PINK RIBBONS, INC.

Breast Cancer and the Politics of Philanthropy

SAMANTHA KING
Pink Ribbons, Inc. challenges the corporatization of the search for a breast cancer cure

In 1993, the New York Times Magazine ran a cover story on breast cancer with the headline, “You Can’t Look Away Anymore: The Anguished Politics of Breast Cancer,” and the accompanying image was of breast cancer activist and artist Matuschka with one side of her dress cut away to expose the scar of an unnecessary mastectomy. Three years later in 1996, the New York Times Magazine ran another cover, this time with a cover story declaring breast cancer as “This Year’s Hot Charity.” Unlike the shocking photo of the 1993 cover, this one featured a slim, naked shot of supermodel Linda Evangelista provocatively covering her exposed breasts. The 1996 cover gave way to the suggestion that breast cancer had become sexy, and addressed the disease’s rise to the top of charitable causes. How, in such a short time, could the public be asked to think about the fight against breast cancer as a project of collective, grassroots activism to thinking about the disease as the chic cause to support?

In Pink Ribbons Inc., Samantha King traces how breast cancer has been transformed from a stigmatized disease and individual tragedy to a market-driven industry of survivorship. In an unprecedented outpouring of philanthropy, corporations turn their formidable promotion machines on the curing of the disease while dwarfing public health prevention efforts and stifling the calls for investigation into why and how breast cancer affects such a vast number of people. Here, for the first time in a critical yet balanced look at the breast cancer industry, King questions the effectiveness and legitimacy of privately funded efforts to stop the breast cancer epidemic among American women.

From analyzing breast cancer campaigns from businesses such as the NFL to the cultural impact of activity-based fundraising, such as Race for the Cure, Pink Ribbons, Inc. challenges the commercialization of the breast cancer movement, its place in U.S. culture, and its influence on ideas of good citizenship, responsible consumption, and generosity.

Samantha King is associate professor of physical and health education and women’s studies at the Queen’s University, in Kingston, Ontario.

Please consider a review of Pink Ribbons, Inc., or an interview with the author. Please contact Heather Skinner, Publicist, at presspr@umn.edu with questions, requests, or comments.

###

PRAISE FOR SAMANTHA KING

“Breast cancer advocacy is being transformed from meaningful civic participation into purchasing products. To understand the personal, social and political costs, read this book.” — Barbara Brenner, Executive Director of Breast Cancer Action
1. Can you provide us with a history of how breast cancer has been viewed culturally?

For much of the twentieth century women with breast cancer were objects of stigma. A positive diagnosis was viewed as an individual tragedy best dealt with privately and in isolation. That began to change in the 1970s with the emergence of the women’s health movement and the decision of prominent women such as Betty Ford and Shirley Temple Black to speak publicly about their diagnoses. Following heightened political activism around breast cancer in the 1980s and 1990s, the emergence of large well-funded breast cancer organizations, the development of corporate interest in the disease, and a broader cultural awareness of the importance of patient empowerment, women with breast cancer began to be viewed as “survivors” and the disease itself is frequently portrayed as an enriching or affirming experience.

In some respects, this is clearly a change for the better: women who are in a position to take advantage of the cheerfulness of breast cancer culture are likely to find that it aids in their recovery. Unfortunately, however, the new image of breast cancer can be enormously alienating to women who cannot share this positive embrace of the disease. It also has the effect of denigrating those who have succumbed to the disease as somehow having not fought hard enough.

2. What is the connection between the feminism of the last two decades and the emergence of the breast cancer movement?

The early years of breast cancer activism clearly drew personnel and other resources from the feminist movement. In addition, the notion of a “woman’s right to choose” in all decisions affecting her health—a notion popularized by the women’s health movement—became a key facet of the breast cancer agenda. The individualist and corporate form that the movement has taken since the 1990s, however, must be understood within the context of the powerful antifeminist backlash that characterized this period. This backlash had the effect of stifling radical political ideas, encouraging women’s movements to distance themselves from feminism, and urging participants to engage in internal transformation rather than institutional change.

3. How have social inequalities been reflected in the campaign to fight breast cancer?

In terms of its agenda, the campaign to fight breast cancer is characterized by a historically entrenched concern with funding research rather than access to treatment. This prejudice has arisen because the cancer control establishment (the American Cancer Society, the NCI, the CDC, the FDA, pharmaceutical companies) has from its inception been composed of affluent individuals for whom the costs or availability of medical care are irrelevant. It’s also the case that the consumption-based nature of the campaign excludes women without the financial resources from participating in it and perpetuates through advertising the idea that breast cancer is a disease which predominantly effects young, slim, ultrafeminine, white women.
4. Where is the place of prevention education and research within the current breast cancer movement?

There is a clear divide within the movement between organizations that are fighting for preventative research and those that follow the historically entrenched bias towards screening and treatment. The latter group, moreover, has the support of huge corporations such as AstraZeneca, maker of tamoxifen, and creator of National Breast Cancer Awareness month. Although this situation has altered slightly in recent years, thanks to pressure within the movement, it is still the case that the leading organizations—such as the Komen Foundation—make prevention a low priority. The seriousness of the situation is illustrated by the fact that the only options we have for prevention right now are pills with dangerous side effects, and surgery more drastic than that often prescribed for women with the disease.

5. How has cause-related marketing altered corporate philanthropy and consumer culture?

Until the 1980s, corporate philanthropy was a relatively random, eclectic, and unscientific activity based largely on the individual preferences of high-ranking executives. Since then, it has been transformed into a highly calculated, quantified and planned approach, often called “strategic philanthropy” or “charitable investing.” Of all the tools that have emerged during this time, cause-related marketing—when a company allies itself with a specific cause, and contributes money, time or expertise in return for the right to make publicity or commercial value—is among the most popular and publicly visible. The effect of this transformation has been to place philanthropy at the center of business activity and to transform it into a revenue-producing mechanism.

6. What is the significance of the change from “cancer victim” to “cancer survivor” in the cancer establishment?

There are both positive and negative implications to this shift. Cancer activists now share a sense of the importance of disease identity categories that suggest active and empowered individuals. The transformation from “victim” to “survivor” has been given institutional legitimacy with the emergence of organizations dedicated specifically to survivorship and with existing organizations placing survivorship at the center of their missions. This is nowhere more clearly than in the case of breast cancer. However, although breast cancer survivors, like AIDS activists before them, have won involvement in the allocation of research funds and the conduct of clinical trials, groups that embrace patient-empowerment as a way to mobilize critical engagement with government agendas, biomedical research, or social discrimination remain a small minority, swimming against the tide of pink ribbon perkiness.

7. What is the disadvantage of having large single-issue health foundations and advocacy groups instead of more expansive health movements?

It is unlikely that the battle against breast cancer will be won so long as it is approached as a single-issue problem that is unrelated to other health conditions or to broader social issues. Large, corporate-funded, single-issue foundations have come to dominate health advocacy and, as a result, questions related to universal healthcare, discrimination, or the impact of the environment on disease have been pushed to the margins. Instead what we see is intense lobbying for greater funding for each individual disease and a focus on inspiring individuals to take responsibility for their health. Research shows us that factors such as education, employment and working conditions, food security, health services, housing, income, and racial nondiscrimination are the key determinants of health in the United States and these are issues that are best approached by more expansive movements.
8. **Why are groups like Breast Cancer Action so important to the breast cancer movement?**

Because they represent one of the few voices within the movement to challenge the consumer-oriented approach to advocacy and the over optimism that characterizes many of the big breast cancer foundations. More fundamentally, they are there to remind us that women diagnosed with breast cancer today face essentially the same options (if they can afford them)—surgery, radiation, and chemotherapy—that were offered when the War on Cancer was first declared 35 years ago. They draw our attention to the lack of coordination of money flooding in for the cause and how this has produced an approach to research that is utterly fragmented with needless repetition and massive gaps. Without BCA there would be little challenge to the business as usual approach of the cancer control establishment.

9. **What do you say to people who think you are against breast cancer support?**

I believe in support that will lead us to better understandings of the causes of breast cancer, more effective, less toxic treatments, and greater access to care for all women and men with the disease. My concern is thus not with support per se, but with the particular forms of support that are marketed most heavily to concerned members of the public—shopping for pink ribbon products and participation in costly fundraising events. These modes of approaching the disease, I believe, exploit the public’s goodwill by making big promises that are not being fulfilled.

10. **Should people stop buying pink ribbon products?**

I suggest that concerned members of the public ask the following questions before they purchase a pink ribbon product: How much money actually goes to the cause? (If very little it’s best to give directly to organizations whose work you support rather than filtering it thorough a large corporation). Where will the money end up? (Information about this is usually hard to find and often vague: If you can’t tell, don’t buy the product). What types of programs will benefit? (If we want to see real innovation in the breast cancer research agenda, we should target our generosity to those organizations that focus on the causes of the disease and how to prevent them).

*Samantha King* is associate professor of physical and health education and women’s studies at Queen’s University, in Kingston, Ontario.
What You Should Know About Breast Cancer

• **Dangerous odds.** In the past 50 years, the lifetime risk of breast cancer has nearly tripled in the United States. In the 1960s, a woman's lifetime risk of breast cancer was 1 in 20. In 2005, the risk was 1 in 7.¹

• **False sense of progress?** Although breast cancer is becoming more and more common, most breast cancer research funding focuses on diagnosis, treatment, or finding a cure, while ignoring research into preventable causes.⁷

• **Selling the disease and the cure?** AstraZeneca, a multinational pharmaceutical corporation (and sponsor of National Breast Cancer Awareness Month), is the manufacturer of tamoxifen, the best-selling breast cancer drug. Yet until corporate reorganization in 2000, AstraZeneca was also the leading producer of the carcinogenic herbicide acetochlor, as well as numerous chlorine and petroleum-based products that have been linked to breast cancer.³

• **More than just genetics?** Having a family history of breast cancer does not mean you will get breast cancer. Only 5 to 10 percent of all breast cancer cases are explained by an inherited genetic mutation.⁴

• **“Reasonably” risky?** 150 chemicals, the majority of which are still in use today, have been found to cause mammary tumors in laboratory animals. The US National Toxicology Program considers such evidence as being "reasonably anticipated to be carcinogenic to humans."⁵

• **Misguided priorities?** 70% of people with breast cancer have none of the known risk factors. Known risk factors, such as late menopause, having children late in life, and family history, are present in only 30% of breast cancer cases.⁶

• **Lopsided philanthropy?** Breast cancer is not the leading cause of death in women. The American Cancer Society estimates that in 2006, breast cancer will kill 40,970 women, while lung cancer will kill 72,130. Cardiovascular disease kills 480,000 women a year — more than 11 times as many women as breast cancer.⁷

Please consider a review of *Pink Ribbons, Inc.*, or an interview with the author. Please contact Heather Skinner, Publicist, at presspr@umn.edu with questions, requests, or comments.

---


² Silent Spring Institute, *How is Silent Spring Institute different from other breast cancer organizations?*, <http://www.silentspring.org/newweb/about/faq_6support.html>


