



◀ Smith Farm “navigators” gather to celebrate their program’s expansion.

Navigating Breast Cancer

An innovative D.C. program helps African American women empower each other

SHE KNEW SHE WAS SICK. Every morning, the woman wrapped her chest up tight, binding it with cloth to withstand the pain and conceal the illness. It was only when she died that her family realized she’d quietly borne breast cancer for several years without ever talking about it.

That’s one of the stories Myrtle Washington, who’s part of an innovative program designed to assist black women with breast cancer, tells when she’s trying to convey some of the crucial issues surrounding African American women with the disease. The program, launched in 2007 and expanded this year by the nonprofit Smith Farm Center for Healing and the Arts in Washington, D.C., utilizes a new concept in cancer care called *navigation*.

Typically, navigation employs outsiders who help patients find their

way around a bewildering medical system at an overwhelming time. But Smith Farm goes a step farther: Rather than importing navigators, breast cancer survivors are identified in a handful of Washington’s black churches and trained to become navigators. The advantages are clear: navigators who come from the same communities as the women they serve have a better grasp of cultural nuances, unspoken fears and logistical issues that can arise.

At the heart of the program is a disturbing statistic: While black women tend to be diagnosed with breast cancer at a lower rate than their white counterparts, their mortality rate is considerably greater—37 percent higher in 2005, according to the American Cancer Society. Researchers disagree about the cause of the disparity. It’s true that African American women are often diag-

nosed with a more aggressive form of breast cancer, but some scientists argue that the real problem is differential treatment. A recent study from the National Cancer Institute (NCI) held factors such as tumor type and socioeconomic status constant and found that African American women were still much more likely to die from the disease after diagnosis than women from other ethnic groups.

“Our best guess is that it’s access to treatment,” says Idan Menashe, Ph.D., a research fellow at NCI and the study’s lead author, adding that cultural differences may underlie the degree to which black women seek out and follow up on treatment. But targeting cultural differences is tricky: To some advocates, it sounds like the critical issues of economic inequality and systemic racism are downplayed in favor of blaming the victim. Nonetheless, culture can include a patient’s willingness to talk about her symptoms, ask questions when she doesn’t understand and demand better care when she’s being shortchanged—actions that undoubtedly can have a life-or-death significance.

Washington, an elegant woman with salt-and-pepper dreadlocks and somber eyes, says navigators like her help with challenges as diverse as finding next month’s rent and understanding altered relationship dynamics. Many of the patients lack a support system, so a fundamental element of her role is assuring them that they’re not alone.

But from there, Washington aims to help the women find their voice. “I want to give them a sense of control so they can ask questions of their doctors,” she explains. “I try to empower them, get them to speak up for themselves.”

—AMANDA ABRAMS