

MAN ON FIRE PRESENTS
THE COMBUSTION
CHRONICLES

EPISODE NINE
CANCER ISN'T CANCELED

HOST: SHAWN NASON
CO-HOST: ROBIN GLASCO
GUEST: PAULA SCHNEIDER

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EPISODE NINE Cancer Isn't Canceled

WITH PAULA SCHNEIDER

Paula Schneider made her name as an apparel-brand turnaround exec. Now she's making her mark as CEO of cancer charity Susan G. Komen. At Komen Paula is fighting to slash breast cancer deaths by 50 percent in just six years. And the fight is personal: She lost her mother to metastatic breast cancer and is herself a survivor of the disease. Join us for this week's episode as Paula discusses how she beat cancer, fought her way up the corporate ladder, and is now applying a turnaround mindset to keep breast cancer top of mind during a worldwide pandemic. No, cancer isn't canceled—not yet anyway.



komen.org



@susangkomen



@CEOPaula



Paula Schneider

THEMES & INSIGHTS

1. Though difficult in the moment, tackling turnarounds will equip you with survival skills for future challenges.
2. COVID-19 dominates the healthcare conversation, but other diseases didn't go away. Cancer isn't canceled. Healthcare leaders need to work on both at the same time, continuing research and advocacy while providing direct patient care.
3. Time is the most precious commodity. Spend it wisely where it will have a lasting impact.

COMBUSTION QUOTES



"Turnarounds are really hard. And then you keep motivating yourself and going forward."



"There are points in people's lives where they decide that what they're doing ... how you use your most precious commodity, which is time, is the most important thing that you can do ... and we can make a difference."



"You have to stay ultra-focused on what is gonna move the needle. And for us, there's nothing that's gonna cure cancer other than research. We have to make sure that we have more direct patient services. And we have to have a very strong advocacy shop so that we can make sure that women are taken care of in healthcare through the government as best as possible."

RESOURCES

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Shawn: Welcome to "The Combustion Chronicles" podcast, where bold leaders combined with big ideas to create game-changing disruption. I'm Shawn Nason, founder of Man on Fire, and your host for "The Combustion Chronicles." Throughout this series, we're bringing together the most unique and influential minds we could find to have honest conversations about not being okay with the status quo, blowing shit up, and working together to influence our shared future. We believe that when bold leaders ignite consumer-centric ideas with passion and grit, the result is an explosion that creates a better world for all of us. I'm here with my co-host Robin Glasco.

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Shawn: On this episode, we're speaking with Paula Schneider, CEO of Susan G. Komen. Paula is responsible for strategic direction and day-to-day operation of Komen's research, community health, public policy advocacy, and global programs. Schneider is widely regarded as an expert in organization management and finance having served as president and CEO of American Apparel and other notable companies. Paula has also been named one of Los Angeles' Business Journal's 500 Most Influential People and garnered the National Association of Women's Business Owners Inspiration Award. We are so excited to welcome Paula today. Welcome, Paula.

[00:01:27]

Paula: Hi. Thanks for having me.

[00:01:29]

Shawn: Awesome. Paula, there is no way we can cover in 25 minutes of a podcast all the amazing things that you have done. But you're considered a woman that has and is on top of the world, have this major career, running companies, and working as a strategic advisor, two major companies like American Apparel as I read in the bio. Can you tell us about succeeding in a top leadership role? And what brought you across the aisle from industry to nonprofit work at Susan G. Komen?

[00:02:02]

Paula: Thanks for asking. I will tell you that I think I've had a fascinating career, really interesting career, but it's literally been the school of hard knocks because I didn't graduate with a business degree. And any other business that I've learned, I've learned along the way because I started in design. My degree was costume design in theater. And, you know, I realize that I was never gonna probably achieve the great heights that I wanted to being a costume designer, so I went into the fashion instead, and then sort of, you know, took off from there. It was many, many years of a lot of hard work. And I had a really interesting moment of crossing over the aisle. But I have to give you a little bit of background.

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I sort of chunked my life into three parts. One was sort of the growth vehicle of, where I was running the company, BCBG, when it was first started and ran that. And super fun, you know. It

was a moment in time where everything was new and the contemporary market in fashion didn't even exist, and we created it. And, you know, so that was really interesting time, a lot of growth. This was when, you know, it was a very robust marketplace, in retail and in wholesale, and you could do very well in those areas. Then I went into, you know, not by choice really, but because I was offered a role for an organization that was similar to BCBG, Laundry by Shelli Segal, and it turned out to be a turnaround because they were already heading in the wrong direction. I got in there and then, you know, had the ability to turn it around which was really great, but, you know, you learn a different skill because it's hard. Turnarounds are really hard. And then you keep motivating yourself and going forward.

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And then I became sort of the turnaround girl and worked on a lot of different businesses. When things were not good, people would call me and say, "Hey, we have a problem. We'd like you to come in and fix it." Not so easy, but, you know, a lot of those jobs that are in turnarounds are given to women because men don't want them. And fighting your way up the ladder and you're trying to figure out what your next move is, you have to be cognizant that, you know, you may have to take some roles that are not perfect, are not, you know, the beautiful growth-oriented roles, and you're gonna be a little sticky. And I mean, when I say sticky, I had some incredibly sticky roles during the course of my career, especially working in American Apparel. That was probably the biggest turnaround and most difficult role that I think I've ever had.

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Coming from there and going across the aisle for me to the philanthropy side was just really a moment in time where I'm a breast cancer survivor, my mom died of breast cancer. My sister had melanoma. She's all right. My brother died of prostate cancer. I have two daughters. Enough said, you know, for me to make sure that my daughters and no one else's daughters can get breast cancer, I've always raised money for breast cancer. I'm 12 years out of surviving one of the worst types of breast cancer that there is, triple-negative. And I'm so lucky and blessed to be here. For me, it was a calling. I was working as the CEO of 7 For All Mankind which many of you probably have in your closet at some point in your life, premium denim brand. And I decided that... I went to an event where I was getting an award as one of the top retailers in the country. And during that event, I had breakfast with a friend of mine and said, I kinda, you know, really want to get to someplace in my life where I care about what I'm doing, and I really can be passionate about it. Because, you know, if I don't really give a rat's ass if I sell one more pair of jeans to Bloomingdale's.

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And then during my speech on that day of accepting an award, and it was all very nice, I was supposed to get up and give a speech about, you know, what was impactful in, you know, in retail and I had nothing. So, I got up and gave a speech about how I became the most empowered when I was the least physically powerful when I had breast cancer. And all of the things that go around that of the support of your friends and your family. And, you know, and it

just became sort of a moment of passionate speech that was really true to the heart and authentic. And when I sat down, my friend that I had breakfast with that morning said to me, "Okay. You'll never guess what happened. Look what just came over on my phone. And it's a friend of mine who's a recruiter in Dallas and they're looking for a new CEO, Susan G. Komen. Would you ever consider doing that?" And I said, "Hmm, Yes, I would."

[00:06:13]

Robin: Wow.

[00:06:14]

Paula: And, you know, that's sort of how it started. And it wasn't, like, the easiest interview process either, you know. But I literally... That was on a Friday. I had a conversation with my husband about it and, you know, I said, "It requires moving to Dallas. We have kids in LA." And we ended up... On Monday, I quit my job because you can't be a public CEO and be interviewing. And whether I even had an interview and I didn't even have an interview at the time. So it all sort of worked out over the next course of, you know, several months. It was the longest interview process in the world. And I will tell you, if you're gonna try and hire somebody in Dallas, don't bring them down three times in the middle of the summer. If I really didn't want this job, you know, I would never have accepted. Because you're coming from LA and you had to come literally in the most sweltering time of the year and envision what your life would look like here. But it literally has been the best career move that I think I've ever made.

[00:07:12]

Shawn: Wow. And I know I've heard that story and it just blows my mind, Paula, when you told me that the first time, you know, you were standing there and then you sat down and here it is. You can't ask for the universe to put anything more into your lap more than what happened for you there.

[00:07:25]

Paula: But you do have to pay attention to it when it happens.

[00:07:28]

Shawn: Yes. Oh, that's a great point. And I know Robin's mind is going here around that. You know, you hinted a little bit about your journey into breast cancer. And, you know, again, when the universe starts colliding, you just said it, "Paula, you have to jump in and you have to lean into it right." So the past three years of my life personally, a lot of the work we started to do has been in this space. And when I met you almost a year ago, it just was such a powerful moment to hear about your story. You know, up until the 1980s, though it was like the diagnosis that no one talked about.

[00:08:11]

Paula: You couldn't even put breast in the paper.

[00:08:14]

Shawn: Yeah. Right. So...

[00:08:16]

Paula: It was that woman's cancer.

[00:08:19]

Shawn: Yeah, yeah. Right. It was just a so shunned thing, you know. Then you had, you know, former First Lady Betty Ford and then, of course, Nancy Reagan. You know, and then the founder Susan G. Komen, Nancy Brinker, which is Susan Komen's sister, really started to begin speaking publicly and bringing awareness to life around breast cancer. You and I have had this conversation over drinks and talked. This can be a great conversation around this. Is awareness still the issue or is it really now we have to do some groundbreaking research? I know that you guys have put a bold goal out which I would love for you to talk about and how you personally are behind that. But is it really around awareness anymore around breast cancer or is it something much deeper than that?

[00:09:12]

Paula: Well, you know, there are still some cultural places where breasts are still not spoken of, if you will, where people don't feel comfortable. But, you know, it's hard for me to believe unless you live completely under a rock that people don't know that breast cancer exists. And most people, I would say the vast majority of people, understand that you need to go get mammograms every year. Whether they do or not is a choice, right? But people do understand that. And I think, you know, as we continue down this road, it's really not... We have found that it is not necessarily just giving out vouchers for mammograms that will make a dent in this. Of course, early detection is important, right? Because your outcomes are better. But you have to figure out nothing is going to cure cancer other than research. And I normally say nothing cures cancer other than cash, which is kind of the truth. Because if you don't have cash, you don't have research. If you don't have cash, you don't have mission delivery.

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So that's really the key to all of this, and especially in such a compromised and difficult time right now, organizations like ours are, are challenged. Majorly challenged because, you know, there's not a lot of cash out there in this COVID world. We're trying to navigate and figure out what that looks like post-COVID. But it is going to be about delivering on our communities and helping with patient services. The things we're focusing on most of all now because as you go through, you know, a world of COVID and you have to come out the other side, you have to stay ultra-focused on what is gonna move the needle. And for us, there's nothing that's gonna cure cancer other than research. We have to make sure that we have more direct patient services. And we have to have a very strong advocacy shop so that we can make sure that women are taken care of in health care through the government as best as possible.

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So those are the things that we're focusing on. It's, you know, a new day. Every day is a new day now. Every day feels like three weeks now. But, you know, we're really staying ultra-focused on the things that are important to move the needle. Our bold goal is that we will decrease the deaths of breast cancer in the United States by 50% by 2026. I don't know how it's going to play into this new, you know, bold, brave new world that we're going to live in because people are putting off cancer care right now, which is really challenging. Because cancer isn't canceled just because there's COVID. We have to figure out how we do both of these things concomitantly. Otherwise, you will have much worse diagnoses because people are waiting longer to even go to the doctor to get checked.

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And mammograms haven't been happening for the last couple of months. And a lot of times it's incredibly important that it's timely. When I got diagnosed, I was actually in the middle of a big giant massive turnaround. And we were in the middle of a restructuring, a complete restructuring. And I got the diagnosis and I asked my doctor, "Hey, if I wait...I'm in the middle of this massive restructuring. I don't wanna leave this to chance at this point because, you know, it's super important for the organization to stay alive." And the one that I was working with at the time and, "Can I have three weeks, or will I die?" And he said, "Well, you won't die, but you need to get there as quickly and get started in treatment as quickly as you possibly can." And I said, "Okay." But now you know that people that are waiting are going to have, you know...there's going to be concerns about better outcomes.

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So hopefully, hopefully we'll stay on track with our bold goal, especially, one of the things that is most troubling about this whole new world post-COVID is the ability for people to get the health care that they need. Because right now, 30% of the deaths of breast cancer could be remediated if we just were able to get people to the care that exists today. Now with so much unemployment and so many women and men that are out of...that don't have health insurance or out of their jobs, it's gonna be really, really difficult. So, we may have to reproject, but we will continue to fight as long as we continue to breathe.

[00:13:08]

Robin: So, Paula, that is amazing. You're hitting on a lot of areas that are near and dear to me as a daughter and niece of a cancer survivor. And my aunt also had triple-negative. And we've had this conversation around research being the key. But there are certain populations, particularly African American population where we just don't go get those tests. So some of those, that number you just shouted it out in terms of 30%, some of that could have been prevented because we're not doing the prevention screening. Can you talk a little bit about what Susan G. Komen is doing in particular, communities of color to get more people screened?

[00:13:46]

Paula: Yeah. Unfortunately, and it's not just screening, right? Because you mentioned that your aunt had triple-negative. Triple-negative is one of the most difficult kinds of cancers, you know, as I well know and that is more predominant in African American women. Later stage diagnosis is more predominant in African American women and that may be culturally as well, right? Because if you choose not to go get a mammogram, or you don't get one timely, or if you feel there's a lump in your breast and you decide that you just need to pray to make it better, you know, you got to go. But there is on average, and this is on average, if you are African American versus your white counterpart, you are 40% more likely to die. And in some cities, it's up to 60%, 70%, and even 80%.

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Robin: Wow. Right.

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Paula: And so, you know, it's a huge problem. It was a huge problem before. This one with COVID, it's going to be a much bigger problem now. We have 11 cities that have the biggest disparate death rates in breast cancer for African American women that we are working on. We have an African American health equity initiative which is, you know, where we're doing a landscape analysis to find out what is the story behind the story. Because it can be that women just aren't choosing to go on time. It can be that there's a challenge with, you know...there's usually financial toxicity regardless of what color you are. But there are things that happen in certain areas and neighborhoods that might be the key to the story, right?

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Making sure that people stay in treatment and helping with patient navigation to get them through it. Because I had every possible help. And I tell you, I had probably 10 or 11 doctors during the course of this which is average. It's not anything unusual. I mean, I can't remember half of their names. But I remember Susan who was my patient navigator because she was the one that held my hand and I followed that woman like a puppy. I can tell you what she was wearing 12 years ago when I met her. I can't... You know, like, literally she is emblazoned in my brain and we want to help with that too. So, you know, part of the work that we're doing is working on patient navigation in communities. That's going to be a big part of our patient-centered services. That can be helpful in any community and it shouldn't be where you live determines whether you live.

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Robin: Right, Absolutely. I wanna go into talking about your passion and your purpose. I just...my mouth flew open, you can't see it, when you talked about you quit your job just to start the interview process. That says something about you. What is it that makes up Paula that led to you doing that for something that you're so passionate about?

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Paula: It was one of those conversations that I had the job description, my husband and I were having...we were at this conference. He came with me because it was at Miami and Miami is fun. And so we were literally sitting at a cafe in Miami the next morning. I said, "So this happened yesterday." And, you know, once we discussed it and he said, "Yeah. If you wanna go for it, we should go for it." And then I said, "Yeah. But I have to quit my job on Monday." And, you know, it was like, "Well, you don't even have an interview yet." And as I said, it didn't matter. Because, at this point in life, or there are points in people's lives where they decide that what they're doing and how you use your most precious commodity, which is time, is the most important thing that you can do. It's not about the money. It wasn't about, you know, the... It was about literally thinking about how I feel about my daughters and, you know, that I am so madly in love with, and how people feel about their daughters, and how this next generation should not have to deal with what I dealt with, with what, you know, 40,000 plus women die every year of. And we, we can make a difference. We literally can make a difference.

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So, you know, for me it was a moment in time, and it was a big leap of faith. But it really didn't feel like that much. Of course, it's uncertain, right? And I consulted...I actually, I consulted with Kanye West in between, you know, it was with Komen, Kanye, you know, completely different sides of the spectrum there. But really super interesting. And, I just wanted to do something that was very meaningful for me.

[00:17:56]

Robin: Awesome. Wow, wow. I can keep going. So, I just, I just wanna dig into everything that you're talking about, particularly as I think about... So, if you had the magic pink wand, so yes, we know research is key to the cure, what would you wave the wand to do?

[00:18:14]

Paula: Accelerate research. Because I will tell you, it's been super fascinating watching this COVID thing. Of course, it's a horror show, right? Because there's so much suffering. But it's been super fascinating watching this from the medical perspective and how quickly everyone has moved to move mountains, to make things happen. So, you know it's possible. It's just a matter of acceleration and getting more money behind research that will make this happen. So fascinating to watch. I think if we did that, there are so many new breakthroughs that happened. It's such a great time for medical breakthroughs in breast cancer.

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I had an event at my house where we had five of the top breast cancer doctors in the world and these are like rock stars. And two of them, they're all on our scientific advisory board at Komen. And one runs oncology at Stanford and one runs oncology at Vanderbilt. And those are our two heads and they're brilliant, beautiful people. And I had this opportunity to bring donors together and even a lot of our employees together to listen to them talk. And I asked them, "What have you been working on? What are you working on right now that can move the

needle?" And every one of them had the most fascinating things that they're working on. And by the way, I am not a scientist. I'm a businesswoman. Completely different, right? And just broke it down to the work that they are doing and how important that work is.

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It was an evening that literally filled me up and gave me so much more momentum to move on the next day which, you know, I'm always a pretty positive person, but I know what they're working on. And that whole room felt it. And you can see how, it's gonna be super important going forward to make sure that we don't forget that cancer isn't canceled. And that we have to... COVID will go away. There'll be some...you know, there will be drugs that come out, there will be medical interventions there. But cancer is not canceled, folks. We need to make sure that we continue to take care of this. It's going to be more hampered than ever because, you know, people are not hiring the researchers. There's not a lot of business being done right now in research other than in COVID. There, you know, a lot of duress over that.

[00:20:21]

Shawn: Yeah. You know, Paula, you and I shared some of this personally. I sit on the board of the pediatric oncology organization in Las Vegas. And today, I was just as I was preparing this morning, they posted a post and it really hit me at the core with the hashtag and you're still saying it, the hashtag was #CancerCantWait.

[00:20:46]

Paula: Yeah. Exactly right.

[00:2:48]

Shawn: Just because we're sitting in this, you know, pandemic of COVID-19, it doesn't mean that cancer just stops.

[00:2:57]

Paula: No.

Shawn: And what's even scarier about that to me and what, you know, is kinda rattling me at the core even today is there are people that need these services. There are women that need these services. And, you know, as Robin and you guys are...you're sharing about all this work in the African American community, right? Like, just because we're doing this and we're living in this pandemic, how are women getting these services and everything. And I know you had to make some strategic decisions and some changes. We'd like for you to dig in a little bit around why this new direction and what this means in your new norm post-COVID-19.

[00:21:39]

Paula: You know, this is an organization that raises a tremendous amount of money or a tremendous percentage of our money on runs and walks, right? And we bring together a community. And the community if you've seen, you know the pink ribbon, you've seen...most

people have seen one of our races and walks where we get thousands and thousands, and hundreds of thousands of people together. We aren't able to do that anymore. I don't know when that will come back. I imagine it will, but it's not any time in our direct near future, right? So, we have an affiliate network that was a single...they were, I'm sorry, a federated model. So, they were all their own individual little 501(c)(3)s with over 60 affiliates across the country. And the challenge is we have to figure out how we...I made the decision with our senior leadership team in our board, our national board to become a single incorporation.

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What that means is if you have an affiliate that is in, let's say, I don't know, you name it, Chicago, New York, LA, a lot of them have all of their own marketing people. They have their own finance people. They have their own...you know, they have mission people. They have fundraisers. And there's a lot of redundancy through HQ and through the affiliate network. And there's, you know...unfortunately, we can, it will be some job eliminations. But there will be, you know...we are staying in all of these communities. But what we wanna do is streamline the efficiencies.

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So, you know, now you hear my turnaround side of me come out, right? Because we have to... I don't think that the person who is participating or giving money to Komen, cares whether or not we have a single incorporation, or we have a federated model. What they care about is that we are really good stewards of their money and that we are doing it in the best and most efficient way. So the most money that we could possibly give to treatment assistance programs for people that need money that are going through it, or invest in advocacy, and invest in, certainly, invest in research. Those are the most important things I think to the average person who cares about breast cancer. I know they would be for me if I were not running the organization. So, it's sort of putting that hat on.

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So we made the decisions, and these are tough decisions, you know. Nothing is easy, nothing is easy right now, but we wanna make sure that on the other side of the pandemic, that Komen can survive and thrive. We are contracting to be able to grow. And that's what... If you're running a for-profit, or not-for-profit, or any type of business and organization, unless you are one of the very lucky few, your income has been severely impacted, your revenue numbers. So you have to figure out what are you going to do differently? And for us, it's focusing on the things that are most important which are, you know, the direct patient services, which are treatment assistance program and our helpline. Those are the most important because it helps people literally today with the disease. And our helpline is off the charts. I mean, you can't imagine how many more people are calling and how many more people are asking for treatment assistance so that they can stay in treatment and have the outcomes that they deserve. And then there's the research side and the advocacy side. So, we're staying super focused and super tight on where we want to take the organization. And it requires new thinking.

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Robin: So, speaking of new thinking, one of the things that Shawn Nason has brought into the MOFI family is this notion called The Pink Couch. And it's a... The intent is really the couch goes where the story needs to be told. And there's often that the gap of elevating the conversations of women, people of color, and all the other vulnerable communities. Women, we make up most of the population. And to your point, we take the jobs that men are not taking in terms of CEOs and some other areas as well. And I'm yet to meet a person who has not been born from a woman. And so, what we are going to be doing is literally taking the couch and taking it across country into communities to tell the story that needs to be told. That's one part of it. The other most important part of it is more around the call to action. And so, if we were to plop this pink couch and we'll have to send you a visual of it, if we were to plop it under a Susan G. Komen effort, where would you suggest we plop it to have, one, this conversation around awareness or around increasing research? And two, around the call to action?

[00:26:10]

Paula: Well, the call to action is pretty simple. It's donations for the organization so that we can continue to do the work that we've been doing for 36 years. The Komen organization has literally had its fingerprints on every major breakthrough that's happened in breast cancer, you know, for 36 years. If you stop the funding, you stop the research. You stop the research you stop the breakthroughs and more women will die. You know, I would say that that, of course, is the most important. And that you had your shameless plug, and, you know, I have mine too which is komen.org. **(Robin chuckle)** But, it is really super important because, there's no one to take our place, no one. **(Robin: Right)** No one does what we do. There are no other organizations that work in community. There are no other organizations that do to the extent that we do, the direct patient services, the treatment assistance program at the scale that we do. That's the good and the bad news, right? Because, you know, we want to make sure that we are doubling down.

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A part of what this brave new world is, is not granting as much to local grants. We have been really wonderful in over many and given out millions, and millions, and millions of dollars to very worthwhile programs that have helped women along the way. But, you know, a lot of that has built other infrastructures, etc., and people may not even have known that they got money from Komen. So for us, we would rather do it directly and we would rather manage our research. We have some research projects that are Komen-led research projects that we think will be groundbreaking, and those will be coming out in the near future. We are also working on our patient navigation and a patient navigation app which is really incredible. Because you could be in the middle of the world Pennsylvania or you could be in, you know, New York City or LA, and still take advantage of your version of the patient navigator like My Susan. And it's an interactive opportunity where you can help and navigate and help someone through this process because it is ultra-confusing no matter who you are or where you live. And you wanna make sure that you're making all the right decisions. And there are so many questions. And if

you have someone that helps you along the way, I think it will be invaluable. So, we're doubling down there as well.

[00:28:20]

Robin: Awesome.

Shawn: Awesome. Yeah. Uh, wow. Paula, we could probably talk forever about all the great work in your direction there. We will have you back on with us again. But as we come to the close here, Paula, we've started a little bit of a tradition called the combustion questions, which are three questions that have been randomly selected by our algorithm in the background of researchers back there to ask you to close out this event. So, I'm gonna read you question number one from the combustion questions.

[00:28:57]

Paula: Okay. Am I gonna combust?

Shawn: You might. You never know. So, what would be your first question after waking up from being cryogenically frozen for 100 years?

[00:29:09]

Paula: I would ask if Disneyland is open and if Walt is nearby.

[00:29:16]

Shawn: (laughs) We are really...

[00:29:19]

Robin: Did not see that coming.

[00:29:20]

Shawn: Our love for Disneyland, Paula, goes deep between you and I. So, yes. All right. Question number two, if you could live anywhere in the world, where would it be?

[00:29:30]

Paula: Oh. That's easy. I would live in Southern California on the beach near my daughters'.

[00:29:36]

Shawn: You know, I knew when I read that question where... I thought you would have said wherever my daughters are. **(Shawn chuckles)**

[00:29:43]

Paula: Yeah. Well, that's where they are. So, it's really [crosstalk 00:32:04] for me to be.

[00:29:47]

Shawn: That's where they are. That's right. I know your love for your daughters. All right. Paula, here's the third question.

[00:29:52]

Paula: Ready.

[00:29:53]

Shawn: What do you think about popsicles?

[00:29:55]

Paula: Popsicles, I will tell, you helped me get through chemotherapy. Okay? So, I think of popsicles as a cure-all.

[00:30:04]

Shawn: Wow, wow. How else do you end, right? **(all chuckle)** So, Paula, we thank you so much...

[00:30:12]

Paula: That really isn't... By the way, that isn't a medical term, you know, because again I'm not a doctor. But, **(Robin and Shawn laugh)** you know, when I say that popsicles are a cure-all, they might not cure all.

[00:30:22]

Shawn: Just a little disclaimer there.

[00:30:24]

Paula: But it really helped.

[00:30:25]

Shawn: Yeah. That's powerful. Thank you again, Paula. We look forward to watching your journey and the new journey even that Susan G. Komen is taking, and how we will be on that journey with you and The Pink Couch. So, thanks again, Paula, for joining us.

[00:30:40]

Robin: Bye-bye.

Shawn: Thank you so much for listening to this episode of "The Combustion Chronicles." None of this is possible without you the listener. If you'd like to keep the conversation going, look up Man on Fire on Facebook, YouTube, Instagram, Twitter, and at manonfire.co. Give us a shout. Let us know what you think. And please, subscribe, rate, and review if you like what we're doing and if you don't do it anyways. And remember, always stay safe and be well.