



From the Executive Director: Honoring Breast Cancer Action's 25 Years of Activism

By Karuna Jaggur, Executive Director

Twenty-five years. It's the blink of an eye and it's a lifetime.

Twenty-five years ago, a handful of women living with breast cancer got together in a San Francisco Bay Area living room to talk about their disease. Their names were Elenore Pred. Susan Claymon. Belle Shayer. They put out a call and soon they were joined by Carol Kramer, Linda Reyes, and others.



These women were frustrated with the lack of information available about breast cancer and unapologetic about asking hard questions: Why didn't anyone care about prevention? Why were treatment options so limited and so toxic? Would their daughters and granddaughters get this devastating disease, too?

Our founders were angry, some would say militant, and they channeled their anger into action by creating Breast Cancer Action. Their goals were: "education and political action to prevent a further rise in the incidence of breast cancer."

For 25 years, Breast Cancer Action has been a trusted and independent voice for change in the breast cancer movement. Over the years, tens of thousands of people have joined our founders in demanding an end to the ineffective status quo in breast cancer. Those women included members across the country, our first full-time executive director Barbara Brenner, members of our all-volunteer Board of Directors, medical and scientific advisory board members, volunteers and interns. And each of YOU!

Together, we have called for accountability and transparency in breast cancer fundraising. We have stood up to Big Pharma and biotech companies, demanding more than hope and hype and insisting that new treatments approved by the Food and Drug Administration (FDA) work for women. We have put social justice front and center, and we have refused to leave the unacceptable inequities in the breast cancer epidemic in the shadows.

For 25 years, BCAction has been the watchdog for the breast cancer movement, working to put women's health first. We are able to serve this critical role because we have a strict corporate

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contributions policy and are free from conflicts of interest. Among the endless sea of lucrative breast cancer charities, corporate donors, and pharmaceutical-funded research agendas, the independent voice that defines Breast Cancer Action has never been more urgently needed, and our relevance as an activist watchdog organization is greater than ever.

In our work to change the status quo, we launched our award-winning Think Before You Pink® campaign in 2002 and coined the term “pinkwashing” which is now a household word. We were the only breast cancer organization that was a plaintiff in the Supreme Court case outlawing patents on the human BRCA genes in 2013. Since our founding, we have brought our trusted voice to the FDA to shift the balance of power from Big Pharma to patients. Our work has been featured in major outlets across the country, including The Daily Show, The Colbert Report, The Guardian, the Los Angeles Times, Jezebel, and NPR. From our inception, we have led the way advocating for the system-wide changes necessary to address and end the breast cancer epidemic.

A lot has happened since BCAction’s founding. Only one of our visionary founders is alive today, but we carry on their fearless legacy of challenging the status quo in breast cancer. With your support, we will make even more change over the next 25 years.

In the months ahead, I hope you will join us to mark this historic organizational milestone and unite with us around our vision to achieve health justice for all women at risk of and living with breast cancer. I invite you to:

- Join us on October 8th in San Francisco’s Julia Morgan Ballroom for our 25th Anniversary Dinner and Celebration as a guest or event sponsor.
- Attend one of the special events taking place across the country near you (check back because we’ll be adding events throughout the year).
- Host your own event (contact our Development Officer, Marie Bautista, at mbautista@bcaction.org).
- Follow us on Facebook and Twitter and spread the word to your network.
- Support BCAction through our “Don’t Pink for Me” campaign.

We have been able to achieve remarkable accomplishments over the past 25 years because of the support of our grassroots members—you and the people across the country like you. Thank you for joining us. Thank you for taking action. Thank you for donating to fund our work.

Thank you for being part of BCAction’s powerful grassroots movement for change!

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Report-Back from the 2014 San Antonio Breast Cancer Symposium

We attended the San Antonio Breast Cancer Symposium in December 2014 to bring a patient-focused voice to the proceedings, to challenge the status quo, report findings back to you, and to push researchers and clinicians to do better for women at risk of and living with breast cancer.

Below you'll find a summary of the most significant information from the conference as well as some of our reflections on the state of breast cancer research. If you have questions about the content, you can contact us with questions at info@bcaction.org or by calling us toll-free at 877-278-6722. Summaries are below; visit <http://bcaction.org/blog/> for full articles.



The Advocate's Abyss: Hope and Despair at SABCS 2014

Zoe Christopher, our Resource Liaison & Office Manager, writes about her second year at SABCS. "I didn't find the same glimmer of hope this December. Instead, I came away with a heavy heart. I'm deeply frustrated by how the industry is driven by and dominated by Big Pharma – and their profit margins. And I believe that as long as we keep dumping toxins into our environment, we will keep everyone involved with this infrastructure in business."

Immunotherapy and Breast Cancer

There was lots of buzz about immunotherapy going into the San Antonio Breast Cancer Symposium (SABCS) this year. Immunotherapy includes treatment to boost a patient's immune system to fight diseases such as cancer as well as therapy to train the immune system to attack cancer cells specifically. We know that the immune system is important in cancer and recently there have been some advances using immunotherapy in other cancers (melanoma, lung, pancreatic, etc.)

Is Supplemental Screening Beneficial for Women With Dense Breasts?

The challenge with the "dense breast bills" that are cropping up across the country is that there's no evidence-based action to take for those women who are notified of their breast density. In California, the breast density notification law advises women to "decide which

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options are right for you.” However, there is no evidence with which to make this decision. Should women undergo additional screening if they have dense breasts? What are the harms and benefits? Has any imaging tool been shown to benefit the health of women with dense breasts and do we know if supplemental screening saves women’s lives?

Comparing Chemotherapy Regimens for Node Negative Breast Cancer

This session reported on a prospective randomized trial that was trying to answer the question of whether women with node negative breast cancer can undergo a less onerous four cycle chemotherapy regimen of adriamycin and cyclophosphamide (AC) rather than the longer six cycles of 5-fluorouracil (5-FU), epirubicin, and cyclophosphamide (FEC).

What Have We Learned About Partial Breast Radiation Therapy?

Researchers presented data to help women and their doctors make decisions on using either whole breast irradiation or accelerated partial breast irradiation in the treatment of breast cancer. They discussed how to determine which patients are best suited for each therapy, the pros and cons of each treatment, and how to reduce toxicity without losing treatment efficacy.

Platinum-based Chemotherapy vs. Taxanes for Women with Triple Negative Breast Cancer

This study is the first to compare platinum-based chemotherapy with taxanes in women with metastatic breast cancer. As both of these drug classes are toxic, a study like this could be very helpful if the results could help direct therapy to reduce or minimize toxicity while still treating triple negative breast cancer (TNBC) effectively (in other words, could women take the less toxic of the two treatments and still get the same results?)

Impact of Low-Fat Diet on Breast Cancer Survival

The Women’s Intervention Nutrition Study (WINS) found that, on average, women who reduced their dietary fat intake through low-fat diets following an early-stage breast cancer diagnosis were not more likely to survive their breast cancer than women who did not modify their diet.

Paclitaxel and Pathological Complete Response

This session addressed the use of paclitaxel in two forms – the regular formulation (brand name Taxol) and protein bound (brand name Abraxane). This study illustrates how the use of surrogate markers such as pathological complete response (pCR) may reduce the actual clinical applicability of research findings.

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What Can Mice Tell Us About Me?

This study explored the use of patient-derived xenograft (PDX) models in mice as pre-clinical (or co-clinical) models of metastasis. With this experimental tool, researchers are able to take a piece of a tumor directly from a patient and establish unique models of the tumor in the mammary fat pads of mice.

The patterns of metastasis in the mouse models (i.e., the locations they spread to) closely resemble the sites of metastasis found in the original patients. Could the tumors that successfully engraft and spread in mice help identify the bona fide “bad guys” (or genes) driving the primary tumor’s ability to metastasize to specific organs?

Contralateral Prophylactic Mastectomy

This series of talks focused on the clinical implications of the rising trend of Contralateral Prophylactic Mastectomy (CPM). The data from 1998 – 2010 show a striking decrease in both unilateral mastectomy and breast conserving surgery with a related increase in bilateral mastectomy.

Ovarian Suppression and Tamoxifen for Hormone Positive Breast Cancers

The majority of breast cancers are hormone positive. These breast cancers are generally considered lower risk compared to aggressive subtypes like triple negative and HER2+ breast cancers. But the risk of recurrence never goes away with hormone positive cancers, which can recur many years (even decades) later. While just 5% of women with breast cancer are under age 40, these women tend to have more aggressive disease. The question for women and their doctors remains how much treatment is enough for ER+ breast cancer? What is the role of chemotherapy, ovarian suppression, Aromatase Inhibitors (AI’s) (in this case exemestane), and tamoxifen for women with hormone driven breast cancers? And are there particular groups of women, such as young women, who may benefit more from a specific treatment than others?

Chemoprevention: Still No Evidence That It Reduces Risk of Dying From Breast Cancer

Chemoprevention – attempting to reduce a healthy woman’s risk of breast cancer through pharmacological drugs – has been a contentious issue for many years. At SABCS 2014, researchers shared 20 year follow-up data from IBIS, expanding on the 10 year data that has already been published. The study randomized women to take tamoxifen vs. a placebo for five years. Half of these women were pre-menopausal and half were post-menopausal.

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Tumor Sequencing and Genomic Changes

Breast cancer is an incredibly complex disease, and each new category of breast cancer contains any number of sub-categories which repeat—something like astrophysicists' search for the smallest molecule. One of the General Sessions at SABCs 2014 focused on tumor sequencing and analyzing genomic changes in breast cancer tumors. The word of the morning was "heterogeneity," or lack of uniformity.

What Markers Can Help With Targeted Treatment?

Recent trials in HER2-positive breast cancer demonstrate increased pathological complete response (pCR) using dual HER2-targeting in the neoadjuvant setting. This study aimed to further quantify the pathological complete response (pCR) rates of weekly paclitaxel (T) and trastuzumab (H) alone or combined HER2-blockade of H with lapatinib (L), and to identify biomarkers of sensitivity to these HER2-targeted agents.

ICE Study – Ibandronate with or without Capecitabine in Elderly Patients

This trial aimed to determine the role of adjuvant chemotherapy with capecitabine in patients age 65 and older. Although about 50% of new diagnoses of early breast cancer are made in patients over 65, this group is underrepresented in clinical trials (in the past this group was excluded from trials). Without trials for this age group, it is unclear what effect (positive or negative) adjuvant therapy might offer these patients. Because elderly patients have a high incidence of bone issues (including osteoporosis, fractures and more) when using Aromatase Inhibitors, this study addresses a non-AI adjuvant chemotherapy.

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Why Fracking Is a Breast Cancer Issue

By Karuna Jaggar, Executive Director

This post was originally published at EcoWatch and is reprinted with permission.

Most people consider fracking a climate change issue. They are able to make the connection between a potent greenhouse gas like methane and its impact on warming the planet. But methane emission leaks at well sites are only one of the many concerns of the fracking boom. The toxic process also uses more than 700 chemicals, many linked to breast cancer. Fracking threatens the necessities of life, and just as this process drives climate change, it also increases our risk for breast cancer.

So what else does climate change have in common with breast cancer? Both are a growing threat that demands urgent action to prevent irreversible harm.



Breast cancer is a public health crisis. Each year, nearly a quarter of a million women are diagnosed with invasive breast cancer and 40,000 women die of the disease. Disturbingly, the chance a woman will be diagnosed with breast cancer at some point in her lifetime has risen over the last fifty years from 1-in-20 in the 1960s, to 1-in-8 today. And as the incidence of breast cancer has risen, so too has the incidence of other cancers such as liver, thyroid, brain and pancreatic cancers. Adding to the alarm, the incidence of childhood cancers associated with environmental factors is also rising.

Nearly five years ago, the President's Cancer Panel declared they were "particularly concerned to find that the true burden of environmentally induced cancer has been grossly underestimated [and] ... the American people—even before they are born—are bombarded continually with myriad combinations of these dangerous exposures." Yet, since this powerful declaration, our federal legislators have failed to act to protect public health.

In truth, we currently live in a toxic soup of chemicals. In the absence of a federally adopted, nationwide, state-enforced precautionary approach to health and environmental safety, how are we to protect ourselves and future generations from breast cancer? Our chemical regulations fail us and need to be strengthened in so many areas: from consumer products to industrial chemicals to medical products to food packaging, to name only a few. And one of the most important and growing pathways of exposure to cancer-linked chemicals that endangers our health and increases our risk of breast cancer is fracking.

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Fracking is an extreme form of energy extraction that involves mixing tens of thousands of gallons of chemicals with millions of gallons of water and pumping the mixture underground at extreme pressure to break up rock formations and release oil or natural gas. Despite the dangers inherent in fracking, the industry-friendly Energy Policy Act of 2005 exempts oil and gas industries from more than a dozen environmental regulations, including the federal Clean Water Act, Safe Drinking Water Act and Clean Air Act. What is widely called the Halliburton Loophole to the Safe Drinking Water Act (pushed by Vice President—and former Halliburton CEO—Dick Cheney) allows oil and gas drillers to inject known hazardous materials directly into or adjacent to underground water supplies.

Fracking is growing at a scale and pace that threatens the health of everyone in the U.S. In our highly interconnected world, it is not only the millions of families that live in communities affected by fracking whose health is on the line; we are all at risk of toxic exposures as water is pumped from fracked areas to cities, as fracking in agricultural regions contaminates food put on kitchen tables across the country, and as air carries contaminants in unpredictable and untraceable ways. Unlimited and poorly regulated fracking wells threaten the basic necessities of life: our food, water and air.

Across the U.S., millions of women and families are already at risk for exposure to these chemicals and the health harms that come with them. Tens of thousands of fracking wells have been drilled since 2000—placing more than 15 million people within a mile of a fracking well. And that number will only continue to grow steadily if the oil and gas industry has its way. Environment America calculates that there are 82,000 wells in 17 states that have been fracked since 2005. They further calculate that in just 14 states, 22,326 new fracking wells were drilled in 2012.

The oil and gas industry attempts to guard the specific combination of chemicals used in fracking under “trade secrets.” But environmental and health activists have been working hard to research and reveal just what, exactly, industry is pumping into the Earth and, by extension, our bodies.

In just the last two years, scientists and researchers published the available science on the environmental and health impacts of fracking, exposing the more than 700 chemicals—including carcinogens, neurotoxins, hormone disruptors, plastics, heavy metals and radioactive agents—that are commonly used in the process of drilling and fracking for oil and gas. Many of these chemicals are associated with breast cancer, as well as a variety of other health harms. Twenty-five percent of the chemicals used in fracking have been linked to cancer. More than a third disrupts the endocrine system. And up to 50 percent of fracking chemicals cause nervous, immune and cardiovascular system problems.

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Let's consider just one of those chemicals used in the fracking process: benzene, a known carcinogen that has been linked to male breast cancer through occupational exposure. Benzene has been found in the urine of workers exposed to fracking fluid despite the fact that as early as 1948, the American Petroleum Institute's own toxicological review stated that "it is generally considered that the only absolutely safe concentration for benzene is zero" and the U.S. Environmental Protection Agency has set a maximum contaminant level goal of zero for benzene in drinking water.

Many of the hazardous chemicals used in fracking are not biodegradable, which means that once pumped underground and released into the environment, fracking produces a toxic and radioactive legacy that threatens our health for years to come. There is no safe option for dealing with fracking wastewater. Fracked wells, as well as injection wells used to dispose of toxic wastewater, have already contaminated drinking water and threatened the safety of countless drinking water aquifers. In fall 2014, the Center for Biological Diversity revealed that the oil industry had illegally dumped almost three billion gallons wastewater into central California aquifers that supply drinking water and farming irrigation. And earlier this month the worst fracking wastewater spill in North Dakota since the boom began in the state, leaked 3 million gallons into the river.

While we may not know everything about the long-term health impacts of spills like these, we certainly know enough to take action on fracking. Last month the Governor of New York did just that, announcing a ban on fracking shortly after the release of a long-anticipated study of the health effects of fracking. The acting state health commissioner, Dr. Howard A. Zucker, presented the study at a cabinet meeting, saying there are "significant public health risks" from air pollution and water contamination associated with fracking. Dr. Zucker urged caution, saying he would not want his family to live in a community where fracking takes place: "We cannot afford to make a mistake. The potential risks are too great."

The reality is: fracking harms the climate and our bodies. We cannot separate one from the other. For women's health activists and environmental activists alike, the time to act is now. We must act together to protect the health of communities affected already and those whose health will be threatened in the future. We need to proactively protect public health before further harm occurs. Before the ban in New York, Environment America estimated there could be as many as 60,000 wells drilled! Today, thanks to the commitment, perseverance and bold action of thousands of activists, New Yorkers have faced down the powerful oil and gas industry. This year, Californians and other activists across the country are poised to do the same.

The organization that I lead, Breast Cancer Action, was founded 25 years ago by women living with—and dying from—breast cancer who wanted to end the complacency of scientists, government agencies and the general public in the face of an emerging epidemic. They cared about prevention and refused to sit idly by and watch as more and more women got sick.

Today, we carry on their fearless and truth-telling legacy.

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For all the women exposed to harmful chemicals because they live near a fracked well, we say: Don't frack with our health. For all the breast cancer patients who fear exposure to chemicals that affect their treatments, we say: Don't frack with our health. For all the families concerned about future generations' risk of breast cancer, we say: Don't frack with our health. And for all the women who have lived through a breast cancer diagnosis only to fear the health harms of fracking, we say: Don't frack with our health.

Meet Some of Our Community Leaders for Change

Our Community Leaders for Change program continues to grow and we're honored to introduce you to several more activists who have joined. For more information about the Community Leaders for Change program or to become a Community Leader, please contact Sahrú Keiser at 415-243-9301 x14 or skeiser@bcaction.org.



Bridget Hallock

Tell us a little bit about yourself.

I am a disease intervention specialist (DIS) for the New York State Department of Health. As a DIS, I work with individuals who test positive for chlamydia, gonorrhea, syphilis and HIV to ensure proper treatment, linkage to care, and to help clients refer their sex or needle sharing partners into medical care for testing and treatment. Prior to my work with the state, I worked in smoking cessation, as an advocate for battered women, and as a trainer and educator for lay and professional audiences on HIV and domestic violence.

I live in Amherst, NY, a suburb of Buffalo, with my two children, Margaret (10 years old) and Matthew (7 years old), and my partner Reed.

How did you first get involved with Breast Cancer Action?

I got involved with Breast Cancer Action after my friend Jeanette Koncikowski introduced me to the organization. Prior to BCAction, I was a member of the WNY Susan G. Komen Speaker's Bureau for three years. I facilitated the majority of speaker requests received by the local affiliate during that time. I enjoyed immensely the opportunity to tell my story, giving voice to the realities of breast cancer and treatment, and providing inspiration and hope to those touched by breast cancer. More than that, telling my story was immensely healing for me following my own cancer struggles and while my mom was dying of ovarian cancer. Unfortunately, I always felt something was missing from my presentations. I couldn't find my

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focus, couldn't put words to a feeling I had. I wanted to leave people in the audience with something tangible, something they could do for people affected by breast cancer. Additionally, increasingly I was finding myself conflicted about the overwhelming pink influx I felt coming at me in every direction. I was truly feeling "pink fatigue." I was feeling increasingly irritated that everyone affected by cancer has to be a "warrior," they have to "beat cancer," they have to "celebrate," they have to embrace all things pink. I was frustrated by the growing popularity of using pink ribbons in clever marketing, claiming to raise awareness, but I suspected unscrupulous businesses were earning profits on the backs of breast cancer survivors. Jeanette told me a little about the organization and I was instantly hooked. I knew with BCAction I could find my focus.

Why did you decide to join the Community Leaders for Change?

I enjoy grassroots activism and have spent the bulk of my career involved with various social justice campaigns. Community Leaders for Change seemed a natural fit for my skill set and desire to be part of finding a solution. Furthermore, I have become friends with hundreds of young breast cancer survivors through various social media outlets. Many of these young women are dealing with metastatic cancer. The constant undercurrent of pink positivity and forced warrior attitude seems to be dismissive and hurtful to women with metastases. These women tell stories of feeling isolated and excluded from the mainstream breast cancer movement. I am excited to be part of an organization that includes the needs of all people affected by breast cancer by providing a different, more honest, more inclusive message to the community.

What's your personal philosophy on what should be done to end the breast cancer epidemic?

I like the idea of holding corporations accountable for pollution and environmental toxins. Being a BRCA1 carrier, I know that my genetics make it a little easier for me to grow cancer, but without the outside exposure to toxins and pollution, perhaps I would be a previvor right now instead of a survivor?

What are your goals as a Community Leader and breast cancer advocate?

Jeanette and I are excited to spread the word about BCAction throughout WNY. We will be calling on some of our contacts to invite us to their organizations so that we can discuss BCAction as well as find out and support the needs of folks in our area. To that end, I have been invited to speak to clients of a local provider working with the transgender community. I am so excited to not only give information but also learn from the community about what it is that we, BCAction, can do to assist this marginalized community.

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What would you tell someone who is thinking about joining the Community Leaders for Change?

If you are tired of the trite “raise awareness” messages being promulgated all over the country, then join BCAction and become a Community Leader for Change. We are providing information on the true realities of breast cancer and looking for concrete solutions to end the epidemic so that we can make real change towards the ultimate goal of fewer incidences and less morbidity.



Kyrra Engle

Tell us a little bit about yourself.

I have been a passionate advocate of human rights since the first grade, when I insisted that girls as well as boys be allowed to play flag football during recess. After graduating from the University of Redlands, I spent four years working in advocacy and development with different community organizations in Australia, West Africa, and the United States. Since returning to California almost two years ago, I have had the opportunity to gain on-the-ground experience as a health educator and medical assistant at Planned Parenthood. In this position, I have been inspired by the potential of evidence-based medical information to empower individuals to take action and engage their right to health.

How did you first get involved with Breast Cancer Action?

I first heard about Breast Cancer Action while taking a class on the biology of human cancer at University of California Berkeley Extension. During the class, I was shocked to learn for the first time that over half of the women diagnosed with breast cancer in the United States have no known risk factors and that there is increasing scientific evidence of the role of involuntary environmental exposures. However, I was even more amazed to learn about how little major health organizations were doing to improve prevention and address systemic inequalities related to breast cancer.

Why did you decide to join the Community Leaders for Change?

I decided to join the Community Leaders for Change because I want to connect my community to information on the systemic issues that are the root cause of the breast cancer epidemic and counter the current focus on individual risk and mammography screening. Additionally, I feel more young women should participate in Breast Cancer Action as future stakeholders of this epidemic.

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What's your personal philosophy on what should be done to end the breast cancer epidemic?

I believe working to prevent breast cancer before it starts is equally, if not more important, than working to find a cure. This will require not only looking at the many factors that contribute to the causes of breast cancer, but also making systemic changes in the way we travel, farm, generate energy, make things, regulate industries, and allow corporations to do business.

What are your goals as a Community Leader and breast cancer advocate?

My goal as a Community Leader is to build informed support in my community for broader public health interventions to end the breast cancer epidemic and inspire women from underserved populations and women in their 20's and 30's to take action.

What would you tell someone who is thinking about joining the Community Leaders for Change?

While cancer can seem simply impossible to rein in and stop, we know this is not true. However, only by taking action together can we make substantial changes and progress towards a solution.

March for Real Climate Leadership

In February, we attended the March for Real Climate Leadership in Oakland, CA. It was an honor to join the beautiful, diverse, committed crowd of 8,000 people who oppose fracking and who are willing to stand up for the health of humans and the planet we live on. The message to Governor Jerry Brown was loud & clear: we want a ban on fracking NOW.

Our Program Manager, Sahru Keiser, delivered the following message at the press conference before the march kicked off.

Governor Brown, fracking is bad for our climate and it's bad for our health. New York and Vermont have both banned fracking. Now, Scotland and Wales have taken steps to block this toxic practice. It's time for California to step up and be a leader. The



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science is clear.

One of the most important and growing pathways of exposure to cancer-linked chemicals that endangers our health and increases our risk of breast cancer is fracking.

Thanks to the compendium released by Concerned Health Professionals of New York, the human health impacts of fracking are clearly devastating.

More than 700 chemicals are used in fracking: carcinogens, plastics, neurotoxins, hormone disruptors, heavy metals and radioactive agents. And 25% of these chemicals are linked to cancer, including breast cancer specifically.

More than 15 million people live within a mile of a fracking well drilled since 2000. And we know that 50% of wells leak after 15 years. These toxins contaminate our basic necessities of life: our food, water and air.

Fracking produces a toxic and radioactive legacy that threatens our health for years to come. Breast Cancer Action was founded 25 years ago by women who demanded more attention be paid to breast cancer prevention.

We must stop this toxic process because our lives and the lives of future generations may depend on it. Governor Brown, we're calling on you to follow the science and stop fracking with our health!

Welcome to New Staff Member Alyssa Figueroa

We are very happy to introduce you to Alyssa Figueroa, our newest staff member here at Breast Cancer Action.

I am thrilled to join the wonderful team at Breast Cancer Action as the Campaigns Coordinator. With so many people devoting their time and energy to the breast cancer epidemic, I am excited to shift the public's focus



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from raising awareness about a disease that we are all aware of to actually doing work to bring sweeping, system-wide changes like eliminating the root causes of breast cancer. I'm ready to work on bringing people together to challenge the profit-driven, environmentally destructive systems that are unjustly destroying our health, our communities, and taking too many lives.

I've been working with social justice organizations in various capacities since my days at Ithaca College, where I studied politics and journalism. There, I helped lead a successful campaign to win the dining service workers a living wage. I went on to work with Prometheus Radio Project, Democracy Now, and, most recently, Causa Justa::Just Cause on campaign work, organizing and outreach. I have also been a journalist for several years and am the former manager of the Activism section at AlterNet, a progressive, national news site.

I am eager to use my experience analyzing issues through a social justice lens to further build a grassroots movement that is committed to health justice, ending pinkwashing, and calls for real action that puts people before profit.

Thank You! 3rd Annual "Acting Out – For the Health of It"

By Marie Bautista, Development Officer

Thank you to everyone who attended and supported our 3rd annual Acting Out for the Health of It variety show and fundraiser on March 3, 2015 at Brava Theater Center in San Francisco, CA. Nearly 150 BCAction community members and supporters joined us for an entertaining and thought-provoking evening. With your support, we raised over \$20,000. Thank you so much for your generous support.



A huge thank you to the amazing performers who donated their time and talent: **SoulForce Dance Company**, **Ann Kim and Laurie Hessen Pomeranz (BAYS)**, **Dhaya Lakkshminarayanan**, and **Date Nite**. Guests were inspired and touched, they laughed uncontrollably, and were dancing in their seats thanks to your fabulous performances. Thanks to our brilliant emcee, **Tania Katan**, for guiding us through the evening's program and tying it all together with sass

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and hilarity. And many thanks to **Gringa** for sharing their Samba-Rock music at the VIP reception.

And a very special thank you to our amazing Board of Directors member, **Julie Morgan** for hosting the event. Julie, it was a pleasure working with you and supporting you around all the details of the evening. Your great ideas, tenacity and large and loving community are all quite inspiring. This year has been the most successful Acting Out – For the Health of It yet, and it was because of the energy and dedication you put into it from beginning to end.



Lastly, but certainly not least, thank you so much to our generous event sponsors, in-kind silent auction and food donors, and volunteers – your support truly made the event a success.

We look forward to seeing you next year!

Special thank you to our event sponsors:

**NEYHART, ANDERSON,
FLYNN & GROSBOLL**

SMITHGROUPJJR

Lee Ann Slinkard and Maria Morris

Thank you to our in-kind donors:



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Invitation and Graphic Design: Sheila Kitts

Photography: Laura Turbow of ForLuli Photography

Event Volunteers

Kirstin Arnold
Maron Demissie
Claire Gaudreau
Cat Murphy
Kristen Taylor
Qing York Williams
Ryan (waiting for last name)

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Slow Club
Utopia Dry Goods
Waterbar
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Yoga Tree – Portrero
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Welcome to New Board Member Laura Hamasaka

Our all-volunteer Board of Directors is a remarkable group of people who set the vision for BCAction and lead the organization by determining organizational policy, assuring the organization's financial security, and representing BCAction's views to the world at large. In September 2014, we welcomed Laura Hamasaka to our Board of Directors and are excited to introduce you to her. For information about our Board of Directors, visit:

<http://www.bcaction.org/about/board-of-directors/>

I've been working in public health for many years in a variety of capacities and am currently the Vice President for Community and Youth Engagement at Legacy, the largest national public health organization dedicated to keeping youth from smoking and providing measures to smokers who want to quit.

In my past work, I was involved in environmental justice work, so BCAction's focus on toxic exposures linked to breast cancer really resonates with me – for example, BCAction's work on fracking, a process which relies heavily on cancer-linked toxins. I appreciate that BCAction addresses issues of toxic exposures from a systemic perspective, rather than blaming individuals.



I also appreciate that BCAction calls out corporations and organizations that claim they care about addressing breast cancer but is ultimately more about their image and bottom line than women's health.

What brought me to Breast Cancer Action is my commitment to social justice and my passion to help build capacity in communities impacted by failures in systems that ultimately prevent people from achieving their highest health potential. Breast cancer is a public health issue; we can't put the blame and responsibility on individual women and tell them "you need to do this, you need to do that." We need to be asking, what are the broader system-wide issues that society needs to address and support?

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Special Thanks: Spring 2015

We could not do this work without the support of so many members and volunteers. A huge thank you to:



- **Lori Baralt**, Assistant Professor Department of Women's, Gender & Sexuality Studies at California State University, Long Beach and BCAction Bboard member and **AnneMarie Ciccarella**, BCAction member, patient advocate and blogger at CHEMOBRAIN...In the Fog for their outstanding presentations on our December webinar, "Please, Stop Staring At My Breasts!" The Sexualization of Breast Cancer
- **Heather Buren**, Lieutenant and Paramedic in the San Francisco Fire Department and United Fire Service Women (UFSW) President; **Connie Engel**, Science & Education Manager at the Breast Cancer Fund and; **Rachel Morello-Frosh**, Professor, UC Berkeley School of Public Health and Department of Environmental Science, Policy and Management, and Principal Investigator on the Women's Firefighters Biomonitoring Collaborative Study for their informative and engaging presentations on our February webinar, Female Firefighters and Breast Cancer Risk
- **Michelle Garcia**, Community Leader, for representing BCAction at the 14th Annual Allison Taylor Holbrooks/Barbara Jo Johnson Breast Cancer Conference on March 7, 2015
- **Marie Garlock**, Community Leader, for volunteering to representing BCAction at the 36th Annual Minority Health Conference which unfortunately was cancelled due to bad weather.
- **Franchesca Hernandez**, for her help with mailing "Cancer Sucks" buttons to our members.
- **Alan Kleinschmidt** and the **SF Choral Society** for complimentary tickets for our Board of Directors, staff and volunteers to their amazing performances.
- **Sara Brandon**, for her continued administrative support.
- **Sheila Kitts**, for continuing to do beautiful pro bono graphic design work for us while remaining patient and cheerful amid our flurry of requests for assistance.
- **Sarah Rocklin** for her ongoing support in the development department.

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Donations in Honor and Memory: Spring 2015

Every day, Breast Cancer Action receives gifts honoring those who are living with or affected by breast cancer. We also receive contributions to honor the passionate advocates, volunteers, medical professionals and leaders of the breast cancer movement.

Many donations also memorialize those who have died of this disease. Each gift made in honor and memory will be used wisely by Breast Cancer Action to end the breast cancer epidemic.

DONATIONS IN HONOR

BCAction gratefully acknowledges donations made in honor of the following individuals between November 13, 2014 – March 20, 2015.

Alison
from Jeff Braverman

Linda Azer
from Nick Azer

Norma Allen
from Barry English

BCAction and the great job you all do!
from Alison and Phil Braverman

Abigail Arons
from Anonymous (2)
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from Yvette and John Dubinsky
from Joy Riskin

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Candace English
from Barry English

Breast friends for life
from Florie and Joseph Adiutori

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from Elizabeth & John Carlson
Mara Carman
from Richard Carman

Every woman
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Caitlin Carmody
from Elizabeth Mann

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from Dina Fico

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from Katie Lyons

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from Judith Norsigian

Leah Kaizer
from David Salk

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from Pat and Randy DeMuri

Tania Katan
from Angela Ellsworth

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from Harvey Holden

Therese Kiely
from Catherine Kiely

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from Allyson Johnson

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from Connie and David Turbiville

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Gartrell
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Lena Markley
from Nicole Barsamian

Renetia Martin
from Joseph F. Massey

Mel
from David Kahne

Hilde Meislin
from Barbara J. Meislin and Stuart Kaplan

Metastatic patients
from Susie Brain

Eliza Minsch
from Susan Horn

Lisa Monti
from Diane Beeson

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from Sarah Roggero

Julie Morgan
from Kelly and Phillip Clarke
from Christopher Gantz
from Lisa Hartmeyer

Julie K. Lamb
from Mike and Jen Miller
from Jo Ann Morgan

Lori Morton
from Robert Morton

Monika Moysich
from Kirsten Moysich

My daughter whom at 30 was diagnosed
with triple negative breast cancer, Jenna
Hasenkampf
from Susan Pelletier

My family and all the women in the world
from Duc Hieu Tran

Leoma Negley
from Andrea Mayer

Annie Neustadter
from Linda Blachman

Diane Olds
from Julia Ratti and James P. Cavanaugh

Emily Oppenheimer
from Janet Warren

Shobitha Parthasarathy
from Rama Iyengar

Annette Pittari
from Susan Rancourt

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from Madeline Kokes

Kavita Rajanna
from Adam Horowitz

Sophie Rathman
from Madeline Kokes

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from Claudine Wallace

Cris Robles
from Karen Ward

Catherine Romanos
from D. Romanos

Dianne Romanos
from Catherine Romanos

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Ellen Schwerin
from Lee Sider
from Michelle Pearl

Carlene Thompson
from Jeff Thompson

Elana Silver
from Brenda Eskenazi
from Rhoda Sepowitz
from May LynnTan and Charles Morganson

Too many friends and relatives and myself
from Jessea Greenman and Darlene
Ceremello

Sisters
from Karen Marble-Hall

Josephine Tsark
from JoAnn Tsark

Lee Ann Slinkard
from Charlotte Lagarde

Valerie
from Sarah Andropoulos

Eve Vogel
from Giena and Steve Vogel

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Cindy Ward
from Douglas Braak

The wonderful BCA staff
from Adrienne Torf

Tracy Weitz
from Leonie Walker and Kate O'Hanlan

Nancy Wood
from Lesley Mann

Tracy Weitz and Marj Plumb
from Betsy S. Aubrey and Steve
Lichtenberg

Rochelle Wunch's continued good health!
from Barbara Wunsch

Kate Whittaker
from Sarah Douglas

Those who pushed for Herceptin
development
from Erica Goode, MD

The women we love who we fight for
everyday
from Jeanne Scandura

In honor and memory of the many persons
living and passed with breast cancer and
the person who love care and fight for
them – and an end to this epidemic
from Linda L. Gustafson

DONATIONS IN MEMORY

**BCAction gratefully acknowledges donations made in memory of the following individuals
between November 13, 2014 – March 20, 2015.**

Carol Alexander
from Katherine and Michael Mattes

Joyce Ambrosini
from Margaret G. Langston

All the women I know who have died
from Barbara Parrott

Ruth Anderson Brown
from Laurine Brown

Katie Allen
from Stuart Kandell

Rita Arditti
from Gilda Bruckman
from Doris Reisig

Sara V. Allison
from Margaret G. Langston

from Barbara Rubin
from Estelle Disch

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from Elissa Arons

Thia Ashonoah
from Ruth Freedman

Billie Gardner Loulan
from Gardner Loulan
from Tracy Sherman
from Susie and John Loulan

Thia Ashonoah
from Ruth Freedman

Pearl Barnett
from Harvey Barnett

Krista Brandt Calegari
from Donna Hiraga-Stephens

Laurie Becklund
from Linda Hunt

Phyllis Blaney
from Ferol Blaney

Barbara Brenner
from Shelley Alpern and Clean Yield
from Marla Bergman
from Joan E. Biren
from Mark Brenner
from Beth A. Chapman
from Penelope Cooper and Rena
Rosenwasser
from Nancy Daniels
from Nancy L. Davis and Donna Hitchens

from Estelle Disch
from Dorothy Ehrlich
from Brenda Eskenazi
from Susan J. Ferguson
from Estelle Freedman and Susan Krieger
from Andi Gladstone
from Glikman Associates, K. Glikman, M.C.
Duboscq & J. Della
from Jill and Richard Granick
from Irma D. Herrera & Mark D. Levine
from Ellen Hickey
from M. Anne Jennings
from Gudrun Kemper
from Terry Kraus
from Susie Lampert
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from Deborah Osmond
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from Alice Price-Styles
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from Gail & David Salk
from Gail & Steven Shak
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from Janet and Jerome Sobieraj
from Janet Sommer
from Katherine Stoner and Michelle A.
Welsh
from Kyra Subbotin and Henry Siegel

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from Laurie J. Woodard
from Carol Yaggy & Mary Twomey
from Jane Sprague Zones & Stacey Zones

Constance Breza
from Teri Mae Rutledge

Linda Brogan
from Donna Brogan

Mary Buren
from Ellen Neff

Loretta Byrd
from Liisa Lyon

Wilhelmina Caldwell (mother)
from Mildred Swafford

Blanch Carruth
from Corinne Wick

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from Sharen and Gregory Shiffer

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from Sallie Jones

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from Carole Leita

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from Sheila Namir

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from Eileen Goldman and Robert Gabriner

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Claire Englander
from Nikki Nahmens Gage

Sally Erwin
from Michelle Mehta

Debra Escobido Pierson
from Nikki Nahmens Gage

Carolyn Fain
from Annika Fain

Family and friends
from Kirsten Commons

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Sarah Fenner
from Sandra Rosenblum

Rose Goldberg
from Lesley Goldberg

Barb Fetterolf
from Linda Mullin

Annie Goldsmith Barr
from Amy Robertson

The fighters we have lost
from Jeanne Scandura

Betty L. Goldstein
from Lori Polacek

Pat Folan
from Barbara and Alan Krause

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from Christina Accomando

Mimi Gray
from Victoria Gray

Deena Glass
from Marty Sochet

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from Eve Vogel

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from Dora C. Weaver

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My mother
from Ronnie Sandler

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from Nathan P. Thomas, Sr.

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