

## LIWA Annual Health Conference

### Smart Students, Smart Health Wellness Conference

#### WOMEN'S HEALTH ISSUE

#### What Every Mother and Daughter Need to Know Before College

**Sunday, March 2, 2007**

**11 am - 2:30 pm at SUNY Farmingdale**

The Smart Students Smart Health conference is an opportunity for participants to focus on key issues affecting their health and wellness. The Long Island Women's Agenda's (LIWA) goal is to share information that will educate concerned Mothers and Daughters about health and safety issues facing many college students today. This event will include a diversified panel of health experts.

#### Morning Session: PANEL & BREAKOUTS

- o **Jill M. Rabin, MD**, *Obstetrics, Gynecology and Clinical Associate Professor for Women's Health at the Albert Einstein College of Medicine.*  
**Gynecologic Power: Knowledge is Everything — safe sex issues, STDs, HVP and date rape.**
- o **Janet McGee, LCSW**, **Adapting to College Life.**
- o **Pamela Shapiro**, *Financial Education Specialist, Citibank at Work.*  
Topic for breakout: **Cash Management.**
- o **Lidia Szczepanowski-Goldsmith, Esq.**, *Stylish Safety, Inc.*  
Topic for breakout: **Student Safety.**
- o **Christina Noonan**, *Planned Parenthood Hudson Peconic*  
Topic for breakout: **Student Sexual Health & What Parents Need to Know.**

In the afternoon session, participants will be able to attend two breakout workshops: nutrition, women's safety issues, self-defense tips, drug abuse and money management.

Lunch is included and will be provided between the morning and afternoon sessions.

Please turn to page 11 for Registration Form

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## PRESIDENT'S MESSAGE



When LIWA's Leadership Council, the body that represents the interests of LIWA's member organizations, chose the Adelphi NY Statewide Breast Cancer Hotline & Support Program as Organization of the Year, we could not have been more pleased. Not only is the organization a leader in the effort to educate, advocate and support breast cancer patients, professionals and the community, but Executive Director Hillary Rutter is a leader in the community of women's organizations on Long Island — her service as the Executive Vice President of the Agenda is only one example of her commitment to women's issues.

Since we also made a commitment to dedicating one of our "Issues in Focus" newsletters to the issue of most concern to the Organization of the Year, the Adelphi NY Statewide Breast Cancer Hotline chose the broad and critical issue of women's health, something, in one way or another, of concern to most of our member organizations.

In this issue, you'll read about issues such as the uninsured, breast cancer, weight control, sexual assault, health care services and women's health advocacy efforts.

Issues in Focus is just one of the ways that the Long Island Women's Agenda collaborates with our member organizations and then communicates the issues about which we are all concerned.

We hope that you will continue to use the Long Island Women's Agenda to communicate your advocacy efforts with your sister women's organization to make our collective voices more effective.

Best regards,  
Melissa Kane Connolly

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**LIWA**

**LONG ISLAND WOMEN'S AGENDA**  
*The Voice Of Long Island Women*

## In Conversation with Hillary Rutter

Interviewed by Vivian Leber



Each year LIWA's member organizations, which collaborate through the Leadership Council, vote for an "Organization of the Year." The Council in 2006 named The Adelphi NY Statewide Breast Cancer Hotline and Support Program for this honor, which was accepted by its Executive Director, Hillary Rutter, ACSW. The awardee also gets to choose the theme for a future edition of LIWA's bi-annual Journal, Issues in Focus. Ms. Rutter elected to make Women's Health the focus of this, LIWA's third journal issue.

Ms. Rutter has directed the Adelphi program for 11 years, expanding its reach through new support groups and workshops, adding outreach services to underserved women, and directing its signature statewide hotline that is staffed by 100 trained volunteers, 99% of whom are survivors of breast cancer.

LIWA's Acting Editor for Issues in Focus, Vivian Leber, recently spoke with Hillary about women's health.

**Q: We are hearing a lot about "a crisis in healthcare." What is most troubling to you about trends in women's health?**

A: Yes, there is a crisis. The uninsured population has grown to 47 million — that's 16% of the U.S. population. This number has surged mostly among working adults and their children. In fact, 8 in 10 uninsured come from working families. Women who lack insurance don't seek care, they put off screenings, they seek help only when deferred care erupts as an emergency — the result is higher mortality. So lack of insurance directly compromises everyone's health. Young women are also at risk: 20-something adults are the least likely group to have insurance. I don't have the answer. However, national organizations are studying various models, and we should be seeing new proposals coming out. We all need to stay informed and to speak out.

**Q: Turning to the program you direct: It started 27 years ago and is a widely-honored model in women's health support. Please give us an overview of the model.**

A: Our free hotline — open 7 days a week — serves all New York State. Our trained volunteers answer 4,000 calls and 350,000 people visit our website each year. We not only clarify medical issues, help women find resources in their communities, and deal with insurance questions, we also address the psycho-social issues associated with breast cancer, most importantly, letting women know that they are not alone and can find emotional support. Certified social workers oversee the hotline staff and lead our diverse support groups and private counseling services. We serve as a clearinghouse for all the state's breast cancer resources and support groups. Education and prevention, including teaching teens, are

also our mandates. Finally, we are advocates, as part of the National Breast Cancer Coalition.

**Q: That's certainly a comprehensive model. Is it one-of-a-kind?**

A: Our program developed and grew over time. It is certainly replicable. Other regions and other diseases can and are adopting it. We are happy to help other groups develop their support services. We have helped groups in the Buffalo area create their own programs. Many diseases that afflict women have foundations and services. To create support programs like ours, it is necessary for groups to study and fill real needs and make quality services readily accessible.

**Q: Your program is continually evolving, isn't it?**

A: When we see a need, a gap, we try to fill it. Poor or uninsured women do not have the same options that are available to the insured, such as a second opinion. Further, women are overwhelmed dealing with the paperwork. So we have stepped in to provide bilingual social work services at Nassau County Medical Center (NCMC), helping women to navigate the system and also deal with life-care issues, because as they get well they must still keep food on the table.

We also responded when Planned Parenthood of Nassau County approached us, and together launched the outreach program Sisters United in Health / Hermanas Unidas en la Salud, which is directed toward underserved Latina and African-American women. Our close partnership with and a major grant from the Susan G. Komen Breast Cancer Foundation has made possible this collaborative success story. The key is that we are partnering with local community leaders and agencies to bring education and screening to underserved places and people.

What's new here at Adelphi? We have started Paths to Wellness, workshops about complementary medicine to help women cope with diagnosis, treatment and survivorship.

**Q: Immigrants from every continent have settled on Long Island. What other challenges does that present?**

A: Let's not forget the providers of medical services. The professionals themselves are often immigrants from other cultures. There is a hunger for acquiring better listening and communications skills along with cultural sensitivity. So we started a social work program at NCMC to train medical professionals to better communicate with women

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## LIWA Members Meet With NYS Senator Carl Marcellino

by Jane D'Amico, LIWA Vice President, Legislative Affairs

LIWA's Legislative Affairs Committee held a Legislative Breakfast on October 24th as a service to its member organizations. We had the opportunity to speak for about an hour with Senator Carl L. Marcellino, who chairs the New York State Senate's Environmental Conservation Committee. Other State Senators who were invited but could not attend were Senator Dean Skelos, Majority Leader, Senator Charles J. Fuschillo, and Senator Craig Johnson, the newest member of Long Island's delegation. Attendees included representatives from more than 20 LIWA member organizations.

Vice President Hillary Rutter introduced Legislative Committee Chair Jane D'Amico, who moderated the event, as well as Vivian Leber, Issues Education & Action Chair, and other members of LIWA's Board of Directors. Representatives of member organizations introduced themselves to the Senator.

Questions were submitted on the status of various pieces of state legislation currently endorsed by LIWA, as well as issues of concern to membership organizations. Senator Marcellino graciously provided his views on potential obstacles to passage, as well as advice to create potentially positive outcomes. It was a learning experience for all, including the Senator, who was introduced to the wide expanse and priorities of LIWA organizations.

## A Wholistic/Preventative Approach To Healthcare And Insurance

by Sharon McDermott, L.Ac.

*Ms. McDermott is a LIWA member, a member of LIWA's Health Committee, and the principal of Healthy Healing, Westbury, NY.*

Healthcare provided to people in the United States is based on a Western medical model of care. The current Western medical model is based on mechanistic concepts of how the body functions. When an effect can be seen (i.e. symptom) it is treated accordingly and hopefully the cause has been eradicated. In simpler terms it means that doctors are most of the time treating a symptom caused by a larger issue that does not get treated. Treating a symptom and not the root cause is a partial treatment. Western allopathic medicine then treats the disease rather than the whole person.

In complementary and alternative medicine ("CAM") the patient's illness is looked at from many perspectives. A patient's biological/physical function as well as mental and emotional function will be evaluated. In addition, lifestyle changes and diet are discussed and implemented. Not only will the symptoms be treated but the root cause will also be treated. What Western medicine tends to diagnose and treat is the effect that the disease state has on the body itself. The practitioner of Oriental medicine for example, diagnoses and acts upon the energy that

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## LIWA Supports Legislation for Women's and Families' Health

LIWA's Legislative Affairs Committee invites member organizations and individuals to bring to its attention issues affecting women and related legislation that has been introduced in the Counties, the New York State Senate and Assembly, or in Congress. The presenter should prepare an information package for discussion at a Legislative Affairs Committee meeting. If the committee believes that the proposal warrants consideration by LIWA's Board of Directors, it will then present it for approval.

LIWA is supporting and works to promote, in cooperation with several of its member organizations, several pending legislative bills related to the health care priorities of women:

**The Working Families Time to Care Act**, which would expand existing disability programs to include family needs such as caring for a newborn child or a seriously ill family member. The NYS Assembly has passed the bill, and it is pending in the Senate.

**The Reproductive Health and Privacy Protection Act**, which would take the fundamental values of Roe v. Wade and place them into New York law, protecting a woman's right to choose and right to privacy. The bill was introduced by Governor Eliot Spitzer and is currently in the NYS Senate's Health Committee.

**The Healthy Teens Act**, which would provide NYS school districts and organizations with funding for comprehensive health and sexuality education for young people. In a related development in September 2007, the Governor announced that New York State would from now on reject federal Title V abstinence-only funds, and instead use State funds for comprehensive, medically accurate programs.

**Safe and Sustainable Procurement Act**, which the Suffolk County Legislature passed unanimously earlier in 2007; a comparable bill is being discussed for Nassau County, known as the Green Procurement Act, and another at the NYS level. Such bills reflect the consensus of health and conservation experts that products procured for use in government facilities should be as minimally toxic and least wasteful as possible, for the sake of employees' and the public's well being.

**National Breast Cancer Coalition Links  
Grassroots Advocates for Breast Cancer Research & Funding**

by Hillary Rutter, L.C.S.W.



*The Adelpi NY Statewide Breast Cancer Hotline & Support Program, Hillary Rutter, Director, has been part of the National Breast Cancer Coalition since its inception and is on the organization's Board of Directors.*

Since 1991, the National Breast Cancer Coalition's trained advocates have lobbied at the national, state and local levels for public policies that impact breast cancer research, diagnosis and treatment. Our grassroots advocacy effort has hundreds of member organizations and tens of thousands of individual members working toward increased federal funding for breast cancer research and collaborating with the scientific community to implement new models of research, improve access to high-quality health care and breast cancer clinical trials for all women, and expand the influence of breast cancer advocates everywhere breast cancer decisions are made.

NBCC's sister organization, the National Breast Cancer Coalition Fund, empowers and trains these advocates to be effective in every aspect of the fight to end breast cancer. NBCCF gives women the tools to make their own informed decisions and take a leadership role with legislative, scientific and clinical decisionmakers. NBCCF also helps guide the public through the maze of information on breast cancer.

To achieve our mission of ending breast cancer, we focus on the following three main goals:

- **RESEARCH:** Increasing appropriations for high-quality, peer-reviewed research and working within the scientific community on issues of importance to women with, or at risk of, breast cancer
- **ACCESS:** Increasing access for all women to high-quality treatment and care, as well as breast cancer clinical trials
- **INFLUENCE:** Increasing the influence of women living with breast cancer and other breast cancer activists in the decisionmaking that impacts all issues surrounding breast cancer

Through our grassroots network, NBCC has already brought about fundamental change: increasing federal appropriations for breast cancer, creating an unprecedented breast cancer research program administered by the Department of Defense, bringing about and overseeing the National Action Plan on Breast Cancer (a public/private partnership), promoting new models of research, training legions of advocates in both science and policy, using facts and evidence-based research to dispel breast cancer myths and inaccuracies that occur in the media, and bringing breast cancer to the forefront of the nation's agenda.

Below are the National Breast Cancer Coalition's legislative and public policy priorities for 2007.

1. Guaranteed access to quality health care for all. We will not achieve our mission of eradicating breast cancer until all women, men, and children have guaranteed access to quality health care regardless of their ability to pay. NBCC has established eight principles that are essential to achieving that goal. Those principles are being used as a guide to develop NBCC's vision of a consumer-driven, comprehensive health care reform plan. That reformed system must also incorporate NBCC's vision of quality care and reflect the following values: access, information, choice, respect, accountability, and improvement.
2. \$150 million for FY08 for the Department of Defense Breast Cancer Research Program. This is a unique research program funding innovative grants and with a structure that brings scientists and consumers together in making policy decisions at all levels of the process. This program's success has been corroborated in a number of arenas: in two highly favorable program reviews by the Institute of Medicine (IOM), at four public "Era of Hope" meetings to report the program's progress, and in congressional committee report language which recommended that this program continue. Each year NBCC initiates a letter circulated by a bipartisan group of senators and representatives and signed by more than half the Members of Congress, to the Chairmen and Ranking Members of the DOD Appropriations Subcommittees, asking for continued funding for the program.
3. Enactment of the Breast Cancer and Environmental Research Act (S.579/H.R.1157). It is generally believed that the environment plays a role in the development of breast cancer, but the extent of that role is not understood. The National Breast Cancer Coalition believes that this critical issue must be approached thoughtfully and methodically and that a national strategy for increasing knowledge in this area must be developed. The Breast Cancer and Environmental Research Act would create grants for the establishment of collaborative multi-institutional, multi-disciplinary research centers which include community groups to study the potential link between the environment and breast cancer. Grants would be awarded based on a competitive, peer-reviewed process that involves consumer advocates.
4. Preservation of the Medicaid Breast and Cervical Cancer Treatment Program (BCCTP). In 2000, after years of NBCC grassroots lobbying and influence, Congress enacted the BCCTP, which expanded access to care for thousands of underserved women. The Act provides enhanced matching funds to states to provide full Medicaid coverage to low-income, uninsured women screened and diagnosed with breast and/or cervical cancer through a federal program. All 50 states and the District of Columbia have opted into the program, but efforts to reduce funding for Medicaid or dramatically alter the program threaten the future of the BCCTP. NBCC will work to protect and preserve the BCCTP.

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# LIWA's Member Organizations & Coalitions Speak Out



## ***Planned Parenthood Hudson Peconic's President Explains Proposed Legislation to Safeguard NYS's Heritage in Reproductive Health & Privacy***

In 1970, three years before the Roe decision, New York State's legislators acted to de-criminalize abortion and establish it as a safe procedure. At that time it seemed to make sense to write these changes into the penal code. But in 2003 the earth shifted; Congress banned one of the safest abortion procedures commonly used in the second trimester, and did so with vague language and with no exception for the woman's health. In 2007, the Supreme Court upheld the ban.

New Yorkers had to start worrying about their law, which had many failings but had served well enough as long as the federal law did not stand in the way of New York's practices. Troubling to many is that the old law has several constitutional flaws so that policies that are in fact unconstitutional are not being enforced. It also fails to make a clear statement affirming the right to privacy in making decisions about pregnancy and contraception.

To address those problems and modernize the statutes without any major departure from current practices, Governor Eliot Spitzer introduced a bill in 2007, which is now in the Senate Health Committee (S.5829), called The Reproductive Health and Privacy Protection Act. LIWA's Acting Editor and Vice President, Vivian Leber, interviewed Planned Parenthood Hudson Peconic's President/CEO, Reina Schiffrin, MPH, to get a clearer understanding of this bill, so that LIWA's members will be prepared to consider the merits of supporting it. (LIWA's board of directors has voted to support the bill as introduced.)

Asked "Why change the law now?" Ms. Schiffrin explained, "The Governor has taken a leadership role in presenting this Act to the legislature. He and others recognize that some aspects of the law should be moved from the penal code to the public health code, should reflect medical advances, and should affirm and protect women's rights to make private choices."

The wide use of ultrasound has changed the practice of medicine. With medical as well as legal advances over the past 35 years, the NYS law is outmoded. The new law would allow doctors to establish viability more accurately using all available evidence on a case by case basis. When a woman's life or health is in danger, medical judgment would rule.

Despite the clarifications this bill would make, there are opponents who have inaccurately characterized the bill. The truth is that this bill does not enact any major changes to current policies. For example, hospitals and providers still are not mandated to perform abortions (the conscience objection); assault on a pregnant woman that harms the fetus would remain a criminal act and the assailant would be subject to more severe penalties than before; the same licensed providers -- physicians and physician assistants under doctor supervision -- would still be the sole practitioners authorized to perform abortions. The abortion method that was federally banned is no longer used, and that won't change unless the Supreme Court one day reverses its decision or Congress repeals the ban. Other procedures are now used for women who face medical emergencies in pregnancy. Women and their doctors remain the best people to make these difficult personal decisions.

Schiffrin characterized the bill as one that "Protects a woman's life and health throughout her pregnancy, letting her and her physician confer and decide using their best judgment, without government interference. In the '60s we didn't want government in our bedrooms when the Pill came into use, and today we still don't want the government controlling our bodies."

"We need to build diverse support for the bill, even among unlikely partners." Schiffrin wants to see people and groups that support privacy and justice, young people, people of color, and their respective organizations, all join forces vocally to back the bill. "We work especially hard to reach college students on campuses; they were born long after the Roe decision and have no memory of the risks and horrors for women before that time."

"We hope that the majority of NYS legislators will support this bill. Legislators need to hear from all their constituencies about the importance of protecting privacy and reproductive health."

For further information about the bill discussed in this article, visit the website of Family Planning Advocates of NYS, at [FPAofNYS.org](http://FPAofNYS.org).

*Planned Parenthood Hudson Peconic serves Suffolk County as well as Westchester, Rockland and Putnam Counties. Six centers in Suffolk deliver health services.*

## **Planned Parenthood Nassau's President Outlines Challenges: "Draconian Regulations Have Hurt" — But 15,000 Women are Served at Centers, More Reached in Communities**

by Vivian Leber, LIWA VP and Acting Editor

The newspaper headlines may read "Abortion Clinic Draws Protesters" because that sells papers, but the truth is that 95% of the health care, education, and counseling services delivered by Planned Parenthood-Nassau County (PPNC) are unrelated to abortion.

"The heart of our mission is family planning, health care and education, with an emphasis on teens and young adults, making prevention our chief goal, which means stemming risky behaviors, sexually transmitted diseases, HIV/AIDS, and unwanted pregnancies," explains JoAnn D. Smith, President & CEO of Planned Parenthood of Nassau County. "We work with parents, churches, schools, and others to foster healthy and safe kids, young adults and all people."

Three Nassau County centers -- in Glen Cove, Hempstead and Massapequa -- serve 15,000 patients a year, including same-day appointment or walk-ins, from 9 AM to 9 PM, five days a week, "mainly because their other options are limited," says Smith. Being young, poor, lacking insurance, being immigrants, having no established physician, they come in to find a multi-lingual culturally sensitive staff of highly qualified professionals and volunteers who counsel as well as examine and treat, always with respect and confidentiality.

Family planning and reproductive health care services are offered on a sliding fee scale based on income, and include well-woman exams, general gyn exams, cancer screening tests (breast, cervical, testicular, polyps), STD and HIV/AIDS testing-counseling-treatment for men and women, contraceptive methods and counseling, pregnancy tests, infertility screening, first trimester abortion, and menopause counseling. (Note: Many of PPNC's services listed here are also provided by Planned Parenthood Hudson Peconic, in Suffolk. See [www.pphp.org](http://www.pphp.org) for details.)

"Nonetheless, we are seeing more patients fall between the cracks," continues Smith. "We have to provide more free services than ever, as the federal government puts up more barriers to care." Planned Parenthood centers also offer prenatal care, nutrition help, and childbirth aftercare to women with incomes up to 200% of the federal poverty level who are Medicaid eligible. Agreements with some area hospitals where the women give birth allow for good coordination of care. "We regret that we can't serve other low income women outside this band due to the enormous costs of prenatal care," Smith goes on to say.

Affordability has also become a crisis for birth control pill users. A glitch in the language of a regulatory rule – probably unintended – has stopped drug companies from offering discounted birth control pills to college health centers and community centers serving low in-



come women. A monthly pack that had cost \$5 or \$10 when the discount was passed through to consumers has soared to a \$45 or \$50 price as of January 2007 – "a disaster for college students" says Smith., though in NYS students can continue to get free birth control pills due to a special waiver at Planned Parenthood. "But for our students and others going to schools out of state and for poor women served by safety net providers, this is drastic." A bill introduced in Congress, The Prevention Through Affordable Access Act, would fix the mistake and restore the low-cost. It seems to have bipartisan support and would cost taxpayers nothing.

The uninsured, a population of at least 156,000 in Nassau County alone, is more worrisome than ever to Planned Parenthood. "It has reached crisis proportions," Smith states.

Smith took pains to point out "while what we do in our clinics is vital, Planned Parenthood centers also educate the community in multiple ways." In total, 40,000 people are reached each year through the education and public affairs programs of PPNC.

One great success story of PPNC illustrates how community outreach pays big dividends. "Partnering with Adelphi's breast cancer support program, in creating Sisters United in Health, we have gone into communities with much needed awareness, screening and prevention programs for underserved women of color, who are at higher risk for all diseases due to inadequate health care access."

Other outreach initiatives provide parents with tools for better family communication, update medical professionals, and reach into the schools.

"In visiting some schools, we face barriers erected by those who would rather put their children at risk than teach them the facts," Smith points out. Lessons are age-appropriate: "In middle schools we teach the abstinence message; these youngsters should not be having sex, so we foster self-esteem and provide knowledge for staying safe and growing up healthy." Older teens are taught comprehensive medically accurate information to keep them safe and healthy, she adds. Some good news is that a growing number of states (14), including New York and recently Virginia, now refuse to accept federal abstinence-only sex education funds that dictate a curriculum that lacks comprehensive and medically accurate sexuality education. NYS will now use only state funds to offer a proper curriculum.

"New York State has always been a champion for women's health, matched only by California, and that has been true under the rule of both parties," says Smith, which she sees as a bright spot in an otherwise dark national picture.

# Smart Patient, Healthy Patient

by Annamarie Bondi-Stoddard

Managing Partner at Pegalis & Erickson, LLC, Lake Success, NY,  
a plaintiff's medical malpractice firm, and a member of LIWA's Health Committee

As consumers in the medical market place, we need to be aware of what we can do to ensure that the medical care and treatment that we receive is appropriate and correct. We must proceed from the basis that not only are our healthcare providers charged with providing good care, but we as patients must do everything that we possibly can to ensure a good outcome in a medical situation. The following are some recommendations which can save lives.

On visiting a physician for the first time, it is always recommended that you bring with you any prior medical records. Do not leave it to the physician to get your medical chart from your prior treating physician.

Make a list of all of the medications and herbal supplements which you take as well as the names and phone numbers of all other treating physicians. This saves time and helps your physician get a clear picture of your current treatment.

- If you are going to a physician's office and tests are being taken, find out what the office policy is regarding test results. Do they send you a letter in the mail advising you of what your test results were, do they call you with the test results, or do they tell you that they will only call you if something is abnormal? If they tell you that they will send you a notice in the mail, or will call you, then you need to diary for yourself a reminder concerning those test results. If you do not receive them in a specific time then you need to make a phone call to the doctor's office and find out what happened to those results. If they tell you that you will only hear from them if the results are abnormal, that is not acceptable. In that situation, you need to be an active patient and call within a reasonable time to determine what your test results were.
- When going to a physician, it is also important to make a list of all of the questions that you may have as well as all of your complaints. It is also important that you be open and honest with your physician as to what brought you to the doctor's office. Taking the attitude that "if there is something wrong with me, the doctor will find it" is just unacceptable. We all know our own bodies and if we feel that there is something wrong, we must bring it to the physician's attention so that he/she can focus on the issue and do an appropriate exam along

with an appropriate differential diagnosis to rule in or rule out various conditions. Your annual check-up is aimed at preventing illness. But if you are experiencing symptoms, make an appointment, do not wait for your yearly examinations to bring these symptoms to your doctor's attention.

- Don't be afraid to get a second opinion. A second opinion is always a good idea in a situation where surgery is recommended. A second opinion is also a good idea in the situation where as a patient you feel something is wrong and your physician is telling you that he/she cannot find anything wrong, or if symptoms do not improve despite treatment. In that case, you should always take all of your records with you for that second opinion. If you have had radiological studies done, you should obtain a copy of those studies and bring them to the new physician so that he/she can have them looked at by people he/she relies upon.
- Pathological results are not infallible. In a situation regarding biopsies, physicians rendering second opinions will often require that any pathology specimens be obtained from the lab where they were performed and re-read by the facility rendering the second opinion. You as a knowledgeable patient/consumer when getting a second opinion concerning treatment for a cancer diagnosis should have that pathology re-read by the facility where your second opinion physician intends to treat. If there is any discrepancy, further testing and evaluations can then be performed.
- As far as PAP smear slides are concerned, in the event that a slide comes back as a positive, most physicians will repeat that test which can be done quickly and inexpensively so as to verify the findings or go on to further testing. On the other hand, in the face of symptoms and if a PAP smear comes back negative, it is imperative that the physician go further and either repeat the test or perform further diagnostic testing such as a colposcopy and transvaginal sonogram.

Remember, doctors are not infallible. Doctors' office systems are not mistake proof. We as medical consumers must be proactive when dealing with our most precious commodity -- our lives and the lives of our loved ones.



**Healthy Lifestyle for Women and Girls Starts with "The Pedometer Project" in collaboration with Nassau County Girl Scouts**

by Terri Timberlake, Ph.D.  
Chairperson, National Trends & Services Facet,  
The LI Links, Inc.

The Links, Inc is an international non-profit, service organization consisting of professional women who are concerned about issues effecting our immediate community and overall society. As an organization we seek to address matters involving health, education, public policy and our youth. The Links, Inc. has been challenged on a national level to adopt healthy nutritional and fitness habits and educate our communities about healthy lifestyles. A major goal for each chapter is to organize healthy living programs in collaboration with other groups to develop healthy habits for life.

Weight management is a critical component of a healthy lifestyle, in light of the increasing national epidemic of obesity and its impact on the development of multiple illnesses. Research indicates that based on the current increase in obesity rates, especially among youth and minorities, life expectancy in the U.S. can be predicted to decline (New England Journal of Medicine, 2005). The health implications of obesity include negative impacts on cardiovascular, endocrine, pulmonary, orthopedic and psychosocial wellbeing.

To that end, the Long Island Chapter of The Links, Inc. will participate in the 'Walk a Million Steps, Lose a Million Pounds' pedometer project. Members of our Long Island chapter have each received a pedometer and have been divided into two walking teams for competition. Members will report their steps/miles while receiving monthly motivational information on healthy fitness and nutritional practices. The leading walker for each team and leading team will be recognized at each monthly chapter meeting. Each Link member is encouraged to strive for walking 10,000 steps/day.

In an effort to promote well-being in our community our chapter is collaborating with the Girls Scouts of Nassau

County in inviting female students from area Girl Scout troops to participate in our pedometer project and focus on health promotion. We are hosting a kick-off event in early December at which time all Girl Scouts who have provided signed consent forms and medical clearance will receive pedometers along with fitness and nutrition information. Their steps/miles will be monitored bi-monthly and they will be encouraged to maintain a health journal in which they will record their daily healthy choices.

Studies indicate that making small sustainable changes such as increasing daily steps is effective in promoting overall health (American Council on Exercise, 2004). The 2005 U.S. Dietary Guidelines recommends that children and adolescents should engage in a minimum of 60 minutes a day on most, and preferably all days of the week. We will begin our project with the Girl Scouts in December of 2007 and will award 1st and 2nd place prizes for most steps/miles walked at a finale event in May 2008. It is our hope that participation in our program will promote the continuation of healthy practices well beyond the termination of our program.

Participants will be provided with motivational tips and strategies for increasing steps and overall physical activity including:

- Walking up and down each aisle in the grocery store
- Encouraging parking your car farthest from the store
- Taking the steps instead of the elevator/escalator
- Walk around while talking on the telephone
- Adding a 15 minute walk into your lunch break daily
- Walk your dog
- Walking around your neighborhood block
- During television commercials do jumping jacks, squats, leg lifts, crunches
- Walking lowers cholesterol
- Walking assists in decreasing stress
- Walking can lower high blood pressure
- Walking promotes healthy sleep habits
- Walking can enhance mood
- Walking improves heart and lung health
- Women who exercise 6 or more hours/week have a 23% reduced risk of developing breast cancer

**Adelphi**

*Continued from page 5*

For more information about NBCC go to [www.stop-breastcancer.org](http://www.stop-breastcancer.org).

Last month NBCC launched Breast Cancer Caucus, calling on the Presidential candidates of both parties to detail their specific approaches to breast health care. The results of the survey give additional impetus to NBCC's efforts to draw attention to this disease in the political campaign.

Visit [www.breastcancercaucus.org](http://www.breastcancercaucus.org) to see what the candidates had to say. Make your voices heard.

VISIT OUR WEBSITE  
[www.liwa.org](http://www.liwa.org)

If you have not yet renewed  
your membership . . .  
Please do so now!



### ***The Plight of the Uninsured: A Medical System in Crisis***

*by Stephanie Sciara Glaser,  
Vice President*

You have lost your job, and with it, your health insurance. Like most people without insurance, you forego doctor's visits unless you have an illness. Preventative care, like your yearly mammogram and gynecological visit, get put on hold. But what if you find a lump in your breast? You are compelled to get that mammogram and you are told you have breast cancer. To be thorough, your physician recommends an MRI before the actual surgery. Your mammogram, fortunately, is covered by the NYS Cancer Screening Program. The MRI, which costs around \$800, is not. Who will pay for this necessary diagnostic tool? And now you must travel thirty miles to a hospital to find a surgeon willing to perform your surgery. You have transportation and child care issues. And how will you get to any follow-up treatments?

If it is not something you considered before, understand that in Nassau and Suffolk counties in 2006, there were an estimated 287,000 uninsured persons. Many are low income persons or are undocumented, but some of them are your neighbors, people who are one step away from a short-term financial crisis wreaking havoc on their ability to control their health and physical well being. A study in the March 14, 2007, Journal of the American Medical Association has found that people who are uninsured receive less care and have worse outcomes than those with insurance.

A Fiscal Policy Institute study estimated that the value of uncompensated care on Long Island and the medical spending gap was \$732 million in 2006. Included in the calculation is the cost of uncompensated care provided by local doctors and hospitals which the uninsured need but do not now receive. Consider that \$240 is the Medicaid reimbursement that a surgeon receives for a mastectomy. Is it any wonder that Medicaid accepting surgeons are hard to find? The New York State Medicaid Physician Fee Schedule is peppered with similar levels of reimbursement for other delicate surgeries as well. Since hospitals cannot compel their physicians to participate in state and federally funded programs, many of them decline.

Where government and private insurance fall short for those with breast cancer, the LI2Day has stepped in to fill the gaps. In addition to providing financial assistance for traditional medical procedures, we are funding a wide range of critical services. These include physical therapy, prosthetics, counseling, wigs, and even prescription drugs. Our beneficiary organizations provide help with child care, transportation, and will pay bills and make repairs necessary to keep a family afloat. The LI2Day is also in the process of formulating a program with area clinics to provide assistance to the underserved and minority population.

Clearly, a reevaluation is required to bring Medicaid fees to a level acceptable in 2007 and address critical peripheral issues or we will continue this cycle of unacceptable



### ***New Go Red For Women Campaign Asks Women to "Take Charge" of Their Heart Health***

Did you know that the number one killer of women on Long Island is Heart Disease? That is why the American Heart Association is committed to women's health and education. The Go Red For Women movement raises women's awareness of their risk for heart disease and helps them learn — and take action to reduce — their personal risk for heart disease.

February is American Heart Month and February 1, 2008 will mark the fifth annual American Heart Association National Wear Red Day for Women to raise awareness that cardiovascular disease is the No. 1 health threat facing women today. American Heart Association National Wear Red Day for Women supports the American Heart Association Go Red For Women movement, sponsored nationally by Macy's and Merck, urging women to take charge of their cardiovascular health, make it a top priority and live a stronger, longer life. Women from across Long Island, as well as corporations, businesses, hospitals, towns, schools, local and state legislators, members of the media, teachers, and people from all walks of life will be wearing red to focus attention on — and raise funds to fight — the No. 1 killer of women: cardiovascular disease. For more information on how you can participate in National Wear Red Day, contact the American Heart Association at 5166-777-8447.

The American Heart Association's 7th Annual Go Red for Women Luncheon is dedicated to expanding the focus of our national movement, Go Red for Women, and teaching women to love their hearts. The luncheon has a strong educational component seeking to increase public awareness of cardiovascular disease and risk factors particularly as they apply to women. This year's Luncheon will take place at the Crest Hollow Country Club on Thursday, February 13, 2008. For tickets, sponsorship or additional information, contact the American Heart Association at 516-777-8447.

For more information about Go Red For Women, call 1-888-MY-HEART or visit [goredforwomen.org](http://goredforwomen.org).

*Go Red for Women captures the energy, passion, and intelligence of women to work collectively to wipe out heart disease - the No. 1 killer of women. Since 2004, The American Heart Association has fostered Go Red to grow from a grassroots campaign into a vibrant national movement. Using the simple moniker "Love Your Heart," Go Red for Women aims to mobilize women, men, celebrities, healthcare providers and politicians to embrace and elevate the cause of women and heart disease. For more information about Go Red for Women, please call 1-888-MY-HEART (1-888-694-3278) or visit [GoRedForWomen.org](http://GoRedForWomen.org).*

care for the uninsured. The dichotomy is that in an effort to spend less initially, we will eventually spend more and compromise quality of life issues in the process.

**LIWA Annual Health Conference**

**Smart Students, Smart Health Wellness Conference**

*What Every Mother and Daughter Need to Know Before College*

**Sunday, March 2, 2007**

REGISTER VIA PAYPAL AT WWW.LIWA.ORG OR USE THE FORM BELOW

Name \_\_\_\_\_ Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_  
 I would like to order \_\_\_\_\_ tickets @ \$25 each as a LIWA member.  
 I would like to order \_\_\_\_\_ tickets @ \$30 each as a non-member.  
 I would like to order \_\_\_\_\_ tickets @ \$10 each student rate  
 I wish to pay by:  Check payable to LIWA  Visa  Mastercard  AmEx  
 Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_  
 Total \$ \_\_\_\_\_  
 Signature \_\_\_\_\_

Please mail form to: LIWA, 998C Old Country Road, PMB 174, Plainview, NY 11803 or  
 fax form to 516.677.1775.  
 For additional information, call 516.677.5492 or visit [www.liwa.org](http://www.liwa.org).



**Newly Released Training Manual  
 Will Help Family Members Keep Patient Safe**

Family Centered Patient Advocacy, A Training Manual, which includes the contributions of more than a dozen nationally recognized patient safety leaders, is now available. This manual is the first of its kind to guide families and friends in taking an active role in the medical care and treatment of those who are important to them. This manual explains the unique role of the patient advocate and includes important, practical information about:

- + Getting the most out of office visits
- + Avoiding medication and diagnostic errors
- + What to do while the patient is in the hospital
- + Preparing for emergencies
- + What everyone should know about health insurance

This manual can be purchased by credit card for \$16.00 at [www.pulseofny.org](http://www.pulseofny.org) and link to Donations or send a check or money order for \$12.00 to PULSE of NY PO Box 353 Wantagh, NY 11793-0353 all orders must include \$4.00 shipping and handling. Please allow 6 weeks delivery.

This project was made possible with funding from: Gilead Sciences Inc., Long Island Unitarian Universalist Fund, National Patient Safety Foundation, North Shore-Long Island Jewish Health System, and N.Y. State Senator Kemp Hannon.

To learn more about PULSE visit [www.PULSEAmerica.org](http://www.PULSEAmerica.org)

Best wishes  
for a very happy and healthy  
New Year  
from the Long Island Women's Agenda

**LIWA BOOK & AUTHOR BRUNCH • April 2008  
featuring Long Island Women Writers**

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**Your contribution supports LIWA programs and services.**  
For more information, please contact Cheryl Berman at LIWA  
at 516.677.LIWA (5492) or [info@LIWA.org](mailto:info@LIWA.org)



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## **NAMC Cites S-Chip's Importance To Caregivers**

The National Association of Mothers' Centers conducts advocacy on issues related to the economic well-being of caregivers. Under that broad umbrella the cost of health care is certainly a consideration in how well caregivers fare. A current concern is the veto of the State Children's Health Insurance Program (S-CHIP), which has been in place for 10 years and has extended health coverage to 6 million children whose households make too much to be eligible for Medicaid, but too little to afford private health insurance. As employers have stopped offering health insurance as a benefit, more and more families find themselves uninsured. Additionally, the cost of healthcare has skyrocketed since the original bill was passed, outpacing original funding levels.

The current bill would cover an additional 3.8 million children, 84% of whom are already eligible but not enrolled in the program. States would receive financial incentives to undertake outreach efforts to find and enroll children living at or near poverty level, and pay for health care. As recently as 2001, only 39% of all low-income children were covered. Many more were eligible, but not covered.

You can use the following information to support the case for maintaining the SCHIP program offering health insurance to children who need it:

1. There are 47 million uninsured Americans - this number has increased every year since 2000. This amount is about equal to the combined populations of the states of Maryland, Delaware, New York, New Jersey, and Pennsylvania.
2. Of these 47 million, 8.6 million are children.
3. Only 59.7% of Americans were covered by employer-based health insurance plans in 2006.
4. More than 3.4 million children have lost coverage through their parent's employer-sponsored health insurance coverage since 2000, and they remain ineligible for any sort of public health program.



5. With the employer-based system declining, it becomes critical that public policy support access to health care, especially to children through SCHIP.

Source: <http://www.epi.org/newsroom/releases/2007/10/071029HealthCoverageNR.pdf>

And more salient points, from economist, Dean Baker at Center for Economic Policy Research:

1. Reliable health insurance was beyond the reach of 15% of Americans last year.
2. Official figures (like the 47 million uninsured Americans above) are quite possibly too low, as it represents the number of people who went the entire 12 months without any health insurance.
3. More than 80 million people went without health insurance for some part of the year.
4. Almost every other industrialized country has significantly lower health care costs and longer life expectancy than the United States. For example, Canada spends 40% less per person and the United Kingdom spends 60% less, while sustaining longer life expectancy.

The majority of family bankruptcies are the result of medical expenses that overwhelm them. The lack of insurance in some cases makes getting appropriate care not possible, or delays care until the medical situation is serious or even life-threatening. Aside from the humanitarian concerns, this delay can also result in even higher expenses. In many of these cases, the preventive care that many of us take for granted is out of the question. How can a family just making ends meet be asked to choose between basic necessities, like food and shelter, and medical care?

Aside from offering children better health and well-being, SCHIP protects the most vulnerable families. The runaway cost of health insurance has become a tremendous burden, hitting low income households the hardest of all. Healthy children mean more economic security for parents. We all want healthy children, in our families and in our community.

## **We Collaborate ... While Respecting Some Boundaries**

One of the reasons LIWA was created was to strengthen the voices of women's organizations and women leaders so that they could be more effective, since, when we join together, and speak with one voice, our voices are more powerful and can be heard. LIWA offers a forum for ideas, leadership and possible collaboration in areas of mutual interest.

We realize that not all organizations may agree on all issues. However, by joining as a member organization or individual member of LIWA, that entity is not presumed to endorse all the opinions or actions of LIWA or those of its separate members. We welcome the submission of articles by all members of LIWA. LIWA has not fact-checked the claims in articles submitted by organizations or individuals. Organizations or coalitions that have contributed articles for publication by LIWA in print or by electronic media are expressing their own views. Their publication is not an express or implied endorsement by LIWA, or by LIWA member organizations or individual members.



### ***Postpartum Maternal Depression – What’s It All About?***

*by Sandra Radzanower Wolkoff, LCSW*

For the past two decades, researchers have recognized that maternal and postpartum depression pose serious risk factors for children and families, are greatly under diagnosed in the postpartum population, and quietly affect millions of women each year. Recently, a stunned nation has become painfully aware of the crippling impact of this type of depression.

“Post baby blues” are common in new mothers, and are caused by a mixture of extreme fatigue and sharp changes in hormones. The “blues” generally pass quickly as mothers and their babies start to establish their routines over the first few days. But for some women, feeling bad doesn’t go away, and gets more intense over the next two or three months. These women may experience irritability, sad mood, and hopelessness. They may feel that they are not doing a good job as a mother and hear their babies’ cries as a sign of their own failure. They may experience extreme anxiety, starting many tasks but unable to finish them. Some women worry that they may not be able to take care of their babies, and in the most rare and extreme cases, fear that they may hurt themselves or their children.

Studies generally report that 10-14% of mothers experience significant depression in the first few months after their baby is born. In studies where mothers self report on depression rating scales, the numbers can jump to over 40%. Women who are single parents, living in poverty, or facing other serious stressors, seem to be at greater risk for postpartum depression. Many studies on risk factors facing families today identify isolation and loneliness as key stressors, both experienced frequently by new mothers. The suburbs, home to more and more families, seem to magnify isolation, with families spending too little time with peers and neighbors.

There is increasing awareness of the importance of maternal depression as a factor in infant development, such as speech and language delays, behavioral difficulties, and emotional development. The new brain research on early childhood brain development, focusing heavily on early stimulation and future cognitive success, also establishes connections between a parent’s success in creating a nurturing environment and their own depression. Access to appropriate treatment can provide dramatic and life saving interventions. Postpartum and maternal depression needs to be addressed as a major risk factor interfering with a family’s ability to develop and function at an optimal level.



**Victims  
Information  
Bureau of  
Suffolk**

### ***A Better Healthcare Option for Survivors of Sexual Assault***

If a person were sexually assaulted in Suffolk County ten years ago, the only place they had to go to receive medical care or have evidence collected was their nearest emergency department. Due to the nature of emergency departments, the person was often subjected to long waits, a lack of privacy, and medical staff that was not trained in the complex care of the survivor of sexual assault. Sometimes, patients left before they received care, had a doctor unfamiliar with the rape kit collecting evidence or were sent home in a hospital gown because their clothing was collected as evidence. It was often a humiliating, unsafe and re-victimizing experience.

As an issue that affects one out of every three women, continuing to provide substandard care to sexual assault victims was not an option. Funded by the Violence Against Women Act, Suffolk County responded by implementing the Sexual Assault Nurse Examiner (SANE) Program.

The Suffolk County SANE Program, coordinated by the Victims Information Bureau of Suffolk (VIBS), opened the first SANE center at Good Samaritan Hospital in 1999, followed by John T. Mather Memorial Hospital in 2000 and Peconic Bay Medical Center in 2005. The SANE center is a safe place where any age survivor of sexual assault can go to receive medical care and have forensic evidence collected. A specially trained forensic nurse examiner will offer prompt, compassionate and non-judgmental care. To date, over 1,250 survivors have received care at the SANE centers. The program is a collaborative effort among the Police Departments of Suffolk County, the hospitals that host SANE centers, the Suffolk County District Attorneys Office and VIBS.

Every survivor of sexual assault has many medical and legal options. Unfortunately, not every survivor of sexual assault is aware of these options. Without that knowledge the survivor is unable to make informed choices about their physical and emotional well-being. At a SANE center, the survivor is advised of their options and offered choices about medical evaluation, preventative medication for pregnancy and sexually transmitted infections, as well as, evidence collection and storage. The evidence can be used if the survivor chooses to report the crime to law enforcement. An Emergency Room Companion (ERC) will be available to provide emotional support and advocacy, as well as, link the survivor to follow up support services. All of the services are confidential and offered in a private setting.

## THE POWER OF SOCIAL WORK AND SOCIAL JUSTICE IN ACTION

FRIDAY, FEBRUARY 22, 2008 • 8:30 a.m. – 3:30 p.m.  
Stony Brook Student Activity Center

### Keynote Speaker: Dr. Alejandro Garcia

*Director & Professor, School of Social Work, Syracuse University*

Other Speakers on issues of:

Affordable Housing  
Healthcare Disparities  
Reproductive Rights  
Gay Marriage

Advocacy training in mock legislative visits

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**Stony Brook University, School of Social Welfare Social Justice Center,  
Suffolk NASW  
National Association of Puerto Rican and Hispanic Social Workers**

### NS Child & Family Guidance Center *continued*

Families require services that recognize the dangerous and crippling impact of maternal depression, and the front line professionals who work with families and their young children need enhanced training and support to improve their ability to detect and treat maternal depression and its consequences.

Sandra Radzanower Wolkoff, LCSW is the Director of the Marks Family Right from the Start 0-3+ Center of North Shore Child & Family Guidance Center. She also heads a special project on Maternal Post Partum Depression.

### VIBS *continued*

Any person can have a SANE exam regardless of age, gender, or if they choose to have police involvement, as long as the assault took place within 96 hours. Survivors who do not have insurance or are afraid to use their insurance do not have to pay for the exam; New York State Crime Victims Board will cover the expense.

If a person needs to get to a SANE center they can either call 911 or go directly to Good Samaritan Hospital, Mather Hospital or Peconic Bay Medical Center.

For more information on the SANE program, or the Rape Crisis Services provided by VIBS, please call our 24-hour hotline at 631-360-3606.

### A WHOLISTIC/PREVENTATIVE APPROACH

*Continued from page 4*

creates the disease state. An acupuncturist or herbalist can access and re-direct the energy as both curative and preventative.

CAM therapies are very cost effective since prevention is the key. By using CAM therapies, there is the potential for a significant decrease in expenditure of high tech intervention currently being used in the Western medical model. For example, screening for and preventing the complications of hyperlipidemia is often not reimbursable, but the cardiac catheterization five years later to evaluate and treat coronary artery disease is highly reimbursable. It seems our current medical system is set up to reward failure - the failure to prevent disease. Western medicine still has its place in emergency medical care. At the same time many emergency situations could be eliminated with good preventative medicine. The best approach to health care is an integration of therapies that would provide the best outcome for the patient, particularly those experiencing chronic illness. The United States government and the insurance industry must recognize the cost effectiveness as well as the usefulness of CAM therapies such as acupuncture, chiropractic, osteopathic and massage. Otherwise, the United States will continue to decline in status as one of the wealthiest Western countries with the poorest healthcare standards.

*'Dr. Jennifer F. Frank, "Rewarding Failure," posted 10/12/2007, www.medscape.com*

### ***Cervical Cancer: Early Detection and Care Leads to Healthy Lives***

Every year, almost 10,000 women in the United States are diagnosed with cervical cancer. About 4,000 American women die from the disease annually. Hispanic women have twice the rate of cervical cancer compared to non-Hispanic white women. African-American women develop this cancer about 50% more often than non-Hispanic white women. These disparities are due, in part, to poor access to health care. Cervical cancer deaths are higher in populations around the world where women do not have routine Pap tests.

Despite the benefits of Pap test screening, not all American women take advantage of it. Between 60% and 80% of American women with newly diagnosed invasive cervical cancer have not had a Pap test in the past five years, and many of these women have never had a Pap test. In particular, elderly, African-American, and/or low-income women are less likely to have regular Pap tests. According to the Centers for Disease Control and Prevention, the rate of cervical cancer among Hispanic Women in New York is 11.9 per 100,000 women (ranked #6 among the top cancer sites) and for African-American women, 12.1 per 100,000 women (also ranked #6). By comparison, cervical cancer is not among the top ten cancer sites for white women in New York.

The single most important thing that a woman can do to prevent cervical cancer is to participate in a regular screening program through her annual exam and Pap test. Most cervical cancer is preventable. Cervical cancer is rare and almost always prevented through regular screening and treatment of pre-cancerous changes.

Girls and women ages 9-26 can now do more to protect themselves against cervical cancer. Gardasil®, the Human Papillomavirus (HPV) vaccine immunizes against the four types of HPV that cause about 70% of cervical cancers and 90% of genital warts cases. HPV is the most common sexually transmitted virus in the U.S. and affects both men and women. Although genital HPV does not cause health problems for most people, it is important for women to know about the link between HPV and cervical cancer. HPV is present in more than 99% of cervical cancer tumors. The HPV test is another way to screen for the virus when Pap test results are unclear. For men, the most apparent result of HPV is usually genital warts, which can be seen with the naked eye. The important thing to remember is that men can have HPV with no symptoms and pass it on to their partners.

Advances in cervical cancer detection and the HPV vaccine give health care providers a tremendous opportunity to educate women about the need for regular Pap tests and help them understand that the vaccine is available

Is women's very access to abortion at risk? Smith was asked. "Yes it is; we advocate strongly for access to birth control, but abortion is on the continuum of health services that women must have," she answered. "We do much more than any anti-choice organization to prevent abortion." Women will go to any length to get pregnant when they want a child, but also will do anything to end an unwanted pregnancy, she adds. "Everywhere in the world where abortion is not legal and accessible, women die, using unclean back-alley services."

"We have to reverse the draconian regulatory burdens to safe, affordable care that have taken hold," Smith says. "And revise laws that are damaging and hurtful." Thus advocacy is another piece of Planned Parenthood's mandate. "We remind policymakers that women are moral decision makers, whose decisions about childbearing are private and personal ones. So in Nassau, statewide and nationally we work hard to preserve individual rights and access to family planning and reproductive health care."

Working in coalition with other groups helps, Smith points out. "We support women's causes such as the long-pending bills in NYS for pay equity and paid family leave. Other women's organizations also support us, such as in our collaboration to end sex-trafficking, for example." She concludes, "Networking is power!"



### ***Get Your Organization Into Issues in Focus or the LIWAAlert!***

Publicize your group by sending info such as:

- Calendar Announcements
- New Officers
- Awards Being Received or Given
- Advocacy & Educational Initiatives
- Scholarships

We would like to thank all of our Member Organizations, Associate Member Organizations and Board Members for your incredible response to our call for information!! Please keep sending your calendar items, news and pictures to us via e-mail to [info@liwa.org](mailto:info@liwa.org)

for their daughters. Because HPV carries few symptoms and most patients do not know they have the virus, it is important for young women to protect themselves early. Early detection, screening, and care means no woman need die from this preventable cancer.



**Plan A: NCJW's Campaign for Contraceptive Access**

National Council of Jewish Women has launched a national campaign to educate and empower individuals to advocate for women's universal access to contraceptive information and health services.

Through initiatives at the community, state, and national levels, Plan A ("A" for Access) aims to secure and protect access to contraceptive information and health services for all, putting individuals back in control of their personal health decisions.

NCJW will harness its grassroots network of 90,000 members, organized in sections across the U.S., to conduct fact-finding studies in their communities about pharmacists who refuse to fill prescriptions for contraceptives or will not stock or provide non-prescription emergency contraception, hospitals that fail to offer emergency contraceptives to rape victims, and high schools that fail to offer comprehensive sexuality education. The campaign also will address the issue of contraception's affordability and young women's access. NCJW sections will also speak out about the campaign and work with other advocates in their communities.

In early November the NCJW's National Campaign Chair for Plan A, Judy Singer, visited Long Island to brief NCJW members and supporters about the campaign.

In the United States, there is overwhelming popular support for comprehensive sexuality education and there is widespread use of contraceptives. However, an extreme religious minority is increasingly influencing policy and practices -- spreading misinformation, blocking women's access, and signaling that access to complete and accurate information and to safe and effective contraceptive options can no longer be taken for granted. Plan A is poised to help individuals and groups stand up and speak out.

Detailed information about the campaign is available at [www.ncjw.org](http://www.ncjw.org). Long Island organizations also may contact NCJW-Long Island Sections, at (516) 569-3660:

Martha Krisel, Chair, NCJW-Long Island Sections  
Aleene Barash, Chair, NCJW NYS-Public Affairs

***What Can We Do For You?***

**Huntington Breast Cancer Action Coalition offers *free* support services & programs to women diagnosed with breast cancer.**

**Tel. (631) 547-1518 / Email [friends@hbcac.org](mailto:friends@hbcac.org)**  
**Website: [www.hbcac.org](http://www.hbcac.org)**

**Prevention Is The Cure Campaign**

**What We Know, What We Need to Know, About Household Products and Health**

by Karen Joy Miller,  
*Prevention Is The Cure, Inc./HBCAC*



Tens of thousands of chemicals are placed in products and released to our environment, with virtually no information on the potential consequences for our health and little oversight by the government. In fact, no legal requirements exist for ingredient labeling on household cleaning products.

Many household cleaners contain chemicals, some of which are toxic. These chemicals may cause short-term health problems like skin and eye irritation or even long-term health impacts such as asthma.

Some chemicals in cleaning products have been linked to reproductive harm, which includes changes in sexual behavior, decreases in fertility, menstrual changes, earlier onset of puberty. (early puberty is a known risk factor of breast cancer), cancers of reproductive organs, miscarriage, premature birth, and other effects. Many scientists now believe that chemical exposure, even at very low levels, can have adverse impacts on the reproductive system. Unless we know what we are exposed to, our families and most importantly our children are at risk.

Chemicals we are exposed to in products we buy must be tested for their ability to disrupt the endocrine system that affects timing of puberty. Chemical ingredients in consumer products and their sources must be fully disclosed. The need to be an educated consumer is paramount. The commitment to change behavior patterns that expose us to harm should be a priority. Supporting policy changes that will protect our health by seeking out reputable environmental groups in your area take the time to read what they are doing lend your support.

Prevention Is The Cure's goals are to increase public awareness of environmental links to disease, gain support for the precautionary principle as it applies to public policy, encourage a 'better safe than sorry' attitude toward personal lifestyle, and urge the public to demand more funding for environmental health research. We partner with many groups across the country. We're grateful for their contributions. Here are a few web sites to check out:

[www.preventionisthecure.org](http://www.preventionisthecure.org), [www.womenandenvironment.org](http://www.womenandenvironment.org), [www.breastcancerfund.org](http://www.breastcancerfund.org).

Recently the Breast Cancer Fund with support from the Heinz Foundation published an outstanding paper: THE FALLING AGE OF PUBERTY IN U.S. GIRLS, What We Know, What We Need To Know, written by Sandra Steingraber, Ph.D., a well recognized biologist, author and breast cancer survivor. Contact the Breast Cancer Fund and ask how you can receive a copy.



## Ovarian Cancer: Awareness Is The Key

As women, we are used to being caregivers. We take care of our children, our husbands, the family pet, and sometimes even our parents. Too often, however, we fail to take care of ourselves. Many women often experience the symptoms of a heart attack but do not go to the hospital right away. Many do not get annual mammograms or pap smears. We must be proactive, not only learning about diseases that may affect us but taking the necessary actions if we develop any of the symptoms. This advice is especially relevant for ovarian cancer.

Of all the cancers affecting women today, ovarian cancer is one of the most serious and one of the least discussed. With 22,000 new cases and 15,000 deaths in 2007 (per the American Cancer Society), ovarian cancer is the deadliest of the gynecological cancers. Because the symptoms are so general and there is no reliable screening test, ovarian cancer is often diagnosed at its later stages, when the survival rate is much lower.

In June 2006, several major health organizations issued a consensus statement recognizing the following symptoms of ovarian cancer:

- Pelvic or abdominal pain or discomfort
- Bloating
- Difficult eating and feeling full quickly
- Frequency and urgency of urination in the absence of an infection

Many women also experience fatigue, back pain, unexplained changes in bowel habits, unexplained weight gain or loss, and gastrointestinal upsets such as gas and indigestion,

Dr. John Lovecchio, Chief of the Division of Gynecology and Obstetrics at North Shore University Hospital in Manhasset notes: "Recent research has scientifically demonstrated that ovarian cancer does manifest subtle symptoms. It is important to recognize these clinical manifestations. One should contact her health care provider if these symptoms persist for more than two weeks."

Often a doctor will first look for a gastrointestinal explanation for these symptoms. If none is found, women should mention the possibility of ovarian cancer and see a gynecologic oncologist.

Our group, the Long Island chapter of the National Ovarian Cancer Coalition, likes to refer to the ABCs of ovarian cancer but these ABCs are appropriate for any disease or illness:

## IN CONVERSATION WITH HILLARY RUTTER

*Continued from page 3*

of color and different nationalities, and to be sensitive to all those who are newly diagnosed. NCMC has been a very good partner.

### **Q: What challenges lie ahead?**

A: Our challenges are that we need to reach more people, particularly the underserved, but in order to do so, we need to continue to expand our funding. Generally, in New York State, there needs to be accessible screening, quality treatment and support services for those diagnosed.

### **Q: You've used the term "collaboration" a few times. Why is that important?**

A: There are many programs serving and advocating for the population with breast cancer. Collaborations obviously move you forward toward your goals. We all want to deliver better services, do more research, eradicate the disease. Women's groups should sometimes let go of their control over specific agendas in order to move forward together. So we collaborate to get the job done.

### **Q: In the work you do, what have you learned about women in general?**

A: Women need help in asserting themselves. With a little guidance, all women can learn how to ask questions and get multiple opinions, certainly to empower themselves to take control of their own health.

### **Q: You've been involved with LIWA just about from its beginnings, now serving as Executive Vice President. How has that been helpful?**

A: In my job, my mandate is strictly breast cancer. I got involved with LIWA to gain the ability to look at other issues and learn about other organizations' focuses related to women. I chaired LIWA's Health Committee and Leadership Council to bring together different perspectives and expand the knowledge base of women leaders, particularly involving health.

- 
- Awareness – become aware of the symptoms and risk factors
  - Behavior – see a doctor and ask questions
  - Communication – share your knowledge and experiences with others

The best gift we can give to our loved ones is to take care of ourselves. If we do not care for ourselves, we will not be able to care for others.

For more information about ovarian cancer, please contact the Long Island chapter of the National Ovarian Cancer Coalition at 516-937-7671, nyli.nocc@ovarian.org, or log on to our website at [www.ovarian.org](http://www.ovarian.org).

## What organization has...

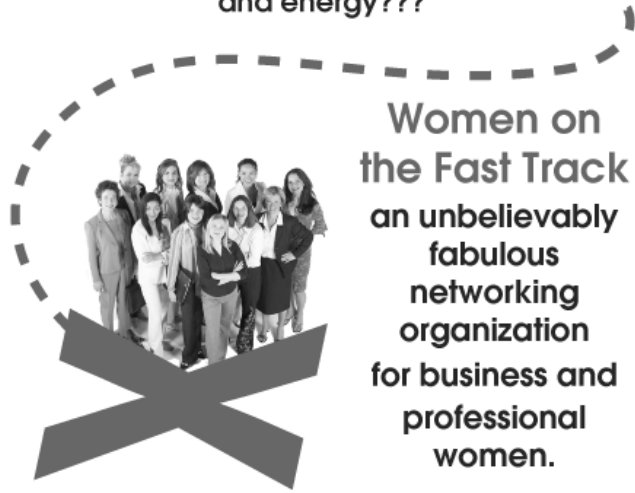
- *Provided grants to grass root women's organizations for 54 years?*
- *Recognized unsung heroines for 54 years?*
- *Given scholarships to high school girls for community service leadership for 54 years?*
- *Done real work locally and internationally to positively change the lives of disenfranchised and impoverished women & girls for 54 years?*
- *Touched women and girls globally through Soroptimist International for 54 years?*
- *Held meaningful monthly dinner meetings where like-minded women enjoy each other's company, network, learn, give & get back by achieving the organization's mission?*

## The answer is... Soroptimist International of Nassau County



**JOIN US!** Contact SINC President Fran Karliner at 516.694.9834 or franciek@optonline.net or SINC Director Mindy Ferrentino Wolfe at 516.431.7572 or mindy@neptunemarketing.com for information on meetings and membership.

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Many thanks to LIWA and its dedicated board for the important role you play in all aspects of women's lives on Long Island.

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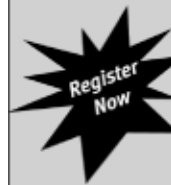
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YES!! I would like to become a member of LIWA.

- \$35/year: Individual Membership    \$35/year: Associate Individual Member    \$500/year: Corporate Member  
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