



## From the Executive Director: What a Trump Presidency Means for Our Work

By Karuna Jaggar, Executive Director

I won't lie. There were tears shed in the Breast Cancer Action the morning after the 2016 election. My own, and those of the strong, smart, tireless team of women I work with.

Like many people working for social justice and women's health, we feel fear and apprehension deep in our guts about what a Trump presidency means for our communities, and the larger world. More than one person has said she feels like our work has been set back decades by last night's election of Donald Trump.



Each year around this time I write about system change and the long arc of Breast Cancer Action's work to change the breast cancer movement and achieve health justice for women at risk of and living with breast cancer. I always remind myself and our community that meaningful change takes time, that there are steps forward and set-backs, and the undeniable necessity of this work. It feels harder today to say all of that. The pull of hopelessness is palpable. But it also feels even more necessary.

It's hard to celebrate the wins we did see on election night, like a ban on fracking in Monterey County, when President-elect Trump has said that he will "cancel" the Paris Climate Agreement within 100 days of taking office.

But it's not just fracking and other forms of dangerous drilling at stake here. Donald Trump's vision for this country is fundamentally opposed to the values that I and Breast Cancer Action hold dear: social justice, compassion, equality, resisting oppression, respecting women.

We are a breast cancer organization, but as feminists committed to social justice we are also acutely aware of all the ways our work intersects with the vital and vibrant movements for justice that are happening across this country. We are grateful for and inspired by the ongoing resistance to oppression and injustice we see happening even in the midst of this demoralizing election. #BlackLivesMatter, #NoDAPL, fair immigration reform, ending the school to prison pipeline, the fight for a \$15 minimum wage—we want to see these movements *win*, not be steamrolled by a president who ran his campaign fueling racism, misogyny, xenophobia, and so much more that is antithetical to the world I want to live in.

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When it comes to our work here at BCAction for women at risk of and living with breast cancer, here's just a short list of what a Trump administration likely means for our work and our members:

- Repeal or roll back of the Affordable Care Act (aka Obamacare)—for cancer patients this could mean a return to denial of coverage based on pre-existing conditions, lifetime payment caps, and inability to access healthcare
- An even more pro-industry Food and Drug Administration (FDA) that weakens standards of safety and efficacy for new drugs and devices
- Weaken and dismantle Environmental Protection Agency (EPA) regulations—after initially threatening to eliminate the agency—and put a climate change skeptic named Myron Ebell at the helm
- A toxic environment where women are reduced to breasts and anything less than mainstream standards of beauty are mocked and ridiculed

Real people will suffer the consequences of bad policies. And some communities will be more impacted than others. And this is why, even as we are in shock and grief, we are more committed than ever to our values and vision of the world we want to live in.

Breast cancer is political and breast cancer is a social justice issue. Without question, women's health broadly is a social justice issue. And like other women's health issues, the breast cancer epidemic impacts communities unequally and leads to unacceptable differences in who develops breast cancer and when it develops, who gets high quality and timely treatment, and who dies from breast cancer. These outcomes are directly connected to the racism and misogyny that surged in the polls yesterday.

But I know I'm not alone in wanting to live in a world where social justice is a reality; a world that honors women's diverse voices and lived experiences; a world where people's health and well-being come before corporate profits; a world based on honesty, fearlessness, and compassion.

It's clear from the election results that our work will be much harder now—but even more urgent and we are that much more committed to creating a just and equitable world for all of us.

As the great ecologist and activist Sandra Steingraber has said: "We are all musicians in a great human orchestra, and it is now time to play the Save the World Symphony. You are not required to play a solo, but you are required to know what instrument you hold and play it as well as you can. You are required to find your place in the score. What we love we must protect. That's what love means. From the right to know and the duty to inquire flows the obligation to act."

We will keep playing our instruments as loudly as we can; thank you for playing yours.

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## Thank YOU for a Powerful Pinktober

A lot has happened in the last week. If you haven't read my take on the presidential election, you can do so at the beginning of this issue. **We are going to need you more than ever**, and I want to show you what you accomplished just last month because you stood up for what's right.

Because of you, pinkwashing agricultural companies Bee Sweet Citrus and Wonderful Citrus felt the squeeze this Pinktober!

Your powerful voices, actions and stories helped us peel away their pink ribbons and expose the truth about how they grow their oranges with oil wastewater.

You, along with our friends at Center for Food Safety, **delivered nearly 13,000 letters** to these citrus companies to tell them that "Toxic Isn't Tasty!"

You raised your voice so loudly, we got on Voice of America, The Stupid Cancer Show, and had our op-ed published in EcoWatch. And **nine organizations**—from environmental orgs to nurses' groups—endorsed our campaign and joined our call to demand these pinkwashers take action to protect public health.

Your stories reached more than 50,000 people on social media and blog posts by our Community Leader Alma Busby-Williams and our California Cancer Fracktivist Hannah Lyon reached thousands of others.

Outrageously, instead of responding to your concerns by stopping their use of oil wastewater to irrigate their citrus, these companies continued to defend the indefensible. Thanks to our collective pressure, **Bee Sweet and Wonderful had no choice but to publicly respond**. Only one day after we launched this campaign, Bee Sweet was feeling so much heat that they shamefully *blocked* you The Source—Fall 2016 | 11.17.2016

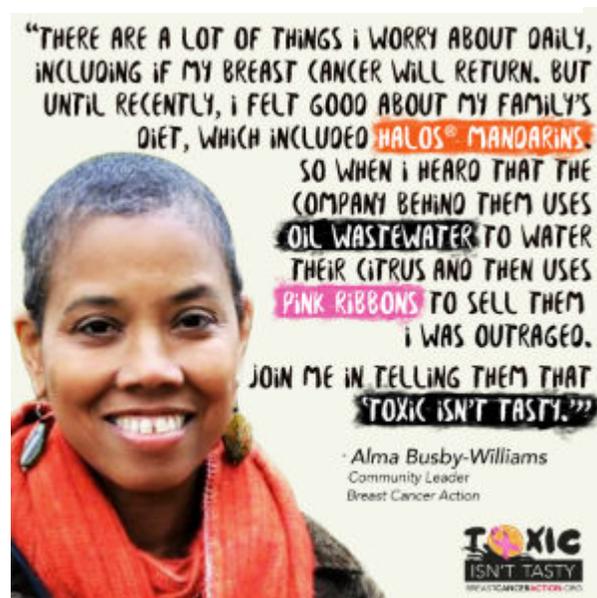
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from sending them letters. (But don't worry—we delivered your letters to them.) They also felt enough pressure to write a statement that they publicized right on the homepage of their website. And Wonderful Citrus felt pressured to individually reply to each of your letters.

But we're not stopping now.

Our "Toxic Isn't Tasty" campaign is one piece of our work to protect us all from chemicals linked to increased breast cancer risk. **Working to put public health before industry profit takes time and fierce activists like you.**

Help us expand our reach by asking your family and friends [to sign up for our action alerts today](#) and stay tuned for ways to help us keep standing up for women's health!

We can't do it without you.

## How Routine Mammography Screening Leads to Overdiagnosis & Overtreatment

*By Karuna Jaggar, Executive Director*

Around 40,000 individual women [die of breast cancer each and every year](#). Sisters. Mothers. Daughters. Spouses. Friends. For each of these women and their loved ones breast cancer is a personal tragedy.

Breast cancer is also a public health crisis and social justice issue. Despite decades of awareness campaigns, breast cancer is [the second leading cause of cancer death for women in the U.S.](#) And a woman's chances of surviving a diagnosis are [significantly impacted by her race](#), as well as socioeconomic status and where she lives.

The mainstream breast cancer movement tells us that if we just make sure that every woman gets a routine mammogram, we can fix this. It tells us fewer women will die if they get mammograms, and that the answer to the unacceptable inequities in survival can be addressed by expanding access to mammograms. But the facts tell a very different story.

After more than 30 years of widespread promotion of routine breast cancer screening for women at average risk, an undeniable body of research shows the significant harms and limited benefits of population-based screening. The truth is that widespread mammography screening has failed to dramatically reduce the number of deaths from breast cancer.

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Last week, a new study in the *New England Journal of Medicine* added to the compelling evidence that for a majority of asymptomatic women at average risk of breast cancer, the harms of screening may outweigh the benefit.

Researchers from Dartmouth College and the National Cancer Institute (NCI), examined data from the Surveillance, Epidemiology, and End Results (SEER) program looked at the size of breast cancer tumors among women age 40 and older. They examined 37 years' worth of data, dividing into two time periods, before and after widespread adoption of population-based mammography screening.

Researchers compared the proportion of small (less than two centimeters) versus large tumors (two centimeters or larger) that were detected after the introduction of mammography screening. By focusing on the size of the tumor, an important part of determining what stage the cancer is, the researchers tested the theory that if mammography screening is able to catch more small cancers, there should be a reduction in the number of large tumors diagnosed. The underlying assumption is if there are fewer large tumors, there will then be a reduction in deaths from breast cancer.

What they found is that more small breast cancer tumors were detected after the onset of routine mammography screening, but the number of larger tumors did not go down proportionately. There was only a modest reduction in the incidence of large tumors compared with a much larger increase in the incidence of small tumors found through mammography screening. The researchers calculated that 132 out of the 162 tumors detected per 100,000 women were small cancers that were not likely to grow large enough to cause symptoms or death.

Another way of saying this is that four out of five (81%) of the tumors actually represented overdiagnosis, or a diagnosis of breast cancer that would never cause symptoms or lead to death.

A prior study published in the *New England Journal of Medicine* in 2012 found that women who had mammography screening were just as likely to die as women who didn't have mammograms. In 2014, the *British Medical Journal* published the largest mammography study to date, finding that screening average-risk women – before they could feel a lump in their breasts – did not lead to lower breast-cancer death rates for those in their 40s and 50s. The National Cancer Institute came to a similar conclusion in an analysis of multiple mammography studies involving nearly a half-million women: "Screening for breast cancer does not affect overall mortality." Indeed an editorial in JAMA last year clearly explains that, "85% of women in their 40s and 50s who die of breast cancer would have died regardless of mammography screening."

While some breast cancers are very aggressive, most are slow growing, taking a decade or more to become detectable. Many of these slowest growing cancers would never become a problem for women and would not be found were it not for the mammogram we are entreated to get.

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Overdiagnosis is a side effect of looking for early forms of disease via routine mammography screening programs. Overdiagnosis is not observable in the clinic with individual women; it becomes evident only through large-scale modeling and statistical analysis. Estimates on overdiagnosis of breast cancers found through screening vary widely, from less than 5% to the latest estimate of more than 80%. The Swiss Medical Board in 2014 provided a widely accepted estimate that 21.9% of breast cancers found through mammography screening represent overdiagnosis.

Overdiagnosis, in turn, leads to overtreatment, which is the treatment of clinically insignificant disease, essentially giving too much treatment without benefit to the patient. Treating a cancer that is not life-threatening leads to significant harm for women. Accepting the Swiss Medical Board estimates, that means one in five women who was told she had breast cancer after her mammogram received unnecessary treatment for cancer. The result is that tens of thousands of women in the U.S. each year are treated unnecessarily for breast cancer and undergo surgery, radiation and chemotherapy for tumors that are not and never would be life threatening.

The immediate effects of surgery, radiation, chemotherapy and other systemic therapies are widely known and can include breast removal, pain and scarring, hair loss, nausea, skin burns, etc. Less commonly discussed, many women experience a range of long-term effects that include physical and health harms such as disability, neuropathy, lymphedema, heart disease, infertility, and secondary cancers; financial consequences from medical debt to un- and under-employment; the psychological toll of having been diagnosed with cancer; and other quality of life impacts of treatment such as issues with sexuality, "chemobrain," and others.

Doctors cannot look at their patients and know which patients did not benefit from treatment—and so they tend to say that every patient is better for treatment. Women cannot know if their life was saved or not – and understandably tend to think that the mammogram that found their cancer saved their life.

That tens of thousands of women are treated for breast cancer may have gone through all of that for nothing is devastating on a personal and societal level. Women who have felt that their mammogram saved their life may suddenly wonder if they were unnecessarily harmed by screening. Doctors who seek to cure are forced to look directly at the harms of treatment they provide. And we all must contend with the fact that the solution we were promised – screening, early and often – is not ending the breast cancer epidemic

The public has been sold a false bill of goods by mainstream cancer charities, which for years have been pushing the simple story that annual mammography screening is the silver bullet to the breast cancer epidemic despite clear and mounting evidence to the contrary. In 2014 the Swiss Medical Board said boldly in the *New England Journal of Medicine* that mammography screening is "hard to justify". The mantra "early detection saves lives" seems intuitive but is wrong, and annual screening seems like a good idea—except the evidence shows it just doesn't do what we need it to. Even the American Cancer Society, which has long focused their approach on screening, last year adopted

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updated recommendations that acknowledge the balance does not clearly tip either for or against mammography screening for many women. Each woman must weigh the evidence and make her own decisions based on her known risk factors, values and preferences.

Unfortunately, the problem is the premise of “early detection” itself, not only limitations of the tool. Other screening modalities like ultrasound or MRI also bring the very same issues of false positives, false negatives, overdiagnosis, overtreatment, and cannot overcome the failures of current treatments to save lives. Early detection has not lived up to the promise: it has created a population of over-diagnosed breast cancer “survivors” without actually saving significantly more lives. We will never address and end the breast cancer epidemic simply through breast cancer screening, regardless of the screening tool; we need more effective, less toxic treatments that keep women from dying of breast cancer, and we need to prevent breast cancer in the first place.

## Read Our New Brochure on Breast Cancer & Fracking

A few years ago, we were the first—and remain the only—national breast cancer organization to take a strong and public stand against dangerous drilling for oil and gas, including fracking.

Since then, we’ve petitioned our legislators, marched in the streets, held a webinar and blogged about it. But we also knew we needed a concise, evidence-based resource to help people quickly understand how dangerous drilling practices increase our risk for breast cancer.

That’s why I’m thrilled to share with you our new brochure that clearly **lays out the science on how fracking harms women’s health**—and why we should all be clamoring for a ban on this toxic process.

Read our new brochure, “Know the Facts About Breast Cancer Risks, Fracking, and Dangerous Drilling” on our website:

<http://bcaction.org/resources/breast-cancer-action-toolkits/>. If you breathe the air and drink water, you’ll want to read this brochure chock full of information about how fracking can have a direct impact on your health and the health of those you love.

Thanks for being committed, curious, and relentless in your search for information and answers. We’re so grateful for our amazing community of activists.

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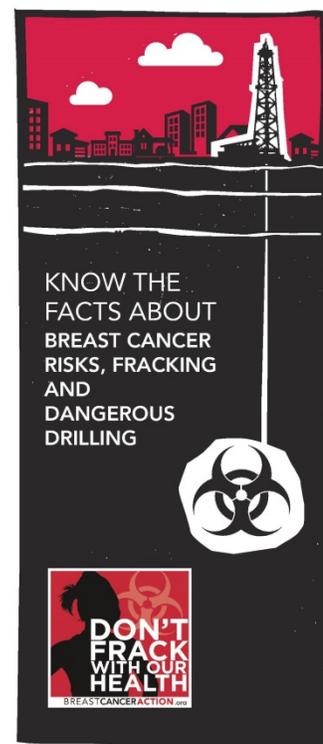
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## Welcome to New Staff Member Leslie Riddle

We are very happy to introduce you to Leslie Riddle, who is joining the Breast Cancer Action staff as our Program Officer.

**Tell us a little about yourself and what brought you to BCAction.**

I've been involved in public health in various capacities for the better part of the last decade. I previously worked for a feminist health collective in their gynecology and outreach programs providing screenings, counseling and education in sexual and reproductive health. The organization I worked for really challenged the traditional patient/provider power dynamic and helped empower people to be active participants in their health. When I learned of Breast Cancer Action, I immediately felt that they were a kindred spirit as patient advocates honoring people's lived experiences and demanding accountable healthcare.



Before joining BCAction, I completed a Master of Public Health program in Global Health with a focus in sexual and reproductive health from Emory University. My thesis research explored factors influencing breast and cervical cancer treatment for enrollees of the Georgia Women's Health Medicaid program. In doing this work, I realized that while breast cancer has reached epidemic proportions in the U.S., it often remains absent from the larger discourse on women's health. We need to move beyond the simplistic message of routine mammography screening to incorporate broader issues such as healthcare access and biases in breast cancer care. I am excited to continue learning about breast cancer in my work on BCAction's screening, diagnosis and treatment priority area.

**What most inspires/excites you about BCAction's work?**

I love that BCAction is a grassroots organization of fierce women who understand that breast cancer is a social justice issue and advocate to put patients before profits. Storytelling can be a powerful tool for social change and it's great to see BCAction elevate the voices of real people concerned about and living with breast cancer. I also appreciate that this organization addresses the root causes of breast cancer by going beyond individual responsibility and examining how policies, institutions and the built environment contribute to the disease. I'm inspired by BCAction's proven track record of effecting change at the systems level, as with the landmark U.S Supreme Court case invalidating corporate patents on the BRCA1 and BRCA2 genes. There is no other organization doing what BCAction does and it fills a much needed role in the breast cancer movement.

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What are you looking forward to working on/what do you think are the most pressing things in breast cancer?

I'm looking forward to researching evolving areas relevant to BCAction's work, such as precision medicine and new treatment developments, to inform our educational programs and resources. I'm also excited about collaborating with other groups doing work in women's health, patient and consumer advocacy, and environmental justice, among others that will help us understand how these issues intersect and how we can build up each other's work. I think the most pressing issue is to identify where the gaps in research lie so that people have the information they need to make informed choices about their health. It's also critical that we address disparities in breast cancer screening, treatment and mortality that stem from social inequities in our society. For example, black women are 42% more likely to die of breast cancer than their white counterparts. Continuing to prioritize research on who is affected – and how and why – will allow us to push for evidence-based policies to improve the health and wellbeing of those at risk of and living with breast cancer.

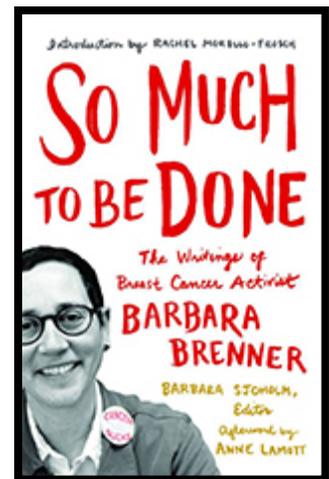
## Program Updates

Here are a few other program updates not included elsewhere in this newsletter. To get real-time news and analysis from Breast Cancer Action, be sure to [sign up for our email list](#), and follow us on [Facebook](#) and [Twitter](#). Sign up at <http://www.bcaction.org/signup>.

### *So Much to Be Done: The Writings of Breast Cancer Activist Barbara Brenner*

Barbara Brenner, Breast Cancer Action's executive director for 15 years, was a powerful advocate for women living with and at risk of breast cancer. Her recently published posthumous collection of writings, *So Much to Be Done: The Writings of Breast Cancer Activist Barbara Brenner*, edited by Barbara Sjöholm, form a chronicle of breast cancer research and healthcare activism that is as inspiring as it is informative. Since the book was published, members have hosted book launch events across the U.S. and in several other countries. You can buy the book here:

<http://www.upress.umn.edu/book-division/books/so-much-to-be-done>



### Updates on Breast Cancer Treatment and Screening

Breast Cancer Action is one of very few health organizations that refuse corporate funding from pharmaceutical companies. Because of our strict [conflict of interest policy](#), we can be an unbiased and independent watchdog for your health. We always evaluate and report on developments in breast cancer treatment and screening from a patient-centered perspective. All year long, we're

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monitoring developments and news in breast cancer treatment, screening, and diagnostics; here's a quick update on some important breast cancer issues.

- In June, a study published in the *New England Journal of Medicine* evaluated the efficacy of extending the treatment of letrozole from five to ten years for women with hormone positive breast cancer. On our blog, our executive director Karuna Jaggar discussed [the trade-offs of ten years of aromatase inhibitors](#).
- This fall, new research also published in the *New England Journal of Medicine* showed that a large percentage of women with early-stage breast cancer who have been identified as having a high risk of recurrence can consider forgoing chemotherapy based on the biological makeup of their tumor. Our executive director Karuna Jaggar discussed this new research with the *San Francisco Chronicle* and *KQED*.
- If you weren't able to attend our recent [webinar on the Lymphedema Treatment Act](#), you can watch it on our website here: <http://bcaction.org/resources/webinars>. Medicare and other insurance companies don't currently cover the costs of lymphedema treatments, leaving patients who can't afford them to suffer with this debilitating condition. We're working with our partners the Lymphedema Advocacy Group to end this injustice.
- If you haven't read or downloaded it yet, don't miss our patient-centered, evidence-based brochure, "Should I Get a Mammogram?" *Understanding the Harms and Benefits of Routine Breast Cancer Screening*: <http://bcaction.org/resources/breast-cancer-action-toolkits/>

## Updates on Fracking and Dangerous Drilling

A few years ago, we were the first—and remain the only—national breast cancer organization to take a strong and public stand against dangerous drilling for oil and gas, including fracking, because the practice exposes people to endocrine disruptors and carcinogenic chemicals that are linked to breast cancer.

In July, [we marched with 10,000+ people at the Democratic National Convention in Philadelphia](#) to demand an end to fracking and other forms of dangerous drilling. People from all over the country—and even some from around the world—marched for a clean energy revolution, while more than 900 organizations from all 50 states endorsed the action. This massive outpouring shows that we



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have the people power to end these harmful processes.

Amidst all the action, we carried your voices loud and proud. At the march, BCAction members joined us in calling for an end to toxic energy sources that use chemicals linked to breast cancer.

And as the leader of the health contingent for the march, health professionals also joined us in the streets to tell our political leaders: "Stop protecting fracking wealth! Start protecting public health!" The march ended with a powerful rally, where our executive director Karuna Jaggar spoke to the crowd about why we, as a breast cancer organization, were taking action.

Whether you came out and marched with us, or you support our work in other ways, we thank you. Because of you, we had a huge presence at the march and continue to play a critical role in this strong anti-fracking movement. "Fracking"—an issue that, just several years ago, was considered fringe, made its way into presidential debates and drew its largest opposition of 10,000 in July. And recent polls show that the majority of Americans are opposed to fracking.

In August, we joined our partners in delivering over 350,000 signatures to California Governor Jerry Brown, telling him to stop allowing our nation's food to be watered with toxic oil wastewater. Even if you don't live in California, you eat California crops. The state grows a bulk of the nation's produce. At the same time, California is the third largest oil-producing state in the country—and it's in a multi-year drought. Oil companies use hundreds of chemical additives during the oil extraction process—to drill, maintain and clean their wells. In addition, the oil extraction process releases chemicals that are trapped underground. So when oil is extracted from underground reservoirs, wastewater comes back up with it and can contain all sorts of chemicals. Using oil wastewater to irrigate our food has *not* been proven safe—neither for the health of the public nor for the health of farm workers, who are exposed firsthand to these chemicals. Plans are underway to expand the use of oil wastewater for crop irrigation in the state, so now's the time to take a strong stand against this terrible practice.

## Special Thanks

We could not do this work without the support of so many members and volunteers.

- Thank you to everyone who organized or spoke at an event to celebrate the publication of Barbara Brenner's book, *So Much to Be Done: The Writings of Breast Cancer Activist Barbara Brenner*: first and foremost, Susie Lampert, Barbara's wonderful partner, who traveled across the country and world sharing Barbara's powerful words and legacy with people; Rachel



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Morello-Frosch, Catherine DeLorey, Linda Burnett, Heather Sawitsky, Anne Josephson, Angela Wall, Grazia de Michele, Jerry Epstein, Rob Dorit, Judy Norsigian, Beverly Canin, Diane Tompkins, Rebecca Farmer, Barbara Sjöholm, Marivi Fernández Sánchez, and Ana Porroche-Escudero, Senior Research Associate, [NIHR CLAHRC NWC](#).

- Thank you to Grazia de Michele for doing so much to amplify our work in Europe.
- Thank you to Alan Kleinschmidt and the San Francisco Choral Society for complimentary tickets to their performances for our Board, staff & volunteers
- Thank you to Dr. Lonny Shavelson for the time & expertise he shared with staff about the Death with Dignity Act.
- Thank you to Alex Parkin for generously providing us with much-needed graphic design assistance.
- Thank you to Pam Rich for helping us think strategically at our Board/staff retreat.
- Thank you to Board Member Shobita Parthasarathy and former intern Molly Welch for hosting a houseparty for BCAction at Shobita's Ann Arbor home in October. This event helped raise crucial funds for BCAction and introduced new people to our work.
- Thank you to our fearless [Don't Pink For Me](#) online fundraisers Julie Morgan and Priscilla Rosenwald for raising almost \$6,000 from friends and family through email and social media. Thank you for sharing your stories on behalf of BCAction.

Thank you to everyone who made our **6th Annual Action Speak Louder Than Pink – Food for Thought** event such a success!

**Emcee:** The Kitchen Sisters – Davia Nelson & Nikki Silva

#### **Chefs**

- Chefs Tony Ferrari & Jonathan Sutton of Hillside Supper Club
- Chef Charlie Ayers of Calafia Café
- Chef Bronson Macomber of Prosper
- Pastry Chef Bernard Hong of Café Madeline
- Chef Sascha Weiss
- Pastry Chef Susanne Stampke

#### **Volunteers**

- Kristen Taylor
- Simone Vianna
- Dina Balatti
- Barbara Carberry
- Janna Bey

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- Franky Hernadez
- Angie Bennett –photographer
- Ian Ratzer – reception pianist
- Stefanie Fontecha – invite, graphic design
- Dana Sam
- Brennen Dickerson

#### Event Sponsors

- Katie and Ben Horne
- Peggy Huston
- Karen Klein and Ben Golvin
- Elizabeth Merck
- Tamara Turner
- Neyhart, Anderson, Flynn & Grosboll
- Kazan, McClian, Abrams, Fernandez, Lyons, Greenwood, Satterley & Bosl Foundation

#### Event Planning Committee

- Abigial Arons
- Peggy Huston
- Karen Klein

#### Lead in-kind donors

- Aloha Seafood
- Miyoko's Kitchen
- Chromatic Coffee, Co.

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## Donations in Honor and Memory: Fall 2016

Every day, Breast Cancer Action receives gifts honoring those who are living with or affected by breast cancer. We also receive contributions to honor the passionate advocates, volunteers, medical professionals and leaders of the breast cancer movement.

Many donations also memorialize those who have died of this disease. Each gift made in honor and memory will be used wisely by Breast Cancer Action to end the breast cancer epidemic.

### Donations Made in Honor

BCAction gratefully acknowledges donations made in honor of the following individuals between June 15, 2016 – November 15, 2016.

Abigail and Elissa Aarons  
from Joy Riskin

from Terry Holzman  
from Tory Ford  
from Wendy and Jim Mnookin

Abigail Arons  
from Bonnie and Wesley Fastif  
from Elizabeth and Robert Pozen  
from Jennifer Yarger  
from Margaret Spence  
from Rena Koopman  
from Susie and Howard Learned  
from Yvette and John Dubinsky

All people with cancer  
from Nathan P. Thomas, Sr.

Audrey Brooks  
from Lorraine Burton and Hasan Dajani

Abigail Arons and Matthew Bennett's  
Wedding  
from Annie and Sarah Steinberg  
from Cathy and Robert Crosky  
from Dr. Susan Rako  
from Lisa Stark  
from Liz and Ray Archambault  
from Maggie Feinstein  
from Marie Hermann  
from Nan O'Connor  
from Naomi Jay  
from Norma Bernstein  
from Rebecca Brown  
from Stuart Solomon

Barbara Brenner and BCAction staff  
from Angela Wall, Andrew Rivera and Frances  
Wall

Beatriz Irraboro  
from Miriam Hidalgo and Adam Machado

Betsy Powell  
from Amy Blanchard

Christie Hagenburger  
from Timaree Hagenburger

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Christine Sekino  
from Allison Gould

Karuna Jaggar, for her birthday  
from Jane Horine

Dorian Solot  
from Suzanne Miller and Walter Vom Saal

Kate Alexander  
from Bessie S. Tyrell

Elaine Caprio  
from Barbara Van Fleet

Katie Borcz  
from Janet Phillips

Elana Silver  
from Rhoda Sepowitz and Jonas Hafkin  
from Shira Slasky

Kevin Berry  
from Julie Rudd

Happy Mazula  
from Guy Mazula

Laurie Drabble and Carol Pearce  
from Jane Sprague and Stacey Zones  
from Frances and Mitchell Cowan  
from Leah Itelson  
from Lorraine Midanik and Stephen Blum  
from Nancy Ferreyra  
from R Goldman  
from Sarah Roberts and Katherine Kasameyer

Helen English and Catherine Nunnally  
from Patricia Armstrong

Janine Braak Peregrine and Cindy Ward  
from Douglas Braak

Lisa Marks  
from Linda Marks and Rafael Lopez

Joyce Bichler  
from Sue Tobachnik and Arnie Berman

Lisa Wilson Feedback  
from Shannon Cook

Julie Morgan  
from Alex McNees  
from Charlie and Elana Silver  
from Angela Wall, Andrew Rivera and Frances  
Wall  
from Sahru and Joe Keiser

Lucy Sherak  
from Hannah and Don Sherak

Kacy Brod  
from Miyoko Schinner

Michelle Kovach and Thelma Ginnis  
from Annita Ginnis

Karuna Jaggar  
from Ron and Rebecca Yee

My Sister and Myself  
from Alison Braverman

Nancy Holle  
from Terri Morris Downs

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Nancy Massey  
from Barbara Jamie Harris

Sarah Reynoso  
from Sarah Green

Natalie Gubb  
from Cathy Craig

Susan Stanfield  
from Colleen Hart

Orrie May Gurney  
from Kendall Spillman

Susie Lampert  
from Karen Topakian and Peg Stevenson  
from Leslie Rabine

Priscilla Rosenwald  
from Julie Becker and Joshua Berlin

Tamar Hurwitz and Drew Fleming  
from Lori Hillman  
from Paul and Joanne Ouellette  
from Thomas Fleming

Rebecca Boughamer, Cheryse Skiles, Kathy Casey  
from Melissa Amato

The women I have known as a nurse who have taught me what I know  
from Deborah Hamolsky

Robin Connors  
from Mrs. Elouise Connors

Sarah Douglas  
from Laramie and Theodore Palmer  
from Marlene Drescher  
from Marie Vitulli

Tracy Weitz  
from Carroll Estes

Wave Geber  
from Mitchell Gillman

### Donations Made in Memory

BCAction gratefully acknowledges donations made in memory of the following individuals between June 15, 2016 – November 15, 2016.

Ann Hertz  
from Mirjan Kator

Barb Fetterolf  
from Linda Mullin

Anna M. Roos  
from Shirley Krug

Barbara Ulrich  
from Ellen Melamed

Aunt Jo Brischetto  
from Charlene Brischetto Lilie

Bill Lawson  
from Sansa Morse

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Colleen McDermott  
from Lee Ann Slinkard and Maria Morris

Lori Hogan  
from Tammy Borichevsky

CoNett Aycock  
from Priscilla Whitley

Lucy Sherak Fisher  
from Judith and Victoria Ogley

Cynthia Morin  
from Martha Grace

Maggie Marceau  
from Darlene Peck

Daphne Lawrance  
from Ann F. Kruzich

Marion Shonkoff  
from Seth Shonkoff

Debra Mayo  
from Sharon and Eugene Sullivan

Mary Anne Adams  
from Hannah Hudson

Donola, Dallas, Cherrie  
from Sallie Jones

Mary Beth Huff  
from Lauren Williams

Dorothy Kaplan  
from Beth Friedman

Mary Melinda "Lin" McLean  
from Sandra H. Pinyard

Dorothy Silva  
from Nikki Silva

Mary Spakowicz  
from Amy Tanjong

Eileen Hansen  
from Deborah Gordon

Nancy Swegles  
from Laura Decker

Eleanor Morrison  
from Susan Morrison

Pam Flanagan  
from Tracey Wilson

Ellen Palmer  
from Anne Brennan

Pamela Rehberg  
from Amanda Rehberg

Jane Walker Milburn  
from Martha Ward and Alec Evans

Pat Anesi  
from Lauri Fried-Lee

Laurel Hedley  
from Mary Hedley and Stephen P. Morrell

Pat Duncan  
from Lynne Armstrong

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Pat Singer  
from Judi Lewis

Susan Fox  
from Mariah Tarvainen

Patricia Singer & Karen Fine  
from Katanya Jackson-Henry and Jesse Henry

Suzanne McGuinn  
from Brian McGuinn

Rose Rotondi  
from Sally Myers

Suzie Deutsch  
from Helene Ross

Sara Woolery  
from Jane Suskin

Suzie Dod Thomas  
from Jane Armbruster and Malcolm Davis

Sharon Villers-Pifer and Bev Stolker-Drake  
from Lynn Rigney Schott and Stephen Shott

Thea Faust Anderson  
from Consuelo Faust and Thor Anderson

Sinman Cartouth  
from Claudia Delman

Victor Tracy  
from Barb Parrott

Sue Fine  
from Joyce Bichler and Michael Kimbarow

Debbie Nashman  
from Michelle Solomon

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