

Native Women's

wellness

CANCER PREVENTION, DETECTION AND CARE

MARY NANCE AND THE COLORS OF HEALING
THE LOOK OF SURVIVORSHIP

CARING FOR THE CAREGIVER
HOW TO TAKE CARE OF YOURSELF TOO!

TRADITIONAL FOODS MADE EASY

PINE NEEDLE WEAVING



*Janette is a cervical cancer survivor.
Now she wants other women to
learn the importance of
cancer screening and
early detection.*

**“ *There is no shame.
It’s time to get your
checkup!* ”**

— Janette Havatone
Hualapai

See Janette’s story on page 9

- ❖ Screening can save your life by preventing cancer or detecting it early
- ❖ Get screened—don’t wait for pain or physical symptoms
- ❖ Talk to your doctor about your personal and family history to determine when to begin screening and how often
- ❖ Follow-up with your doctor if your test results are not normal

Get screened!

Some people need to start screening earlier. Please talk to your doctor.

Screening for:	Breast	Cervical	Colon
Type of test:	• Mammogram	• Pap test • HPV test (may be used in addition to Pap)	• Colonoscopy • Sigmoidoscopy • Fecal occult blood test

Native Women's wellness

CANCER PREVENTION, DETECTION AND CARE

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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.



NACR

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The Native American Cancer Research Corporation (NACR), is a national non-profit organization "... dedicated to helping improve the lives of Native American cancer patients and survivors. We seek to reduce Native American cancer incidence and mortality, and to increase survival from cancer among Native Americans."

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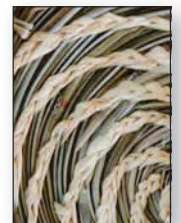
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On the cover:

Ten-year breast cancer survivor Mary Nance, Casa Grande, Arizona.

Breast/Cervical Cancer Terms

Definitions of words you may hear from health care providers

Why do we hear the word “screening” instead of “exam”? Is a “Pap” test the same as a “pelvic” exam?

Medical providers and health educators often use words like “cervix” and other names to describe parts of a woman’s body. They may even tell you that your test results are “benign,” instead of saying the result is not cancerous. It is easy to get confused by words that usually only medical people speak.

Below are brief definitions for some medical terms used in the breast and cervical health field. You do not need to remember them. However, you may find it helpful to refer to them whenever you want to know how what a word means or how to pronounce it. Longer definitions can be found at the websites below.

Benign (beh-NINE)

Not cancer. Benign tumors may grow large but do not spread to other parts of the body.

Biopsy (BY-op-see)

The removal of cells or tissues for examination by a pathologist, a doctor who studies diseases. The doctor may study the tissue under a microscope or perform other tests on the cells or tissue. The most common types of biopsy procedures are: (1) incisional biopsy, in which only a sample of tissue is removed; (2) excisional biopsy, in which an entire lump or suspicious area is removed; and (3) needle biopsy: a sample of tissue or fluid is removed with a needle.

Cervical cancer (SER-vih-kul KAN-ser)

Cancer that forms in tissues of the cervix (the lower, narrow end of the uterus that connects to the vagina). It is usually a slow growing cancer that may not have symptoms that can be found with regular testing. The two screening tests for cervical cancer are the Pap test and HPV test (which looks for the virus that causes cell changes).

Cancer (KAN-ser)

A disease in which abnormal cells in the body grow out of control and it spreads. Cancer is named by the body part where the abnormal cells start and can spread to other parts of the body later.

Chemotherapy (KEE-moh-THAYR-uh-pee)

Treatment with drugs that kill cancer cells.

Colposcopy (kol-POSS-koh-pee)

Examination of the vagina and cervix using a lighted magnifying instrument called a colposcope.

Ductal carcinoma (DUK-tul KAR-sih-NOH-muh)

The most common type of breast cancer. It begins in the cells that line the milk ducts in the breast.

Human papillomavirus or HPV

(HYOO-mun PA-pih-LOH-muh-VY-rus)

A family of viruses that can cause abnormal tissue growth and is the main cause of cervical cancer. This virus can be passed from one person to another during sex.

Lumpectomy (lum-PEK-toh-mee)

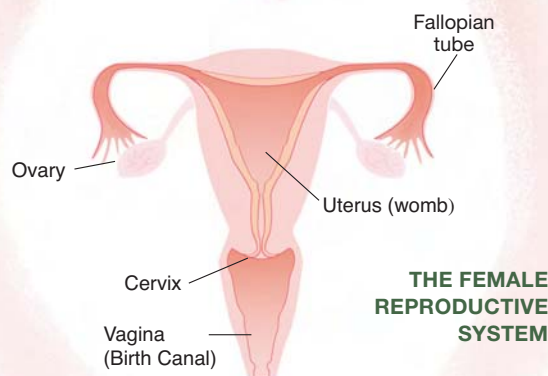
Surgery to remove abnormal tissue or cancer from the breast and a small amount of normal tissue around it. It is a type of breast-saving surgery.

Lymph node (limf node)

A small bean shaped organ of the immune system found in different parts of the body like the neck, armpits and groin. The lymph node acts as a trap or filter for bacteria. They can become swollen when fighting an infection like strep throat or the spread of cancer.

Malignant (muh-LIG-nunt)

Cancerous. Malignant tumors can invade and destroy nearby tissue and spread to other parts of the body.



Reference sites: <http://www.cancer.gov/dictionary/> • <http://www.nlm.nih.gov/medlineplus/ency/article/000913.htm#Definition> • <http://www.nlm.nih.gov/medlineplus/ency/article/000893.htm>

Mammogram (MAM-o-gram)

A low-dose x-ray picture of the breast.

Mastectomy (ma-STEK-toh-mee)

Surgery to remove the breast.

Oncology (on-kol-uh-jee)

The branch of medicine devoted to the study, treatment, and cure of cancer.

Pap test or Pap smear (PAP-schmeer)

A test used to find cancer of the cervix. A small swab is wiped on the cervix. The material on swab is examined under a microscope to see if it is healthy.

Pelvic Examination

(PEL-vik eg-ZA-mih-NAY-shun)

A physical examination in which the health care professional will feel with his or her hands for lumps or changes in the vagina, cervix, uterus, fallopian tubes, ovaries, and rectum that can not be seen.

Polyp (PAH-lip)

A growth that protrudes from a mucous membrane.


Radiation (RAY-dee-AY-shun)

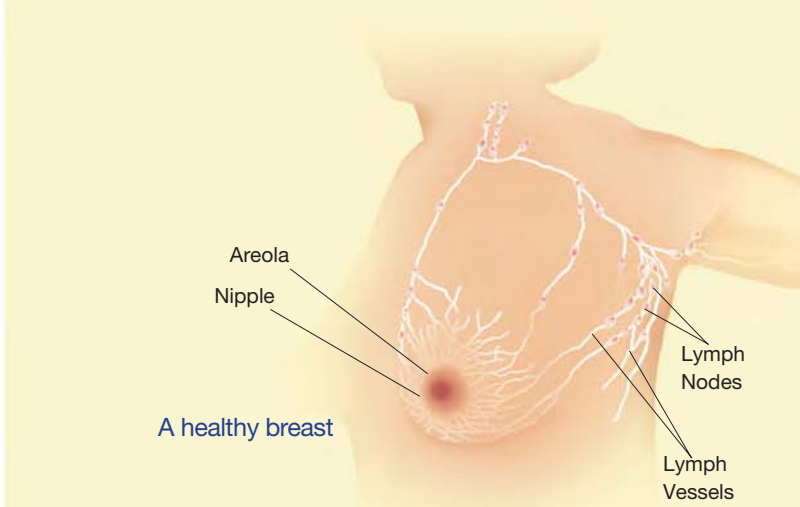
Energy released in the form of particle or electromagnetic waves. Common sources of radiation include radon gas, cosmic rays from outer space, medical x-rays, etc.

Screening (SKREEN-ing)

Checking for disease when there are no symptoms. Since screening may find diseases at an early stage, there may be a better chance of curing the disease. Examples of cancer screening tests are the mammogram (breast), colonoscopy (colon), Pap smear (cervix), and PSA blood level and digital rectal exam (prostate).

Ultrasound (UL-truh-SOWND)

A picture that can help doctors look inside a patient's body without using radiation and are faster than x-rays. Also called a sonogram. 



Symptoms of Breast Cancer

Different people have different warning signs for breast cancer. Some people do not have any signs or symptoms at all. A person may find out they have breast cancer after a routine mammogram.

Some warning signs of breast cancer include,

- ❖ New lump in the breast or underarm (armpit).
- ❖ Thickening or swelling of part of the breast.
- ❖ Irritation or dimpling of breast skin.
- ❖ Redness or flaky skin in the nipple area or the breast.
- ❖ Nipple discharge other than breast milk, including blood.
- ❖ Pulling in of the nipple or pain in the nipple area.
- ❖ Any change in the size or the shape of the breast.
- ❖ Pain in any area of the breast.

Keep in mind that some of these warning signs can happen with other conditions that are not cancer.

If you have any signs that worry you, be sure to see your health provider right away.

For more information visit,
http://www.cdc.gov/cancer/breast/basic_info/symptoms.htm



A Pap test can also show non-cancerous conditions, such as treatable infection or inflammation.

“I’ll see you in
prayer.”

—Chaplain Carol Whiteman, Crow



Carol Whiteman has a long list of “firsts” in her lifetime. She was the first Crow Indian to work for Social Security in the state, the first American Indian woman chaplain in her church, and the first in her family to have cancer. She also translates Crow music into English, though this isn’t a first. “My great grandparents were translators,” she says.



Faith and Healing on the Crow Reservation

It is easy to imagine Chaplain Carol Whiteman, (Crow) walking lightly through the hallways of a hospital, slipping quietly into a room, sitting near a patient, and asking gently, “How are you today?”

And it’s easy to see the patient, alone and away from family, feeling heart-warmed by her concern—especially since at the time Carol would have just finished cancer radiation treatment one floor down in the very same hospital.

“There were times it was such a struggle,” Carol says, “I was exhausted and I’d ask myself why was I checking in with patients. I thought no one cared. Then I’d arrive, and their faces would light up and someone would say, ‘Oh, I’m so glad you are here.’ It was such a gift to me that I could go on.”

Carol Whiteman, a Crow Elder and Chaplain for the Catholic Church in Pryor, Montana, was diagnosed with breast cancer in November of 2007. “I was good about getting my yearly breast exams,” Carol says. Carol was enrolled in the state of Montana Breast and Cervical Health Program, a service to provide free breast and cervical screening to eligible women. Still, for reasons she can’t recall now, she skipped her appointment in 2006. Then in 2007, there was a Native women’s conference with health screening on site. Carol was signed up for a mammogram. “I had family in the hospital at the same time. But I thought I would be in and out quickly, like all the other times.”

Right away the technicians told Carol there was something on the x-ray. A follow-up ultrasound test showed a suspicious mass. Carol was scheduled for a biopsy surgery two weeks later.

“I was optimistic. But heading toward the surgery room, a panic overtook me.” Suddenly Carol recalled a trip she had made to Israel in 2003. She had gone on behalf of a leadership group called, Native Americans for Peace. The group visited many sacred sites, including a place called, The Wedding Wall.

“When I arrived at the wall, I remembered that fifty-two

years earlier my grandparents were also there, Seeing the same wall, I realized I was supposed to continue those prayers.”

She recalled that the purpose of visiting the site was also to focus on the people and experiences in one’s life. When Carol thought about her own life she knew she needed to make a choice—and she chose forgiveness.

“I had tried so many times before and I couldn’t do it. Then I thought, how could I not forgive, when I have been forgiven so much? I began to let go of old wounds and in their places I felt pure love.”

“When I panicked in the hospital, I wanted that feeling back. So I focused on the trip to Israel, and a calm overcame me.”

Carol’s family was in the hospital room smiling at her when she woke up. “There were a couple of nieces, five children, five grandchildren, two sisters, and three brothers! It gave me such peace.”

While waiting for the results of the biopsy though, a deep fear crept back in. “It felt like the Big Sea.” Carol says. Her family was still with her when she got the results: it was breast cancer.

“I saw the look on their faces. They were in the highest stages of grief.” Carol knows the look of grief. In addition to drug and alcohol education, Carol’s ministry training is in grief counseling.

A few weeks later she had another surgery to remove the lump. The surgical process is called a lumpectomy. Three lymph nodes were removed. The good news is that Carol was able to keep her breast.


Even so, she had three months of chemotherapy, and another three months of radiation after her surgery. Exhausted, she still found the strength to visit fellow patients at the hospital.

“I found strength in my own network of support, the priests, the nurses, my family,” Carol says, “and in my connection to my culture.”

“We have a clan system similar to Godparents. So I went to clan members and asked for prayers.” She also participated in a Medicine Bundle ceremony, and there were sweat lodges and other ceremonies for her, too. Humbly and respectfully she went and prayed. “I was overwhelmed by all the love.”

Other cancer survivors tell Carol that her energy will return—but maybe not as quickly as she expected. Still, she remains an active voice for women’s health. “I am not an idle person,” she says. Whether at the grocery store or speaking at community meetings, she encourages women to enroll in the state’s free screenings services. She also offers her valued opinion and experience as a cancer survivor to the Messengers For Health organization (see article, page 6).

Although things have been tough, the blessings keep coming. “I was at family day camp just recently,” Carol says. “A cousin that I don’t see very often offered me a chair. Then he knelt down to talk with me. He said, ‘Look at you. You went through all that, and here you are today. You are such a miracle.’”

“Moments like that show me that we really do have so much more love and support than we might know.” 

I tell women that going to the doctor is a matter of life or death. Yes, I had hard times after I learned I had cancer, but the focus I kept in my mind was wanting to see my grandchildren play basketball.

—Chaplain Carol Whiteman

Native Women: Making a Difference in Montana

Hearing from Native women that they know and trust—and who may be cancer survivors themselves—is helping to convince more Native women to keep their doctor appointments, and that may be helping them live longer.

What's the best way to encourage a Native woman to get her yearly women's health screening?

Ask another Native woman to lead the way.

That's what is happening with tribal and state breast and cervical health programs, Indian Health Service and non-profit organizations across the United States. In places like Montana, North Dakota, Arizona, Oklahoma, Kansas and other states, respected Native women are taking a leading role in educating others in their communities about the value of health screenings.

Native women professionals and volunteers are also talking to non-tribal health administrators about understanding health issues or cultural considerations on their reservations or in the cities with high numbers of Indian people. They help develop and conduct surveys to get some answers about why a Native woman might not get her annual exam. On the surveys and in interviews many women indicated that,

- ❖ clinics with mammogram units are often too far away
- ❖ transportation or gas is not always available
- ❖ there is still fear that cancer is an automatic death sentence
- ❖ no one they trust has ever talked to them directly about why getting screened for breast and cervical cancer is so important.*

Connecting in Montana

With help from strong Native women, things are beginning to change. For instance, in Montana, a group of twenty-five American Indian women act as an advisory council to the Montana Breast and Cervical Health Program (MBCHP)—a program that offers free mammogram screening and Pap tests to eligible women across the state. The group of women are called the Montana American Indian Women's Health Coalition (MAIWHC). They

represent women from all seven reservations and five major cities. They are American Indian nurses, educators, artists, elder community members and others. Since 2001 their strong voices have joined many others from health organizations across the state to make health care more accessible to Indian women.

Alma Know His Gun McCormick, (Crow) for instance, is part of the MAIWHC group, and is also the Project Director for Messengers for Health program on the Crow Reservation. That organization is made possible by a partnership between the Montana State University and members of the Crow Tribe, through a grant from the American Cancer Society. Its purpose is to organize Native women leaders to talk about cervical cancer with their friends, family and other members in their communities.

And it's not all talk. As partners with the state's Montana Breast and Cervical Health Program (MBCHP), "Messengers" make actual clinic appointments for the women. And they help fill out enrollment and eligibility paperwork for the MBCHP to see if they can get free health screenings.

"Many of the volunteers do this because they have a personal experience with cancer, or had a family member with cancer," Beldine Crooked Arm-Pease says. Beldine, a Crow woman from Lodgegrass, Montana, is the Assistant Project Coordinator for Messengers, and also part of the MAIWHC group. She too, has had personal experience with cancer—in two ways.

In the first way, Beldine's grandmother died from breast cancer. "I didn't know her but my dad became an orphan at a very early age because of her cancer."

The second way Beldine knows about cancer is that she had cervical cancer herself. It was detected early enough

* Cancer screening is important because 1) if there is no cancer then there is peace of mind, and 2) if there is cancer, it can be treated earlier and the chances of surviving are much greater.

to save her life—though she had a complete hysterectomy. She did not need radiation or chemotherapy.

Beldine's dedication has helped save lives. For instance, she encouraged her sister to make an appointment for her woman's annual exam, and cervical cancer was detected. "The cancer was caught early. It didn't spread. Now it is 100 percent gone!"

"I'm glad I did push a little to get her appointment at first," Beldine says. "When it came time to go to the hospital for the surgery, we were hand in hand."

The MBCHP hired an American Indian woman, Kassie Runsabove, (Gros Ventre) at Riverstone Health in Billings, to help with free screening services for women like Beldine's sister, and others, like Carol Whiteman, also a Crow woman, who was diagnosed with breast cancer in 2007. (See Carol's story on page 4.)

"As an American Indian woman, Kassie connected [the state program] with the women at Crow and Northern Cheyenne," says Molly Hale, Program Manager




Beldine Crooked Arm-Pease (Crow), listens thoughtfully to another Native woman at a cancer education conference in Salt Lake City.

for the MBCHP, at Riverstone Health near Billings.

"For the state's part, we made a point to show up [at the reservations] so the women could see who we are, get to know the program, and see our commitment." Molly says. "Together we have built a trusting relationship. It has been an amazing link."

As for Northern Cheyenne women, they have benefitted greatly from the efforts of Rosella Pongah (Northern Cheyenne). Rosella is a Community Health Representative for the Northern Cheyenne Tribe's cancer program. She helps provide transportation to clinics for exams and testing for Northern Cheyenne women recruited by the state program—as well as transportation to cancer treatment.

The "Pink Ribbon Bingo" events that MBCHP sponsors are great examples of how well the partnerships are working: Indian Health Service sends out notices from their mailing lists to Crow and Northern Cheyenne addresses; the Messengers let women know by word-of-mouth; the Tribes and businesses donate door prizes; and staff from the Montana Breast and Cervical Health Program give educational presentations. Molly says that the response to the events have been great. "For our first event we hoped for 100 women, and 170 showed up."

The partnership helps everyone involved. The Messengers help the state enroll women they might not have reached, but the state follows up on the paper work. "And if I can't get a hold of someone," Molly says, "then Alma or Rosella will say, 'That's okay. I'll give her a call, or stop by and see how things are.'" 



PARTNERS FOR WOMEN'S HEALTH IN MONTANA INCLUDE:

- ❖ The state of Montana Breast and Cervical Health Program (MBCHP)
- ❖ Messengers for Health, and Montana State University
- ❖ Montana American Indian Women's Health Coalition (MAIWHC)
- ❖ Non-profits organizations like the American Cancer Society, Susan G. Komen for the Cure, and Avon Breast Care Foundation
- ❖ Native and non-Native professionals and volunteers

There are over 900 state-contracted providers including

- ❖ Hospitals such as Big Horn County Memorial
- ❖ All seven Montana Tribes, including tribal health clinics
- ❖ Indian Health Service hospitals/clinics
- ❖ Private doctor offices, etc.



“WE CAN SAY there is hope. They are not alone. Be brave, be strong. Now we can do what we have to do to help ourselves.”

**– LINDA HAVATONE,
*Cancer Has Crept Among Us***

An updated version of the video produced by the Inter-tribal Council of Arizona, called “Cancer Has Crept Among Us,” featuring Mrs. Havatone, was released in 2008. Mrs. Havatone traveled to Washington D.C. to share her story at the Susan G. Komen Cancer Foundation conference in April, 2009.

To see the video, visit:

<http://www.youtube.com/watch?v=RNBpy-BIG-4>



Linda Havatone and Gloria Susanyatame (seen here with Bill Ward, prostate cancer survivor and educator) attend many cancer education conferences to learn more about cancer, so they can share the facts with Native people across the U.S.

A Voice of Experience

Linda Havatone (Hualapai), (pictured lower left) has suffered many experiences with cancer in her immediate family. In 2000, Linda’s daughter Janette (next page), discovered she had cervical cancer. Janette is cancer free today. That same year, Linda’s husband, Earl passed away from throat cancer. Soon afterward, her son Chuck, who suffered from brain cancer, also passed away. In 2006, and again in 2007, Linda herself, had surgery for thyroid cancer. Like Janette, she too is cancer free today.


That’s four people with cancer in the same family in less than ten years.

Despite the repeated tragedies in her life, Linda is choosing not to hide away. Instead, along with her daughter Janette, and cancer advocate Gloria Susanyatame, (Havasupai) she is a leading voice for cancer education. (Gloria is not a cancer survivor. She works as the program manager for the Hualapai Cancer Project, in Peach Springs, Arizona.)

In 2007, Linda and Janette volunteered their stories to the production of a cancer education video. It has been shared with everyone from cancer policy makers in Washington D.C., to community members in her hometown of Peach Springs, Arizona. Linda also travels to other reservations to speak, and participates on national cancer advisory boards, asking medical doctors hard questions.

“In my travels I have learned that many surgeons and doctors don’t know that Native American people don’t want to talk about cancer,” Linda says.

“So, I’m out there not just speaking for my people. I am speaking for all Native people across the U.S.”

Linda is very honest when she shares her story. “Because of my family’s history, yes, I’m still afraid. I don’t know what is going to happen next. But I still say, ‘We need to take care of ourselves. Get your checkups. You still have a life ahead of you!’” 

Janette's Story

Before it became such a large part of their lives, the Havatone family didn't know much about cancer. It was only after she found out she had cervical cancer that Janette Havatone (Hualapai) learned that cervical cancer starts with no physical warning signs. By the time she felt pain, the cancer was in a very late stage—and life threatening. Treatment saved her life.

Janette Havatone (Hualapai), and her mother Linda Havatone realize that many Native people don't have the facts about cancer. That's why Janette and Linda share their cancer stories with Native women and men whenever they can.

Not everyone wants to talk about it. When she tried to tell a cousin about her cervical cancer, and how her cousin should get a Pap test, "she tuned me out," Janette says. Just the same, she isn't giving up.


"When I see a woman not taking care of herself I wonder if she sees herself as less important than her other family members. For me, it was my family that made me feel like I mattered."

"I know that women need to be ready to hear about their bodies," Janette says. However, she also believes that women have to help educate other women, so that they can be ready to take the step and go to their health appointments.

Janette says that her family's experience is her motivation. "I just never want anyone to go through what I've gone through, what my family has gone through."

Looking back on the events since 2000 is difficult for Janette. "My dad was getting his radiation at the same time I was getting mine. So we'd drive to Kingman [Arizona] together. Afterward he would take me to a cheap place to eat two-dollar eggs. He couldn't eat because of his throat cancer. Later, he'd stop and buy us both ice creams. Even though he was so sick, we would talk all the way home—or I'd lie back and rest while he drove. When we got back to the house, we'd lie on separate beds, exhausted, until the next time we had to go."

Janette recalls another important time in her cancer treatment. "I just got out of surgery. I was in a deep sleep. I saw a blue tunnel. Coming from the light was my Aunt. She was so happy. She said, 'Janette, it's not your time. You need to go back. You'll be okay.' Behind her I saw a shadow. When I woke up, I got a call that she had passed away. Two months later, my dad had passed on, too. I knew then that he was the shadow behind her that I had seen."

It took some time after her surgery to feel complete again, but Janette says the Grand Canyon near her home, helped her heal. "Whenever I go out to Eagle Point I say a prayer. The canyon has healed me inside and out. It has put back my missing parts. It has fulfilled my emptiness. I am okay again, just like my Aunt said." 



Janette Havatone,
Hualapai

The Colors of Healing



Ask anyone who has met Mary Nance, what color comes to mind when they think of her, and chances are they'll tell you, "yellow," for the beads she wears on the shell necklace she made. Or perhaps, "pink," for the pink dress she often wears when speaking about cancer in front of people. Or "no, wait," they'd say, "it's blue and red, with some green thrown in," for the quilts she makes for cancer patients. One thing is for sure, whatever color they think of, it is certain to be related to cancer education and the importance of early detection.

Mary Nance believes that color carries emotion and creates a language between people that anyone can understand.

"Wearing traditional regalia in my new designs allows me to tell my cancer story," she says. Sharing her story is what she does best—at any kind of gathering, be it church groups, support groups or conferences. "At times I am a walking conversation piece."

Mary, of Hispanic and Kickapoo Tribe descent from Eagle Pass, Texas, was diagnosed with breast cancer in 2000. She was just 46 years old.

Before having cancer, self-exams and annual checkups had always been important to Mary. That's because when she was 19 years old she had a scare. After some discomfort in her left breast she went and had an exam at the Indian Health Service clinic. She was told that she needed minor surgery. Three small tumors were removed. The good news was that they were not cancerous.

Just the same, Mary remembers how frightening it was when she signed a form saying it was okay to remove her breast if cancer was found. "That was a nightmare," she says. Though she worried whenever it was time for another exam, Mary knew that the best way to stay one step ahead of cancer was to go to her annual checkups. The idea was that if cancer ever happened the best way to fight it was to find it early and treat it sooner.

And one day it did, in 2000.

Mary was at the Police Academy in New Mexico when she discovered the lump that, after testing, proved to be cancer. "It had a hard woody feel to the touch. My bra caused so much discomfort to

the area." The lump was underneath her left breast, below her bra line.

"I was working 12-hour days and all I could do was rub or massage the area all day long to relieve the discomfort." She went home to Casa Grande, Arizona to see the doctor. Testing revealed she had Stage II breast cancer.

"The first thing I did when I went to see the oncologist was to ask him, point blank, whether he believed in God." He assured Mary that he did. "Then I told him I also believed in the healing power of herbs in combination with western medicine."

Mary agreed to tell the doctor everything she was doing so that the traditional medicines could work with treatment, not against it. Mary comes from a line of curanderos, people who heal with natural

continued next page



Mary Nance is the head of a local chapter of a cancer survivors organization called, Native People's Circle of Hope, in Casa Grande. She is seen here with Katherine Quartz, (Northern Paiute), getting ready for a presentation.



“Pink is my personal story on breast cancer,” Mary Nance says.

Mary Nance from previous page

medicine. As a child Mary’s mother used to take her on walks to gather plants. Her mother reminded her often to be very careful when gathering medicinal plants, because they were able to give back life, she said. As a result, Mary knows that without the right knowledge, some traditional medicines could make chemotherapy treatment harder. But understanding herbs, and sharing with the doctor what was being done, could bring her comfort and aid in healing—be it physical, emotional, or spiritual.

The surgeon performed a lumpectomy, which is the removal of the lump, not the breast.


After surgery, Mary had chemotherapy treatment, and then radiation, which was very difficult. Mary says she could not have kept up her spirits without the support of her family, friends and children. “My son John was the main care giver from the beginning of my diagnosis.” Her other children, Bryan, Annie, and Julie, also provided Mary with the support she needed. “Above all, I give credit to my Creator,” she says.

Today, Mary is still cancer free. She is also still faithful to her exams, though she’s had a few more scares along the way. Recently she had a swelling of the lymph nodes and discomfort around her neck area. It scared her, but tests showed she had nothing to worry about. So in many ways, she says, tests are also about peace of mind.

In the nearly ten years since her diagnosis, quilts have become another, powerful way for Mary to show gratitude for the life she has been given. Making quilts was a necessity as a child. Later in

life, and with the help of her mother-in-law, Anna May Nance, she learned the art of quilt designs. Soon a vision of making quilts for cancer patients and survivors had begun. She and a group of volunteers make as many as 200 quilts a year for cancer patients and longtime survivors. The quilts are distributed locally and nationally to American Indians and Alaska Natives through Native People’s Circle of Hope. Mary is the head of a local chapter in Casa Grande.

Support to other survivors, grief for those who have passed on, and gratitude for her own life, continue to take on new colors and form. Mary has dresses in pink, and yellow, and has plans for a blue one, too. (Mary’s dresses are sewn by her friend and seamstress, Judy Brattly.) Her jewelry also has meaning. “Through my jewelry I weave my children’s contributions.”

“The yellow beads are hope,” she says. “Turquoise is my son, my caregiver, his love and tears for mom. The seashell represents water, life. The red beads are for my bloodline, for my children and a symbol of the preservation of life. Red is also my passion for the next generation to come. It is my passion for my son, my two daughters, and two granddaughters. These are my reasons for living.” 



Quilts made by Mary Nance and others are a caring way to show support to cancer survivors.

More Than a Diagnosis, Cancer Control is ...

AWARENESS

This means any degree of knowledge gained about cancer through reading or hearing someone speak about cancer—or by experiencing cancer first hand. Awareness means understanding what cancer is, what are its effects, what to do about possibly preventing cancer, and what to do to detect it as early as possible.

SCREENING for peace of mind, or finding cancer early

Screening means checking for disease even when there are no symptoms. Since screening may find diseases at an early stage, there may be a better chance of surviving the disease. Examples of cancer screening tests are the mammogram (breast), colonoscopy (colon), Pap test (cervix), and PSA blood level and digital rectal exam (prostate).




TREATMENT

Cancer is treated in several ways. Treatment choice depends on the kind of cancer and how far it has spread. For example, with breast cancer, treatments may include surgery, chemotherapy, hormonal therapy, biologic therapy, and radiation. People with breast cancer often get more than one kind of treatment.

The graph and article above represents only some of the aspects to cancer control. For more information, visit <http://www.cdc.gov/cancer/ncccp/about.htm>

SURVIVORSHIP

This refers to individuals who have been diagnosed with cancer and the people in their lives who are affected by the diagnosis, including family members, friends, and caregivers. Due to advances in the early detection and treatment of cancer, people are living many years after a diagnosis. Cancer survivors may face physical, emotional, social, spiritual, and financial challenges after their cancer diagnosis and treatment. Public health professionals strive to address survivorship and quality of life issues. 

Laurasjourney.com

An Alaska Native woman shares her truth about cancer on the Internet

Laura Revels (Tlingit) isn't the type to follow a script about how to react to cancer. When she started a web blog (journal) at www.laurasjourney.com to share her experience of cancer with others, she did not give advice like, "Look for the silver lining in this."

Laura says that it's not about how to have a positive attitude. "It's about telling the people who follow on their own cancer journey that there will be pain, not for all, but most of us, and that they'll be scared. It's about telling them that on most days, their kids will be the biggest reason for keeping up with treatment."

Laura is a two-time cancer survivor. The first time around, she found the lump during a breast self-exam. She went to the Alaska Native Medical Center in Anchorage to have an exam and a breast screening. She was enrolled in the breast and cervical cancer program at the SouthCentral Foundation. In January 2004 her cancer was confirmed and she had a surgery called a lumpectomy. That means it was caught early enough that only the lump was removed, not her breast. She did not need further treatment.

Afterward, Laura continued getting mammograms because she understood, first-hand, that the best way to survive cancer was to find it early. Unfortunately in 2007, she was diagnosed again with breast cancer. "This time it was an aggressive personality type of cancer," she says. Treatment was also more intense with weeks of chemotherapy and radiation.

"I tried to find others to learn from because when I know what I am up against, it helps lessen my fear," Laura says. "But in 2007 there were no support groups for Alaska Natives or lists of other Alaska Native women with breast cancer." There were also no personal stories from Alaska Native or American Indian women with cancer on the internet. So she wrote her own.

That's when www.laurasjourney.com was launched. Blessed with a great sense of humor, an open heart, and a gift for bare-bones truth, Laura began writing entries into her web site the first day she started chemotherapy. "I chronicled what I was going through for those that will follow, so hopefully, another woman wouldn't have to be scared all the time like I was."



For more information, visit, www.laurasjourney.com

A portrait of Laura Revels, (Tlingit) is featured on the back page of this issue of Native Women's Wellness.

Straight Talk

...I will not sugar coat my feelings on here, so I am warning you now. I am here to share my story, of how I am going to make it through the chemotherapy, radiation, and all the good stuff that comes with trying to be cancer-free. I believe knowledge is power, and in the power of healing in sharing your story....

I also have to do a disclaimer here, for cancer is not anything to mess around with by yourself. This site is not to tell you how to deal with cancer, give you medical advice or anything of that nature. I will tout about regular cancer screenings here and there, for early detection is the best prevention....

So my friends, let us put one foot in front of the other and begin this journey.

—From Laurasjourney.com “Why I Write”

Advice

Number 2: Do not eat many of your favorite foods during the week that follows chemo. I ate too much of my favs: shrimp salad (green) and rice pudding, and because several times I became ill, I can hardly bring myself to eat either one now.

—Laurasjourney.com “If Only I Knew”

Number 10: Please, if you do not know me very well, do not offer advice unless I ask for it or tell me some “natural” way to beat cancer or its side effects. And please, do not try to “diagnose” me, especially if you have never had cancer.

—Laurasjourney.com “Talking to Someone With Cancer”

Links to Cancer Information

...You can see [Breast Cancer.org](http://BreastCancer.org) for more information about radiation and boosters; I don't understand the whole business about protons and stuff, at least right now I don't, but as I continue this journey, I'm sure I'll learn all about it!

—Laurasjourney.com “Radiation”

Share Your Comments

November 7: Hi Laura: ...This is a very moving site, it signifies the importance of women getting breast exams and taking care of themselves.

—Comment entry by “Nat” at Laurasjourney.com “About Me”




Bead artist Jennifer Jones, (Yupik) beaded this square, which she calls “Rough Weather Ahead.” It is the logo for the Beading for Cause project.

“Alaska doesn't have the highest rates of cancer, but it is the number one killer of our people,” says cancer survivor, Laura Revels. That's because women often wait to get their screening until cancer is in its late stages.

Laura says that breaking the silence about cancer will help people go for cancer screening sooner. “We do have the power to heal ourselves, but before that, we have to start talking.”

“For many Alaska Natives, healing—and talking—is best done through the arts, and through the use of hands,” Laura says. So she and a fellow cancer survivor, Jennifer Jones, (Yupik) started a beaded quilt project called, Beading for a Cause. Four to fifteen survivors or family members get together every week in Anchorage, to bead squares about what cancer has meant to them.

The squares collected from Alaska Native cancer survivors and their loved ones will be used for a cancer awareness quilt to be hung at the Alaska Native Medical Center Oncology Center in Anchorage. The goal is to have 365 squares to share at the Alaska Federation of Natives Conference, which was the number of Alaska Natives diagnosed with cancer in 2006. 

To learn more about the beaded quilt project, visit <http://sites.google.com/site/beadingforcause/>

Caring for the Caregiver

Care giving is nothing new for Native women. Brothers and sisters have needed help, children have been sick, the family needed to be fed. Caring for someone with cancer, however, is not the same thing. It can be longer term, more difficult than first thought, and can be very tiring. It is not uncommon for caregivers to feel mental and physical exhaustion, with symptoms similar to depression. That's why it's important for a caregiver to take care of herself, so that her own health doesn't suffer too.

Ask for help: Sometimes women think asking for help makes them look weak. It's just the opposite! Your mother/sister/aunt/best friend wants to be needed too! So ask. They'll be happy to bring a casserole over, run some errands for you, or help with the laundry.

Take a break: Go see a movie or out to bingo with a friend. Caregivers need to think about their own needs, too. Pleasant recreation can reduce stress.

Get enough sleep. The advice given to new mothers, "Sleep when the baby sleeps" can be helpful to caregivers, too. If you're short on sleep, nap when your loved one does. The laundry, cleaning, and cooking can wait until you're rested.

Relax. Take a hot sage bath. Light some candles and close the door. These and other relaxation techniques, such as deep breathing and even listening to a favorite song, are effective ways of managing stress.

Set boundaries. Feeling unsure about fulfilling one of your loved one's needs or uncomfortable performing a certain task? Talk to your patient's medical provider to see if there is a professional that can show you some techniques that will help you feel more comfortable. If that's not possible, then...

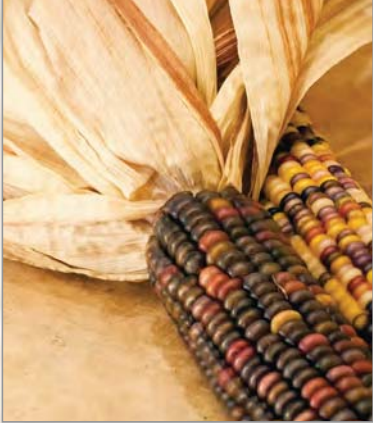
Join a support group. It's not as scary as it may sound. Sharing your experiences with others can help answer questions you may have. You may discover new ways to cope, or new ways to change a bandage! Ask at your tribal clinic, or your health care facility where your loved one receives cancer treatment, where the nearest group might be. Often transportation is available. Others going through the same thing understand like no one else can—and believe it or not, can even find humor in the most difficult of situations.



Geneva Colorado (Navajo), works out at the Tuba City Family Wellness Center.

Get some exercise. Exercise will give you more energy and improve your mood. Joining a local gym is fine, but even a walk around your neighborhood will help ease your worries.





Zuni Corn Soup

Below is a quick-to-prepare soup recipe from The Center for American Indian/ Indigenous Research & Education's (C.A.I.I.R.E.) Native Cookbook. Soups and stews are the original comfort food; the best part is how simple they are to make. Even better is that local, fresh ingredients can be substituted. Serves 6.

Ingredients:

- | | | | |
|---|---|---|---|
| 1 | tablespoon corn oil | 1 | to 2 teaspoons ground |
| 1 | cup green onions thinly sliced | | New Mexican red chili |
| 1 | pound boneless venison, lamb, or goat meat, cubed | | Salt, to taste |
| 6 | cups meat broth or water | | Fresh cilantro, either sprigs or chopped, for garnish |
| 4 | cups fresh or frozen corn kernels | | |

Preparation:

- 1) Heat oil in a soup pot or Dutch oven. Add green onions and fry at a low temperature briefly. Stir in meat and 3 cups of broth.
- 2) Simmer for about an hour, until meat is tender.
- 3) Add remaining broth, corn, chili and salt.
- 4) Simmer for about 15 minutes, until corn is tender.
- 5) Serve the hot soup in bowls, topped with your choice of cilantro garnish.

TRADITIONAL FOODS INCLUDE

Apples • Beans • Bear Berries • Buffalo/Bison
Cranberries • Duck
Elk • Maize • Moose
Mushrooms • Rabbit
Salmon • Shellfish
Squash • Wild Carrots
Wild Garlic • Wild Onion
• Wild Rice and more •

Traditional foods help fight cancer! —by Jennifer Joyner

Before there were superstores—where you can buy a dozen kinds of flavored chips made of potatoes or corn grown a thousand miles from home—there were family farms. Store-bought bread didn't exist. It was made in a traditional way with traditional ingredients, the way it's been done for centuries. This is still true for Tribes where bread is made with home grown corn and cooked using flat iron pans or baked in outdoor brick ovens.

We all know that fast food isn't good for us, but did you know that good food can fight cancer? Many traditional foods contain anti-cancer properties. In our ancestor's time there wasn't as much cancer. People ate seasonal, local foods. They learned from the Elders the traditional way of preserving those foods. Today, for many cultures, cooking with fresh ingredients and loving hands is still the best way to show gratitude for abundance and good health when preparing ceremony feasts.

Today we might not have the land or the time to grow our own food. Just the same, we can still choose fresh vegetables instead of over-processed food at the store. True, it takes a little planning to cook home meals, but it's a great way to help you and your family live healthier. Besides, homemade food tastes better than fast food any day!

The Mission of C.A.I.I.R.E. is to: "Conduct the highest quality evaluation and research utilizing methods that are congruent with American Indian culture and values." For more information, visit: www.nursing.ucla.edu/orgs/caiire/index.html



Arizona: Partnering for Arizona Native Women

At the Arizona Retreat for Enhancing Tribal Collaborations in July 2009, public health professionals met for the third time to make sure all women in Arizona knew about cancer screenings. This collaborative partnership is a model and can be replicated in other states. —By Lori Joshweseoma, MPH (Hopi) and Loretta Chino (Navajo)

Arizona’s (AZ) Well Woman HealthCheck Program is committed to sustaining statewide relationships with tribal programs.

This partnership started at the November 2006 and June 2008 retreats when the tribes were able to share their culture and ceremonies with the group to increase awareness of the uniqueness of each respective tribe; The Navajo Nation and The Hopi Tribe. Trusting, working relationships were formed and sustained among the organizations resulting in greater access to quality, culturally appropriate services making it a model for future cross-cultural collaborations.


Lori Joshweseoma, from the Hopi Women’s Health Program encourages her staff to work with the partners who are a part of this collaborative effort. Through the partnerships, Case Managers from Hopi have found it much easier to navigate a patient through the system and to find them the help they need. Understanding one another’s programs and what it provides is useful and to know that each partner is working toward the same goal makes the work less challenging. “We are all in this together, and the outcome is to make sure that Native American women receive the same quality health care (breast and cervical cancer screening) as any other individual.”

The basic teaching of the Hopi Culture is to partner and it is important for patients to know that we have strong relationships with other groups. Lori shares that some patients feel that “it is always uncomfortable to go outside of the Hopi reservation to utilize services for our women, however once they see us speaking or working with someone from ACS, the Navajo Program, or Arizona, these women know they can put their trust in the programs we refer them to and this is exactly what we want from the partnerships we have established.”

An example of true partnership reflects on the story Loretta Chino (Navajo) has to share about a patient who missed her treatment appointments. Loretta found out this patient lived under the Hopi Health Care Facility’s jurisdiction and made contact with the patient that same day. The patient was hesitant to talk to Loretta at first, but after explaining why she was calling and sharing her reasons and concerns for the patient, the conversation began. The patient explained that she had been visiting the Hopi Health Center and was referred to Flagstaff Cancer Center for Radiation Treatment. After a couple of visits the cost of traveling became expensive and to make

matters worse she began receiving treatment bills which she could not afford, as she was on a fixed income.

Loretta asked if she had applied for AHCCCS (Arizona Health Care Cost Containment System – Arizona’s Medicaid system). Her response was that she did and was denied. Knowing that the patient was in Hopi’s jurisdiction, but chose to receive medical care in the Tuba City hospital which is an hour and forty five minute drive from the patient’s home, Loretta immediately contacted the Hopi Women’s Health Program Case Manager, Genell Roland (Hopi). Loretta explained the situation and immediately Genell prepared for the trip to the patient’s home. Loretta was reassured that the patient was willing to continue treatment and needed assistance with her billing situation. Genell and Loretta continued to follow-up on the patient and Wha-la...the patient is now receiving the radiation treatment she needed.....AHCCCS is paying for the treatment costs and The Hopi Cancer Assistance Fund Program is providing a voucher for her meals and fuel. The American Cancer Society is providing for her lodging at the Holiday Inn during her treatments.

The Hopi and Navajo Nation partnership has been enhanced and these Tribal Programs are primarily focused on the woman’s health and health outcomes. There are so many more stories like this and it’s the TEAMWORK that ensures an overall quality outcome for the patient. 

Working together with partners like the Centers for Disease Control and Prevention (CDC), American Cancer Society, Phoenix Affiliate of Susan G. Komen for the Cure and the AZ Department of Health held the Arizona Retreat for Enhancing Tribal Collaborations. Representatives for retreats included the, Hopi Women’s Health Program, Navajo Nation BCCP, Native American Cancer Research, Indian Health Service, National Indian Women’s Health Resource Center, Phoenix Indian Medical Center, Gila River Health Care Corporation, AZ and New Mexico Cancer Registries, CDC, and Tohono O’odham Comprehensive Cancer Control. All representatives contributed in planning activities to benefit American Indian women throughout the state of Arizona.

Pine Needle Weaving

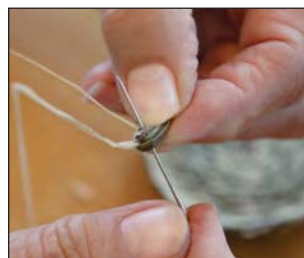
This medallion craft comes to you from Louise Gatlin, (Tsimshian). Louise makes pine needle baskets, medallions and other items, (including beautiful afghans) to give to people with cancer to show that she cares.

Materials: Pine needles of any kind, (longer, greener ones are best); a tapestry needle; raffia of any color; adornments such as ribbons, feathers, buttons, etc.; and a deep tray to hold warm water.

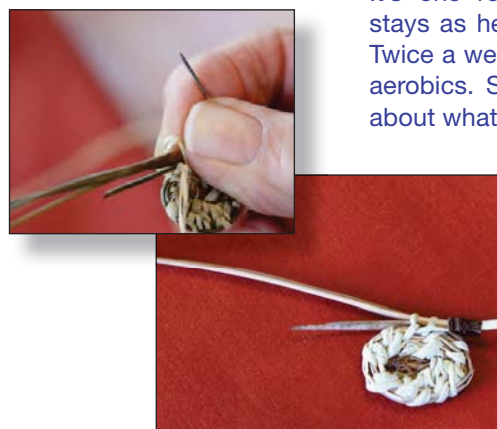
1 To start: Soak pine needles in warm water until soft. Split a strand of raffia and thread the tapestry needle. Bend a pine needle sprig into a circle. Holding your thumb on the circle, loop the raffia around and through—from the back side to the front and around—several times. Keep the hole small in the center small by pulling the long end of the pine needles after the first few wraps. Make sure to keep track of front side of the medallion. In the beginning it is important to keep the loops tightly together.



2 Keep turning and holding the pine needles in place while looping the raffia (back to front) from the outer row through the mid-point of the row below. Every 2-3 loops, thread the needle through a loose loop in the raffia and pull to secure. When nearing the end of the raffia thread, leave a long end. With more raffia threaded onto the tapestry needle, begin looping by including the first raffia thread end for a few loops. Snip the remaining pieces later.



3 Adding more needles: Make one stitch and leave a loop. Push the sheath end of the new needles under the loop and on top of the tail end of the first needles. Pull the raffia loop tight. You can feel if it is laying flat with your thumb and forefinger. Continue winding and stitching until the coil is the size you want.



Louise says that keeping the sheaths on the ends of the pine needles makes a nice pattern. However, you can remove yours if you prefer a smoother look.

TIP: Split the tapestry needle through the raffia loop below if you want a braided look.



4 Finishing: At the end, back-wrap 2-3 times, and then sew under the raffia toward the end again, pulling tight. Snip the end of the pine needles, and all of the long raffia threads. (Do not tie knots in the work, they will show.) Stitch on buttons or feathers, and so on, as you prefer.

Gathering needles can be great fun. Louise and her sisters made a day-trip to do needle harvesting in the mountains. “Making and giving my creations away is a way I can express gratitude for my own good health,” she says. Louise and her siblings lost their mother, a brother, and other relatives, to cancer. It’s one reason why Louise stays as healthy as possible. Twice a week she does water aerobics. She is also careful about what she eats.



Louise Gatlin, Tsimshian

For more detailed instructions, including how to do a complete basket with a lid, visit the Northwest Basket Weavers website at: www.nwbasketweavers.org/pnbaskets/

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 in 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 mid-level provider 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.

* * * * *

Cherokee Nation Breast and Cervical Cancer Early Detection Program

Cherokee Nation Health Services

1200 W. 4th Street, Suite C
Tahlequah, OK 74465
Phone: 918-458-4491



Summary of services: Appointments are offered for clinical breast exams, 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.

* * * * *

Winyan Wicozani – Healthy Women

Cheyenne River Sioux Tribe BCCEDP

Cheyenne River Sioux Tribe BCCEDP
PO Box 590 - Field Health Bldg.
317 Main Street
Eagle Butte, SD 57625
Phone - 605-964-8921



Summary of services: Breast & Cervical cancer screening services are offered to eligible women ages 18 to 64 residing in Dewey and Ziebach counties. Transportation assistance is available if needed to high risk women ages 30 to 39. Our program is committed to eradicating breast cancer. We advocate early detection, prevention through yearly screenings and offer a variety of educational services to our clients and communities.

* * * * *

Kaw Nation Women’s Health Program

Kaw Nation

3151 E. River Road
Newkirk, OK 74647-0474
Phone: 580-362-1039 x 207



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.

* * * * *

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, recruitment, and support services.

* * * * *

NARA Indian Health Clinic Women’s Wellness Program

NARA Indian Health Clinic

15 N. Morris
Portland, OR 97227
503-230-9875



Summary of services: We provide breast and cervical cancer screenings to Native women, residing in and around Portland, OR, who are under-served, uninsured, under-insured, 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.

* * * * *

Tribal Breast and Cervical Program Contacts

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 provides mammography screening services to older, low income women who are either uninsured or under-insured. Screening women 50-64 for mammogram and 40-64 for cervical cancer and high-risk women per Provider's approval. The NNBCCPP is also responsible for providing case management for abnormal findings. Other services provided are One-on-One Patient Education/Teaching, Referrals for Mammogram Screening, Contract Health Safe Ride Services, Community Outreach Education, and Community Health Fairs.

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Poarch Band of Creek Indians Women's Wellness Program

5811 Jack Springs Road
Atmore, Alabama 36502
Phone: 251-368-8630

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.

* * * * *

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

222 Tongass Drive
Sitka, Alaska 99835
Phone: 907-966-8782
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.

For updated contact information on the Center for Disease Control and Prevention

- Colorectal Cancer Programs, visit <http://www.cdc.gov/cancer/crccp/>
- Breast and Cervical Early Detection Programs, visit <http://apps.nccd.cdc.gov/cancercontacts/nbccedp/contacts.asp>

Southcentral Foundation (SCF) Breast and Cervical Health

4320 Diplomacy Drive
Anchorage, AK 99508
Phone: 907-729-8891



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.

* * * * *

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 Native American women of the Chehalis, Nisqually, Shoalwater Bay, Skokomish, Quinault 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 Native American women living in the six 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.

* * * * *

Women's Health Program

Yukon-Kuskokwim Health Corporation

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



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.



“ *There is too much silence. Cancer is a disease, that’s all. It is not a punishment from God, or because you spoke the ‘C’ word [for cancer] out loud.* ”

— *Laura Revels*

Tlingit,
Anchorage, Alaska

Breast Cancer Survivor
since 2008

Native Women's Wellness, September 2009



Photo by Sage Revels

Today, over a year from her last breast cancer treatment, Laura Revels has a new job with a cancer program in Anchorage. There, she creates something called “digital storytelling,” or special video presentations for cancer education.

“I tell a story and only use the word cancer a couple of times, and I tie it together with a story about the Kushtaka, a spirit. We used to not say the name Kushtaka because it had the power to take us away; that is how it is with the word cancer. My story tells them how in the end, past the fear and past the pain, we will still be here. It says that together—and by breaking the silence—we can get through one more day.”

See Laura’s story on page 14.