

WELCOME TO CANCERLAND

A mammogram leads to a cult of pink kitsch

By Barbara Ehrenreich

I was thinking of it as one of those drive-by mammograms, one stop in a series of mundane missions including post office, supermarket, and gym, but I began to lose my nerve in the changing room, and not only because of the kinky necessity of baring my breasts and affixing tiny X-ray opaque stars to the tip of each nipple. I had been in this place only four months earlier, but that visit was just part of the routine cancer surveillance all good citizens of HMOs or health plans are expected to submit to once they reach the age of fifty, and I hadn't really been paying attention then. The results of that earlier session had aroused some "concern" on the part of the radiologist and her confederate, the gynecologist, so I am back now in the role of a suspect, eager to clear my name, alert to medical missteps and unfair allegations. But the changing room, really just a closet off the stark windowless space that houses the mammogram machine, contains something far worse, I notice for the first time now—an assumption about who I am, where I am going, and what I will need when I get there. Almost all of the eye-level space has been filled with photocopied bits of cuteness and sentimentality: pink ribbons, a cartoon about a woman with iatrogenically flattened breasts, an "Ode to a Mammogram," a list of the "Top Ten Things Only Women Understand" ("Fat Clothes" and "Eyelash Curlers" among them), and, inescapably, right next to the door, the poem "I Said a Prayer for You Today," illustrated with pink roses.

It goes on and on, this mother of all mammograms, cutting into gym time, dinnertime, and lifetime generally. Sometimes the machine

doesn't work, and I get squished into position to no purpose at all. More often, the X ray is successful but apparently alarming to the invisible radiologist, off in some remote office, who calls the shots and never has the courtesy to show her face with an apology or an explanation. I try pleading with the technician: I have no known risk factors, no breast cancer in the family, had my babies relatively young and nursed them both. I eat right, drink sparingly, work out, and doesn't that count for something? But she just gets this tight little professional smile on her face, either out of guilt for the torture she's inflicting or because she already knows something that I am going to be sorry to find out for myself. For an hour and a half the procedure is repeated: the squishing, the snapshot, the technician bustling off to consult the radiologist and returning with a demand for new angles and more definitive images. In the intervals while she's off with the doctor I read the *New York Times* right down to the personally irrelevant sections like theater and real estate, eschewing the stack of women's magazines provided for me, much as I ordinarily enjoy a quick read about sweat-proof eyeliners and "fabulous sex tonight," because I have picked up this warning vibe in the changing room, which, in my increasingly anxious state, translates into: femininity is death. Finally there is nothing left to read but one of the free local weekly newspapers, where I find, buried deep in the classifieds, something even more unsettling than the growing prospect of major disease—a classified ad for a "breast cancer teddy bear" with a pink ribbon stitched to its chest.

Yes, atheists pray in their foxholes—in this

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case, with a yearning new to me and sharp as lust, for a clean and honorable death by shark bite, lightning strike, sniper fire, car crash. Let me be hacked to death by a madman, is my silent supplication—anything but suffocation by the pink sticky sentiment embodied in that bear and oozing from the walls of the changing room.

My official induction into breast cancer comes about ten days later with the biopsy, which, for reasons I cannot ferret out of the surgeon, has to be a surgical one, performed on an outpatient basis but under general anesthesia, from which I awake to find him standing perpendicular to me, at the far end of the gurney, down near my feet, stating gravely, "Unfortunately, there is a cancer." It takes me all the rest of that drug-addled day to decide that the most heinous thing about that sentence is not the presence of cancer but the absence of me—for I, Barbara, do not enter into it even as a location, a geographical reference point. Where I once was—not a commanding presence perhaps but nonetheless a standard assemblage of flesh and words and gesture—"there is a cancer." I have been replaced by it, is the surgeon's implication. This is what I am now, medically speaking.

LET ME DIE OF ANYTHING BUT SUFFOCATION BY THE PINK STICKY SENTIMENT EMBODIED IN THAT TEDDY BEAR

In my last act of dignified self-assertion, I request to see the pathology slides myself. This is not difficult to arrange in our small-town hospital, where the pathologist turns out to be a friend of a friend, and my rusty Ph.D. in cell biology (Rockefeller University, 1968) probably helps. He's a jolly fellow, the pathologist, who calls me "hon" and sits me down at one end of the dual-head microscope while he mans the other and moves a pointer through the field. These are the cancer cells, he says, showing up blue because of their overactive DNA. Most of them are arranged in staid semi-circular arrays, like suburban houses squeezed into a cul-de-sac, but I also see what I know enough to know I do not want to see: the characteristic "Indian files" of cells on the march. The "enemy," I am supposed to think—an image to save up for future exercises in "visualization" of their violent deaths at the hands of the body's killer cells, the lymphocytes and macrophages. But I am impressed, against all rational self-interest, by the energy of these cellular conga lines, their determination to move on out from the backwater of the breast to colonize lymph nodes, bone marrow, lungs, and brain. These are, after all, the fanatics of Barbaranness, the rebel cells that have realized that the genome they carry, the genetic essence

of me, has no further chance of normal reproduction in the postmenopausal body we share, so why not just start multiplying like bunnies and hope for a chance to break out?

It has happened, after all; some genomes have achieved immortality through cancer. When I was a graduate student, I once asked about the strain of tissue-culture cells labeled "HeLa" in the heavy-doored room maintained at body temperature. "HeLa," it turns out, refers to one Henrietta Lacks, whose tumor was the progenitor of all HeLa cells. She died; they live, and will go on living until someone gets tired of them or forgets to change their tissue-culture medium and leaves them to starve. Maybe this is what my rebel cells have in mind, and I try beaming them a solemn warning: The chances of your surviving me in tissue culture are nil. Keep up this selfish rampage and you go down, every last one of you, along with the entire Barbara enterprise. But what kind of a role model am I, or are multicellular human organisms generally, for putting the common good above mad anarchistic individual ambition? There is a reason, it occurs to me, why cancer is our metaphor for so many runaway social processes, like corruption and "moral decay": we are no less out of control ourselves.

After the visit to the pathologist, my biological curiosity drops to a lifetime nadir. I know women who followed up their diagnoses with weeks or months of self-study, mastering their options, interviewing doctor after doctor, assessing the damage to be expected from the available treatments. But I can tell from a few hours of investigation that the career of a breast-cancer patient has been pretty well mapped out in advance for me: You may get to negotiate the choice between lumpectomy and mastectomy, but lumpectomy is commonly followed by weeks of radiation, and in either case if the lymph nodes turn out, upon dissection, to be invaded—or "involved," as it's less threateningly put—you're doomed to chemotherapy, meaning baldness, nausea, mouth sores, immunosuppression, and possible anemia. These interventions do not constitute a "cure" or anything close, which is why the death rate from breast cancer has changed very little since the 1930s, when mastectomy was the only treatment available. Chemotherapy, which became a routine part of breast-cancer treatment in the eighties, does not confer anywhere near as decisive an advantage as patients are often led to believe, especially in postmenopausal women like myself—a two or three percentage point difference in ten-year survival rates,¹ according to America's best-

¹ In the United States, one in eight women will be diagnosed with breast cancer at some point. The chances of her surviving for five years are 86.8 percent. For a black woman this falls to 72 percent; and for a woman of any race whose cancer has spread to the lymph nodes, to 77.7 percent.

known breast-cancer surgeon, Dr. Susan Love.

I know these bleak facts, or sort of know them, but in the fog of anesthesia that hangs over those first few weeks, I seem to lose my capacity for self-defense. The pressure is on, from doctors and loved ones, to do something right away—kill it, get it out now. The endless exams, the bone scan to check for metastases, the high-tech heart test to see if I'm strong enough to withstand chemotherapy—all these blur the line between selfhood and thing-hood anyway, organic and inorganic, me and it. As my cancer career unfolds, I will, the helpful pamphlets explain, become a composite of the living and the dead—an implant to replace the breast, a wig to replace the hair. And then what will I mean when I use the word "I"? I fall into a state of unreasoning passive aggressivity: They diagnosed this, so it's their baby. They found it, let them fix it.

I could take my chances with "alternative" treatments, of course, like punk novelist Kathy Acker, who succumbed to breast cancer in 1997 after a course of alternative therapies in Mexico, or actress and ThighMaster promoter Suzanne Somers, who made tabloid headlines last spring by injecting herself with mistletoe brew. Or I could choose to do nothing at all beyond mentally exhorting my immune system to exterminate the traitorous cellular faction. But I have never admired the "natural" or believed in the "wisdom of the body." Death is as "natural" as anything gets, and the body has always seemed to me like a retarded Siamese twin dragging along behind me, an hysteric really, dangerously overreacting, in my case, to everyday allergens and minute ingestions of sugar. I will put my faith in science, even if this means that the dumb old body is about to be transmogrified into an evil clown—puking, trembling, swelling, surrendering significant parts, and oozing post-surgical fluids. The surgeon—a more genial and forthcoming one this time—can fit me in; the

oncologist will see me. Welcome to Cancerland.

Fortunately, no one has to go through this alone. Thirty years ago, before Betty Ford, Rose Kushner, Betty Rollin, and other pioneer patients spoke out, breast cancer was a dread secret, endured in silence and euphemized in obituaries as a "long illness." Something about the conjuncture of "breast," signifying sexuality and nurturance, and that other word, suggesting the claws of a devouring crustacean, spooked almost everyone. Today however, it's the biggest disease on the cultural map, bigger than AIDS, cystic fibrosis, or spinal injury, bigger even than those more prolific killers of women—heart disease, lung cancer, and stroke. There are roughly hundreds of websites devoted to it, not to mention newsletters, support

groups, a whole genre of first-person breast-cancer books; even a glossy, upper-middle-brow, monthly magazine, *Mamm*. There are four major national breast-cancer organizations, of which the mightiest, in financial terms, is The Susan G. Komen Foundation, headed by breast-cancer veteran and Bush's nominee for ambassador to Hungary Nancy Brinker. Komen organizes the annual Race for the Cure[®], which attracts about a million people—mostly survivors, friends, and family members. Its website provides a microcosm of the new breast-cancer culture, offering news of the races, message boards for accounts of individuals' struggles with the disease, and a "marketplace" of breast-cancer-related products to buy.



More so than in the case of any other disease, breast-cancer organizations and events feed on a generous flow of corporate support. Nancy Brinker relates how her early attempts to attract corporate interest in promoting breast cancer "awareness" were met with rebuff. A bra manufacturer, importuned to affix a mammogram-reminder tag to his product, more or less wrinkled his nose. Now breast cancer has blossomed from wallflower to the most popular girl at the corporate charity prom. While AIDS goes begging and low-rent diseases like tuberculosis have no friends at all, breast cancer has been able to count on Revlon, Avon, Ford, Tiffany, Pier 1, Estée Lauder, Ralph Lauren, Lee Jeans, Saks Fifth Avenue, JC Penney, Boston Market, Wilson athletic gear—and I apologize to those I've omitted. You can "shop for the cure" during the week when Saks donates 2 percent of

sales to a breast-cancer fund; “wear denim for the cure” during Lee National Denim Day, when for a \$5 donation you get to wear blue jeans to work. You can even “invest for the cure,” in the Kinetics Assets Management’s new no-load Medical Fund, which specializes entirely in businesses involved in cancer research.

If you can’t run, bike, or climb a mountain for the cure—all of which endeavors are routine beneficiaries of corporate sponsorship—you can always purchase one of the many products with a breast-cancer theme. There are 2.2 million American women in various stages of their breast-cancer careers, who, along with anxious relatives, make up a significant market for all things breast-cancer-related. Bears, for example: I have identified four distinct lines, or species, of these creatures, including “Carol,” the Remembrance Bear; “Hope,” the Breast Cancer Research Bear, which wears a pink turban as if to conceal chemotherapy-induced baldness; the “Susan Bear,” named

loungewear, shoelaces, and socks; accessorize with pink rhinestone brooches, angel pins, scarves, caps, earrings, and bracelets; brighten up your home with breast-cancer candles, stained-glass pink-ribbon candleholders, coffee mugs, pendants, wind chimes, and night-lights; pay your bills with special BreastChecks or a separate line of Checks for the Cure. “Awareness” beats secrecy and stigma of course, but I can’t help noticing that the existential space in which a friend has earnestly advised me to “confront [my] mortality” bears a striking resemblance to the mall.

This is not, I should point out, a case of cynical merchants exploiting the sick. Some of the breast-cancer tchotchkes and accessories are made by breast-cancer survivors themselves, such as “Janice,” creator of the “Daisy Awareness Necklace,” among other things, and in most cases a portion of the sales goes to breast-cancer research. Virginia Davis of Aurora, Colorado, was inspired to create the “Remembrance Bear” by a friend’s double mastectomy and sees her work as more of a “crusade” than a business. This year she expects to ship 10,000 of these teddies, which are manufactured in China, and send part of the money to the Race for the Cure. If the bears are infantilizing—as I try ever so tactfully to suggest is how they may, in rare cases, be perceived—so far no one has complained. “I just get love letters,” she tells me, “from people who say, ‘God bless you for thinking of us.’”

The ultrafeminine theme of the breast-cancer “marketplace”—the prominence, for example, of cosmetics and jewelry—could be understood as a response to the treatments’ disastrous effects on one’s looks. But the infantilizing trope is a little harder to account for, and teddy bears are not its only manifestation. A tote bag distributed to breast cancer patients by the Libby Ross Foundation (through places such as the Columbia Presbyterian Medical Center) contains, among other items, a tube of Estée Lauder Perfumed Body Crème, a hot-pink satin pillowcase, an audiotape “Meditation to Help You with Chemotherapy,” a small tin of peppermint pastilles, a set of three small inexpensive rhinestone bracelets, a pink-striped “journal and sketch book,” and—somewhat jarringly—a small box of crayons. Marla Willner, one of the founders of the Libby Ross Foundation, told me that the crayons “go with the journal—for people to express different moods, different thoughts...” though she admitted she has never tried to write with crayons herself. Possibly the idea is that regression to a state of childlike dependency puts one in the best frame of mind with which to endure the prolonged and toxic treatments. Or it may be that, in some versions of the prevailing gender ideology, femininity is by its nature incompatible with full adulthood—a state of arrested development. Certainly men diag-



for Nancy Brinker’s deceased sister, Susan; and the new Nick & Nora Wish Upon a Star Bear, available, along with the Susan Bear, at the Komen Foundation website’s “marketplace.”

And bears are only the tip, so to speak, of the cornucopia of pink-ribbon-themed breast-cancer products. You can dress in pink-beribboned sweatshirts, denim shirts, pajamas, lingerie, aprons,

nosed with prostate cancer do not receive gifts of Matchbox cars.

But I, no less than the bear huggers, need whatever help I can get, and start wading out into the Web in search of practical tips on hair loss, lumpectomy versus mastectomy, how to select a chemotherapy regimen, what to wear after surgery and eat when the scent of food sucks. There is, I soon find, far more than I can usefully absorb, for thousands of the afflicted have posted their stories, beginning with the lump or bad mammogram, proceeding through the agony of the treatments; pausing to mention the sustaining forces of family, humor, and religion; and ending, in almost all cases, with warm words of encouragement for the neophyte. Some of these are no more than a paragraph long—brief waves from sister sufferers; others offer almost hour-by-hour logs of breast-deprived, chemotherapized lives:

Tuesday, August 15, 2000: Well, I survived my 4th chemo. Very, very dizzy today. Very nauseated, but no barfing! It's a first. . . . I break out in a cold sweat and my heart pounds if I stay up longer than 5 minutes.

Friday, August 18, 2000: . . . By dinner time, I was full out nauseated. I took some meds and ate a rice and vegetable bowl from Trader Joe's. It smelled and tasted awful to me, but I ate it anyway. . . . Rick brought home some Kern's nectars and I'm drinking that. Seems to have settled my stomach a little bit.

I can't seem to get enough of these tales, reading on with panicky fascination about everything that can go wrong—septicemia, ruptured implants, startling recurrences a few years after the completion of treatments, "mets" (metastases) to vital organs, and—what scares me most in the short term—"chemo-brain," or the cognitive deterioration that sometimes accompanies chemotherapy. I compare myself with everyone, selfishly impatient with those whose conditions are less menacing, shivering over those who have reached Stage IV ("There is no Stage V," as the main character in *Wit*, who has ovarian cancer, explains), constantly assessing my chances.

Feminism helped make the spreading breast-cancer sisterhood possible, and this realization gives me a faint feeling of belonging. Thirty years ago, when the disease went hidden behind euphemism and prostheses, medicine was a solid patriarchy, women's bodies its passive objects of labor. The Women's Health Movement, in which I was an activist in the seventies and eighties, legitimized self-help and mutual support and encouraged women to network directly, sharing their stories, questioning the doctors, banding together. It is hard now to recall how revolutionary these activities once seemed, and proba-

bly few participants in breast-cancer chat rooms and message boards realize that when post-mastectomy patients first proposed meeting in support groups in the mid-1970s, the American Cancer Society responded with a firm and fatherly "no." Now no one leaves the hospital without a brochure directing her to local support groups and, at least in my case, a follow-up call from a social worker to see whether I am safely ensconced in one. This cheers me briefly, until I realize that if support groups have won the stamp of medical approval this may be because they are no longer perceived as seditious.

THE INFANTILIZING TROPE IS PERPLEXING. CERTAINLY MEN DIAGNOSED WITH PROSTATE CANCER DO NOT RECEIVE GIFTS OF MATCHBOX CARS

In fact, aside from the dilute sisterhood of the cyber (and actual) support groups, there is nothing very feminist—in an ideological or activist sense—about the mainstream of breast-cancer culture today. Let me pause to qualify: You can, if you look hard enough, find plenty of genuine, self-identified feminists within the vast pink sea of the breast-cancer crusade, women who are militantly determined to "beat the epidemic" and insistent on more user-friendly approaches to treatment. It was feminist health activists who led the campaign, in the seventies and eighties, against the most savage form of breast-cancer surgery—the Halsted radical mastectomy, which removed chest muscle and lymph nodes as well as breast tissue and left women permanently disabled. It was the Women's Health Movement that put a halt to the surgical practice, common in the seventies, of proceeding directly from biopsy to mastectomy without ever rousing the patient from anesthesia. More recently, feminist advocacy groups such as the San Francisco-based Breast Cancer Action and the Cambridge-based Women's Community Cancer Project helped blow the whistle on "high-dose chemotherapy," in which the bone marrow was removed prior to otherwise lethal doses of chemotherapy and later replaced—to no good effect, as it turned out.

Like everyone else in the breast-cancer world, the feminists want a cure, but they even more ardently demand to know the cause or causes of the disease without which we will never have any means of prevention. "Bad" genes of the inherited variety are thought to account for fewer than 10 percent of breast cancers, and only 30 percent of women diagnosed with breast cancer have any known risk factor (such as delaying childbearing or the late onset of menopause) at all. Bad lifestyle choices like a fatty diet have, after brief popular-

ity with the medical profession, been largely ruled out. Hence suspicion should focus on environmental carcinogens, the feminists argue, such as plastics, pesticides (DDT and PCBs, for example, though banned in this country, are still used in many Third World sources of the produce we eat), and the industrial runoff in our ground water. No carcinogen has been linked definitely to human breast cancer yet, but many have been found to cause the disease in mice, and the inexorable increase of the disease in industrialized nations—about one percent a year between the 1950s and the 1990s—further hints at environmental factors, as does the fact that women migrants to industrialized countries quickly develop the same breast-cancer rates as those who are native born. Their emphasis on possible ecological factors, which is not shared by groups such as Komen and the American Cancer Society, puts the feminist breast-cancer activists in league with

BREAST CANCER WOULD HARDLY BE THE DARLING OF CORPORATE AMERICA IF ITS COMPLEXION CHANGED FROM PINK TO GREEN

other, frequently rambunctious, social movements—environmental and anticorporate.

But today theirs are discordant voices in a general chorus of sentimentality and good cheer; after all, breast cancer would hardly be the darling of corporate America if its complexion changed from pink to green. It is the very blandness of breast cancer, at least in mainstream perceptions, that makes it an attractive object of corporate charity and a way for companies to brand themselves friends of the middle-aged female market. With breast cancer, “there was no concern that you might actually turn off your audience because of the life style or sexual connotations that AIDS has,” Amy Langer, director of the National Alliance of Breast Cancer Organizations, told the *New York Times* in 1996. “That gives corporations a certain freedom and a certain relief in supporting the cause.” Or as Cindy Pearson, director of the National Women’s Health Network, the organizational progeny of the Women’s Health Movement, puts it more caustically: “Breast cancer provides a way of doing something for women, without being feminist.”

In the mainstream of breast-cancer culture, one finds very little anger, no mention of possible environmental causes, few complaints about the fact that, in all but the more advanced, metastasized cases, it is the “treatments,” not the disease, that cause illness and pain. The stance toward existing treatments is occasionally critical—in

Mamm, for example—but more commonly grateful; the overall tone, almost universally upbeat. The Breast Friends website, for example, features a series of inspirational quotes: “Don’t Cry Over Anything that Can’t Cry Over You,” “I Can’t Stop the Birds of Sorrow from Circling my Head, But I Can Stop Them from Building a Nest in My Hair,” “When Life Hands Out Lemons, Squeeze Out a Smile,” “Don’t wait for your ship to come in...Swim out to meet it,” and much more of that ilk. Even in the relatively sophisticated *Mamm*, a columnist bemoans not cancer or chemotherapy but the end of chemotherapy, and humorously proposes to deal with her separation anxiety by pitching a tent outside her oncologist’s office. So pervasive is the perkiness of the breast-cancer world that unhappiness requires a kind of apology, as when “Lucy,” whose “long term prognosis is not good,” starts her personal narrative on breastcancertalk.org by telling us that her story “is not the usual one, full of sweetness and hope, but true nevertheless.”

There is, I discover, no single noun to describe a woman with breast cancer. As in the AIDS movement, upon which breast-cancer activism is partly modeled, the words “patient” and “victim,” with their aura of self-pity and passivity, have been ruled un-P.C. Instead, we get verbs: Those who are in the midst of their treatments are described as “battling” or “fighting,” sometimes intensified with “bravely” or “fiercely”—language suggestive of Katharine Hepburn with her face to the wind. Once the treatments are over, one achieves the status of “survivor,” which is how the women in my local support group identify themselves, A.A.-style, as we convene to share war stories and rejoice in our “survivorhood”: “Hi, I’m Kathy and I’m a three-year survivor.” For those who cease to be survivors and join the more than 40,000 American women who succumb to breast cancer each year—again, no noun applies. They are said to have “lost their battle” and may be memorialized by photographs carried at races for the cure—our lost, brave sisters, our fallen soldiers. But in the overwhelmingly Darwinian culture that has grown up around breast cancer, martyrs count for little; it is the “survivors” who merit constant honor and acclaim. They, after all, offer living proof that expensive and painful treatments may in some cases actually work.

Scared and medically weakened women can hardly be expected to transform their support groups into bands of activists and rush out into the streets, but the equanimity of breast-cancer culture goes beyond mere absence of anger to what looks, all too often, like a positive embrace of the disease. As “Mary” reports, on the Bosom Buds message board:

I really believe I am a much more sensitive and thoughtful person now. It might sound funny but I