

**SERIES:** Caucus: New Jersey with Steve Adubato  
**TITLE:** A Time For Action: Personal Advocacy  
**SHOW #:** 1816  
**TIME:** 26:48

STEVE ADUBATO, host:

Making the right choices--women facing breast cancer next on CAUCUS:  
NEW JERSEY.

Announcer: Funding for this edition of CAUCUS: NEW JERSEY has been  
provided by the Susan G. Komen Breast Cancer Foundation, North Jersey  
affiliate.

PAULA M. LEVINE reporting:

This year in the United States, over 200,000 women will be diagnosed  
with breast cancer. How they approach their care, what doctors they  
choose and how well they advocate for themselves may well mean the  
difference between life and death. Wendy Van Besien was just 37 years  
old when she was diagnosed with breast cancer.

Ms. WENDY VAN BESIEN (Breast Cancer Survivor): Really my first  
reaction was, 'It can't be me. M--she must have made a mistake. It  
must have been the woman that was on the operating table before, maybe  
the woman that was after. It just--it couldn't be me.'

LEVINE: But it was. But unlike many women who might have been  
paralyzed by the diagnosis, Wendy and her husband sprang into action.

Ms. VAN BESIEN: Started working the phones even before we left the  
hospital. He was on his cell phone and I was on mine because the one  
thing I knew was that I knew I was going to go at least for a second  
if not third opinion and we needed to find the best and the brightest  
in the New York area.

LEVINE: She sought advice from friends and family, she gathered  
information from the Internet, and she scoured books like the "Susan  
Love Breast Book." She also kept detailed notes, and each bit of  
information Wendy collected helped her make critical decisions.

Ms. VAN BESIEN: I was given the option of a lumpectomy or a  
mastectomy, and in the end, what really swayed me to have a lumpectomy  
vs. a mastectomy was I looked at survival rates, and I was educated  
that the fact of the matter is regardless of whether you get a  
mastectomy or a lumpectomy, survival rates were about the same.

LEVINE: But the decisions didn't stop there. After a successful  
lumpectomy, Wendy still needed follow-up treatment and an oncologist  
she could trust. She found one in Dr. Rick Michaelson.

Dr. RICHARD MICHAELSON (MD; Chief Medical Officer For Oncology, St.

Barnabus Cancer Center): I think it's essential that people have good communication with their physician. I think when people are searching for a physician, obviously you want to find a physician who's knowledgeable and who you feel comfortable with in terms of their breadth of knowledge and their experience. But I think almost equally important is to find a doctor who you have a comfort level with.

Ms. VAN BESIEN: When I went to interview him, there was such a warmth about him and there--he has such great knowledge and he's incredibly compassionate that as long as he and I could really think eye to eye on--on the treatment, I knew that I wanted him to be my doctor.

Dr. MICHAELSON: So certainly the big picture, chances are you're going to be fine.

I believe that your physician really should be your advocate. This is an illness that's affecting every aspect of a person's life. So you need someone who you feel is going to give you the information you need and be there to answer the questions and give you and your family the support when you need it.

LEVINE: And it was equally important for Wendy to keep track of all the information she was getting.

Ms. VAN BESIEN: I think it's--it's incredibly important to take notes and keep a notebook and ask relevant questions and write them down. And I always, for the most part, took my husband with me and the reason I had him note-take is it's very difficult to ask a question, listen to it and write the answer to.

And how do you tell either one--like, how do you tell if there are other cancer cells in the breast?

And I wanted to make sure that I chronicled as I was going through the treatment because I wanted to make sure that I made the right decision and that I was able to always look back on my notes.

Thank you.

Dr. MICHAELSON: Wendy, so this is the chemotherapy area.

LEVINE: Wendy chose an aggressive form of chemotherapy which consisted of four treatments every three weeks and ultimately led to her losing her hair.

Ms. VAN BESIEN: That was very hard because what it does is it signifies to the outside world that you're going through cancer.

LEVINE: It also made the illness painfully clear to her family.

Ms. VAN BESIEN: My children were eight and five at the time. Very

difficult for them to understand what is cancer and what does it mean. 'If I hug you, am I going to get it.' You know, you go through that type of thing. And especially I remember one time was after my first treatment and it was right after I lost my hair, and, you know, mentally you have to grieve. And so for me it was--it was about grieving. And Steve drew a bath upstairs and I had my bubbles and I had my glass of wine, and all of a sudden, my little one pops in and she goes, 'Oh, Mommy, you look like you're having fun.' And then my--my other one popped in, 'Oh, can I come, too.' And, you know, we all kind of took a bath together and what that symbolized to me was that regardless of who you are you're always going to be the mom.

LEVINE: It's now been three years since Wendy was diagnosed. She still sees Dr. Michaelson every six months and she takes tamoxifen daily, but there's been no sign of cancer and she looks and feels great.

ADUBATO: Welcome to A Time For Action, a special CAUCUS series looking at the importance of personal advocacy as well as public advocacy in the fight against breast cancer. I'm Steve Adubato.

Asking the right questions, finding the right doctor and navigating the health-care system can be a daunting task for a woman, a woman diagnosed with breast cancer. Joining us to discuss what women can do to advocate for themselves are Barbara Waters, our old friend, our longtime friend from the Susan G. Komen Breast Cancer Foundation. She is the education coordinator and co-chair of advocacy there.

Lois Greene who has also been with us many times in the past is a program director for the New Jersey Cancer Education and Early Detection Program at St. Michael's Medical Center.

You saw her on the tape piece. She looks just as good here, Wendy Van Besien, who is a survivor and an advocate particularly committed to educating oneself.

And, finally, her doctor, a really terrific doctor. Dr. Rick Michaelson is a medical oncologist at St. Barnabas Health Care System.

And I want to thank all of you for joining us. We appreciate it.

I have to tell you I--sometimes I wait to see the tape piece before we come in the studio. I--I see the script and--but you want to see it when you're here. An accurate reflection of your life?

Ms. VAN BESIEN: An accurate reflection of my life. I mean, it's interesting to be three years beyond 'cause you're able to reflect back, but once you get that diagnosis, I think there are a couple of different ways you can react. You can go and become a stork and just try to say, 'I'm--I'm just going to listen to whatever my doctor tells me,' or you can try to partner up with some doctors and make sure that

you yourself are educated.

ADUBATO: And speaking of partnering up, we have partnered up for many, many years now, Barbara, and we want to remind folks that this entire initi--initiative is about advocacy. The other part of the series looked at public advocacy. This is about personal advocacy. You're going to see a Web site on your screen. You're going to see information for our resource guide which we promise we will send you in six to eight weeks with all sorts of valuable information.

But, Barbara, what is personal advocacy and is Wendy a great example of it?

Ms. BARBARA WATERS (Susan B. Komen Breast Cancer Foundation): She's fabulous. I'm so touched by your story.

Ms. LOIS GREENE (St. Michael's Medical Center): Yes.

Ms. WATERS: I'm a breast cancer survivor also 17 years, so...

Ms. VAN BESIEN: You give me hope.

Ms. WATERS: I know. I know. I--I--I love these young women. They're just so courageous and--and wonderful.

ADUBATO: What's advocacy mean though?

Ms. WATERS: What does advocacy mean? You know, I do education, an outreach for the North Jersey affiliate of the Komen Foundation. I've worked for the Komen Foundation for about 13 years doing this. And it's just so important. First, I had to educate myself. I really had to learn a lot about breast health, about breast cancer before I could turn around and go public with it and I knew that some day that I would after I had--had recovered from breast cancer. So it's just so important to inform yourself. You saw that with the piece that Wendy did. I mean, she was on her cell phone as she was leaving the doctor's office. You know, she was...

ADUBATO: Within moments.

Ms. GREENE: Within moments.

Ms. WATERS: ...she just knew instinctive--instinctively what she had to do.

ADUBATO: Is this atypical most of the--atypical?

Ms. GREENE: Oh, my goodness, no. I am so--when I look at the things that Wendy went through and how she really jumped on her diagnosis and really decided to fight, I s--I saw a strong woman. I saw a woman that had support and resources, and when I go to work every day, I deal with women who don't necessarily have that.

ADUBATO: So it is atypical. It is not very typical that she does this.

Ms. GREENE: I'm not say--I mean, I might--typical for one faction of society, but certainly there are a lot of women--and they might go to work every day--that don't realize that, 'You know what? I do have choices. I do--I can, you know, seek another opinion.' They might not have even the support to be able to take off from work three days to get three different opinions, so...

ADUBATO: Sure. First, there are logistical issues like you said about taking off of work, but the other one is, it seems to me, an attitudinal kind of thing if you will.

Ms. GREENE: Absolutely.

ADUBATO: Doctor, in the tape piece, Wendy is referred to as interviewing you. She's interviewing you. So it seems to me advocacy is about saying, 'Time out. I'll decide who my doctor's going to be based on criteria that I establish...'

Ms. VAN BESIEN: Yeah.

ADUBATO: '...with my family and I'm going to find out what he or she brings to the table.'

Did you know she was interviewing you?

Dr. MICHAELSON: I did in some ways. You know? I don't think that's unusual in today's world. I think there was a time that--that it went the other way. And I think people realize now that they have the right to take control, that people should shop around, they should educate themselves, they should find a physician who they feel comfortable with.

ADUBATO: But the fact is that's hard. I mean, the--the barrier between so many doctors, particularly, maybe it's more so for oncologists, I'm not sure, the barrier, the Godlike, if you will, mystique?

No?

Ms. GREENE: It's very big.

Ms. WATERS: I--I--do you think it's still as big as it's always been?

Ms. GREENE: Oh, yeah, because one of the things that I appreciate about Dr. Michaelson...

ADUBATO: Maybe you didn't project it. And I'm not looking to put

down doctors. I'm just saying...

Ms. WATERS: ...(Unintelligible).

ADUBATO: ...in order to get patients to come in or people to come in and say, 'You know what? I'm going to ask you some tough questions. I'm going to take some notes. I'm going to have my husband or a friend or a family member or whomever...'

Ms. VAN BESIEN: Right.

ADUBATO: `...and then we're going to think about it.' I mean, that takes a certain confidence, does it not?

Ms. GREENE: It does. And an attitude.

Ms. VAN BESIEN: It's a psychol--I think it's--I think it's the attitude and I think it's also psychological.

Ms. GREENE: Sure.

Ms. VAN BESIEN: You have to say, 'What do I want and how am I going to find it?' And you have to be strong enough to believe that you deserve the best. And essentially once I got the diagnosis, that's how we proceeded, so the question was 'How do you go about finding the best?' And then 'How do you make sure that you and your doctor really complement each other?' Because it really is about feeling comfortable. There are a lot of really good doctors out there but who is the best person that's going to be your advocate?

Ms. GREENE: And, Steve, it's a paradigm shift because certainly there are a group of women out there who have the perception that I don't tell the doctor what to do. The doctor tells me.

ADUBATO: Right. And a lot of that's cultural.

Ms. GREENE: And it--it is very cultural, and they think that the doctor--if he doesn't know what's best for me, it's not a good doctor. Whereas now I think the whole American system is that we need to involve the patients in their care, we need to give them choices but for some women giving them a group of choices, they're just paralyzed, they don't know what to do.

ADUBATO: Before I come back to you, Barbara--go ahead.

Ms. VAN BESIEN: Although I--I--I agree with that but I think there--when you deal with any type of a cancer, there's so many different types and so many different kinds that you really need to educate yourself because I think...

ADUBATO: Yeah. To what?

Ms. VAN BESIEN: ...educate yourself as to what your choices might be, and how and what's going on with--with your aspects of your disease...

ADUBATO: But...

Ms. VAN BESIEN: ...what type of tumor, are you in Stage I, it's--are you going to have--do you have lymph node involvement, how are you even going to find...

ADUBATO: Yeah, but, Wendy, how do you do that on your own? I mean, a lot of people will say, 'Well, I'll--I'll search the--you know, the Internet. I'll go on the Internet.' And I know a lot of folks who get awfully confused pretty quickly because they're inundated with information. How do you manage that?

Ms. WATERS: ...(Unintelligible).

Ms. VAN BESIEN: I wouldn't go the Internet. I mean, I...

ADUBATO: You would not.

Ms. VAN BESIEN: ...I--I went to some of the Internet but I went to some very specific sites that were just educationally driven like the NIH. Because I think there's a lot of misinformation out there. The "Susan Love Breast Book," at least at the time, three years ago, was terrific. Because what it did is it allowed me to go into the information, figure out what stage, what types of questions, and in the--in the book there were questions, so I think it's about finding the right information. And that's not easy, but I think if you go into it almost like a business plan, this is what's happening to me...

ADUBATO: Right.

Ms. VAN BESIEN: ...this is the information I need to find, because I think what allowed Dr. Michaelson and I to have such a great relationship and continue to this day is that when I ask a question he understands from where it's coming from. And he's able to give me an educated response to that.

ADUBATO: Barbara, what's the--the moral of the lesson here?

Ms. WATERS: Well, the moral of the lesson--I'm just listening, I--I think you're fabulous. But really unusual and--and--and the more you talk the more unusual I think you are. We facilitate a lot of what Wendy's talking about.

ADUBATO: That's hard.

Ms. WATERS: We--well, people will call us. I--you know, I was just saying on my way over here, this past year I had 600 telephone calls for information, educational kinds of things, I'm getting so and so

treatment, I'm getting this chemotherapy, can you help me find a doctor for a second opinion, I have no insurance, I need--o--all--name it, it comes to us. And no matter what it is, there's always a resource. The Komen Foundation has developed extensive resources for people like Wendy and for women in general.

ADUBATO: Sure. But you know what's interesting, as challenging and as difficult it is--as it is to have the right mind-set to go in to speak to a Dr. Mike--Dr. Michaelson, with someone, with a notepad, with a--your words--business plan, I'm thinking 'How do you navigate the health-care system?'

Ms. WATERS: Thank you.

ADUBATO: 'How do you advocate for yourself, or for a family member in this crazy complicated mixed-up health-care system?'

Dr. MICHAELSON: I think part of it, Steve, is the mind-set. I think people should walk in realizing that they're the consumers, that the--that the physician or the health-care provider is there to serve them. That's a mind-set I think people should have when they first walk in. And I think the job of the physician is to educate people about options and then work with people to help them find what option is right for them. So as a first step, if you--if you need to sort of talk to a--to a--to a physician, first, before you go to a s--to the M--"Susan Love Book" or before--or before you go to the Internet because of the fear...

ADUBATO: Before you go to the Komen Web site, etc. Go ahead.

Dr. MICHAELSON: Sure. Go, hear what the doctor has to say, listen to your options, then perhaps you'll feel a little more relaxed, be able to go and further educate yourself. I mean, the bottom line with breast cancer is that it's not a disease that has to be acted on tomorrow. You have time.

ADUBATO: Well, what--let me ask you this, as I'm listening to Dr. Michaelson, boy, I'm thinking our producers did a great job getting the right people here. But I'm saying--and I--no disrespect to the--to the physician community, but I'm thinking, again, fair number of physicians if--who might respond differently than the way you responded with a patient coming in, 'I'm going to be my own advocate. I'm going to ask you some tough questions. I'm going to take notes. I'm going to follow up. And I'll decide. Because I'm a consumer.' D...

Ms. GREENE: The mind-set is changing. I think more...

ADUBATO: On the part of physicians?

Ms. GREENE: On the part of cons--physicians because they're realizing that as soon as the information comes out of the research a

lot of times the patients have access to it even before they get to read their journals. So they're realizing that, you know, I have to, you know, keep pace. If you can get in front of the right physicians. There are still some women who don't have access to seeing that physician. You know, when you go for a consultation, it's \$300 just to talk to the physician or there are barriers. Women need to know that...

Ms. WATERS: There are.

Ms. GREENE: ...there are other resources out there, so certainly accessing and asking for help--there's a Living Beyond Breast Cancer organization that can help women at least get to the point where you know there are services out there. There's the NJCEED program...

Ms. WATERS: Right.

ADUBATO: Sure.

Ms. GREENE: ...something that can help me get what I need.

ADUBATO: In the spirit, I'm going to remind folks that the reason we committed to partnering--that word's been used again and again, partnering with the Susan G. Komen Breast Cancer Foundation, the North Jersey affiliate--affiliate is because we want to try to make a difference. Now in that spirit you're going to see a full-screen graphic come up right now. There it is. That is our resource guide and I promise you--it is called "A Time For Action: Personal And Public Advocacy." I promise you that when we send it to you in six to eight weeks what's going to be in there, Barbara? What kind of stuff are we going to put in there? Talk education.

Ms. WATERS: You--talk education. You--you have all the pertinent information that you need to access all of the Web sites that are really possibly critical for you in your journey through breast cancer. Or simply as an anticipatory kind of thing that you just want to know. I mean, our greatest risk factors that we're women and we're growing older, you know. That's a common odd. And it--it's all women. It's not underserved women. It's not in--you know, insured women. It's all--all women. So this will have all the advocacy features and it will have all the educational...

ADUBATO: Right.

Ms. WATERS: ...pieces that the Komen Foundation has. It will have Young Survival information. That's an organization that we love very much, have many friends in. Wendy's very familiar with that organization.

ADUBATO: Places you can turn.

Ms. WATERS: Places that you can turn. There are--there are a number

of places that you can turn. There are all kinds of resources. In public libraries now, we have a program called a Komen Shelf. State-of-the-art information is available in the public libraries in about 20 sites in northern New Jersey now.

ADUBATO: It's great stuff.

Ms. WATERS: So it's really quite wonderful. We have all the information that you might need to be connected to whatever resource you might need. If you need a support group, we support many community-based organizations.

ADUBATO: We should make it clear that the Susan G. Komen Breast Cancer Foundation, the North Jersey affiliate, provides grants to organizations who are...

Ms. WATERS: Absolutely. We do.

ADUBATO: ...doing education, doing advocacy, and that--that is why you know who tho--what those organizations are and why they're really good.

Ms. WATERS: Exactly right. As a matter--we're not a direct services organization.

ADUBATO: No.

Ms. WATERS: But...

ADUBATO: But--but you'll help them get to those who are direct services.

Ms. WATERS: Absolutely. Whatever you need I can get you there. And as a matter of fact this year alone we gave back a million dollars into the community for breast health, breast--breast programs.

ADUBATO: Powerful stuff.

Ms. WATERS: It's wonderful.

ADUBATO: And that's--but let me put this out there. Say someone says, 'You know, I really--I would love to be an advocate for myself but I do feel overwhelmed, I am very, very afraid, and I'm somewhat paralyzed.' What is the role of the family members then?

Ms. GREENE: Ask for help. Steve, I still have women who are going through treatment that have not even spoken to their families about the fact that they have cancer. I think that one of the things that this program should communicate to women is that cancer does not mean--it's not a death sentence, that women are living longer from cancer. So certainly seeking help, asking, let people know your problems. I had a woman come in and told me that she had to go in for

a cancer surgery and her employer terminated her. Women need to know that that's not acceptable, that it's not allowed, that it's illegal. If they don't know, she would just quit her job, lose her home, and, you know, be on the street. They need to know that they have got to communicate and...

Ms. VAN BESIEN: I also think it's--I also think it's really hard sometimes to ask for help.

Ms. GREENE: It is.

Ms. VAN BESIEN: I mean, it's almost like--if you have a strong community, if you have a strong family they can kind of step in because I think you go through, again, psychologically, these different stages once you're diagnosed. Personally, for me, I felt incredibly vulnerable, OK, like, hey, let--why--I never really asked why did it happen to me, because that's a negative question. It's kind of like 'OK, my character's going to be defined by how I deal with this and how I move forward.' But yet it was kind of like I do feel vulnerable. And the--you know, if you--if someone is paralyzed, if they have a spouse, they have a significant other, they have a good friend, they have a sister, a--a mother, a father, you know, sometimes--and I say this to all those that are family members out there, sometimes you just need to kind of look at whoever your loved one is and try to step in and go kind of the extra mile.

ADUBATO: Was it clear to you that it was your husband?

Ms. VAN BESIEN: Yes, because he stepped up to the plate right away, as w--as did my parents, and my parents were wonderful. Every time I went through chemo, they came up that Thursday and stayed for the weekend so the kids--for me, it was tantamount to make sure that my kids' lives remained the same.

ADUBATO: How are your kids doing?

Ms. VAN BESIEN: Kids are doing great. Although as they go through and they become more educated, my 11-year-old was reading a book, "Chicken Soup for the Soul for Teens"...

ADUBATO: Yeah.

Ms. VAN BESIEN: And there was this section at the end, I guess, that talked about parents who had died, whether from car accidents, and Jessie came to me just a couple weeks ago and said, 'Mom, you know what? I never knew you could have died from breast cancer.' And I said to her and I said, 'Well, let's talk about that, and, you know, Mommy had a great doctor, and Mommy had some really good support and let's look at the stage Mommy was in.' You know, I was very lucky. If you're going to have unlucky events, you might as well have some luck that comes along and I felt I did...

ADUBATO: Sure.

Ms. VAN BESIEN: ...and I said, 'Jessie, that's why we have to live every day in gratitude,' and...

ADUBATO: Right.

Ms. GREENE: Absolutely.

Ms. VAN BESIEN: ...and dealing and just loving what you do every day and trying to make a difference.

ADUBATO: Good stuff. I'm going to have you back by yourself just to talk. Because you have a lot of important things to say.

Ms. VAN BESIEN: Whenever you want.

ADUBATO: Doctor, help some folks out there, and your colleagues. What would a typical conversation sound like? I mean, it looks like Wendy was driving the conversation with you in a lot of ways. But what do you do to make it a little bit easier for a patient to advocate for him or herself?

Dr. MICHAELSON: Well, I think every physician has his or her own style. What I generally do is, after I take someone's history and I examine them, we sit down and we talk and I usually start talking and let people know from the get-go that they have the right to interrupt me, ask questions, as we go along. And I try to educate people as best I can in language that they can understand what we're dealing with and talk...

ADUBATO: No jargon.

Dr. MICHAELSON: No jargon. That's very important to use language that people can understand. It's so easy for physicians to get caught up in physician language and they forget that people may not know what a certain word means, may not use it every day. And so really let people know what the options are for them. And then people as we go along have the opportunity to ask questions and we can guide people in the direction that they want to go.

ADUBATO: Let me ask you. Say you're referred to--referred Wendy to a pathologist. And she just doesn't like the ped--the pathologist. She just has a bad feeling about him or her. Now what?

Dr. MICHAELSON: Well, I think our job as physicians is to refer people to physicians that we think they will get along with and that will provide their needs. And certainly if you refer someone to a physician and it's not working out, refer some--to someone else.

Ms. VAN BESIEN: Right.

Dr. MICHAELSON: I--I don't think that's a--that's a major issue for most physicians.

ADUBATO: OK. And let me try this. There are a couple other areas that I want to put out there. You know, I said this to you before. And I got my wife's OK to say this, my wife, Jennifer. We just went through a very challenging experience recently and it's funny we've done all these shows together...

Ms. WATERS: Yes, we have.

ADUBATO: ...and a month ago we're thinking--as we do this program we're about to have another baby. And short version is she was getting checked and she felt 'What is this?' You know, she was checking herself. And she 'What is this?' And she went in. Ultrasound. And 'We think you're OK, but we're not sure.' So she had to go back and she had to get it taken out and--because they had to do it quickly because she was pregnant. And I thought to myself she pushed the issue of going back. I said--I actually remember somewhat saying, 'You know, Jennifer, wait. We went for the ultrasound. You're fine.' She said, 'Nope. I'm going back to make sure.' Is that advocacy?

Ms. WATERS: Oh, it is.

Ms. GREENE: Absolutely.

Ms. WATERS: You know, and I wish--I wish--I do. I wish more women, young women, particularly, would not wait. If that lump is in there, it needs to come out. You know?

Dr. MICHAELSON: Yeah, Steve, can I second that? We see so many women who are diag--who are diagnosed with breast cancer and give the same story.

Ms. WATERS: Yes.

Dr. MICHAELSON: They felt the lump, they went for a mammogram or an ultrasound, it was normal, and they were told not to worry about it.

ADUBATO: Right.

Dr. MICHAELSON: And that's wrong. If there's a lump that concerns you, it needs to be investigated, no matter what the X-rays show.

ADUBATO: So you take the initiative then?

Ms. VAN BESIEN: Absolutely.

Ms. GREENE: You have to.

Ms. VAN BESIEN: Absolutely.

Ms. WATERS: You know, we've lost--we've lost six young women who were volunteers with our affiliate this year, three of them had this very situation where they were told, 'Don't worry about it. You're too young to have breast cancer at 27 years old.' You know, that's unacceptable. That's really unacceptable.

ADUBATO: Sometimes we want to hear what we want to hear.

Ms. VAN BESIEN: That's right.

Ms. WATERS: Correct.

ADUBATO: And so advocating for yourself is scary because by doing it, you could potentially hear something you don't want to hear.

Ms. VAN BESIEN: Exactly.

Ms. WATERS: That's very true, but you know, what we started--and I--I agree with this. When I was diagnosed, I was a widow with seven little children. And you talk about who was your support center...

Ms. VAN BESIEN: Mm-hmm.

Ms. WATERS: ...system. The seven kids were my--which was really--I mean, they really stepped up. They were...

ADUBATO: Were you surprised at all?

Ms. WATERS: I was, you know. I mean, I thought that was pretty incredible, and they--they just behaved wonderfully. So, you know, I--I decided that I must give something back but in a special kind of way, so I developed a program, Teens for the Cure...

ADUBATO: That's right.

Ms. WATERS: ...where we go in...

ADUBATO: Good program.

Ms. WATERS: ...where we go into high schools and to these very issues that--that young women won't be afraid, you know, to--to explore further...

Ms. GREENE: And that's so true.

Ms. WATERS: ...you know, if they find something wrong. I keep saying, the mantra is, 'When in doubt, check it out.' I mean...

Ms. VAN BESIEN: Right.

Ms. WATERS: ...we say it over...

ADUBATO: When in doubt, check it out.

Ms. VAN BESIEN: Love that.

Ms. WATERS: When in doubt, check it out. When in doubt, check it out. `Let me hear you say that.' And they all say, `When in doubt, check it out' 320--and if they get that message, that's--that's OK.

ADUBATO: A few seconds left, go ahead.

Ms. GREENE: That's so important for the kids and also important because those kids learn something, and then a lot of times the women won't go for themselves, but when their kid comes home and says, `Mom, this is something that it--it's'...

Ms. WATERS: The kids.

Ms. GREENE: ...`is important. You should do this,' they'll do it for the children.

ADUBATO: Let me just say this, that you mentioned, Barbara, giving something back. You gave a lot back, as did you, Wendy, Lois, Doctor. You all gave a lot back, and we're better off for it.

Announcer: If you would like more information on this program or if you'd like to express an opinion, e-mail us at [info@caucusnj.org](mailto:info@caucusnj.org). And visit us on the World Wide Web at [www.caucusnj.org](http://www.caucusnj.org).

The preceding program has been a production of the Caucus Educational Corporation, Rutgers Newark, NJN Public Television and Thirteen, WNET New York.

Funding for this edition of CAUCUS: NEW JERSEY has been provided by The Susan G. Komen Breast Cancer Foundation, North Jersey Affiliate. Promotional support provided by NJBiz, all business, all New Jersey, and CN8, the Comcast Network.