



LIFE'S SECOND CHANCE: CANCER IN THE DEVELOPING WORLD

SARIKA CHAWLA

Little did she know beating leukemia was only the first of many battles Wossene Bowler would face in her lifetime.

Born and raised in Ethiopia, Bowler moved to the United States in 1980. Twenty years later, she and her husband were living in Singapore when she was diagnosed with chronic myelogenous leukemia while undergoing fertility testing.

“The first time they told me I had leukemia, I didn’t know how bad it was,” recalls Bowler. “I told the doctor, ‘I don’t want to know anything about the illness or the side effects. Just heal me.’”

She then moved back to the United States for treatment. After chemotherapy and many prayers (“my Bible was under my pillow”), a bone marrow transplant became her only option. Fortunately, her brother provided a perfect match.

“My faith, my brother’s bone marrow, and my family’s support saved me,” she says, after a decade of being cancer-free.

Had she been living in Ethiopia at the time of her diagnosis, the outcome may have been very different.

Many times over, the world has banded together to fight the spread of HIV/AIDS and other infectious diseases in the developing world. But the rise of cancer is largely overlooked, despite the fact that every year at least 7.6 million people die from cancer, more than HIV/AIDS, malaria, and tuberculosis combined.

According to the World Health Organization (WHO), there will be 16.9 million new cancer cases by 2020, and 60 percent will occur in developing countries, with more than a three quarters of a million cases in sub-Saharan Africa alone.

For Bowler, overcoming cancer was her second chance at life. But for millions of Ethiopians, the odds are stacked against them even before diagnosis.

Environmental carcinogens, as well as behavioral risk factors like tobacco use are major contributors to cancer. Limited access to screening and treatment compounds the problem.

Bowler explains that in Ethiopia, where the population is about 80 million, there is approximately one doctor for every 40,000 people and one nurse for every 8,000 people.

Two years after remission, she made it her mission to improve those odds by establishing [Life's Second Chance](#) which received non-profit status in 2005. Her goal is to build a hospital about 45 miles from the capital city of Addis Ababa. Ultimately, she hopes to create a complex complete with housing, research and training, an orphanage, and a rehabilitation center.

Bowler went straight to the people with her plan, and in 2007, the Ethiopian government donated 134 acres of land.

"The whole city is ready to help me build," she explains. "We have volunteers, and will be able to hire Ethiopian designers and engineers for the project."

Building the hospital will cost an estimated \$19 million; with equipment and a year of administration, the costs will climb up to \$118 million. But, Bowler cautions, this shouldn't be considered a charity project.

"[The locals will] build their own hospital and homes. When it's completed, they'll work in the hospital and a portion of their salary will go back into the project," she says.

No one can argue against the need for increased cancer treatment and research. In sub-Saharan Africa WHO estimates showed 551,221 new cases and 490,978 cancer-related deaths were registered in 2008.

That's a conservative estimate, and actual statistics are fuzzy.

"There is no data," says Bowler. "In Ethiopia, doctors have told me they have up to 80,000 cases a year. But there is no way to track those numbers."

Additionally, many cases go entirely undiagnosed and untreated, and, therefore, are not included in statistics. Bowler points to the shockingly high amounts of cervical cancer in underdeveloped parts of the world. In sub-Saharan Africa alone, 50,233 women die annually, despite the existence of effective screening methods and the human papillomavirus (HPV) vaccine. Lack of awareness, she explains, is an enormous part of the problem.

"People are very religious, and to show their private parts to the doctor is a shame. No one is encouraging women [to see a doctor] ... even if they have a cyst or a tumor, by the time they catch it, it's already stage four," she says.

To make matters more difficult, there is only one cancer center in Ethiopia — Tikur Anbessa Hospital — with extremely limited resources. In Ethiopia, a cancer diagnosis is essentially a death sentence.

Bowler dedicates all of her time to raising funds for Life's Second Chance and has already brought medication and a mammogram machine to Ethiopia. She's spent thousands of dollars of her own money in the process.

Regardless, more than two years after breaking ground, construction of the hospital has yet to begin.

"I can't deliver on my commitment because I can't get the material and equipment," she says.

Most recently, the foundation scheduled a benefit concert with the rock band Everclear, paying a \$9,000 deposit.

"We only sold 50 tickets and had to cancel a week before the concert," says Bowler. "We asked Everclear not to keep the deposit, but they never responded."

At this point, the mission is in a holding pattern until she can raise enough funds to move forward.

"If I get a million people to believe in me and each one donates \$10, then that's all I need," she says.

In the meantime, Bowler is continually approached by those seeking help for themselves or loved ones who are battling cancer. The most recent letter came from the parents of a 4-year-old Ethiopian girl whose only hope for survival is to travel to Bangkok for a bone-marrow transplant — an \$85,000 procedure that is far beyond their reach.

"This is why I am struggling to build the hospital. This is just one of many stories I receive every day," she says.

Sarika Chawla is a Los Angeles-based writer and editor. Visit her on the Web at www.sarikachawla.com.