

The Politics of Breast Cancer

By Adrienne Boudreau

Cancer: More than Just a Health Problem

If you were to listen only to medical experts, you would undoubtedly learn that breast cancer is strictly a medical issue. The "facts" of the disease would be straightforward and scientific. According to experts, such as Dr. Christopher Mueller of the Kingston Regional Cancer Centre (KRCC,) all cancer is the result of genetic damage. Approximately 10% of breast cancer is the result of inherited genetic defect, while the other 90% is the result of random mutation caused by exposure to carcinogens. Most breast cancer begins in the milk ducts when a few cells accumulate genetic mistakes that cause them to grow abnormally. If the cancer grows beyond the breast and infiltrates the lymph nodes, the cancer is more likely to break off and to travel, via the lymphatic system, to other parts of the body. Once breast cancer has spread to other parts of the body, it is said to have "metastasized."

While the experts are not wrong in the strictest sense, breast cancer is far more than just a health issue. The experience of breast cancer is informed by social policy, political climate, and popular attitudes and beliefs: how we socially construct and react to the issue of breast cancer has real implications for the way we care for those afflicted. However, the ways in which society shapes the disease are often not recognized. Many Canadians believe that medical personnel are guided by purely neutral, or "scientific" factors. Unfortunately, the social values that shape the experience of breast cancer often do not prioritize the needs of patients or women in general. Most notably, it is clear that breast cancer practices in Canada surrounding research, medical treatments, and the environment do not place the best interests of patients first, although some areas, such as the research field, have greatly improved in the way they address the needs of women. In fact, a whole industry has developed around cancer that does not seem to control the disease as much as it seeks to control the patient. The invisibility of breast cancer is due to and is exacerbated by the fact that women are the primary sufferers of this disease and, unfortunately, women still lack access to power in North American society. The patriarchal organization of our society has meant that women have lost much control over their own treatment and of issues surrounding breast cancer generally. Thus, we see that to truly understand the breast cancer experience in Canada, and in Kingston in particular, we must understand cancer as a political and social phenomenon, and recognize it as a feminist issue.

Breast Cancer in Canada: The Numbers

The tremendous increase in the incidence of breast cancer in Canada has not led to significant innovation in breast cancer treatments or in detection methods. Indeed, although diagnostic and treatment options continue to be offered to women in earlier stages of the disease, the mortality rate from breast cancer has not decreased substantially since the 1930's. The absence of considerable change in the approach of modern medicine to breast cancer is but one example of how society's perception of breast cancer as a relatively unimportant disease has translated into inadequate care for patients. The odds of getting breast cancer in Canada today are one in nine over an average woman's lifespan, up from one in twenty in 1950. A woman's chances of getting breast cancer if born between 1947 and 1958 are 3-7 times greater than that of her great-grandmothers'. Of breast cancer occurrences, 22% occurs in women under fifty while 66% occurs in women between fifty and seventy. In Canada, one woman is newly diagnosed with breast cancer every thirty minutes, and every ninety minutes, one woman dies of the disease. Although studies have been

inconclusive, it is likely that a woman's chances of developing breast cancer in Kingston are higher than the national average.

Remarkably, treatment options for breast cancer have remained crude and virtually unchanged for the past fifty years. Medical responses to the disease remain unsophisticated, usually involving some combination of "burning" (radiation therapy) "poisoning" (chemotherapy) and "slashing" (removal of part of all of the breast and/or surrounding lymph nodes.) Ironically, radiation and chemotherapy are identified as human carcinogens, or cancer causing agents. The popular anti-breast cancer drug tamoxifen, used to prevent reoccurrences of the disease, is also a human carcinogen.

The breast cancer treatments a patient receives can also sometimes reflect more of a concern for the financial bottom line than for the patient. Lumpectomies (removal of part of the breast,) a less radical approach to the removal of cancerous tissue, are 37% more expensive than the more radical mastectomies (removal of the whole breast.) Some breast cancer activists are concerned that some doctors opt for the less expensive, but more invasive, treatment of mastectomy simply because it is cheaper.

The low social priority of breast cancer has meant that women in Canada are also subject to unsophisticated cancer detection methods, the most prevalent of which is mammography. Likened to an x-ray of the breast, mammography is the most widely used detection method in Canada, apart from women's own breast self-examination (BSE.) However, mammography is far from perfect and often misses tumours, especially in younger women, an age group in which there is no proof that mammography actually saves lives through early detection. Indeed, it is estimated that 40% of all mammography results are in error, giving the patient a false negative, or false positive result. Furthermore, mammography uses a type of radiation that can initiate or promote an existing tumour. Indeed, there is some concern, as yet unproven, that mammography could potentially cause more tumours than it detects in women under fifty. Despite women having expressed these concerns, mammography persists as the most prevalent and "best" method for the detection of breast tumours.

Political Climate, Social Policy: Government (In)Action on Breast Cancer

Women are told by the media, by society, and by the government that the situation of breast cancer is "on the mend," that molecular research into cancer is advancing steadily, and that scientists are coming up with "better diagnoses" and "smarter drugs" to combat cancer. However, the basic fact remains that the medical community cannot definitively identify the causes of cancer, nor can they "cure" cancer. In addition, despite the fact that Canada has the second highest rate of breast cancer in the world, there is still no national, organized effort to respond to the disease outside of the realm of research. By failing to take women's demands for better treatments and more resources seriously, the government jeopardizes female lives and represses women in Canada.

In May, 1995, MP Audrey McLaughlin, NDP, Yukon Riding, brought to the attention of the federal parliament that the recommendations from a 1992 report from the sub-committee on the status of women entitled "Breast Cancer, Unanswered Questions," had still not been acted upon by the federal government. Among the suggestions of the report were that regional, one-stop cancer facilities and a toll free breast cancer telephone line be created. To date, while some regional cancer facilities have been created, rural areas remain isolated from effective cancer treatment centres, and some centres continue to experience overcrowding. A toll-free breast cancer hotline has also not been created despite the National Forum on Breast Cancer that occurred from November 14-16, 1993 in Montreal to determine the priorities and direction of the issue of breast cancer.

Discussion of breast cancer in the House focussed mainly on the need to fund survivor-led support groups. While emotional support is certainly an important component of an appropriate response to breast cancer, it is doubtful that those afflicted with the disease and their families would have been satisfied with such a narrowly focussed initiative. While Ms. Pauline Picard, Bloc Quebecois, riding Drummond, noted that the status of women in Canada is still lower than that of men, and that women's health funding in Canada continues to be inadequate, other Members saw the breast cancer issue as not solely the responsibility of the government. Jan Brown, Reform Party, riding Calgary SE, felt that the private sector should contribute more money to breast cancer research and treatment. While the wealth of the private sector would no doubt be a monetary asset to breast cancer research and treatment, there would be little accountability of private companies to the public or avenues through which advocacy groups, patients, and survivors could be guaranteed a voice. To date, the recommendations of "Breast Cancer: Unanswered Questions" have still not been fully implemented.

Inadequate government support for breast cancer was expressed quite clearly by one breast cancer survivor, Stella Southcliffe from Kingston, Ontario. Stella says:

...[the government] leaves it up to the non-profit charitable organizations to do a lot of their work for them. Research money, and support programs. There wasn't any government program offered to me [during my breast cancer treatment.] Actually, there was no support group even mentioned. You could go and see the social worker at the cancer clinic. When I did see her, she didn't seem suited to the job at all. She just sat there and looked at me. The cancer clinic didn't tell me about [local, non-governmental support available.] They did hook me up with a psychiatrist but it wasn't a good fit for me. Too many people in the support group were dying. I was afraid of dying so it was bad timing for me.

It is obvious from government inaction on the issue of breast cancer, that the federal parliament has not taken women's health care needs seriously. Not only are women's citizenship rights being compromised through the government failing to adequately address women's concerns and issues, but women's lives and emotional well-being are actually being put at stake through continued government inactivity on the breast cancer issue.

The Politics of Research

While the distribution of public research money in Canada has recently changed to better reflect the interests of women and breast cancer survivors, aspects of the funding process remain problematic. Research on breast cancer has been narrowly focussed on finding the "cure" to cancer, a quest which has been characterized as "futile but lucrative." The research industry's obsession with "the cure" reflects an industry and a research structure that seeks to benefit researchers and drug companies rather than patients and their families.

While the structure of research funding in Canada remains somewhat curiosity driven, that is, based on an individual researcher's ability to successfully compete for funds, breast cancer research in Canada is distinct for its willingness to allow survivors to participate in the distribution of public research funds. The major funding agency of breast cancer research in Canada is the National Cancer Institute (NCI), which gets its money from the federal government. The NCI then gives its money to the Canadian Breast Cancer Research Initiative, (CBCRI,) the agency that directly dispenses funds to researchers. The CBCRI is comprised of a panel of medical professionals and of breast cancer survivors who have been trained to interpret and understand medical terminology and concepts. In addition, the CBCRI is the only cancer initiative in Canada that is funded through an agency other than the Canadian Cancer Society. The special status of the CBCRI is largely due to grassroots activism

and lobbying by women and survivors who felt that breast cancer was not being given adequate attention under the previous funding system. Indeed, "the breast cancer community wanted to become proactive and wanted to have input into what was being researched, who was doing it, and decided the only way they could do that was to have control over the research."

However, the CBCRI panel is not a panacea to the problems surrounding research and breast cancer in Canada. According to Janet Dikland, President of Breast Cancer Action Kingston, a non-governmental organization for men and women living with breast cancer, more survivors need to be trained so that they may sit on the distribution panel. In addition, fundraising efforts to support breast cancer research have had to contend with the current "backlash against breast cancer. People say, 'Well, we're not doing any more for breast cancer since [that disease has] enough already.' Other diseases are feeling jealous." The lack of public support for breast cancer research affects the prospective generation of funds directly. Furthermore, it has the potential to affect the political climate, which could result in the reduction of the financial support that the federal government currently provides to breast cancer. Also, while the public is able to participate in the distribution of public funds to researchers, there remains little accountability on the part of researchers after public money has been granted.

Despite increased input from women and survivors in the research funding process, research on breast cancer in Canada has remained narrowly focussed on finding "the cure." Efforts to "cure cancer" have primarily remained focussed on pharmaceuticals. As Joe Pater, Kingston Professor of Oncology from Queen's University states, "everybody sees this as a time of glowing opportunity and challenge (in the field of breast cancer research) and it's mostly focussed on drugs." Issues of prevention, in which the public has minimal interest and which are not as potentially lucrative for researchers, are largely ignored. Indeed, progress within the research community is measured in terms of people with breast cancer living better, longer, lives, rather than on working to ensure that fewer people are diagnosed in the first place. Janet Dikland says:

A cure for breast cancer could have been found years ago if [researchers] were interested in doing it. The drug companies are making much too much money on treatment options. The treatments (such as radiation and chemotherapy) are very expensive. If you're making all this money (with the treatments) why would you think of curing [cancer?]. The other thing is that when people say their ultimate goal is to cure breast cancer it means that they don't understand [breast cancer] that well. Breast cancer is made up of at least seven different types of cancer. [Researchers] may cure [one type but not] others. It's a catchy phrase that doesn't mean much. [Researchers] should be going back to rivers, great lakes, the food chain and find out what's going on there. That's where a cure will come from. Basically what we're (currently) doing is a stop-gap measure...

In Canada, researchers hoping to "cure cancer" have focussed on hereditary breast cancer, seeking to identify the BRCA1 and BRCA2 genes. Most other investigations into the causes of the genetic damage that can cause cancer have focussed on examining an individual's behaviour in order to determine how they "made themselves sick," an approach sometimes characterized as "blame the victim." The medical establishment has tended to focus on the connections between cancer and those lifestyle choices that seem to encourage the development of cancer, such as a high-fat diet, avoidable carcinogens such as those found in cigarettes, as well as alcohol consumption, taking hormone replacement therapy (HRT,) and being obese. However, women have questioned this link between lifestyle and cancer. One woman said that "if you look at the beluga whale, which has a very high incidence of

breast and ovarian cancer, they don't go out partying, drinking alcohol, and eating fast food. Why is it fair to blame the patient herself?"

Furthermore, Canadian research has reflected the interests of only a very small percentage of the Canadian population. Indeed, there is far more information on the incidence of white women developing breast cancer than there is for black women, despite the fact that black women have a higher incidence of tumours below age forty and have twice the mortality rate of white women.

Remarkably, lifestyle and genetic factors, taken together, have been found to play a part in fewer than 30% of all breast cancer cases in Canada, leaving the other 70% of cases unexplained. Why has the majority of research money been directed at a minority of cases?

Many activists and patients believe that the reason why breast cancer research has focussed on "finding the cure" rather than on identifying the causes of breast cancer boils down to money. While there are many dedicated and altruistic professionals working in the breast cancer research field, there are also doctors who want to be "heroes" and find the cure for this disease. Finding the cure for cancer is both a prestigious and lucrative area of research that, in Canada, is funded to the exclusion of almost all others.

In addition, politics plays a significant role in the research funding game. One striking example is the drug company AstraZeneca. AstraZeneca is the creator of breast cancer awareness month, the message of which is primarily "early detection is your best prevention" and "avoid lifestyles that may raise the risk of cancer." Indeed, AstraZeneca would seem to urge women to find out if they already have the disease and then hold women personally responsible for their cancer by focussing on the role lifestyle choices may play in the development of the disease.

What is missing from the message of breast cancer awareness month is an examination of the agenda of research companies, and what they can do to stop breast cancer at its source. AstraZeneca is the primary sponsor of Breast Cancer Awareness Month, manufactures the anti-breast cancer drug tamoxifen, and also manufactures fungicides and herbicides, including the carcinogen acetochlor. AstraZeneca's

...Perry, Ohio, chemical plant is the third-largest source of potential cancer-causing pollution in the United States, releasing 53 000 pounds of recognized carcinogens into the air in 1996. When Zeneca created Breast Cancer Awareness Month in 1985, it was owned by Imperial Chemical Industries, a multibillion dollar producer of pesticides, paper, and plastics (suspected of causing cancer.) State and federal agencies sued ICI in 1990, alleging that it dumped DDT and PCBs - both banned in the United States since the 1970s - in Los Angeles and Long Beach harbours. Any mention of what role such chemicals may be playing in rising breast cancer rates is missing from Breast Cancer Awareness Month promos.

In addition to being one of the world's biggest manufacturers of carcinogenic chemicals, AstraZeneca has a tremendous influence in breast cancer treatment, has control of chemoprevention studies, and has control of cancer treatment in eleven cancer treatment centres in the United States. In 1999, the vice-president of a major herbicide manufacturer sat on the American Cancer Society's Board of Directors. In this context of conflicting interests, it is hardly surprising that cancer research has been directed at the most lucrative aspects of breast cancer research, and has not generally focussed on the environmental causes of cancer, nor has it seriously investigated prevention.

The Medical Establishment

As research has reflected the particular interests of those with power, the medical establishment has also interacted with women patients in a particular way that reflects the patriarchal nature of our society. The history of the medical establishment's interaction with women is well documented and can be traced back to the 1800's. Barbara Ehrenreich and Deirdre English have shown in their book, *For Her Own Good*, that many doctors throughout history have treated women as bodies and as diseases rather than as people. The control of women by male doctors was achieved through the ascent of male medical "experts" whose medical knowledge always superseded the personal knowledge the patient had of her own symptoms, no matter how absurd the doctor's diagnosis or proscribed treatment.

While the Canadian medical system has changed dramatically since the 1800s, it continues to be a value-laden enterprise, reflecting the ideas, beliefs, and values of our society. For example, there continues to be little consensus about what, if any, the implications of sex differences are in the human body. Because sex differences have meaning in the social context, the "purely anatomical" features of the body cannot be completely neutrally discussed apart from this social meaning. Indeed, "bodies and minds cannot be understood apart from the history and culture" in which they are situated. Especially for women, cancer in the breast is also a cancer of a very fetishized part of the human female form. Thus, when women enter the doctor's office, they bring their gendered bodies with them, and everything that the female gender implies, such as expectations that females are submissive, unquestioning, and afraid of confrontation. The presence of a gendered body and can translate for women into no voice and alienation from her own treatment in the doctor's office.

Unfortunately, the social values that inform our understanding of health and disease are often obscured by the widespread belief that science, and the medical system, is a "neutral" phenomenon that dispassionately evaluates "facts" and rationally determines treatments based on the objective interpretation of medical evidence. Health is rarely conceived of as a social contract between patient and physician, but continues to be thought of as a technical problem for "experts." Often, those seeking treatment should have little to no input concerning what should be done to their bodies. For example, in Kingston, there is still a problem at general practitioners' offices with women's concerns being dismissed by doctors as unfounded. Within the past year, women

...have been, literally, patted on the head (by their doctors and told)... 'Oh no dear, you're too young to have breast cancer...' Women have fought with their doctors because they wouldn't send them for a mammogram, and have (consequently) had a mastectomy and chemo. There are women out there who are very aware of their body and body changes. If you are such a woman, and no one will believe you, it's very frustrating... There is a real lack of information at the GP's level. GP's don't know enough about breast cancer.

This system of medical "experts" and "patients" is clearly shown in the video "Why Me?" produced by the Kingston Regional Cancer Centre (KRCC.) Currently, in Kingston, the KRCC is the headquarters for most outpatient, or "ambulatory" cancer care, for the majority of south-eastern Ontario. The KRCC is funded by Cancer Care Ontario, which in turn is funded by the Ontario Ministry of Health. KRCC offers the standard treatment options of radiation, chemotherapy, hormone therapy (tamoxifen,) and surgery, but also claims to focus on providing emotional support for patients. In "Why Me?" patients are "led through" a process of determining what treatments they will receive in a planning process. The focus of visits to KRCC for patients is on treatment and on making their cancer "disappear." To the viewer of Why Me? there is

little sense that cancer patients are given the option to pursue non-traditional treatments, or even that cancer treatments outside of the KRCC exist.

The women shown in the film "Tears are Not Enough" also clearly and repeatedly speak of not being adequately informed about their treatment options. Perhaps this is due to the fact that women are often assumed to know less about the technical aspects of medicine, so doctors omit discussions of treatment options in order not to "overwhelm" delicate female temperaments. The lack of information and choice given to breast cancer patients has meant that two-thirds of treatment options offered to women are actually inappropriate for them. Stella Southcliffe shares her experience of limited treatment options:

You are given choices but you're really pushed toward the choice that they think is best for you. It's like, 'Here's your options but if you don't do this you're an idiot,' basically. Or, 'You've got a 70/30 chance of dying (with this option) and a 50/50 chance of dying if you choose this option.' It makes you choose the one that has the best odds. All the time knowing there are tons of other treatments that just aren't available. Like in other cities. You know there are other things available, just not to you. (Emphasis mine.)

The women of "Tears are Not Enough" also tell the story of patient disempowerment quite clearly. Women speak of being pushed and prodded by doctors and of being treated "not as a person, but as a disease." Stella tells us:

...I had all male doctors...I didn't really care for my oncologist. I felt...like he thought he was better than me. Looking down on me on all the time...It was just his mannerisms. He didn't talk very much and evaded questions. He didn't seem available. He always had one hand on the doorknob (getting ready to leave) when he was talking to me...The radiologist was very arrogant...If ever I tried to say something he was really rude to me...I remember the nurse saying (to me,) 'You're so lucky to have Dr. What's-His-Name - he's so good looking!' I said, 'He may be good looking, but he's a friggin' jerk.'

The values that influence the medical system are also evident in the way we respond to breast cancer. Society and the medical establishment see breast cancer as a biological disease that we must attack and destroy. Except for those with a genetic history of breast cancer, who account for less than 10% of all breast cancer cases, little attention or time is spent by doctors on attempting to educate patients about the possible ways in which they can reduce their cancer risk or about what causes cancer generally. The medical profession has a primarily reactionary response to cancer: responding to the disease as it is presented by the patient, an approach that is like "going after a fire with a water hose in one hand and a gasoline hose in the other."

The paucity of treatment options, the almost complete lack of new treatments for this disease, and the indifference or control over female patients by health care professionals reflect the low importance accorded to breast cancer in particular, and to concern for women's health in general.

Breast Cancer and the Environment

If only 30% of breast cancers can be traced back to either lifestyle choices or genetics, what causes the 70% of all other breast cancers? Although it is not commonly published or discussed, there is mounting evidence that these "unexplained" cancer cases are actually caused by environmental pollution of various kinds.

The two primary environmental causes of breast cancer are xenoestrogens and exposure to radiation. Xenoestrogens are found mainly in pesticides, herbicides,

some plastics, incinerator emissions, landfills and dumps, and some pharmaceuticals. Xenoestrogenic substances include kelthane, lindane, PCBs, and DDT. PCBs and DDT have now been found in all life on the planet, including in all of the food we eat. The effects of many of these chemicals are problematic and cumulative, meaning that they are never expelled from the body and that, as we age, we have increasing amounts of carcinogenic substances in our bodies. These carcinogens are stored in fatty tissue in the body, such as in breast tissue.

When a xenoestrogen enters the body, it behaves like the body's own natural estrogen, and can alter how hormones are reproduced in the body, and create more estrogen in both males and females. Scientists have long suspected that the more estrogen a woman is exposed to throughout her lifetime, the greater her chances are of developing cancer. Scientists have examples of the effects of xenoestrogens on other animals; the most famous case involving animals is that of Lake Apopka in Florida, USA. After a spill of an estrogen-like substance in Lake Apopka, male alligators inhabiting the lake had significantly smaller penises than alligators of the previous generation, and female alligators had a higher rates of cancer, of mortality, and of morbidity.

In terms of radiation, three major studies have confirmed the link between exposure to radiation and cell damage that leads to an increased chance of developing breast cancer. There are two major kinds of radiation: ionizing radiation, found in gamma rays and in x-rays, and non-ionizing radiation (or electro-magnetic field radiation, or EMF radiation) found in all devices that produce, transmit, or use electric power. Everyday, Canadians are exposed to items that emit non-ionizing radiation, such as electric clocks, shavers, blankets, computers, televisions, heated waterbeds, and microwave ovens. As with xenoestrogens, the risk of radiation is cumulative: the more radiation one is exposed to, the higher one's risk of developing cancer.

The jump in cancer rates since 1950 correlates perfectly to society's shift from a carbohydrate-based to a petro-chemical-based economy during the second world war years. WWII changed the frequency of individuals' interactions with chemicals. Innovations during the war "changed how food was grown and packaged, how homes were constructed and furnished, how bathrooms were disinfected, how children were deloused, and how pets were de-flea'd." Most of the chemicals we use today, in industry and in the home, were unknown before WWII. The period of the second world war has been referred to as "the most contaminated, unregulated time in history" because of the creation of chemicals developed and used for war that were not fully tested for safety, chemicals that continued to be used, untested, after peace had come again. Indeed, of the over 70 000 chemicals that are currently in use today, only 1000 have ever been studied in any real detail for human safety.

Here in Kingston, there are several striking examples of companies' blatant disregard for the environment and for human health, including the fact that

the (water) intake pipe for the city of Kingston is below the output pipe of (a major factory near) Kingston, [which]...makes plastics...The other thing, that is totally amazing, is that on Sydenham road between Princess and the 401...which is now encroached by a residential area...is where (electrical) transformers are stored and some are leaking...They are a hazard and (are) supposed to be disposed of as a hazardous waste...They've been there since the 1950s.

However, the presence of more chemicals in our land, air, and water is not conclusive proof that the rise in cancers, such as breast cancer, is directly related to the environment. Critics of the idea that the environment can cause breast cancer have pointed out that these modern innovations of pesticides and electricity have greatly improved the quality of human life in many ways, and that the environment has not been conclusively linked to the incidence of cancer. They are right on both

counts. However, the problem is that we have not weighed the benefits of these innovations against their possible risks to human health. Furthermore, in a public health crisis such as that of breast cancer, it is irresponsible not to act when circumstances indicate a likely connection between a factor and a widespread public health problem.

Three facts strongly suggest that the environment in which one lives affects one's chances of getting cancer. The first is that the rate of cancer in children has risen. In previous generations, cancer was linked to the likelihood of genetic error that increased as people age; cancer in children was considered a "medical miracle." Between 1973 and 1991, all cancers in children have risen by 10%. Between 1954 and 1998, brain cancer in children has increased by 36% while acute lymphocytic leukemia (ALL) has increased by 33%. Both brain tumours and childhood leukemia have been linked to EMF emissions.

The fact that so many more children are getting tumours suggests that something other than age is causing these genetic mistakes to be expressed through cancer. Similarly, the fact that women live longer than in previous generations does not explain the increased rate of breast cancer. While life expectancy rates have remained relatively stable since 1950, the incidence of breast cancer has increased by 55%. Second, there has been a rise in the incidence of cancer over time, as well as a rise in cancer over successive generations, striking evidence to biologists that suggests environmental factors are at work. Third, the cancer rate of immigrants comes to exactly approximate that of their new country, despite continued differences in lifestyle patterns. Clearly, something more than genetics and lifestyle choice is affecting the breast cancer rate.

Obstacles to Change

If scientists suspect that 70% of breast cancers are caused by pollution and contamination of our environment, why do research initiatives, treatments, and medical personnel almost overwhelmingly exclude considerations of the environment in their work, and why do we hear so little about the probable connections between breast health and the environment? As discussed above, part of the reason for the lack of environmental focus is due to the fact that the medical establishment has adopted the culture of expertism and has been resistant to any kind of challenges to its authority.

Furthermore, the fact that research is profit-driven has prevented more work from being done on the environment and cancer, since the number of acceptable research topics is limited to those that make money. Indeed, although polluting companies have produced studies showing that their impact on the environment is negligible, women question their accuracy. Janet Dikland believes that these companies wrongly "think that women and the rest of the world are going to put up with taking their word for [the results of their own studies.] Its like tobacco companies doing studies that say there is no carcinogen risk." Showing the environment to be a cause of breast cancer implicates government and big business, the very people that control cancer research and treatment. Indeed, it would seem that the way our society is arranged and the things that it values, such as industry and business, have come at the expense of human health.

Women's activist groups have formed to attack the interests that create the conditions in which breast cancer is produced. However, these protest groups have had minimal success in changing government environmental policy due to three main obstacles: the nature of our capitalist economy, women's own responses to breast cancer, and popular attitudes and beliefs surrounding the "proper" place of women in our society.

First, our economic system is organized in such a way that it does not recognize all kinds of assets, nor does it account for certain kinds of negative activities, an observation first proposed by New Zealand economist Marilyn Waring in her book, *If Women Counted*. Waring noted that any activity that generates money, whether it is a standard consumer exchange or the oil clean-up effort after the Exxon Valdez, is considered productive and positive in the system of national accounts. The environmental damage from such an oil spill is not registered as negative because its clean-up generates tremendous revenue, and because a clean environment and natural resources have no formal monetary value in the economic system to begin with.

Waring's ideas can be applied to the phenomenon of breast cancer carcinogens being released into the environment. Every time that pesticide is produced and sprayed, waste is incinerated, or electricity is used, a profit is generated. When women are treated for cancer, profits are also generated through the drugs they use, the professionals they encounter, and the research that they stimulate. The negative effects of disease and sickness are not recorded, and when they are (through loss of productivity of paid employment) they are far outweighed by the income generated by these cancer-causing and treating activities. Indeed, within the current economic system, those negatively affected by an activity must prove that it is hazardous, rather than expecting those doing an activity to prove that it is safe. It would seem that polluters should have to prove that people are not getting sick from their actions, but currently, dead bodies are required before industry will even consider changing its practices.

Second, the low social status of women in North American society means that in many cases, women have been taught behaviours and attitudes that puts them at greater risk for developing cancer, and that give them less ability to successfully challenge the structures that create cancer. For example, women's domestic work, which often involves interaction with a diverse range of chemicals, can put them at greater risk for developing certain cancers. Furthermore, women are often socialized not to demand or to fight for money, an unwillingness that can greatly impede fundraising initiatives.

There also exists within the cancer community a certain discourse around "good" breast cancer patients, a discourse that closely resembles social expectations of women in general. Women feel pressure from doctors, society, and sometimes their families to be "good patients," to remain cheerful and positive, to continue to think of others before themselves, and to put their unquestioning faith in (usually male) doctors to solve their cancer for them. Good patients are expected never to be vulnerable, to hide their anger, and to appear attractive enough so people will like them enough to care for them.

Patients who are already susceptible because they are physically sick, often internalize these expectations and are made to feel responsible for their own cancer. One woman felt so guilty about her breast cancer that she would go to bed at 8:00 pm every night in order not to disturb her kin's "family life," and would take a green garbage bag into her bedroom to vomit into so that she would not "hog" the bathroom. It is no wonder that women who feel like they must be "good" patients have little time, energy, or inclination to seek out and challenge the system that created their illness.

Third, social expectations work to keep women from effectively organizing to attack the breast cancer system. Audre Lorde has extensively discussed how breast cancer is often interpreted by society as more of a cosmetic problem rather than a serious health issue. For example, because women are taught that appearance is the total sum of self, mastectomy patients are often encouraged, during the process of a

being a "good patient," to get breast reconstruction or a prosthesis in order to look "normal" when in public. The pressure to acquire a prosthesis or to get reconstruction (which can actually mask the reoccurrence of cancerous lumps,) encourages women to dwell in the past and to see their mastectomy as a cosmetic occurrence rather than as a socio-political phenomenon around which to rally. The emphasis on "looking normal" (ie: two-breasted) means that other women who have had mastectomies become invisible not only to the public but to each other.

Thus, the sheer number of breast cancer survivors become less visible to the public generally, and among women, the possibility to come together and organize around breast cancer is greatly diminished because they cannot identify each other. The ability of women to meet and to network at hospitals during treatment is also being lessened through the devolution of services formerly done by the hospital to the isolation of private homes in the community. Such service devolution also usually means an increase in unpaid care work for women, and less time and energy to focus on other things, such as political activity. Indeed, 70% of non-paid caregivers in Canada are women.

The Real Cure for Cancer

It is clear that the government, the research community (generally), the medical establishment, and industry each has its own agenda, or a way of interacting with breast cancer patients that is geared toward managing women rather than managing breast cancer. We can also appreciate that the experience of cancer is created by these interactions between patients and others, and that the activity of industry and society actually creates the conditions in which cancer flourishes through polluting activities. Thus, it would seem that cancer is a social phenomenon as well as a medical disease. As such, medical searches for "the cure", most of which are focussed on drugs and genes, will be unable to fully eradicate breast cancer.

The real cure for cancer must involve changes to the way that society functions and interacts with women, changes that will only come through intense lobbying, most likely by women. Women must set the breast cancer agenda in a way that meaningfully reflects their needs and interests, rather than the interests of those with financial investments in the breast cancer industry. Through using the politics of breast cancer to their own advantage, women must make the public think differently about the disease, demand that scientists and researchers develop new breast cancer treatments, and force government to make environmental policies that better address the concerns of women's lives. It is only through activism, particularly environmental activism, and an increase in the status of women that real improvements will be made to the status of breast cancer. Ultimately, the actions of women and activists may help us to achieve freedom from disease as a result of a poisonous environment. Through social change, we may one day see the real cure for cancer.

Taken from <http://www.cbcn.ca>