

## A Letter from the Executive Director

By Karuna Jaggar, BCAction Executive Director



I've been closely watching the Occupy movement both locally and as it's spread across the nation over the past few months. I'm inspired by the coming together by all these people to make systemic changes and I am repeatedly struck by the parallels between Occupy's mission and Breast Cancer Action's work to challenge corporate accountability (polluters and pinkwashers) and our actions to put patients before profit.

The forces that have united people across the country and driven them into the streets to protest—the profit-driven focus of corporate leaders, the short-sighted decisions of policy makers, and the refusal of people in positions of responsibility to do what is just and right—also fuel the continued status quo in the breast cancer epidemic. From atrazine to automobiles, from firearms to factory farms, we know that the interests of industry and the interests of public health rarely, if ever, align. I am starkly reminded that BCAction's core principle to retain a strong, independent voice advocating on behalf of women's health is more relevant and vital than ever.

For 21 fearless years, thousands of us have come together as Breast Cancer Action to carry the voices of women affected by breast cancer. Together we have worked to shift the balance of power away from those who would profit from this disease and into the hands of patients who deserve higher standards, better treatment, equal access. We were the first national breast cancer organization to adopt a strict corporate contributions policy over 15 years ago: we accept no money from any company that profits from or contributes to cancer—including Pharma, chemical companies, and insurance companies. This frees us from conflicts of interest so we can advocate unapologetically and fiercely on behalf of all women living with and at risk of breast cancer. Women you love and women like you.

All of this, these core principles, points to one clear need: systemic change. This means putting people before profits, whether it is drug development for patients or employing the precautionary principle. This means removing the burden of prevention from the individual and placing it squarely where it belongs, on our society and regulatory systems.

- **We put women first by insisting on regulatory reform** that eliminates cancer-linked toxins in our environment. Our independence allows us to challenge corporations' ability to develop, use, and release chemicals known and suspected to increase our risk of breast cancer. This year BCAction members took action to ban known carcinogens methyl iodide



and bisphenol A (BPA), and demand a national cancer prevention strategy all to stop cancer before it starts.

- **We put women first by following the science on breast cancer screening and treatment**, and providing factsheets, webinars, toolkits, and personalized information and referrals—free from Pharma influence. We don't tell women what to do: we educate and empower them to work with their doctors in making their own decisions, based on their health priorities, values, and risk tolerance [See the article by Tracy Weitz in this issue].
- **We put women first by going beyond the headlines and "science by press release"** to analyze new research in breast cancer. We follow the science and tell women the whole truth about research results, such as "pills for prevention." This year we expressed concern about Aromasin, currently used to treat breast cancer, being touted for breast cancer prevention. We believe a focus on pills for prevention fuels chemical solutions, Pharma sales and diverts resources from finding and eradicating environmental causes of, as well as effective treatments for, breast cancer.
- **We put women first at the FDA**, where we insist that new drugs must have demonstrated benefit for patients—not just fueling Pharma profits—in order to be approved. Women deserve to know that the medications they're taking work for their health, not just the corporate bottom line. This year, the FDA followed our recommendation and revoked the drug Avastin for treatment of metastatic breast cancer over concerns about the drug's safety and effectiveness.
- **We put women first in the ACLU's lawsuit challenging Myriad's patent** on the breast cancer (BRCA 1&2) genes, are in each of us, whether or not they are mutated. We're plaintiffs in this case because the patent, which accounts for 88 percent of Myriad's sales, harms patients' ability to get accurate results, second opinions, affordable testing, and the benefit of research. Our lawyers at the ACLU have filed a petition for the case to be heard by the Supreme Court.
- **We put women first through our Think Before You Pink® campaign**, where we hold accountable companies that profit from affiliating themselves with breast cancer, while simultaneously contributing to the disease. This October 5,000 activists like you joined us in demanding that Susan G. Komen for the Cure recall its pinkwashing perfume, which contains chemicals regulated as toxic and hazardous [See the article by Gayle Sulik in this issue].

We have a mighty track record of success but we confront big challenges and as an organization we rise to meet those challenges on a daily basis. We are adapting new tools and programs to advocate for better regulatory and legal reforms, to educate and empower women affected by breast cancer, and to provide effective training for advocates across the nation.



Our independence allows us to do the work that others cannot, which is why your investment in our work now is so important. Your support enables us to work every day for the systemic changes needed to address and end the breast cancer epidemic.

Together, we are altering the course of this epidemic. Together, we are ensuring that people come before profits and that women get the information they need, the justice they deserve, and the change they demand.

**From all of us at Breast Cancer Action, I want to personally thank you.**

**Please join the efforts of thousands of women and their families by making a generous year-end donation to Breast Cancer Action today, [www.bcaction.org/donate](http://www.bcaction.org/donate).**



## Following the Science on Breast Cancer Screening

**By Tracy Weitz, chair of Breast Cancer Action's board of directors, Director of the Advancing New Standards in Reproductive Health program, and Associate Director for Public Policy at the National Center of Excellence in Women's Health.**

*[Editors' Note: In the past few months there have been several new studies--and extensive media coverage--about mammography. Breast Cancer Action is committed to helping you understand the science behind the headlines so you have unbiased, accurate information with which to make decisions about your own health. We asked Tracy Weitz, chair of Breast Cancer Action's board of directors, to break down the science behind breast cancer screening].*

Screening mammograms are the tests performed on women with no known risk factor for breast cancer and no symptoms, such as a lump. Screening mammography is presently the best tool we have for diagnosing breast cancer in the broad population, but it remains very limited in what it is able to promise. These limitations include: the fact that screening will never prevent breast cancer, and only detects cancer after it has occurred; that mammography misses some breast cancers; that some cancers cannot be effectively treated regardless of early detection; and finally, that, while some women's lives will be saved by early detection of breast cancer on mammography, many women will be diagnosed with cancers that would never kill them or that can be detected later and still successfully treated. These women will be turned into cancer patients unnecessarily or prematurely, a process known as overtreatment.

Given the significant limitations of screening mammography, the core debate about breast cancer screening continues to revolve around what age women should have mammograms, and how frequently those procedures should be performed. Last month two new studies were released, both of which provided additional support for BCAction's long-standing and cautionary position on screening mammography for women at normal risk.

- "Likelihood That a Woman with Screen-Detected Breast Cancer Has Had Her "Life Saved" by That Screening." H. Gilbert Welch, MD, MPH; Brittney A. Frankel. Archives of Internal Medicine: October 24, 2011.
- "Cumulative Probability of False-Positive Recall or Biopsy Recommendation After 10 Years of Screening Mammography A Cohort Study." Rebecca A. Hubbard, PhD; Karla Kerlikowske, MD; Chris I. Flowers, MD; Bonnie C. Yankaskas, PhD; Weiwei Zhu, MS; and Diana L. Miglioretti, PhD. Annals of Internal Medicine: October 18, 2011.

The first study, authored by Dr. Gilbert Welch of Dartmouth University, addresses the question of whether women's lives were saved when their breast cancer was detected by mammography. By looking at probabilities of breast cancer detection for the general population in the United States, the study found that for 50 year-old women, 13 percent of lives were saved by finding the breast cancer through a mammogram.



This means that the majority—or 87 percent—of women whose breast cancer was found through mammography did not have their lives saved by screening.

In part, the study suggests that the cancers of these women would have been equally treatable if it had presented clinically. However, more troubling is the suggestion that the cancer never needed to be treated. Challenging the common narrative that every woman whose breast cancer was detected by mammogram has had her “life saved” because of screening, the study concludes: “Our analyses suggest this is an exaggeration. In fact, a woman with screen-detected cancer is considerably more likely not to have benefited from screening.”

The second study, authored by Dr. Rebecca Hubbard of the Group Health Center for Health Studies in Seattle, Washington, examines the risks of false positive findings and subsequent biopsies from mammography. The study found that 61 percent of women in their 40s who had annual mammograms over a 10-year period would have a false positive result when disease was not present. Of those who underwent screening every other year, 42 percent had at least one false positive result. The probability of having a false-positive biopsy recommendation was 7 percent with annual screening and 5 percent with every-other-year screening.

Given these new findings, why do so many professional medical groups and cancer advocacy organizations continue to push for more frequent mammograms? To answer this question, we must remember that the risks and benefits of screening are weighted differently, depending on one’s vantage point. For example, physician groups who may be most concerned with limiting medical liability will opt for more frequent screening in an effort to avoid malpractice suits over possible missed cancers. Higher rates of false positives and greater rates of overtreatment have no direct cost to these physicians as these are burdens borne by patients. Other physician groups gain direct financial benefit from more follow-up tests and more diagnoses of disease.

Similarly, advocacy groups which are financially supported by companies that make a profit from breast cancer treatments benefit from the large number of women who believe that early detection saved their lives, even when diagnosis and treatment were unnecessary. This is the primary reason that BCAction takes no direct contributions from entities that benefit from cancer.

The two studies released in October 2011 provide further evidence for what BCAction has always encouraged--women should weigh the risks and benefits of mammography and make their own decision on timing and frequency of screening. BCAction continues to stand by our recommendations, which follows the science and puts patients at the center of the cost/benefit analysis.

**BCAction takes no money from pharmaceutical companies or any other company that profits from or contributes to the cause of cancer. That is why they rely on the support of individuals like you. Please make your year-end donation today, [www.bcaction.org/donate](http://www.bcaction.org/donate).**



## The Death Toll of Inequality: Why treat people without changing what makes them sick?

By Caitlin Carmody, BCAction Member Communications Coordinator  
and Sahru Keiser, BCAction Program Associate of Education and Mobilization

The most recent Cancer Facts and Figures 2011 from the American Cancer Society has a special section on cancer disparities and premature deaths that tells a troubling story of the least talked about cause of premature cancer deaths: inequality.

Between 1990 and 2007, cancer mortality rates decreased in the overall U.S. population—by 22% in men and 14% in women. In other words, 14-22% fewer of the people diagnosed with cancer are dying from the disease.

However, not all segments of the U.S. population experienced this same decrease. Death rates for people with lower socioeconomic status showed little or no decrease in mortality rates and in some instances increased. And the decreases in cancer death rates for non-white populations occurred slower and later compared to white populations.

Need a number to wrap your head around? Here it is: in 2007 (the last year for which these stats are available), 60,000 premature cancer deaths could have been avoided if everyone had the same death rates as the most educated whites.

When it comes to breast cancer specifically, African American women continue to have a 39% higher death rate than white women, despite a lower incidence rate. In addition, although the incidence of breast cancer among Hispanic women is overall 27% lower than in Caucasian women, they are 20% more likely to die from the disease when diagnosed at a similar age and stage.

This means that “the gap in mortality rates between advantaged and disadvantaged segments of the U.S. population has continued to widen.” More simply put: differences in breast cancer incidence and outcomes are evidently the result of broader, deeper social “inequities,” and in breast cancer, these inequities manifest for women of color and poor women in increased mortality rates. However, the question the report does not ask but should be asking is, why? And, what can we do about it?

The ACS’ Deputy Chief Medical Officer, Dr. Leonard Lichtenfeld concludes from this report that when it comes to increased cancer risk, “education trumps ethnicity. He writes that: “[education] has a lot to do with our daily habits, our daily lives, whether or not we smoke, our risk of obesity and on and on.” However, historical, social, and political forces mean that we don’t all enjoy the same options when it comes to how we live our lives. Focusing on a person’s degree of education places the burden of responsibility firmly on the shoulders of individuals rather than on the shoulders of those responsible for creating the health hazards in the first place. Equal access to education about healthy living will not fix inequality. It will not help you



protect yourself from methyl iodide if you have to work in or live next to strawberry fields that are sprayed with pesticides. It will not help you afford uncontaminated food if you struggle to make ends meet. And it will not help you get more physical activity if you do not have access to safe outdoor spaces. The responsibility to eliminate health risks lies not with individual self education; we need regulatory systemic changes to eliminate the risks in the first place.

### Social determinants of health

Risk factors that increase or decrease our risk of disease are largely determined by the social conditions in which we live and work. These include, but are certainly not limited to:

- **Where we live.** Low income communities, primarily communities of color, more often live near high-emission industrial facilities and military bases. These residentially segregated or “fenceline” communities typically experience higher levels of pollution and the associated negative health impacts (increased risk of developing cancer, asthma, etc.).
- **Health care access.** Studies show that racism and discrimination is a strong determinant of health status. Lower quality healthcare, language and cultural barriers, as well as provider assumptions can lead to substandard care.
- **Socioeconomic status (SES):** This indicates a person’s position in the social structure and includes income, wealth, educational attainment, occupation and social status. The mechanisms through which SES are assumed to work relate to privilege, power and control.
- **Healthy lifestyle choices:** Historical, social, economic, and political forces affect our lifestyle choices and inform our behavioral decisions around, for example, tobacco use, physical inactivity and poor diet.
- **Race/Ethnicity** plays a significant role in determining our experiences in the world.

Given the recognition that the “the gap in mortality rates between advantaged and disadvantaged segments of the U.S. population has continued to widen,” we need to urgently address the social injustices related to the social determinants of health. The World Health Organization understands the importance of looking at the role social determinants of health play in health inequities: “why treat people without changing what makes them sick?” The field of public health is working hard to understand the full picture of health disparities. Researchers continue to ask themselves what, why and how do we research the problem of health inequities in order to develop robust and multifaceted solutions that address all the potential factors – eliminating health inequities so we all enjoy good health. As long as organizations such as the ACS continue to propose solutions that are incomplete and continue to focus on the individual rather than addressing prevention head on, the gap in mortality rates between advantaged and disadvantaged segments of the U.S. population (i.e. women of color and low income women) *will continue to widen.*



### **Poverty and education not the only key to health disparities**

Using educational attainment as an indicator for socioeconomic status (SES), the ACS found that persons with lower SES have a higher cancer burden compared to those with higher SES, regardless of race.

But the picture is a bit more complex than they suggest. We know that poverty does not fully account for racial differences in health and within every level of socioeconomic status African-Americans typically have worse health than whites: "The development of chronic diseases and conditions, [such as cancer,] is affected by lifelong circumstances that are related to both socioeconomic status and race/ethnicity." A retrospective review of medical records of breast cancer patients treated at one of the largest national public safety net hospitals found that African American women had both higher mortality and lower 7-year survival rates compared to white women of the same SES and health insurance status.

When 33% and 29% of the African American and Hispanic populations, respectively, live in poverty, vs. 11% of whites, we can't continue to separate race and socioeconomic status and address them as independent factors. We must look at these interconnected factors as part of a larger problem of social, economic and cultural inequities and ask questions that lead us to answers that increase our understanding of the relationship between the high percentage of communities of color in poverty and health inequities or the connection between residential segregation and inequities in breast cancer. Only by researching the answers to these complex questions will we develop the robust policy solutions we need.

### **What we are doing at Breast Cancer Action**

At Breast Cancer Action we are committed to ending the breast cancer epidemic. The factors that contribute to inequities in breast cancer incidence and outcomes are complex but we believe they are a direct result of interrelated racial, economic, and social inequalities that are embedded within our society and impact a person's "cancer experience" from cancer risk to cancer death. To truly address this problem of inequities in breast cancer, we need multifaceted, complex solutions.

We need a more complete understanding of the inequities in breast cancer incidence and outcomes which is why we are developing a task force comprised of thought leaders in the field of breast cancer with a focus on inequities. This task force will help us "map" what is known about inequities in breast cancer and help inform where there are gaps, overlaps and critical issues. It will also help us understand the current approaches to addressing inequities in breast cancer and explore how BCAction can develop policy recommendations and other potential solution-based actions to help make an impact for systemic change.

We plan to work at the community level forming collaborations with organizations serving communities of color nationwide. These relationships will help BCAction understand the needs of underserved communities, inform us of the most pressing policy and advocacy issues, and enable us to provide culturally competent and relevant information to underserved communities who bear the burden of unjust outcomes when it comes to breast cancer.





Recently in a live Twitter chat someone asked former Executive Director Barbara Brenner if Breast Cancer Action was still “radical.” Her response was “radical means getting to the root of things, and therefore BCAction will always be radical.” Eliminating breast cancer inequities will require radical work, and BCAction is committed to doing that work.

**Please consider giving a year-end donation today, at [www.bcaction.org/donate](http://www.bcaction.org/donate).**

**Your gift will ensure that BCAction remains an independent voice and vital resource for everyone affected by breast cancer.**



## How-to-Take Action: Breast Cancer Action's Think Before You Pink® Toolkit

By Gayle A. Sulik, PhD, MA.

For more than two decades, Breast Cancer Action has diligently challenged the cancer industry and the breast cancer advocacy movement at large to address the root causes of the breast cancer epidemic and to ask critical questions about where the money goes, how it is raised, and what it accomplishes. As incidence rates of the disease continue to rise and the majority of breast cancers come from unknown causes, it is clear that common awareness messages about genes, lifestyles, mammograms, and the promise of cutting-edge research are not solving the breast cancer problem – despite the billions of dollars raised and spent each year in the name of the cause. BCAction has been on the forefront of asking why?

Unfortunately, the answer to that question is just as complicated as the question itself. First, cancer is multifactorial (i.e., stemming from multiple factors, multiple genes, and the complicated ecosystems of our bodies and the environments that affect them), and science is a basic process of incremental advancement in understanding how cancer works. Second, there are social barriers that impede progress on the cancer front. Among these are politics, distractions, misconceptions, profit motives, and conflicts of interest.

To break through some of these barriers, BCAction launched the Think Before You Pink® (TB4UP) campaign in 2002. The campaign calls for consumers to make conscious choices about pink ribbon purchases, as well as greater transparency and accountability from corporations and organizations that participate in breast cancer related programs and promotions. Calling out “pinkwashers,” those companies that claim to support the cause of breast cancer but at the same time manufacture, produce, or sell products that may be linked to the disease, TB4UP is an innovative response to the plethora of pink ribbon products that flood the marketplace each year in the name of breast cancer awareness and fundraising.

Now in its tenth year, TB4UP has compiled all that critical thinking to give us a toolkit that provides all of us with a range of approaches and actions to put our critical thinking to effective use. The Think Before You Pink Toolkit brings together information about the effects of pink profiteering and pinkwashing—all in one place. The 22-page toolkit is available for free at [www.bcaction.org/toolkit](http://www.bcaction.org/toolkit). Offered as a first step in changing the conversation about breast cancer and creating systemic change, the toolkit:

- Gives consumers an opportunity to learn about the politics of breast cancer, the history of the pink ribbon, the background and successes of the TB4UP campaign, and key facts about the breast cancer epidemic that compel meaningful action;



- Provides information to share with others including insights into the runs and walks, ideas about using social media to change the conversation, a TB4UP quiz, critical questions that conscious consumers can ask before making a pink ribbon purchase, and why a “better than doing nothing” approach to corporate fundraising is just not good enough and;
- Suggests ways to act now to end pinkwashing, to increase the transparency of pink ribbon promotions, and to hold companies, organizations, and legislators accountable to their stated claims that ending the breast cancer epidemic is a priority.

I often ask people to consider how the idea of “awareness” really functions in American society now that the pink ribbon has become such a popular part of consumer culture. Taken together, do the thousands of common awareness campaigns that encourage people to “get your pink on” and “join the fight” work simply to generate visibility of the cause and encourage people to feel good about being part of it? Do the awareness/fundraising campaigns focus more on marketing and branding to sell products and generate revenue streams than they do on sharing truths about breast cancer that do not fit so neatly in a sound bite? Does the proliferation of the pink ribbon symbol galvanize people to take meaningful actions to eradicate cancer and provide a continuum of care to the diagnosed, or does it just create an impression that something is being done?

Could awareness be deeper than this? More effective? Could campaigns be more focused on information and actions that would really make a difference for those living with the disease as well as help people to understand the breast cancer epidemic and work toward ending it? Yes, it could.

Though one wouldn’t know it from the pink slogans and products that bombard the marketplace during and beyond Pinktober or the ongoing public relations spin about the infallibility of pinkness, there are already those who are committed to moving beyond the superficial awareness that pink has come to represent. BCAction’s TB4UP toolkit is a shining example. It encourages attentiveness, conscious knowledge, and actions that promote systemic change. It moves beyond simple awareness. It speaks louder than pink. We can, too.

**To support the work of Breast Cancer Action and the free education tools they provide such as the Think Before You Pink® Toolkit, consider making year-end donation today! [www.bcaction.org/donate](http://www.bcaction.org/donate).**

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*Gayle A. Sulik is a medical sociologist, author, and health advocate whose work focuses on the impact of illness on individuals, families, and communities. Her recent book *Pink Ribbon Blues: How Breast Cancer Culture Undermines Women’s Health* (Oxford, 2011) highlights the hidden costs of the pink ribbon as an industry, one in which the cause has become a brand name with a pink ribbon logo. For more information, go to [www.pinkribbonblues.org](http://www.pinkribbonblues.org).*



## BCAction Program Department Update

By Kim Irish, BCAction's Program Manager

### Educating and Empowering Women Affected by Breast Cancer

Breast Cancer Action has long offered an independent voice for people affected by breast cancer. We aren't beholden to big pharma for our funding, so we get to really review the science and provide women affected by breast cancer with solid information so that they have the resources they need to make their own decisions based on their values and priorities. Since launching a free monthly webinar series in May, we've offered these webinars:

- The Politics of Breast Cancer
- Big Pharma, the FDA, and Breast Cancer: Putting Patients Before Profits
- Sorting Out the Confusion: An In-Depth Look at Breast Cancer Screening
- How Can My Genes Be Patented?
- Make Action Speak Louder Than Pink
- Toxic Cosmetics: What's In Your Personal Care Products and What You Can Do About it

We've scheduled the first of our 2012 webinars

**January:** A Report Back from San Antonio Breast Cancer Symposium, Date: Jan. 24th & 25th 2012, Presenter; Karuna Jaggar, Executive Director of Breast Cancer Action and Tracy Weitz, PhD, MPA, Director of the Advancing New Standards in Reproductive Health

(ANSIRH) program and Assistant Professor in the Department of Obstetrics, Gynecology & Reproductive Sciences at UCSF

**February:** Breast Cancer and the Environment, Date and Presenter TBD

Additional 2012 webinars will focus on breast cancer health inequities, among other topics. Webinars are advertised through our e-alerts so keep your eye on your in box.

BCAction provides a free, personalized information and referral service to anyone who needs information about breast cancer. Since June, we've provided personalized one-on-one information and referrals to 250 women.

### Organizing and Training Advocates

Real change requires not only access to unbiased information but also collective action. Here are some highlights from the past few months:

This summer, we took action with our friends at Breast Cancer Fund and MomsRising to demand that Campbell Soup Company stop using bisphenol A (BPA, an estrogenic chemical linked to breast cancer) in its canned products. BPA's presence in canned foods is a social justice issue and so in November, we co-released with the Breast Cancer Fund a new report on BPA in canned foods, *BPA in Thanksgiving Canned Food*. We cannot put the burden of responsibility on consumers



—eating safe food products isn't about individuals choosing BPA-free products. We need systemic change at the federal level – namely, the passage of the Safe Chemicals Act of 2011 to ensure that all people are protected from harmful chemicals.

In October 2011, BCAction rolled out its first-ever Think Before You Pink® Toolkit. The toolkit is an educational resource for activists that is chock-full of information and includes a look at the history of BCAction's Think Before You Pink® campaign, critical questions for conscious consumers to ask before purchasing pink ribbon products, a quiz (with answers), and instructions on how to write a letter to the editor and get your voice and opinions heard in a public forum. Get your own toolkit by visiting [www.bcaction.org/toolkit](http://www.bcaction.org/toolkit).

### **Demanding Regulatory & Legal Reform**

Since 2007, BCAction has maintained opposition to Avastin's approval for treatment of metastatic breast cancer because of the drug's failure to improve overall survival or quality of life and its serious side effects. In November, in concurrence with Breast Cancer Action's position and the unanimous recommendation of the Oncologic Drug Advisory Committee (ODAC), FDA Commissioner Margaret Hamburg announced the revocation of Avastin for treatment of metastatic breast cancer. We believe this was the right decision, but it certainly wasn't a victory. We will continue to advocate for more effective, less toxic treatment for all breast cancers.

On the gene patenting front, in late July a federal appeals court partially reversed

a lower court's ruling in the lawsuit that BCAction and other plaintiffs brought against Myriad Genetics (Myriad holds a patent on the BRCA 1 and 2 genes, mutations of which are linked to an increased risk of breast cancer). In a 2–1 split decision, the court ruled broadly that genes can be patented and that patents on BRCA1 and BRCA2 gene sequences are valid because they apply to isolated DNA, not DNA as it is found in the human body. BCAction's attorneys in this case filed a petition for review at the U.S. Supreme Court. We'll keep you updated about the case.

### **Raise a Stink! was a huge success**

Pinkwashing reached a new low this year with the release of Promise Me, a perfume commissioned by the giant of the breast cancer movement, Susan G. Komen for the Cure. Promise Me contains unlisted chemicals that are regulated as toxic and hazardous, have not been adequately evaluated for human safety, and have demonstrated negative health effects. Together, we took on Komen's pinkwashing. On September 27, we launched our Raise a Stink! campaign, asking the public to send letters to Komen, urging it to recall Promise Me perfume and sign BCAction's Pledge to Prevent Pinkwashing.

The campaign received fantastic media coverage across the United States in Marie Claire magazine, the New York Times, the Dallas Morning News, the Chicago Tribune, and NPR's On Point, and was picked up by all the major TV stations, among other media outlets.

- Nearly 5,000 people sent letters to Komen leadership.



- Komen was forced to issue a public statement “in response to questions raised about ingredients in Promise Me perfume” and was held accountable for its failure to put patients before profits.

**Please consider giving a year-end donation today. Your gift will ensure that BCAction remains an independent voice and vital resource for everyone affected by breast cancer.**

[www.bcaction.org/donate](http://www.bcaction.org/donate)



## Member Perspective: JoAnn Loulan

*Interview by Sarah Harding, BCAction Development Director*

[Editor's note: JoAnn Loulan is a psychotherapist with a 20-year practice in Portola Valley, California. She is a long-time Breast Cancer Action (BCAction) member who has served on BCAction's Board of Directors and is currently on the Development Committee].

### **Tell me a little about yourself.**

Now there's a simple question. I'm a two-time cancer survivor with a mother who died at 53 of breast cancer. Also on my mother's side, I had an aunt, grandmother and great aunt who had breast cancer. My great aunt died at 53 of esophageal cancer. I've been surrounded by cancer my whole life. I got breast cancer the first time at 45 and again last year at 62. The idea of "surviving" and "living with" cancer are for me the same. I don't consider it over, ever. Breast cancer can come back any time. I consider the experience to be right there, very vivid and very real.

How much do I think cancer sucks? A LOT! So I'm driven to do something besides worry and try to make a difference. I feel I have an opportunity to help change the course of this epidemic, and I intend to do just that. I'm certainly not just going to sit here and let it happen.

### **Why are you passionate about the work we do at BCAction?**

Because I've been an activist since I was 13, and I have been doing more and more as I grow older in a series of causes.

The model that BCAction follows, which is to put people before profits, is my battle cry. I love that BCAction takes no money from companies that profit financially from cancer, especially pharmaceutical companies. This policy was the reason we were able to be the only breast cancer organization that could join the ACLU in challenging Myriad Genetics for the rights to own our genes. We're pure and can stand up to anyone. I have a friend at Genentech who would love for us to take money from them. She told me "We don't tell you what to do with the money or that you can't be independent." I asked her if any of the organizations that Genentech gives money to challenged their petition to the FDA to use Avastin – like BCAction did -- as a treatment for breast cancer. She thought for a moment and then started laughing "Of course not!" There you go! I rest my case.

### **What inspired you to host an annual event benefitting BCAction?**

My mother, Billie Gardner Loulan, died of the disease when she was 53 — 13 years after her diagnosis. I also live in a community that for the most part is a community of means and is also very generous and philanthropic. Sadly, too many of us in my town have also been affected by cancer. In honor of my mother and everyone who has been affected by the disease, I decided to host a small luncheon. I felt this could be a way that I could share with others in my community the unique and important work of BCAction



and also raise money for them. My first event was nearly eight years ago. I had no clue what to expect. I started out by inviting my friends and asking them to invite their friends. The event caught on, and with the help of many from my little town, I am proud to say that together we've raised over \$400,000 for Breast Cancer Action! This year, I am adding an additional evening event and hoping to raise even more.

**What advice would you give others who are interested in supporting BCAction?**

Figure out something that you feel you can do and just do it! Start small, and get a few friends to help. There are so many ways you can get involved: host a small informative event, introduce someone to BCAction by forwarding an e-alert, or raise money for Breast Cancer Action by directing family and friends to donate in lieu of holiday gifts this season. Whatever it is, it will be meaningful and have a huge impact. I am a fighter and I intend to fight this until I die of very old age. And I want to say to everyone reading this: Will you join me? BCAction depends on the support of you and me to continue working to end the epidemic. They are such a necessary voice and they are worthy because they are an independent, no "b.s." voice.

If you are inspired by JoAnn's story and would like to fundraise for BCAction visit:

**<http://fundraising.bcaction.org/action/register.asp>**

And to make a donation to BCAction this holiday season, please visit:

**[www.bcaction.org/donate](http://www.bcaction.org/donate).**





## Responsible Cosmetics Companies Support Breast Cancer Action!

*Caitlin Carmody, BCAction Member Communications Coordinator  
talks to Suki Kramer of Suki inc.*

You've been a generous BCAction supporter for many years, as an individual and through your company Suki, inc. Tell us about why you are inspired to support BCAction's work to end the breast cancer epidemic.

There are a lot of groups to support and we are all involved in breast cancer awareness in one way or another... whether it's donations, walks, events or purchasing "pink-ribbon" products. We support, we suffer alongside family members and loved ones, we undergo treatment ourselves, we struggle with the issues, and we try to help as best we can. But over these great many years, not very much has really been achieved, we are no closer to finding a cure, for instance, or achieving real clarity about the causes of this devastating disease.

My organization of choice is always Breast Cancer Action. You offer:

- **Honest and forthright education.** BCAction provides so much support and in-depth information for all of us, information you cannot find anywhere else! From the latest in medical treatments, prevention, detection, drug therapies and side effects, to carcinogens in what we ingest, to how to find support in your community.
- **Resources.** BCAction is dedicated to providing real support to those in treatment and recovery as well as to families and friends.
- **Integrity.** BCAction does not accept funds from any entity that profits from or contributes to cancer, including pharmaceutical or cosmetic companies.

**Suki, inc. was the first company to sign our Pledge to Prevent Pinkwashing. Can you tell us about your commitment to safe beauty products and why you signed the Pledge?**

Who would have thought that many of the companies who claim to be raising dollars to support the cure and prevention of breast cancer are actually the same companies that produce, manufacture or sell products linked to the disease? Absurd? I think so.

Suki inc. is committed to ingredient integrity and never uses synthetics or ingredients that are processed with petrochemicals. Companies that don't think about the ingredients going into their products and the potential health risks they pose are only fueling this epidemic. The truth is, exceptionally powerful and potent ingredients do exist in nature, and science has made incredible advances in utilizing and refining natural ingredients to their most potent and active parts. Synthetic is simply becoming obsolete. Suki inc. creates 100% natural, clinically- proven skincare solutions you can trust.



## Gratitudes

**Katie Ford Hall, Meg Crumbine, Rhonda Garman, Deborah Levine, Mara Meaney-Ervin, Joni Rubin and Marla Stein** for choosing Breast Cancer Action as a beneficiary of your online fundraising efforts.

**Marj Plumb**, thank you for being a sounding board, and for helping with strategic vision.

**Kasha Ho, Tracey Brieger, Anne Pernick, and Nathalie Graham**, thank you for generously sharing your wisdom about campaign strategy.

**Beth Parker and Rhonda Golstein**, from Arnold & Porter, thank you for providing pro bono legal support.

**Heather Sarantis and Anne Steinemann**, thank you for providing us with scientific consultation.

**Jane Zones and Kate Ryan**, thank you for providing testimony on behalf of BCAction at the FDA regarding breast implants.

**Ben Wilkinson**, thank you for continuing to go above and beyond by providing ongoing support with our website, and for your brilliant design of the Raise a Stink! logo and the production of our Raise a Stink! video.

**Kirby Ramstad**, thank you for taking the lead on setting up a BCAction presentation at YouTube.

**Senaida Hernandez and Mhel Kavanaugh, Lynch**, thank you for generously providing advice and recommendations about our work.

**Diane Tomkins and Maureen Futtner**, thank you for bringing your wealth of experience and creativity to help with Raise a Stink! campaign planning.

**Our educational webinar partners**, thank you for sharing your wisdom and expertise on a variety of topics: Jane Zones, Miriam Hidalgo, Tracy Weitz, Jaydee Hanson, Eric Hoffman, Gayle Sulik, Nneka Leiba, and Mia Davis.

**Alan Kleinschmidt and the SF Choral Society**, thank you for complimentary tickets for our board, staff & volunteers.

**Lora Silver**, thank you for your Volunteer Program consulting.

**Linda Thai**, thank you for continuing to be such a reliable, delightful part of our week in the development department. We could not do our work without you—and your terrific handwriting!

**Arabella Advisors**, thank you for the new printer which is making our lives much easier and our documents much more readable.

**Dan Walmsley and Kellea Miller** for their time and expertise in creating an online system for fundraising.

**Development interns, Miriam Hidalgo and Mara Meaney-Ervin**, thank you for your hard work—we could not do it without you



## Gratitudes

A huge thank you to everyone who made our first annual "Action Speaks Louder Than Pink: Food For Thought" event a great success including special guest Sister Jezebelle of The Sisters of Perpetual Indulgence and Emcee Fairy Butch.

## Event Sponsors

- Earth Source Organics
- Wells Fargo

## Restaurants and Chefs

- Locavore Restaurant with special thanks to Chef Jonathan Merritt
- Millenium Restaurant with special thanks to Chef Erik Tucker
- Poquito Restaurant with special thanks to Richard Viola

## Event Volunteers

- Sarah Brandon
- Bren Eckles
- Miriam Hidalgo
- Christina Loff
- Mara Meaney-Ervin
- Alice Price-Styles
- Invitation mailing: Caren Cummins, Bren Eckles and Linda Thai

Special thanks to **Tori Freeman**, host of 12 Hot Dates, a fundraiser benefitting Breast Cancer Action, and to all those involved in helping to raise \$6,000 through this event:

## Event Participants

- Wendy Brummer
- Clarence Eddie
- Tori Freeman

## Event Participants (continued)

- Uma Kahn
- Lauren Kelley
- Tovah King
- Jen Leeper
- Franklin Ross
- Joshua Schoening
- Scott Sutton
- Melissa Wheeler
- Dean
- Marcie
- Rita
- Sharmila
- Tiana

## Event Volunteers

- Joyce Bichler
- Zoe Christopher
- Tara Ford
- Dylan Jaggar
- Michael Kimbarow
- Mara Meaney-Ervin

Special thanks to **JoAnn Loulan** for hosting the Seventh Annual Billie Gardner Loulan Luncheon and all the donors who helped raise over \$85,000 for BCAction and to **Tamara Turner** for hosting the event at her house and special guest **Dr. Marion H. E. Kavanaugh-Lynch**.

## Event Volunteers

- Ben Wilkinson
- Jenn Meyer



## Gratitudes

Special thanks to Laure and Dave Kastanis for hosting a summer fundraiser and to JoAnn Loulan for organizing the event to benefit Breast Cancer Action. Thank you to the Desperate Houseband for the great entertainment.

## Event Volunteers

- Kirby Ramstad
- Miriam Hidalgo
- Cheryl Chapin
- Jenn Meyer
- Jon Rogers

## Third Party Event Sponsors and other thank yous

- Amy Kalish for directing a portion of the proceeds from your t-shirt sales.
- Claudia Cappio and Peg Stone for hosting a Kentucky Derby Party benefitting BCAction.
- Karen Marble-Hall for hosting a house party in Maryland benefitting BCAction.
- Dorothy Geoghegan and Diane Carr for hosting a house party in San Francisco benefitting BCAction.
- Jaymie Griffin and everyone who participated in the Minnesota Pink Ribbon Run raising over \$7,000 benefitting Breast Cancer Action!

- Sarah Tolson of Girls Just Gotta Have Funds and Dale Marie Golden of Torrey Pines Bank for choosing BCAction as the beneficiary of their Pearls of Wisdom event.
- Annie Groth for choosing BCAction as the beneficiary of her Pearls of Wisdom event in Arizona.
- California Kayak and Canoe for hosting Support Strokes and all the participants including Pauli Ojea, Sarah Harding, Angela Wall, Kim Irish, and Roger Riedlbauer.
- Audrey Parets of Spiritude for hosting a fundraising event in Arizona benefitting BCAction.
- Rebecca Farmer for speaking on behalf of BCAction at the Melange Fashion Show.
- Kellea Miller for hosting a house party in New York in support of BCAction.
- Tracy Weitz, Margaret Crowley and Mary Nemitz for hosting a house party benefitting BCAction in Reno, NV.
- Suki, Inc for making BCAction the beneficiary of 100% of net proceeds of the eye cream during the month of October.
- Natural Contours for donating 5% of The Petite Pink Ribbon intimate massager.



## Donations in Honor

*BCAction gratefully acknowledges donations made in honor of the following individuals between April 4, 2011 and November 28, 2011.*

All Breast Cancer Warriors  
from Ellen Schwerin

All My Patients  
from Stephanie Shea

All of Us Impacted by Cancer  
from Anonymous

All Those Before Me & All of Those After  
from Sarah Essmann-Frie

All Victims of & Survivors of Cancer  
from Andrea Estrella

All Women Afflicted with Breast Cancer  
from Michelle Goins

Kathleen Allen  
from Jane Torres

Gloria Anderson  
from Kathy Rogers

Pat Baldwin  
from Lynn Reynolds

Sam Bateman  
from Kellea Miller

The BCAction Staff  
from Sarah Harding  
from Angela and Frances Wall

BCAction Webinars  
Anonymous

Belle  
from Barbara Thompson

Joyce Bichler  
from Denise Helfstein  
from Joan Siffert  
from Susan Tobachnik

Barbara Bogard  
from Barbara Bogard

Susan Bosma Potter  
from Barbara Garlock

Barbara Brenner  
from Anonymous  
from Shayna Berkowitz  
from Nancy Berlinger  
from Barbara B. and Joseph Blumenthal  
from Beth A. Chapman  
from Julie Cheever  
from Lillian Sandra Coliver  
from Betsy Cotton  
from Estelle Disch  
from Emily Doskow  
from Gerald Epstein  
from Estelle B. Freedman  
from Phyllis Hatfield  
from Leonie and Glen Janken  
from Diane Jones  
from Ellen Leopold  
from Helen Love  
from Sarah R. Moore  
from Joyce Newstat  
from Janet Nudelman  
from her fans at Shanti!  
from Sandra Sohcot  
from Blue Walcer  
from Laurie Woodard

Barbara Brenner's 60th Birthday  
from Lawrence Brenner



**Donations in Honor**

Paula Canny  
from Denise Lepley

Christopher Cargen  
from Lynne Cargen

Kathi Cavaliere  
from Jane Ahrens

Diana Chingos  
from Anonymous

Gina Columna  
from Virginia Columna

Margot De Ramirez  
from Anonymous

Catherine DeLorey  
from Deborah Roberts

Donna  
from Donna Sheehan

Isaac Einisman  
from Karen Einisman

Mary Evans Bapst  
from Caroline Villa

Sarah Fenner  
from Rosemary Barlow

Fierce Four  
from Karen Rubin

Katie Ford Hall  
from Laura Haggarty

Tori Freeman  
from Melissa White

Julie French  
from Mike Bellissimo  
from Roderick Thompson

Phyllis Friedman  
from Kellea Miller

Zoe Friedman-Cohen  
from Kellea Miller

Lynda Gilgun  
from Debra Fidler

Fab Graza  
from Kathy Rogers

Rhoda Grumet  
from Marian and Jeff Urman

Mary Harms  
from Kathleen and Ralph Harms

Wendy Herzog  
from Nancy Schuepbach

Sharon Horan  
from Linda Bailey

Judy Huntress  
from Kirby Ramstad

Karuna Jaggar  
from Sarah R. Moore

Sumita Jaggar  
from Sumita Jaggar

Joanne and Christine  
from Valerie and Michael Russell

Dawn Judd  
from Kira Steifman



**Donations in Honor**

Uma Kahn  
from Marvin Belzer

Amy Kalisher  
from Kimberly Clark  
from Holly Kalisher

Bernice Karlsberg Casso  
from Linda and Mark Karlsberg

The Kastanis'  
from Lori Harmon

Debbie Keever  
from Marcelin Keever

Tovah King  
from Isadora Betancourt

Andy Kislik  
from Marcia Ganeles-Kislik

Hannah Klein Connolly  
from Craig & Kristin Holbrook Donato

Susan Lampa  
from Cynthia Sadler  
from Laura Sykes

Mari Landis  
from Patti and John Zussman

Lisa Layne  
from Quinton Hallett

Stephanie Lee  
from Deneitra Hutchinson

Dana Levine  
from Marion Levine

Deborah Levine  
from Mark Ashby  
from Amy Bryant  
from Michael Fleisher  
from Ruth Fontilla  
from Jennifer Johnsen  
from June Lee  
from Alan Necula  
from Gretchen Raffa  
from Kate Recchia  
from Diane Senecal  
from Nicole Shaw  
from Hope Wachter

Greg Lewis  
from Greg Lewis

Peggy Locastro  
from Rosey and Stuart Rudnick

JoAnn Loulan  
from Marjory Curran  
from Tori Freeman  
from Sheila Gholson  
from Gardner Loulan  
from JoAnn Ogden  
from Pauline Peele  
from Debra and Andrew Rachleff  
from Dan Turner

JoAnn Loulan's Birthday  
from Diane Mosbacher

Jill Lynch  
from Amy Chinitz

JoAnn Madigan  
from Anonymous

Jane Malme  
from Anonymous



**Donations in Honor**

Aurora Martinez  
from Cameron Tomele

Me  
from Vera Brown

Me  
from Holly Conner

Me  
from Dawn Donaldson

Me  
from Barbara Garlock

Lynn Metcalf  
from Louise Kurey

Dianne Miller  
from Kellea Miller

Kellea Miller & Dan Walmsley  
from Caitlin Stanton

Mom  
from Barbara Garlock

Mothers, sisters, daughters, grandmothers  
from Barbara Owen-Boerger

Janet Morrison  
from Laurie Nehring

Cindy Moushegian  
from Barbara Garlock

Goria Munks, my mother-in-law  
from Brenda Munks

My Aunt Joanne  
from Yu-Ting Tiffany Fan

My Mother, Florence  
from Anonymous

My Sistahs  
from Makeda Kamara

My "Sisters" in Afghanistan Women  
from Linda Karlsson, for Women International

My sisters, Karen and Maureen  
from Mary Bloomer

Susan Niebur  
from Judy Kooistra

Peggy Orenstein  
from Lisa Geduldif

Dianna Owens  
from Anonymous

Michael Pappone  
from Diane Savitzky

Carol Pepper  
from Anonymous

Kim Pistey  
from Daisy Pistey-Lyhne

Marilyn Poor  
from Judith Pierce

Prevention  
from Marc Brannan

Sarah Pugh Murray  
from Tamara Turner

Amy Quinlan  
from Suzanne and Jim Kohlberg





**Donations in Honor**

Beverly Robbins  
from Franceen and Richard Gross

Beverly Robbins  
from Richard & Randi Jones

Darlene Rohr  
from Kim Osborne

Kathleen Rouse  
from Pamela Iguchi

Kathleen Rouse, on Mother's Day  
from Eleanor Rouse

Christina Sahagian  
from Rabbi Brian and Caroline  
Fromm Lurie

Kara Sandusky  
from Casey Sandusky

Elena Sassard  
From Linda Stein

Bruce Scherting  
from Marguerite Perret

The Schneider Family  
from Constace Ring

Ellen Schwerin  
from Anonymous

Tamera Shanker  
from Beatriz Crites

Lee Anne Shockley  
from Tamara Barr

Jacqueline Lou Skaggs  
from Gwendolyn C. Skaggs

Jen Smith  
from Nancy Arnold

Lisa Staprans  
from Annaly Bennett  
from Rosalie Cornew  
from Dan Turner

Starving Geniuses  
from Anonymous

Marla Stein  
from Elena and Jack Sassard  
from Linda Stein

Joan Stevens  
from Fran Danoff

Joan Sussman  
from Patti and John Zussman

Natalie Sussman  
from Patti and John Zussman

Gail Sweeney  
from Zoe Christopher

Jen Thatcher  
from Anonymous

Victoria Thompson  
from David Thompson

Debra Travis  
from Kellea Miller

Lisa Troedson  
from Susan and Grant Evans  
from Lori Rae and Deke Hunter  
from Jayne S. and Mark Mordell



**Donations in Honor**

Skye Urbach  
from Catherine Trimbur

Cheng Yun  
from Yvenchka Kwan

Joan Walmsley  
from Kellea Miller

Wanda  
from Sarah Strand

Jeanne Wdowin  
from Garrett Wdowin

Rebecca Willett  
from Rebecca Willett

Janet Wright  
from Michelle Goins

Susan Kagan Zager  
from Muriel Kagan Zager

Marilyn Zivian  
from Lorri Rosenberg Arazi  
from Fran and Bud Johns

Zoe  
from Lee Ann Slinkard

Julie Zussman  
from Patti and John Zussman

Marcy Zussman  
from Patti and John Zussman

Patti and John Zussman's anniversary  
from Lois and Milton Zussman

Konni  
from Konni Hall



## Donations in Memory

*BCAction gratefully acknowledges donations made in memory of the following individuals between April 4, 2011 and November 28, 2011.*

Sandy Adam  
from Janis Williamson

Jeanne K. Brown  
from Collin Brown

Joan Arboit Ainbinder  
from Judith Glinder

Frances Brown  
from Terri Morris Downs

Linda Allen  
from Anonymous

Krista Calegari  
from Mary Lou Gooding

Eleanor Katherine Fry Alston  
from Sharon Appleby  
from Stephen Howard  
from Azalia Khousnoutdinova  
from Michele Wolford

Jeanne and Theresa Carlino  
from Anonymous

Joaquin Castro  
from Nancy Kelly

Cathy Anderson  
from Theresa Bertolone  
from Carla Rutledge

Susan Claymon  
from Sandy and Larry Eiler  
from Betty and Martin Slavney

Pat Anesi  
from Lauri E. Fried-Lee

TomaLynn Cloud-Davis  
from Charlotte Knabel

Rita Arditti  
from Gilda Bruckman  
from Estelle Disch

Louise Coiro  
from Chryse Glackin

Audre  
from Makeda Kamara

Toni Cookson  
from Valerie Cookson-Botto

Linda Baralt  
from Lori Baralt

Susan Curry Burnett  
from Annette and Dennis Sullivan

Kitty Black  
from Cindy Dvergsten

Alaska Deb  
from Vickie Eggleston

Julia Boltin  
from Nancy Berlinger

Elba S. DeJesus Delgado  
from Anna Poulin

Alma Borenstein Ohly  
from Barbara B. and Joseph Blumenthal

Delma (my grandmother)  
from Jacqueline Skaggs



**Donations in Memory**

Diane  
from Beatriz Crites

Jennifer Dieges  
from Megan Farley

Marie Disanza  
from Carolyn and Stanley Wiener

John Ekblad  
from Harvey Barnett

Frieda Elfus  
from Sheila Namir

Marcy Ely  
from Lauren Coodley

Sally Erwin  
from Michelle Mehta

Olive Evans  
from Carolyn Kolb

Willi Evans Wolfe  
from Caroline Villa

Barbara Fetterolf  
from Linda Mullin

Ethel Fialkin  
from Alice Fialkin

Lynly Fischler  
from Diane Fischler

Dorothy and Lewis Friedman  
from Beth Friedman

Amy Gable  
from Anonymous

Ina Christine Gambrel  
from Kristi Kerr

Sue Gebhardt  
from Judy Griffin

Rose Giannini, my mother  
from Roseanne Giannini Quinn

Lenore Gilmore  
from Cathy Coleman

Amy Grabel, my beloved, who died in 2010  
from Sandra Bailey

Cye Greenwood  
from Phyllis Jacobson

Estelle Gribetz  
from Myra Hogan

Kathy Haycock  
from Cynthia Reed Buck

Elsie Herman  
from Anonymous

Cathy Hoey  
from Gayle Sulik

Jan Holden  
from Barbara S. and Elizabeth Bryant-Williams

Margaret Holder  
from Rosalie Hewins

Karen Hopfinger  
from Anthony Hopfinger

Alice Hyman  
from Kathryn Bisby



**Donations in Memory**

Ann Ikawa  
from Dianne Armitage

My mom, Isabel Hernandez  
from Jesse Hernandez

Helene Israel  
from Anonymous

Linda Jones-Falk  
from CoCo and Mark Jones

Ellie and Murray Kalisher  
from Holly Kalisher

Patricia Kaplan  
from Ira Hammer

Darlene Keju Johnson  
from JoAnn Tsark

Sherrie Kelley  
from Rita and Ernest Tibbles

Catherine Kelly  
from Meaghan Kelly

Carole Kramer  
from Jill Kramer

Patricia Kunz  
from Eileen M. Long

Marla Lamb  
from Linda E. and Curtis Boles

Daphne Laurance, my mother  
from Anonymous

Jean Levecchia  
from Mary Ann Swissler

Nancy Leventhal  
from Joan and Steven Goldblatt

Lidia  
from Marisela Cortez

Veta Fay Lock  
from Jennifer Woods

Loved Ones  
from Anonymous

Shirley Lupton  
from Renee Gibbon

Billie Loulan, JoAnn Loulan's Mom  
from Tori Freeman  
from JoAnn Ogden

Rita Manis  
from Eileen Chavez

Margaret Mann Wuebker  
from Anonymous

Catherine McCarthy  
from Joan McCarthy

Donna McGill  
from Anonymous

Dorothy Mae Meals  
from Julie Cowan

Catherine B. Miller  
from Anonymous

Shirley Mills  
from Anonymous

Eleanor Morrison  
from Susan G. Morrison



**Donations in Memory**

Deborah Mosley  
from Tina Connelly

My Mother  
from Anna Poulin

Tanya Neiman  
from Brett Mangels

Terrence L. O'Brien  
from JoAnn O'Brien

Rita O'Leary  
from Elizabeth Dietz

Margy Ortiz  
from Lori Berlin

Kathy Parker  
from Anonymous

Barbara S. Passloff  
from Rachel Duclos

Jan Platner  
from Barbara Dickey

Mildred Pomeroy  
from Anonymous

Suzanne Portner  
from Anonymous

Eleanor Pred  
from Jesse Gottschalk

Melissa Quan  
from Margo L. Arcanin

Yvonne Quayle  
from Kellea Miller

Rosemary Richard  
from Susan Baroncini-Moe

Anna M. Roos  
from Anonymous

Leslie Rosenblum  
from Karen Balzano

Pauline Rosenblum  
from Gayle Goldman

Brenda Roth  
from Ali Roth

Sharon Trautman Schmidt  
from Edward Luning

Therese Castonguay Shirley  
from Elyse Sokol

Donna Shives  
from Julie Gleason

Charlotte Shollenberger  
from Amy Shollenberger

Beccy Shontz  
from Dianne Miller

Myra Shostak  
from Belle Shayer

Grace Silvan  
from Tanya Colligan

Tillie Sohigian  
from Judith Norsigian

Phyllis Tally  
from Sarah Walker



**Donations in Memory**

Valerie Ann  
from Brenda Eckles

Inga VanNynatten  
from Erika Carlson

Lisa Virgillio  
from Cynthia Woods

Harriet Von Lehe  
from Arthur Von Lehe

Rose Wachter  
from Judy Lujan

Thelma Wade  
from Glenda Wade

Lynne Wagner  
from Karen Kopelson

Maureen Wall Bentley  
from Carol O'Brien Haagensen

Ben Weinstein  
from Marian Feinberg

Mary Jo Weschler  
from Melissa McGhee

Elayne Wesen  
from Michele Wesen and Stanley Bryant

Bonnie White  
from Jenny White

Winnie Wilcke  
from Lois W. Goggin

Sherrie Wilkins  
from Carol Schultz

Mary Winter  
from Catharine E. Kibira

Micky Wolfe  
from Virginia Wolfe

Barbara Woolf  
from Dotti Webb

Florence E. Wright  
from Mary-Ellen Maynard

Georgia Youngman  
from Kay Barretto

David Zager  
from Susan Zager  
From Muriel Kagan Zager

Victor Zager  
from Muriel Kagan Zager

Soozi Zussman  
from Patti and John Zussman

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