

M'Quia



ONE WOMAN'S FIGHT TO DIE HER OWN WAY

*by Andrea Dorea*

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Andrea (N'Drea) was involved with Os Cangaceiros, a group of social rebels who refused the slavery of work and mercilessly attacked the prison system of France in the 1980's and 90's. In 1985, she learned that she had cancer. She underwent surgery, chemotherapy and radiation treatment. Then in 1990, she walked out of the medical world for good to grasp her life and her death as her own.

This work explains that decision with intelligence, anger and joy. It is at the same time a powerful condemnation of the medical industry, a passionate theoretical analysis of the society of the commodity and its destruction of the human individual on all levels—emotional, intellectual, social and physical—and the personal expression of one woman's decision to live her life fully and to die on her own terms among those she loved in defiance of a society that steals both our lives and deaths away.

—Wolfie Landstreicher

In 1985 our friend and comrade Andrea learnt that she had cancer. She underwent surgery, chemotherapy and radiation treatment, but in the end all hope of a cure had to be abandoned. In 1990, she was asked to become a guinea-pig in the experimental testing of a new kind of drug. She declined, and, in accordance with a plan of action she had envisaged long before, severed all her connections with the world of hospitals and medicine. This was her way of retaining control over her own end. She wrote two letters, one to her nurses, the other to her friend Bella. She had made her choice, and she returned to her friends in search of a fellow-feeling based not just on sympathy but on solidarity in struggle. As she put it, she had “made a big meal” out of a “very ordinary story.” Here is that story.

—Os Cangaceiros

This book is for Fatima.

*You must always choose the path that has heart, so as to make the best of yourself, and perhaps so as always to, be able to laugh. The man of knowledge lives by acting, not by thinking about acting, and even less by thinking about what he will think when he has finished acting. The man of knowledge chooses the path with heart and follows it.*

—The Yaqui Indian

## Letter to My Nurses, November 1990

How cynical, to hand me these two sheets of paper to sign! I have not even been permitted to read the thirty-odd page report to which they refer. You come to me demanding “just a little signature” and talking about the apparently unquestionable absolute need for you to test their “new” product on me. This is the world on its head: I am supposed to assume responsibility for what would be a totally irresponsible act on my part, while at the same time releasing a drug company and a hospital from any responsibility of their own for turning me into an informed and consenting guinea-pig.

Of course—the document assures me in sibylline tones—I am “at liberty to withdraw my consent at any time, without incurring any responsibility, blah, blah, blah...” Well, hell no! That’s all I need! Who will pay for all this experimental tinkering with people’s blood cells—my blood cells, in this instance? Not Sanofi, you can be sure of that. [A pharmaceutical research laboratory owned by the petrochemical conglomerate Elf Aquitaine.] Sanofi just rakes in the money, With the full blessing of the National Ethics (!) Commission and the collusion of the medical staff, who feel powerless to do anything about it.

Powerlessness has such a grip on people’s minds, in fact, that the cynical attitude of the pharmaceutical labs is no longer even noticed. Except by the patients, of course, who are often only too intimately aware of it, yet still prefer to be fed the illusion that something can still be done for them—that there is still one more chance.

That illusion I don’t need, thanks just the same.

And, my dear nurses, you are part of it, dispensing hope at all costs (and no matter what the cost to the patient). Sweet things that you are, it is hard to blame you. But, like it or not, you collaborate with a medical profession that is as rigid as any judge, and insanely jealous of its privileges to boot. As fiercely as you might want to wash away the inhumanity of modern medicine with the milk of human kindness, you simply cannot bridge the ever more glaring gap between the actual needs of the sick and the way they are treated by biochemists, by grant-hungry drug companies and researchers, by hospitals and clinics, by the nuclear lobby—the list goes on.

If only, during your recent strike, you had exposed the scandalous way in which human life is disregarded. You know a thing or two about it, after all. That would have been a genuinely human thing to do. And everybody would have backed you up. Because money rules, yes—but as nurses you had something different, something qualitatively different, to tell.

Please take these few lines as a token of gratitude from someone who would rather have a month of freedom than a year of chemo, all the likely consequences notwithstanding.

I want you all to know that my decision, though taken in extremis, has nothing perverse about it. Hope, just like despair, is a slavemaster. I act neither out of despair nor out of defiance. I am just being sensible. I have to have some fresh air.

With my best regards to all the nursing and clerical staff.

N'Drea

## Letter to Bella, 30 November 1990

*With so many different pieces of myself, where am I to go?*

—Tahar Ben Jelloun, *Moba the Mad, Moba the Wise*

Bella,

Well, I've done it—I've told them to fuck off with their chemo, now and forever. Basta! They can carry out their piddling experiments without me. To hell with them, anyway. Everything that is wrong with you is made worse, qualitatively worse, by the humiliation to which you are subjected in consequence—the extra moral burden you are supposed to take on for each and every physical shortcoming. All I have left is my freedom of thought—and that needs saying with a proper Marseilles accent. Okay, so I am sick—there's nothing I can do about that. But I am determined to have the last word. This simple notion gives me amazing mental satisfaction, though of course I know in advance what the results of my choice will be. But I say, down with the obscene concept of Economy—to hell with their 'Look here, we're giving you another year of life, you should be grateful,' and all that shit. Living on a part-time basis is not for me.

There are big bullies out there, I know, who will say that I am a loudmouth and that anyone in my condition should just pipe down; who will scoff at me for being "unable to run, can barely carry a bottle of wine, avoids all public places where a wisp of tobacco smoke might be present"—that kind of thing. I have never mixed with such people, but I have run into quite a few morons of the type who think "their" rights are the be-all and end-all. I curse them in my impotent fury and I console myself with the thought that if they were in my shoes they would shit themselves. Rather cold comfort, I'm afraid.

I am going to write R.I.P. over this Paris where you can no longer breathe. Where the very function of respiration is not considered necessary—witness the length of time since Parisians' brains last received any oxygen. (Well, that's not quite true: not so long ago a slight breath of air blew in from certain unruly suburbs and managed if only briefly to dispel the suffocating fog.) I was always in transit in the city anyway, and my repeated visits (like all repetition) had come to seem a bit too much like hard work. Besides, my cough, which has been getting worse, especially at night, forces me to abandon the shibboleth of "a generally good state of health"; it would be hard for me to fake it now—even for the sake of someone's cute blond hair. I am learning to tame my emotions, or at least to redirect them; it would be too

great a concession on my part were I to assume responsibility not only for my own fight but also for an anxiety which I do not myself feel but which I arouse, because of their love for me, among the more tender-hearted members of my circle of friends. In short, everything argued for my taking the decision I have taken. Now the die is cast, I am thrilled. The time of rest now ahead of me I shall devote to writing. And to saying “To hell with it!”

To get the ball rolling, I have sent a note to my nurses, dashed off in one go. By refusing to become a guinea-pig, I have saved them from having to commit two kinds of treachery: they will not need to give me false hope, nor will they need to conceal the true reason for the experimenting, which benefits the laboratories at the patient’s expense. (You have to wonder how much leeway we are expected to give these special interests, especially after the failure of their two earlier protocols.) I merely wanted to remind the nurses of the little favor that I was doing them. You can bet that it wouldn’t dawn on them otherwise. Everyone passes the buck, then stew with their guilty conscience instead of getting on with the job. To tell you the truth, I had just about overdosed on their constant niceness.

Medicine’s complete loss of autonomy dates back to the Second World War. The State could not afford to leave such power outside its ambit. In those days the brainwashing of rebels was performed in the bunkered secrecy of a prison or a psychiatric hospital, as a sort of ultimate experimental medical act subsequent upon forced labour and incarceration. Whenever it leaked out, such collaboration between medicine and power still had a certain ability to shock. Today experimentation is conducted on a grand scale, arbitrarily and in the most abstract way, that is, in a year which escapes the vigilance of the senses. Rays are administered a couple of times, slyly, slickly, no pain, no smell, no color, no sound—and you find yourself castrated. The ultimate soft sell. Oh, didn’t they tell you that your sexual performance would be affected? Tough shit!

There is even international co-ordination in this regard. Every single time a course of chemotherapy, radiation treatment or hormone therapy is initiated, it is supposed to conform to an international protocol designed to meet the sovereign requirements of the statisticians, the pharmaceutical industry, the nuclear lobby, et al. At the national level the application of such protocols is the responsibility of an Ethics Commission whose members are discreetly recruited spokespersons of those same special interests. [A “protocol” is a set of regulations governing the treatment of cancer. In the case of chemotherapy, for instance, the specific products that may be prescribed and their dosages are all strictly laid down.] By contrast, in the terminal stages of an illness (and once a signed “release” has been extracted from the patient), the nature of the treatment to be followed is determined directly

by the drug companies, in consultation with an in-hospital board known as the “Ethics Committee”—a self-important title which conveniently confuses the patient, who may well stake no distinction between this hospital committee and the national one. In any event, words are used to convey the exact opposite of their true meaning. Ethics Indeed! We are looking at a future where medical experimentation no matter how massively pursued will always be “controlled,” and no matter how brutal will always be strictly legal. The State’s rubber stamp makes it impossible to distinguish between a citizenry made ill by the world they live in and that world itself, which views the sickness it has created as a business challenge holding out the promise of endless profits. In the long term, however, the approved research methods of today will turn out to be worse than the ills they address. Nuclear power creates tumors, which are then treated by radiation, which in turn produces tumors, and so on.

Medicine in particular and science in general no longer have any vision of the development of mankind or of the world. Their only concern is with string-and-scaling-wax solutions to immediate problems. This attitude justifies every kind of manipulation, no matter what its long-term effects might be. As for the power of the State, no sooner has it brought us low than it begins defining its continued operations as attempts to restore us to health.

What of the notion that we might have power over our lives, our genes, our hormones, our genitals, our defenses, etc.? Forget about it!

The citizen of George Orwell’s *1984* lived in a kind of high-security prison, complete with continual thought-policing, electro-shock treatment and electronic Surveillance. But today the anonymous and omnipresent power of Big Brother is not even needed. Ours is a “finished” world in which non-fulfillment has created a general powerlessness and evacuated all moral responsibility. Man has forsworn control over the world, and as a result we are assailed by one catastrophe after another, each more “inevitable” than the last. Radioactivity is accidentally released into the atmosphere, say, or an inland sea disappears—and all such events are irreversible changes to which we must adjust, learning to live without a future, day by day, in forced instability and institutionalized superficiality. This social, degeneration has now finally affected the innermost redoubt of man’s being, the “nuclei” of his cells. In the era of France’s “all nuclear” energy policy, there is a distinct affinity between this dysfunctionality at the core of the living being and the disorder that rules the world. The mechanisms of breakdown are the same: circumvention of immune defenses, sabotage of communication, unilateral diversion of information, organization in the interest of the part to the detriment of the whole, regression to an undifferentiated state, uncontrolled proliferation... until the death of the host ensues.

Cancer and not-yet-cancer, positive and negative: they are so close together, so very alike, you could almost mistake the one for the other. The tiniest bit of innocent confusion may be fatal. A tiny delayed-action bomb may be transformed into a great engine of destruction. This is terrorism for individual or family use, transmissible by means of feelings alone. Remember that with AIDS, as with cancer, emotions are a liability: to have feelings of love, hate or affection can be a mortal weakness—Big Brother is really not required. The swords of the Gladio organization might as well be melted down for scrap: terror is now self-generating in the soft tissue of the body social. How I should love to be able to write on this subject.

Since mainstream medicine inspires nothing but suspicion, it is hardly surprising that an alternative operation such as that of the dissident and now marginalized Professor Beljanski should have met with suit success (for those who derive their livelihood from it, at any rate). These days old 1968ers are forever popping up as wily and pragmatic managers of stress (and of raw deals in general!). Thus it was that I journeyed to Lyons in search of Beljanski's famous capsules. How tired that trip made me, and how ripped off I felt! I got the full treatment, no doubt about that:

—The photo for the hypnotist

—The drawing, for interpretation by the Thingummy Method

—The two little sentences to be written down every day (“I bless my enemies...”)

—The full range of “Beljanski” products

—The examinations not reimbursed by Social Security

—The list of books to read

—In case none of the above worked, the referral to a Swiss clinic for a supervised fast costing a mere 7000 francs

—Unlimited consultations at 400 francs a pop. The only thing missing was the pilgrimage to Lourdes!

Hard to beat the idea of a supervised fast for a terminally ill patient, wouldn't you say? If it were any cheaper, it would hard to take the thing seriously (of course, my dear, the competition is cut-throat...).

Most of Beljanski's patients are AIDS patients, and his wretched bag of tricks resembles nothing so much as the despair he contemplates every day.

At the moment I am doing the rounds of our extended family. I hope I'll have the chance to see you and your brand-new loves, Bella. I think of you,

your blue skin so black from the sun. Keep rolling those R's of yours—and those roundnesses—and, well, that's all... we love you... roll on, youth!

Dear heart,

I send you a big kiss,

N'Drea

It was nine months since I had declined a “last-chance” course of treatment that would have turned me into a guinea-pig in an experiment over which I had no control.

Everything was getting worse despite their “maintenance” chemotherapy. From their point of view, of course, this was a very “eloquent” fact. The nursing staff knew that I was managing to deal with the interruptions entailed by a four-day hospital stay each month only because between these sessions I would travel, and because I had quietly developed a voracious appetite for everything that life had to offer. In all likelihood they sensed that it would be very hard to get me to accept any additional constraints.

On the first day in hospital I usually had sleep to catch up on, and this time was no exception. So I was deeply asleep when they decided to come and work on my head. My chemo had to be changed immediately, I was told peremptorily, and that was that. Before I could get my eyes properly open I had had a flying visit from the medical team and an intern was already back at my bedside all ready to administer the first dose, telling me that I just had one or two papers to sign...

Sign? Whoa, N'Drea! Time to get into reverse gear!

The more awake I became, and the more I backed up, the more the outrageously authoritarian cackle was toned down, much to the amusement of the other women in the ward, who got a great kick out of it. Playing for time, I demanded things that were obviously impossible. One was a sample of the drug they were pushing on me, so that I could have homoeopathic pills made up from it—something that would never be allowed because of the proprietary formula involved; I had the intern running up and down all day long in search of my old medicine, which was now no longer being prescribed but the molecular structure of which was comparable. And the shrillness of their demands continued to wane, until finally the tone was almost imploring: “But this could give you another ten years of life!” They had run out of arguments, and the two papers I was supposed to sign were a tissue of lies. I balked and balked again, and eventually, under the pretext that I needed time to think things over, bade farewell to the hospital and never returned.

During the twenty-day period of reflection that I had arbitrarily granted myself, my anger at first gave way to doubt and increasing anxiety. I had vowed to do this, to abandon all medical treatment, but I had made that promise to myself a long time ago, and I couldn't help wondering whether

the time might not yet be ripe, whether I might not be giving up too soon. On the other hand, in my case the disease always started up even more vigorously no sooner than the chemo was terminated, as I had found out as a matter of practical experience, so what was the use? Then again, perhaps it was better to die painlessly in hospital?

In short, I was drowning in a sea of unanswerable questions. Meanwhile my cough kept getting worse.

Should I leave a decision for later?

The trouble was that later I might not even be strong enough to make a decision.

In the end, on the twentieth day, I made up my mind. Stop.

The choice was not easy. The fact is, though, that for us patients there is something truly unfathomable about these treatments that make you ill. They are as incomprehensible as cancer itself. We all refer to chemotherapeutic drugs as “shit.” Since Chernobyl, everyone knows that nuclear radiation has not a little to do with the incidence of cancers, with the weakening of our ability to defend ourselves against them (to the point where some people wonder whether relapses are not indeed directly due to that catastrophe). It is perfectly irrational to undergo radiation treatment, of course; the paradox is that you cannot feel the rays except inasmuch as they bring about a temporary release from pain, which is why such a schizophrenic attitude is possible and comprehensible.

All patients have an antipathy to these treatments because they are so illogical—and so much at odds with any sense of life. Yet there is nothing else; even alternative medicine does not oppose chemotherapy and radiation therapy, aspiring merely to palliate their side-effects. So the treatment we are proffered is incomprehensible, yet its place in the world is such as to make it unavoidable. It has, in effect, been made compulsory—another aspect of the all encompassing compulsory incomprehensibility that defines our whole world. Ours not to reason why, ours but to do and die. Logical arguments have no force against facts of this kind.

In reality I had no choice. I could either allow myself to become a guinea-pig, or escape—and leave this whole little scene to its own devices. My aspirations in life had always been distinct; I was certainly not ready to relinquish control over my own death. But the very fact that I had no choice, that death awaited me in any case, meant that I had to make up my mind immediately. Being human is a risk that has to be run.

Once my decision was made, I was amazed at the calm that came over me. Everything I had repressed returned to the surface and released an astonishing energy of a kind that I had despaired of ever feeling again. I was in harmony with myself at last. I rediscovered a freedom that demanded nothing better than to expand day after day. I had chosen the only path that it was humanly possible to choose.

I had been in bits and pieces. My ambition now was to accomplish the sovereign act of putting my various scattered parts back together, of reassembling myself.

I have started to experiment on myself. Little by little I have come to the conclusion that I am allergic to many things. This has given me a better perspective on the progression of my illness; I can now distinguish, so far as my lungs are concerned, between the disease proper and the allergies that have attached themselves to it. It did not take me long to see how absurd it is to try and get rid of lung tumors, or other tumors for that matter, in a place like Paris.

My decision has been accompanied by, or has given rise to, a certain power. Before, I was flailing about in a state of impotence. The hospital was an alienation, a place where I was taken in charge and infantilized. Since I broke all ties to it, I have got a purchase on my life.

1987

*One who like you has had his entire soul pounded can no longer find repose in little joys*

*One who like you has known the desolation of the void can find peace only in the highest spheres of the spirit*

*One who like you has experienced death at first hand can be cured only among the gods*

—Holderim

Peoples are weary long before they become aware of it.” Who knows, perhaps I had already produced and destroyed one or more tumors before eventually one of them caught hold and made itself manifest? In any case, a year before I discovered anything a dream sought to warn me about what was preparing itself in the blind depths of my body.

We no longer hear our bodies when they speak to us; what is more, modern society obliges us to treat the body as an abstraction. Otherwise how could we possibly endure such living conditions? The body cannot be abused as the mind is; the Mind can be constrained to treat the body as an abstraction, but the body is a blind entity never “brought to see reason.” Its very blindness opens the door to the truth. Our bodies can do what our misled consciousness can do no longer: they can react.

A day came when death set its mark upon the tip my breast. For years I had nicknamed my nesh and retractile nipples “my inward eyes”; little did I know that just behind one of them; there lurked a tumor. People never evince great surprise when they learn that they have cancer: there are so many possible causes! It is futile to try and pick one single event as the origin of the malignancy (except, of course, in the case of a catastrophic event—a nuclear accident, for instance). Aetiology generally has to do with repeated and multiform assaults which, being imperceptible, cannot be identified even in retrospect.

The isolation, anxiety and feelings of hopeless defeat that characterize our lives conspire with environmental factors. Latent dissatisfaction exhausts individuals already on the defensive. We are asphyxiated by unrelenting pressures that assail and eventually overwhelm our immune systems. Our estrangement from ourselves and from our intimates becomes a mental affliction, exacerbating our neuroses and armoring our characters. A world manifestly antagonistic to our deepest aspirations allies itself with our hidden mutagenic tendencies.

Illness exposes the world’s antagonism to the individual. And it is in our bodies, blindly, that we first apprehend this hostility. A good part of the animus never reaches consciousness and fails even to achieve an impact at the emotional level. Pure objectivity assails each individual through his body. “Once the soul has fled the body, the elemental forces of objectivity come into play. These forces are, so to say, always ready to spring into action and begin their work upon the organic body, and life is the continual struggle against this eventuality” (Hegel).

Attacked in his essence, experiencing the absence of communication in total isolation, the individual subject must struggle with whatever confronts him—with his own character, with his sickness whether or not yet manifest—and he must do so without perspective, without the capacity for reflective thought. You have a medical condition, that condition holds sway, and you are powerless with respect both to yourself and to your dear ones. This is the time, typically, when the subject may “bow to the inevitable” when the loss of the will to live may become a clinically discernible phenomenon.

The emergence of the illness is the moment when official recognition is given, as much by the patient as by medical science, to the fact that the individual is damaged, but not to the logic that has occasioned this damage. On the contrary, medicine first goes in search of the single causal agent supposedly responsible for the condition—the virus, micro-organism, behavioral risk factor, or what-have-you. And when, as in the case of cancer, such a causal agent cannot be pinpointed, medicine takes aim at the symptoms, in accordance with the principle, “if you don’t understand something, destroy it”; an approach that at best delays, at worst accelerates the degenerative process.

At this juncture the individual’s suffering is given a name: “metastasizing cancer,” “AIDS,” “madness,” and so on. And the outside world proceeds to launch a full-scale offensive, the aim being to evacuate the threat posed by the subject’s condition and complete the subject’s destruction in the process.

You are in the hands of medicine. A patient. Isolated. Monitored. Supervised. You resist, you struggle desperately against the hospital administration in order to retrieve something of yourself; for you, the administration itself becomes the causal factor in the disease. Doubt is no longer permitted, and defying this prohibition means revealing a world of control much worse and much more focused than you could ever have imagined. The sickness is them!—even if it is your body that is falling apart...

When you learn that you have cancer, a world collapses and blinds you. You are alone, like everyone else in these circumstances. What explodes in your head is the scandalous extent of your dispossession. Your sense of having lost the power to give meaning to life has a concrete form: your swollen glands, the lumps in your body, are an inescapable verdict. This is a condemnation lived out in solitude, a shattering setback, a headlong race backwards in time. You are alone with your punishment.

Even those who have no faith in the systems have no power to affect it, for nothing else exists. You flail about wildly as you strive for even a minimal influence on the doctors’ decisions. In a letter to the surgeon who was to operate on me, I explained how I felt about my body: “It will seem ten years younger than my age, and this is not by chance,” I wrote, and “My tits are everything to me; my entire sexuality is contained in them,” etc., etc. When the day came, this surgeon announced to me that, once he had cut open my breast, he “reserved the right” (!!!), if need be, to remove it completely. I thereupon insisted that a woman doctor I knew be present at the operation and went out to get a cup of coffee. At least the proceedings were put off for that day. I was determined not to place myself so utterly at the mercy of a stranger, and succeeded in getting all my test results and discussing them with my doctor friend.

The unilateral nature of such decisions is justified by the implicit argument that simply by getting to where you are now you have amply demonstrated your powerlessness. You are asked to submit completely and place absolute faith in medicine's knowledge of your person. So as to have a free hand, the medical system takes advantage of your momentary personal crisis to impose the presumption that you deem your condition to be your own fault. Since you have treated your body, of which you are clearly ignorant, with such insouciance, would it not be as well to entrust it to the capable hands of our high-tech specialists. Surely you do not understand all these technical terms. Even if you deciphered them, what good would that possibly do you, ignoramus that you are?

They have the words—they have the power. You have been pigeon-holed: “carcinoma,” “duct-invading neoplasm,” “infiltration,” “hormone-dependent,” “histological type 3”... Having been rather successfully conditioned and rendered guilty as to the extent of our ignorance, we cancer patients have failed up to now to fight back, as some AIDS sufferers have done, by calling the bluff of all those medical researchers whose bluster and trumpet-blowing on the subject of their supposed discoveries are nothing but a cover for their own very considerable confusion.

This world has given you a life sentence—or a death sentence—you have obviously committed a crime against yourself, and who else will protect you in that case:

And let's not forget: OFFICIAL MEDICINE, ALTERNATIVE MEDICINE—THE SAME FIGHT! Everywhere it's the same refrain: “You poor thing, you've really done yourself in, haven't you” (Yes, right—and you are the one that needs your head examined)!

Post-treatment—that is, after a general anesthetic and surgery, followed by a standardized course of extra-powerful radiation—your fatigue tends to overcome your vigilance. This is the moment when medicine gets started on its major irreversible plans for you. Its authoritarianism penetrates your defenses, and you lose the capacity to catch all the lies. In company with your immune system, you are overwhelmed. You are liable to find your bearing, only after some act of amputation or castration has already occurred. Henceforward you will never get rid of your tumors without first getting rid of the medical system that has appropriated them.

The doctors will get you to believe that in the case of cancer which is hormone-linked, “castration” is an unfortunate necessity, but that this will not affect sexual responses in any way. If perchance you later experience a loss of libido, this will be ascribed not to the radiation but instead to a mental block on your part. You can't help being, suspicious of their claims.

You know that they lie. But in your exhaustion you end up swallowing the notion of the lesser of two evils. The fact remains that you are being blackmailed with the threat of death. Next please!

As for Arab women terrified at the prospect of being thrown out by their husbands if they become infertile, they are assured that their menses will return in due course. If you are unlucky enough (as I was) to be subjected to a second course of radiation treatment in the pelvic region, the slightest penetration may subsequently become intolerable, tantamount to a rape, since all your muscles have been tetanized. This is an unpardonable crime against our love lives, an invisible mutilation of our sensuality and our desires. Damnable and murderous medicine! And to think that I asked that my tit be left as intact as possible for the sake of love! What a dope! (“Surely you wouldn’t rather die than lose a breast?”) Damn them! For years afterwards they were always asking me whether I had been castrated in this way, just in case I hadn’t, so that they could recommend it. Damn them to hell!

Practically none of the women who have been deceived in this way will ever talk about it, so deeply buried is the emotional pain of this peculiar, alien and gratuitous form of impotence. Nothing could be better designed to aggravate their isolation. High security inside body! It doesn’t matter how old a woman is, in the normal way she will still experience sexual pleasure...

In any case I seriously doubt whether this approach really has any effect on the growth rate of tumors. Show us the statistics! After all, the fact of being young yet menopausal must surely alter the hormonal balance of the entire organism, not least the bones. And when you learn that the logical evolution of hormonal cancer of the breast (or prostate) leads in the first instance to the bones, you can’t help but wonder whether your condition might not have been deliberately exacerbated just to improve their stats! Anyway, as I say, I have my doubts. And I curse them all over again! Meanwhile, like a blind person who compensates by developing the other senses, I have learnt how to love from afar, to love with words, with my eyes and above all with my mind. What they have stolen from me I have retrieved in a stronger form than ever.

The nuclear lobby is another power, a mafia like “State” transcending the various national States. The application of nuclear science to medicine followed its broad use by the military (as in the open-air tests of the 1950s in the Sahara, for example). In hospitals today radiation reigns supreme, and the said national States place no restrictions whatsoever on its employment. There are some tests, notably those designed to detect antibodies specific to cancer, that can easily be done without recourse to radioactive products, and cost Social Security much less into the bargain. But “all nuclear” is the

watchword, here as elsewhere, and the minister of health has decreed that it must be respected.

So much of the new and hyper-sophisticated equipment in hospitals is based on nuclear technology; that is why it becomes obsolete so quickly. The ultimate aim is that this technology should effectively replace surgery. You will never meet a hospital doctor willing to tell you about the tumors produced by radiation techniques themselves. A relapse on the patient's part is invariably given its the reason for any new growths. Radiation-pushing bigwigs in hospitals may no more be taken to task for the consequences of their onslaughts than society at large may be held to account for the doses of radioactivity that everyone now receives in the ordinary course of life. Moreover, these bigwigs have managed to make themselves unavoidable; in the case of bone disease, in particular, there is simply no other alternative, and before long they will have a complete monopoly on the treatment of brain tumors. You may not be at risk from a slipping scalpel, but an inattentive technician is every bit as lethal. (Recall the recent "Saragossa scandal," in which doctors, technicians and lab workers were all implicated in the purely negligent administration of excessive radiation to patients over a fifteen-day period.) Like me, you will become a participant, willy-nilly, in the great experiment of the application of nuclear science to medicine. Just try asking the big-deal nuclear specialist who is monitoring you for the exact level of radiation that each organ of your body receives. You'll see him blanch at such impertinence and mutter about "uncertainty" in this area. Whatever would we need such information for anyway?—that is their attitude; besides, loose talk is dangerous, as we all know...

The art of bombarding patients with rays has much in common with shooting: in both cases you can have grazing fire, cross-fire, grouped fire, converging fire, fire at a point of interception, and so on. On top of which you have a team of mathematicians on hand estimating trajectories and angles as a function of the particular rays being used (gamma, X, whatever). Decidedly, there's no stopping progress! All these minute calculations will be carefully loaded into the contraption. Then, lo and behold, you'll have a visit from a hopelessly overworked paramedic who takes measurements with a margin of error of a good half centimeter. What is more, the irradiation of an area of the body can easily leave such gross traces that it is impossible later, even with a scanner, to tell whether any improvement (or the opposite!) has occurred. The only reliable clinical gauge, as ever, will be our pain.

Between April 1985 (surgery and radiation) and July 1987 (clinical confirmation that the original tumor had produced offspring), my defensive strategy was to count on my own strength, as buttressed by the support of my friends. I treated the challenge of the cancer and the challenge represented by my action in the world as one and the same thing. And I fully expected to prevail.

I had refused chemotherapy after the surgery. The side-effects of the radiation were already such an enormous price to pay. Most of all, I tried to put the whole nightmare behind me as quickly as I could by obliging myself to resume my former activity, albeit at a somewhat gentler pace so as to husband my energy. Putting things on hold, or somehow putting my life in brackets, were intolerable ideas. And what could be more debilitating than continually thinking about death: I defied my illness by ignoring it, by trying to erase it from my mind—even, if possible, from my friends' minds.

The death that had been predicted for me I now rejected as untimely. I had always been a thief, and now I was stealing not just money but also time and its use. I was stealing my own life—and my own death. The logic of money holds us fast in its iron grip, gradually depriving us of our time, of our awareness that we are together, that we are alive. My thieving (which, I want to make it clear, was always nonviolent and always directed against the State or the banks) is the tiniest of correctives to the generalized dispossession of the self that wage slavery imposes on us.

The “compensatory diversion of funds”—that’s my style, and the style of my comrades-in-arms. The prospect of death I had already encountered, in a social sense, in the shape of the calculated risk implied by the refusal to work when this is embraced by a few people acting in concert. For me prison equals death. Risking prison together is a way of taming death.

I succeeded to a degree, but then came failure. A bitter disillusion that I could at first not even acknowledge accompanied the return of my old fatigue. Eventually, haunted by the most dreadful sense of failure, I went down to the hospital to report this only too probable backsliding. [It is interesting how often medicine uses the same vocabulary as the penal system. Tumors are overcome not so much by being treated as by being punished. They are described as resistant, rebellious. What is bad must be put to death, evil powers must be extirpated. Cells are delinquent, it not possessed. You are malignant, therefore you die! The Devil, as always, is not far off!] It was so hard! I had had just two years of freedom. Two years of willful ignorance.

As early as 1985 several of my lymph nodes had become involved, and the threat of metastasis had been hanging over my head like a sword of Damocles. But it is one thing to recognize a probability mentally and quite another to know for sure that it is graven into your flesh and bones. There is no more getting away from it. You are living a tragedy in the immediate, and no distantiating is possible. You are like a fly caught in a honey jar. Except that it is not honey that you have to swallow, but poison. This time around, I accepted all their foul prescriptions—the very ones that I had got out of before. It took them a month and a half to convince me, but in the end I capitulated, simply because one doctor spoke to me honestly. I was seduced by his words—medical words that I had learnt from my own reading: “two lymph nodes out of a possible six affected... if a third goes, we go to chemo; one tumor measuring 2.5 centimeters... 3 centimeters means chemo.” And so forth. Yet these were not my words, these were not my criteria...

I had an allergic reaction to the treatment right from the start. In the six months that followed it became apparent that the experiment would have to be halted. My white blood cell count was too low and refused to rise, so the regimen was abandoned. It was during this same period that I came under police surveillance; I was followed, and my phone was tapped. [Beginning in the summer of 1987, the political police, with assistance from different branches of the judicial police, undertook a systematic and wide-ranging investigation of our group, known as Os Cangaceiros, with a view to breaking it up. Naturally this caused us not a few problems.] This put me in a rage. And, in a curious way, it formed a counterweight to my health problems: two misfortunes can be better than one, because they cancel each other out.

During the winter of 1987 I made myself some promises. In the first place I vowed not to make any blunder that might bring the police down on my friends; the cops were no doubt hoping that in my weakened state I would drop my guard. Secondly, I decided that my illness must not be allowed to dictate the date and nature of my death. These promises transformed my behavior. I now accepted death as an ally. I began to struggle in company with my illness instead of struggling against it.

Little by little I gained ground mentally on my evolving tumors. Test results no longer ever scared me. This growing invulnerability to my own inner terror armed me likewise against the medical confraternity, whose actions I began calmly to anticipate: I learnt to foresee each clinical decision before it was made. Other patients were of the greatest service to me in this regard, for they were an untarrying source of information. Before long I had effectively gone on the offensive.

My life now resided in this acknowledgement of my death in prospect. I had become a warrior. Instead of wriggling to escape, I had begun to fight

actively—distancing myself not as a defense but for strategic reasons. I was always on the lookout. The thoroughly real and concrete threat of the cops had made it possible for me to regroup and confront a much more diffuse and incomprehensible danger. And in the process the social dimension of my illness became clear.

Sickness had slowed me down. The cops were hot on my trail, and I was like some wounded prey. My white blood cells, meanwhile, whose number refused to grow, were the true gauge of my defenses, my immunity. Very likely a “metastatic flare-up” was just around the corner. The parallel between the two trains of events concentrated my mind. I was acutely aware of the idea of death, but instead of becoming obsessed with death’s imminence I felt only indifference. Flight was useless. My death, I told myself, was social, and had to be made social. Fear and anxiety faded as I became more detached, and now my detachment was an objective one of my own making, part of my game plan.

Like the Indian waiting for his own will to manifest itself, I learnt patience, and looked forward to the time when I could organize my leave-taking as a rational act.

The will is a force that grows stronger with experience, a unique power that enables you to prevail even when your thoughts declare you defeated. Your will is your invulnerability. It organizes your sense-impressions, your perceptions of the world and of your situation, and binds them all together. And it matures with each decision you take.

I waited. I was in no hurry. Today, I might be tempted to say that I should have made the break sooner. But that would be a mistake. I could not have done so, for I did not know then what I have since learnt. So much was still a mystery to me; and I had not clearly assessed the risks. The act of quitting, if it was to be an act of mastery, had to be the opposite of a suicidal act: it had to be a rediscovery of meaning, a long-matured redressing of the balance, a carefully prepared return to complete harmony.

It would take me two and a half years to get there. In the interim, I went through many new ordeals with the chemotherapy. Each time, though, I emerged better armed for the fray. The disease, of course, continued on its merry way. I submitted to two chemotherapy protocols, looking upon them as experiments. In my own mind, at the time, I felt I was prolonging things. And it is true that I had developed an insatiable thirst for life, and I felt no urgency; I enjoyed every instant to the utmost, wherever I happened to be. I am inclined now to think that spinning out time was all I was doing. For was I not at the same time irreversibly “limiting” my life? [To my readers I have no counsel to offer in this regard. No two cases are the same. I have

seen women perfectly well after twenty years of remission; and I knew a woman with exactly the same clinical picture as me who died very much more quickly. I can only speak of my own experience, and I do not want to suggest that it is in any way typical. A cancer of the cervix or a cancer of the prostate, if removed early on, may well be eradicated for good. The time factor is very important, and the earlier a tumor is caught the better your chances.]

I would always put on a big show of recovering, quickly after an examination or a chemo session. I did this out of defiance, up to a point, but most of all because I needed to shield myself from the impact of this latest assault. I was like a vampire in my desperate search for new strength. I learnt how to tune out my surroundings altogether, concentrate hard, and draw comfort from sounds almost completely drowned out by the din of the traffic: a bird singing, for example, or a distant conversation between two little girls. What was it that that bird or those children were saying to me? Nothing intelligible, certainly, yet there was a tone, a music, that was perfectly suited to the quieting of my now so alien spirit.

I gave the impression that chemotherapy sessions were a breeze for me—so convincingly, in fact, that the neighbors, and the children who were then living with me, were quite unaware of my condition. And yet, how vile those sessions were!

Up to a certain stage in the development of cancer, a chemotherapy protocol is a treatment programme defined by international agreement (the USA being the chief authority in the matter). The actual poisons [For poisons they are—make no mistake about that. Your veins will be screwed up after a year of chemo, and your heart will be exhausted—to say nothing of your liver!—now administered in a variety of “cocktails”—have not changed since the Second World War. Dosages have been reduced, in accordance with strictly respected limits. Typically (as in my case), once tumors reorganize themselves so as to resist the effects of the treatment, the first protocol—which may be followed for eight months, for instance, on a three-day-a-month schedule—will be replaced by what is often called maintenance chemotherapy. “Maintenance” indeed sums it up, for cure is no longer envisaged, merely a possible slowing down of the disease’s progression. Between the first regimen and the second there is supposedly a “window of therapeutic opportunity” When the costs and benefits of chemotherapy are compared, one can only be skeptical as to whether the benefits tip the scales. Unless, of course, we are talking about the readily identifiable benefits that go into the pockets of the drug companies.

We are confronted here by the same repressive logic that holds sway in the nuclear industry—the same would-be radical demand for immediate results,

the same declaration of a state of emergency, the same contempt for long-term consequences, for the future in general. You live longer—ergo, science is effective. You want a cure? Well, that's your problem, not ours. Surely you don't think the entire atmosphere ought to be cleaned up just because your little lungs have a hard time dealing with air pollution?

“Anyway, it's high time you acknowledge how much we have done for you.” In other words, we are expected to thank them humbly for allowing us to benefit from their hyper-sophisticated paraphernalia. This is the world upside down! The fact is that our tumors are their bread and butter, and the nuclear lobby, the chemical industry and their ilk are the very people who cause us to develop these tumors in the first place. Almost as many people live off cancer as die from it!

In chemotherapy, as in war, civilian casualties do not count. In a military operation, if striking a target is necessary, the extermination of innocent bystanders is just “collateral damage.” Likewise, since cancerous cells divide faster than some others, chemotherapy sets out to kill all quickly dividing cells. Among the consequences are hair loss, breaking finger nails and all the rest. The patient is then given a breathing space, just long enough to recuperate, before the bombardment resumes. Of course, they keep an eye on those parts of you that are getting the brunt of it, checking to see whether your heart is standing up to the strain, and whether your cell count is going up.

Your body has no defenses at this time, and you can no longer tell what it is trying to tell you: it is, in fact, sick from the treatment itself for one week out of every three. During these nausea-besieged periods, you simply cannot tell what may be caused by the cancer and what by the chemo. This is medicine at the height of its idiocy. You are utterly deprived—not just of your tumors, but most of all of your intuitions, of your ability to reflect (for alien sensations mean alien thoughts), and hence of your ability to act. This is the kind of treatment most conducive to complete self-abandonment at the teat of institutionalized medicine; it demands blind faith in a promised outcome so far distant in time that the very promise itself is quickly forgotten.

You are given to understand that your treatment is tentative only. There are other drugs, of course—something can certainly be done in your case. With but slight variations, the treatments are all much alike, and standardized, until you reach “Stage III.” The chemotherapy itself may generate new cancerous cells. In the aftermath of treatment, a karyotype [A karyotype is the particular arrangement of all the chromosomes of a given cell of an individual, and by extension a photographic image of that arrangement.] will show the chromosomal breaks it has caused; the broken bits can join up again any old how, thus constituting new malignant cells.

Another kind of wild (but quite legal) chemical experimentation is hormone therapy. If you happen to have a hormonal cancer, you are the perfect target. Quite a number of hormones have been discovered only recently. They are already used massively in many areas—in agriculture, animal husbandry, medicine—without the slightest heed being paid to the possibly disastrous long-term consequences. In view of the all-fronts campaign to use hormones everywhere and anywhere, it is hardly surprising that cancer patients should be invited to undergo a bit of tinkering dreamt up by some sorcerer's apprentice. First the secretions of the adrenal glands are blocked, then replacement hydrocortisone is introduced from an outside source—one of the very hormones that has just been eliminated. Make sense of it if you can.

In any event, I know that in my case, as in others, this whole procedure was useless. In what percentage of cases is it useless? Just try and find out!

We are supposed to worship people who cut out cancers which they themselves have caused; unhesitatingly to accept their castrating decisions and welcome their bureaucratized, statistics-obsessed tinkering; and never, in any circumstances, to make public mention of their carefully concealed ineffectiveness. So long as their sole aim is to uphold a repressive belief system of which they and the pharmaceutical labs are the only beneficiaries, the top dogs in chemotherapy (and of course in radiation too) are hardly likely to deprive Cancer Incorporated of their services.

Once all these treatment efforts have failed, the patient enters what is called Stage III. At this stage treatment is not therapeutic but strictly experimental. I did not want to submit to this, and I left. I had never before been the object of such a concerted effort to hand me over, bound hand and foot, to the mercies of the pharmaceutical conglomerates. True, I had already become a guinea-pig. The international dimension of the norms laid down in the protocols is just a smokescreen. You would have to be mad to expect protection from the State—much less from several States in cahoots with each other! It is hardly reassuring to know that millions of people are experiencing the same thing as you. And I am not a fool. All the same, over the years I had witnessed revisions in the chemotherapy protocols, which had become more tolerable both in terms of lower (and hence less toxic) dosages and in terms of gentler administration methods. I had also been mollified by the attentions of a genuinely devoted team of nurses and by the personality of a woman doctor of the old school. I had a measure of confidence in this doctor, though I must say that my mistrustfulness was never far from the surface. Her appeal shielded me to a degree from the sharks at the labs. I had seen her reject a number of proposed trials as too dangerous. And, well, after all, what other choices did I really have up until that point?

When I felt that my hand was being forced, whatever modicum of trust I had developed disappeared like morning mist. The collusion between medicine and the world of money was brought home to me with shattering immediacy. I considered that a “qualitative” limit had been crossed; medicine was nothing but unmitigated vileness. My decline, my impotence, were simply opportunities to make money. For me, this was the end of the road.

Exclusively on the say-so of patients themselves, who are being persuaded to sign more and more waivers, hospitals now sell their inmates directly to specific laboratories as test subjects. In this way free trials are conducted on sample groups of mental defectives, North Africans, you name it. I presume the hospital receives some kind of kickback too. What is clear is that those who take the risks get zilch.

Stage III is covered by no kind of convention, national or international. In view of the failures that have gone before in all these cases, a high level of attrition is considered acceptable. There is a so-called “compassionate” protocol which allows “last-chance volunteers,” for whom all other treatments have failed, to participate in these experiments; as well as selling the number of candidates for risky trials of this kind, such “unofficial” guinea-pigs can be used without being figured into the overall failure statistics.

The compound that was supposed to be tried out on me had in fact been tested previously, then abandoned on account of its numerous side-effects. These included the arrest of saliva production (hardly recommended in my case, given that I was also suffering from lung cancer!), falling white and red blood cell counts, reduced platelet production, kidney and liver complications, etc., etc. The research was being conducted by Sanofi Laboratories, a subsidiary of the Elf Aquitaine corporation, notorious for having lied on the extent of the action, and hushed up the side-effects, of the drugs it was marketing. So what if patients were paralyzed as a result? The competition is enormous...

We do indeed live in a vast world of competition where profit overrides all other considerations. A world that I have never been able to stomach.

The mindset that cannot conceive of dealing with cancer otherwise than by the “Auschwitz plus Hiroshima” approach (i.e., chemotherapy plus radiation) is of course the same one that spawns this world that is forever battering us. The chemical industry makes us sick by polluting the air we breathe, fouling the water we drink and adulterating the food we eat, yet we call upon it to care for those very same ills. Likewise the nuclear industry causes cancers, which we then treat by means of nuclear technology. We are suffocating from having lost all control of our lives, all ability to take the

initiative, yet the health-care establishment would have us obey its diktats without the slightest demur.

The notion of health is meaningless in the context of general servitude. The production of new commodities depends on the degradation of everything that exists—of both human beings and their environment. Money is the motor of this world, and no one and nothing escapes its net. Everything must at some moment be transformed into a specific sum of money: the quality of air or water, even the health of an individual. The logic is all-encompassing, and every individual suffers it in a state of chronic powerlessness.

Within the vast laboratory that the commodity world is for itself, medicine has a strategic role to play: its Herculean efforts to fight illness—which is an unconscious protest by the subject—are a way of concealing the reality of human decline.

Medicine is utterly under the thumb of commerce. So is the State, which can no longer lay any claim whatsoever to protecting its citizens. If contaminated blood can be knowingly given to hemophiliacs (and the necessary insurance taken out with consummate cynicism beforehand), then there are surely no depths to which medical practice will not sink. Rarely a week goes by without some fresh ignominy of the medical confraternity or of the drug companies appearing in the newspapers. And this is just the tip of the iceberg. There is no getting around it: the commercial imperative shamelessly sweeps all other considerations before it. Medicine kills.

The scramble for research funds, which is scarcely distinguishable from the most frenetic commercial competition, allows for no looking back. (Searching for five-year-old records is tantamount to archaeology!) And the orientation of research is in no way governed by scientific criteria; this explains the regression—particularly egregious in medicine—to a purely empirical attitude. This very real retreat is disguised by the excess of technical apparatus. The sensationalized promotion of supposed miracle cures operates on the model of advertising: we are persuaded to forget, between one ad and the next, that the discoveries evoked are identical, and equally impracticable.

Things are at such a pass that monstrosities of every kind are now permissible. No one in specific is ever responsible for these aberrations, which come about through a cascade of discrete compromises. Medical errors proliferate. Research results are distorted or manufactured for the sake of grant monies, lying goes on at every level of medical practice, and a law of silence worthy of the Mafia is religiously observed by all. Here as elsewhere, our society trivializes the monstrous results of its actions. This is, after all, a world where a whole people can be wiped off the map by high-tech weaponry, and only

the high-tech weaponry remembered in the aftermath; where with impunity a population can be irradiated by a nuclear power station, or made mortally sick (as at Bhopal) by a chemical plant.

The more servile medicine's actual role, the greater the arrogance with which the profession proclaims its autonomy. In the cancer factories known as hospitals, the doctors are just mannequins paraded before the patients to reassure them; whatever you do, don't ask them questions—all those years of study notwithstanding, they take great pride in knowing nothing...

As in all areas of society, money appears here under two contradictory aspects: omnipotent, inasmuch as it dictates medical action; impotent, completely impotent, from the standpoint of patients confronted by their illness. I have heard so many stories which make you realize how tragically hard it is for poor people to keep their loved ones company at the end—simply to do what was once considered such an indispensable part of a “good death.” Working people do not have the time—or if they make the time they won't have the money—to prevent their relatives from being hustled through death in a hospital. It is the iron logic of money that makes for these aseptic and obfuscated departures. In the ordinary way the external pressure of money is internalized, assimilated by the individual, couple, or family. This in any case precarious arrangement can be hopelessly destroyed by the advent of sickness. How many households, overburdened by debt are simply unable to cope when a family member falls seriously ill. These days it is a luxury not to die in a hospital or hospice. Paradoxically, even better-off people fail to escape this logic, and they are often just as impoverished by the time their loved ones die, because they are persuaded to pay for extra-fancy treatment.

To all this must be added the feeling of helplessness that we feel day after day when confronting a haunting death that begins, in a sense, before death itself. It sometimes happens that a sick person's family and friends begin secretly to wish for the end of these trials; they will then begin to feel guilty about this wish, and occasionally even fall ill too. Patients for their part are liable to reproach themselves for becoming such a burden to their loved ones, and may give up their fight against illness in order to lessen that burden. Everyone may end up hoping—albeit ambivalently, and without ever mentioning it—for the end to come.

That a measure of social security is guaranteed to (almost) everyone is a mere abstraction in face of the fact that all ties of community have been broken in this society, leaving individuals defenseless, families distraught, and most people impoverished, disempowered and condemned to silence. Such, almost always, is the context in which the book is closed on exis-

tences lived out under the dictatorship of money. Humanity has become an impracticable idea.

To go into hospital is to fall directly, and more brutally than usual, under the control of the State. One's first means of counterattack in this circumstance is to refuse to feel guilty—completely to reject insinuations of the type "You yourself are responsible for your cancer." By imposing their timeframes on you, your antagonists seek to deprive you of your consciousness. Refusing to accept any guilt is a way of directing all your energy against that dispossession, Of imposing yourself as an individual, and of achieving an imperturbability that extends even to the emotions; it also teaches you how to foresee attacks and hence possibly to counter them; and finally it ensures your freedom even though a whole specialized world has been created to deprive you of it.

Refuse to put yourself in the shoes of a patient, or of a guilty party, and you can laugh at the fears such roles bring with them. Ask how someone who is not in your situation can address your case, and you will be throwing down the gauntlet to therapeutic zealotry. But be prepared! Simply asking for your own test results may be deemed an aggressive act—even strong-arm tactics! What madness!

You have to learn their language, like a jailhouse lawyer, so as to fight your enemy on his own ground. Mere curiosity on your part, even if it betrays not a trace of skepticism, is an embarrassment to the medics for the very good reason that they are the authority, and would like to preempt even the idea that they might conceivably- be subject to criticism. An interest in your own case is never looked upon therefore as a reasonable one, but simply as an emotional reaction. Such contempt! As a way of protecting doctors from the dangers of face-to-face confrontation, specialists in "communication" (i.e., lies) are entrusted with the task of convincing patients that they need this or that particular treatment. [It is the wearisome job of these mediators, known as "communication councilors" to receive and orient patients. They also have another function, which is (surprise!) to deal with vendors from the pharmaceutical manufacturers. The "communication" for which they are responsible consists in listening to every detail of these people's sales pitches (hard sell, soft sell—no matter), then translating this mumbo-jumbo to patients, using psychology as required, and persuading them to be guinea-pigs. Such mediation we need like we need a hole in the head! There are "communications counselors," of course, not just for hospital patients, but also for delinquent youths in the poor suburbs, etc. In fact every betrayal of a social bond by this society calls for its own corps of specialists in non-communication.]

The struggle for oneself is inseparable from an attitude of revolt towards the health-care system. The first step is systematically to question the authority of that system, and this goes hand in hand with a determination to penetrate the wall of medical secrecy and obtain whatever information it conceals concerning your own case. You must be cunning in dealing with the liars who confront you; you must always be on the *qui vive*, always demand copies of documents or pictures, steal as necessary, and above all never be deceived by the language of the enemy. Then, too, you must seek out other patients and exchange information with them—an approach that does not come naturally to people in hospital. This is the only way to combat the unilateral character of the decisions taken about you, which depend entirely on passivity and/or ignorance on your part.

The institution looks upon the patient as an experimental subject. The only experiment that will allow patients to reappropriate their individuality, however, is the sharing of experience with peers, and this implies that each of us must open some windows onto the outside world.

In the Orson Welles film of Kafka's *The Trial*, Joseph K. announces to his lawyer that henceforward he intends to conduct his own defense, because he, the lawyer, supports and partakes, of the bureaucratic system that is persecuting K. The lawyer retorts, "You are signing your own death warrant." I met with a comparable response when I decided to give up chemo: "You can't do without us! You'll be back!" and so on. In other words, "You are signing your own death warrant."

One does not take such a decision and then revert quietly to the routine of everyday life. It provides the moment, rather, to retrieve the unity of one's life and history, rejoin one's close friends and reformulate one's aspirations.

As hard as it is to fight the pathology of this world once it manifests itself (under the twofold aspect of the cancer itself and the way it is dealt with), it is probably even harder not to be affected by the people you love. We seek recognition. Today such recognition, which Hegel called man's main goal, is nothing but a chimera. Universal suspicion, the war of all against all, completely inhibits any true extension of the self. Money's power to abstract continues its ravages, coming to define every available mediation between people. Henceforward we are alone, with an entire world ranged against us.

## August 1991

“The infinite does not transcend the finite,” says Hegel. “Rather, it is the very movement of the finite itself.” I do not know of a more revolutionary proposition.

I have sought to give weight to my life so as to lessen the burden of my death. Living without taking risks is the worst choice, for it means dying impoverished. My destiny is embodied in my life’s course, as fixed by the successive refusals of my youth. Seizing the time, stealing money, reinventing social spending according to my own lights, desiring riches, knowing alienation—all in company with friends. That was my life!

I fled not a few kinds of servitude, first and foremost wage-labor. I spent fifteen years outside the law, and never went to prison. But I could not escape disease. When it came, I was certainly not about to renounce my need to appropriate my own life merely to protect myself against anxieties that could easily themselves prove fatal.

As for life itself, I cannot say that I have been badly served. Take money, for instance. Money is a terrible tyrant when you have none—but also as soon as you got your hands on some! Money can make you ill. I have experienced the best and the worst in this department. The worst: isolation, dissociation, every man for himself. The best? Thieving, organizing, reappropriations, getting the necessary talent together. Such activity perfectly exemplifies the harmonization of thought and action. A glimpse—no, an authentic manifestation—of true riches! There is no greater turn-on than this—the rediscovery of true sharing, true generosity.

Decidedly, losing my life was a far worse prospect than merely dying. What could be worse than having your freedom taken away under the shadow of a predicted death? What I was now being threatened with was not the terror of incarceration in all its unacceptable inhumanity, but a gradual, irreversible deterioration occurring within myself.

By bolting, and entering into life’s last great game, I have gained a unique perspective which has enabled me to reapprehend my *raison d’être* and muster all invincible will.

“Liberty or Death!” Death indeed puts freedom in the balance. The finite is indeed a moment of the infinite, and gives rise to a spirit that is the spirit of the rebel. The finite is shaped by reference to a cut-off point in time that we lay down for ourselves. The end is thus embodied in the beginning, and the beginning in the end. The finite is that point from which time is counted

down, thus taking on contour, and illuminating, thanks to this motion relative to itself, the meaning of a life. Without such voluntarily established points of reference, without such promises made to oneself, life can have no meaning, can be no more than an accident.

Human action is like the movement of spirit in the world: the further it progresses towards its end, the further it regresses towards its foundation, and only in this dual movement can it discover its own unity. This slow revolution is accompanied by enlightenment. Here is the basis of the future return to a Golden Age envisaged by the millenarians, the fulfillment of the promise made at the beginning of time. "In the depths of the soul are the heavens: a pure blue cloudless sky" (Novalis).

Suppose I had died in hospital! My end—and hence my life—would have been wrested away from me. I simply could not allow my death to be stolen from me in this way, for losing the end of my life would mean losing the entire sense of that life. The essential moment, the signifying moment, would never have been mine.

"To live is to begin to die. Life exists relative to death. Death is at once termination and beginning, a separation from oneself and at the same time a closer union with oneself, inasmuch as we pass through death, our reduction is perfect" (Novalis).

The signifying moment is the moment of self-realization. Life achieves plenitude by becoming conscious of its terminal point. It is at that moment that my life becomes truly my experience, that I grasp its universal aspect.

The beginning too would have been gone: neither beginning nor end—nothing upon which to base recognition.

Ours are truly sinister and inhuman times!

The warrior spirit looks death in the face, because the essence of the warrior's activity is to risk death in exchange for recognition. Man reduced to servitude is dominated by death, and all the more so if he tries to ignore it, to chase away the very notion of it. Our world does everything it can to erase even the slightest trace of the warrior's attitude. "And this social absence of death is identical to the social absence of life" (Debord).

True experience is life conceived as unfolding with reference to a stake, and thus having a beginning and an end. Only on this basis can success and failure have meaning. So long as you are not deprived of this conception, you cannot be defeated. You may lose a battle now and then, but rout is an impossibility. The idea of death must be your guide—your abettor, ever on

the watch, ever ready to whisper, should your attention wander, “Hey, what is that new pain... Be careful now...”

When you no longer have anything to hang on to, when you get to feel that time is running out, this idea forces you to rely solely on your decisions, and restores you to your time. You become master of your choices, of your deadlines—an accomplished strategist. Does a sense of urgency propel you forward? Yes, but that’s the whole point: you are taking your tinge. That tinge belongs to you, it is fulfilling what you have chosen. Nothing else matters, nothing can be taken from you. You will even have the time to polish up your style. Everything flows logically from your initial decision. Your detachment and lucidity are enhanced; a new power is mobilized in you.

Your choices are bound now to be the best, it only because they are yours.

I must pay homage here to friends who are in prison, to Georges Courtois and Karint Khalki. I salute their spirit and their strength. That same spirit has allowed me to rediscover myself when everything was conspiring to destroy me. The time no longer slips through my fingers, and the process of deterioration has slowed down accordingly.

I am about to embrace the essence of my life, to reach my goal. What was once no more than a crazy dream is coming to pass, methodically, and now approaches complete realization. In confronting the world, from qualitative leap to qualitative leap, I have come to understand, and striven to communicate, what power might derive from this process, what deep satisfaction is vouchsafed by the emergence of my humanity. This pleasure comes from the unknown, from the opacity of a world turned upside down, and it gladdens the heart of all who are able to recognize themselves in it. For my humanity is theirs also—visible now, dazzling even, precisely because I have made it truly mine. It demands, first of all, to be shared; then, to be communicated to the whole world.

My story, in the end, is a very ordinary one: there is nothing particularly special about walking out of hospital before the last stage of chemotherapy. I realize that I have made a big meal out of a tiny slice of experience. But I was about to be deprived of my own death, hence of my life—which had been founded on the refusal of dispossession. By reappropriating my end I have retrieved what was at the beginning, and regained an understanding of my rebellion. I now see how my life, after childhood’s song of innocence, became what it was in its essence, namely a song of experience. Under this aspect it has strategic lessons to offer.

When I rejoined my friends, I found that I was able to serve as an effective and complete mediation—something which we should all try to be and

encourage each other to be. And I found I could now summon up qualities I had formerly lacked, those needed to effect my choices, to impose my will (even with my friends), to influence my entourage—in a word, to participate.

I have succeeded in communicating my experience, each of my friends has assimilated and pondered it for him or herself, and ideas have arisen amongst us that we have refined together. We have all reached the conclusion that reason indeed informs History. Little by little we are laying the foundations of an emerging common view.

The coming period will have little need of new theories. What it will need are demonstrations by example, this in the context of a reversal of perspective that is visible, tangible, rooted in objective reality. And it will need not speculation about ideas, but ideas themselves—ideas that can be refined by being put into play.

I realize it is not a modest ambition that we should conceive of our activity as an experiment, as something to be constructed in time, in the world. Something that originates in communication, nor is produced by communication, and that gives rise to communication. Something that has a beginning—but also an end. In view of which it behooves us, like the millenarian sects, or like the Situationist International, to settle on a temporal cut-off point, and then, by reference to this point, to define ourselves as authors of an experiment and as a necessary mediation. For we are no longer supplied with any reference points, and it is up to us to create our own. There is no other way of getting things in perspective.

The mistake of the Situationists, following the millenarians, may well have been that they conceived of being as already posited (they thought in terms of an “elect”). Nor is it a matter of an ought-to-be, but rather of a being constructed by means of the greatest possible detachment. From this standpoint we can understand how greatness is to be found in the greatest simplicity.

Money is the inverse of wealth, a form that isolates and divides us: the omnipotence of objectivity laying down the law. It is the greatest distantiation possible, absolute detachment. Yet the subject can not achieve self-affirmation without usurping this detachment. As things stand, money is the only available mediation. The solution lies not in some new ideology but rather in practical mutual recognition. Our ambition is such that it cannot fail to support the building of friendships between us. In this active building process we shall find the meaning of what we have always sought.

May 1991

*Nothing was near as yet, and I was merely the far-off echo of the depths of time—and of the future.*

—Novalis

Bella,

I am amused to learn that you see my imminent end as a kind of failure. Do I detect the already grieving friend?

You forget that I was not looking to be cured. My defense was, initially, to deny the illness, and then, later, to have my fate decided by a principle higher than the ups and downs the illness imposed on me. Did I want to live life to file fullest? Certainly I did!

I achieved my goal, which was not to be pushed around no matter what happened. Strategically speaking, I won on two fronts. The “metastacops”, forever trying to colonize my emotions, I treated to a superb indifference. I managed in good time (I hope) to break my ties with the medical world—a world battering on all the cancers and other shit that it itself foists upon us. (Medicine is a great bureaucracy, and it hides its ignorance like a state secret.) As for my “copper-stases”—those living corpses who have been trailing me these last few years, without shame and without serious difficulty—they too failed to isolate me. For—yes!—my friends were behind me even when they were far away.

Even better—what luxury! what supreme pleasure!—I have contrived with my friends to organize my exit as a situation-to-be-constructed. The date of our leave-taking has been fixed. This agreed-upon moment marks a departure: at once an end and a beginning. I shall be part of the future of my comrades—shall partake of their collective decisions. I say “we” though I speak of a time when I shall be no more. It is not hard to relativize the commonly accepted view of death.

This more or less arbitrarily chosen date should be looked upon as a qualitative threshold that we all wish to cross and that it would be sacrilege to shy from.

Our standpoint here is diametrically opposed to any idea of suicide as an isolated and desperate act that abolishes everything the individual has believed in and represents nothing but failure and defeat. By deciding what style my death shall have, and by doing so not in private but together with

others, I get beyond the mere affirmation of individual freedom in face of a process of decay (whether of the world or of my body) which a single will could never transcend.

The freedom that I affirm is that of a material individuality—an individuality, in other words, that is intimately bound up with that of “my” others, and hence social in character. We live by communication alone, and of that I am living proof.

My freedom?

Neither victory  
Nor defeat

I am sure of my friends.

N'Drea

Andrea died on the day she had chosen: 15 August 1991.