period as it was during the time of your treatment to maintain life itself. There are many members of VBCF who are well into their second decade since diagnosis and treatment and they exemplify the continuity of spirit that is so apparent at meetings of VBCF either at Chapter level or at our larger events. It would be easy for these individuals to say they have, “Been there, done that!” Instead, they continue to advocate not only for themselves but also for all others who find themselves in the unenviable position of having breast cancer. This is the spirit that carries us forward to finding a cure, continuing to keep this issue as a priority in their lives and the lives of our physicians, our lawmakers and our insurance companies. If you are a ‘veteran’ member, thanks for staying the course with us. If you are a new member, welcome! We still have much work to do but together we can and do make a difference. Let’s find that cure! Educate. Advocate. Eradicate!

Jennie

Virginia Breast Cancer Foundation Board of Directors

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Patricia Goodall, Vice President
Linda Strickland, Treasurer
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The Virginia Breast Cancer Foundation is a grassroots organization committed to the eradication of breast cancer through education and advocacy.

Educate  Advocate  Eradicate

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MAKING A DIFFERENCE

Annual Membership Meeting Focuses on
“Breast Cancer: How You Can Make a Difference”

Each year as our membership increases, we are encouraged and revitalized by our new members who are ready to make a difference through the Virginia Breast Cancer Foundation. It is only fitting that during our Annual Membership Meeting we not only have a new member orientation but also acknowledge the incredible commitments and efforts made by various members. Through the dedication of our members, VBCF is truly making a difference.

On April 1, 2000 at the elegant Renaissance in Richmond, Virginia, Patti Goodall, co-founder and past president, provided new members with an explanation of the history and structure of VBCF in order to help them determine how they can use their talents further VBCF’s mission. Although the original members met in a support group, the organization branched out on its own in order to focus on advocacy while raising the public conscience of this deadly disease.

Members were pleased to discover that the legacy of these founding women attracted even more members over the past year. President Jennie Davies chaired the Members’ Business Meeting where she presented the 1999 Annual Report. She also summarized the highlights of 1999 which included many wonderful programs sponsored by VBCF such as the conference on complementary and alternative approaches to breast cancer treatment and the production of the Richmond performances of “Fear Not My Child”.

Treasurer Linda Strickland presented the Treasurer’s Report with accolades to her predecessor Nancy Krause Golden. Due to successful fundraisers, unexpected generous contributions and change of staff, VBCF came out ahead of its 1999 budget. Linda Strickland shared with VBCF members that the organization continues to strengthen its solid financial foundation.

Each chapter president then gave her report and honored her Chapter Volunteers of the Year.

Peninsula Chapter President Ann Wilson reported on the Peninsula Chapter’s very busy year which included its successful Spring in 2000 Fashion Show and various programs. The Peninsula Chapter Volunteer of the Year was shared by Sudie and Gene Stultz, who were recognized for their hard work especially in spearheading an outreach project disseminating a video on coping with breast cancer and for coordinating the Annual Golf Tournament.

Richmond Chapter President Gay Rudis shared her chapter's impressive wide range of programs in 1999 which ranged from aromatherapy to yoga. The Richmond Chapter has a committed core of dedicated leaders who have raised a strong chapter presence in the area. The Richmond Chapter recognized Sherrian Biggerstaff for her commitment to the development of the chapter.

Chester Tri-Cities Chapter President Joy Galloni recounted this new chapter’s successful educational programs including their “kick-off” event which was a poignant exhibit called “Isolation”. The photographs were by Michelle Mathews who chronicled her mother’s, Chester Tri-Cities Chapter member Linda Matthews, journey through treatment. Joy Galloni said that they often have the problem of not having enough seats at their programs. Libby Gatewood, chapter co-founder and member, was asked to present the Chapter Volunteer of the Year Award to Joy Galloni. As Chapter President, Joy was recognized for her hard work and commitment to a successful year for the Chester Tri-Cities Chapter.

With Nancy Dopp’s children there to present the award to the recipient, Jennie Davies named Christine Laurance the 1999 Nancy Dopp Volunteer of the Year. Nancy Dopp was remembered for her dedicated and selfless volunteerism to VBCF. (See Member Profile)

Following the lunch, members attended the workshops on “Breast Cancer: How You Can Make a Difference.” The three lectures continued on page 4

Virginia Breast Cancer Foundation’s New Board Officers and Members

The Virginia Breast Cancer Foundation has new board officers and two new board members. Jennie Davies of Williamsburg, Virginia was elected in Fall 1999 to steer VBCF into the new century. “I am honored to have been selected by the board to lead this dynamic group in our fight to eradicate breast cancer” she says. The new officers are Patricia Goodall, vice-president, Linda Strickland, treasurer, and Beth Williams, secretary. Their two year terms began on January 1, 2000. In addition, both Joy Galloni of Petersburg and Leslie Rosen of Richmond have been elected to the board of directors. Joy Galloni also serves as the president of the VBCF Chester Tri-Cities Chapter and Leslie Rosen, a nurse with Bon Secours St. Mary’s Hospital, has been a long time member and supporter of VBCF.
RICHMOND CHAPTER

The Richmond Chapter welcomed the new year by electing a new chapter president and vice-president. Our 1999 president, Brittany Burch, resigned in November to return to California. Becky Morris volunteered to serve as interim president and kept the chapter active. During our January planning session, the chapter elected Gay Rudis as president and Becky agreed to serve as vice-president.

On February 2, the chapter presented a program on Music Evoked Imagery. The class was taught by Harmon Logan from Roanoke. Harmon had presented a similar program last year at our Weaving Our Wellness Conference in Virginia Beach. Music Evoked Imagery is an experience of imagery evoked by listening to carefully programmed music in a relaxed state while a guide maintains an interactive dialogue. Each participant was encouraged to share some of her personal imagery by drawing a mandala and discussing it with others.

VBCF member Linda Seeman, Ph.D. presented our March program on “Mind over Mirror: Inner Strength during Breast Cancer.” The program began with the documentary “I Am Beautiful” and then Linda shared with us her personal and family journey with breast cancer. The program was an exploration and celebration of each woman’s inner beauty.

The chapter also hosted a literature table at the January meeting for the Richmond Area Moms of Multiples. Sherrian Biggerstaff and Stacey Ferguson represented the chapter at this event.

CHESTER TRI-CITIES CHAPTER

The wonderful turnout at our January Chapter meeting provided us with the perfect photo opportunity! Judy Men’s husband took a picture of our group; we had a copy framed to hang at the reading library at SRMC Cancer Treatment Center Library. Thanks so much Judy!

The most exciting event for our chapter this quarter was the opening of the Reading Library at Southside Regional Medical Center’s Cancer Treatment Center on February 28th. Our chapter members have been collecting books and pamphlets to stock this library. A variety of materials became available to cancer patients, their caregivers and children to read and preview. We were very pleased to work with the Southside Regional Breast Cancer Task Force to host a reception for doctors, medical technicians, patients and many of our members at the opening. Sylvia Ellis Tyree read some of her poetry encouraging us all with her positive power of self, and Dr. Chanault spoke about the importance of education with the cancer diagnosis. We are very pleased to share with others who may need the help of these educational materials. Of course we will continue to collect materials concerning all forms of cancer to help our library grow. You are definitely encouraged to donate!

There was a huge turn out at the American Cancer Society Breast Self-Exam Instructor’s class organized by the Chester Tri-Cities Chapter on March 30th. Dr. Gary Staton was very informative when he showed us mammograms and a variety of indicators for serious problems and not so serious problems. Sim Spencer was very effective in monitoring her class to the knowledge of the audience. We hope to reach many more women with proper breast self-exam instruction after this class.

The enthusiasm and interest in this southern chapter is proof of the many women who are committed to education and strength while fighting breast cancer.

PENINSULA CHAPTER

The Peninsula Chapter held an election for new officers for 2000.

President..........................Ann H. Wilson
Vice President.....................Christine Laurance
Secretary..........................Sudie Stultz
Treasurer..........................Brenda Forbes
Education..........................Sudie Stultz and
Marchetta Delemorton
Membership........................Shirley Keep and
Ann T. Wilson
Programs..........................Alice Oldfield
Publications.........................Alice Oldfield
Historian...........................Jean Minor
Legislature........................Judy Weatherly
District Representative...........Judy Weatherly
Pink Ribbons.......................Jennie Davies

The chapter members look forward to an eventful year and have already hosted an extremely successful fundraiser. (See story on page 10)
Virginia Breast Cancer Foundation invites you to

“JOIN THE DRIVE AGAINST BREAST CANCER”

Reserve a special license plate in your name today!

By proudly displaying this license plate on your car you not only raise awareness about this disease, but you also support the only grassroots organization in Virginia dedicated solely to eradicating breast cancer.

The one time charge for this special breast cancer license plate is only $25.00. (The annual renewal fee for your Virginia license plates will still apply.) The Department of Motor Vehicles (DMV) requires 350 prepaid applications before they will begin production of the plate. Your application fee will be held in a special VBCF account until we solicit the necessary 350 applications. Once we have reached that number, you will receive instructions on how to order your plate.

Send in your application today and be one of the first in Virginia to have the special “pink ribbon” license plate!

NAME: ____________________________________________________________

ADDRESS: _______________________________________________________

CITY: ___________________ STATE: ________________ ZIP: ____________

PHONE: (___) ____________ EMAIL ADDRESS: _______________________

Please send a check in the amount of $25 payable to the “Virginia Breast Cancer Foundation” 5001 W. Broad Street, Suite 201, Richmond, VA 23230.

Please check one:
○ I am a VBCF member. ○ Please send me information about VBCF.

Show your support of the fight against breast cancer by reserving a special “pink ribbon plate” in your name TODAY! Encourage your family members, friends, and coworkers to purchase one, too. The faster we collect 350 prepaid applications, the sooner we can “JOIN THE DRIVE AGAINST BREAST CANCER.”

EDUCATE. ADVOCATE. ERADICATE.
JOIN THE DRIVE AGAINST BREAST CANCER

VBCF members and breast cancer advocates can join the drive against breast cancer by proudly displaying a new license plate on their cars. This year's General Assembly passed Delegate Kirkland Cox's (66th District) bill authorizing the development of a special VBCF license plate. After Governor Gilmore signs the bill into law for the breast cancer license plate, VBCF will begin a statewide campaign to get the plates printed and in use. By obtaining this new license plate, car owners can raise awareness about this disease and support the only grassroots organization in Virginia dedicated to eradicating breast cancer.

The one time charge of this awareness plate will be $25.00. The annual renewal fee for Virginia license plates will still apply. The Department of Motor Vehicles requires 350 prepaid applications before they begin production of the plate. An application fee will be held in a special VBCF account until the necessary 350 applications are solicited. VBCF is confident that with the support of its members, this can be accomplished in a very short time. Once the required number are collected, instructions on how to order a plate will be distributed. These plates will also be a revenue sharing opportunity. After the first 1,000 plates are issued, $15.00 will be returned to VBCF. Not only are these plates promoting breast cancer awareness, but the fee will be used to support the ongoing efforts of VBCF in eradicating this devastating disease.

Enclosed is a copy of the application form. Copy and share it with your family members, friends and coworkers and encourage them to purchase one too.

BETTER TREATMENT
continued from page 1

the first session of this Congress, VBCF members urged their congressional leaders to support proposed legislation that would provide Medicaid funding for those women who were diagnosed through the federal Breast and Cervical Cancer Early Detection Program. VBCF members wrote to Congressman Thomas Billey, chair of the influential House Commerce Committee, asking for his support on the legislation. Representatives then met with the Congressman in Richmond to tell more about the need for this legislation and were pleased to hear of Mr Billey's commitment to move the bill through his committee. VBCF representatives also traveled to Capitol Hill in Washington, DC to show support for the House bill at various subcommittee and committee hearings and further push the importance of this bill. VBCF is pleased that because of its work, the House version of the Breast and Cervical Cancer Treatment Act moved further through the legislative process than ever before. Early in the year, President Clinton announced in his radio address that he has added funding for this bill to his proposed budget for Fiscal Year 2001. Following that, the House GOP leadership also committed to seeing this bill passed. Breast cancer advocates are calling their congressional leaders asking them to sign on to the legislation and urging them to pass the bill by Mother's Day 2000.

Senator Barbara Mikulski said it best in her testimony before the Senate Subcommittee on Health Care, "Now as we enter the 21st century, it is time for us to finish what we started. It is time to guarantee treatment services for breast and cervical cancer for women who are screened through this program. We made the down payment in 1990, but it is time for the final payment."
PHASE III CLINICAL TRIAL OF THERATOPE® VACCINE

Less than three percent of today's adult cancer population participates in clinical trials. This is far less than the numbers required to get urgently needed answers about breast cancer prevention, treatment, and a cure. Part of what breast cancer advocates can do to help researchers get the word out about quality clinical trials.

The National Breast Cancer Coalition is working to help researchers get answers more quickly by participating in an industry partnership with Biomira, Inc. This biotechnology company has developed THERATOPE®, a drug that may be effective in reducing the rates of disease recurrence, disease progression and death in women who have been treated for metastatic breast cancer. Although it has been tested in Phase I and Phase II clinical trials, the vaccine is still an experimental drug. It is not available for general use outside of a clinical trial setting.

Biomira is currently sponsoring a double-blinded, randomized Phase III trial at select European and North American hospitals and will enroll up to 950 individuals. The objective of this clinical trial is to compare the time to disease progression and survival in patients receiving the THERATOPE® vaccine to that of patients receiving a control vaccine and to confirm the safety profile of the drug, antibody titres and quality of life.

By producing synthetic mimics of cancer associated antigens, scientists have found a way to “trick” the body into recognizing cancer cells as abnormalities. The aim is to induce appropriate immune responses which will control the growth of those abnormal cancer cells, prevent or delay the spread of disease and increase patient survival. Because this vaccine targets only cancer cells, THERATOPE® does not cause the same degree of toxicity as traditional chemotherapy. The treatment consists of four vaccinations (two injections) each given at weeks zero, two, five and nine. Three days prior to the first vaccination, a one-time, low dose of cyclophosphamide is given. To be eligible, a woman must 1) be at least 18, 2) be no later than 40 weeks from the start of first-line chemotherapy for metastatic breast cancer, 3) have no evidence of disease, have had a response to therapy or have stable disease, 4) be at least 33 weeks past chemotherapy treatment, 5) be at least four weeks from having any biological or investigational drugs, and 6) have good blood values and immune status.

The Virginia Breast Cancer Foundation does not endorse any specific physician or treatment but seeks to provide our members and supporters with information about breast cancer and forms of treatment available.

If you would like more information about this clinical trial and would like more information, visit Biomira's website at www.biomira.com. For more information about trial sites or detailed contact information, call Madeleine Greenwald, director of the Clinical Trials Project, NBCC at 202-973-0585.

Younger Women and Cancer

For several reasons, including the “unexpected psychological and physical shock” of being diagnosed with cancer at a young age, younger women who are diagnosed with breast cancer are more likely to show signs of depression than their older counterparts, according to a report in the journal Cancer.

The study, which took place at the AMC Cancer Research Center in Denver, Colorado, looked at 304 women who were recently treated for breast cancer and showed that 32 percent of women aged 50 or younger were depressed compared with 20 percent of women older than age 50.

“Because cancer is most often associated with aging, a breast cancer diagnosis in a premenopausal woman can be an unexpected physical and emotional shock” said lead researcher, Dr. Lari B. Wenzel of the University of California, Irvine. “Younger women, especially those receiving chemotherapy, may have fewer coping strategies and resources necessary to manage a prolonged, life-threatening illness,” added Wenzel.

The results of the current study “suggest that younger patients should be considered at risk for distress,” Wenzel and her colleagues concluded. “This consideration should allow for earlier evaluation and intervention consistent with patient’s needs.” They suggest that counseling or group therapy may help such women cope with breast cancer.

Sources: Reuters Health, Cancer, Toward a Cure

Delores Bishop, Sherriun Biggerstaff, Betsy Seerist, Marie Caffrey, Gay Rudis, Faye Mullins and Stacey Ferguson participate in Music Evoked Imagery
SCIENTIFIC MISCONDUCT AFFECTS INSURANCE COVERAGE FOR BONE MARROW TRANSPLANT

In May 1999, at the American Society Clinical Oncology (ASCO) annual meeting, five groups of researchers presented results from clinical trials of high-dose chemotherapy plus autologous stem cell transplant (HDC/ASCT - a procedure similar to a bone marrow transplant) for treatment of breast cancer. Four of the studies found no difference in survival in patients receiving HDC/ASCT and those receiving lower dose chemotherapy without transplants. The remaining trial, from the University of the Witwatersrand in Johannesburg, South Africa, showed a significant difference in favor of HDC/ASCT.

However, an audit that began in late January 2000 by an independent American team revealed evidence of serious improprieties and breaches of acceptable research practices. As a result, the university has officially rescinded the study and the lead researcher, Werner Bezwoda, Ph.D., has admitted that he “committed a serious breach of scientific honesty and integrity.” Bezwoda is under investigation by the university’s ethics board.

Following this disclosure of the misconduct of the South African study, Aetna, the nation’s biggest health insurer, dropped most coverage of bone marrow transplant for women with breast cancer. The health insurance company said it will pay for the treatment only for women who have participated in federally sponsored studies of the approach. United Healthcare, the nation’s second-largest health insurer, said that it will continue to leave the decision on bone marrow transplant coverage to its doctors. Cigna Healthcare released a statement that it would continue to consider the bone marrow transplant coverage on a case-by-case basis. In the early 1980’s insurers initially balked at covering the controversial treatment which involves giving women ultra high doses of chemotherapy followed by a bone marrow transplant. Eventually, though, most paid for it after being pressed by lawsuits and fears of a public relations backlash.

Researchers at the National Cancer Institute, which approved of the audit as a useful preliminary step before possibly conducting a confirmatory trial, were extremely disturbed by the news. Jeff Abrams, MD, coordinator of NCI’s breast cancer trials said, “The falsification of the South African study is devastating. However, an even greater tragedy could result if this news causes patients and doctors in the United States and around the world to avoid clinical trials of transplants all together.” Despite serious concerns generated by the misconduct in the South African study, breast cancer advocacy groups contacted by NCI remain supportive of scientifically sound and ethically conducted clinical trials. The National Breast Cancer Coalition and other patient advocacy groups have advised that women who do not qualify for medical research should not try for bone marrow transplant therapy.

Breast Cancer and the Environment?

A recent study by the Silent Spring Institute targets pesticides and other chemicals as possible explanations of high rates of breast cancer in some parts of Newton, Massachusetts.

Researchers surveyed 1,350 residents of Newton, Massachusetts living in areas of both high and low breast cancer incidence. Supporting previous findings, researchers found that women living in the high incidence areas for the most part had higher incomes, education levels and other indicators of socioeconomic status (SES). The Institute wanted to determine whether higher SES residents shared underlying environmental factors, such as pesticide and chemical use, which put them at higher breast cancer risk.

The researchers found that a higher number of women living in the high-incidence area reported using professional lawn services, termite treatments or pesticides. Use of dry cleaning services was also considered as a possible risk factor. The Silent Spring Institute named the “endocrine disrupting” compounds found in some pesticides as the possible culprit. However, the National Academy of Science said that it failed to find evidence to support that theory.

Julia Brody, Ph.D., spokesperson for Silent Spring, argues that more research is needed to examine the relationship between environmental exposures to chemicals and breast cancer.
We are all prisoners of our times, constrained and influenced by the social, economic, and political realities of the world in which we live. Examining those realities as they have affected the lives of American women with breast cancer, Ellen Leopold’s *A Darker Ribbon* takes readers through the past century, providing a valuable perspective on both the modern history of breast cancer treatment and the influences on and direction of breast cancer activism in the late 20th century.

As a social history, this is a new kind of breast cancer book. Leopold herself observes that the vast majority of books about the disease either describe clinical treatment or recount their author’s personal experience. By contrast, *A Darker Ribbon* contains no description of Leopold’s encounter with breast cancer.

It concentrates instead on the cultural, social, and economic context in which women experience, and the public at large sees, the disease. To focus her discussion and to help readers appreciate the ways in which the public’s understanding of breast cancer has evolved, Leopold examines previously unpublished correspondence between two women and their doctors.

Diagnosed almost 50 years apart, Barbara Mueller (a pseudonym) and Rachel Carson (author of the environmental classic *Silent Spring*) had very different relationships with both their illness and their doctors. Mueller’s doctor, from her diagnosis in 1917 until her death in 1922, was William Halsted, the innovator of the radical mastectomy that still bears his name. Carson, meanwhile, consulted a number of physicians from the time of her diagnosis in 1960 until her death in 1964, but she turned most frequently for advice to George Crile, a surgeon who openly questioned the merits of Halsted’s surgery at a time when doing so was considered heresy.

Though both underwent radical mastectomies, the correspondence between these women and their doctors reveals changing dynamics between male doctors and their middle-class female patients. Mueller’s unquestioning reliance on the care provided by Halsted stands in marked contrast to the questions raised by Carson about the treatment choices presented to her.

While their relationship with their doctors differed, the experience of the disease played out in private for both women. The incidence of breast cancer was increasing, but public discussions of the real experience of the disease were strictly taboo. Victorian attitudes about women, their bodies, and their roles in society made breast cancer at the turn of the century a very private matter well into the 20th century. And the slowly changing role of women in society that received its first great impetus with World War II did relatively little to bring women’s health issues to the forefront. Progress on matters of life and death was slow in coming.

The slow shift in the cultural and social framework in which breast cancer occurred for most of the 20th century was mirrored in the medical model that dominated treatment. The supremacy of Halsted’s now discredited theory that breast cancer progresses in a logical, orderly, predictable course (from local disease through the lymph nodes to metastatic disease) and to the promotion, as a result, of early intervention as a woman’s best chance of cure made surgical options the dominant breast cancer treatment for more than 50 years. Leopold examines and elucidates this history and the effect that it had on women who lived during that period and beyond.

By bringing to light the factors that made possible the dominance of surgery and surgeons in the treatment of breast cancer from the late 19th century until the 1970s, *A Darker Ribbon* helps us to see the ways in which we are captives of our social and cultural structures, as well as of the medical system that reflects those structures. Ultimately, it is only by understanding - and then changing - these structures and systems that we will be able to cure and prevent breast cancer.

To help the reader achieve this understanding, Leopold highlights a number of facts about “cancer-control campaigns” and the role of the American Cancer Society (originally called the American Society for the Control of Cancer) in forming a public anticancer effort. This history alone makes *Darker Ribbon* valuable for anyone interested in the development and nature of the cancer movement in general, and the breast cancer movement in particular.

As Leopold explains, the “early detection” campaigns that began in the 1930s served to keep the public, especially women, from recognizing that surgery could not cure breast cancer. Leopold raises important questions about whether the increasing promotion and popularity of breast reconstruction serves that function today. As she sees it, reconstructive surgery distances women individually, and society as a whole, from the experience of breast cancer as an illness. The surgeon’s role in breast cancer is preserved, while the medicalization of the disease is expanded to include the role of oncology through the addition of chemotherapy treatment. And, Leopold notes, all of this happens to the virtual exclusion of any focus on true cancer prevention or any acknowledgment by the medical community that we are no closer to a true cure for breast cancer than we were when Barbara Mueller so hopefully wrote to William Halsted in 1917.

Women’s susceptibility today to the marketing of pills for cancer “prevention,”
VBCF EXPANDS ITS RESOURCES

This spring VBCF’s resource library will undergo an expansion as a result of a $7,500.00 grant from the Susan G. Komen Richmond Race for the Cure® program. The resource library will be stocked with educational materials, breast models and a computer with Internet access.

VBCF’s Internet-ready library will enable individuals diagnosed with or at risk of breast cancer to empower themselves with the vast amount of information available on the World Wide Web. In growing numbers people today, when faced with a medical problem, turn to the Internet to learn more about their disease. This information helps them make informed health care decisions in conjunction with their physicians. However, there are those in our community who either do not have access to a computer, the Internet or are not comfortable using this relatively new technology. VBCF hopes to overcome that obstacle with funding received from the Richmond Race for the Cure®.

The public will be able to come in and borrow materials as well as conduct breast cancer research on the Internet free of charge. Users will also be able to print information for their own files and records. For those who are not computer literate, VBCF staff will be available to provide assistance.

The VBCF headquarters in Richmond is easily accessible by having ample parking as well as by being on the bus line. We envision that the library will become a true resource center that will serve as a clearinghouse for all breast cancer resources throughout the Commonwealth.

MAKING A DIFFERENCE
continued from page 3

focused on the three different levels of breast cancer advocacy that can make a difference: self-advocacy, advocating for a loved one and grassroots advocacy.

Dr. Tom Smith of Virginia Commonwealth University’s School of Medicine presented “How to Talk With Your Doctor: Improving Doctor and Patient Communication.” Dr. Smith spoke on communication problems between doctors and patients and suggested some solutions to help improve doctor visits. He also covered some of the life events from breast cancer diagnosis to treatment and recurrences.

Psychologist, Dr. Lester Dubnick spoke on “Advocating for a Loved One.” His remarks included his personal experience as a husband and a father of women diagnosed with breast cancer and that the diagnosis of breast cancer is a family experience.

During her presentation “Grassroots Advocacy and Change: You Can Make the Difference” Sharon Ford Watkins, field director of the National Breast Cancer Coalition (NBCC) asked the question, “How many in here think breast cancer is a political issue?” and all the hands in the room went up. Declaring that because of the perseverance of breast cancer advocates, NBCC is recognized as a formidable force on Capitol Hill. Sharon reinforced grass-roots power with her comment that NBCC effectively influences public policy decisions because of the perseverance of its member organizations like VBCF and individual supporters. Sharon commended VBCF members for taking on the challenge of getting the Breast and Cervical Cancer Treatment Act through the legislative process. Sharon ended her presentation urging the audience to attend the upcoming NBCC annual advocacy conference and lobby day in Washington, D.C.

The VBCF Annual Membership Meeting is always a great way to meet with members in order to celebrate the past year’s successes of this incredible organization. VBCF has accomplished so much because of its members’ commitment to make a difference in the fight against breast cancer.

PROFILE
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Christine has received much deserved recognition in the community where she lives for the work she does for women with breast cancer. In 1999 she received the Junior Women’s Club Young Woman of the Year Award and was included at the end of last year in Williamsburg Community Hospital’s tribute to Breast Cancer Survivors. Christine uses her experience with breast cancer to inform and educate the public about the disease and its effects on the whole family. She is firmly convinced that knowledge is power and is very literate on the various web sites available with that information. Christine is been and continues to be a valuable member of VBCF. Christine Laurance is more than deserving of this year’s Nancy Dopp Volunteer of the Year Award.
BIRDS, BUTTERFLIES AND BEAUTIFUL FASHIONS

The Peninsula Chapter’s Annual Fashion Show Proved that Supporting VBCF Is in Fashion

Fashion was in bloom as the Peninsula Chapter members hosted Birds, Butterflies and Beautiful Fashions, another successful fashion show and luncheon fundraiser on behalf of VBCF. Headed by members Christine Launance and Alice Oldfield, the Fashion Show Committee organized a sell out show with over 400 women (and a few men) attending.

Paige Harrell, who annually presents fashions for this event from her store in Southern Shores, put on one of her best shows to date. The show included casual day wear, special occasion wear and formal evening wear. Paige shared the stage this year with her new husband Barry and together they wowed the audience with their lively presentation of the beautiful fashions. In addition, Paige and Barry enhanced the profits of this occasion by sharing the cost of the lighting with the Peninsula Chapter and by donating items for live auction during the show.

The stunning fashions of the show were showcased by models who were drawn from the local business community as well as VBCF. The special guest model was Amy York from WXEZ Lite 94 who also endorsed the show prior to the event.

The contributions of many other individuals and businesses enhanced this year’s show. A number of donors provided special items for the live auction including a beautiful amethyst ring from VBCF Member Anna Clemins and a Bulova ladies watch from Patrick Henry Mall. A Thomas Kincaid print was also auctioned with the profits shared by VBCF and the Nag’s Head Battered Women’s Shelter, as requested by the donor. For the second year, Barbara Williams, a quilter from Gloucester made and donated a beautiful quilt for the raffle. As always, this is the most popular part of the show as it raised nearly $1400.

The show was also particularly successful in receiving sponsorship from a number of businesses, enabling more money from ticket sales to go directly to VBCF. The Omni Hotel, where the show has been held for the last four years, donated all of the rooms that were used. Ladies of the Maxwell Garden Club in Newport News once again arranged flowers into bouquets and centerpieces,
CHARITABLE GIVING

The Unique Applications of Life Insurance

Extending your Financial Legacy:
The unique application of life insurance
in Charitable Giving
Sharon Talarico, CLU, CFS

Charitable Giving techniques may involve several disciplines - taxation, estate planning, investing and insurance - in order to find the best financial wealth transfer method for your situation.

These topics were described in a previous issue of the VBCF newsletter, and this article will break down these concepts into a question/answer format.

Please consult both an estate tax and insurance advisor to determine the appropriateness of these methods for your situation.

Q: Charitable Giving - is this just another term for “fundraising”?
A: No, it's totally different in one major way: current (operating) budget versus financial legacy. VBCF is now of an "age" as an organization that the current budget is sustained by contributions and fundraising. Planned giving is an unknown timetable in most cases as it relates to estate planning, or the date of death, of the benefactor.

Q: How does life insurance help VBCF?
A: First, the benefit is usually a large lump sum, and second, it is cash (liquid) versus property which must be sold and probated. If set up correctly, the life insurance is neither probated nor included in the estate for taxation.

Q: Do you mean, name VBCF as the beneficiary of your life insurance?
A: That is one way, but not the most tax-efficient. However, if you cannot qualify or afford to buy more life insurance, this may be the only way.

Q: I'm in a high tax-bracket, what's the best method for me?
A: Your high tax rate means you can give a larger gift at a lower net cost. The best method for tax and estate planning is making a stipulated cash payment to the charity with which they will purchase a life insurance policy. The charity is the owner, beneficiary and payer. You are the insured.

Q: Sounds kind of weird - is this legal?
A: Yes, in nearly every state, including Virginia, this is a recognized relationship of "insurable interest."

Q: Can you break it down a little more, how do organizations and donors see this relationship?
A: For example, Jane is a regular contributor to the SPCA. She is not wealthy but wants to know after her death that her donations can "continue" in a sense. The organization agrees to buy a policy worth $25,000 and costs $500 a year, and Jane agrees to donate $500 to the SPCA every year about two months ahead of the premium due date. If Jane in later years stops donations, the policy may be "reduced paid up" or surrendered for the cash value. There is really no liability for the charity in this.

Q: Where do I go for more information?
A: Your trusted insurance and tax advisors can get you the numbers and values to which you want to commit. "Mature" non-profits have the largest financial futures using this method of charitable giving. Now you know how it's done!
Contribution

A contribution of $___________ is enclosed.

In Memory Of

or In Honor Of (If you would like an acknowledgment card sent, please include name and address of recipient.)

NAME

ADDRESS (INCLUDE APT. #, P.O. BOX, ETC.)

CITY           STATE           ZIP

☐ Please send me information on Planned Giving.

☐ Please contact me about becoming a VBCF volunteer.

Annual Dues Information

☐ Basic $20    ☐ Sponsor $250
☐ Family $25   ☐ Patron $500
☐ Friend $100  ☐ Benefactor $1000

☐ New   ☐ Renewal

☐ Courtesy (available if unable to pay membership fee)

NAME OR FAMILY MEMBERSHIP NAME

ADDRESS (INCLUDE APT. #, P.O. BOX, ETC.)

CITY           STATE           ZIP

PHONE           FAX           E-MAIL

This newsletter, published by the Virginia Breast Cancer Foundation, focuses on breast cancer issues and the activities of VBCF members. If you wish to join VBCF, or have any editorial comments, please call 1-800-345-VBCF or write to: Virginia Breast Cancer Foundation, 5001 W. Broad St., Suite 201, Richmond, VA 23230