

Review of the Canadian Environmental Protection Act, 1999:

**Strengthening the Regulation of Toxic Substances
for Disease Prevention and Environmental Health Justice**

**Brief to the House of Commons Standing Committee
on Environment and Sustainable Development**

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Submitted by

Breast Cancer Action Quebec

This brief aims to highlight the issues regarding women's health, particularly those in marginalized communities, in relation to exposure to toxic substances and the need to greatly improve regulatory protection through the Canadian Environmental Protection Act, 1999 (CEPA) from substances that are carcinogenic, endocrine disrupting, neurotoxic or have developmental or reproductive effects. The Committee has received some excellent briefs regarding the amendments needed to make a stronger regulatory framework than is currently the case. We particularly endorse the briefs of the Canadian Environmental Law Association and Dr. Dayna Nadine Scott, and we share many of their recommendations.¹ Our brief highlights the importance of CEPA reform to the health of Canadians and the challenges posed by emerging risks.

Breast Cancer Action Quebec (formerly Breast Cancer Action Montreal) has had as part of its mission for the past 25 years the goal of educating women, teens and students and communities about toxic substances in our environment and their effects on health generally, and breast cancer in particular. We

¹ Canadian Environmental Law Association. *CEPA : Lessons in the Regulation of Chemicals*. Presentation to the House of Commons Standing Committee on Environment and Sustainable Development. May 19, 2016.
Scott, Dayna Nadine. *Reforming the Canadian Environmental Protection Act : The assessment and regulation of toxic substances should be equitable, precautionary and evidence-based*. Brief to the Standing Committee on Environment and Sustainable Development. 3 June 2016.

are one of the rare organizations that works directly with people in disadvantaged and marginalized communities. We have learned much from these citizens and it is based on this experience that we have elaborated the following comments and recommendations to this committee.

Breast Cancer Action Quebec is deeply concerned about high rates of cancers, particularly breast cancer and about the social inequalities of health that may be further increased by a chemical regulatory system that inadequately restricts toxic substances in a vast array of household items and furniture, personal care products, and much more. In cities, citizens living in disadvantaged communities already find themselves in areas where they face significantly above average exposures to industrial chemical emissions, motor vehicle pollution and other forms of outdoor chemical exposures.² This is often combined with living in not only a « food desert », but a « shopping desert » with very limited options for buying household goods outside of dollar stores or corner stores. Outside of cities, First Nations Communities and other disadvantaged rural communities often face other forms of environmental racism.³ Compounding this, people in Canada spend on average 90% of their time indoors for work, leisure and rest, and thus chemical exposures in the home and workplace must be given as serious consideration and control as outdoor pollution emissions.

Breast Cancer Action Quebec is particularly concerned with the issue of endocrine disrupting chemicals (EDCs) which fundamentally challenge the current toxicological paradigm based primarily on establishing safe exposure levels under which human health is not considered to be at risk for average individuals. Currently, some recognition is made to vulnerable populations such as infants and small children and pregnant women and nursing mothers. However, the serious and widespread health risks posed by EDCs do not correspond to these parameters. Furthermore, the question of vulnerability does not address the question of workers who face particularly high or daily exposures to toxic substances in the case of occupational exposures.

Endocrine disrupting chemicals (or hormone disruptors) are exogenous substances that alter functions of a body's endocrine system. Since hormones act at exceedingly low concentrations, EDCs can interfere with endocrine functions at equally low concentrations. In fact, many known EDCs are innocuous at high levels but can produce effects at very low doses, producing dose response curves that are U-shaped instead of linear. In fact, since hormones and thus EDCs can be very effective in infinitesimally small doses, no safe thresholds for health effects can be established for entire categories of chemical substances.⁴

² Canadian Institute for Health Information. *Urban Physical Environments and Health Inequalities*. Ottawa. CIHI. 2012.

World Health Organization. *Environment and Health Risks: A review of the influence and effects of social inequalities*. Copenhagen. WHO. 2010.

Agence de la santé et des services sociaux de Montréal. *Les inégalités sociales de santé à Montréal*. Rapport du directeur de santé publique. 2e édition. Montréal. Direction de santé publique. 2012.

³ Waldon, Ingrid. "Findings for the Series of Workshops 'In Whose Backyard? Exploring Toxic Legacies in Mi'kmaw and African Nova Scotian Communities'." *Environmental Justice*. Vol. 8. No. 10: 1-5. 2015.

Wakefield, Sarah and Jamie Baxter. "Linking Health Inequality and Environmental Justice: Articulating a Precautionary Framework and Research for Action." *Environmental Justice*. Vol.3. No.3:95-102. 2010.

⁴ World Health Organization. *State of the Science of Endocrine Disrupting Chemicals – 2012*. Ed. Ake Bergman and coll. United Nations Environment Programme and the World Health Organization. 2012.

To further challenge our traditional treatment of chemical substances, EDCs are most threatening at specific times in human development when a part of the endocrine system is fully activated to promote specific development. A time of particular concern is, for example, hormone driven development in pre-pubescent girls to produce breast growth and induce menarche. Numerous studies have demonstrated how exposure to various EDCs in the pre-pubescent stage of development of girls caused them to have higher rates of breast cancer in middle age compared to women who experienced comparable exposures to the same substance outside of this period of vulnerability.⁵ Furthermore, over the past two decades, the phenomenon of early onset puberty has been increasing in North America and many scientists are pointing to pervasive exposure to EDCs as an important cause. Early onset puberty, in addition to the social, medical and psychological problems posed, increase a women's risk of breast cancer. Puberty in girls is regulated by an extremely delicate balance of estrogens which orchestrate the timing of breast develop and menarche. Numerous chemicals we use in our daily lives are EDCs that mimic these estrogens with broad exposures starting in utero.

So EDCs require us to take into account the issue of windows of vulnerability to chemical substances beyond what was previously understood. Of particular concern are windows of vulnerability that include in utero, infancy, pre-pubescence and puberty, early adulthood, pre-menopause and menopause, although all exposure to EDCs needs to be reduced generally.

Many EDCs are estrogenic in nature causing particular concern for women. Increased exposure to estrogen over one's life is a main risk factor for breast cancer. Breast cancer is of course the cancer with the highest incidence rate for women and the second highest cancer mortality rate. The breast cancer mortality rate has declined significantly, but the very high incidence rate is stable.⁶ Statistics from the United States indicate that the incidence rate is increasing for African American women, for whom the types of breast cancer diagnosed are more aggressive and the mortality rates are higher than for white women.⁷ Further, research from Canada and the U.S. indicates that women who have immigrated from countries with very low levels of breast cancer see their risk of breast cancer increase to the level of the native populations of Canada and the U.S. within 10 years of their living in North America. This leads researchers to question the different environmental factors at play for these women.⁸

EDCs also cause a wide range of serious chronic health problems for men and women. The negative impacts of EDCs on human health include harm to female reproductive health, to male reproductive

Plante, Isabelle. Les perturbateurs endocriniens et le cancer du sein : Quels sont les risques? Conference for the 25th Anniversary of Breast Cancer Action Quebec. October 26, 2016.

<http://www.acsqc.ca/fr/content/pr%C3%A9sentations-du-26-octobre-2016> Accessed November 24, 2016.

Robaire, Bernard. Endocrine Disruptors: Targets in the Male Reproductive System. Endocrine Disrupting Chemicals and their Effects on Human Health. Conference for the 25th Anniversary of Breast Cancer Action Quebec. October 26, 2016. <http://www.acsqc.ca/fr/content/pr%C3%A9sentations-du-26-octobre-2016> Accessed November 24, 2016.

⁵ ION (Institute of Medicine). Breast Cancer and the Environment: A lifecourse approach. Washington, DC: the National Academies Press; 2012.

⁶ Canadian Cancer Society's Advisory Committee on Cancer Statistics. *Canadian Cancer Statistics 2015*. Toronto, ON: Canadian Cancer Society; 2015.

⁷ Centers for Disease Control and Prevention. Breast cancer rates by race and ethnicity.

<http://www.cdc.gov/cancer/breast/statistics/race.htm>. Updated August 20, 2015. Accessed November 24, 2016.

⁸ Plante, Isabelle. 2016. Op. cit.

health, increased sex ratio imbalances, thyroid-related disorders⁹, neurodevelopmental disorders in children, hormone-related cancers, adrenal disorders, metabolic disorders and immune-related disorders. The profound harms caused by EDCs require significant amendments to Canada's current framework for regulating toxic substances.

One of the perplexing aspects of chemical regulation under the current CEPA law are a series of incomplete initiatives that recognize harm created by certain EDCs through small, highly restricted measures while leaving the population, including the target age group, still broadly exposed. Currently, CEPA framework to address EDCs is inadequate. Under CEPA, 44(4) the main focus on EDCs is on research. Measures for BPA, certain phthalates, and flame-retardants, all chemicals that have been linked to breast cancer among many other serious risks to human health. The assessments under CEPA on these toxic substances have led to regulatory measures that focus on specific restrictions. However, these toxic chemicals warrant greater precautionary measures fully protect Canadians. Given the body of evidence gathered on these substances, the current restrictions rather than complete prohibition of these toxic substances, do little to protect Canadians, particularly the most vulnerable.

The most blatant example is that of Bisphenol A (BPA). BPA has been the subject of literally thousands of studies that clearly demonstrate its endocrine disrupting effects and its links to increased risk of breast cancer, among many other harms, and the Endocrine Society supports the call for banning it from all food packaging in the U.S.¹⁰ In 2010, Canada banned the substance from baby bottles. This measure does nothing to protect the developing fetus exposed through the mother's exposure, the nursing infant who is exposed through breast milk, children, pre-teens, teens and adults who are all exposed through water bottles, canned goods, plastic packaging for food, receipt paper and a myriad of other sources in consumer products and industrial production. Nor does it prevent risks posed to workers, such as women workers working with plastic moldings and in food canning, who face particularly high levels of exposure to BPA with demonstrated greater risk of breast cancer.¹¹ Presumably, if infants should be protected from BPA, then a broader measure is necessary than simply banning it from baby bottles and, as we have seen with the windows of vulnerability for EDCs, this means a much larger section of the population should be protected.

A similar situation holds for the phthalates DEHP, DBP and BBP. These phthalates have complex effects on estrogen and androgen hormone systems by interfering with the production of estradiol and testosterone. They have been linked to both breast cancer and particularly to male reproductive abnormalities.¹² Canada has banned phthalates in vinyl toys destined for children under four years of age

⁹ It should also be noted that thyroid cancer is increasing among women dramatically. Incidence of this cancer highly sensitive organ is expected to increase in women by 146 % by 2028. Canadian Cancer Society, 2015. Op. cit.

¹⁰ "Endocrine Experts Disappointed in FDA's Approach to BPA." The Endocrine Society. 2012.

<https://www.endocrine.org/news-room/press-release-archives/2012/endocrine-experts-disappointed-in-fdas-approach-to-bpa>. Accessed November 24, 2016.

Also see Canadian Partnership for Children's Health and the Environment (CPCHE). Focus on Bisphenol A: Statement of Health and Environmental Organizations on Endocrine Disrupting Chemicals. N.d.

¹¹ Brophy, James, Margaret Keith and colleagues. Breast cancer risk in relation to occupations with exposure to carcinogens and endocrine disruptors: A Canadian case-control study. *Environmental Health*. 11:87. 2012.

¹² Robaire, 2016. Op. cit.

Also see, U.S. Environmental Protection Agency. Phthalates Action Plan. Revised 03/14/2012. This document succinctly lists the very serious human health effects of phthalate exposure and the EPA's risk management actions proposed for eight phthalates. Accessed November 25, 2016.

under the Canada Consumer Product Safety Act regulations (CCPSA) due to children's propensity to chew or suck on toys. But no wider action has been taken despite the myriad of sources of exposure for children and adults. The CCPSA is outside the mandate of this review, but the example is important. Whether it is through the substance-by-substance regulation under CEPA or the product-by-product approach under CCPSA, the overall result is piecemeal and ineffective. The measures on PBA or phthalates indicate that a precautionary approach is needed and that these are substances should be widely restricted. The unwillingness of the government to implement a precautionary approach to fully protect citizens is troubling.

A third example of incomplete measures or glaring loopholes is the treatment of flame retardants (PBDEs). Many but not all of these substances have been banned from domestic production, although one of the most toxic (decaBDE) is not prohibited. Nor are the other flame retardants banned from being added to certain parts of products, such as foam. Finally, flame retardants are still allowed to be used in goods imported from other countries. Flame retardants represent one of the most problematic and insidious aspects of toxic exposures in that they are built-in to goods that remain in homes and offices for years. So everyone, pregnant women, infants, children, teens, everyone in their vicinity is chronically exposed. American research has shown that populations with lower socio-economic status have higher levels of PBDEs. Also children with mothers and caregivers who have lower education levels had higher body burdens of PBDEs.¹³

Many different environmental health groups have demonstrated the increased exposure to toxic substances experienced by individuals from economically disadvantaged communities. This is one of the most important justifications for the government to act vigorously on the issue of regulations, because the burden of toxic exposures are unequally born and can serve to further entrench the already deep social inequalities of health.

With these concerns in mind, we will now turn to our recommendations to reform CEPA, 1999 which address Part V of the Act.

1. Section 64 : the Definition of Toxic

The current definition requiring that a chemical considered persistent and bioaccumulative must also be inherently toxic in order for further action to be taken is much too restrictive. This stops action from being taken on profoundly harmful substances dramatically effecting many ecosystems. Sometimes this is due to the fact that one area of the science is not as advanced as the others.

Secondly, the threshold to determine whether a substance is bioaccumulative is much too high. It is three times higher than that of the U.S. and Europe, which has the effect of preventing many substances from being controlled under CEPA.

¹³ Endocrine Disruptors Action Group. Toxic by Design: Eliminating harmful flame retardant chemicals from our bodies, homes and communities. October 2016.

<https://endocrinedisruptorsaction.files.wordpress.com/2016/10/toxicbydesign-oct25-lg.pdf>

Accessed November 25, 2016.

Thirdly, a substance should not need to be found to be persistent and bioaccumulative for it to be considered inherently toxic, as is the current practice.

Finally, a section must be added to section 64 saying that for some harmful substances, no safe exposure thresholds can be determined. The criterion that a toxic substance is one that « is entering or may enter the environment in a quantity or concentration or under conditions that... » should be removed.

Recommendation 1 : Amend the « persistence » and « bioaccumulative » regulations to be consistent with the definitions under the European Union’s REACH Regulation.

Add to s. 64 to entrench the definition that a substance need not be persistent or bio accumulative to be determined toxic under CEPA.

Add to s. 64 that certain substances have no safe exposure threshold and remove the clause : « is entering or may enter the environment in a quantity or concentration or under conditions that... »

2. Section 75 (3) : Restriction in another jurisdiction triggers a CEPA Assessment

As is the case with chemical use and trade, scientific research on chemical substances and chemical assessments are undertaken and of concern internationally. If another jurisdiction prohibits or substantially restricts the use of a chemical substance, that action should require a response by Canada to take action on the chemical, even on an interim basis, This would work to keep Canada in the same ranks as its major partners regarding control of toxic substances and would prevent Canada from becoming a dumping ground for substances banned elsewhere. Current approach under CEPA permits further assessment of these chemicals before consideration of measures.

Recommendation 2 : Require interim measure on substances subject to prohibition or severe restrictions by other jurisdictions unless proponents demonstrate its safety, and adopt the principle of “no data, no market.”

3. Section 77.2 : « No Action » is not an option on toxic substances

CEPA outlines several key principles such as pollution prevention, precautionary principle and virtual elimination of persistent , bioaccumulative substances. Advancing these principles through implementation has not been fully realized under CEPA. When a substance is found to be toxic, the government must act, period. There is no justification for the option in 77.2 (a) taking no further action in respect of the substance. This option needs to be removed.

Toxic substances require at the very least precautionary action. If an overwhelming case can be made by an industry for the need for a greater good of the substance, there can be a provision for exemption, but only with clear regulations regarding controls, surveillance and time limits.

Recommendation 3 : In s. 77. (2) remove 77.2 “(a) taking no further action in respect of the substance;”.

4. An Assessment Process that is not Working

There are layers of problems involved in the assessment process currently under CEPA. First, there is the substance by substance approach. This means that an enormous quantity of substances require evaluation without even considering combinations of substances that may change their effects. Second is the determination of the notion of levels of toxicity. As we have seen for EDCs, the ancient rule of the dose makes the poison is completely outdated. Third, the assessment process relies on determining exposures for the average person. As we have illustrated, there is no « average person ». There are people at specific stages of the life cycle that present particular vulnerabilities. There are workers with much greater exposure risks. There are economically disadvantaged communities that face higher cumulative exposures to toxic substances. Exposures effect men and women differently. There is no « average person » to determine acceptable exposure levels.

And finally, there is the question of what to do when the science is contradictory or raises flags but does not yet hold proof of harm. Normally, this should invoke the use of the precautionary principle. But when the precautionary principle is not even invoked for something whose harms are as well documented as BPA, clearly this mechanism needs to be improved.

We therefore recommend that sections 68-77 be amended to include mandatory requirements for assessment, reassessment or review of risk management strategies when :

- New scientific findings emerge regarding a substance's toxicity or its affects in common interactions with other substances;
- When the Minister has reason to believe the use of the substance has substantially expanded or changed;
- When another jurisdiction prohibits or significantly restricts a substance's use.

We also recommend that assessment tools absolutely be revised to take into account the character of endocrine disrupting chemicals.

EDC research over the past decade has revealed the complex interactions of some chemicals with endocrine systems, which may escape detection in current validated test systems. Simply put, they completely defy the current risk assessment models based on the premise that greater doses of exposure hold greater risks. There is also wide recognition that collaboration will be essential in this rapidly evolving field.

It is clear that the current risk-based approach is no longer adequate and needs to be replaced with a hazards-based approach. The risk-based requires the assessment of exposures which simply cannot be done for all the reasons previously outlined : substances that are toxic at extremely low doses, complex windows of vulnerability, populations with disproportionate exposures such as lower income communities or workers exposed to the substances. A hazards approach focuses on the intrinsic properties of the substances and its potential to harm. This is clearly the approach needed given the complexity of issues facing evaluation assessments.

Regarding the question of contradictory science or lack of data about a substance, we recommend that CEPA adopts the principle of “no data, no market”. If industry cannot furnish research proving the safety

of a substance in the face of contradictory or no evidence, the substance should not be allowed into production. Many new substances are “data poor” which allows them to be introduced and used widely because there are no red flags. This in no way means they are safe, but simply that not enough people have suffered adverse health effects for the science to catch up to the harm being caused. Toxicity data must be supplied before substances can go into production. We know from our work in communities, the vast majority of Canadians assume this to be the case and they feel shocked and betrayed when they find out it is not.

Finally, the question of assessments also raises the issue of alternatives screening. As the part of the Minister’s prerogative to investigate « the development and use of alternatives to a substance », alternatives assessments should be required to provide acceptable alternatives that have been vetted so as not to have problem substitutes such as is currently the case with BPS and BPF as substitutes to BPA.

Recommendation 4 :

Amend sections 68-77 to include mandatory requirements for assessment, reassessment or review of risk management strategies when :

- **New scientific findings emerge regarding a substance’s toxicity or its effects in common interactions with other substances;**
- **When the Minister has reason to believe the use of the substance has substantially expanded or changed;**
- **When another jurisdiction prohibits or significantly restricts a substance’s use.**

Require changes to the assessment tools and methods to explicitly consider endocrine disrupting chemicals and the complexity of their interactions with endocrine systems, which may escape detection in current validated test systems and promote collaboration in tool development and implementation.

Transition to hazards-based approach that focuses on the intrinsic properties of the substances and their potential to harm as opposed to the current risk-based approach which requires the assessment of exposures which simply cannot be calculated.

Adopt the principle of “no data, no market”. If industry cannot furnish research proving the safety of a substance in the face of contradictory science or no evidence, the substance should not be allowed into production.

Require assessments of alternatives to a substance to promote their use and prevent replacement of toxic substances with other toxic substances.

5. Protecting the Vulnerable

We have worked in many economically disadvantaged and marginalized communities and the environmental injustices are glaring and severe. For the sake of not entrenching social inequalities of health, these injustices need priority attention.

To that end, we fully support the recommendation of Dr. David Boyd that the Government of Canada take steps to protect vulnerable and marginalized communities when establishing priorities, assessing health and environmental impacts, developing regulations, standards, guidelines, pollution prevention plans, and other measures intended to protect human and ecosystem health.

Further, the Ministers should be required to complete a national environmental health inequality assessment to comprehensively identify current pollution hotspots and environmental injustices as well as measures to both alleviate those injustices and prevent future injustices, as recommended by the World Health Organization. This assessment must include cumulative effects and must be updated periodically.

Recommendation 5 :

Prioritize the protection of vulnerable and marginalized communities when establishing priorities, assessing health and environmental impacts, developing regulations, standards, guidelines, pollution prevention plans, and other measures intended to protect human and ecosystem health.

Complete a national environmental health inequality assessment to comprehensively identify current pollution hotspots and environmental injustices as well as measures to both alleviate those injustices and prevent future injustices, as recommended by the World Health Organization. This assessment must include cumulative effects and must be updated periodically.

Conclusion : The Right to a Clean, Non Toxic Environment is the Right to Health Justice

The right to a clean environment does not happen by highly restricted measures limited to a narrow group of goods. It does not happen through very narrow applications of what is toxic and by taking years to decide on regulatory action. The right to a safe environment does not happen through labeling regarding the presence of toxic substances.

The right to a clean environment comes through acting with determination on principles established to ensure this right for everyone. No matter where they are living, or their capacities to understand information on toxics, or their ability to pay for healthy alternatives.

If the current approach to CEPA is not changed decisively, this system will work to entrench profound social inequalities of health that can be measured by the 9 year difference in life expectancy between people living in healthy neighborhoods with every advantage and the education and means to keep toxic substances out of the lives and those in disadvantaged neighborhoods facing high levels of exterior pollutants and little means or knowledge to reduce toxic exposures elsewhere in their lives. The true test for CEPA is whether the Act works for this second group of Canadian citizens as well as the first.

Summary of Recommendations

Recommendation 1 :

Amend the « persistence » and « bioaccumulative » regulations to be consistent with the definitions under the European Union's REACH Regulation.

Add to s. 64 to entrench the definition that a substance need not be persistent or bio accumulative to be determined toxic under CEPA.

Add to s. 64 that certain substances have no safe exposure threshold and remove the clause : « is entering or may enter the environment in a quantity or concentration or under conditions that... »

Recommendation 2 :

Require interim measure on substances subject to prohibition or severe restrictions by other jurisdictions unless proponents demonstrate its safety and adopt the principle of “no data, no market.”

Recommendation 3 :

In s. 77. (2) remove 77.2 “(a) taking no further action in respect of the substance;”.

Recommendation 4 :

Amend sections 68-77 to include mandatory requirements for assessment, reassessment or review of risk management strategies when :

- New scientific findings emerge regarding a substances toxicity or its affects in common interactions with other substances;
- When the Minister has reason to believe the use of the substance has substantially expanded or changed;
- When another jurisdiction prohibits or significantly restricts a substance's use.

Revise assessment tools to take into account the character of endocrine disrupting chemicals and the complexity of their interactions with endocrine systems, which may escape detection in current validated test systems and promote collaboration in tool development and implementation.

Transition to hazards-based approach that focuses on the intrinsic properties of the substances and their potential to harm as opposed to the current risk-based approach which requires the assessment of exposures which simply cannot be calculated.

Adopt the principle of “no data, no market”. If industry cannot furnish research proving the safety of a substance in the face of contradictory science or no evidence, the substance should not be allowed into production.

Require assessments of alternatives to a substance to promote their use and prevent replacement of toxic substances with other toxic substances.

Recommendation 5 :

Prioritize the protection of vulnerable and marginalized communities when establishing priorities, assessing health and environmental impacts, developing regulations, standards, guidelines, pollution prevention plans, and other measures intended to protect human and ecosystem health.

Complete a national environmental health inequality assessment to comprehensively identify current pollution hotspots and environmental injustices as well as measures to both alleviate those injustices and prevent future injustices, as recommended by the World Health Organization. This assessment must include cumulative effects and must be updated periodically.

Annexe A

Breast Cancer Action Quebec

Breast Cancer Action Quebec (formerly Breast Cancer Action Montreal) is the only independent breast cancer organization in Canada whose mission is to work for the prevention of breast cancer and the elimination of environmental toxicants linked to the disease. For 25 years, we have been sharing the latest science on breast cancer and the environment, as well as many other issues, through conferences, articles, popular education programs and much more. Specifically, Breast Cancer Action Quebec works to:

1. Educate about ...

- environmental toxins linked to breast cancer;
- widespread exposures to cancer hazards;
- the Precautionary Principle;
- the benefits and risks of various treatments;
- current cancer research, treatment and services.

2. Advocate policies that would ...

- decrease the amount of toxins in our environment;
- allocate more research money to help find the environmental causes of breast cancer.

3. Support ...

- individuals in their right to have a strong voice in decisions about their diagnosis and treatment;
- efforts to improve services, health care, and health policies.

4. Network ...

- to create a resource-sharing community of women who care about the issue of breast cancer;
- to encourage other breast cancer organizations to join the fight for prevention of the disease, as well as for improvements in diagnosis and treatment.

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