


Native Women's

BREAST AND CERVICAL

WELLNESS



It's Time to Tell My Story

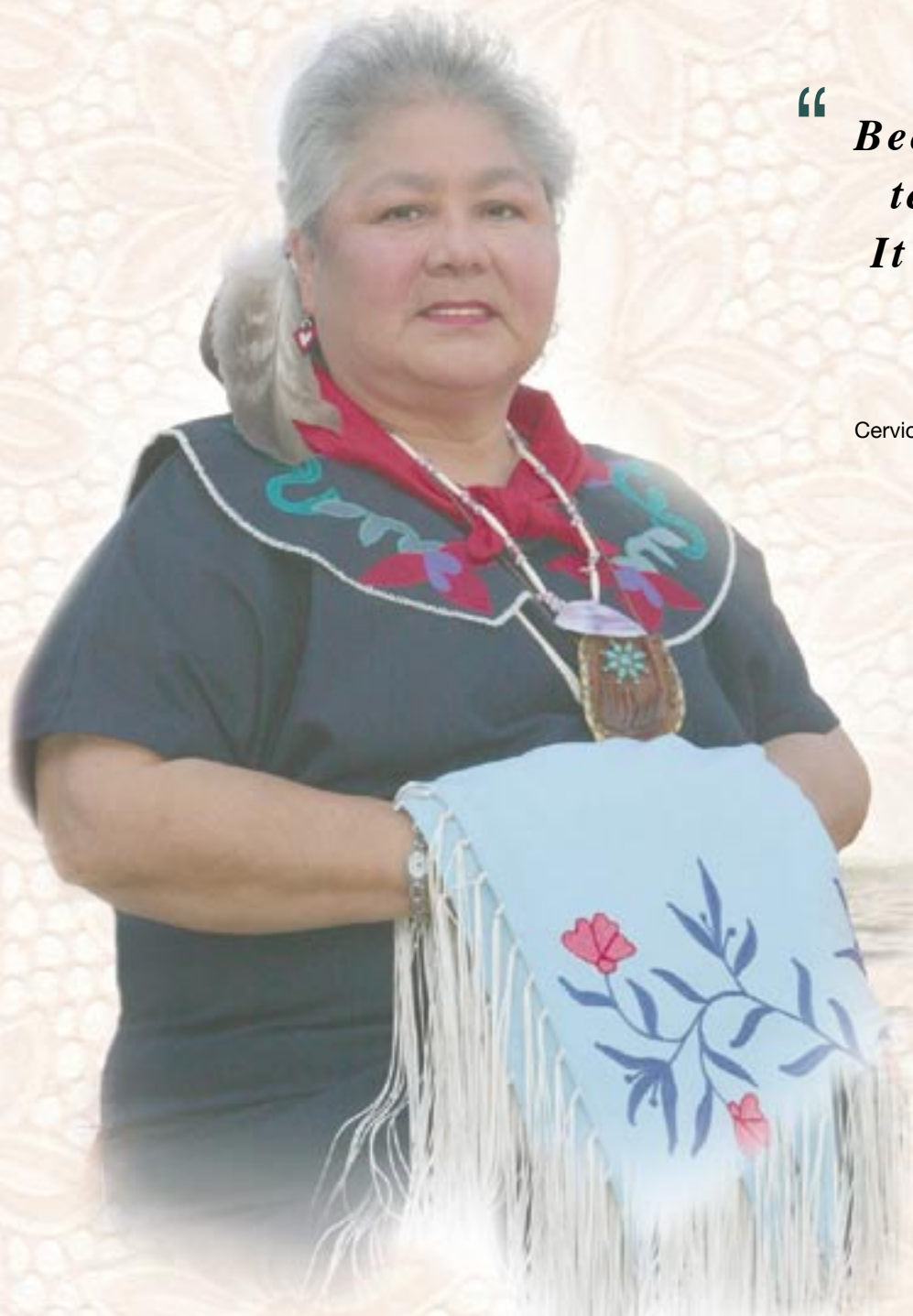
an interview with Jeannie Lunsford

Managing Cancer and Diabetes

Catherine Sampson offers advice

Clothespin Dolls

for giveaways and more



“ *Because of a Pap test, I am alive. It is that simple.* ”

—— Wanda Cook
Onondaga Seneca
Cervical and Uterine Cancer Survivor

Wanda dedicates her life to health education for Indian women. She is a positive voice for breast and cervical cancer early detection screening. She is also the Vice-Chair for *WomenHeart*, a national coalition of women with heart disease.

Wanda was 27 years young when she was diagnosed with cancer. When her Pap test came back with an abnormal result, her doctor immediately followed up with further testing. The cancer was advanced. Surgery saved her life.

A Pap test is the only way to diagnose pre-cancer and early stages of cervical cancer, which can be treated with a 100 percent cure.

A 100 percent cure.

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Acknowledgments

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Disclaimer

This publication should not substitute for professional advice by a health care professional. Readers should always consult a physician or other health care professional for medical treatment and advice.

Please note that the phrase, "see your doctor," refers also to tribal clinic professionals such as a Physician's Assistant, a Nurse Practitioner and/or Nurse Midwife.



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Managing Cancer Treatment with Diabetes

Catherine Sampson says it is important to stay informed about both of her health issues

by Jean Johnson

Living with diabetes is one thing, but when a breast cancer diagnosis lands on top of that unexpected problems can happen. In Catherine Sampson's case, she met the challenge with her usual no nonsense approach to life.

Family History of Diabetes

"My mother died of diabetic complications, so I knew about diabetes when I was diagnosed."

"It was in 1986 when I was on the pre-testing for diabetes. They gave me a year to change and lose weight and everything else the way they do when you're on the borderline. I was like so many I see and just passed things off. By 1987 it was too late, and I was placed on insulin."

First Learning About Breast Cancer

"When I had cancer it was like receiving a death notice. While they explained, I sat there and did not ask questions. 'They know what they're doing,' I said to myself. I was more frightened than anything at first."

Seventy-one year old Catherine found the strength she needed to put one foot in front of the other by attending a Native American Survivors conference in Scottsdale, Arizona and a How to Start a Cancer Support Group conference in

Albuquerque, New Mexico by Mary Lavato. Later she helped start cancer support group meetings in the tribe's cultural center winter lodge. It was the beginning of what became the Yakama Regional Office of Native Cancer Survivors—a place where

Catherine's daughter, who also has diabetes and is a breast cancer survivor, works to follow cancer patients through their treatment and help out as needed.

Diabetes and Breast Cancer

"I know there have been cancer patients who are diabetic, and they have gone through worse effects than I did. But I did read and study a lot, and I think this is one of the important things that a person must do with anything that affects your body."

"First I went through surgery and had a radical mastectomy. Then there was chemotherapy and radiation. My husband—he's since passed away—was with me then, and he helped me monitor the diabetes."

A medication called taxol that Catherine took for the chemotherapy was very strong. Afterward, Catherine could only drink water. She didn't take her blood sugar reading at night, she was too sick and tired. She made sure, though, to take a reading in the morning.



Catherine Sampson (Yakama) and daughter, Ellen Doublerunner (Yakama) walk the track. A two-day "Relay on the Rez," fund raiser for the American Cancer Society, just wrapped up that morning. Nearly 500 people supported the event. Catherine and Ellen are both breast cancer survivors.

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Tips on Managing Diabetes During Cancer Treatment

- ◆ **Tell your oncologist (cancer doctor) you have diabetes.**
Do not assume that he or she will know.
- ◆ **Ask your oncologist to talk with the doctor you see for your diabetes.**
Together they can recommend a treatment plan, including diet, medication, etc., that suits all your health needs.
- ◆ **Ask a friend or relative to be your health advocate.**
An *advocate* is someone who you may want to be with you during your doctor visits. They may help you keep a “health journal” with questions on what to ask the doctor, and notes on what your doctor tells you. You can then read them later, when you are more relaxed.
- ◆ **An advocate may help prepare meals** that will keep your blood sugar stable during cancer treatment. (You can freeze your meals ahead of time.)
- ◆ **Monitor blood sugar levels.**
Your diabetes doctor may want to monitor your blood sugar levels by phone on a daily basis during treatment. Ask your doctor at what high and low sugar level points he or she wants you to call.
- ◆ **Try different foods to learn what you like.**
Even if you don't want to eat much during treatment, try eating less, but more often. It's important to eat nutritious food to keep your blood sugar stable—especially when you need your strength.



The following page has two recipes that will help you maintain blood sugar levels during cancer treatment.

Cancer Treatment and Diabetes

The American Diabetes Association reports that factors affecting blood glucose levels include pain, stress, and infection.¹

Chemotherapy treatment for cancer is stressful and may cause blood glucose (sugar) levels to be high.

Other drugs used to treat cancer may also cause increases in blood sugar levels. These

include steroids, which can cause increased appetite and weight gain, and which can make it more difficult to control blood sugar.

Finally, a decrease in physical activity resulting from the illness may also influence blood sugar levels.

¹ The American Diabetes Association
<http://www.diabetes.org/live/transcript.jsp?chatid=3>

² The Mayo Clinic.com
<http://www.mayoclinic.com/health/diabetes/AN00996>

Eating well when you aren't feeling well, may mean eating less, but more often



Cream of Turkey Veggie Soup

Catherine Sampson suggests eating cooled down, nutritious soups when dealing with the effects of cancer treatment. This is especially important for persons with diabetes.

Ingredients: 3-4 cups low fat, low-sodium chicken broth (homemade or canned); 1 Tbsp. canola oil; 1 medium onion, minced; 3 carrots, diced; 3 stalks celery; any other dark leafy green vegetables as preferred (broccoli, spinach, etc.), chopped; 15 oz. (2 cans) white beans; 1-2 cups diced, cooked chicken; seasoning to taste (e.g. garlic powder, paprika, etc.)

Preparation: 1) Heat the oil in large stock pot over medium heat. Add carrots and dark vegetables and saute for 2-3 minutes. Add the onion and celery and stir until light and transparent. 2) Puree beans with its liquid. Add to the soup; simmer for 10 minutes. Add the cooked chicken and broth, and simmer for 20 minutes. Add seasoning to taste. Allow to cool and puree in blender. Serve slightly warm or cool as preferred.

Exchanges per serving: 2-1/2 Starch; 2 very lean meat.

For more recipes, go to the internet and visit The American Diabetes Association at <http://vgs.diabetes.org/recipe/index.jsp>



Banana-Berry Smoothie

Fruit is a pleasant taste treat and a good source of vitamins. Dark fruits, such as blueberries and blackberries, are also a rich source of anti-oxidants.

Ingredients: 1 ripe banana; 1/2 cup reduced fat milk (or yogurt if you prefer); 1- 1/4 cups fresh or frozen blackberries or blueberries; 2 teaspoons Splenda® or other sugar substitute.*

Preparation: 1) Place sliced banana and berries in a bowl and slightly freeze for 10-15 minutes. 2) Pour the rest of the ingredients into the jar of a blender and add fruit. Blend on medium until smooth.

Exchanges per serving: 1 Fruit; 1 Starch

* For more information on reduced calorie sweeteners, and other sugar substitutes, go to the internet and visit the American Diabetes Association at <http://www.diabetes.org/nutrition-and-recipes/nutrition/sweeteners.jsp>



Helping to Change the Course of Cancer



Native people know that listening to the voice of their community most likely means listening to the voices of their Elders. That is why Elders, and other strong, non-native supporters, are the key members of an advisory committee on cancer control for five northwest tribes. The tribes include the Chehalis, Nisqually, Shoalwater Bay, Skokomish and Squaxin Island Tribes.

The advisory committee does just that; they give advice to the South Puget Intertribal Planning Agency Comprehensive Cancer Control Program (SPIPA CCCP). It is one of only six tribal CCC Programs in the entire United States. That makes the advisory committee's voice pretty important.

Part of the committee's job was to help decide what kinds of cancer are affecting their communities the most. (Lung cancer and breast cancer are at the top.) They did this along with direct feedback from surveys from each of the five tribal communities and other cancer organization partners, and from data from the state cancer registry.

They also helped decide what activities to do so that cancer might happen less often in the future. Or, that when it does, that native people survive it better.

The ideas went into a five-year written plan. Some of the activities include cancer prevention and screening workshops for the youth, middle age and Elders at each of the SPIPA five tribes. There are also plans to train community health representatives (CHRs) and outreach workers at each SPIPA tribe to become certified to teach the Cancer 101 program to tribal community members.

People from all walks of life are involved on the committee (see photo above, right). Together their voices, and the voices of their families, friends and neighbors, are making a difference for the future of cancer in their communities.

Top row: Jen Olson, CCCP EPI; Carolyn Pierce, cancer survivor from Nisqually community; Carrie Nass, CIS Outreach Coordinator; John Simmons; Sarah Miller, ACS representative; Christina Hicks, Chehalis tribal member; Rosylnn Reed, Co-Chair of End of Life Committee and Skokomish tribal member. **Next row:** Teresa Guthrie, Spirt of Eagles Project Manager; Jan Taylor, Council Member Shoalwater Bay Tribe and Tobacco Cessation Coordinator; Robin Bennett, Muckleshoot tribal member, SPIPA Community Service Administrator Assistant and CCCP office support; Cleo Frank, Nisqually Tribe CHR; Julie Scholer, American Lung Association representative; Carmen Kalama, SPIPA Community Service Manager; Lisa Shipman, Shoalwater Bay tribal member and CHR and HIV/Aids Coordinator Shoalwater Bay Tribe; Lauren Jenks, Director of Cancer Div. State of WA DOH; **Bottom row:** Rose Algea, Squaxin Island tribal member, CHR and Outreach coordinator for BCCEDP; Harriet Gouley, RN, Cancer Survivor and Skokomish tribal member; Zelma McCloud, Cancer Survivor, Nisqually tribal member; Letta (Lee) Shipman, Shoalwater Bay tribal member and Emergency Management. **Not Pictured:** Zelda Thompson, Nisqually tribal member, Ben Charles, Sr., Lower Elwa tribal member; Anne Becker, RN at the Chehalis Tribal Clinic, Rob Woodward, PA Skokomish Tribal Clinic; Garry Lowery, CDC Regional Representative., Steve Charles, Native People for Cancer Control, University of Washington. *Photo by Marilee Peterson*



Advisory committee members meet regularly. They also participate in many trainings. That way, they can take the skills that they have learned back to their tribal communities. *Photo by Jennifer Olson*



“When we listen to our own communities instead of bringing in ‘experts’ to tell us what to do, we say the project is tribal grown.”

— John Simmons (Nisqually)
SPIPA CCC
Program Manager

If you have cancer, be sure and tell your doctor about any other illnesses you have.

“I started taking my insulin the next morning. Catherine’s husband, who has since passed, helped prepare food she could eat and that was also good for her diabetes.

“He made different kinds of home made soups—deer meat, chicken noodle. He’d put it in a blender so it was easier to eat with your mouth very sore and tender. He was a good cook and made everything cool because taking hot foods would hurt, too.”

Catherine says she also drank a product called Ensure® that is specifically for diabetes. “It was in liquid form, and I had drinking straws. It was close to two to three weeks that I couldn’t eat solid food.” During that time, doctors monitored her blood sugar by phone.

The cancer doctor, an oncologist, knew from



the start that Catherine was diabetic. “He and my regular doctor communicated.”

In 2002, Catherine’s daughter, Ellen, was also diagnosed with breast cancer. She too, has diabetes. “The doctors never asked me about it,” Ellen says.


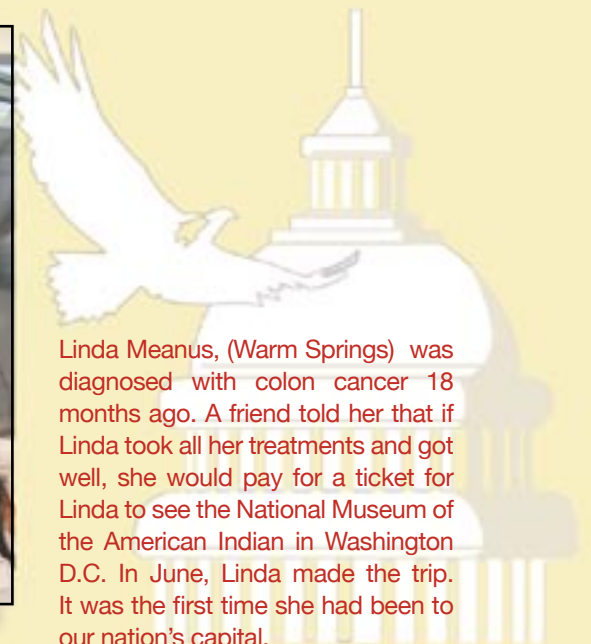
Like good friends, Catherine and Ellen support each other as survivors of breast cancer, who also have diabetes. “All survivors can learn from each other,” Catherine says. 



photo by Jung Fitzpatrick



Linda Meanus, (Warm Springs) was diagnosed with colon cancer 18 months ago. A friend told her that if Linda took all her treatments and got well, she would pay for a ticket for Linda to see the National Museum of the American Indian in Washington D.C. In June, Linda made the trip. It was the first time she had been to our nation’s capital.

Acting Quickly Saved Her Life

For the first time in five years since Ruby Wells got breast cancer, she decided to write her story.

“I don’t dwell on myself having had cancer,” she says. “I focus on celebrating my new life and being mentally strong and positive.” That way, she can deal with whatever comes her way. “Still, the day I was diagnosed was the day I was qualified to share what I know,” she says.

The following is from Ruby’s writings and from a candid conversation about her experience.

More than anything, Ruby Wells wanted the comfort of her mother’s arms the day she learned she had breast cancer. But her mother had passed on three years earlier. So Ruby relied on the memory of her gentle voice and strong teachings to guide her through one of the most difficult times of her life.

“I had to think like my mother taught me,” Ruby says. “She always used to say, ‘You think. You face. You plan.’” Since Ruby’s cancer was very aggressive, she had to do all three very quickly.

“It was like shock waves. First I was diagnosed. Then I had surgery. Then there was recovering from surgery. Next came chemotherapy and radiation.” The biggest shock of all, Ruby says, was when she started losing her hair. “I felt I was losing my identity.”

She first felt “a hard, unusual lump,” on her right breast while doing a breast self-exam in October of 2001.



Ruby Wells is a Cherokee woman living in Tahlequah, Oklahoma. A breast cancer survivor, she is the chair of the Circle of Nations, a Native American cancer support group.

“ *My family comes from a traditional society. Still, we live in two worlds. My mother would say, ‘Pray to Creator for guidance...for the doctors.’* ”

— Ruby Wells
Cherokee
Breast Cancer Survivor

Then she felt her left breast to compare. She knew to make an appointment with the doctor as soon as possible.

In his office, he measured the lump. Ruby recalls that it was three centimeters large, or just under the size of a golf ball. Then he sent her to have a mammogram x-ray and an ultrasound.

“I never felt any pain or discomfort. And breast cancer doesn’t run in my family. My thoughts were that it was only a cyst.”

The mammogram results came back and the doctor sent her to a surgeon Thursday, the following day. A needle was inserted (called a “needle biopsy”) into the lump so that it could be tested for cancer.

“The surgeon did an exam and re-measured the lump. She said it was five

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"It's Time to Tell My Story."

For a long time, Jeannie Lunsford kept her cancer a secret. Now she finds strength in sharing her experience.

Jeannie Lunsford says she doesn't remember her mother complaining about hard work. "She only had a third grade education. Still, she educated herself and she was a great manager," Jeannie says.

Not complaining about hard work, or hard times, may be why Jeannie did not tell her family for six weeks that she was diagnosed with breast cancer, or that she had surgery to remove the lumps.

It all began in late 1996 when Jeannie felt a lump in her breast during a self-exam. "I go every year for my annual exam and mammogram," she says. Her last exam had been just a short time before she found the lump. "The letter I got said that I just had cysts, and that they were normal for a woman my age. But I knew there was something different going on."

Jeannie called the doctor. The receptionist argued that she didn't need another mammogram. "I just wore her down."

Jeannie finally got the referral she wanted for another test. It showed a suspicious mass. The next step was for her to get a biopsy. Jeannie was scheduled to have a needle inserted into the lump that would remove just enough mass to have it checked for cancer.

"I expected to go in for the biopsy and shop

the rest of the afternoon," Jeannie says. But the doctor saw the x-rays before the surgery. He asked Jeannie to make a bigger decision.

"He was pretty straight talking. I liked that. He said that the cancer was 'in-situ.' That meant it had spread out of the tumor cell."

"He said, 'If you give me permission, when I put you to sleep, I can remove the lumps.'" The procedure is known as a lumpectomy. "I agreed. Still, I had this horror of waking up with my breast cut off."

Jeannie did not have to have her breast removed.

"My friend Joyce had come along thinking she was going to go shopping with me." Instead, she drove Jeannie home and helped her lie down on the couch. Joyce insisted that Jeannie's son

“ I knew there was something different, so I argued about the mammogram results. ”

— Jeannie Lunsford

Chickasaw
Breast Cancer Survivor

continued next page

Robby, come stay with her. “When he saw me,” Jeannie says, “he said, ‘mom, what’s going on?’”

Two days later, Jeannie got a call that her daughter Kelly was about to have a Cesarean section. “I went to be with her but I didn’t tell her anything at that time.” Kelly went through the birth without knowing her mother had just had surgery to remove cancer.

Jeannie followed up her cancer surgery with a different doctor who was trained in Houston on the latest cancer treatments. Chemotherapy and radiation treatments lasted eight months, until the week before Thanksgiving.

Also a couple of weeks after her surgery, Jeannie’s gynecologist told her about a support group. All ages were at the meeting. “Believe me, they told it like it was.” Jeannie’s new friends told her not to wait, to go get a wig before she lost her hair. “I bought the wig. Then I went to the hair stylist and told them to style it just like my own.”

When she started to lose her hair, she went to the hair stylist again. “She cut a little and asked me how I liked it. I said, ‘no, take more.’ She cut again and asked again. I said, ‘no, take more’ We went on like that until I said, ‘See those buzz clippers? Use them all the way.’ When my hair was all gone, she asked me if it was okay now. I said ‘yes,’ hugged her and cried. It was the only time I ever did.”

Jeannie drove home from the shop and put her wig on. Then she went to work the same day and every day after.

Jeannie continued to go to the support group. Still, she chose not to tell her co-workers about the cancer. “I didn’t want them to favor me.” They never knew that Jeannie would rush to radiation in the morning, and go to work the rest of the day.



Jeannie Lunsford (Chickasaw) enjoys reading with her granddaughter, Prairie, and daughter Kelly.


“Then I heard Wilma Mankiller at a conference. She shared so much about all that she had been through.” It affected Jeannie deeply. “I thought she was so strong to do that.”

The following year, Jeannie was diagnosed with uterine cancer. She had a hysterectomy, but she did not need follow-up treatment. Jeannie is thankful her gynecologist doctor knew to look for the signs and caught the cancer early.

“The nurse at my cancer doctor’s office also gave me a book that shared the fears and the feelings of other cancer survivors.” And, she encouraged Jeannie to learn all she could about cancer.

“I still look back and wonder why I couldn’t talk about it. I think I was just used to making everything okay for others. I worried about being weak.”

In time Jeannie learned that showing how much you need others might be the biggest step of courage a person can take. It also gives family and friends, a chance to feel like they are making a difference. “I think you can endure anything you put your mind to. You may have to push yourself, talk to yourself.” Still, doing it alone may have been the old way of doing things.

Cancer helped her learn that sharing her deepest experiences with those she trusts is one more way to give strength to others, *and* to herself. 

Health Care On the Move: Reaching Urban Indians



There are over four million American Indian and Alaska Native in the United States. Of that, *sixty-one percent* live in large cities—at least most of the time.

Annie Schwejda has lived between the city of Portland, Oregon and her home town of Forest Grove, two hours away, most of her life. She is 47 years old. For the last ten of those years, an urban health clinic called the Native American Rehabilitation Association (NARA) in Portland has had a Native Women’s Wellness Program. It provides free women’s exams to Indian women.

“I didn’t know they had free services,” she says. When she learned her daughter Jessica was going to a *Women’s Day Celebration*, at NARA, Annie went along. They were providing free breast and cervical screenings. “When I showed up, there were shish kebobs on a grill for our lunch,” Annie says. It’s also there that she had her first Pap smear test in several years.

“Even when women do know about our free services, getting to the clinic isn’t always easy,” Sharon Fleming, director for the Women’s Wellness Program says.

NARA has the only urban tribal Breast and Cervical Cancer Early Detection program in the nation funded directly by the Centers for Disease Control and Prevention. It serves Indian women living in Portland and nearby Vancouver, and on nine surrounding reservations.

“It is not unusual for some to drive four hours to get a mammogram,” Sharon says.

The story is the same for urban Indian health clinics across the United States. Native Americans are hard to reach. They often go back home to live on the reservation for months at a time. Or if they do stay in town, their addresses change from apartment to apartment, again and again. And living in the city, most don’t own cars. Getting to appointments is hard.

In the health field, all the things that make it hard for women to receive services are called



(Above) Annie Schwejda (GrosVente) had her first Pap exam in several years this spring. (Left page, L to R) Ed Edmo (Shohone-Bannock), Se-ah-dom Edmo, Siale Edmo, Samuel Hendrix and Carol Edmo.

“barriers.” Sharon and her team have had to find ways to address these barriers so that women can get screened. They know that when cancer is present, finding it early can save lives.

Below are some of the barriers that many women have to receiving services, and some ways that Sharon and her team help to address them.

Fear changed to peace of mind:

- ◆ Some women fear that if they are screened, maybe cancer will be found. They think if they are not screened, then they will not have to know.
- ◆ So NARA asks other Indian women to tell their stories about getting exams. In their own voices women tell others how screening can bring peace of mind when there is no cancer present.
- ◆ They also tell others that if cancer exists, then catching it early helps to save lives. They say it saved *their* lives.

continued on next page



Sharon Fleming (Choctaw) is the Program Director of NARA's Women's Wellness Program.

Mis-information changed to knowledge

- ◆ Many women don't know that their chance of breast cancer increases with age. For instance, Sharon knows of one woman who, once she turned 77, began to throw her reminder cards into the trash. She thought she was too old to get cancer. Two years later, her grandson accidentally fell on her left breast. She felt pain and later learned she had cancer. She received treatment and today she is doing fine.

Modesty issues respected

- ◆ All of the NARA BCCEDP providers are women who are respectful of privacy. If a woman decides not to have a Pap test, then the provider explains why it is important and gives her information to take home. Many return in a short time for their Pap exams.

Transportation issues addressed

- ◆ The Women's Wellness Program buys bus tickets and offers free taxi rides to exams and followup. Gas cards are also given to those who live outside the city.

Lack of support changed to caring:

- ◆ Many women who live away from the reservation have no family in the city, and no circle of friends who will come with them to the clinic.
- ◆ Sharon makes sure that someone from the team will accompany a patient through a mammogram or other testing.

Follow up testing at the same clinic

- ◆ NARA purchased a colposcopy machine that is used to do further testing on the cervix when a Pap smear comes back abnormal. That way women can come back to NARA and can stay with familiar people.



“ Holding hands and being there is half the battle. I know. I've had to have exams since my late 20s. ”

— Sharon Fleming

Choctaw
Director, NARA Native Women's
Wellness Program

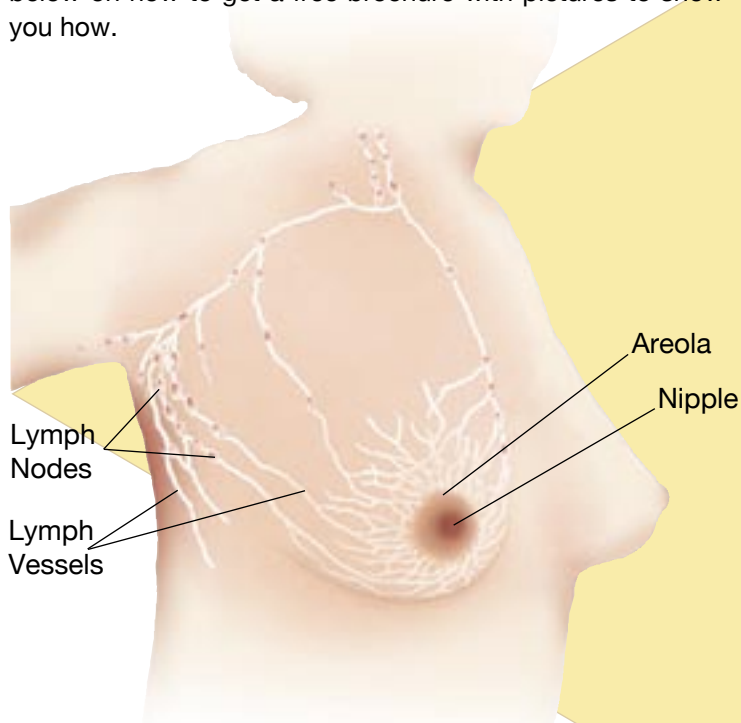
NARA's Women's Wellness Program produced a calendar in 2006 entitled "Honoring Our Women Cancer Warriors." Copies were given out to help spread the news that the chances of surviving cancer are very good if it is detected early. March's "Woman Warrior," was Norma Trimble.

The Breast Care Triangle

by Dr. Dee Ann DeRoin

Mammograms are just one of three important steps to early detection of breast cancer.

1 Breast self-exams are important because changes can occur in the breast in-between annual mammogram testing. There are instances where women have found lumps in their breasts that a mammogram x-ray did not detect. Doing a breast self-exam on the same day every month is one way to remember. It is important to do a thorough exam. See below on how to get a free brochure with pictures to show you how.



2 When you get a mammogram you simply stand in front of an x-ray machine. The person who takes the x-rays places your breast between two plastic plates. The plates press your breast and make it flat. This may be uncomfortable for a few seconds, but it helps get a clear picture. You will have x-rays taken of each breast. A mammogram takes only a few seconds, but your peace of mind will last a long time.

To find out if you are eligible for a free mammogram and annual exam, see below.

3 A doctor needs to do a clinical examination of your breasts each year. A good time to do this is the same time you get your annual mammogram and Pap test (see page 14). Many tribal clinics now have female providers. Ask for a woman practitioner if you would prefer one. To find a tribal Breast and Cervical Cancer Early Detection Program (BCCEDP) nearest you, see below.



Dee Ann DeRoin, M.D. MPH, (Ioway)

For a free brochure on how to do a breast self-examination, and how you might be eligible for a free mammogram and annual exam, call a tribal BCCEDP clinic near you. Telephone numbers are on page 20 and 21.

For more information go to the internet and visit <http://www.cancer.gov>. Another good place for information is http://www.upmccancercenters.com/pdq_xml/cancer.cfm?id=44

The HPV Vaccine

A new vaccine protects against a virus that is the major cause of cervical cancer

Frequently Asked Questions – Human Papillomavirus (HPV) Vaccine

The following is an excerpt from a Centers for Disease Control and Prevention document. To read more on the HPV vaccine, go to the internet and visit, <http://www.cdc.gov/std/hpv/hpv-vaccine.pdf>

Q What is HPV?

A HPV stands for human papilloma (pap-ah-LO-mah) virus. HPV is a very common virus. It is passed on through genital contact, most often during sex.

HPV is not a new virus, but we are learning more about it. HPV is not the same as HIV or herpes virus (HSV).

Q What are the symptoms and effects of HPV?

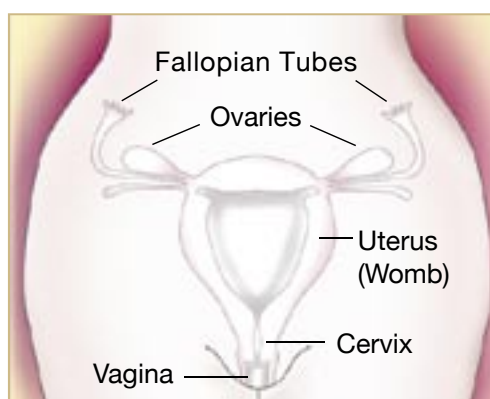
A There are many different types of HPV that can infect the genital area of men and women. Most HPV types

cause no symptoms and go away on their own.

But some types of HPV can cause cervical cancer in women. Other types can cause warts in the genital areas of men and women. However, most people who get HPV do not develop these health problems.

Q What is the cervix?

A The cervix is the lower part of a woman's uterus (womb). It is one of the female organs.



A Pap test can be done during your regular annual women's health exam, and takes just a few minutes

- ◆ If you are under 18 years old, you only need a Pap test if you are sexually active.
- ◆ For ages 18 to 64, have a Pap test and pelvic exam every year, or as directed by your health care provider.
- ◆ After you've had 3 normal yearly Pap tests, you may begin having them every 3 years, or as directed by your health care provider.
- ◆ Still continue to see your health care provider every year in order to have a clinical breast exam, a pelvic exam, and other tests, such as cholesterol and blood sugar tests.
- ◆ Only your health care provider knows if you still need Pap tests if you've had a hysterectomy. Be sure to ask.

Remember, you still need a Pap test even after getting the HPV vaccine, and after you give birth, or after menopause ("the change").

Q How is HPV related to cervical cancer?

A Some types of HPV can infect a woman's cervix and cause the cells to change. Most of the time, HPV goes away on its own and the cervix cells go back to normal.

But sometimes, HPV does not go away. Instead, it stays around and continues to change the cells on a woman's cervix. These cell changes can lead to cancer over time, if they are not treated.

Q Can cervical cancer be prevented?

A Regular cervical cancer screening (Pap tests) and follow-up can prevent most cases of cervical cancer. Regular Pap tests can detect cell changes (or "precancers") in the cervix *before* they turn into cancer. Pap tests can also detect most cervical cancers at an early, curable stage.

Most women diagnosed with cervical cancer in the U.S. have never had a Pap test, or haven't had a Pap test in five years or more.

Q *Who can get HPV?*

A Anyone who has ever had genital contact with another person can get HPV. Both men and women can get it—and pass it on to their sex partners—without even realizing it.

Q *Is there a vaccine to prevent cervical cancer and genital warts?*

A On June 8, 2006, an HPV vaccine was licensed by the Food and Drug Administration (FDA) for use in females, ages 9-26. This vaccine protects against four types of HPV, including two that cause most (70%) cervical cancers (types 16, 18), and two that cause most (90%) genital warts (types 6, 11).

The vaccine is most effective for girls/women who get vaccinated before their first sexual contact.

Q *Is the HPV vaccine safe?*

A The FDA has licensed the HPV vaccine as safe and effective. It has been tested in over 11,000 females (ages 9-26) from around the world. These studies have shown no serious side effects. The most common side effect is soreness at the injection site.


Q *What kinds of government programs may be available to cover the cost of HPV vaccine?*

A Federal health programs such

There's No Time Like Now

Kat Spaulding has had cancer—twice. The first time was when she found a lump in each breast after a breast self-exam. She had the lumps removed (a lumpectomy) and then had radiation for six months.

Follow-up blood tests to the cancer treatment showed there was still something going on. The doctor “kept after me to get a Pap test,” Kat says. It had been thirteen years since her last one. Still, she waited to have it done. She says she was still in denial about the breast cancer. But she couldn't deny the new concern for long. She had the Pap test and then an ultrasound. It showed her cervix was three times its normal size. She had to have a hysterectomy (removal of the womb), but she says that because she followed up, she is alive today and happy.

“This has made my daughters aware of how important mammograms and pap tests are. Before my cancer, it was an after thought. Now they get it done every year.” 



Kat Spaulding (Warm Springs) celebrated her fourth year cancer free, last spring.

“If I stuck to my old ideas that I would be fine without tests, I probably would not be alive. Today my greatest gift is watching my grandchildren grow.”

— Kat Spaulding
Warm Springs
Breast & Cervical Cancer Survivor

as *Vaccines for Children* (VFC) will cover the HPV vaccine. The VFC program provides free vaccines to children and teens under 19 years of age, who are either uninsured, Medicaid eligible, American Indian, or Alaska Native. There are over 45,000 sites that provide VFC vaccines, including hospitals, private clinics, and public clinics. For more information about the VFC, visit, <http://www.cdc.gov/nip/vfc/Default.htm>.



Ruby Wells

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centimeters.” Ruby’s head began to spin. “Everything started to happen so fast.”

She had to wait over the weekend to get her results. “That’s when I began to imagine that this cyst might actually be growing.”

She called the doctor first thing Monday morning. “You might think I’m crazy,” she said, “but it feels like the lump is growing.”

The doctor had the results of the earlier biopsy when she saw Ruby Tuesday morning. She told Ruby she had Stage III intraductal carcinoma, a type of cancer that grows very quickly. She was only forty-four at the time.

“I was all alone. I needed someone to just hold me close. I needed my mother.”

Ruby began calling her family. “I began to think about my two precious children, Brandon, nine, and Nekesha, thirteen. It was the week of my son’s tenth birthday.”

She talked with her older sister and niece, and even her children, about the reality of life and death.

“While still in high school, my mother took me to make funeral arrangements for my Aunt. She taught me what to expect during the planning arrangements. She told me it was one of the many important issues we eventually have to deal with in life. Many of her daily values I now pass on to my children.”

Two days after the news that she had cancer, Ruby had surgery, a mastectomy. Her right breast was removed. The size of the tumor had grown even larger in the few days since it was last measured. “My doctor was so amazed, she brought my case to the hospital board to share.”

Ruby followed up the surgery with eight months of treatment. It included chemotherapy and radiation.


Ruby’s father was on a dialysis machine fighting kidney failure at the time. “I would visit

him in intensive care. My hair was growing back. He would pat my hair and say, ‘Your hair is so soft.’ But it was the things between the words that mattered.”

“He told others that I was going to make it because I was strong. Those were some of his last words, so I knew I was going to go on.”

Others, including Ruby’s two sisters, her husband and close friends supported her through the surgery and treatment. “I took a leave of absence from work but if I felt like going in, I did. I remember wearing my bandana to work. A little while later my director had a ‘crazy hat day.’ The men and women, wore all kinds of crazy hats. My co-workers are my next family and I enjoy them and thank them for caring about me, also.”

Ruby is cancer free five years soon. “I feel strongly about talking to others. It just helps them to know that someone else has gone through what they are going through. Each mother must also teach and encourage their daughters about breast self exams, mammograms and annual clinical exams.”

She ought to know. She is here today with the family that she loves because she did an exam and acted quickly when she felt something unusual. 

Changing How Navajo Women See Cancer

Nellie Sandoval makes it her life calling to break through the fear of dying from cancer

by Jean Johnson

“There was nothing in our little town. Farmington had nothing established or set up or anything,” said breast cancer survivor Nellie Sandoval. “When I first think about me having gotten breast cancer, I was so terrified—really terrified. I really thought I was going to die.”

“But I have a wonderful, wonderful, family,” Nellie says. “My husband and my four children. They just helped build me up. I started thinking about other women and starting a support group. It was then that I met women whose husbands left them or whose children weren’t supports.” Nellie recalls feeling blessed. “I thought I better get busy and give back for what has been given to me.”

That was in 1989 the first time Nellie was diagnosed with breast cancer. (She was also diagnosed again in 1996.) It took her a few years to get organized, but after talking with Fran Robinson, oncology nurse at the San Juan Regional Cancer Center, Nellie started a support group in 1992.

“We meet once a month, bring in speakers, have open sessions where we sit around and talk, and host a Survivors Day picnic. We are not only

a source of support to each other, we help out with things in the community.”

“There are no support groups strictly for native women, but me being Navajo, I have really reached out to Navajo women.”

Nellie got involved with the American Cancer Society’s Reach to Recovery Program. She and other cancer survivors volunteer to go out to visit women who have been just recently diagnosed with breast cancer.

She began noticing something very startling. Many Navajo women were dying from cancer.

“They were very young and had little children.” Nellie began talking with Fran. When they looked into it, they discovered that many Navajo women were being diagnosed at very late stages in their cancer. They did not know that early detection was the key to survival.

“One of the things we decided to do was create a video in Navajo with English subtext about the importance of early detection.”

In 1996, the San Juan Medical Foundation funded the nine minute video, “Breast Cancer, It Can Be Healed.” It had only Navajo women and



Nellie Sandoval (Navajo) was named by the governor as one of the outstanding women in New Mexico in 2003. Friend and partner, Fran Robinson, an oncology nurse, received the Yoplait Champion award in 2006. Photo by Brenda Shepard, San Juan Medical Foundation, Farmington, NM

continued on next page


Nellie Sandoval, continued from previous page

a Navajo medicine man who sang a Blessingway. It also showed a woman getting ready to have a mammogram. In addition, it gave information on the importance of a monthly breast self exam, annual mammogram, and an annual checkup by a qualified health provider.

“Fran and I clocked thousands of miles and presented every where all over the rez—chapter houses, health care centers where many put it up on the TV in the waiting rooms.”

Encouraged, Nellie and Fran partnered with Northern Navajo Health Promotions Department (NNHP) and put together TV spots and billboards messages. One of the TV segments showed a Navajo woman running her fingers through some wool and finding a burr, just like a woman might doing a self breast exam.

A third video on lymphedema was also created. And in 2005, Nellie was nominated for the Susan G. Komen advisory council.

“In the Navajo way if you talk about something bad they say you’re wishing for it to happen. What we’re saying is that education and awareness about breast cancer empowers the women. I have been scolded and I have been chastised, I will tell you. But somebody has to talk about it, and I’m not alive because I sat in the corner.” 



A video on CD called “Breast Cancer, The Healing Begins” focuses on answering women’s questions about what happens after they are diagnosed. It too, has been distributed across the Navajo reservation.

An American Indian/Alaska Native

Ribbon of Life

To Support Breast Cancer Awareness & Education Among American Indian/Alaska Native Women

The *Mother’s Wisdom Breast Health Program* & the UC Davis Cancer Center American Indian Advisory Council developed a special ribbon appliqué for American Indian/Alaska Native women cancer survivors.

The feather ribbon is worn to show support of an American Indian woman who is fighting breast cancer, or who has survived breast cancer. It can also be a symbol of spiritual protection, strength, and guidance.

For more information,

Contact Marlene Davis at marlene.vonfriederichs-fitzwater@ucdmc.ucdavis.edu, telephone: (1-916-734-8810)
OR Linda Navarro at lnavarro@turtlehealth.org / telephone: (916) 677-2533.



Supported by the Susan G. Komen Breast Cancer Foundation and the UC Davis Cancer Center.

Native American Clothespin Dolls



Clothespin dolls are great for leftover leather or cloth that is too small for other crafts. For a special project, create a doll-size shawl from a saved, worn out piece of fabric that your grandmother gave you long ago. Add a pouch, beads or even a bow and arrow if you like!

This craft comes to you from Trudy Marcellay (Chehalis).

Materials: Old-fashioned clothespins and wooden doll stands (craft stores sell these); pipe cleaner; extra fine permanent marker; scissors and fast-drying glue; embroidery floss for hair; scraps of fabric, or leather for clothing; feathers, beads, lace ribbon, trim, for accessories.

1 Use the fine point of the marker to draw eyes and a mouth on the “head” of the clothespin. To make it easier, use a book to rest your hand as you draw.



2 For the hair, spread the tacky glue over the head like a cap. Stand the clothespin in the wooden stand. Take the embroidery floss and make several loops seven inches long. Clip each end and spread flat against the glue on the head of the clothespin. Allow to dry.

3 Trim the pipe cleaner so that it is six inches long. Place the middle just under the head of the clothespin. Bring the ends to the back, twist once, and bring the arms out to the sides. Fold the ends a little for hands. (These will be used later to grip items such as feathers, etc.)



4 For a dress, cut a strip of light fabric 3 inches wide by 7 inches long. Fold it in half and in half again, lengthwise. Cut a notch out to make a “T” for the arms and body of dress. Cut a *very small* “V” in the top corner for the neck opening in the dress. (If it is too large it will slip down to the body of the doll.)

5 Slip the dress over the doll’s head and hair. Tie a ribbon around the waist to hold it in place.

6 The glue should be dry enough now to braid the hair. Braid it extra long, and secure it at the length you want with a single piece of floss and cut off the excess.

7 Accessories: For a shawl, cut a strip of material 2 inches by 2 inches. Glue a piece of trim and/or fringe to the bottom. Fold in half, lengthwise and glue between layers. Put a dot of glue on the top edge, fold around the arm of the doll and pinch until the glue holds. Trim a small feather down and grip it into the doll’s opposite “hand.” String beads and place them around her neck.

8 For a male doll, wrap a narrow strip of leather around each leg and glue, leaving enough material on the front outside edge to cut fringe up the side. Cut a strip of leather 3 inches by 3 inches and fold in half, and in half again, lengthwise. Notch a “T” for the arms and body of the shirt. Cut a *very small* “V” in the top corner for the neck opening. Slip over the head of the doll. Glue inside the seam of the sleeves, and pinch together until dry.

9 Do the same for the hair as you did for the female doll. Place it on the head. While the glue is drying, snip the fringe on the legs and the bottom edge of the shirt. Then braid his hair. Add any other accessories you like.



Tribal Breast and Cervical Program Contacts

Screening For Life, Breast & Cervical Cancer Screening Program

Arctic Slope Native Association

P.O. Box 29; Wellness Center
Barrow, Alaska 99723
Phone: 907-852-5881

Summary of services: Breast and cervical cancer screening is offered to Barrow and five surrounding villages. Air transportation is provided from these rural villages for mammography clinics in Barrow, which are held four to five times a year. A nurse practitioner goes to each village two times a year to provide annual exams, including pap smears. Follow-up care and re-screening is done as needed in Barrow or in the Native villages. Colposcopy and diagnostic services are also provided in Barrow.

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Cherokee Nation Breast and Cervical Cancer Early Detection Program

Cherokee Nation Health Services

PO Box 948
Tahlequah, OK 74465
Phone: 918-458-4491



Summary of services: One-stop appointments are offered for mammograms, pap tests and one-on-one patient education on breast and cervical cancer and breast self-examination techniques. The program provides breast and cervical cancer screening for uninsured, income-eligible Indian women at ten screening sites throughout and around the 14-county Cherokee Nation Tribal Jurisdictional Service Area in Northeastern Oklahoma.

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Hopi Women's Health Program

Hopi Tribal Complex

P.O. Box 123
Kykotsmovi, AZ 86039
Phone: (928) 734-1151



Summary of services: Breast and cervical cancer screening services are offered to Native women living on and near the Hopi Indian Reservation at the Hopi Health Care Center and Tuba City Indian Medical Center. The program contracts with Mobile On-site Mammography stationed out of Tempe, Arizona for mammography services, which is offered every other month. Transportation is provided to those who qualify through the program. Other services include one on one patient education, community education and recruitment, support services.

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Kaw Nation Women's Health Program

Kaw Nation

3151 E. River Road
Newkirk, OK 74647-0474
Phone: 580-362-1039 x 228



Summary of services: Services are provided to women at five clinics, seven tribes, in a seven county area in North Central Oklahoma. Our staff attends health fairs and other special events in the area to outreach to women that are eligible for the program. Each year during the National Women's Health Week in May is a "Healthy Woman" workshop. We have several speakers on topics of health. Also we have speakers just for fun, for example, an aerobic instructor taught a dance routine to the women. The day focuses on making each woman feel special. Every woman receives a gift and there are door prizes throughout the day.

* * * * *

Winyan Wicozani

Cheyenne River Sioux Tribe BCCEDP

P.O. Box 590
Field Health Building
Eagle Butte, SD 57625
Phone: 605-964-8917

Summary of services: Mammogram screenings are offered 24 times a year at the communities of Eagle Butte, Cherry Creek, and Swift Bird. Pap clinic and Clinical Breast Exams are also offered 2 to 3 times per week. Transportation is made available to our mammogram referral center in Rapid City, which is 160 miles away. When needed some transportation is also provided to Pierre, 80 miles away.

* * * * *

Mississippi Band of Choctaw Indians

Women's Wellness Center Choctaw Health Center

210 Hospital Circle
Choctaw, MS 39350
Phone: 601-389-6325 / 601-389-6215

Summary of services: The program is for women age 18 through 64 who are eligible to receive services at Choctaw Health Center and meet program enrollment requirements. *Wellness through Awareness* is the program's message being spread throughout our service areas in the effort to recruit women to participate.

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NARA Indian Health Center Women's Wellness Program

NARA Indian Health Clinic

15 N. Morris
Portland, OR 97227
503-230-1989 (direct line)
503-230-9875 (clinic)



Tribal Breast and Cervical Program Contacts

Summary of services: We provide breast and cervical cancer screenings to Native women, 18-64 years of age, residing in and around Portland, OR, who are underserved, uninsured, underinsured, never screened, rarely screened, and at-risk. Native women are treated with respect and cultural sensitivity. Our program is committed to honoring and respecting our families, communities, and Mother Earth. We advocate early detection, prevention, and yearly screenings; honoring diversity, and celebrating life.

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Navajo Nation Breast and Cervical Cancer Prevention Program

P.O. Box 1390
Window Rock, Arizona, 86515
Phone: 928-871-6249; 928-871-6923



Summary of services: The Navajo Nation Breast and Cervical Cancer Prevention Program was established in 1996. As part of our outreach effort and recognizing breast cancer awareness, we participate in various fair events: Rodeo, Song and Dance, Pow-Wow, Horticulture Show, and Parade. The program also prepares Walks and Health Fairs for October's Breast Cancer Awareness Month.

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Poarch Band of Creek Indians Women's Wellness Program

5811 Jack Springs Road
Atmore, Alabama 36502
Phone: 334-368-8630

Summary of services: The program provides a "One-Stop Shopping" concept of women's health at the tribal health department. Clinical examinations are done by tribal providers. Mammogram screenings are provided by a visiting mobile unit. Referral for diagnosis and/or treatment is done through contracted specialists. Small interactive groups offer health education with each clinic visit.

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SouthEast Alaska Regional Health Consortium (SEARHC) Breast and Cervical Health Program

222 Tongass Avenue
Sitka, Alaska 99835
Phone: 907-966-8743 / Toll free: 1-888-388-8782
Web site: www.searhc.org/womenshealth



Summary of services: Our goal is to increase the education, outreach and breast and cervical cancer screening of Alaska Native women and uninsured/under insured non-Native women living in Southeast Alaska communities, and to find cancer at its earliest and most treatable stage. We have eight screening sites that have either on-site mammography or that receive visits from the mobile mammography unit as well as cervical screening services.

Southcentral Foundation (SCF) Breast and Cervical Health

4320 Diplomacy Drive
Anchorage, AK 99508
Phone: 907-729-2194



Summary of services: The program provides screening services (mammograms, clinical breast exams, pap smears) to Native women in Alaska ages 40-64. It offers ongoing one-on-one and group client education, focusing on breast and cervical cancer awareness, risk factors, and the benefits of early screening. It also provides tracking, follow-up and case management services, public education and outreach services, and professional development opportunities. We work closely as part of the Alaska Breast and Cervical Health Partnership with the four other NBCCEDP programs funded in the State of Alaska to provide seamless delivery of services to Alaskan women.

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The Native Women's Wellness Program

South Puget Intertribal Planning Agency (SPIPA)

3104 Old Olympic Highway
Shelton, WA 98584
Phone: 360-426-3990 x 213
Web site: www.spipa.org



Summary of services: The program works to reduce breast and cervical cancer mortality among women of the Chehalis, Nisqually, Shoalwater Bay, Skokomish, and Squaxin Island Tribes through culturally appropriate outreach, education, screening, and diagnostic services. The program provides no-cost mammograms, clinical breast examinations, pelvic exams, and Pap tests to low-income women living in the five tribal communities. The program also offers a variety of educational activities as part of our effort to promote early detection and treatment of breast and cervical cancers.

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Women's Cancer Prevention Project

YKHC Women's Health Program Yukon-Kuskokwim Health Corporation

P.O. Box 287,
Bethel, Alaska, 99559
Phone: 907-543-6696;
543-6296



Summary of Services: Our program offers breast and cervical health screening services for 50 villages throughout the Yukon-Kuskokwim Delta in Southwest Alaska. Our service area spans 20 million acres and is approximately the size of the state of Oregon.



“ Get your mammograms, but remember, that’s not always how they find cancer. Do your breast self exams every month. ”

— Ruth Bussey
Grand Traverse Band of
Ottawa Indians
Breast Cancer Survivor

Ruth is like many American Indian women. She is dedicated to helping others. In fact, Ruth recalls her first thoughts when the doctor told her she had breast cancer.

“I thought, my work at the Medicine Lodge wasn’t finished because I hadn’t built the dental clinic I had dreamed of for my tribe,” she said.

“Then I caught myself and realized this wasn’t about health services or work anymore. This was now about prioritizing my health before anything else.”

As a cancer survivor, Ruth was honored with a “Pink Shawl,” from her community.