



www.whijournal.com

## Commentary

# The Komen-Planned Parenthood Controversy: Bringing the Politics of Breast Cancer Advocacy to the Forefront

Lori Baralt, PhD a, Tracy A. Weitz, PhD, MPA b,c,\*

- <sup>a</sup> Department of Women's, Gender, & Sexuality Studies, California State University, Long Beach, California
- <sup>b</sup> Department of Obstetrics, Gynecology and Reproductive Sciences, University of California, San Francisco, San Francisco, California
- <sup>c</sup> Advancing New Standards in Reproductive Health (ANSIRH), Bixby Center, University of California, San Francisco, Oakland, California

Article history: Received 15 March 2012; Received in revised form 12 July 2012; Accepted 22 July 2012

#### Introduction

In the midst of the many political attacks against Planned Parenthood and abortion rights over the past year (Guttmacher Institute, 2012b), the news that Komen for the Cure was halting future funding to Planned Parenthood for breast cancer screening and breast health education still managed to create shock waves among women's health advocates and the general public. Within hours of the news breaking, social media sites erupted with the sounds of outrage and significant pressure was placed on Komen to reverse its decision (Gates, 2012; Lynch, 2012b; Preston & Harris, 2012). As the national interest in the controversy grew, news outlets began to focus on the socially conservative employee within Komen who was seen as engineering a new policy to provide cover for the defunding of Planned Parenthood (Lynch, 2012a). Unable to withstand the pressure or fearful of growing public backlash, Komen reversed its decisions and amended its policy to allow Planned Parenthood to continue to be eligible for new awards (Belluck, Preston, & Harris, 2012). Soon the media coverage declined and the world of online pundits turned to trying to assess the damage done to the Komen brand and the implications of the debate for Washington politics (Cohen, 2012; Sauer, 2012; Sutton, 2012).

What remained unaddressed in the media frenzy surrounding the Komen-Planned Parenthood faceoff was the reality that breast cancer, and Komen's approach to breast cancer advocacy, have a history of politicization (King, 2006;

E-mail address: weitzt@obgyn.ucsf.edu (T.A. Weitz).

Klawiter, 2008; Ley, 2009; McCormick, 2010; Rosser, 2000; Steingraber, 2000; Sulik, 2011; Weisman, 2000; Zones, 2000). Although feminist health scholars have explored the politics of breast cancer over the past decade, the general public has remained largely supportive of Komen. Additionally, despite previous critiques in the media of Komen's prioritization of organizational branding at the expense of supporting smaller breast cancer organizations (Bassett, 2010), their questionable fundraising partnerships (Singer, 2011), and their reluctance to address potential environmental causes of breast cancer (Silverstein, 2011), the Planned Parenthood controversy was largely presented as shocking because it was seen to many as the first time that politics interfered with Komen's practices (Morgan, 2012). Unlike the past instances of controversy surrounding Komen, the conflict with Planned Parenthood, in which abortion politics spilled over into Komen's funding policies, created a much larger public outcry and brought politics to the forefront of the discussion. Many women's health advocates who had supported both Planned Parenthood and Komen in the past, likely seeing both organizations as significant players in different aspects of women's health, were placed in a situation where they felt they had to make a choice, and many, at least initially, chose Planned Parenthood (Bassett, 2012; Lopatto & Edney, 2012).

In this commentary, we argue that although breast cancer has been used as a tool among abortion opponents, this rare spilling over of abortion politics into breast cancer advocacy was only the most blatant example of politics within breast cancer advocacy. We further argue that this controversy, given the widespread public response, is a significant opportunity for breast cancer advocates and women's health scholars to shed light on the more insidious politics of breast cancer and consider the future direction of breast cancer advocacy. We begin by briefly reviewing the history of how breast cancer has been used by anti-abortion proponents to scare women away from having abortions and how current anti-abortion tactics

Drs. Baralt and Weitz are both members of the Board of Directors for Breast Cancer Action.

<sup>\*</sup> Correspondence to: Tracy A. Weitz, PhD, MPA, Associate Professor, Department of Obstetrics, Gynecology and Reproductive Sciences, Director, Advancing New Standards in Reproductive Health (ANSIRH), Bixby Center, University of California, San Francisco, 1330 Broadway, Ste. 1100, Oakland, CA 94612. Phone: 510-986-8939.

aimed at defunding Planned Parenthood made Komen a target of anti-abortion groups. We then address feminist health scholars' critiques of the politics of breast cancer and Komen's approach to breast cancer advocacy and argue that the intrusion of abortion politics into Komen's funding policy actually brought unprecedented attention to politics in breast cancer advocacy and therefore provides an opportunity for the public and women's health advocates to take a deeper look at the politics of breast cancer and reexamine our priorities.

## The History of Breast Cancer in Abortion Politics

The connection between abortion politics and breast cancer first came about in the early 1980s when two scientists religiously opposed to abortion used rat models to demonstrate that abortion significantly increased the risk of breast cancer (Russo & Russo, 1980; Russo, Tay, & Russo, 1982). In 1994, a study in the Journal of the National Cancer Institute brought the debate out of the laboratory and into the public arena (Daling, Malone, Voigt, White, & Weiss, 1994). The study was widely embraced by abortion rights opponents. Not long after, in 1997, the New England Journal of Medicine published the first study on the issue that found no relationship between abortion and breast cancer (Melbye et al., 1997). Rejecting this new scientific evidence, supporters of the Abortion Breast Cancer ("ABC") link sought political support for their position (Jasen, 2005). In 1999, with backing from then-Congressman Tom Coburn, anti-abortion scientists and activists pressured the National Cancer Institute (NCI) to modify its website on the subject to say that the scientific evidence on the ABC link was "inconsistent." Then, under further pressure from the George W. Bush presidential administration, the NCI would revise its website to actually suggest an association between abortion and breast cancer (Mooney, 2005). Scientists in the field and abortion rights supporters joined forces to resist this action. In 2003, the NCI removed the webpage and scheduled a scientific conference on the topic of abortion and breast cancer that concluded that there was no credible evidence of an association between the two (NCI, 2003). The following year The Lancet published the results of a massive reanalysis of available data, which again failed to find a link between abortion and breast cancer (Beral, Bull, Doll, Peto, & Reeves, 2004). Unfortunately, although this issue has been resolved in the scientific community, the ABC link remains an important strategy among anti-abortion groups. Today, seven states, owing to legislation supported by anti-abortion groups and legislators, require that women be informed of the unsubstantiated link between abortion and breast cancer (Guttmacher Institute, 2012a) and Americans United for Life (2010) promote model state legislation to expand this requirement.

To further their agenda, some anti-abortion groups have tried to utilize women's intense fear of breast cancer (Wider, 2005), by urging Komen, the largest breast cancer advocacy organization, to recognize the ABC link (Coalition on Abortion/Breast Cancer, 2012; Komen for the Cure, 2012). Additionally, although Komen did not attribute their new funding policy that would exclude Planned Parenthood to political pressure from anti-abortion groups, the organization has been under attack by such groups since they started funding Planned Parenthood clinics in 2005 (Texas Right to Life, 2012). With the 2011 hiring of Karen Handel, who in her unsuccessful 2010 run for governor of Georgia was adamant about her anti-abortion position and opposition to Planned Parenthood (Handel,

2010), as Komen's Senior Vice President of Public Policy, it seems that anti-abortion politics, even if temporarily, influenced the organization's policies. This decision, even though it was subsequently reversed, brought abortion, the most politicized women's health issue, and breast cancer, the seemingly apolitical and ever-popular women's health issue, to a head, with advocates on both sides of the abortion debate choosing sides (Morgan, 2012).

#### The Politics of Breast Cancer Advocacy

The coverage of the Komen-Planned Parenthood controversy often implied that this was the first time that politics was affecting breast cancer advocacy, which is not the case. Although Terry O'Neill, president of the National Organization for Women, was quoted as saying that Nancy Brinker, the founder of Komen, "is overseeing a fundamental transformation of her organization. It has become a political organization. It is no longer an organization whose mission is to advance women's health" (Morgan, 2012), many women's health scholars have addressed the more insidious politics of breast cancer and breast cancer advocacy years before the Planned Parenthood issue (Casamayou, 2001; King, 2006; Klawiter, 2008; McCormick, 2010; Rosser, 2000; Steingraber, 2000; Sulik, 2011; Weisman, 2000; Zones, 2000). Weisman (2000, 226) argued that although breast cancer is a "popular bipartisan political issue, this popularity does not imply that all groups share the same interests or agree on strategies." Rosser (2000) and Steingraber (2000) brought to light some of the major controversies in breast cancer research. Specifically, Rosser (2000) critiqued the biomedical model's focus on causes of disease at the cellular, hormonal, and genetic levels at the exclusion of potential social and environmental causes. Adding to this critique, Steingraber (2000) argued that despite the growing body of evidence suggesting that environmental pollutants increase breast cancer risk, there remains a political reluctance to address these issues because they would require collective action, chemical regulation, and corporate change as opposed to only addressing the disease on an individual level, which places the responsibly and blame for the disease on individual women.

Scholars have extended these critiques to breast cancer advocacy as well, arguing that the corporatization of mainstream breast cancer advocacy has created a conflict of interest in that some advocacy organizations may not be able to do what is best for women's health if it would offend their funding sources. Zones (2000, 120) examines the ways that corporations have "benefited from the prominence of breast cancer as a means to create wealth." She argues that when breast cancer advocacy organizations partner with companies that either stand to profit from breast cancer (e.g., pharmaceutical companies) or might contribute to cancer incidence (e.g., pesticide companies), a conflict of interest exists that will likely affect the advocacy (Zones, 2000). She uses the example of Breast Cancer Awareness Month, which was started by Zeneca, a pharmaceutical company that developed and sells tamoxifen, and later merged with Astra, a company that produces pesticides and herbicides that are thought to be carcinogenic (Zones, 2000). As the principle corporate sponsor of Breast Cancer Awareness Month with authority to approve or disapprove all related printed materials, the message of Breast Cancer Awareness Month has remained "Early detection is your best protection—get a mammogram now!" for the past

25 years (Zones, 2000, 144). Pertinent issues regarding the limits of mammography, environmental links to breast cancer, and unequal access to quality healthcare have never become part of the mainstream message.

Whereas early breast cancer advocacy in the United States sought to increase funding for breast cancer research, reduce the stigma surrounding breast cancer, raise awareness, and develop less harsh treatments for the disease, many women's health scholars argue that the current pink ribbon culture of mainstream breast cancer advocacy has become complacent. According to Sulik (2011, 60), "using breast cancer as a brand name has helped to divert public attention to 'the Cause' and away from some of the key factors that are getting in the way of disease eradication." Because mainstream breast cancer advocacy organizations have a financial interest in maintaining good relationships with medical, pharmaceutical, and corporate entities, scientific controversies are avoided or simplified (e.g., questions about effectiveness of chemoprevention drugs and screening mammography) and the increasing scientific evidence that exposure to common chemicals may contribute to breast cancer incidence is omitted, marginalized or downplayed (Sulik 2011, 61). In other words, although breast cancer was first seen as a social problem because it was being ignored by the government, scientists, and the public, "breast cancer as a social problem has become little more than a brand name with a recognizable pink logo" (Sulik 2011, 62).

### **Lessons from This Controversy**

It took breast cancer, the sweetheart of health-related causes, and abortion, the most controversial women's health issue, colliding through the Komen-Planned Parenthood controversy this year to make the public take a step back and start to question the influence of politics in breast cancer advocacy. Although the politics of abortion are much easier to recognize, the politics of breast cancer are not something new. This controversy, unfortunately, may lead to cynicism about breast cancer advocacy in general, but we hope it is seen instead as an opportunity to think deeper about the current politics of breast cancer advocacy and more fruitful future directions. Although the alliance between the pharmaceutical industry, corporations, and advocacy organizations has led to the tremendous financial success of a few large breast cancer organizations, it has also served to stifle important conversations about breast cancer screening, treatment, and prevention; environmental links to breast cancer; and access to quality healthcare. The focus has been narrowed to an apolitical message of personal responsibility (e.g., reducing individual risk, getting regular mammograms), consumer activism (e.g., buying products to support the cause), and finding a cure (at the expense of focusing on prevention). Hopefully, those who stopped contributing to Komen or chose not to run in the Race for the Cure this year do not stop there. Rather, this is an opportunity to support breast cancer organizations that are addressing these pressing issues and to pressure Komen to broaden its approach to breast cancer, even if it means losing some corporate allies. If this controversy demonstrated anything, it was that when women's health advocates recognized politics at play in a breast cancer organization, they did not stand for it. Komen was held accountable and changed their policy. Now, we need to look beyond the clear politics of abortion and

recognize and challenge the more insidious ways that politics are at play in breast cancer.

#### References

- Americans United for Life. (2010). Defending life 2010: Proven strategies for a pro-life America: A state-by-state legal guide to abortion, bioethics, and the end of life. Washington, DC, Chicago, IL: Americans United for Life.
- Bassett, L. (2010). Susan G. Komen Foundation elbows out charities over use of the word 'cure'. Retrieved from. http://www.huffingtonpost.com.
- Bassett, L. (2012). Susan G. Komen loses support after Planned Parenthood decision. Retrieved from. http://www.huffingtonpost.com.
- Belluck, P., Preston, J., & Harris, G. (2012, February 3). Cancer group backs down on cutting off Planned Parenthood. *The New York Times*. Retrieved from. www.nytimes.com/.
- Beral, V., Bull, D., Doll, R., Peto, R., & Reeves, G. (2004). Breast cancer and abortion: Collaborative reanalysis of data from 53 epidemiological studies, including 83,000 women with breast cancer from 16 countries. *Lancet*, 363(9414), 1007–1016.
- Casamayou, M. H. (2001). The politics of breast cancer. Washington, DC: Georgetown University Press.
- Coalition on Abortion/Breast Cancer. (2012). Stop the cover-up! Be informed, spread the word. Retrieved from. http://www.abortionbreastcancer.com/index/.
- Cohen, T. (2012). Komen stains its brand. *Inside Philanthropy*. Retrieved from http://philanthropyjournal.blogspot.com.
- Daling, J. R., Malone, K. E., Voigt, L. F., White, E., & Weiss, N. S. (1994). Risk of breast cancer among young women: relationship to induced abortion. *Journal of the National Cancer Institute*, 86(21), 1584.
- Gates, M. (2012). Social media plays major role in Komen, Planned Parenthood controversy. *USA TODAY College*. Retrieved from. http://www.usatodayeducate.
- Guttmacher Institute. (2012a). State policies in brief: An overview of abortion laws (Fact Sheet). New York: Author.
- Guttmacher Institute. (2012b). States enact record number of abortion restrictions in 2011 (Report). New York: Author.
- Handel, K. (2010). Karen Handel on life and Planned Parenthood. Karen Handel Governor. Retrieved from. http://web.archive.org.
- Jasen, P. (2005). Breast cancer and the politics of abortion in the United States. Medical History, 49, 423–444.
- King, S. (2006). Pink ribbons, Inc.: Breast cancer and the politics of philanthropy. Minneapolis: University of Minnesota Press.
- Klawiter, M. (2008). The biopolitics of breast cancer: Changing cultures of disease and activism. Minneapolis: University of Minnesota Press.
- Komen for the Cure. (2012). Factors that do not increase risk. Retrieved from http://ww5.komen.org/.
- Ley, B. (2009). From pink to green: Disease prevention and the environmental breast cancer movement. New Brunswick, NJ: Rutgers University Press.
- Lopatto, E., & Edney, A. (2012). Planned Parenthood gains online push for Komen Funds. Retrieved from http://www.businessweek.com/
- Lynch, R. (2012a, February 3). Komen backlash: Public turns fury on vice president Karen Handel. Los Angeles Times. Retrieved from. http:// latimesblogs.latimes.com.
- Lynch, R. (2012b, February 3). Komen learns power of social media: Facebook, Twitter fueled fury. Los Angeles Times. Retrieved from. http://latimesblogs. latimes.com.
- McCormick, S. (2010). No family history. Lanham, MD: Rowman & Littlefield Publishers.
- Melbye, M., Wohlfahrt, J., Olsen, J. H., Frisch, M., Westergaard, T., Helweg-Larsen, K., et al. (1997). Induced abortion and the risk of breast cancer. *The New England Journal of Medicine*, 336, 81–85.
- Mooney, C. (2005). The Republican war on science. New York: Basic Books.
- Morgan, D. (2012). Komen move on Planned Parenthood sparks abortion row. Reuters. Retrieved from. http://www.reuters.com.
- National Cancer Institute (NCI). (2003, March 3). National Cancer Institute Boards accept scientific workshop findings on early reproductive events and breast cancer. Retrieved September 14, 2011, from http://www.cancer.gov/.
- Preston, J., & Harris, G. (2012, February 2). Outcry is fierce to cut in funds by cancer group. New York Times. Retrieved from. http://www.nytimes.com.
- Rosser, S. V. (2000). Controversies in breast cancer research. In A. S. Kasper, & S. J. Ferguson (Eds.), *Breast cancer: Society shapes an epidemic*. (pp. 245–271). New York: St. Martin's Press.
- Russo, J., & Russo, I. H. (1980). Susceptibility of the mammary gland to carcinogenesis. II. Pregnancy interruption as a risk factor in tumor incidence. American Journal of Pathology, 100, 497.
- Russo, J., Tay, L. K., & Russo, I. H. (1982). Differentiation of the mammary gland and susceptibility to carcinogenesis. Breast Cancer Research and Treatment, 2, 5–73.
- Sauer, A. (2012, February 5). The week Komen for the cure destroyed its brand. Brand Channel. Retrieved from. http://brandchannel.com/.

Silverstein, A. (2011, October 3). Is Susan G. Komen denying the BPA-breast cancer link? *Mother Jones*. Retrieved from. http://www.motherjones.com. Singer, N. (2011). Welcome, fans, to the pinking of America. *The New York Times*.

Retrieved from. http://www.nytimes.com.

- Steingraber, S. (2000). The environmental link to breast cancer. In A. S. Kasper, & S. J. Ferguson (Eds.), *Breast cancer: Society shapes an epidemic*. (pp. 271–302). New York: St. Martin's Press.
- Sulik, G. A. (2011). Pink ribbon blues: How breast cancer culture undermines women's health. New York: Oxford University Press.
- Sutton, B. E. B. L. (2012, February 3). How Susan G. Komen for the Cure torpedoed its brand. Fast Company. Retrieved from. http://www.fastcompany.com.
  Texas Right to Life (2012). Pink ribbon scandal. Retrieved from. http://

pinkribbonscandal.texasrighttolife.com/.

- Weisman, C. S. (2000). Breast cancer policymaking. In A. S. Kasper, & S. J. Ferguson (Eds.), *Breast cancer: Society shapes an epidemic.* (pp. 213–244). New York: St. Martin's Press.
- Wider, J. (2005). Women most fear breast cancer, buy heart disease is the top killer. Washington, DC: Society for Women's Health Research.

Zones. (2000). Profits from pain: The political economy of breast cancer. In A. S. Kasper, & S. J. Ferguson (Eds.), *Breast Cancer: Society Shapes an Epidemic.* (pp. 119–152). New York: St. Martin's Press.

# **Author Descriptions**

Lori Baralt, PhD, is Assistant Professor in the Department of Women's, Gender, & Sexuality Studies at California State University, Long Beach, California. Her current research focuses on biomedical and environmental breast cancer advocacy.

Tracy A. Weitz, PhD, MPA, is Associate Professor in the Department of Obstetrics, Gynecology and Reproductive Sciences, and Director of Advancing New Standards in Reproductive Health (ANSIRH) at the University of California, San Francisco, in Oakland. California. Her research focuses on abortion in the United States.