Pink Ribbons Inc: breast cancer activism and the politics of philanthropy

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This essay explores the cultural reconfiguration of breast cancer in the United States since the 1970s. It traces how breast cancer has been transformed in public discourse from a stigmatized disease best dealt with privately and in isolation, to a neglected epidemic worthy of public debate and political organizing, to an enriching and affirming experience during which women with the disease are rarely ‘patients’ and mostly ‘survivors.’ In the latter of these configurations, survivors emerge as symbols of hope who through their courage and vitality have elicited an outpouring of philanthropy, a continued supply of which will apparently ensure that the fight against breast cancer remains an unqualified success. By examining three key sites in this shift—federal policy, breast cancer marketing and the Susan G. Komen Foundation’s Race for the Cure—the essay seeks to understand how, and with what effects, this transformation has occurred.

On 22 December 1996, the New York Times Magazine ran a cover story declaring breast cancer ‘This Year’s Hot Charity’ (Belkin, 1996). The backdrop to the boldly printed headline featured a head and shoulders shot of supermodel extraordinaire Linda Evangelista: slim, tanned and naked, Evangelista was pictured with her left arm drawn across her chest, resting lightly—and provocatively—on her barely visible breasts. While the more controversial suggestion that breast cancer had become ‘sexy’ was left to reside in the photograph of Evangelista, the written text addressed the recent ascendance of the disease to the pinnacle of charitable causes. Contributing writer Lisa Belkin argued that its valence as a cause could be attributed to a handful of passionate activists and their persistent networking among the wealthy and the powerful; the culturally appealing link between breast cancer, femininity and nurturing; the willingness of corporations and politicians to embrace the cause; and the organizing experience gained by baby boomers who were active in the

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Figure 1. Photograph used on *The New York Times Magazine* cover in 1992
women’s movements of the 1960s and 1970s. The piece focused particularly on Nancy Brinker, founder of the Susan G. Komen Breast Cancer Foundation, who is widely credited with turning the disease into a marketable product with which consumers, corporations and politicians are eager to associate.\(^2\)

Just over three years previously, the magazine had run another cover story on breast cancer.\(^3\) This time the image was a self-portrait of breast cancer activist and artist Matuschka with the top right side of her long white dress cut away to expose a mastectomy scar where her right breast had been (see Figure 1).\(^4\) The headline read: ‘You Can’t Look Away Anymore: The Anguished Politics of Breast Cancer’ (Ferraro, 1993). This story focused on the rapid rise and notable success of the National Breast Cancer Coalition (NBCC), a Washington, DC-based feminist lobbying organization founded in 1991. The article detailed the agendas of the NBCC, and the breast cancer movement more broadly, in terms of raising public awareness of the disease, seeking greater scientific and governmental attention to prevention and the impact of environmental factors on incidence rates, expanding the federal budget for research and increasing the influence of breast cancer survivors over the federal research agenda.

Thus, in four short years, on the pages of one of the nation’s most widely circulated magazines, breast cancer was discursively reconstituted from a site of ‘Anguished Politics’ to ‘This Year’s Hot Charity.’ In 1993, the public was asked to think about the fight against the disease as a project of collective, grassroots (albeit state- and biomedical research-centered) activism that had made big strides in increasing funding for research and in winning a place for activist-survivors at the policy and research tables. In 1997, they were asked to think about this fight as a project of wealthy individuals, CEOs and politicians who had succeeded in making breast cancer chic.

The images through which the disease was made visible were also transformed: Matuschka’s mutilated, though highly stylized, chest—the result of an unnecessary mastectomy performed by an overzealous surgeon—replaced by the hypernormal femininity of Linda Evangelista’s modestly covered, yet perfectly intact breasts. Although, as Lisa Cartwright (1998) argues, Matuschka’s image was deployed to illustrate a story that focused almost exclusively on mainstream breast cancer activism and the interests of middle class, professional women—a dominant feature of discourse on breast cancer—the move from Matuschka to Linda Evangelista corresponds to a clear shift in how breast cancer is conceptualized in the realm of the popular.

The move from breast cancer politics to breast cancer charity on the pages of the *New York Times Magazine* is but one symptom of—and factor in—the transformation of breast cancer in public discourse in the United States in the past two decades. During this time, the disease has been reconfigured from a stigmatized disease and individual tragedy best dealt with privately and in isolation, to a neglected epidemic worthy of public debate and political organizing, to an enriching and affirming experience during which women with breast cancer are rarely ‘patients’ and mostly ‘survivors.’ In the latter of these three configurations, breast cancer survivors emerge as beacons of hope who, through their courage and vitality, have elicited an outpouring
of ‘American’ generosity—a continued supply of which will ensure that the fight against breast cancer remains an unqualified success. While on occasion the discourse of fundraising references women who have died of the disease, less optimistic, more critical perspectives on progress in the fight against breast cancer are few and far between.

Although the conceptualization of breast cancer as a political issue has not dropped out of public circulation, in the same way that residual discourses of stigmatization have not been entirely displaced, the fight against the disease is constituted predominantly as a fight that does—and should—take place on the terrain of science and medicine funded through consumer-oriented philanthropy and volunteerism. Breast cancer foundations, non-profit organizations and fundraising events have proliferated in the last two decades. Breast cancer research and education is a—if not the—favorite charitable cause for corporations seeking to attract female consumers through cause-related marketing campaigns. And philanthropic approaches to the disease have even become a part of federal and state health policy. Thus, whether it be through the enactment of federal legislation to create a fundraising postage stamp (i.e., in the realm of the state), through a Ford Motor Company campaign designed to maintain and nurture consumer loyalty through a partnership with the Susan G. Komen Breast Cancer Foundation (i.e., in the realm of the market), or through mass participation in fitness-based fundraising events such as the Race for the Cure (i.e., in the realm of the nonprofit sector), breast cancer has come to be imagined largely as a charitable cause. This essay is organized such that I examine, through these three specific examples, how and with what effects this has come to be the case. The essay is not intended be critical or dismissive of volunteerism and philanthropy per se: it recognizes that nonprofits and foundations play a central role in underwriting activism across the political spectrum in the United States and that these institutions are also key components of the US health and welfare systems. Rather, its concern is with the ways in which certain techniques of volunteerism and philanthropy get taken up and deployed and how they enable or constrain particular forms of social belonging and political action.

Situating the essay: the emergence of the breast cancer movement

The transformation of the American public’s attitude toward breast cancer is a central theme in the current proliferation of academic and popular discourse on the disease. While some writers locate this transformation in the emergence of the women’s health movement (Ehrenreich, 2001), others view the decisions of several famous women—most notably Shirley Temple Black (in 1972), Betty Ford (1974), and Happy Rockefeller (1974)—to speak publicly about their breast cancer diagnoses as initiating factors in the process of destigmatization (Altman, 1996). The publication, in 1975, of Rose Kushner’s Breast Cancer: A Personal History and Investigative Report, in which the author criticized the practice of performing one-step mastectomies without the consent of the patient, is also widely acknowledged as a turning point in the history of the disease (Kasper & Ferguson, 2000; Klawiter, 2000; Ehrenreich, 2001). Kushner’s exposé prompted a decade of nationwide campaigning for informed consent.
legislation at the state level and, as activist and advocacy groups sprang up around the country, something like a national movement began to emerge. In 1986, the National Alliance of Breast Cancer Organizations was formed with the purpose of providing ‘information, assistance, and referral to anyone with questions about breast cancer’ and acting ‘as a voice for the interests and concerns of breast cancer survivors and women at risk’ (www.nabco.org). Five years later, the National Breast Cancer Coalition was created from an initial meeting of 75 groups, including Breast Cancer Action of San Francisco, the Women’s Community Cancer Project of Cambridge and the Washington, DC-based Mary Helen Mautner Project for Lesbians with Breast Cancer.

The histories of these organizations and the development of a well-organized and funded national breast cancer movement have been well documented (Batt, 1994; Altman, 1996; Stabiner, 1997; Leopold, 1999; Kasper & Ferguson, 2000; Lerner, 2001). One of the most compelling accounts of this history is offered by Maren Klawiter (2000), who makes visible the connections between changes in the medical management of breast cancer, the destigmatization of the disease and the growth of activism. She shows how a multiplication of treatment regimens, a proliferation of support groups and the expansion of screening into asymptomatic populations during the 1980s and 1990s helped produce new social spaces, solidarities and sensibilities among breast cancer survivors and activists. In other words, she points to the ways in which changes in the treatment of women by the medical profession—changes that were themselves preceded by fledgling activism—opened up numerous spaces in which women could talk openly about their experiences of the disease with one another, thus enabling the emergence of a multi-faceted breast cancer movement.

Feminist writers, however, have had less to say about the role played by the practices and discourses of philanthropy and volunteerism in the breast cancer movement. There have been several powerful critiques of the American Cancer Society’s breast cancer support program, Reach for Recovery (Lorde, 1980; Solomon, 1992; Cartwright, 1998), but these focus more on the individualizing and heteronormative logic of this program and less on the politics of charity. This gap in the literature can be explained, at least in part, by an understandable commitment among breast cancer scholars to focus on the resistive strategies of grassroots activism and to chart substantive changes in the funding and regulation of breast cancer research, screening and treatment. In other words, what the National Breast Cancer Coalition (NBCC) calls, in the context of breast cancer policy, ‘pink ribbon proposals’ and ‘awareness legislation’ (National Breast Cancer Coalition, 1999, p. 1), appear less worthy of serious analysis. But such proposals and legislation comprise a small but significant component of breast cancer policy and frequently receive much more mass media attention than what activists call ‘substantive’ legislation (National Breast Cancer Coalition, 1999, p. 1). The breast cancer stamp, for instance, continues to receive extensive coverage in the mass media and has been the subject of several highly publicized unveiling ceremonies. Post offices around the nation have staged celebrations to advertise the stamp—often with politicians and breast cancer advocates in attendance (Bordelon, 1999; Alweis, 2000; ‘New stamp’, 1999; ‘Cancer research’, 2000).
Numerous pleas for Americans to buy the stamp have circulated on hundreds of email listservs and Internet news groups. Former Senator Lauch Faircloth used his vote for the stamp as the focal point for an election campaign advertisement (Carlson, 1998). Senator Diane Feinstein has made her work on the legislation a central component of recent publicity drives (Feinstein, 1998). And the Republican Party made the stamp the subject of a weekly radio address (http://www.cmrwc.com/faircloth/pages.breast-cancer.html). In other words, the danger of excluding fundraising tools such as the stamp from our analyses is that we might overlook one of the most visible and accessible modes of breast cancer activism currently in circulation. For this reason, I prefer to treat breast cancer charity not as ‘white noise’ that interferes with the more ‘serious’ and ‘transformative’ functions of activism and policy, but as ‘powerful language’ with sometimes troubling material effects (Berlant, 1997, p. 13).

With the exception of Maren Klawiter’s (1999, 2000) comparative analysis of three cancer walks in the San Francisco Bay area (the Susan G. Komen Foundation’s Race for the Cure, the Women and Cancer Walk, and the Toxic Tour of the Cancer Industry), when writing on the breast cancer movement does discuss the role of philanthropic organizations, it tends not to acknowledge or explore the distinction between breast cancer activism which focuses primarily on fundraising for established approaches to research, screening and education and that which focuses primarily on political action designed to bring about change in established modes of addressing the disease. In this way, such research reproduces a slippage consistently made in dominant discourse on the disease—a slippage that occludes thinking about both the ways in which different forms of activism actively shape what is understood to constitute the ‘problem of breast cancer’ at any given moment and the ways in which such forms of activism are effective in responding to the disease.

Activism as philanthropy: three accounts

Enabling generosity? The Stamp Out Breast Cancer Act

On 29 July 1998, First Lady Hillary Clinton and Postmaster General William Henderson unveiled the Breast Cancer Research Stamp. The stamp, which would cost 40 cents and be valid for postage in the amount of the prevailing first-class letter rate, was the first in the history of the United States to be endowed with the capacity to raise funds for any institution or body other than the Postal Service. Seventy per cent of funds raised were to be donated to the National Institutes of Health (NIH) and 30% to the Medical Research Program of the Department of Defense (DoD). By November 2001, the sale of over 300 million stamps had produced a surplus of $23 million (McAllister, 2000, p. A35).

Mass media stories attribute the idea for a breast cancer research stamp to Dr Erni Bodai, an oncological surgeon at Kaiser Permanente in Sacramento, California, who had grown ‘frustrated by seeing woman after woman in need of a mastectomy’ (Dundjerski, 1997, p. 26). After performing three mastectomies on one particular day, Bodai called Betsy Mullen, founder and CEO of Women’s Information Network
Against Breast Cancer and ‘an indefatigable breast cancer survivor,’ and said, ‘we have to do something’ (Feinstein, 1998, p. A21; Hong & Schultz, 1998, p. A20). An editorial promoting the stamp by Senator Diane Feinstein in the San Francisco Chronicle describes their ensuing efforts as follows:

After brushing up on the legislative process with a high school civics book, these two marched up and down the halls of Congress to lobby on behalf of the stamp. They wore out shoes and spent thousands of dollars of their own money in support of their dream. (Feinstein, 1998, p. A21)

References to the civics book and the personal dedication of Bodai and Mullen were made repeatedly in media coverage of the stamp (Zoroya, 1997; Feinstein, 1998; Hong & Schultz, 1998; Russell, 1998). Their successful lobbying was mobilized as evidence of the receptiveness of the state to hardworking, entrepreneurial citizens: ‘The stamp,’ Feinstein argued, ‘clearly demonstrates how ingenuity and hard work really can make a difference in how government works’ (1998, p. A21).

The passage of the Act entailed minimal debate or opposition in Congress. Indeed, the senate approved the bill by a vote of 83–17—making it one of the few votes in US history that received 100% voting in the Senate—and the House of Representatives by a vote of 422 to 3 (Dundjerski, 1997; McInnis, 1997). Instead of debate, discussion of the stamp invoked a passionate consensus that ratification was the ‘right thing to do’ and, most significantly, was the product of increasingly rare cooperation and bipartisan effort on the part of Congress. Senator Feinstein called the stamp the result of ‘a true bipartisan effort’ (Cong Rec S 8040, 1997). Referring to his Democrat colleagues with whom he worked to introduce the legislation, Republican Representative John McHugh told the House, ‘I think it very clearly emphasizes the bipartisan nature of this bill and certainly recognizes the bipartisan tragedy that this disease can bring, and I urge all my colleagues to support this initiative’ (Cong Rec H 5521, 1997). In a similar vein, Representative Sheila Jackson-Lee said, ‘Let me say that this is the best of the US Congress. This act today, this exhibition of unity is really what this Congress is all about’ (Cong Rec H 5521, 1997). What little dissent there was focused on the possibility that administering the breast cancer stamp program would distract the ‘Postal Service from its responsibility of providing the best delivery service at the lowest price’ (Cong Rec S 8040, 1997).

Some media outlets made note of pockets of opposition in the Postal Service and among philatelists, who viewed the surcharge on the stamp as a tax on their hobby (Russell, 1998). Resistance also circulated on the Internet among men who saw the stamp as another instance of ‘gender bias’ in Congress (dadlobby@juno.com; altdads-rights@vix.com). And editorials in the Boston Globe (Leopold, 1999; ‘When Government,’ 1997) and the Buffalo News (Watson, 1997) questioned the legislation on the grounds that funds from the stamp would best be channeled toward treatment or follow-up care rather than research (Leopold, 1999) and that the creation of the stamp exemplified a dangerous turn away from general tax collections toward voluntary revenue enhancers and, by implication, toward funding priorities based on fashion rather than ‘worth’ (Watson, 1997; ‘When Government,’ 1997). Apart from this
handful of exceptions, however, popular discourse offered an overwhelmingly positive appraisal of the stamp.

In Congressional discussions, the legislation was said to open up new ethical and political possibilities for the buying of a stamp—for what was previously conceived of as a straightforward and inconsequential act of consumption. In this vein, Senator Barbara Boxer enthusiastically declared, ‘I am very excited about it. I can’t wait to go to the post office and buy that stamp. If all the American people just think about buying a few of those stamps during the year, we will be able to put so much more into research. It is just a great concept’ (Cong Rec S 8040, 1997). Likewise, at the White House unveiling ceremony, Postmaster General William Henderson declared, ‘People purchase stamps every day, and now they can turn that simple act into a meaningful and effective way to participate in the fight against breast cancer’ (United States Postal Service, 1998). And, in a speech indicative of how both philanthropy via consumption and the fight against breast cancer are imagined in terms of middle-class lifestyle patterns, Representative Susan Molinari told the House:

I envision if we do this right … when it comes time for Christmas shopping, when it comes time for birthday presents, alongside with the little gift, you buy them a roll of stamps so that individual knows that you might have spent an extra $5 or $10 to give your friend a present that also went toward reducing the risk of dying from breast cancer in this country…. I also believe that it will take us a little less pain when we pay our bills if we know that while we are paying those bills, sending off those credit card company payments that we may also be contributing to finding a cure for cancer. Husbands, daughters, brothers and sisters will all have an opportunity to buy a stamp toward saving a life. I, like so many other women and men, would appreciate knowing that I helped make a difference in the fight against breast cancer just by spending a few extra pennies for a stamp I needed anyway. (Cong Rec H 5521, 1997)

The assumption that convenient and relatively inexpensive consumption-based acts of generosity have nonetheless powerful political effects and deep spiritual meaning constitutes a common theme in contemporary discourse on philanthropy. The significance attributed to such acts stems in large part from their association with the ideals of active citizenship, or the notion that citizenship in the contemporary moment should be less about the exercising of rights and the fulfillment of obligations and more about fulfilling one’s political responsibilities through socially sanctioned consumption and responsible choice (Rose, 1999). In this new configuration of democratic citizenship, the government is seen to be at its best when playing the role of the facilitating state: that is, the state that enables Americans to pursue self-fulfillment through acts of generosity, if they so choose. In Representative Molinari’s words: ‘I believe the American people will rise to the challenge of saying if we make it easy for you, if we make it an opportunity in your daily life of completing chores to donate to breast cancer, they will all absolutely rise to that challenge and help us conquer this disease’ (Cong Rec H 5521, 1997).

The figure of the ideal citizen as consumer is thus closely connected to the figure of the citizen as volunteer. Indeed, strategies of government designed to replace the passive, dependent citizen of the welfare state with the active consumer-citizen of
neoliberalism have frequently placed—often with great public fanfare—volunteer-development programs at their core. It is in this context that we can make sense of the emphasis placed by politicians on the opportunity the stamp offered for Americans to voluntarily fund an important cause. Articulating the stamp to Bill Clinton’s recent call for a renewal of America’s philanthropic culture, Representative Fazio told the House:

H.R. 1585 remains true to the idea of the American public participating in the search for a cure for breast cancer. By passing H.R. 1585, we will be enabling the people of the United States to demonstrate a spirit of volunteerism to advance our successes in finding a cure for breast cancer. I think the ball is passed to those people who have made it so important that this Congress consider this legislation. They will be able to prove the degree to which their voluntary spirit and community commitment can produce the results we all seek. (Cong Rec H 5521, 1997)

Speaker after speaker drew on the same theme: ‘The legislation is entirely voluntary,’ said Representative Tom Lantos (Cong Rec H 5521, 1997). ‘That is one of the beauties of this bill. It is completely voluntary method of raising money for a worthwhile cause,’ said Representative Molinari. ‘For the first time in our Nation’s history,’ she continued, ‘the Stamp Out Breast Cancer Act will give Americans, every American, the opportunity to become more personally involved in funding breast cancer research’ (Cong Rec H 5521, 1997).

Thus, the creation of the breast cancer research stamp was viewed as a way of democratizing philanthropy, of giving ‘all Americans’ the opportunity to participate in what is popularly understood as a self-actualizing and socially productive practice. Moreover, in contrast with mandatory taxes, which are widely held to quash the civic impulses of Americans and to alienate citizens from both one another and the government, voluntary leverages are seen to elicit civic participation and personalize the relationship between citizens and the state. Thus, at the same time that this discourse of ‘access’ and ‘opportunity’ works to displace questions about the ability of all citizens to partake equally in these new forms of civic action, technologies of philanthropy such as the breast cancer stamp also serve to legitimize the dispersed and privatized state and strategies of government-facilitated volunteerism and philanthropy.

Consuming compassion: breast cancer-related marketing

The renewed interest shown by the state in institutions and techniques of philanthropy and volunteerism as service-providing, fundraising and citizen-shaping tools has been mirrored by a similarly intensified interest on the part of corporations. An increasingly competitive domestic marketplace in the past two decades has seen US corporations focus their attention on retaining, rather than creating, consumer loyalty for established brands. The emergence and enormous popularity of cause-related marketing exemplifies this concern, and perhaps no other cause has been taken up so widely, or with so much success, as breast cancer.7 Over the past 10 years, up-beat and optimistic breast cancer campaigns have become a central and integral part of the marketing strategy of numerous large and high-profile corporations. American Airlines, Avon, Bally’s Total Fitness, BMW, Bristol Myers Squibb, Charles Swab,
Chili’s, Estée Lauder, Ford Motor Company, General Electric, General Motors, Hallmark, J. C. Penney, Kellogg’s, Lee Jeans, the National Football League, Pier One, Saks Fifth Avenue, Titleist and Yoplait, among others, have turned to breast cancer philanthropy as a new and profitable strategy through which to market their products. Moreover, the nonprofit and advocacy groups with which they have most frequently aligned themselves—the National Alliance of Breast Cancer Organizations and the Susan G. Komen Breast Cancer Foundation—are two of the largest, most high-profile arms of the breast cancer movement in the United States.

As the opportunity to participate in raising money for breast cancer research has been used to sell products ranging from Hallmark cards to motor cars, breast cancer marketing has become the focus of much commentary and analysis among marketing experts seeking to understand and chart the passions, interests and desires of contemporary consumers. Under headlines such as ‘Cancer Sells’ (Davidson, 1997), ‘Brand Aid: Cause Effective’ (Stark, 1999), ‘Cause Marketing: Ford, Cars, and Caring’ (Green, 1999), ‘Illness as Metaphor’ (Goldman, 1997), and ‘Right Cause Can Boost Image and Sales’ (Harris, 1997), these experts have labeled breast cancer ‘a dream cause’ and pointed to the success of corporate campaigns against the disease as a way to encourage other companies to pursue cause-related marketing (Goldman, 1997, p. 70).

There is, of course, an irony at work here. For, as numerous corporations have turned to breast cancer as a way to differentiate their products and to cut through the clutter of commercial communications, they have had the effect of making breast cancer marketing ubiquitous. In turn, this has produced intense competition as corporations struggle, in the words of Avon’s Joanne Mazurki, ‘to gain ownership over the issue’ (Davidson, 1997, p. 4). While this struggle has occasionally been enacted explicitly and with recourse to the law (when Estée Lauder sought to secure the breast cancer ribbon as its exclusive property, for instance), it has for the most part been evidenced in the diversification and expansion of breast cancer marketing (Fernandez, 1998). That is, in the struggle to gain ownership over the ethos of generosity, corporations have invented new ways to differentiate their versions of generosity from those of their competitors.

Ford Motor Company’s breast cancer campaign, for instance, has evolved from its beginnings, in 1994, as a fairly simple undertaking by 54 dealerships to sponsor the Susan G. Komen Breast Cancer Foundation’s National Race for the Cure, to a multi-faceted program involving 2300 dealerships. Even as Ford has expanded its campaign—which travels under the name ‘Ford Community Action Team’—through multi-page advertising inserts in major magazines, television commercials and employee volunteers schemes, the narratives through which it now constitutes breast cancer as a worthy cause, represents itself as a benevolent corporate citizen and incites consumers to ‘join the fight against breast cancer’ are increasingly couched in the language of ‘community,’ the ‘grassroots’ and ‘the local’ (Green, 1999, p. 32). For instance, in previous years, Ford had used ‘celebrity survivors’ such as Peggy Fleming and Olivia Newton John to act as figureheads for the campaign. In 1999, however, they introduced an ‘ordinary’ breast cancer survivor to feature in advertising.
campaigns in addition to the celebrities. The survivor, Donna Prlich Morris, with her 5-year-old daughter, Ellen, also appeared in person at Race for the Cure events to describe her ‘battle to beat cancer and live for her daughter’ (Green, 1999, p. 32) (see Figure 2).

What we see in the shift from Fleming and Newton-John to Prlich Morris is a shift from depicting breast cancer survivors who are known for ‘achievements’ other than motherhood, to a breast cancer survivor who is chosen precisely (and primarily) for her status as a mother. In Brandweek’s description of Ford’s strategy:

The poignant appearance of the mother–daughter team was the latest highlight for a Ford Division program, Ford Force Community Action Team, to promote local awareness through special events and a series of inserts in Condé Nast publications highlighting breast cancer survivors and their supporters, all in the hopes of increasing involvement in the fight against breast cancer. (Green, 1999, p. 32)

Ford’s turn to Prlich Morris and other ‘more grassroots’ strategies, such as its partnership with iVillage.com to send women monthly email reminders for self-exams, is emblematic of a reconfiguration of grassroots politics and personal relations that is evident in US culture more broadly (Green, 1999, p. 34). Ford aims to alert people to the ‘prevalence of the disease,’ ‘encourage early detection,’ ‘add hope by showing survivors’ and ‘increase involvement in the fight against breast cancer,’ while at the same time selling cars and a particular kind of civic responsibility and generosity—one that solicits participation and gains legitimacy through its appeal to the primacy of
personal and familial relations. In this vein, Ford’s marketing communications manager, Jan Klug, suggests that the lesson that consumers might learn from Prlich Morris’s story is that she ‘was able to fill her dream of motherhood even while fighting cancer because she detected it early’ (Green, 1999, p. 34). Prlich Morris is, in other words, a model breast cancer survivor: She made sure to have regular mammograms and her self-responsibility was rewarded with the birth of a child.

The articulation of breast cancer campaigns to personal empathy and nationally sanctioned reproduction and motherhood is emblematic of what Berlant has identified as a broader contraction of morality, civic responsibility and politics itself, to personal, familial life (Berlant, 1997). Family relations have become the dominant model for defining appropriate and genuine relations, and personal generosity—mediated through consumption—has become a dominant model for dealing with social problems, medical crises and economic injustices. In an era in which the desire to ‘make a difference’ through charity has almost entirely escaped the limits of critical reflection, it is perhaps not surprising that deeper market penetration, mass media campaigns, sophisticated market research techniques and employee volunteerism programs are readily deployed in the name of democracy and social change. In the words of Ford’s marketing communications manager, Jan Klug, ‘Every year this program gets bigger, better, deeper and more grass roots. It’s really starting to spread throughout our organization. We just thought we might be able to make a difference’ (Green, 1999, p. 34).

Celebrating survivors: the National Race for the Cure

The difference that Ford’s sponsorship makes to its beneficiary—the Susan G. Komen Breast Cancer Foundation—is considerable. In addition to its financial contributions and breast cancer awareness efforts, Ford has made over one billion media exposures for the foundation. In turn, the success that the foundation has had in attracting such support has helped turn the Race for the Cure into the world’s largest series of 5K runs/fitness walk and the Komen Foundation into the world’s largest nonprofit funder of breast cancer research.

The first Race for the Cure was held in Dallas, Texas in 1983 when 700 women took part. By 2001 events were being held in more than 100 US cities and in three overseas locations, with approximately 1.3 million participants. The appeal of the race is also apparent in its capacity to attract high-profile corporate sponsors, as well as the attendance of politicians and celebrities. While the race is recognized for its success in raising money for breast cancer research, screening and education (the series raised US$54 million in 1999), it is also promoted and widely understood as a grassroots social movement that has succeeded in bringing about a shift in public attitudes toward breast cancer and in creating a space in which breast cancer survivors can publicly and collectively acknowledge their experience with the disease.

On 5 June 1999, I traveled to Washington, DC to attend the 10th Anniversary National Race for the Cure. Already the largest 5K run in the world, the 1999 Race registered 64,000 runners and broke its own record for participation set the previous
year. Women with breast cancer, their colleagues, friends and families traveled from all over the US to take part. Thousands of local residents from Maryland, Virginia and the District itself also participated. Some came with family and friends, and many entered as members of sororities and fraternities or as employees running on corporate, government, diplomatic community and voluntary sector teams.

While the race itself took runners through the streets of the capital, the rally site was located on the grounds of the Washington Monument, around which a huge area of grass and footpaths had been cordoned off. Immediately alongside the Monument—a place of tribute to the nation’s founder, an emblem of freedom and justice and the most symbolic national locale of the United States—stood a 150ft-tall, bright pink, looped ribbon, the now ubiquitous representation of corporatized breast cancer charity and awareness. The rally stage was situated immediately in front of these monuments—its backdrop adorned with the names of the race’s numerous corporate sponsors.

The day’s events began at 6:30 a.m. with the Sunrise Survivor Celebration. The recognition of breast cancer survivors is a central theme in Races for the Cure across the country. At each event a time is set aside in the program for a breast cancer survivors’ ceremony and for many women it is the highlight of their day. The response of Nancy Statchen, a two-and-a-half-year survivor, is typical:

The whole experience was so inspiring to me, the survivors, their strength and vitality…. A year and a half after diagnosis, this event was the first time that I openly proclaimed my membership in this club. And how proud I am—women, all these incredible women. After being confronted with this demon, carrying on, stronger than ever, committed to helping join the cause. (Nancy Statchen, www.komen.org, 9 July 1998)

At the National Race, Nancy Brinker, founder of the Komen Foundation, led thousands of breast cancer survivors—all sporting bright pink visors and T-shirts to distinguish themselves from other participants—down from the tent towards the main stage. Clapping and dancing to the words and music of ‘I will survive,’ their route took them along a pathway lined on either side by a cheering crowd of thousands, and the Washington Mall was transformed into an immense sea of pink and white. As the music grew louder and the clapping more vigorous, the women took their place on the stage, their arms outstretched in the air, waving in time with the music.

With Secretary of State Madeleine Albright, Al and Tipper Gore, corporate CEOs and numerous members of Congress in place on the stage, the Pre-Race Rally opened with a mass recital of the Pledge of Allegiance. Then, as part of a ritual that is a standard feature of Race for the Cure events across the nation, Priscilla Mack, co-chair of the Race, asked women who had survived breast cancer for 30 years or more to wave their hands and ‘be recognized.’ A handful of women raised their hands. As she counted down through the years until she reached one, the hands increased in number (see Figure 3).

Standing close to the stage, I couldn’t help but recall Audre Lorde’s (1980) well known entry in the Cancer Journals when she points to ‘socially sanctioned prosthesis’ as ‘another way of keeping women with breast cancer silent and separate from each
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other’ (p. 16). Lorde then asks, ‘What would happen if an army of one-breasted women descended upon Congress and demanded that the use of carcinogenic, fat-stored hormones in beef-feed be outlawed?’ (p. 16). Here was a legion of post-mastectomy/lumpectomy women, assembled in the nation’s capital, but probably not in a way that Lorde had envisioned.

This was an intensely moving moment, for both the survivors on the stage and the crowds on the mall, many of whom wore signs on their backs with the names of loved ones who had survived or died from breast cancer. For some women, it was the first time that they had publicly and collectively declared their identity as breast cancer survivors (one woman told me that it had taken her 2 years to pluck up the courage to attend the race as a survivor). For others, the race marked the first time that they went without a wig in public. Moreover, these women were far from silent and stood as a powerful symbol of the sheer number of people affected by the disease, as well as the possibility of triumph over illness. Proud, vibrant, hopeful and passionate, clad in brightly colored athletic apparel and participating in vigorous physical activity to raise money for a worthy cause—these survivors seemed far removed from the alienated women with cancer of whom Lorde wrote so eloquently. Their self-presentation also contrasted starkly with the weak, pale, bed-ridden cancer victim that has in prior decades stood as the dominant signifier of the disease.

But as commentators on the AIDS epidemic have argued, the deployment of positive images of disease raises complex political questions. While AIDS activists recog-
nized early on the importance of challenging the hegemony of pessimistic, often hateful, images of people with AIDS and the pervasive rhetoric of the ‘AIDS victim,’ it was also the case that overly bright and hopeful configurations of the disease and of survivorship had the capacity to undermine demands that the syndrome be taken seriously and dissipate the rage of activists that was so crucial to sustaining the AIDS movement. Likewise, the highly orchestrated survivor celebrations that are so central to the mission and appeal of the Race for the Cure highlight the individual strength, courage and perseverance of women with breast cancer and offer an important source of hope and (albeit temporary) community, but they leave little room for the politically targeted anger that Lorde envisioned.

It is worth noting here that the Komen Foundation is one of the few breast cancer organizations, and certainly the largest, that has chosen not to be a member of the National Breast Cancer Coalition. In other words, it has made a conscious decision to distance itself from the more critical—though still politically mainstream—face of the breast cancer movement. It is perhaps not surprising, then, that dissent of any kind was stark in its absence at the National Race for the Cure. There were no questions asked about—or even any mention of—persistently high rates of breast cancer in the US and worldwide. Although the participation of thousands of survivors should be indicative of this, their presence was celebrated as evidence of the promise of individual struggle against the disease rather than of a social/medical crisis that kills 40,000 women, in the United States alone, each year. Survivors, in other words, stood as symbols of hope for the future, rather than of urgency in the present. Differences of age, race and class in mortality rates—for example, the fact that although breast cancer mortality rates dropped slightly among all women in the 1990s, rates among African-American women continue to rise—were also ignored or subsumed under the banner of the ‘survivor.’ Moreover, no demands for action—beyond calls for continued participation in the Race for the Cure—were made of the various representatives of the cancer industries or the state, or indeed of participants in the race. The resulting rhetoric is so upbeat and so optimistic that it is possible to deduce from these events that breast cancer is a fully curable disease from which people no longer die.\footnote{Barbara Ehrenreich alludes to some of the dangers of this approach:}

\[I\]n the overwhelmingly Darwinian culture that has grown up around breast cancer, martyrs count for little; it is the ‘survivors’ who merit constant honor and acclaim. They, after all, offer living proof that expensive and painful treatments may in some cases actually work. (Ehrenreich, 2001, p. 48)

It could be argued, of course, that the Race for the Cure is designed to raise money (over $2 million dollars, in this particular instance) and celebrate survivorship, not to provide a platform for the expression of dissent, for questioning rates of breast cancer incidence or for making demands of the state or corporations. It could also be argued that there is a place in the US—indeed the US needs—such celebratory and harmonious public gatherings. But even given this, it is necessary to consider the implication of the race in a broader war of position over what constitutes ‘the problem of breast cancer’ in the present moment and over what kinds of political action and identities
are legitimate and effective in bringing about social change. Because the Race for the Cure does not simply raise money or provide a space for the enactment of community, but also works to legitimize particular forms of publicity and participation at the same time that it helps to marginalize others. It is in this context that the pairing of the giant pink ribbon with the Washington Monument presents itself as an image worthy of further reflection.

Although the Washington Mall is the site of a particularly circumscribed narrative of citizenship and nationalism in its white monuments and great man statues, it is also a primary location for national protest. In this context, the Mall is most usefully viewed as an index of American history—the demonstrations and celebrations that take place in its shadow are events that both reflect and reproduce particular periods and versions of the nation’s history (Sturken, 1997). In this case, the placing of the ribbon alongside the Monument establishes the race in particular, and breast cancer fundraising more generally, as sites through which contemporary versions of ‘America’ and American citizenship are produced and enacted.

The ribbon and the monument, side by side, represent a partnership between the nation-state (the Monument), the nonprofit sector and the corporate world (for whom the ribbon has become a staple of cause-related marketing). The ribbon, pink, round, feminine and innocent, is an advertisement for both grassroots and corporate activism and the philanthropist as ideal citizen. The Monument is an emblem of the strong yet compassionate and accommodating nation-state—a state that is at its best when collaborating with the private sector. Together, they comprise a quintessential representation and pedagogical tool for the post-welfare reform era in which well-intentioned, charitable individuals must share the burden of governing and the fulfillment of their needs with the state, the market and the nonprofit sector.

Beyond this particular event on the Washington Mall, the power of the ribbon symbol, the Komen Foundation and the Race for the Cure is that they symbolize and help produce a form of ideal citizenship that gains virtue and elicits identification and support because of its innocence and apparent distance from the corruption and conflict of all things political. Drawing on Barbara Christian’s (1999) formulation, innocence is invoked here in a double sense to mean both pre-political (as in the innocence of childhood) and a refusal to know. Christian argued that to be innocent or to refuse to know is to be unethical. Yet, I would add, it is precisely a refusal to know that was itself taken up as an ethical practice in the government of the self in the latter part of the twentieth century. In the age of intimate citizenship (Lauren Berlant’s term), in which politics via mass anger and disruption is dismissed as silly, futile and even dangerous, an ethic of self-government has emerged that asks people to turn their critical selves inward and to question and work on their psychic health and their self-esteem. Individual fulfillment and an ethical life are to be achieved through these styles of self-management, as well as through the work that individuals do in their communities. But being an active, virtuous and ‘community-minded’ citizen does not mean starting with a vision of the United States as a space of struggle, often violently divided along lines of difference, but rather as a homogenous (classless, colorblind, genderless) nation, built upon bourgeois humanistic values, which can survive and
thrive if enough of its citizens undertake personal acts of volunteerism, charity and unpaid service to their fellow citizens. This is most definitely not an ideal, however, that incorporates the informal networks of support and care around which poor, urban and rural communities are often organized, and on which they frequently depend, as volunteerism.

Conclusion

These three accounts have traced the forms of political identification and participation shaped and promoted through strategies and tools of fundraising for breast cancer. While the analysis of the passage of the Stamp Out Breast Cancer Act drew attention to the political valence of voluntary solutions to health and welfare concerns and their citizen-shaping capacities, the account of the emergence of breast cancer-related marketing highlighted the role of corporations in shaping and defining what gets to count as grassroots, political action in the present. Practices such as cause-related marketing and events such as the National Race for the Cure have contributed greatly to the destigmatization of breast cancer and its discursive transformation from an individual tragedy best dealt with privately and in isolation to an enriching and affirming experience. Breast cancer survivors have also emerged as particularly important figures in this reconfiguration. Depicted as courageous, self-responsible, higher-order citizens, survivors have come to stand as evidence that a continued outpouring of ‘American’ generosity—whether in the form of buying a breast cancer stamp, purchasing a fundraising product or participating in a sponsored 5K race—will ensure that the fight against the disease remains an unqualified success.

The ‘dangers’ or ‘effects’ of this mode of approaching breast cancer are also apparent. Contemporary discourses, strategies and tools of generosity reflect and produce a remolded view of America as a conflict-free and integrated nation whose survival depends on personal acts of philanthropy mediated through—and within—consumer culture. By according responsibility for the health and welfare of individuals to personal generosity, we simultaneously deploy a constricted understanding of the economic, political, social and cultural forces that converge to shape problems of health and welfare. In the case of breast cancer, for instance, the belief that raising large sums of money for high-stakes research should be the primary weapon in the fight against the disease relies on the displacement of knowledges that suggest that universal healthcare or tighter regulations on pesticide use, for example, might be effective ways of decreasing incidence rates. The optimism bound up with the deployment and consumption of technologies of breast cancer fundraising also helps displace from sustained public scrutiny relations between corporate profits, private foundations and the state.

As new tools of fundraising help produce particular kinds of citizens and adjudicate which individuals gain access to, and come to stand for, the privileges of proper American citizenship, they are also implicated in the formation of new political spaces. What we have witnessed over the past two decades is the emergence of a corporatized public sphere in which political sentiments and critical energies are
increasingly expressed through the purchase of products, the donation of money to ‘good’ causes or participation in volunteer activities. And, as the belief that America’s survival depends on publicly celebrated, personal, consumer-based acts of generosity has attained hegemonic status, it becomes ever more difficult to think critically about such philanthropy and volunteerism and their place in US culture. This is partly because the dominant brands of civic participation and belonging currently on offer appear entirely innocent but also because they have been mobilized to appear less remote and divisive, more natural and authentic, than those brands of citizenship against which they are defined.

In the case of breast cancer, mass personal and corporate giving, solicited through the therapeutic discourse of survivorship, has come to be deployed as a form of collective, political action, even as criticism of dominant modes of addressing the disease is marginalized and displaced. There is therefore a need to make visible the politics of breast cancer-directed philanthropy—as groups such as Breast Cancer Action in San Francisco have been trying to do—and once more to make a place for anger and dissent in public discourse on the disease. How different might the contemporary politics of breast cancer look if such discourse was rudely interrupted—as was the dominant discourse of AIDS, through an ACT UP campaign of the early 1990s—with the shockingly defiant declaration: ‘You can’t lick a stamp if you’re dead! Complacency Kills’?

Notes on contributor

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Notes

1. I would like to thank Barbara Sharf for her helpful comments on an earlier draft of this essay. Sonya Michel’s insights were crucial to the writing of the dissertation from which this piece is drawn.
2. Crucially, Brinker is not identified as a breast cancer activist who emerged out of the social movements of the 1960s and 1970s. Indeed, she usually seeks to distance herself from feminism and the women’s movement (see, for example, ‘All-American Energy,’ 1988).
3. For other discussions of the Matuschka cover story see Cartwright (1998) and Klawiter (1999).
4. Matushka is a member of a small, guerilla-style activist group in New York called Women’s Health Action and Mobilization (WHAM).
5. Extensive media coverage of the biology of breast cancer, methods of detection, available treatment options and the psychological impact of losing a breast followed their announcements.
6. Reach for Recovery (R4R) was developed by breast cancer patient Therese Lasser in 1952 and based on the then radically different idea that women who had experienced breast cancer could
provide a special kind of emotional support for women newly in recovery. When ACS officially adopted the program in 1969, certain topics—such as family relationships, doctors and the scar itself—were placed off limits for discussion. Instead, volunteers were supposed to convince women with mastectomies that they did not have a handicap but, in the words of Cartwright (1998), ‘a condition from which they can recover—given the right attitude, clothes, and a prosthesis’ (p. 122). For feminist critics R4R epitomizes broader, pre-1990s, social attitudes to breast cancer in that it requires women to cover up and depoliticize not just their missing or altered breast but also the personal and cultural struggles bound up with the experience of breast cancer.

7. Cause-related marketing is a strategy by which corporations or brands associate themselves with a social cause such as breast cancer, child literacy or homelessness. Most often, the association takes the form of donating a percentage of the profits on a particular product to a cause, but it can also take the form of free advertising, or sponsorship of fundraising events.

8. For an interesting contrast to the Komen Foundation’s approach, see Barbara F. Sharf’s (2001) discussion of the way that the National Breast Cancer Coalition pays tribute to deceased people at its annual advocacy training conference.

References


