

Putting it Up Front: The Politics of Breast Cancer

by Melody Kemp

In December 1999 Tata Jacinto lost her battle with breast cancer. She had been treated with tamoxifen, the much-hailed wonder drug that has helped huge numbers of women survive breast cancer. For Tata, a creative and talented member of Isis International-Manila's publishing group, the drug was not enough.

This article explores some of the issues related to the politics of breast cancer and amplifies some of the voices that have expressed dismay that breast cancer has been seemingly appropriated by the drug companies and the molecular biologists. Their concern is that the wider and more complex debate concerning environmental and occupational causes of breast cancer is being buried or obscured by the temptation to succumb to quick-fix medical or genetics based solutions. This is not an attack on tamoxifen, as there is no doubt that this drug is prolonging the lives of many women. It is rather an attempt to refocus our minds on broader issues of prevention, on environmental and chemical regulation, and the North-South and class divide in medical research and outcomes.

This is a tribute to Tata and to the millions of other women who have died or had their bodies disfigured by this illness.

Fear and Loathing

Of all diseases, most women (and men) fear cancer. Research into cancer is given, some would say, a disproportionate amount of funding because of that fear. Some say that road and occupational accidents worldwide

claim more victims, but that cancer, with its insidious nature, grinding pain and the element of "betrayal" of the body, commands research budgets larger than those given to other forms of preventable death. Most women if asked to name their own particular fear, would identify breast cancer.

In most of the Majority World, breasts are for food and not for sex, and are allowed to hang wildly free, particularly in older women. Inexorably though, the rise of male-dominated monotheistic religion, modernisation and the domination of Western culture has sexualised women's breasts. In the West, breasts have long been associated with sexuality, with beauty and idealisation of the body. They symbolise what it is to be a woman and the surgical distortion of breast size is a bizarre symbol of that breast culture. Thus, when molecular biologists began to discover that breast cancer had genetic precursors, we had the strange phenomenon of women with family histories of breast cancer choosing to have prophylactic mastectomies, with breast augmentation as a follow-up; their fear of breast cancer so great they preferred to make what some would regard as a grotesque decision. Others have decided to take tamoxifen preventively, despite its effect of triggering premature chemical menopause.¹

Globally, breast cancer is on the increase—in the U.S. breast cancer increased by 57 percent between 1950 and 1989 or by over one percent annually.² One in nine women in the U.S. can expect to get breast cancer. In Wales that figure is one in 12. (Busby 1998; Epstein 1994) Systematic data collection and research is still concentrated in the West, however, despite the devastation experienced by women

In March 2001 a company which specialises in genetic sequencing and analysis announced to Australian women that they would be happy to perform genetic testing for those who felt at risk—but it would cost each woman well over A\$6000. Health for the wealthy.

of the Majority World (Majority World is an alternative term to Third World. Some writers opine that this is the more politically correct term as it accurately describes the largeness, in terms of population and physical size and therefore potential strength, of poor countries), particularly in those nations undergoing industrialisation or “modernisation,” or in militarily colonial states used for weapons testing.

Some articles in the popular women’s press go so far as to use the low numbers in some countries to blame women themselves for their lifestyle choices as causing their disease (see below). What they won’t tell you is that despite maintaining traditional diets and habits, women migrating from countries with low rates of breast cancer soon have rates similar to those of indigenous women. This has been demonstrated amongst Japanese women who have migrated to the U.S.—from their home country which is among those with the lowest rates in the (researched) world.

They also don’t tell you that comprehensive cancer registries are kept in only a few countries in the Majority World and so the incidence (number of new cases) and prevalence (number of existing cases) are most likely to be understated.

Some observers (Goldsmith 1998) have noted also that in truly traditional societies cancer rates tend to be low, as the chemical and radiation sources that seem to trigger cancer have yet to permeate the fabric of society. Societies such as these are regarded as “primitive” and ripe for “modernisation and development.”

But the historical and anthropological writings about these societies add weight to the arguments for the linking of modernisation and industrialisation to the scourge of cancer. My own experience with cohorts of women workers in the industrial estates of Indonesia indicates that breast cancer is alarmingly common in young women, some as young as 25 having already experienced surgical intervention.

Classy Breasts

In essence, only about 5-10 percent of breast cancer cases are genetic or familial in origin,³ which leaves an alarming 90 percent about which we know little and in which the “cancer industry” is not engaged. So far the focus has been on early detection and chemical cure rather than on identifying which chemicals might actually be causing the global increase. In March 2001, a company which specialises in genetic sequencing and analysis announced to Australian women that they would be happy to perform genetic testing for those who felt at risk—but it would cost each woman well over A\$6000. Health for the wealthy. It would be interesting to see how much of the funding they got for their research and corporate development came from public sources. Thus it is usually wealthy Northern women with access to information and expensive medical technologies who benefit from current efforts of the “cancer establishment.”

Tamoxifen is an expensive drug to use as treatment much less as a preventive measure, and one that carries certain contraindications

for use. (In particular there is a proviso about menopause, which for women in cultures upon which there is a pressure to reproduce may cause problems.) On the other hand, for reasons that are to be found in the footnote, it is also potentially problematic for postmenopausal women.

In many ways the drug, genetic screening, the public relations efforts surrounding it and its consumers, epitomise the direction in which new medical research is going. That is, that the needs of wealthy Western women or richer/well educated women in the Majority World are being met by a marketable commodity, at the same time drawing fire away from the greater need to understand why rates of breast cancer have been progressively rising amongst *all* women.

For the past ten years, governments have been withdrawing from research, propelled by the ideologically driven assumption that market forces and the private sector are in a better position to determine funding allocations and priorities. The outcomes have been research findings that underline individual responsibility, and expensive drug-based treatments that underline women's insecurity and powerlessness.

The current which electrifies all of this is, of course, the West's preoccupation with profits and with immortality and beauty. Women in the Majority World on the other hand are all too familiar with death and with decay. Workouts at the gym and cosmetic surgery to remain thin, ageless and lithe are really not on their agenda. In essence, the trajectory taken by breast cancer research and treatment reinforces the widening division between the wealthy and the poor, and increasingly, treatment replaces the search for prevention and causality. The press and medical lobby have progressively obscured the difference between early detection and prevention.

The class analysis that played an important part in the health and equity debates of the 1970s and 1980s has been subsumed by consumer/profit-driven research that is led largely by drug companies—many of whom also make the environmental pollutants that are implicated in the broader environmental debate about the origins of cancer. These companies also lobby for deregulation in order that their products can be sold globally before adequate safeguards can be put in place or before carcinogenicity testing can be finalised. They also ensure that the prices are high and that locally manufactured generic equivalents are not available for some time.

The current molecular-biological and drug-driven research agenda is not inherently wrong if linked with equal doses of prevention and attention to poverty issues. Even within the industrialised countries, the educated elite take advantage of their access to knowledge and money, while poor women still leave diagnosis until too late and have limited options for expensive treatment. Despite all attempts to cleanse health of class arguments, morbidity rates are still higher amongst poor women.

The class argument is not limited to breast cancer. Recent research for instance has admitted that previous fears about the long-term effects of hormone replacement therapy (HRT) were based on biased data. HRT tends to be used more by educated middle- to upper-class women who have access to the information. These women are less likely to put up with the effects of menopause and thus cannot be seen to be representative of all women. As *The Economist* noted uncharacteristically in their special millennium edition: "The rich have always bought more care, but that has not always meant better health: in the past, treatment was often aggressive and might be a killer in itself. Today disease and medicine alike have respect for wealth." (p. 113, January 2000)

CANCER FOR LUNCH

Let's look at what might comprise a typical "fast-food" lunch and see what might be lurking. While you are reading this think of the women (and men) who work in the pesticide and other chemical industries, think of the women farmers caught in mists of chemicals as they bend to weed, women at the market handling freshly sprayed vegetables and fruits, women in other food-handling industries and those who wash in streams heavily contaminated with pesticide and other chemical run-off.

"Yes, I'd like a roll with a hot sausage and salad, please"

Contents: Sausage, lettuce, tomato, butter and white bread roll, maybe followed by an apple (to keep the doctor away).

Chemical ingredients

Sausage: DDE, chlorpyrifos-methyl, fenitrothion, pirimiphos-methyl



Tomato: alpha-endosulfan, beta-endosulfan, endosulfan sulfate, chlorpyrifos, pirimiphos-methyl, chlorothalonil, dichlofluanid, dithiocarbamates, iprodione, procymidone, vinclozolin, permethrin



Lettuce: alpha-endosulfan, beta-endosulfan, endosulfan-sulphate, chlorothalonil, dithiocarbamates, iprodione, procymidone, vinclozolin.

Butter: DDE



White Bread Roll: chlorpyrifos-methyl, dichlorvos, fenitrothion, malathion, pirimiphos-methyl.

Apple: chlorpyrifos, captan, iprodione, vinclozolin.



So what's wrong with these "spices"?

Captan: a fungicide that can cause cancer, genetic damage, damage to the developing baby and the immune system

Chlorothalonil: a fungicide which can cause cancer, excitability, skin, eye and kidney damage.

Chlorpyrifos and chlorpyrifos-methyl: this widely used organophosphate pesticide can cause damage to the developing baby and its nervous system, reduce immune response.

DDE: a long-lasting breakdown product of DDT, it accumulates in the body and can cause hormonal chaos, allergies, abnormal sexual development as well as cancer.

Dichlorvos: an organophosphate that is linked to cancer (leukaemia and stomach cancer in particular), genetic damage, immune system weakness, birth defects, damage to the developing baby, a special type of anaemia (aplastic), kills white blood cells and causes abnormalities in sperm and bone marrow. It also disrupts hormonal processes.

Dithiocarbamates: a fungicide which increases its availability with heat; that is, if you cook it the concentration increases. This chemical has been linked to cancer, gene damage, birth defects, disrupted hormonal functions, allergies and goiter.

Endosulfan: can cause abnormal sexual development and impaired reproduction; linked to cancer, gene damage, eye and kidney damage, suppression of the immune response and red-cell damage.

Fenitrothion: an organophosphate that can cause gene and immune system damage and strange behaviour in new-born children; is suspected of increasing the risk of viral infection.

Iprodione: a fungicide which causes cancer.

Malathion: an organophosphate which can cause gene and immune system damage, birth defects, delayed nervous system development, allergic reactions, ulcers, gastrointestinal inflammation, damage to eyesight and abnormal brain waves. This is widely used by health authorities to control mosquitoes and malaria.

Permethrin: linked to cancer, blood damage, immune system weakness and impaired reproduction.

Pirimiphos-methyl: gene damage.

Procymidone: a fungicide that causes cancer and is suspected of causing male hormone (androgen) disruption.

Vinclozolin: a fungicide which is thought to cause cancer, genetic damage, birth defects and disrupt the endocrine system.

ENJOY YOUR LUNCH!!!

The Bigger Picture

For over three decades, evidence has accumulated which links avoidable exposures to environmental and occupational carcinogens to the escalating incidence of breast cancer in the U.S. and other industrialised countries. This evidence has until very recently been ignored by the cancer establishment....despite expenditures of over US\$1 billion on breast cancer research. Recognition of these environmental and occupational risk factors should lead to the belated development of public health policies directed to the primary prevention of breast cancer. Their recognition should also lend urgency to the need for radical reforms in the priorities and leadership of the cancer establishment. (Epstein p. 145)

Sam Epstein, a noted and outspoken epidemiologist, believes that the data indicate that 20-30 percent of breast cancers are caused by occupational or environmental factors contrasting strongly with the 10 percent of breast cancers caused by genetic factors, and thus possibly treated or prevented by tamoxifen. Why, it can be asked, is one lot of breast cancer worthy of more attention than the greater number caused by extraneous factors? Could the answer be profits?

Failing to be Feminine: The Media Discourse⁴

The mass media have not only significantly failed to inform women of the actual risks and potential causes of breast cancer, but have actively blamed them. Newspapers in the 1980s often published articles saying that women who fail to have children by the age of 25 were at greater risk of cancer. Banner headlines that said

'Have a Baby' Warning on Cancer:
(Sydney Daily Mirror 22 September 1988)

Cancer Biggest Threat for Yuppie Women: (Sydney Daily Mirror 15 March 1988)

implied that women who fail to adopt traditional roles and instead opt for careers and success will be brought down by breast cancer: the symbolism is obvious.

Body Image was not immune from attack: Other headlines screamed that

Apple-shaped Women More at Risk than Pear-shaped Women

That is, overweight women, not those fitting the shapely but still slim stereotype, were also at risk.

Then came the Pill Scares:

Cancer Risk in Pill for Young: Report (Adelaide News 5 May 1989)

Young Pill Users at High Risk of Cancer (The Australian 11 July 1989)

Women were thrown into panic and confusion as medical experts argued if and why pill-taking constituted a bigger risk. In no way though did it imply that the medical establishment might bear a burden of guilt in prescribing untested drugs, but rather that women who wanted to avoid having children somehow deserved the punishment.

But then the medical and technical cancer heroes stepped in. Headlines then shouted:

More Screening Needed (Canberra Times March 1989)

Breast Cancer: Mammography Offers a Ray of Hope: (Adelaide Advertiser 7 March 1989)

This wave of technomedical triumph drowned the ripple of questions and dissent. Lost in the self-congratulatory news was the fact that breast self-examination was in most instances, a more useful and less dangerous (and cost-free) diagnostic tool in younger women. However despite the dissenting voices of rationality, Governments were pressured into providing mobile screening mammograms by both the medical establishment and feminist groups. The fact that excess radiation was a contributor to breast cancer (see below) was overlooked.

Then so-called "lifestyle factors" became the vogue and they still are.

Few Clues why Women Get Cancer but Change of Diet May be the Answer (Sydney Morning Herald October 1989)

Fatty Diets Linked to Breast Cancer (Launceston Examiner March 1988)

Breast Cancer More Likely for Women Drinkers (Canberra Times October 1988)

Stress Linked to Breast Cancer (Launceston Examiner 1989)

Too Little Sex may Cause Breast Cancer (Sydney Morning Herald 1990)

Bosom Baring is an Aid to Lifespan (Perth Sunday Times 21 Jan 1990)

Lately we have been told that wearing a bra causes breast cancer, using deodorants causes cancer, and the latest is that women who drink more than two glasses of wine a day have a greater risk of breast cancer (ABC radio news, 6 March). The appeal to class anxi-

ety are obvious—it is usually the middle to upper class who drink wine. The extensive study which supported these findings did not ask women about occupational exposures.

The above headlines should focus our attention on not only medicine as a political practice but the way in which the press is appropriated to support the institution of medicine. Nowhere are women told of the externalities such as occupational or environmental exposures that contribute to breast cancer; instead, women's feelings of responsibility and fear are played upon. They are blamed for being too shy to attend breast cancer screenings, portrayed as brave fighters when they succumb to medical disfigurement and thus living symbols of medicine's triumph over disease, not as failures of prevention and regulation. Cancer is talked about in male military terms: targets, battles, impacts, triumphs, wins, while women as the subject of breast cancer are sidelined by the technical treatment imperative, or treated as misbehaving adults. Failures of idealised femininity: that is women who fail to have children, overweight women as well as those who smoke, drink and who are adventurous and amorous are punished by cancer. The answer is to be dependent on the (male) medical establishment again—and to stop work, stop having a good time and have sex for procreation only.

Radiation: "Don't Worry It's Safe"

In a moving testament to both the effects of radiation and the courage of women, Terri Williams, a member of the conservative Mormon Church, discusses the role that nuclear testing may have had on the alarming rise of breast cancer in their community.

Terri was not convinced by the women-blaming arguments in the press, knowing that Mormon communities have strict rules against smoking, tea and coffee and alcohol consumption. The majority of Mormon women, she observed, finish their child-bearing by their

early thirties. In their rural community, dietary fat is minimal. The women in her family typically enjoyed long lives—that is, until her grandmother and mother contracted breast cancer. Having no other trace of breast cancer in her family, Terri recalled childhood images of brilliant blinding flashes on the horizon and mushroom-shaped clouds rising from the desert floor. Utah was used to test nuclear weapons. Her community began to record a gross rise in other forms of cancer. They took action and won in local courts. Those rulings were rejected and overturned by the Supreme Court, which had, it seemed, a duty to protect the military-industrial complex and not the suffering populations. Terri herself overturned years of Mormon training in obedience, and took direct action with her sisters, storming the military complex, and as a result, was arrested by the military police.

Over the years, the testing of weapons and nuclear devices has been moved to remote regions such as atolls and islands. A few years ago, France tried to renew its nuclear testing programme in the South Pacific. Their moves were met by local and international condemnation. Arguments ensued about degrees of risk. The peoples of the Pacific simply said NO.

But it's not just weapons that deliver potentially cancer-causing radiation. The excessive use of medical and dental X-rays, particularly in the Majority World, where other diagnostic tools are lacking, is also credited with a rise in cancer incidence. The nuclear-power industry rejected in most industrialised nations is now eager to sell its technology to Asia, and other parts of the Majority World. Recent accidents in Japan should remind us that the myth of nuclear safeguards is just that: a myth. Human failings can defeat technical systems. While the building of nuclear power plants has slowed, the existing ones are suffering failures in systems and maintenance. Flying exposes women to higher risks of radiation and only recently an under-reported

study showed women air crew have been confirmed as having higher breast cancer rates than other women.

But the message for women is very precise. In many parts of the world the use of mammography (special forms of breast X-ray) have been touted as a desirable measure against breast cancer. However in premenopausal women, breast tissue is very sensitive to radiation. (Epstein notes an increase in breast cancer risk of one percent for every rad—that being the measure of radiation dose received⁵) Thus in the early 1990s it was becoming clear that the widespread use of mammography was likely to cause more cancers than it detected and it should only be used in women over 50 years of age. Women however were not told this until later. A leaked confidential memo told why: The cancer establishment considered that mammography provided a much needed boost to the cancer profile which would have provided a much needed boost to research funding and industry support.

The pro-mammography lobby was that which began to conflate concepts of early detection with prevention.

Rules and Regulations

Toxicity testing of chemicals is a huge burden usually carried by local and international publicly-funded bodies such as the International Association of Research into Cancer (IARC) attached to the World Health Organisation. However, testing for cancer-causing effects (carcinogenicity) takes many years and has to be rigorously controlled to reduce any doubt that a chemical actually does cause cancer. Strictly controlled animal testing and studies of illness clusters in humans, and the drafting of regulatory protocols, can take years, and there are literally thousands of chemicals lining up to be tested. Ideologically driven cutbacks to publicly-funded bodies has meant that queues are getting longer and regulatory bodies are falling behind in their programmes.

In the meantime, the chemicals in question are being widely used. Pesticides are a classic example of this. DDT, DDE and malathion were/are widely used by the WHO itself in their global campaign against malaria. Only now do we realise the long-term effects of these persistent chemicals. Globally, a lot of cancer-causing agents are still used in an uncontrolled way. The example of the fast food lunch above comes from New Zealand, indicating that it is not only Majority World nations that suffer from the unregulated residues of chemicals.

What Women Can Do

Breast self-examination is an important ritual for all women. Do it each week well before and after your period. If unsure about how to do a self-examination, check with your local health centre. Breast self-examination instructions are also available on Website: <<http://www.holisticonline.com>>.

If you are a member of an existing group of women, talk about breast cancer or do your examinations together. See how many of the group have friends or relatives who have had this horrible illness. Make a list and a map of where they live and what they do. See if you can find similarities, common threads. Do they all live or work near a particular factory or do they work with agricultural chemicals? Are they working in health or weapons establishments or can you remember an event such as a nuclear reactor accident (even minor scientific reactors) or chemical spill or systematic leak into the public water supply, in or near your community? If you find patterns inform the local health authorities. Demonstrate—be noisy. Support your national environmental action groups that oppose nuclear installations and the widespread use of chemicals, and support the organic farming movement.

Do not let your breasts become an indicator species: that is another sign of a poisoned

world. Instead let them be healthy and proud—a symbol of the Great Goddess within us all! ♀

Melody Kemp worked as an occupational health and safety practitioner for many years and has written extensively on the politics of labour and in particular the work of women. She has lived in Asia for many years and is now a free lance labour educator and writer.

Detailed Reading

For the papers by Chris Busby, Terry Williams, Zac Goldsmith and Sam Epstein, see The Ecologists special edition on Cancer: Are the Experts Lying? Vol. 28 No. 2, March/April 1998.

Other articles are taken from the Journal of International Health Services, in particular Vol. 22 No. 3, 1992.

Footnotes:

¹ Some researchers have become concerned about the potential of tamoxifen to induce cancer of the lining of the uterus (the endometrium) and venous blood clots in postmenopausal women. Not surprisingly the solution to these problems has been the development of yet more drugs to counteract these side effects. This avalanche of drug therapy is of great benefit to the pharmaceutical industry but what of the women? (Sc. American, Oct 1998, p 42-43). However, there is good news in that tamoxifen also reduces the rate of bone density loss in postmenopausal women (called osteoporosis) and heart disease. Researchers are also overcoming the resistance that inhibited tamoxifen's effectiveness so that the therapeutic and protective effect lasts longer than was possible two years ago.

² This increase could be due to increased awareness and reporting and because women are now tending to live longer (the older we are the greater the risk of contracting cancer). But epidemiologists would agree that the global trend and sheer numbers must be accounted for by something other than reporting bias.

³ The Ecologist March/April 1998, p. 123.

⁴ I am grateful to Deborah Lupton's article "Femininity, Responsibility and the Technological Imperative: Discourses on Breast Cancer in Australia," in International Journal of Health Services Vol. 24, No. 1, 1994, for the headlines in this section.

⁵ This figure was arrived at by the National Academy of Sciences USA's foremost expert committee on radiation and human risk.