

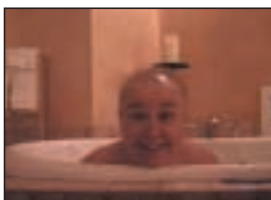
## Gerry's wig

**My left breast: an unusual film about breast cancer**

Gerry Rogers, director; Peggy Norman, camera;

Paul Pope, producer

St. John's, Newfoundland: Pope Productions, Ltd; 2000  
57 min. \$24.95; institutions: \$99.95 plus tax and shipping  
ISBN 096880820-4 Available: [www.myleftbreast.com](http://www.myleftbreast.com)



Gerry Rogers looks at the camera through the two zeros in the middle of her zany millennium sunglasses and asks, "Should we talk about the year 2000?" The question is addressed to her lover, companion, caregiver and camerawoman, as well as to the viewer of this intimate autocumentary, *my left breast*. Behind the camera, the voice of Peggy Norman is sceptical: "What is there to say about it?" she asks. "Hopefully," Gerry answers, "the year 2000 will be better than the year 1999 for us, although I still think we were really lucky."

Gerry Rogers' luck fizzled rather badly in 1999, the year she and her partner started a bed and breakfast business in Carbonear, Newfoundland, and then discovered Gerry had breast cancer. Gerry started making this film the day her hair began to fall out during chemotherapy. It was, to use Peggy's word, an "outlet" for her feelings. In the small hours of sleepless nights Gerry points the camera at a mirror and talks about her fears, her sense of isolation, her feelings of loss. She shows us how her hair comes out in tufts, the incision left after modified radical mastectomy, the flushing of her Hickman catheter. She takes us to her chemotherapy and radiotherapy sessions and to follow-up

visits to her doctor. Although centred on self-disclosure, this is an extremely *helpful* film, one that posits a viewer faced with a similar situation herself.

This creative outlet, the film, documents another: the collective project, guided by a professional wigmaker, of making a "healing wig." Gerry asks friends, family, neighbours, the women behind the post office counter, everyone she knows, for a lock of hair. The idea catches on. Offerings arrive by mail from across the country. Samples from entire families, including cats and dogs. A carefully packaged and labelled collection from the children at a school for the deaf. Thick tresses kept in a drawer for 30 years. The hair that a woman had cut off the year she herself started chemotherapy. It's a complex impulse to preserve a lock of hair: a hedge against loss, a nostalgic gesture, an act of hope, a memento mori. These very personal artifacts are given as a benediction, a wish for Gerry's restoration, an expression of solidarity.

Gerry inspires generosity, first because she is so likeable, and second because she so clearly values the love and support she receives. She confides to the camera that "love and tenderness are so important to me right now." Metaphors of battle don't really interest her; the

important thing, she muses, is to be gracious and to do the best she can. This means welcoming the organic produce, herbal potions and (to her mother's consternation) packages of marijuana people give her. It also means submitting to modern medicine's more brutal means. Disfiguring surgery, the infusion of "the red devil" in her veins, skin scalded by radiation: Who can embrace these as an experience of *healing*? This is the most difficult thing: to face unpleasant treatments with feelings of deep ambivalence. Gerry worries about this: To get better, should she not always be thinking positive thoughts?



The quiet triumph of this 60-minute film is that it convinces us that Gerry Rogers *is* lucky. She has a deep respect for herself and others, a buoyant sense of humour, a gift for communication and community building. She knows what she needs and asks for it. She shares, unassumingly, what she learns. Giving and receiving, she achieves an amazing grace.

**Anne Marie Todkill**  
*CMAJ*

## Room for a view

## The gravedigger's bed

When I was a junior intern in Montreal, we had no problems with beds being blocked by patients with chronic conditions, at least not in teaching hospitals. One of the reasons for this was simple: at that time there was no national or provincial health insurance.

Many people had private insurance, but this covered only acute care and usually terminated after two weeks in hospital.

But there were other means of preventing bed-blocking. There was a rule, for instance, that people with stroke, even of recent origin, could not be ad-

mitted to the public teaching hospitals. The justification was that the diagnosis was obvious, and there was no treatment that could not be given elsewhere. When we were on call we might be telephoned in the middle of the night by a harried general practitioner with a stroke