

Confronting an epidemic

Judy Brady talks about cancer, her book and her life

by Ariel Waterwoman

It is naive and simplistic to think that any of us can make a cancer-proof life," says Judy Brady. She is the editor *1 in 3: Women with Cancer Confront an Epidemic*. This book is a rallying cry towards political, social and environmental action to prevent cancer. Each woman contributor speaks her own story in her own words. The book is far from a "downer." As it unfolds we are made aware of the personal impact of cancer on each woman and also of the bigger view of cancer as an epidemic.

There are many references to Audre Lorde and the tremendous impact her life and writings have had on all women. Brady includes Lorde in her acknowledgments, saying; "...no book by women about cancer can go by without recognizing the contribution made to us all by Audre Lorde. She has been a source of knowledge, inspiration and strength to women with cancer for many years."

Twelve years ago Brady was diagnosed as having a rare, slow-growing cancer. She went through the standard medical treatment; bilateral mastectomy, a year of chemotherapy and two reconstructive surgeries. "I do not consider myself cured of cancer. I don't think anyone can say that until 20 years has passed with no recurrence." The cancer has left her with a core of deep anger that propels her into action.

"When I was able to let go of the self-blaming [after the diagnosis of cancer] I started looking around. One book in particular, *Politics of Cancer* by Samuel Epstein (now out of print), made clear connections between escalating cancers and environmental pollution. He is a grassroots organizer too, recognizing that the answers are not going to come from the American Medical Association.

"Epstein's work got me thinking about a book. I thought about studies and information presented in easy-to-read ways. I wanted the book to have more than one voice. I wanted women to speak who have faced cancer and gone on to a wider arena than just their personal experience."

The majority of the people in the book are still alive. Six of the women have died, some have not been diagnosed with cancer yet but live in danger of it, and some of the women are really ill right now. Brady's focus in life as well as in the text of *1 in 3* is to continue building a grassroots move-



ment that keeps connecting oppression and environmental pollution with cancer and to challenge the health-care industry to work actively towards health.

Brady talks about the millions and millions of dollars pouring into the American Cancer Society, which continues "to remain conspicuously silent about environmental pollutants. One trillion dollars has been spent on cancer research since 1971, and they are still treating cancer in the same ways as they did 40 years ago, and they don't touch prevention. All of this research is a red herring. What if all that research money had been spent cleaning up the environment?"

"It's easy to get confused by individual treatments of cancer, but what needs to be done is prevention. It's exciting to see all of these people getting politicized to fight cancer by preventing it." Brady works a 40-hour-a-week job and has two teenage daughters to support. She travels to most communities that invite her to speak and can cover her expenses.

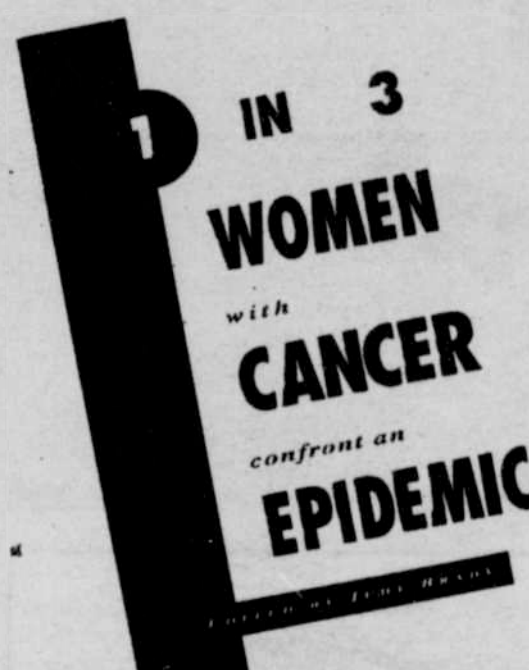
"In 1946 the United States blew up the Bikini Islands with atomic bombs. The ships they used became radioactively hot. These ships were towed back to the San Francisco Bay and cleaned up with *cornmeal*. They were dismantled. Some of the scrap metal was sold to developing nations, the rest was sunk off the Falloran Islands. [The

Falloran Islands are just off the coast of Northern California.] This is only one example of known cancer-producing substances released on humanity. Portland has the Hanford site.

"Sometimes I think the situation is pretty bad. Hopelessness comes up for me when I see people doing business as usual. We have to face up to how desperate the situation is. If Western medical doctors are seeing what's going on [with the cancer epidemic] and they are *not* up in arms about it, then they are *not* doing their jobs.

"This spring the industrialized nations met to work out a Free Trade Agreement. The gist of this is that DuPont Corporation can just move on to more Third World countries to pollute and create cancer when it is forced out of the United States.

"There's a long fight ahead, and I already see evidence of the tendency to cave in to the divide-and-conquer tactic. There's a division brewing about AIDS money vs. cancer money. We are on the brink of disaster, and when we realize the extent of the danger, maybe we can prioritize our



energy and stop fighting amongst ourselves. I don't see how anyone who has a child can *not* be in this fight/struggle. What are we doing having kids, if we let the chemical and petroleum industries go unchecked?

"I see me putting information out there, politicizing at the grassroots level. That's what I do. That's how I'm fighting."

A Woman's Cancer Agenda

The Women's Community Cancer Project of Boston/Cambridge, Mass., has compiled the following list of demands to be presented to the National Cancer Institute and the U.S. government. Demands one to four refer to research; five through 10 refer to public policy.

1. Increase funding, through new allocations, for research on cancers of the female reproductive organs: breast, cervical, uterine, vaginal and ovarian, to whatever level is necessary to allow for *meaningful* research resulting in *decreased incidence and decreased mortality among women of all races, ethnic groups and social classes*. Increase funding, through new allocations, for research focused on identifying the causes of the recent 12 to 13 percent increase in childhood cancer incidence, which could be due to toxic exposures to either or both parents.

2. Fund research, through new allocations, on all other types of cancer with an emphasis on similarities and differences between men and women and between women of different races, ethnic groups and social classes, in the causes and course of the disease and the effectiveness of treatment.

3. Develop an integrated and interdisciplinary approach to research that takes into ac-

count the whole individual and her social and political context, not just the cancer cells in her body. Study the interrelationship between the immune system and neuroendocrine system and cancer and the importance of support networks in enhancing the length and quality of life.

4. We demand decision-making power for women, minorities and the poor, including those with cancer and at high risk for cancer, in all NCI decision-making bodies, especially the councils that decide research funding allocations.

5. Pass the Women's Health Equity Act (H.R. 1161, S. 514, 1991), a set of legislative initiatives drafted by the Congressional Caucus for Women's Issues concerned with research, services and prevention related to women's health.

6. Enact a comprehensive and universal national health plan that will allow access to conventional health care and alternatives for people of all socioeconomic groups. In the meantime, enact legislation to allow for health insurance coverage of experimental cancer treatments, and end insurance discrimination against people with cancer.

7. Enforce the Americans with Disabilities Act, which was signed into law on July 13, 1990, as it pertains to employment discrimination against people with cancer.

8. Direct research to focus on prevention, the environmental causes of cancer and new, non-toxic therapies. Make the identification and removal of all carcinogens from our environment an all-time high priority. Ban the production and dumping of toxic wastes.

9. Ban cigarette advertising (as has been done in Canada, France and other countries). Ban the export of U.S. tobacco.

10. Implement the recommendations of a recent report from the Office of Technology Assessment, Congress of the United States, 1990 (*Unconventional Cancer Treatments*, G.P.O. #052-003-01207-3), describing unconventional cancer treatments, such as herbal substances, vitamins and dietary changes and offering suggestions to the cancer establishment, such as providing funds and expertise for the evaluation of these treatments. The present highly polarized situation between mainstream and alternative treatments is not in the best interests of people with cancer.



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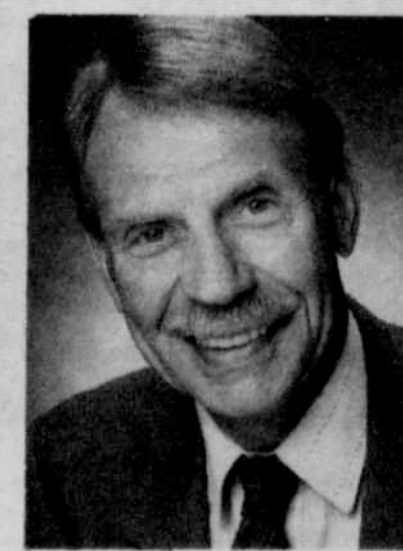


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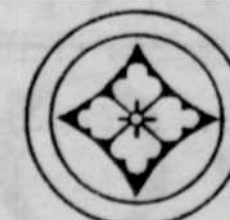
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