

**Remarks by Ambassador Nancy G. Brinker  
Harvard Global Equity Initiative  
Dana Farber Cancer Institute, Boston MA  
November 5<sup>th</sup>, 2009**

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Thank you Eric, and thank you for inviting me. It is great to see so much brainpower focused on how we can fight breast cancer in the developing world.

But let me first say we've still got a lot of work to do here in the US. Because the world looks to us for leadership, we must continue to lead at home.

Whether it's Boston or Kandahar, we have to rededicate ourselves to fighting this disease with everything we have.

I have just returned from a 12-day, six-country tour that took me from Vienna, through Budapest and on to Cairo, Amman, and Jerusalem, before ending in Zurich. It was my first extended foreign travel as both UN Ambassador for Cancer Control and Founder of Susan G. Komen for the Cure, and it was both encouraging and discouraging.

We literally lit the pyramids pink in Cairo and ran the first Race for the Cure in the Middle East. We expected 2,000 runners and 10,000 showed up. And it was very positive to see the women covered head to toe in their abayas, with only their race bib pinned on. That was very uplifting.

At the same time, as the runners gathered near the starting line, many were smoking cigarettes! Smoking is a massive problem in the Middle East and around the world, especially in developing countries. The chief medical officer at a prestigious cancer center in Cairo is a smoker! At a cancer conference in Jordan, two younger men were smoking shisha from a hooka during lunch. The WHO estimates this is roughly equivalent to smoking between 40 to 50 cigarettes. At the International Atomic Energy Agency in Geneva, where I gave an address, I saw a glass-enclosed smoking area where the smoke was so thick you could barely make out the people inside the room. I'm not kidding.

This would be funny if it weren't so discouraging. But it is true. Tobacco and cancer are huge problems – 500 million people alive today will die from tobacco.

Despite this, there is great progress being made in the fight against cancer and breast cancer. At the I-A-E-A, we discussed new programs in Nigeria, Uganda and Mongolia. I saw tremendous progress in Jordan, especially in the rural areas. And there is enthusiasm from leaders everywhere. I had very good meetings with Sarah Netanyahu, Suzanne Mubarak, Princess Dina and Princess Ghida in Jordan, and the Mayor of Jerusalem, Nir Barkat. These leaders know they have to do something, and that's encouraging. Here we were, doing what we do best -- bringing people together to fight this disease in this challenging part of the world.

And then, wham. We get caught in the crossfire of old sensitivities, distrust, and distractions that could have interfered with our mission.

You may have heard, but some Israeli doctors and advocates were initially denied access to our events in Cairo. Sadly, discrimination against Israelis does take place despite the great work that is done there to fight cancer. When I was notified I was very disappointed, but we were able to take a stand through diplomatic efforts on behalf of our Israeli friends.

Fortunately, Susan G. Komen's efforts combined with the efforts of the American embassy in Cairo were successful and the Israeli advocates were invited to attend the conference in Cairo.

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But I was disappointed that it happened, and the way in which it almost eclipsed all the good that came from our conference and our visit. Susan G. Komen is a humanitarian organization, not a political one. For those of us here who work in politically challenging environments, we know it's always very difficult. But discrimination should never interfere with scientific efforts to prevent cancer, and we will continue to carry out our global mission.

So I say to all of us here . . . irrespective of religion or native country . . . we must stay focused on our mission. The global cancer pandemic doesn't respect borders and it is indifferent to regional politics. It will kill millions of people without respect to religion, race or creed.

And as cancer is universally deadly, our response must be equally universal.

So as we finished the first race in Cairo in the shadow of the pyramids, we were already looking forward to next year's first race through the ancient streets of Jerusalem.

The point is: We can't afford to slow down in our race against this disease. We must keep fighting.

My fight began 30 years ago with a promise I made to my sister Suzy to do everything I could to find a cure for breast cancer. I remember those days. When Suzy was first diagnosed, the world was much different.

People crossed the street in my hometown because they thought the disease was contagious. There was no Internet. There were no information hotlines. There were no global campaigns to educate people and spread awareness. That was 30 years ago.

Last summer, I met a breast cancer survivor in the United States who said she'd been living for 18 years since being diagnosed.

Now, the 18 years was encouraging but is not as rare as it sounds. In fact, the survival rate is a real success story -- the 5-year survival rate for breast cancer is now 98 percent in the US compared to 74 percent in 1982.

But I was amazed when this woman identified her cancer as end stage four.

This woman was living testament to what we've been able to accomplish.

- More early detection
- More hope
- More research, which is translating to longer lives
- And most importantly, more survivors

This shows what's possible. It took 30 years, and we've achieved so much, but there is still much more work ahead. Now we must take this fight everywhere, especially to places where cancer victims often have no defenses, no advocates, and little understanding of what they are up against.

What they are up against is a deadly enemy that takes more lives every year than tuberculosis, malaria, and AIDS combined.

Why is it then, that this leading world killer is marginalized, and in many countries, flat out ignored?

Something is wrong when one of the most lethal diseases on earth isn't even mentioned by name in the public health reports of many countries. Something is wrong when cancer is often hidden away in the category of, quote, "other diseases" as it is in the Millennium Development Goals. Last year, 7.6 million lives were lost to this "other disease."

It would be like the Greater Boston area being wiped out each year.

And it's only projected to get worse unless we fight back with everything we have.

The plain fact is that new cancer cases are projected to rise from 13 million to nearly 27 million in 2030. By then, cancer will kill some 17 million people, young and old, every year. And frankly, that's likely to be a considerable undercount. The actual numbers are hard to project, because we know that many deaths from cancer go unreported. In the statistical equivalent of an unmarked grave, the cause of their suffering and death isn't even specified.

So whether reported accurately or not, there are still too many people, here in the US and around the world, who are dying unnecessarily from cancer of all kinds. . .

Months prior to meeting that survivor with stage four cancer in America, I had an entirely different encounter with a woman in Kandahar, India who was recently diagnosed.

This young woman first asked me if she was going to die, but then asked: "Ambassador, are my children going to catch this disease . . . is it contagious?"

This striking disparity, between an 18-year survivor of stage four cancer and a young woman in a developing country needlessly worrying about infecting her children is why we are gathered today.

Something is wrong when more than 60 percent of all deaths by cancer occur in low- and middle-income countries, yet only five percent of global resources for cancer are spent in the developing world.

Almost every trend is working against low and middle income nations. By the year 2030, these countries will bear 70 percent of the global cancer burden. And that's not just a burden of grief, but also a heavy blow to any society's prospects for growth, prosperity and a future of hope.

Forty percent of all cancers are preventable. And along with all the treatments that have been developed, this should be a source of confidence and a clear call to action.

We have the duty and the ability to save millions of lives in the years to come. And we can't meet this crisis by clinging to old attitudes and myths about cancer. It is by no stretch a rich country's disease. But if we fail to act, the treatments and cures for cancer will have become a rich country's luxury – and that would be an injustice we must never accept.

Therefore, Susan G. Komen for the Cure has started working with the Obama Administration, multinationals, and donors in exploring integrated approaches to eradicating cancer in the developing world. One of the most promising avenues for integration is working with established delivery systems such as AIDS and malaria. I am pleased to announce today an exciting new partnership between Susan G. Komen and UNAIDS in Geneva. Next year we will co-host a conference in Africa titled "The New Frontier in Chronic Care: Integrating Cancer and HIV." This conference will allow us to continue leading the fight against cancer in the developing world. And we look forward to working with partners around the room on this and other global health initiatives.

As United Nations Goodwill Ambassador for Cancer Control, I had a platform during the UN General Assembly in New York in September, and used it to press for greater awareness of the cancer crisis in the developing world. I also called for cancer screening and treatment to be integrated into existing health programs. I urged US and international government leaders to make cancer a greater priority.

After awareness, we must fund and drive science and technology as best we can. And that includes screening.

I believe the constant focus on screening and early detection is helpful – and that includes the most recent discussion. We have to get screening right. Critics say our current technology is not as specific as we would like. We need to apply ingenuity to this challenge for women around the world. For those of

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you who work in developing worlds, you know that we have to keep pushing for technology that is low-cost and portable in order to truly make a difference in down-staging disease.

We must also push science itself to be more practical. At Susan G. Komen for the Cure, we have made a strategic shift in our research funding program to focus on outcomes. Of course we must continue with clinical and basic research, but we are now greatly emphasizing true translational research that will bring practical solutions to our challenges.

Fighting breast cancer in the developing world starts with doing what we know. The work isn't glamorous or sexy, but applying what we know can work. And the good part is it won't take 30 years, because we know so much. Awareness, organization, research, technology, outreach. And using existing health delivery platforms and infrastructure so that woman in Kandahar and the millions more like her can get treatment and care instead of misinformation and old lies.

We can do this. We know enough and have enough resources to make this happen. We can always use more but let's recommit ourselves to using what we have.

In so many areas of global health diplomacy, certainties are hard to come by. But I can promise you this: If we turn more of our energy and resources on the global cancer crisis, we can move faster toward saving more lives.

And thirty years' worth of laboring in this field has only left me feeling more confident in ultimate victory.

I think of a horrific disease...feared by generations...victims hidden away in the shadows...the hopelessness—that a cure or treatment would never be found.

Faced with an epidemic, ordinary citizens took action—raising money, funding research. Governments formed and funded new institutions. Scientists collaborated with a sense of urgency.

I'm not talking about cancer. I'm talking about polio.

And on that day in 1955 when Jonas Salk's polio vaccine was announced, it's said that in America "church bells rang, factories stopped in a moment of silence and parents and teachers wept...as if a war had ended."

Years later, Salk said: "In the past, man was concerned with death; his attitude was *anti-disease*. In the future, his attitudes will be *pro-health*. [We must] adapt...and cooperate and collaborate." Because, "with nature, we are the co-authors of our destiny."

The diseases, of course, are different, but the lesson is the same. Our destiny—our health—is still in our hands.

If we can forge an approach that is not simply anti-disease, but pro-health... not simply treatment, but prevention...

Then we, too, can imagine a day... When another scientific breakthrough changes the world...

When the mastectomy—like the iron lungs of the polio era—is an artifact of history...

And when church bells ring again because our war—on breast cancer and cancer—has ended in victory.

Thank you for your continued support, and I hope to see you next year.