

Enough Awareness! We Need Systemic Changes

By Karuna Jaggar, BCAction Executive Director



I've been asked several times since I began my work with Breast Cancer Action what my vision is. My vision for BCAction is clear: we must change the conversation about breast cancer from awareness to action!

At BCAction, we will continue to spearhead systemic changes to address and end this breast cancer epidemic. In addition to better treatment options and overall health equity for people living with breast cancer, we must identify and eliminate the root causes of this epidemic, which lead to so many of us being affected. We must end this epidemic so that in the coming years and decades, you and I, our daughters and granddaughters, our mothers, our sisters, our loved ones — present and future generations of women, and some men — will not have to face a new diagnosis of breast cancer.

At Breast Cancer Action, we advocate for less toxic, more effective, cheaper options for all breast cancers. That includes triple negative breast cancers, metastatic cancers, BRCA and hereditary cancers, the most aggressive breast cancers, and DCIS. We demand answers for all the questions regarding which women (and men) will benefit from which treatments, and whether we aren't over-treating in some instances.

Better treatment is only part of the equation. We need to stop cancer before it starts. The goal of turning breast cancer into a manageable disease is not good enough. Today the greatest risk factor for breast cancer is being a woman. (Still, I was shocked to see that the high risk factors that made a woman eligible for a recent "pills for prevention" study included being over age 60!) As a woman raising two girls, I believe addressing the epidemic means stopping breast cancer before it starts. We must shift the conversation away from simply early detection to a fuller understanding of why so many of us are getting breast cancer in the first place, and why we are getting it at younger ages. We bear a societal responsibility —not just as individuals who are worried about our own families but as members of small and large communities who have a collective responsibility to prevent present and future generations from developing breast cancer.

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



We can't simply raise awareness. Indeed, awareness has currently led to a perverse situation where most women in the United States vastly overestimate their personal risk of breast cancer!

We can't "run" away from breast cancer, no matter how much we exercise, no matter how many pink ribbon miles we walk. We need policies that protect all of us, regardless of our lifestyles or our ability to make the "right" purchases. No matter how much organic we eat, how quick we are to rid our kitchens of plastic, how much effort we put into safe cosmetics, we can't just opt out of the toxins that come to us through our daily environment: through our water pipes and air, through the coatings on our store receipts and parking meter slips, and through our office environments and off-gassing carpets and paint, whatever natural products we've chosen in our own homes. With more than 80,000 synthetic chemicals in use, this is not something we can change by individual choice; this is a matter of regulatory change.

We can't simply tell people that rBGH is linked to an increased risk of cancer, so they should stop buying products containing this ingredient. The onus shouldn't be on consumers: many neighborhoods don't carry organic products, and many families can't afford them. We need to take it out of distribution.

We cannot continue to put the blame on women: lifestyle choices are not adequate prevention. And don't get me started on the ways that early detection are misconstrued commonly as prevention.

Science clearly demonstrates that genetics and lifestyle combined account for no more than 30 percent of breast cancers. While current thinking is that breast cancers and other diseases stem from a complex interaction of factors, evidence increasingly shows that environmental toxins are a factor in a majority of breast cancers.

Furthermore, a policy that works to prevent breast cancer through lifestyle ignores the hard facts that we don't all share equal access to healthy lifestyles and adequate treatment options. There are very real structural inequities that lead to unequal access, and these issues are too easily overlooked when we insist that women can protect themselves from a breast cancer diagnosis through diet and exercise and family history.

But to bring about systemic change we must work together. This year, we will be deepening our national and international partnerships to educate, extend, and mobilize our activist base. We're doing this in our work to challenge Myriad Genetics's patent ownership of the BRCA1 and 2 genes as the June/July Court of Appeals decision looms closer. The following articles discuss the national and international impact of the upcoming ruling on women's health care. We're developing a series of webinars — check out *The Politics of Breast Cancer* if you missed the livecast — and *Think Before You Pink*® toolkits to provide our members and their communities with the resources they need to change the conversation. We're cohosting a "Roundtable Discussion on Latinas and Breast Cancer" to examine the growing inequities that exist around breast cancer incidence and mortality, and working to collaborate on ways to address these discrepancies as a cancer community.



In *The Cancer Journals*, Audre Lorde wrote: "When I dare to be powerful, to use my strength in the service of my vision, then it becomes less important whether or not I am afraid." I invite you to join me in changing the conversation and taking action. Together, we can work to bring about the systemic changes needed to stop cancer before it starts affecting future generations of women.

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Putting Patients Before Profits: Why We Must End Gene Patenting

By Eric Hoffman, Friends of the Earth, Jaydee Hanson, International Center for Technology Assessment and Luigi Palombi, Ph.D. The Centre for the Governance of Knowledge and Development, The Regulatory Institutions Network, The Australian National University, ACT, Australia

[Editor's note: Since 1998, when BRCA 1 and 2 (sometimes referred to as the 'breast cancer genes') were first patented, Breast Cancer Action has maintained that the patenting of human genes interferes with patients' access to genetic testing and medical care. In 2009, BCAction joined the ACLU in litigation challenging the rights of Myriad Genetics to own these patents. We were--and remain--the only breast cancer organization named as a plaintiff in this suit.

On March 29, 2010, district court Judge Sweet issued a ruling that invalidated certain of Myriad Genetics' patents related to the BRCA 1 and 2 breast and ovarian cancer susceptibility genes. Myriad Genetics appealed this decision. Later this June or July the Federal Court of Appeals will issue a decision on Myriad's appeal. Regardless of who wins or loses at this stage, the case won't end here.

We invited several key partners on this issue to address the implications for women in the United States and internationally of this lawsuit and the pending decision. However, regardless of this ruling many speculate that legislation will inevitably follow. The international community is watching eagerly to see the results of this legal challenge].

I. From a U.S. Perspective

By Eric Hoffman, Friends of the Earth and Jaydee Hanson, International Center for Technology Assessment

Gene patenting is a highly profitable business. Over 20 percent of the human genome is patented, including the gene for breast cancer.¹ Throughout the United States and abroad, these patents directly impact patient health care by placing limits on gene research and testing. By granting these gene patents, the U.S. Patent Office has put corporate profits before the health and well-being of patients, and the time has come to stop this practice.

¹ Kyle Jensen & Fiona Murray, Intellectual Property Landscape of the Human Genome, 310 Science 239 (2005); see also, Human International Genome Sequencing Consortium, Initial Sequencing and Analysis of the Human Genome, 409 Nature 860-921 (2001); J. Craig Venter et al., The Sequence of the Human Genome, 291 Science 1304-1351 (2001).



The gene patents problem moved to the forefront of public debate because of a lawsuit challenging patents on two genes that correlate with increased risk for breast cancer and ovarian cancer (BRCA1 and BRCA2). Breast Cancer Action, along with the Association of Molecular Pathology, the American Civil Liberties Union, and other patients and researchers sued Myriad Genetics and the U.S. Patent Office in 2007, arguing that genes are not patentable since they are facts of nature. Myriad Genetics, which controls the patent and charges women over \$3,000 for a test, sent cease-and-desist letters to other researchers looking at the BRCA1/2 genes. Myriad will not let other companies test for the genes and thus prevents women from getting a second opinion. Myriad's high charge keeps some payers from approving the tests.

Gene Patents Threaten Public Health

Gene patents have a detrimental impact on health care and research.² Gene patent holders often use their exclusive control to charge excessive fees for diagnostic testing and prevent other researchers from utilizing the specific gene for further research.³ Gene patents can prevent more accurate, affordable, and complex diagnostic tests from being developed.⁴ Recent research suggests that dozens or even hundreds of genes may be involved in diseases like Alzheimer's. When researchers cannot get permission from the patent holder to perform research on a gene that contributes to the disease they are working on, progress is delayed.

Possessing a gene for a disease does not mean a person will develop the disease. Most genetic tests offer only an estimate of the chances for developing a particular disease and fail to account for the influence of other genes and environmental factors.⁵ The predictive power of the test for BRCA breast cancer mutations is high for persons from families with a history of particular kinds of breast or ovarian cancer but very low for women without a family history of breast cancer. In fact, many women who test positive for a BRCA1 mutation do not get the disease.⁶

The patenting of genes drives research toward looking for gene-to-disease correlations and away from environmental and other factors that also lead to increased risk of disease. Environmental factors, such as chemical exposure, play a major role in breast cancer.⁷ One cannot patent and profit from identifying a chemical's link to increased risk for breast cancer, but you can patent a gene sequence and profit by charging exorbitant fees to test families of persons with breast cancer to see if they have the gene that your test links to the disease.¹

2 See Jon F. Merz, Antigone G. Kriss, Debra G. B. Leonard, & Mildred K. Cho, Diagnostic Testing Fails the Test, 415 *Nature* 577-579 (2002); David Blumenthal et al., University-Industry Research Relationships in Biotechnology, 232 *Science* 1361, 1362 (1986); David Blumenthal et al., Withholding Research Results in Academic Life Sciences, 277 *JAMA* 1224, (1997); David Blumenthal et al., Data Withholding in Academic Genetics, 287 *JAMA* 473, 477 (2002).

3 M.K. Cho, Preparing for the Millennium: Laboratory Medicine in the 21st Century, 47-58 (AACC Press, 2d ed. 1998).

4 Gene Patents and Licensing Practices and their Impact on Patient Access to Genetic Tests: Report of the Secretary's Advisory Committee on Genetics, Health and Society. Available at http://oba.od.nih.gov/SACGHS/sacghs_documents.html#GHSDOC_011

5 Michael J. Malinowski & Robin J.R. Blatt, Commercialization of Genetic Testing Services: The FDA, Market Forces, and Biological Tarot Cards, 71 *Tul. L. Rev.* 1211 (1997).

6 Wylie Burke, Genetic Testing, 347 *N.E.J.M.* 1867, 1872 (2002).

7 See Shimizu T, Ross RK, Bernstein L, et al, Cancer of the prostate and breast among Japanese and white immigrants in Los Angeles County. *Br J Cancer.* 1991;63:963-966; Lichtenstein, Paul, et al., Environmental and heritable factors in the causation of cancer: analyses of cohorts of twins from Sweden, Denmark, and Finland. *New England Journal of Medicine*, Vol. 343, July 13, 2000, pp. 78-85.



Moving Forward — The Fight to End Gene Patenting

The plaintiffs won the first round when the district court agreed that genes are facts of nature and not patentable. The case was then heard by the Federal Court of Appeals, whose decision — expected this summer — will likely be appealed to the U.S. Supreme Court.

This appeals court usually sides with patent holders, so we must prepare to continue fighting for an end to gene patenting. If the Supreme Court declines to hear the case or rules against the plaintiffs, we will need action by Congress to keep more genes from being patented.

A bill in Congress would ban the patenting of all naturally occurring genes and DNA sequences. Rep. Xavier Becerra (D-CA) and Rep. David Weldon (R-FL) are about to reintroduce the Genomic Research and Accessibility Act, which they first introduced in 2007.

This bill ensures an end to further patents on our genes and DNA, and assures equal and fair access to genetic tests and medicines. The law would not take back patents already granted, but the Genomic Research and Accessibility Act would be an important step, along with victories in the courts (which can determine that certain gene patents, like the BRCA1 & BRCA2 patents, are invalid). Together a court victory and legislation would bring an end to the patenting of our genes.

Women's health activists play a crucial role in the fight to end gene patenting. The breast cancer gene patent lawsuit was the first legal victory in the fight to end human gene patenting and helped educate the public and policymakers on the issue.

What can you do?

- Call your members of Congress today, and tell them to cosponsor the Genomic Research and Accessibility Act, which Rep. Becerra will reintroduce.
- Talk to your friends and family about why you are working with Breast Cancer Action and others to stop the patenting of our genes. Write to your local papers and blog about this issue. The health and well-being of all patients must come before corporate profits, and ending gene patents will help create a fair, just, and less costly health care system.

II. From an International Perspective

By Luigi Palombi, Ph.D. The Centre for the Governance of Knowledge and Development, The Regulatory Institutions Network, The Australian National University, ACT, Australia

It's hard to imagine how and why it happened, but it did. Myriad Genetics has the exclusive legal rights over usage of the human genetic mutations that are linked to familial breast and ovarian cancers in the United States and many other countries. In June or July 2011, the Federal Court of Appeals will rule on whether the U.S. Patent and Trademark Office got it right when it granted Myriad such a patent over something none of its scientists invented.⁸

⁸ The suit against Myriad came about after many years of hard work and owes much thanks to the foresight, dedication, and determination of Tania Simoncelli, a former scientific advisor at the ACLU, who first raised the issue with the ACLU, as well as to Chris Hanson and Sandra Park, ACLU attorneys.



This is a very important ruling, not only for American women but for women around the world. The Myriad case is not just about patent law. It's about the future of medical and scientific research. And it's about a right we all should possess regarding the ability to control who does what with our bodies. Despite President Bill Clinton and British Prime Minister Tony Blair declaring that the human genome was to be made freely available, more than half of the genes discovered have become the subject of privately owned intellectual property rights. Patents have been granted over many, many human genes and proteins, the unique structures that make us what and who we are. This ruling in June or July will clarify the legal position and, hopefully, in upholding the decision of Judge Sweet of the district court, will send shockwaves around the world.

We all want better and cheaper diagnostics, drugs, treatments, and cures for cancers and other diseases and, while the patent system plays a role in driving medical innovation, it is only one of many things that do. Publicly funded research also plays a crucial role. It was Mary-Clair King and her team, who labored for 16 years at UCSF, who discovered the link between breast cancer and the BRCA1 gene on human chromosome 17q. Myriad's scientists, who had access to the medical history of thousands of Utah women, information which these women freely provided to the University of Utah, were then able to use this information, together with King's discovery, to identify some of the key genetic mutations. But does that give Myriad the right to say it invented the BRCA gene mutations? More to the point, does it give Myriad the right to exclude other clinicians and scientists that want to utilize the genetic mutations to develop cheaper and more accurate diagnostic tests?

In Australia, Myriad's patent partner, Genetic Technologies, tried to use Myriad's Australian patents over BRCA to close down all of the laboratories that had been performing BRCA genetic testing (apparently without Myriad's permission). The attempt failed, but only because of the enormous public outcry that led to a full-scale Senate inquiry. During that inquiry, Australian scientists gave evidence of how they were denied the ability to conduct BRCA research for two years because Myriad and its Australian partner couldn't work out who had the right to authorize the research. Finally, they got permission, but in the meantime, the cost of the research had tripled.

The pending Federal Court of Appeals decision will hopefully clear the road of these kinds of patent land mines, which only cripple the doctors and scientists that are seeking medical and scientific advancement for the benefit of all humankind. Sure, let's reward real ingenuity and invention with a patent, but let's also keep genes and proteins, things no one invented, out there for doctors and scientists to access and use so that private interests can't hinder them as they travel down the medical research road to give us better and cheaper diagnostics, drugs, treatments, and hopefully, cures.

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Member Perspective: Britta Reida

Interviewed by Caitlin Carmody, BCAction Membership Coordinator

We are excited to introduce you to Britta Reida, a BCAction member who lives in Massachusetts and blogs at brittaboob.blogspot.com, in our first BCAction Member Perspective, a new feature you'll find in each issue of The Source. If you'd be interested in telling your story for a future issue, please contact membership coordinator Caitlin Carmody at ccarmody@bcaction.org.

[Q] What brought you to Breast Cancer Action? How are you involved with BCAction?

When I was diagnosed with breast cancer in 2009, I knew next to nothing about the disease, but within six days, I was already ranting in my blog after discovering the pervasive pink ribbon craziness I intuitively knew I wanted no part of. Stumbling upon Breast Cancer Action was like finding fresh air to breathe! Here was an organization with nary a pink ribbon in sight that speaks the unbiased truth and shares my social justice values.

In the beginning, my focus was primarily on choosing the right treatments to deal with my breast cancer and getting through them. It wasn't until a few months after surgery and radiation treatments that I was able to step back and think about not only the 4.5 cm of cancer that had been inside me but the breast cancer epidemic as a whole. That was when I really appreciated BCAction.

[Q] What has most surprised you about "breast cancer culture" and how the general public understands the breast cancer epidemic?

Shortly after I was diagnosed, I was overwhelmed by how many people contacted me to say, "Oh, my mother/aunt/neighbor/coworker had breast cancer — you should call her!" It seemed like everyone I knew also knew someone who had breast cancer. While I was saddened to learn about how much the breast cancer rate had skyrocketed over the years, I was even more upset to discover that, despite the fact that breast cancer is clearly an epidemic that we need to take collective action to address, many people were viewing it entirely as a personal problem — even a self-inflicted one! I couldn't believe how many bogus theories people had for what caused my cancer (repressed anger, childhood trauma, or too much sugar), or how I should treat it (ignore my doctors, "elevate my thought patterns," or "visualize the tumor shrinking"). In the breast cancer support groups I went to, women wondered out loud if their diagnoses were partially caused by too much stress or too much partying in college. Being diagnosed with cancer is no one's fault, and self-blame is a waste of energy that could be better spent.

My focus right now is in trying to increase people's understanding that breast cancer is not just a personal problem, but a societal problem we need to view with a "big picture" lens and take collective action to address.



When I was diagnosed at age 30, I was otherwise very healthy and fit, with no family history of the disease. I had never smoked or drunk alcohol, always had a healthy Body Mass Index, never took hormones or birth control pills, had been eating a vegetarian and largely organic diet for the previous nine years, had been exercising regularly (I was a trapeze student!), slept well, used only natural body care and household products, and on and on. I was practically the poster child for the cancer prevention lifestyle, and still I was diagnosed. This is why I get angry when anyone dares to suggest that my behaviors or lifestyle had anything to do with the cancer's cause, and why I'm weary of the breast cancer prevention resources that encourage women to just eat vegetables, stay skinny, avoid alcohol, and exercise. It's more complicated than that. After learning that the town I lived in for the first 23 years of my life had a breast cancer rate that was 20 percent higher than the rest of the state, I started reading about the environmental causes of breast cancer and the dangers of chemical exposures. BCAction, the Breast Cancer Fund, the Silent Spring Institute, and Sandra Steingraber's book *Living Downstream: An Ecologist Looks at Cancer and the Environment* were invaluable resources for me. After reading all of this information, I couldn't believe that anyone could deny the link between chemical exposure and increased breast cancer risk.

[Q] What do you think are the most important steps to ending the breast cancer epidemic? What are your thoughts about how we take those steps?

While I'm weary of the breast cancer resources that totally ignore the link

between chemical exposure and breast cancer risk, I'm equally weary of the resources that do acknowledge the link, but put the onus of responsibility entirely on the individual to avoid chemicals through personal behavior changes. This lets the corporations who produce and market the chemicals (and the government that allows them to) completely off the hook. Following all of the cancer-prevention rules would be a full-time job and require more money than I or most people have. And even if I spent my days jogging to and from the farmers' market with my BPA-free water bottle; cooking organic meals from scratch; doing yoga and meditating on my pesticide-free lawn while wearing organic clothing I've laundered in natural detergent; and using flashcards until I've memorized the "Top Ten Canned Food Items to Avoid," the "12 Most Contaminated Vegetables," and "Ingredients to Avoid in Cosmetics," there's still no guarantee I wouldn't be diagnosed with a recurrence someday. As long as big corporations continue to pollute our soil, air, water, and food, and their products with chemical cocktails, and the government continues to let them, our individual choices and lifestyle changes are just a drop in the bucket.

People and organizations who give advice about breast cancer prevention need to take it a step further. Instead of just saying, "Choose fresh food that doesn't come in a can lined with BPA," they could say, "While you're eating your BPA-free food, call your representative to ask them to cosponsor the legislation to ban BPA from all food and beverage containers." I'm sick of hearing only about all of the ways in which we can each personally try to protect our bodies and homes from toxins, as if these toxins are just raining down from the heavens,



and there's nothing we can do but put up our umbrellas. It is human beings that are polluting the earth and our bodies with these chemicals, and if enough of us joined together and used our collective voice and power to demand that legislators regulate the polluters so they stop polluting, we could create serious change. I love Breast Cancer Action for not saying, "Hey, women, stop drinking milk contaminated with rGBH hormones," but instead saying, "Hey, Eli Lilly, stop manufacturing the rGBH that goes in our milk!" Breast Cancer Action redirects our focus to where it should be!

[Q] You are an activist working to end the breast cancer epidemic. How can other people like you get involved in the work to end this epidemic?

The first and easiest step, for me, was to join the mailing lists of Breast Cancer Action and other organizations with similar values and missions, such as Pesticide Action Network, Breast Cancer Fund, and League of Conservation Voters. Several times a week, I click the links they send me to take actions such as signing petitions or e-mailing my local representatives about legislation involving environmental toxins. It's quick, and the more people who do this and encourage their friends and family to do this, the better.

I boycott corporations that produce and market products with carcinogenic substances, and sometimes even write to them to specifically tell them why I'm not buying their products and why I'm encouraging my friends and family to do the same. For example, thanks to BCAction's wonderful "What the Cluck?" campaign, I wrote to KFC to oppose their ridiculous "Buckets for the Cure" promotion.

On the flip side, I make an equally strong effort to support businesses that sell products and services that are good for people's health and the health of the planet. I am a shareholder and frequent shopper at the local food co-op, which uses BPA-free cash register paper and carries a large variety of local, organic fair-trade foods and natural, organic household and body care products.

I also regularly talk about the environmental causes of breast cancer on Facebook, breast cancer message boards, and my blog, and in conversation with family, friends, women at breast cancer support groups, and my doctors. The more we all work together, the stronger our collective power will be!

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Program Update: Webinars, Roundtable discussion on Latinas and Breast Cancer, Eli Lilly, and Milking Cancer | *by The BCAction Program Team*

Webinars

Last month, BCAction launched a new monthly webinar series designed to give our members opportunities to learn and share feedback about our current work. The first presentation, "The Politics of Breast Cancer," was a great success! In case you missed it, the entire webinar can be downloaded from our website at:

<http://bcaction.org/resources/webinars/>

On June 21 at 10:00 a.m. (PST) [1:00 p.m. (EST)], join us for "Patients Before Profits: What You Should Know About Breast Cancer, the FDA, and Big Pharma."

Visit the link to register:

<http://bit.ly/bca621webinar>

"Roundtable Discussion on Latinas and Breast Cancer"

In April 2011, BCAction organized the "Roundtable Discussion on Latinas and Breast Cancer" to reignite much needed conversations around health inequities in breast cancer. We are working to build relationships across organizational boundaries and open up a space to explore partnerships with organizations focused on serving Latinas affected by breast cancer. Intervention at the policy level is frequently inadequate because social discrimination is often part of the policy-making process. As part of our ongoing roundtable initiative, BCAction is strengthening relationships with stakeholders directly impacted by social inequities to build collective power to attain meaningful change.

Eli Lilly update

Eli Lilly makes a lot of money from cancer. In 2010, Gemzar (a chemo drug used to treat breast cancer) was Lilly's sixth-best-selling drug and made \$1.15 billion in sales, despite the pending loss of patent protection. Lilly attempted to "double patent" Gemzar, a process where by conferring of a new patent protects a method of using a compound already covered in another patent. The Federal Circuit Court of Appeals had previously ruled Lilly's '826 patent for Gemzar (gemcitabine HCl) invalid because it mirrored the '614 patent on the drug. The '826 patent — for Lilly's method-of-use — wasn't set to expire until 2013. The '614 patent—which covered the compound—expired in November 2010. On May 16, 2011, the U.S. Supreme Court refused to hear the dispute. Usually, when patents expire, brand name drugs are then eligible for generic labels which typically reduce their cost and the profit to their original manufacturers. Let's hope this means that patients who need Gemzar get it at a more reasonable cost.

Let's also hope that Lilly doesn't step up sales of their cancer-linked rBGH in "developing markets" in an effort to make up for lost Gemzar profits. Among the top 10 pharmaceutical companies in the key emerging markets of Brazil, China, Turkey, Mexico, and Korea, Eli Lilly has the greatest growth. In 2010 Lilly's increase in revenues in these markets was 13 percent. manufacturing it so this doesn't happen.



Lilly's increase in revenues and increased interest in "developing communities" gives us pause for thought: underdeveloped countries with "developing" markets are a likely target for rBGH once it's banned in the United States. We need them to stop manufacturing it so this doesn't happen.

Milking Cancer Needs You!

Last fall, we mobilized 6,732 people to sign our online petition to Eli Lilly leadership, demanding that they stop manufacturing rBGH for which we received extensive media coverage. When we took our message to Eli Lilly's hometown of Indianapolis through a billboard, billboard companies rejected our message, "Eli Lilly is making us sick. Tell them to stop." This made a splash in the media as well. So we asked our 8,375 Facebook fans to be the billboard for us and post our billboard image and message as their Facebook profile image with a link to our campaign.

Many of you have already done much to help us build the campaign so far, and there is still so much work to be done. We need to make lasting change. Eli Lilly must stop manufacturing rBGH. Join BCAction's Milking Cancer campaign. Work alongside other groups dedicated to environmental justice, healthy communities, food justice, and corporate accountability. If you regularly blog, post comments on Facebook and Twitter, and are concerned about these issues, we need you. Your collaboration is vital to building groundswell.

Find out what you can do. Organizations and individuals interested in working with us on the 2011 campaign should e-mail kirish@BCAction.org by July 1, 2011, with a subject heading: "Milking Cancer 2011." Check regularly at www.thinkbeforeyoupink.org for updates and other ways to take action.

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Gratitudes

Evan Deerfield: A true and much loved BCAction friend, thank you for many years of support and help with our retired website.

blocshop: Benjamin and Gabriel, for all your additional donated time and support with the new website, thank you.

Robert Gomez: Thank you for proofreading all the pages of the new BCAction website and this issue of The Source.

Brenda Salgado: Many thanks for all your support in developing and facilitating the Roundtable Discussion on Latinas and Breast Cancer.

Miriam Hidalgo: Deepest thanks for your ongoing tireless work for BCAction and your devoted commitment to creating and developing partnerships in Spanish-speaking communities to address health inequities around breast cancer.

First Exposures Youth Opportunities in Photography: Thank you for all the collaborative creative energy around our environmental education and outreach. We look forward to our continued work with you on this project.

Linda Thai: Our ongoing volunteer development assistant, thank you.

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Donations in Honor | BCAction gratefully acknowledges donations made in honor of the following individuals between December 16, 2010 and April 4, 2011.

All of You At BCAction
from C. Emma Linderman

All People Lost to Breast Cancer
from Hilla Elkind

Appreciation for Being Alive 11 Years
from Patricia Davies

Abigail Arons
from Elissa and Daniel Arons

Athey Grandchildren
from Coral J. Fry

Pauline Attard
from Barbara J. Attard

Linda Azer
from Nick Azer

Rosa Babara-Meeks
from Rochelle Galat and Bruce Jacobs

Jaqueline Banel
from Sandra and Ben Hamburg

Emily Barsamian
from Nicole Barsamian

BCAction Newsletter
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from Beverly Burns
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