



Lifeworks

Fabric of hope: the Life Quilt for Breast Cancer

In a short story by Joan Givner the protagonist stands before the Bayeux Tapestry, contemplating the human impact of the battle scenes recorded there. Eventually she concludes that “needlework is not the nat-

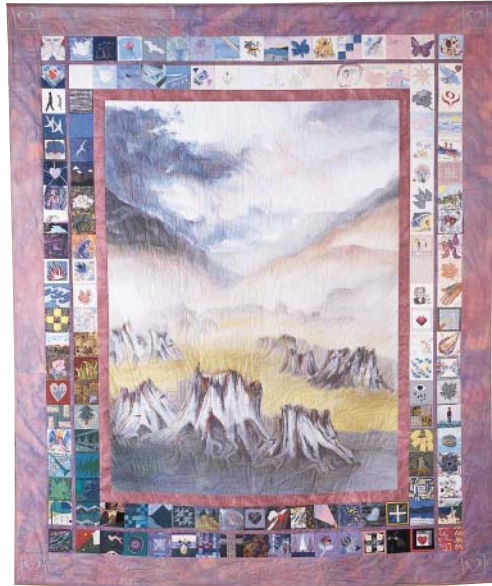
emotion concentrated into the Life Quilt; an accomplished seamstress, she agrees that perhaps the painstaking nature of needlework helps to lodge it there. She describes the long tradition of the quilting bee as a means of drawing women together, and the interesting things that happen when strangers sit down together to work. You are forced to relax, she says, to settle in; with this comes a sense of control, and of creativity, as even complete novices realize they can master the technique. Absorbed in the task, quilters can avoid eye contact, yet the shared activity makes it possible for strangers to exchange stories and support one another. And so the Life Quilt combines in ways that our grandmothers could not have foreseen the qualities of folk art and of living documentary, of heirloom and occupational therapy.

Unlike the Names Project, the Life Quilt for Breast Cancer is organized around a guiding narrative, expressed by a triptych of 6-foot by 8-foot water-colour-on-cotton paintings by BC artist Gay Mitchell. “Cut in Prime” depicts a forest razed by clear-cutting; “Call to Rebirth” shows the new growth of grass and fireweed; “The Green Canopy” depicts mature trees surrounding the damaged site. Devastation, hope and restoration: a narrative that might apply to any journey through cancer, whatever its outcome.

Each panel is edged by a double border of 136 half-foot squares contributed by men, women and children from across the country. Again, a kind of narrative therapy comes into play: everyone who contributes a

square is invited to provide an accompanying text. Over 2 thousand kits for making the squares have been given out, and finished squares will be accepted until Jan. 31, 1999. The response has exceeded expectation; extra squares will be assembled into banners to accompany the main panels. Bees to quilt the main panels and assemble the squares have brought together more than 15 000 people from BC to the Maritimes whose lives have been affected by breast cancer. Some added a single stitch; others — often men — stayed at the task much longer. The surgeons are always evident by their impeccable technique, Reimer says, but no one’s stitches are ever corrected or removed.

The Life Quilt project is also intended to raise funds to provide practical information and raise public awareness of the needs of women with the disease. The first support-oriented project, a “practical resource manual” for women with breast cancer in BC, will be completed early this year and distributed free across the province. A second Canada-wide resource is being planned. Reimer points out that no comparable handbooks exist.



ural medium for revealing human emotions.”²¹ Givner’s character might have drawn a different conclusion had she been faced with the quilted panels of the Names Project, that massive commemorative project initiated in the US in the 1980s as an antidote to the stigma of AIDS. I saw parts of the AIDS quilt during its UK tour; I remember moving solemnly from panel to panel and then stopping in front of one that contained, in large cloth letters, a wrenching message of farewell. Suddenly the cumulative effect was overwhelming; broadsided by grief, I bolted from the room.

When I mentioned this experience to Judy Reimer, she readily answered, “I’m not surprised.” Reimer is the animating force behind the Life Quilt for Breast Cancer, conceived at a potluck supper in May 1995 as a means of providing emotional and practical support for women who, like herself, are living with breast cancer. She has seen a lot of





One often thinks of needlecraft as women's work; as conservative; as exemplifying the values of diligence, tradition, patience and thrift. The Life Quilt for Breast Cancer does not contradict these values so much as it reconfigures them, just as a diagnosis of cancer reconfigures one's life. The small canvas of a quilt square seems to help contain the search for meaning in the chaos of disease. One contributor died a week after she completed her square; her commentary was supplied by a friend:



When I was first diagnosed with breast cancer, everything seemed dark and hopeless. It was a while before I allowed myself to trust the future enough to hope again. Not to hope for a cure, but to hope to live without fear.

Mary Juengel, Sherwood Park, Alta.

Celeste chose the crazy quilt pattern, because that's exactly what her cancer diagnosis did to her life — turned it upside down and crazy. It forced her and all of us around her to face questions about our lives and deaths that we usually put off until much later. She found herself asking the unanswerable whys and whens. We all did. We had to look deep within ourselves to find courage and commitment, far greater than we ever thought we'd need.

Anne Marie Todkill
Editor, The Left Atrium

Reference

1. Givner J. *Unfortunate incidents*. Ottawa: Oberon; 1989. p. 95.

More information on the Life Quilt for Breast Cancer can be obtained from: Box 38101 King Edward Mall PO, Vancouver BC V5Z 4L9; tel 604 310-1184; fax 604 310-1114.



Lynn walked into the sea.
Anonymous

Room for a view

Reading, writing and resuscitation

Once a month I travel from Lethbridge to Edmonton for day-long meetings with a dozen of my health care colleagues. We ascend to the 8th floor of a downtown highrise and take our seats around a rectangular array of tables. An occupational therapist sits to my left, an internist across the way, a pharmacist in the opposite corner and a hospital administrator a few seats over, tucked between a licensed practical nurse and a kinesiologist. For the past couple of years we've provided "technical assistance" to the Provincial Health Council, a group charged with providing a citizens' perspective on health care reform.

At first I wasn't sure what an emergency physician would contribute to the group's deliberations. But my experience resuscitating the nearly dead was soon required. Early into our second meeting I could feel growing inside me the sense of urgency that is a familiar part of my ER work. It was the day we were struggling to "state our mission" while simultaneously trying to "focus our vision" and "shift our paradigm." Words began to lose their meaning. We retreated in quiet desperation to the mantra of health care reform that had been included in the orientation package given to committee members. Someone with proven ability to "talk the talk" chanted in reassuring tones that our task was to assess the reform of

a health care system that should be Consumer-Focused, Integrated, Affordable, Accessible and Appropriate. Repeat after me: "See-eff-eye-triple-A."

I looked around the table and was alarmed to see some of my colleagues' heads beginning to nod in a way that suggested they were no longer responding to verbal stimuli. I managed to catch the attention of the committee chair. I felt a little out of my element. I was without my customary high-tech tools: no reflex hammer, not even a stethoscope. As I was given the floor, I grabbed the nearest thing at hand: a book.

No ordinary book, this volume was given to me by a friend the previous evening when I told him about my new committee appointment. "You'll need this," he said, and slipped the book into my case. *Hard Travel to Sacred Places* by Rudolph Wurlitzer is written in prose that is vital, compact and jewel-like in its clarity. I felt that the excerpt I'd read before going to bed might serve as an antidote to the jargon-induced torpor that had settled over the room.

I held up the book and indicated that Wurlitzer had something to say to us as we embarked on the difficult journey to the sacred place of health care reform. I read the passage slowly. Around the table a few people shook themselves, like hypothermics momentarily distracted from the comfort of the snow bank. From his travels to