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Frederick County Health Department

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A message from the Local Behavioral Health Authority:

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High-speed impact, emotional toll: Learning you have breast cancer

I've spent my career building systems meant to hold people through the hardest moments of their lives. What I never expected was to become the person inside the system — not the planner, not the analyst, but the patient.

My diagnosis didn't arrive like regular news — it arrived like high-speed impact. A random phone call on my birthday, a day I will now forever associate with fear.

A realization I felt in my bones, a bomb that went off inside me while the rest of the world stayed unchanged.

In that moment, breast cancer stopped being something I understood through programs, reports, or population data. It became mine — immediate, personal, and life-altering.

I have no genetic predisposition and no family history of breast cancer. And I'm not unusual — the majority of breast cancers occur in women without known genetic risk. It's one of the most persistent and dangerous myths surrounding this disease.

And in the middle of that shock came the hardest decision: How, when, where do I tell my children?

There are parts of this diagnosis that medicine can address, but nothing prepares you for the moment when you must translate fear into words for the people you love most, changing their lives forever.

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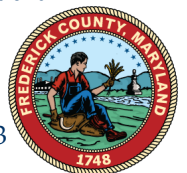
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Cancer didn't just happen to me. It forced its way into the parts of my life I fiercely protect and made me add fear, stress and pain to people who never deserved any of it.

Cancer enters a family quickly. It reshapes routines, introduces new language, and forces decisions you never imagined making. It creates uncertainty even in people who are usually steady. And still, life goes on around you with a kind of normalcy that feels both comforting and surreal.

As I moved through those early days, I realized that the medical journey and the emotional journey are inseparable. What we face privately becomes part of a larger public-health story — a story about access, equity, early detection, community support, and the systems meant to help all of us find our way through the hardest moments of our lives.

Cancer research and public health don't just improve outcomes in the abstract. They shape who survives, who suffers, and who gets answers in time.

Continued investment in both is personal. It determines whether the next person who hears this diagnosis has more options, more support, and less fear than the one before them. That realization changed how I see the rest of this journey.

Breast cancer care has changed significantly over the past decade. We now understand that breast cancer is not one disease, but a group of disease. Each type behaves differently and requires its own treatment plan.

Two types — triple-negative breast cancer and HER2-positive breast cancer — have seen major improvements thanks to advances in chemotherapy, immunotherapy, and targeted therapies.

Yet even with these advances, the emotional toll is immense.

Waiting for answers is often one of the most stressful parts of the experience. The weight of uncertainty, the speed of decisions, and the constant need to interpret new information can be overwhelming. That stress sits in your chest, in your breath, and in the quiet moments when no one is watching.

Support systems — navigators, clear communication, compassionate clinicians, reliable follow-up — make a profound difference. Being able to ask questions, understand options, and participate in decisions gives people a sense of control at a time when so much feels uncertain.

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Early detection remains one of the most powerful tools we have. When breast cancer is found early, treatment is more effective and less physically demanding.

But not everyone has equal access to screening. Black women in the United States are more likely to be diagnosed at later stages and more likely to die from breast cancer, despite similar incidence rates. Younger women often face delays because their symptoms are dismissed or misunderstood.

Cost, transportation, insurance barriers, and long wait times also contribute to disparities.

This is where strong public-health systems matter.

Frederick County's Breast and Cervical Cancer Screening Program plays a critical role in ensuring access for those who are uninsured or underinsured. Last year alone, more than 800 women were screened through this program, helping detect cancer earlier and reducing the burden of delayed care.

We are also fortunate to have high-quality breast-care services close to home. Frederick Health's integrated imaging, diagnostic, and oncology teams work together to shorten wait times and help patients move quickly from screening to diagnosis to treatment planning.

That coordination — that sense of not being left alone in the waiting — is something I now appreciate in a way I never could have before.

So here is my call to our community: If you are due for a mammogram, please schedule it. If you notice a change in your breast, don't wait — call your provider. If you don't have a provider, the Health Department can help connect you to screening resources.

And if someone you love is facing a diagnosis, reach out. Sit with them. Send a message. Offer a ride. The smallest gesture can steady someone who is trying to hold themselves together.

Breast cancer is still a serious illness. Hearing the diagnosis is terrifying and stressful. But treatments are improving. Early detection works. Our county has strong systems and skilled clinicians. And no one should have to navigate this alone.

To learn more about screening options for low-income or uninsured residents in Frederick County, call 301-600-3362 or visit Health.FrederickCountyMD.gov/BreastCancer.

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Serious illness can take an emotional toll. Support is available. Call or text 988 for confidential, 24/7 assistance. <https://health.frederickcountymd.gov/471/The-Breast-Cervical-Cancer-Screening-Pro>

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This was written by Andrea Walker, an Inaugural Fellow of the Bloomberg American Health Initiative at Johns Hopkins Bloomberg School of Public Health. She is a national leader in public behavioral health systems design. She has led the development of mobile crisis response systems, firearm risk reduction protocols, school-based prevention initiatives, and cross-sector strategies that integrate public health, law enforcement, violence prevention and clinical care. Her work has been recognized for its innovation, durability, and commitment to building systems that protect people before, during, and after crisis. She is the director of the Behavioral Health Services Division for the Frederick County Health Department.