



KEEPING ABREAST

Working to find the causes and stop the epidemic

MarinBreastCancerWatch

25 Bellam Boulevard, Suite 260, San Rafael, CA 94901

(415) 256-9011

Spring 2001

Bill To Provide Breast Cancer Treatment For Low-Income Women

California State Senator Jackie Speier has introduced legislation (SB 224) to help ensure that more women diagnosed with breast cancer are given the treatment that they deserve. While the state of California will pay for low-income women to get screened for breast cancer, the program to cover treatments after diagnosis is limited. Speier's bill would provide a wider range of care to a larger group of people. The bill is set for its first committee hearing on March 21st. Letters are needed from all of us to show it's broad base of support.

Contact Senator Speier's office at 916/445-0503 in Sacramento and 415/557-7857 in San Francisco. Her email address is: Senator.Speier@sen.ca.gov.

Honor Thy Healer

Mark Your Calendar:

Honor Thy Healer 2001
Saturday evening, June 9
Fireman's Fund, Novato, CA

Celebrate With Friends

Marin Breast Cancer Watch will host this magical gala at the Fireman's Fund in Novato. The evening will feature the presentation of awards to healers. In addition there will be a silent and a live auction, music and entertainment, celebrity guests, and a delicious, gourmet dinner.

Volunteers Wanted

Volunteers are needed to procure live and silent auction items, to help with computer data entry and for numerous jobs on the day and evening of the event. Call 415/256-9011 to offer your support.

Anna Halprin To Receive Lifetime Achievement Award at 2nd Honor Thy Healer Celebration



Marin Breast Cancer Watch is delighted to announce that Anna Halprin, the phenomenal dance healer and Kentfield resident, will be awarded a Lifetime Achievement Award at the 2nd annual Honor Thy Healer celebration on June 9, 2001 at Fireman's Fund, Novato.

Halprin's own diagnosis of cancer came in 1972 and with it a shift in her work, from concert performances to the healing arts, then an almost unheard of art form. Halprin, a firm believer that everyone has the natural gift to dance, has encouraged thousands of cancer patients to expose their fears, frustrations and undying spirit through dance. Speaking of her workshops at the Cancer Support and Education Center in Menlo Park, Halprin explains: "Turning to dance as a healing art had helped me and healed me, and taught me some of the greatest lessons of my life. I remembered my own struggle with cancer and was happy to have a chance to share what I learned with people experiencing the same illness."

The Honor Thy Healer Lifetime Achievement Award will not be the first formal recognition of Halprin's contribution to dance, healing and community building. In 1996 the American Dance Festival honored her with a Distinguished Teaching Award noting her "concern for humanity and the fragility of the human condition." This concern permeates Halprin's work whether she's leading a community dance on Mt. Tamalpais or leaving audiences spellbound at Fort Mason.

Halprin is the author of *Movement Ritual and Circle the Earth*; her collected writings appear together in *Moving Toward Life, Five Decades of Transformative Dance*, edited by Rachel Kaplan (Wesleyan University Press, 1995). Tampla Institute, which Halprin founded in 1978 with her daughter Daria, published *Dance as a Healing Art: A Teacher's Guide and Support Manual for People with Cancer*.



FROM THE EXECUTIVE DIRECTOR AND FOUNDER

An Unwanted Diagnosis

Francine Levien

So now I have been diagnosed with metastatic breast cancer of the liver, lungs and bones! This is considered a terminal disease. Terminal, according to a few definitions in Webster means: 1) growing at the end of a branch or stem (bud) or 2) occurring at or contributing to the end of life (cancer). Of course I prefer the first definition, but the second is more descriptive of my situation.

What do I do with this information? I'm looking into a variety of cutting-edge procedures, both mainstream western medicine and alternative/complementary medicine. I'm presently working with an oncologist at Kaiser, practitioners at Pine Street Clinic, as well as continuing with my Tibetan herbs. There's a lot out there...so much that I understand the inclination to just let the doctor decide what's best. But that has never been my way. I've always challenged authority—sometimes to my detriment—sometimes not. That's just who I am.

If I had gone with the accepted opinion five years ago—that breast cancer was essentially genetic—Marin Breast Cancer Watch would never have been founded. But I didn't, and today we have an organization that is educating our community and involved in important environmental and cancer research. We have a Board of Directors at MBCW that is composed of women so devoted to finding the cause of this epidemic you would think they have nothing else to do with their lives. Add to this our staff of brilliant, young women and all of our dedicated volunteers, and you have a recipe for an organization that is committed to the long haul of finding answers to this devastating disease.

Metastasis is a humbling experience for me. It links me even more forcibly to the mass of suffering humanity. It has put me in

touch with my mortality, making every minute an enlightening experience. None of this would have been possible without the guidance of Spirit Rock Meditation Center and my teacher, Jack Kornfield. Without my cancer diagnosis six years ago I might never have gone seeking the solace of the Spirit Rock community—a prospect I can barely imagine today.

The love and support from friends, family and acquaintances have been beyond my wildest dreams. Many people insist cancer is a gift. How sad it is that I needed to become so sick in order to appreciate the extent of caring available in my community. I have been literally overwhelmed by the outpouring of love and concern. Many thanks to all of you.

For me, the probability of dying much earlier than I expected means not seeing my adorable six-year-old granddaughter, Sierra, grow up. It means I won't be around while my wonderful step-granddaughters finish their education, perhaps marry and go into the world as accomplished women. My children, Emilie and Matthew, are responsible grown-ups. I'd love to be able to watch as they go through their changes, but parents dying before their progeny is preferable to the other way around. Unfortunately, the latter is becoming too prevalent as younger and younger women become victims of breast cancer and other cancers.

I have not the slightest question that Marin Breast Cancer Watch will continue on with our mission, with or without me. As for now, I'm still here, working every day, committed to agitating and advocating for the end of the breast cancer epidemic.

WARNING: FDA APPROVAL MAY BE HAZARDOUS TO YOUR HEALTH

Lauren John

It's been a year since the May 2000 Food and Drug Administration approved two brands of saline breast implants made by Santa Barbara companies for breast reconstruction and cosmetic enhancement—and business is booming at Mentor Corporation and Inamed, the two Santa Barbara-based makers of the implants.

While both companies issued press releases trumpeting the FDA approval of their implants' safety and effectiveness—the FDA itself sent consumers a mixed message.

In an announcement missed by many women now choosing implants for breast reconstruction, the FDA said that although the implants were safe for most people, clinical trials completed at the agency's request showed that anywhere from 13 percent of cosmetic-surgery patients to 40 percent of breast cancer patients were likely to need repeat surgeries one to three years later. (1)

What's more, the FDA warned that many women who got saline implants could face complications including implant rupture, tissue damage, unnatural hardening of the breast, loss of sensation in the breast and infection. (2)

The FDA's cover-your-ass attitude angered many women health activists including Diana Zuckerman—director of the non-profit advocacy group—the National Center for Policy Research for Women and Families. "These days the FDA appears to be falling into the role of consumer adviser rather than consumer protector," she says.

Zuckerman explains that saline implants are classified as medical devices. This means that the implants are reviewed separately from the drug products that the agency reviews. The FDA was given the responsibility for regulating medical devices such as breast implants, heart valves, and x-ray machines under a law called the Medical Device Amendments of 1976. This law required manufacturers of new medical devices to show that the devices are safe, effective and properly marketed before market approval.

But saline implant products have been on the market since the 1960s. Thus, until this May, they were sold without any government approval at all.

This comes as a surprise to many women who received implants in years past.

"I had no idea that the FDA hadn't approved my implant...and I was not informed of all the drawbacks such as loss of sensation in the breast and rippling," said breast cancer survivor Josephine Anne Muller, 52, of Orinda, California. "With all that I had to contend with when I chose to have reconstructive surgery a few years ago, I didn't ask all the questions I would ask today. Somehow I assumed that if my plastic surgeon was using the implants—they must be safe and approved." (3)

Even now, under FDA watch, women may not be getting a clear picture of implant risks.

For example, while the FDA requires implant makers to issue consumer warnings on their package inserts, these inserts are in a sealed box that is opened by the plastic surgeon at the time of surgery. This leaves it up to the plastic surgeon to decide what they will or won't tell patients.

In its role as consumer advisor, the FDA has posted warnings on its Web site (<http://www.fda.gov/cdrh/breastimplants/indexbip.PDF>) and has also required Mentor and McGahn to post warnings on their own Web sites. But, not everyone, for example, who sees a plastic surgeon after they have had a mastectomy is going to be aware that the information is there—or have the time to seek it out.

What's more, many women may feel that there's no need to look further—given the halo of FDA approval. Unfortunately, in this case, the halo is tarnished.

References:

1. HHS News U.S. Department of Health and Human Services press release May 10, 2000 (POO-11) *Two Firms Get FDA Approval to Continue Marketing Saline-Filled Breast Implants.*
2. See: FDA Consumer Magazine July/August 2000 titled *Saline Breast Implants Stay on Market as Experts Warn About Risk.* Author is Linda Bren. Web site is: http://www.fda.gov/fdac/features/2000/400_implant.html
3. Jo Muller's phone number is 925/254-7576 She is in Orinda, California

Lauren John is a free lance medical and science writer.

RESEARCH DEVELOPMENTS

Janice Barlow

Premature Breast Development Associated with High Levels of Phthalate Esters.

There is growing concern among scientists and parents that secondary signs of sexual development in girls are appearing at ever younger ages. A 1997 study of 17,077 girls reported in *Pediatrics* noted that significant numbers of white girls—some 15%—were showing outward signs (breast buds and pubic hair) by age 8, and about 5% as early as age 7. For African Americans, 15% were developing breast or pubic hair by 7, and almost half by age 8. The average age of first menstruation was 12.8 years for Caucasians and about 6 months earlier for African Americans (1). Exactly why girls are growing up faster is not well understood; however, premature breast development in some girls is associated with an earlier age at menarche which is of concern because women who report an earlier age at menarche are known to be at higher risk of breast cancer compared to women with delayed menarche (2, 3).

A recent study on young Puerto Rican girls suggests a possible association between phthalate esters (plasticizers) with known estrogenic and antiandrogenic activity and premature breast development (currently defined as the persistence of breast buds in infants over six months of age or development before the age of eight). The incidence of premature breast development in Puerto Rico, according to the authors, is the highest ever recorded. Between 1969 and 1998, 4,674 premature breast development cases were reported. In comparison to a similar study conducted in Minnesota, the incidence of premature breast development is 18.5 times higher in Puerto Rico. A genetic predisposition is considered unlikely because similar studies among Puerto Rican girls in Philadelphia, Pa., have not revealed a similar pattern of early breast development, and other ethnic groups living in Puerto Rico have reportedly been affected by the condition.

This study was designed to identify pollutants in the serum of Puerto Rican girls with premature breast development (thelarche). The researchers analyzed 41 serum samples from thelarche patients and 35 control samples. No pesticides or their metabolic residues were detected in either group; however, significantly higher level of phthalate esters (DEP, DBP and DEHP) were identified in 28 (68%) in blood serum samples of thelarche patients. In comparison, only one of the control group showed significant levels of phthalates.

Important sources of phthalate exposures for children include ingestion of formulas, food and water from contact with plastic wrapping and containers and mouthing of plastic toys and pacifiers. "The higher exposure to phthalate esters in the Puerto Rico infant population" the article says, "is supported by the high importation of plastic packaged foods." The researchers conclude that if other studies confirm their results, "premature sexual development in Puerto Rico may prove to be an unfortunate example of the impact of endocrine-disrupting environmental chemicals at a critical stage of human development".

References:

1. *Pediatrics* 199; 99:505-512
2. *Epidemiology Review* 1993; 15: 36-47
3. *Journal of National Cancer Institute* 1971; 47: 935-940
4. *Environmental Health Perspectives* 2000; 108: 895-900

Chemicals in Personal Care Products and Breast Cancer Risk.

Researchers at the Silent Spring Institute have released the results of a study which reviewed advertisements for women's personal care products from 1950 through 1994. They found that many of the personal care products advertised to both white and African American women contained synthetic chemicals that may affect a women's risk of breast cancer or other diseases.

According to the study's principal investigator, Dr. Nancy Maxwell, "At the heart of Silent Spring's inquiry is the fact that breast cancer risk is related to lifetime exposure to estrogen. Research over the past 10 years has revealed many compounds in everyday products can weakly mimic hormones, including estrogen, or can block the action of natural hormones. Such compounds, known as endocrine disruptors, may affect breast cancer risk"(1).

The study reviewed 8,000 advertisements for a wide range of personal care products; including hair, scalp, nail care products, skin bleaching creams, antibacterial deodorants, and vaginal spermicides. Hair care products and a number of skin care products, mostly facial moisturizers and foundations, were advertised as containing either hormones or placenta. Other ingredients of personal care products, for example antibacterial

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hexachlorophene in deodorant products, ammoniated mercury in skin bleaching creams, and nonoxynol-9 in vaginal spermicides, were also explicitly advertised for their effectiveness. A few of these chemicals have been taken off the market, and some remain on the market today.

The difference in advertising across magazines (*Mademoiselle*, *Ladies' Home Journal* and *Essence/Ebony*) suggests that women with different backgrounds, ages and ethnicities have different habits of product use. This information may contribute to the study of demographic patterns in women's health. More importantly, this study "reminds us that we have sometimes been slow to appreciate the limits of our knowledge of health risks from familiar products" (2).

Copies of the study are available at the Silent Spring Institute website: www.silent.spring.org

References:

1. *Women's Health Weekly*, 11/16/2000, pg. 5-7.
2. *Silent Spring Institute*, 11/1/2000, pg 1-13

Adolescent Exposures may influence Breast Cancer Risk

Recent research indicates that early adolescent exposure to cigarette smoking and ionizing radiation used to treat or monitor a medical condition may influence future breast cancer risk.

Using data from the Carolina Breast Cancer Study, investigators explored the possibility that four adolescent exposures—cigarette smoking, alcohol beverage consumption, environmental tobacco smoke (ETS) and ionizing radiation exposure used to treat or monitor a medical condition increase breast cancer risk in adult women.

Key findings reported in this study are:

- In comparison to women who never smoked, a "modest increase" in breast cancer risk was observed for women who began to smoke cigarettes between the ages of 10 and 14 (the odds ratio was reported to be 1.5, (CI 0.9-2.5) meaning that women who began smoking between the ages of 10 and 14 were almost one and a half times more likely to develop breast cancer).
- Women exposed to ionizing radiation between the ages 10 and 19 to treat or monitor a medical condition were found to be at "modestly elevated risk" (odds ratio of 1.6, CI 0.5-2.5) when compared with women never exposed.
- Neither exposure to ETS nor initiation of alcoholic beverage consumption were found in this study to increase risk.

After acknowledging the methodological challenges involved in adolescent exposure studies, the researchers concluded "our

results and those of other studies seem to suggest a harmful effect on breast cancer risk of smoking very early in adolescence."

Reference: *Cancer Causes and Control* 2000;11:271-278.

Community Input Wanted

In keeping with its long tradition of responding to community interests and concerns, MBCW would appreciate your insight and your input into our efforts to keep you informed about the latest breast cancer research. Send your comments and suggestions to Editor Edare Carroll at ecarroll@sfms.org or Research Developments Writer Janice Barlow at SIBARLOW@aol.com.

Oh My Goddess!



The March 3rd MBCW fundraiser, Oh My Goddess, was a great success with over 98 in attendance and more than \$3,200 raised for breast cancer research. Above (L to R) are Robin Goodrow, Sherry Glaser, star of the performance, and MBCW Executive Director Francine Levien. Thanks to all who helped make this event such a success!

THANKS TO:

Special thanks are extended to those dedicated, hardworking volunteers that made the "Oh My Goddess" event such a success. In particular we thank Anne Tillotson, Robin Honan, Maria Belli, Donna Casella, Christine Debuzna. Also a special thank you to Lyla's Chocolates of Mill Valley for their generous donation of sweet treats.

BE SURE TO CHECK OUT:

breastcancerwatch.org under Marketplace or marincare.com for shopping on-line...a portion of each purchase goes to MBCW.

SHARPSHOOTER ON THE LOOSE

Ginger Souders-Mason

Homalodisca coagulata is the name that has run chills down the spine of grown men and has caused the State of California and the federal government to dedicate \$36 million dollars for its study and eradication. These efforts are to protect the \$2.8 billion wine, table and raisin grape crop of California. If you haven't already guessed it, that long scientific handle, which is longer than the insect itself, belongs to the glassy-winged sharpshooter. This little leafhopper is a recent immigrant to the state and his descendents are spreading northward in spite of all efforts to stop them. What got him in trouble is the bacterium, *Xylella fastidiosa*, that causes Pierce's disease. Infected plants lose their ability to pump water from the soil through the xylem (tissue) to leaves. Diseased vines become nonproductive and usually die within a year or two after infection. Unfortunately there is no known cure for Pierce's disease.

Pierce's disease has been around California since the late 1800s, but until the glassy-winged sharpshooter—with its ability to travel greater distances than its slower, more parochial cousin the blue-green sharpshooter—the disease was easier to contain. By feeding on contaminated plants, the bacteria lodges in the mouth-parts of the sharpshooter, which exposes his next meal to contamination (sloppy eaters). By observing disease patterns it was discovered that contaminated plants were usually in poor soils, which has led one UC Davis professor to suggest preventing the disease by boosting levels of essential plant micronutrients, such as zinc, iron and molybdenum. Organic grape growers have generally escaped Pierce's disease through healthy soil management and maintaining insectariums and riparian growth so the insects have natural habitats for survival.

There are several reasons for broadcasting the problems of grape growers, the principle one being that Marin County residents may be directly affected should this situation get out of hand. For instance, if egg clusters are found or adult sharpshooters are captured then the state has the right to spray insecticides within a one-mile radius of the area of discovery, no matter where or who objects. Under the rules governing agriculture in California if a state of emergency is declared then all property rights are superseded and residents live in a situation not unlike Martial Law. At present, the state is monitoring the movement of our glassy-winged friend. Sticky traps have been placed in neighborhoods all over California, and movement of host plants, almond trees, alfalfa, citrus and



oleanders as well as grapevines are monitored as they enter nurseries.

In the name of protecting one industry—grape growers—organic farmers can be put out of business. For the sake of a few vines, a child could be aborted or born with a birth defect. As reported in the March 2001 issue of Birth Defect News, women living close to areas of agricultural pesticide use have a greater possibility of miscarriage or of having a child with a birth



defect. If you live in a town like McFarland, California—next to fields sprayed continually—the number of leukemia cases among children is well beyond the normal anticipated rate (but be sure not to use the word cluster). If you live in Lompoc, your chance of acquiring asthma or breathing problems is extremely high—at epidemic proportions. We also know that breast tissue becomes a point of bioaccumulation for toxic chemicals, and how much that contributes to breast cancer has yet to be determined. Perhaps a better, more easily answered question is: have all the costs associated with spraying pesticides been accurately weighed against the benefits?

The women and men in Sonoma County have drawn a line and are taking non-violent protest training in anticipation of the glassy-wings' arrival. Which side of the line will you be on? Your time to choose may come sooner than you think.

To get involved contact: Marin Beyond Pesticide Coalition 415/459-1391 and Pesticide Education Group (PEG) working with schools 415/927-7023

Donations

In Memory of:

Helen Durand:
Ronald Durand

Georgia Fink:
Emilyn Page & Mark Feldberg

Jean Fitzgerald:
Lamar Leland

Elizabeth Howley:
Kevin Howley

Karen H. Honan:
Regina & Reggie Harrison

Linda Lou Lindley:
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Francine Levien:
Rona Weintraub

Dr. Lois Levine:
Barbara Meislin

Roni Peskin Mentzer:
Craig & Michäela Hardimon
Sally Mentzer
Beatrice Peskin

In Honor of:
Gaynell Rogers:
Rebecca & David Evert

Virginia Stapleton & Vicki Mane Bassing:
Erin & Peter Badala

Allen & Carly Weiner:
Allen & Kathleen Weiner

Donna Weis:
Mel & Patricia McCormack

Breast Milk Monitoring Program

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personal data from the donor that can be used for qualified epidemiological research.

In Marin County, we need to begin to build a constituency to support the creation of such a program. MBCW urges readers to contact Assemblyman Joe Nation to encourage him to sponsor this bill. Write to Assemblyman Joe Nation, Room 3126, State Capitol, Sacramento, CA 94249, or call 916/319-2006; fax: 916/319-2106.

For more information, contact the MBCW office at 415/256-9011.

Calendar of Events

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JUNE 6
Bay Area Cancer Coalition presents: Medical Radiation & EMF's featuring: Dr. John Gofman, Dr. Roland Finston and Libby Kelley
SF Public Library
Koret Auditorium
5:30-7:30 p.m.
Free

JOIN THE HUMAN RACE!

Saturday
MAY 12, 2001
8:30 AM

Support Marin Breast Cancer Watch by walking or running a five-mile, flat course on the scenic Larkspur-Greenbrae bike path. The race is followed by a Community Festival with fun for the whole family! Call the office at (415) 256-9011 to register and receive a pledge sheet. All pledges are due May 2, 2001.

Marin Breast Cancer Watch

With total community involvement and through an integrated approach of empirical and scientific methods, our mission is to explore, identify and reveal the reasons for Marin County's high incidence rate of breast cancer.

We pledge our energy, expertise, influence and material wealth to identify breast cancer's causes, to work toward its eradication and to create a healthier environment for ourselves, our children and our grandchildren.

Executive Director & Founder
Francine Levien

Board Members
Roni Peskin Mentzer, President
Flavia Belli, Vice President
Fern Orenstein, Treasurer
Andrea Fox, Secretary
Francine Levien, Margaret Knopp, Ginger Souders-Mason, Georgie Farren, Anne Tillotson and Linda Spence.

MBCW Staff
Maria Belli: Executive Assistant;
Robin Honan: PR & Events
Debra McKnight Higgins: Development Director;
Natalie Carter: Research Assistant

Marin Breast Cancer Watch
25 Bellam Blvd., Suite 260
San Rafael, CA 94901
(415) 256-9011
FAX (415) 256-9773
mbcw@earthlink.net
www.breastcancerwatch.org

Marin County Study of Adolescent Risk Factors
(415) 256-9109

Newsletter Staff
Edare Carroll, Editor
Cynthia Hardin, Assistant Editor
Janice Barlow, Research
Brian Narelle, Cartoonist

Thanks are extended to the following contributors to this issue: Lauren John, Kim Hooper, MD, Robin Honen and Ginger Souders-Mason.

CALENDAR OF EVENTS

MARCH 28

Marin Beyond Pesticides Coalition Meeting
Marin General Hospital
Tamalpais Room: 7:00 p.m.
RSVP to MBCW at 415/256-9011

APRIL 18

Wellness and the Environment Lecture Series
Featuring: Gina Solomon, MD, MPH
Wednesday, 7:00 p.m.
Marin Art & Garden Center, Ross (Livermore Room)
\$7.50—Call 415/472-6170

APRIL 22

In Honor of Earth Day—MBCW Film Screening
Bill Moyer's "Trade Secrets"
Recycling Center classroom
565 Jacoby St., San Rafael
5:00 p.m.: potluck
Film & Discussion: 6:00 p.m.

MAY 12

Breast Cancer Action Town Meeting 2001
No More Silent Spring—Speaking Out on Breast Cancer
& the Environment
Featuring Dr. Sandra Steingraber and Anne Lamott
1:00-5:00 p.m.
The Unitarian Universalist Center
1187 Franklin Street, San Francisco
Call 415/243-9301

MAY 23

Wellness and the Environment Lecture Series
Featuring: Mark Miller and Brian Linde
Wednesday, 7:00 p.m.
Marin Art & Garden Center, Ross (Livermore Room)
\$7.50—Call 415/472-6170 for reservations.

MAY 31

Bay Area Cancer Coalition presents: Pesticides & Cancer
Dr. Gina Solomon & Debbie Raphael & Bill Quarles
SF Public Library—Koret Auditorium
5:30-7:30 p.m. (continued back on page 7)

A Call for Legislation for Breast Milk Monitoring in California

Kim Hooper, MD, and Ginger Souders-Mason

The nursing infant receives a 50-fold higher daily intake of the persistent, bioaccumulative chemicals than does the average adult, and these contaminants are known to cause neuro-developmental deficits in the infant and child. Though breast-feeding imparts over-all positive benefits and helps to alleviate some of the effects these contaminants cause in children, other effects such as those causing developmental or reproduction problems, or chronic disease processes such as cancer, have yet to be examined. It is conceivable that the body burden of these chemical contaminants may increase the risk of breast cancer in women.

Because the toxic chemicals measured in breast milk mimic the levels found in the adult population, breast milk offers a convenient, non-invasive means of monitoring the body burdens of these chemicals in all people. Measuring levels of toxic chemicals in breast milk can help us determine: background body burdens; changes of levels with time (time trends) and location (hot spots); sources of contaminants; at-risk populations and the effectiveness of regulations.

Several European countries have Breast Milk Monitoring Programs (BMMPs) in place. A Swedish BMMP recently discovered that the body burden in the population of a flame retardant chemical has been doubling every five years. Presently, there is no BMMP in the U.S. Numerous institutions and organizations have called for the establishment of a California Breast Milk Monitoring Program, including groups interested in public health, breast cancer prevention, environmental health, infant and child health, breast-feeding promotion, environmental justice, community toxics and alternatives to persistent bioaccumulative chemicals, including pesticides.

We are asking the Department of Toxic Substances Control, through its Hazardous Materials Laboratory, to establish and maintain a California Breast Milk Monitoring Program. Such a program would measure levels of toxic contaminants in breast milk in upwards of 1000 women per year from five regions: Northern California, Greater San Francisco Bay Area, Greater Los Angeles Basin, San Diego and environs and the Central Valley. The BMMP will report its findings yearly to the people of California and will maintain an archive of samples collected for future study and reporting. Each sample will be accompanied with descriptive

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MarinBreastCancerWatch

25 Bellam Boulevard, Suite 260
San Rafael, CA 94901

nonprofit.org.
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Return service
requested