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HEADLINE: The Anguished Politics of Breast Cancer

BYLINE: By Susan Ferraro; Susan Ferraro writes frequently on women's issues.

BODY: Something happened to Liz Lorusso during radiation treatment for breast cancer. "I asked to be covered," she says, "and this guy, the technician, told me, 'There's no modesty in a hospital; only 80-year-old women get upset over this.' I went home and that statement ate at me all night, just like a cancer."

The next day, once again lying face up on the table, she looked at the technician and said: "Do you remember what you said to me yesterday about modesty? Well, you go get your testicles cut off, lose every hair on your body from the top of your head to the tip of your toes, then lie down on this table and have someone draw all over your crotch with a Magic Marker and we'll see how you like it."

LoRusso discovered the lump in her breast four years ago. She was 37. The lump turned out to be advanced third-stage cancer. The disease, which traveled to her spine and pelvis, now is "under control." She has started taking tamoxifen, a drug prescribed in an experimental cancer-prevention program -- the first of its kind.

"I was never political, never," says LoRusso, a home economics teacher who is on disability leave. She lives in Huntington, L.I., in a pleasant two-story ranch, and chauffeurs her two kids after school, runs errands and frets about dinner and dust. "I was the peacemaker, the people pleaser. I had 16 years of Catholic school. The nuns said 'Jump.' I said, 'How high?' "

Liz LoRusso is less obedient now. She has joined 1 in 9, an advocacy group that takes its name from a commonly quoted statistic on the incidence of breast cancer. These women ask hard questions about environmental factors that may lie behind Long Island's suspected cancer clusters and high breast cancer rate. LoRusso wonders if something in the environment played a part in her disease. She thinks the "establishment" has patronized women and neglected or ignored the facts about breast cancer.

"They said it could be cured, that I had 60 percent chance of no recurrence in five years," LoRusso says. "The truth is I had 60 percent chance of being alive in five years." Her voice slides into the supersweet sarcasm that very polite women use when they are very angry. "Don't you just love it? Isn't it just slightly misleading to confuse recurrence with survival?"

How many angry women does it take to make a revolution? Inspired by AIDS activists in the 1980's, women with breast cancer are turning scores of support groups into a national political advocacy movement. Most of them, like LoRusso, are amateurs at activism, more comfortable speaking up for their children or their families than for themselves. The energy that drives them is anger. They say they've had it with politicians and physicians and scientists who "there, there" them with studies and statistics and treatments that suggest the disease is under control.

On the cover of a pamphlet about radiation therapy from the National Institutes of Health is a drawing of a woman receiving treatment. "She's fully clothed, she's got a blanket; she's even got a pillow." says LoRusso. "The reality is that where you once had a breast now resembles a page out of the Hagstrom road atlas. They put you on a slab, with a sheet. You're exposed . . . . They take Polaroid pictures and anyone can see because there's a TV camera with a monitor outside the room.

"They stroke your hand and say, 'Don't worry, you'll be all right.' I'm angry because I'm a realist."

There are more than 180 advocacy groups, including 1 in 9, united under the National Breast Cancer Coalition, a largely voluntary organization founded in 1991. The activists are demanding more money for research, and getting it. But they want more -- a big say in how that money is spent. They are impatient with research that focuses only on early detection and treatment rather than the causes of breast cancer.

"Early detection is not early enough," says Dr. Susan M. Love, director of the U.C.L.A. Breast Center and a co-founder of the coalition. The standard treatment is surgery, radiation and chemotherapy -- or as Love describes it, "slash, burn and poison."

The activists may be a health movement first, but theirs is a feminist cause as well: Many believe that breast cancer has been ignored for decades because it is a woman's disease. It may be wishful thinking on their part, but some activists suggest that breast cancer is the feminist issue of the 1990's.

"We have to be the voice, the obnoxious voice," Love says. "We can't shut up now."

So far, this obnoxious voice has been extraordinarily successful, surprising the women almost as much as they have surprised lawmakers. In its first year, the coalition secured a $43 million increase in national funds for breast cancer research, an increase of almost 50 percent. The next year, armed with data from a seminar they financed, the women asked for, wheedled, negotiated and won a whopping $300 million more.

They did it in part by mobilizing grass-roots support. The coalition fielded a drive for 175,000 signatures, one name for each woman who would get a diagnosis of breast cancer that year. In October 1992, "Breast Cancer Awareness Month," the coalition delivered not 175,000 but 600,000 signatures to Washington.

And they enlisted the support of a key friend -- Senator Tom Harkin, Democrat of Iowa. The result was an ingenious, even startling legislative maneuver that teamed them with the Department of Defense. This is not as crazy as it sounds. The Army has thousands of women in uniform, and in 1992 it budgeted $25 million for screening and diagnosis of breast cancer. When Harkin was unable to transfer funds from the defense budget to the domestic budget, he proposed that the Army's $25 million be increased to $210 million for breast cancer research.

Joanne Howes, the coalition's lobbyist, delights in telling how, when the votes went over the required 51 to pass the measure, senators who had opposed it rushed back to change their vote: "In the 'Year of the Woman,' they didn't dare go back and tell their constituents that they had voted against this successful strategy." The final tally was 87 to 4.

AS DEMONSTRATIONS IN WASHINGTON GO, THE National Breast Cancer Coalition's rally on this blazing Sunday afternoon in May is no big deal. The week before, more than 300,000 gay and lesbian Americans, many of them AIDS activists, had jammed the Washington Mall. Today only 700 or so demonstrators cluster on a patch of grass near the Reflecting Pool. There are no celebrities, no politicians looking for camera angles.

Yet the rhetoric, when it comes, is an unapologetic, confident roar of political rage. Especially riveting is Sherry Kohlenberg of Virginia. The mother of a 4-year-old boy, Kohlenberg, 37, is a small figure in black -- pale but fierce. Her straw hat wobbles on her head because chemotherapy has made her hair fall out.

"This year 46,000 women will die of breast cancer," she says. "I will probably be among these statistics. I will leave behind my husband and partner of 18 years, a motherless child, a devastated family and too many friends. I will not get to watch my son grow up, or grow old with my husband. And the worst part is that I am not alone. This family tragedy happens every time a new diagnosis is made, and every time a woman's life is stolen by breast cancer."

There is backlash, she says, when women speak out, but she doesn't care. "I will not go silently," Kohlenberg roars. "I will go shouting into that dark night; enough is enough."

On the sidelines, Kohlenberg's close friend, Kendra McCarthy, wipes away tears. "She's dying, and she knows it," McCarthy says. Angrily jabbing a finger toward the Capitol, visible over the trees, she adds: "We've gotten in those people's faces, and we're going to stay there."

If they see themselves as combatants in a life-or-death battle, breast cancer activists make an odd sort of army. They wear buttons and hats and T-shirts emblazoned with slogans: "Draw the Line at 1 in 9," "Silent No More!" and "The Wife You Save May Be Your Own."

Yet whatever their strength in numbers, they are scared individually, vulnerable. Worried that she might seem too critical of the medical personnel on whom she continues to rely, Liz LoRusso insists that although one radiation technician was insensitive, "The other technician was wonderful, a real source of inspiration; we prayed together."

They are achingly aware of their casualties, their walking wounded and the odds. On the way to the rally, Susan B. Kaplan, the treasurer of 1 in 9 and a patient with recurring breast cancer, discusses the language of mortality.

"I'd rather have chronic breast cancer than be Stage 4 terminal," she says, her matter-of-fact tone almost reassuring. "You have to believe that if you have a recurrence you'll get through it. People die of asthma too, but it's chronic. Chronic means it goes on."

EVEN SIGMUND FREUD COULD FIGURE out what these women want: Straight answers about a complicated disease that threatens their lives, and a coherent public policy based on those answers.

"When I was diagnosed I was stunned," says Frances Visco of Philadelphia, a lawyer and president of the coalition. Her son was a year old in 1987 when she learned she had breast cancer. "I had no family history, and I felt that meant that I was O.K., that I didn't have to worry about it. When I started reading of this disease, I thought I was seeing misprints. If this is true, why didn't I know about it?"

One reason, Love asserts, is that "the medical profession and the media have sort of colluded to make it sound like if you do your breast self-exam and you get your mammogram, your cancer will be found early and you'll be cured and life will be groovy."

Mammograms are the best diagnostic tool available, but by the time a cancer shows up on a mammogram, she says, it could have been there eight years, for much of that time having access to blood vessels that can ferry stray cancer cells to vital organs.

As recited by advocates at every opportunity, the statistics that don't get much publicity are startling. Right now, they say, 2.6 million women in the United States have breast cancer -- 1.6 million who know it, 1 million who don't.

Scientists know that smoking contributes to lung cancer and they know something about the gene that goes haywire in colon cancer, for example, but no one has any idea what causes breast cancer, the leading cause of death in women ages 35 to 52. The mortality rate for black women is 10 percent higher than for white women, although they get breast cancer less frequently. The overall mortality rate for breast cancer -- 27 deaths per 100,000 women -- has remained the same for 50 years, and its incidence has increased steadily in what the coalition insists is an "epidemic," though cancer specialists do not agree.

Even the identification of high-risk factors -- having a close relative with the disease, early menstruation, late menopause, giving birth late in life or not at all -- is not the news it seems to be. Depending on which expert is quoting what study, 70 to 85 percent of women who get breast cancer have no known risk factors. Only 5 percent of all breast cancers are inherited.

"This isn't 'high risk,' " says Barbara Balaban, who is director of the Breast Cancer Hot Line and Support Program at the Adelphi University School of Social Work on Long Island and a member of the coalition's working board. "This is a risk. What are the ones we don't know about?"

Many scientists and even some breast cancer organizations say that such statistics are needlessly alarming to women, and statistics are always slippery.

Larry G. Kessler, for example, chief of the applied-research branch at the National Cancer Institute, confirms that mammograms spot cancers that have been in the breast for "some time," but he says the assumption that they have been there eight years is not necessarily true, since some cancers grow faster than others.

It is true, he says, that overall mortality rates have remained the same, but have recently increased in women over 50 and decreased in women under 50. "Different cohorts, or groups of women born at different times, bring different risks of death with them," Kessler says. He suspects that a trend in giving birth at a later age is key. Diet, exposure to electric power lines ("If you want to believe that," he says) and early exposure to DDT in the food chain may also be factors, but Kessler carefully distances himself from these suggestions.

Kessler allows that the coalition is "close enough" when it estimates that 1.6 million women have the disease (his own figure is 1.5 million), but he questions whether there are 1 million undiagnosed cases of breast cancer. If all women who have not been screened with mammography were to be tested, he estimates that there would be "about 162,000" more cases found. The one million unknown cases cited by the coalition, "may be based on estimates of tumor growth times and other approaches," he says. "I cannot verify this number, and I believe you should be very careful about using it."

One especially arguable statistic is the oft-repeated assertion that "one in nine" women will get breast cancer. Most people take that to mean one in nine women anywhere -- at the grocery store, at a P.T.A. meeting. But the figure is based on a life expectancy of 85 years: if all women lived to be 85, one in nine could expect to have a diagnosis of breast cancer at some time.

"There's only one reason to use those numbers," says Elin Bank Greenberg, chairman of the Susan G. Komen Breast Cancer Foundation, headquartered in Dallas, a national breast cancer organization that is not part of the coalition, "and that is to frighten women." The reality, she says, is that "among women aged 50, one in 50 will get the disease; the rate increases with age, and the true risks are being female and getting older."

The dispute over how to read the numbers is distracting, in part because statistics change and are open to endless interpretation. "This is not a competitive issue," Greenberg says. "It is unacceptable that in the decade of the 90's, an estimated 1.5 million women will be diagnosed, and 500,000 will die."

The coalition wants the Federal Government to spend $659 million for breast-cancer research in 1994. They want access to screening for all women, including the uninsured. In addition, the coalition wants a "comprehensive national strategy" on the issue, coordinated from the White House. "The problem now is that there are isolated pockets of people looking at breast cancer, and no one is talking to anyone else," says Fran Visco. "These turf battles are fought, and we lose."

To win "a place at the table" they are kicking off another signature-gathering campaign, this time for 2.6 million names. (While steadfastly pursuing its own agenda, the 10-year-old Komen Foundation, which runs dozens of "Race for the Cure" events each year, is pitching in to help collect the signatures.) And coalition members are training themselves as lobbyists, educators and publicists.

IN A SENSE, THE breast cancer movement began when prominent women -- coincidentally all of them figures in Republican Party politics -- went public with the disease: Shirley Temple Black in 1972, and even more influentially, the First Lady, Betty Ford, in 1974, followed by Happy Rockefeller, wife of the Vice President. The television reporter Betty Rollin also pushed the issue into the public consciousness with "First, You Cry," a best-selling book about her breast cancer in 1976. Until these women spoke out, breast cancer was barely mentionable, a disease that women saw as shameful and humiliating. It eroded a woman's sexual confidence and identity, and was an essential fact that her best friends often did not know.

In the late 1970's, support and information groups began to form tight, nurturing bonds between women who might otherwise never meet: rich and poor, white and black, gentile and Jewish, lesbians and straight women, Republicans and Democrats. Terrified of death and disfigurement, the women sought others who had been through the tough treatments and the long nights.

During the 1980's, AIDS activists showed how anger could be put to good use, and breast cancer groups started to stretch their agenda beyond coping to the idea of curing. Like homosexuals announcing their sexual orientation, women frequently describe the first time they tell friends about their cancer as "coming out."

Since 1980, some 194,000 people have died of AIDS and 450,000 have died of breast cancer. The difference, as the television commentator and breast cancer survivor Linda Ellerbee points out, is that AIDS is always fatal and "some of us survive."

In terms of strategy, the breast cancer activists are (so far) less confrontational than some AIDS activists about their right to more medical research. But they also know that being nice often gets you nowhere, and that outrageousness works well in the political arena. Betsy Lambert, a Manhattan lawyer and board member of the national coalition, says "you've got to admire" the people who make an uproar. Lambert says she has had moments when she wants to be outrageous, perhaps even pelt indifferent bureaucrats with breast prostheses.

Activists like Matuschka -- a tall, striking artist in New York -- set out to shock. As a member of a small group called WHAM (Women's Health Action and Mobilization), Matuschka makes art of her mastectomy with poster-size, one-breasted self-portraits that force people to see what cancer does. Though some of her mainstream sisters are discomforted by the graphic images, they admire her determination. As she says, "You can't look away anymore."

More commonly, activists have taken the orderly route of lobbying, collecting signatures, working the system, confident that they can prevail by sheer numbers.

Certainly, one thing the movement has going for it is timing -- noisy 1960's activists who are in their 40's and 50's and baby boomers who were nursed on 60's activism are increasingly at risk for breast cancer. They understand the power of group politics. "I wasn't a famous activist, but I protested the war in the 60's," says Visco, the breast cancer coalition's president. "I spoke out for women's rights in the '70's."

In 1990, the publication of "Dr. Susan Love's Breast Book," a comprehensive and widely respected work co-written with Karen Lindsey, brought Love into the public eye. She is an engagingly direct and human surgeon who can laugh about her daughter's Barbie doll or fuss over not having had time to change from a blue suit rumpled on the red-eye from Los Angeles. Speaking before 500 coalition members in Washington, she drew a roar of laughter with a comment on the breast-squeezing mammogram apparatus that so many women hate: "It was indeed invented by a man, and I think there's a good tool we could invent for them with a little of our money."

In December 1990, Love met with Susan Hester, a Washington fund-raiser and director of the Mary-Helen Mautner Project for Lesbians With Cancer, to discuss formation of a national lobby. They called Amy S. Langer, executive director of the National Alliance of Breast Cancer Organizations, and the three set up the coalition in skeletal form. Within a year there were 150 member groups, then 180, and it's still growing.

One of the most active groups in the coalition is 1 in 9. The Northeast in general has a high rate of breast cancer, and Long Island's rate is especially high. According to one set of statistics, in the 1980's there were 94.7 cases of breast cancer for every 100,000 women; in Nassau County on Long Island, the rate was 110.6 cases. For years there has been talk of scattered cancer clusters on Long Island -- not just for breast cancer but all forms of the disease.

What would eventually become 1 in 9 began in 1987, after Francine Kritchek, a petite blond grandmother and teacher, had a mastectomy; Marie Quinn, a friend from work, admitted what she had told no one before: she, too, had breast cancer. The next year, Kritchek and Quinn sent a letter about the disease to everyone in their school.

But what really got them going was a state study of Long Island's breast cancer that found a relationship between high breast cancer incidence and high levels of household income. The study deemed environmental factors negligible, and said no further studies were warranted.

Women all over Long Island were outraged by the state's conclusions, among them Kritchek and Quinn, who later died of her cancer. They contacted Balaban at Adelphi, put a small ad in the local paper and sent a mailing to hundreds of people announcing a meeting. "Fifty-seven angry, frustrated women showed up," Kritchek says. Soon 1 in 9 was making local headlines, most notably with a protest by 300 women, some in wheelchairs, in front of the courthouse in Nassau County.

"The AIDS activists were our model," Kritchek says. "They showed that if the populace became very concerned, then the politicians would respond."

Under pressure from 1 in 9, the Breast Cancer Support Program and Senator Alfonse M. D'Amato, the Federal Centers for Disease Control held a public hearing on the need for another study. Members of 1 in 9 and others testified about suspected environmental risk factors, like auto emissions, polluted water, toxic wastes, pesticides and electromagnetic fields.

"Six months later they said the earlier study was sufficient!" Kritchek snorts. Rejecting the conclusions of the C.D.C report, 1 in 9 held a news conference with Senator D'Amato in January on "discrepancies," "archaic thinking" and "patronizing implications" in the report.

The group also pledged to organize a study of its own in November, led by two breast cancer researchers, Susan Love and Dr. Devra Lee Davis of the National Academy of Sciences. Other groups, meanwhile, are distributing and tabulating questionnaires to identify possible clusters in Huntington, West Islip and Long Beach.

ACTIVISTS FOR the National Breast Cancer Coalition say they want a cure. But is money -- even unlimited Federal funding -- the answer? The millions of dollars allocated and used for AIDS research has not yet produced promising results. The Komen Foundation gives grant money to post-doctoral researchers in many different areas because, says Greenberg, "a researcher working on prostate cancer may find a benefit that has a splash effect on breast cancer."

Amy Langer, now vice president of the coalition, says there is a dearth of basic information on the breast. "Because so little is known about what's normal, about why cancer cells react the way they do and how we can control them," she says, "research is vital." For example, Langer says, technicians have had what she diplomatically calls "limited" success in working with human breast cancer cells in vitro. And there are issues like drug resistance on a cellular level: "Why does cancer stop responding to some chemotherapy, and why does chemotherapy knock out some cells but not all of them?" Langer asks.

Coalition leaders like Love think that money earmarked for breast cancer research can answer some of these questions, as well as throw light on how breast cancer starts.

"Basically, all cancer is genetic," says Love. "It's not all hereditary, but it's all genetic. What that means is, it's all a gene that screws up." Carcinogens, she says, interfere with normal genes. "What are these carcinogens in breast cancer? We don't have a clue. Could they be hormones? Sure. Could they be a virus? Sure." It could be pesticides, food additives or "a million" other things.

At the National Cancer Institute, Kessler is sympathetic to the movement's goals, but doubtful of its success. In his expert opinion, he says, "clinically, it's going to be impossible to detect" the first cellular changes that lead to breast cancer.

Love is undeterred. Scientists should look for the earliest mutations, and "maybe we can reverse the progress and development of breast cancer." The involvement of the Department of Defense in financing breast cancer research is fortunate, she believes, because it will spark productive competition between Federal agencies seeking a cure. Researchers go where the money is.

As the coalition's clout has grown, the powerful scientific and legislative communities that perhaps inevitably resist change have begun to hedge their objections to the advocates' assertions and demands. It's hard if not impossible to criticize mothers and sisters who are fighting cancer. Still, one challenge, generally voiced off the record, is that the coalition's determination to get more money for breast cancer will mean less money for other diseases. Critics squirm at the thought of "politicizing" medical research.

The coalition members describe this as backlash. "We don't want a bigger piece of the pie," they repeat again and again. "We want a bigger pie." They say research has always been political, because there has never been enough money for research. "Someone has been making the decision to fund 'X' at the expense of 'Y.' For too long those decisions have been made at the expense of women's lives," says Visco. "We've come along and we've said enough, stop; you have to start spending more of that money on breast cancer."

According to a story that Lesley Stahl of CBS News told at a charity lunch, Congress first saw breast cancer as a political matter in 1988, during the Reagan Administration, when Congressional women wanted Medicare to cover mammograms. It was a complicated issue, and the bill had to go through an all-male subcommittee. There were few breast cancer activists then, but a female lobbyist approached a congressman and asked him to introduce the necessary language in a larger health care bill.

His response personified Capitol Hill politics: "I did the women's thing last year," he said. "The guys will think I'm soft on women."

Her response was sexual politics: "Fear not. Just tell them you're a breast man."

Ultimately, the necessary language was inserted in the bill; the legislation passed, only to be lost when the entire catastrophic-health-care bill was repealed. But when George Bush became President, he needed the Congressional women's votes to pass his budget, and they again asked for mammogram coverage. The President agreed, but said he'd have to swap it for something else, Stahl says: funds for a children's program called Wee Tots.

In the last two years, since its collective consciousness was raised by Anita Hill's testimony at the Clarence Thomas hearings, Congress has learned to pay more respect to women's issues, including breast cancer. In part, this is because more and more lawmakers have personal experience with the disease. Senator Harkin, who championed the $210 million in defense money for breast cancer, lost two sisters to the disease. Representative Nita Lowey, Democrat of New York, lost her mother and two aunts; she has sent a letter to President Clinton signed by 185 of her Capitol Hill colleagues endorsing the advocates' 1993 goals. Representatives Barbara Vucanovich, Republican of Nevada, and Marilyn Lloyd, Democrat of Tennessee, are themselves survivors and have made breast cancer issues part of their legislative proposals.

In the Senate, Patrick J. Leahy, Democrat of Vermont, arranged for the coalition to show its formal display, "The Faces of Breast Cancer," in the rotunda of the Russell Senate Office Building for a week. Although Senator Orrin G. Hatch, Republican of Utah, was one of the four who voted against Harkin's $210 million Defense Department maneuver, he has since sponsored a bill requiring public health programs to provide clients with information about cervical and breast cancer.

"So what?" say some activists, implying that Hatch's response was trivial. But Lowey is encouraged. "You build support where you can get it," she says.

DURING THE WASHINGTON WORKSHOPS in May, in a session called "Identifying Opportunities for Influence," Sheila L. Swanson of the Bay Area Breast Cancer Network in San Jose, Calif., tells the audience: "We have to make it clear: We may have had mastectomies, but we did not have a lobotomy." Her listeners cheer, and the next day several hundred of them buoyantly hurl themselves into the world of big-time lobbyists. Their inexperience sometimes can work for them; after all, these are voters first, lobbyists second. But other times inexperience leads to emotionally bruising confrontations.

In the office of Senator Daniel Patrick Moynihan, a dozen women believe they have an appointment with the Senator at 12:30 P.M. He is not there; an aide will speak with them. The meeting room is unavailable. Grumbling a little, the novice lobbyists -- some of them using canes because their cancer has spread to the spine, others pasty-faced from chemotherapy -- follow her to a dimly lighted basement lunch room full of workers grabbing a quick bite or smoke.

Scattered wrappers and bits of food litter the tables. Several women sweep the table tops clear before sitting. They push close to hear; the din from the vending and change-making machines is constant.

Yet they stick to their script: "As you sit here, every 12 minutes a woman dies." And: "What we're doing now probably will not save our lives. We're doing it for our daughters, and our sisters." They end, as instructed by workshop leaders, on a positive note, thanking the aide for the Senator's past support.

Afterward, in the hallway, Kritchek is furious. "Never in all my years have I been treated like this," she says. "It was insensitive, it was offensive." Brian Connolly, Moynihan's press secretary, later describes the way the meeting went as "unfortunate," but says the group had erred by not letting him know that journalists would be coming.

A few days later, at home in Hicksville, L.I., Kritchek is upbeat: giving interviews, making dinner, working the telephone and planning 1 in 9's next Walk-Run fund-raising event.

"Nothing will ever happen to breast cancer," she says, "unless it is politicized."

AS OF THIS WRITING, THE COALITION'S president, Fran Visco, has been named to President Clinton's cancer panel.

Long Island's 1 in 9 gave Fran Kritchek the first Marie Quinn Memorial Award.

Matuschka is making one-breasted self-portrait postcards.

Liz LoRusso is considering starting an experimental vaccination program for breast cancer in Chicago.

Sherry Kohlenberg, the woman who promised not to go silent into the dark night, met with Bill and Hillary Rodham Clinton in June. She died on July 14.

GRAPHIC: Photos: Strength in numbers: Members of the 1 in 9 Long Island Breast Cancer Action Coalition. Back row, from left: Louise Levine, Joan Flaumenbaum, Liz LoRusso, Joan Smihula, Serena Cummins. Middle row, from left: Karen Miller, Francine Kritchik, Yvonne Schmidt, Barbara Balaban. Front row: Geri Barish, Susan Kaplan. (Karen Kuehn/Matrix, for The New York Times)(pg. 24); Forcing people to see what cancer does: "Invasive Art," a plaster cast of the artist Matuschka's torso after her right breast was removed. Her poster-size self-portraits have shocked even some of her mainstream sisters. They will soon be available on postcards. (Matuschka); Dr. Susan M. Love, director of the U.C.L.A. Breast Center, says early detection "is not early enough." (David Butow for The New York Times)(pg. 26); Fran Visco, president of the National Breast Cancer Coalition, and her son, David Visco Brandolph, 7. He was a year old when her breast cancer was diagnosed. (Stephen Shames/Matrix, for The New York Times); A rally in Boston sponsored by the Massachusetts Breast Cancer Coalition, October 1992. Congress has so far listened to the raised voices of breast cancer activists, to the tune of a $300 million increase for research. (Marilyn Humphries/Impact Visuals)(pg. 27); Clara Piha undergoes mammography at Memorial Sloan-Kettering Cancer Center in New York. By the time cancer shows up on a mammogram, stray cancer cells could have already been ferried to vital organs. (pg. 58)(Photograph by Sara Krulwich/The New York Times)

LANGUAGE: ENGLISH