



American Indian Cancer Foundation's
CERVICAL CANCER STORIES

MARY ANN COOK

(Red Lake Ojibwe)

“I can do this,” Mary Ann Cook (Red Lake Ojibwe) reminded herself each day after finding out she had cervical cancer. A young mother and newly registered nurse, Mary Ann was just 26 when abnormal bleeding turned a fun family getaway into an anxiety-inducing stay in the emergency room. And while she admits the diagnosis shook her to her core, Mary Ann knew keeping a positive mindset would give her the strength to beat it.

“I’m not going to die from this,” she declared. In 1990, Mary Ann was vacationing with her family in the Black Hills when she noticed some spotting. At the time she thought it was from her recent colposcopy, a follow-up procedure to an abnormal Pap test. On their way home from the Black Hills, Mary Ann and her family decided to camp at a powwow, and in the middle of the night, the bleeding got heavier. This time it “was not normal,” so she decided to visit a nearby emergency room. There the doctors concluded she was simply experiencing a heavy cycle and prescribed her birth control pills. The spotting subsided, but Mary Ann continued to feel drained and dizzy. Back on the road, they stopped at a gas station when Mary Ann realized the bleeding was now worse than ever. Again they rushed to the closest hospital, where doctors discovered Mary Ann’s hemoglobin was shockingly low; her IUD had also fallen out from excessive bleeding. After a D&C and emergency surgery, physicians told Mary Ann they had removed a golf ball-sized tumor from her cervix. A biopsy confirmed it was invasive cervical squamous cell cancer shortly after.

As a nurse, Mary Ann understood that this disease often came without noticeable signs or symptoms in the early stages but never imagined it could progress as quickly as hers did. If she had known her abnormal Pap could be indicative of something so serious, Mary Ann said she would have been more aggressive and proactive about her health. “Maybe I wouldn’t have taken it so lightly,” she said. And while an abnormal Pap test is not a cancer diagnosis, it’s important that Native women follow up with their doctors to discuss the results – especially since they are nearly twice as likely to develop cervical cancer compared to white women.

An extensive full body scan showed that the cancer hadn’t spread to Mary Ann’s major organs. News like this lifted her spirits, reminding her to take every day as it came and to celebrate those “little milestones” on the way to recovery.

“Things are going to be okay”, she continued, “I am going to be okay.”

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A few weeks after the diagnosis, doctors made arrangements for Mary Ann to have a radical hysterectomy, an extensive surgery that required removal of her uterus, cervix and lymph nodes. They tested her lymph nodes as well, but found no traces of cancer. If just one had tested positive, doctors said chemotherapy would've been a must. Because of the procedure's complexity, it couldn't be performed in Mary Ann's hometown medical center – the closest to offer it was four hours away at the University of Minnesota (UMN). Fortunately, she had family living in the Twin Cities and was able to stay with them whenever she needed.

Mary Ann remained in the hospital for about a week following surgery, using a catheter to reduce urinary problems. "It was really painful," she explained. Her care team provided a series of pain medications to relieve the discomfort, but it took some trial and error before doctors found a remedy that didn't produce negative side effects. The first medicine she tried dropped her oxygen levels so low one of her lungs collapsed, the next caused her to wake in the middle of the night "with vivid nightmares." Eventually the team figured out a combination of Tylenol and codeine worked best.

"I was looking a mess," Mary Ann described herself upon returning home from the hospital. She left with the catheter and used it for an entire month before it was removed. At first, Mary Ann was required to have a follow up exam every six months at UMN's medical center; after a while she went annually. Now cancer free, she visits the doctors in her community for regular screenings and is given a Pap test every two years – national guidelines recommend women aged 21-65 get screened every three years. Mary Ann credits early detection for saving her life. If she hadn't been persistent about getting regular Pap tests, "who knows how far the cancer would have spread."

The diagnosis came as a shock to family and friends, but they were never hesitant about stepping in to support Mary Ann on her journey. Her parents were by her side immediately when she had emergency surgery. And when she was home from the hospital they'd visit just to cook for her family and clean the house. Mary Ann is also grateful for her husband, not only for the care he provided during surgery and the months that followed, but for supporting her healing journey for more than 30 years. "We made it," she said.

Today Mary Ann helps raise awareness about cervical cancer through community events and cancer walks. As the Director of Nursing at Red Lake Hospital, she enjoys connecting with patients and using her experience to stress the importance of screening. "It really bothers" her that she's known many women who have died from cervical cancer simply because they waited years to have an exam. On a mission to change the narrative of this preventable disease, Mary Ann encourages Native women to be vigilant about their health "at any cost."

"Follow through if anything is abnormal," she said. "And don't take it lightly because anything can happen."

Miigwech Mary Ann for sharing your story. Learn more about what AICAF is doing to address Indigenous cervical cancer burdens at AmericanIndianCancer.org

