



Remarks by Ambassador Nancy G. Brinker

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Global Health Council and Susan G. Komen for the Cure®

Thank you very much, and good evening to all of you. I'm so glad you could join us to discuss women's health. I realize that many of you are here following a long and arduous journey – and that was just getting around Manhattan during General Assembly week.

This is my first General Assembly week as the World Health Organization's Goodwill Ambassador for Cancer Control. Like Jeff Sturchio, I want to welcome each of you, and I do so for all of my colleagues at Susan G. Komen for the Cure®.

In the cause of serving and saving women across the world, we welcome the experience and wisdom you bring as champions of public health. We welcome your drive and resourcefulness in trying to make better the lives of your people. And tonight we welcome each of you as a partner in the great and merciful work we can do together for the sake of women's health.

Because women are the center of their communities – the ones who do the teaching, childrearing, and nurturing – we are right to make them the center of our work in public health. We are right to be appalled and stirred to action when we look at the state of maternal health in our world – when we hear of women dying every day in childbirth, usually for lack of the most basic care.

All of us were called to the cause of women's health in different ways. My work as an advocate for women started nearly thirty years ago, with one woman in particular. Maybe you know a little about how I found my mission – or, as it really happened, how the mission found me.

Before my sister's name belonged to an international cause, she was just Suzy, a beautiful and dear older sister who learned in her 33rd year that she had breast cancer. The three years that followed, before we lost her, were filled with all of the dread, false hopes, and last things that millions of other families have experienced. And one of those last things was a promise I made to Suzy – that I would go on and do all that I could to spare others from the sorrowful end that came to my brave big sister.

That was 1982, just a little more than a generation ago, and the mission has gone much farther than any one person could carry it.



Today, Susan G. Komen for the Cure has 120 Affiliates in the United States and three in international markets, and we have supported scientists and advocates in 50 countries over the past 27 years. We've devoted more than \$1.3 billion to research and community programs. We are pressing on with our work in the United States, where access is better than before but still not complete. And we want to 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.

I have known so many who survived cancer, and so many who did not. I think often these days of one friend in particular who is in the struggle now, and recently wrote to me. He has his grandfather's name, Winston Churchill. And in this different kind of war, to overcome cancer, he carries the same spirit of defiance and strength.

Winston wrote: "To those who, like myself, fall victim to this sinister, unseen disease that seeks to invade our bodies, I would merely say that all the resources of mind and body must be mobilized to defeat the enemy and never give in!" And Winston, we know you will never give in.

That's how we see our own mission at Susan G. Komen for the Cure – to keep fighting and never give in. When we talk about the Race for the Cure®, that isn't just a metaphor or a slogan. It is a literal objective.

All of us involved in the work of global health, and women's health in particular, need to better understand what we are up against. And we have done it before: You, and leaders like you, have already come together to spare millions from the preventable suffering of infectious diseases. This is one of the great stories of our time, and there is no measuring the grief avoided and the lives saved.

That's the kind of focused action we need now, against the disease that takes more lives every year than tuberculosis, malaria, and AIDS combined. So in the global fight against cancer, too, let us be ambitious, and fearless, and united.

All that and more will be needed, but right now cancer isn't nearly high enough on the global health agenda. 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. 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." Last year, 7.6 million lives were lost to this "other disease."

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.

It's bad enough that cancer victims in many countries are unscreened, undiagnosed, and untreated right up until the end – without so much as pain medication. In the statistical equivalent of an unmarked grave, the cause of their suffering and death isn't even specified.

The reliable public health numbers that are kept help explain why cancer cases are growing in the developing world. For one thing, the use of tobacco, unhealthy diet, and other cancer risks are making their way into low- and middle-income countries. And a rise in cancer is also a natural consequence when fewer people are left to die from communicable diseases. Our very success against those afflictions has extended more lives into the cancer demographic – those middle and later years when cancer is more likely to occur.

Something is very wrong, too, when the poor of the world will be most afflicted with cancer, and yet this disease is often dismissed as a rich country's problem. If there was ever a shred of truth to that, I can assure you it is far from the case today. A study by *The Economist* describes a "rising wave" of cancer, and its worst devastation will be in the nations now least equipped to deal with it.

Almost every trend is working against low and middle income nations. The 2008 World Cancer Report authored by Dr. Peter Boyle projects that 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.

But there is hope. Sometimes you have to start where you can start. There is so much we can do right now to save lives and alleviate suffering. When you begin in places where there is almost nothing in the way of cancer control, initial progress can be dramatic progress. For women in low- and middle-income countries, it's as if the last quarter-century of medical advancement never happened – because it never advanced toward them. When they feel a lump in their breast, or experience the first signs of other cancers, they don't know what it is or what to do. Often they're too afraid to say anything, much less to look for help – which in many cases wouldn't be there anyway.



I've seen in my own life – and maybe you have, too – the terrible emptiness that one woman can leave when she dies young. Here, we're talking about millions of women facing death just when they are needed most in the lives of others. And why? Because they knew nothing of early detection, nothing of cancer screening, or because even the most routine cancer treatments were a world away.

I want to work with all of you in righting these wrongs. And you'd be amazed how many can be saved with the tools and knowledge we have already.

More than good models of success, we also have platforms already in place to help us avoid any further delay. Here I think of my friends Dr. Jeff Stringer and Dr. Groesbeck Parham, and the work they have done in Zambia. In a study of HIV-positive women in that country, these doctors discovered that 95 percent had abnormal Pap tests, and one in five had cervical cancer. That form of cancer is the single biggest cause of cancer death for women in sub-Saharan Africa, and also the most preventable.

So these two doctors founded the Cervical Cancer Prevention Program, which has now screened and treated more than 30,000 women. Their model is straightforward and scalable. If every HIV clinic in Africa were to offer the same simple screening, the added expense would be slight, and we'd be going directly at the very people most at risk.

I remember visiting a PEPFAR clinic in Tanzania a few years ago with President and Mrs. Bush. As our delegation observed the wonderful work of the clinic, I was struck by how simple it would be to extend that work even further, to cancer education and screening. A skeptic might say, well, there's just not the money or infrastructure in many countries to support cancer treatment. But now, there is an infrastructure, and before that was built, we heard all the same skepticism about fighting AIDS on the scale of PEPFAR. Yet it all came to pass, and now those very structures can help us to screen and treat cancer.

Rarely do you find such a natural pairing of vital missions. In fighting one disease from a platform built to treat another, we are not losing focus, we are saving lives. And that, after all, is the great and common objective that guides your work and mine.

It's a fine thing that leaders in so many nations have adopted the UN Millennium Development Goals and are striving seriously to meet them. I applaud this. But how can the work ever be completed without directly confronting cancer? How can we fully serve the goal of improving maternal health, unless we target the cancers that kill so many mothers? And how can we credibly speak about women's equality, when breast cancer, cervical cancers and other illnesses affecting women are all equally neglected?



That is not to say many cancer-focused groups couldn't do their own job a lot better themselves. The 2008 World Cancer Report noted that, "Compared to other global health communities, the global cancer control community is diffuse and often ineffective." Frankly, I didn't have to wait for an official report to reach the same conclusion. Having found so little cooperation among cancer-focused organizations over the years, I knew already that something was wrong. We have a lot to learn from the outstanding work that others have done against other diseases. And a good first step toward enlisting their help would be to start following their example.

In so many areas of public policy, and all the more so in the borderless work of the United Nations, 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, every nation represented in this room can move faster toward the development goals you have set for yourselves. And even more, you will be advancing some of the greatest work there is to be done, in our time or any other – to prevent all that can be prevented ... to treat all that can be treated ... to cure all that can be cured.

There's a reason that the expression "find a cure for cancer" is practically shorthand for the highest of humanitarian pursuits. Cancer is among the most awful illnesses that mankind has ever known, and overcoming it will be one of the greatest things mankind will ever achieve.

Anyone who takes up the work of advancing public health and fighting disease is going to have their share of disappointments. But as for me, thirty years' worth of laboring in this field has only left me feeling more confident in ultimate victory.

There was a time when nothing seemed more hopeless than a cure for a certain terrible, crippling disease. It took the gathered energies of scientists, philanthropies, and governments to finally defeat the virus with a vaccine. And on the day when Dr. Jonas Salk's polio vaccine was announced, we're told that across America "church bells rang, factories stopped in a moment of silence, and parents and teachers wept." It was "as if a war had ended," and it had. And I live in this belief: That by the will, and perseverance, and inspiration of humanity, that day will come in the war against cancer.

We should yearn for that moment, but we cannot wait on it. In many nations and in millions of lives, deliverance can come much sooner – and it is within our power to bring. With all the strength that is in our hearts and minds, let us use that power to the fullest, and finish the race that is ours to win. Thank you.



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