Beauty and the Breast:

Mobilizing Community Action to Take on the Beauty Industry

A Teaching Case From the Strategic Training Initiative for the Prevention of Eating Disorders

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STRIPED
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SYNOPSIS

How does one learn to become an effective advocate? “Beauty and the Breast: Mobilizing Community Action to Take on the Beauty Industry” tells the story of protagonist Joe Wendell, known as Wendell, an emergency room nurse and widower raising a teenage daughter in Franklin, a largely working class town in the fictional U.S. state of Columbia. One day his daughter announces she would like to have breast implants. The distressing news prompts Wendell into new, unforeseen directions as he learns all he can about implants and surgery, the “beauty culture” permeating society especially in his community, and the psychological development of teenagers. Though relieved to find out that as long as she is a minor she cannot legally obtain the surgery without his consent (and, no doubt, without his cash), Wendell starts to believe that greater protections for teen girls in Columbia are needed. In this effort he is guided by the confident figure of Anna Pinto, director of a community center in an East Franklin neighborhood with a vibrant Brazilian-American community where cosmetic surgery, especially for girls and young women, is something she perceives to be a particular problem and has some ideas about how to address.

Advocacy or even politics does not come naturally to Wendell, who makes some basic mistakes or omissions, like forgetting to ask for support. There is already one bill filed in the state House of Representatives that would ban breast implants surgery for minors; but Pinto calculates that the bill won’t have anything near the broad support it needs to pass. Within her own community, and joined by Wendell, she works to extend her coalition and find a sponsor for a second, more limited bill that she feels would still directly confront the problem. The story ends on the eve of the legislative committee hearing in which both bills will be considered, with testimony for and against still being arranged.
ACKNOWLEDGMENTS AND FUNDING

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CAST OF CHARACTERS

A note on geography: Hamilton is capital of the fictional U.S. state of Columbia and its largest city; Franklin a small industrial city in its own right, ten miles to the north.

Joe Wendell – A widower and hospital ER nurse; also father to a teenage girl. (Known as Wendell.)

Rebecca Wendell – Wendell’s sixteen-year-old daughter.

Louisa Harding – State Representative for Franklin County in the state of Columbia.

Anna Pinto – Director of a community center in East Franklin, a predominantly Brazilian-immigrant urban neighborhood.

Mariana Goncalves – A student at Hamilton State University who had breast implants at sixteen.

Alvaro de Souza Vieira – A girls’ soccer coach and father in East Franklin.

Dr. Jim Rosenfeld – A pediatrician.

Dr. Julius Merritt – Also a pediatrician, but retired. Former pediatrics chief at Hamilton Children’s Hospital.

Francine Hu – Partner at a downtown Hamilton law firm.

Also appearing or mentioned:

Anita Suarez – State Representative for Bayside Hamilton.

Dr. Jacqueline Ribicoff – A pediatrician in the same practice as Dr. Jim Rosenfeld.

Dr. Natalie Raab – Medical director of the Columbia Society for Plastic Surgeons (CSPS).

& assorted community members of East Franklin.

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LIST OF COMMITTEE MEMBERS AND WITNESSES


MEMBERS OF THE COMMITTEE

1. Pat FITZHUGH (R-Monroe) – Committee chairperson
2. Rachel WINFREY (R-East Point) – Committee member
3. Debbie CHANG (D-Madison) – Committee member
4. Frank DiCALCIO (D-Hamilton Central) – Committee member
5. Maria FERNANDEZ (D-Jefferson) – Committee member

WITNESSES TESTIFYING AT THE HEARING

1. Dr. Jacqueline RIBICOFF – See CAST OF CHARACTERS
2. Dr. Clayton VENISTE, Independent cosmetic surgeon in Hamilton
3. Amanda Ribeiro SANTOS – East Franklin middle-school counselor
4. Vice president for public affairs, Mentor Corporation, a manufacturer of implants and other devices
6. Policy analyst from the Cato Institute, Division of Government and Politics
7. Joe WENDELL – See CAST OF CHARACTERS
9. Alvaro de Souza VIEIRA – See CAST OF CHARACTERS
10. Dr. Diana ZUCKERMAN – President, National Research Center for Women and Families
11. Mariana GONCALVES – See CAST OF CHARACTERS
12. Dr. Natalie RAAB – See CAST OF CHARACTERS
13. Anna PINTO – See CAST OF CHARACTERS
14. Dr. Alexander EDMONDS – Professor of Anthropology, University of Edinburgh, visiting scholar at John Adams University in Columbia, author of *Pretty Modern: Beauty, Sex, and Plastic Surgery in Brazil*

15. Representative from the Society for Adolescent Health and Medicine

* * *
Remembering the woman yesterday whose shopping cart was blocking the supermarket aisle, the one who snarled into her cellphone “Raising teenagers these days is just the pits,” he recalled how he jumped when he heard those words, just how nervous he’d become. You heard stuff like that all the time, of course. So much so, that you didn’t actually hear it; it was background noise. Now it seemed he was hearing it everywhere. It was all about teenagers. Teenage clothes, teenage music, teenage attitudes, teenage boys being cool and girls looking perfect. None of it would leave him alone.

Joe Wendell, always called Wendell, was forty-three years old. He had not gone to college. But, as he and his dad both saw it, there was nothing higher ed. would do for him that he wouldn’t get via the good pay and benefits working on the line at the Ford plant in Franklin, ten miles down the Alexander River from Hamilton, on the bay, the capital of the state of Columbia. When that job ended, along with every other Franklin autoworker’s job, during the economic crisis that began in 2008, he’d used his severance to study nursing at North Hamilton Community College and now worked at a nearby hospital as an ER nurse. He’d made something good from something bad; he’d been proud to think of it that way. Until his wife, Juli, died one year ago: something bad from which something good would never come.

They had one child, a daughter, Rebecca. She was sixteen, a junior in high school. She had come to him one day last month and said, “Daddy, I want to get my breasts done,” and he hadn’t responded. Three days later, she tried again, with the same result. The next time she brought it up, he had a question.

“Why?”

“I just think it would look really good.”

“People don’t normally cut themselves open to look good. I see them cut people up in the ER to save lives. People who want to look good, they buy some clothes or work out.”

“I’d look more like Mom.”

The words staggered him, a bat to the head; he sat down.

“Your mother. . . .” he said, but couldn’t finish.

“Mom would like me to do this. She always said that once I had a woman’s body we’d look like sisters.”

“You have a woman’s body.”

Rebecca started to say more, but Wendell couldn’t bear it. He got up. “I have to leave,” he said. “I’m sorry, it’s not what you want to hear. But I can’t talk about this.”
For a week she didn’t try. But at dinner in the middle of the next week, she laid down some brochures from a surgeon’s office on the table. Don’t say anything now, she said, more or less. Let me just leave them here, you pick them up when you’re ready.

“You’ll be surprised. There’s good information. We can talk later.”

The next morning Wendell called the surgeon’s office. It was right in downtown Hamilton in a high-rise in the financial district, exactly where he expected a fancy plastic surgeon would locate his premises.

“Did my daughter Rebecca Wendell come to see you?” he asked.

“I’m sorry, we can’t discuss patient visits.”

“Does that mean she’s a patient? What if she just visited for information?”

“I’m sorry, Mr. Wendell,” the woman said. “I’m really not in a position to say.”

“She is sixteen years old. She is a minor. I am her father and sole guardian. If she comes back to you, she is not to be let in.”

“Really, Mr. Wendell. This is a doctor’s office.”

But Wendell was past hearing her. “I forbid it,” he said. “I forbid it.”

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For a week he did nothing, while thinking about it constantly. He hadn’t seen this one coming, not at all. Wendell’s late wife, Julianna or Juli, had been born in Venezuela, immigrating to the United States with her parents as a small child. There were plenty of aunts, nieces and cousins in the homeland, some of whom he knew had Botox or implants or things like that, but they weren’t exactly around; certainly they couldn’t be said to have had an influence on Rebecca, who not once had even been to Venezuela. What on earth gave her the idea that this was a good thing to do?

Wendell had a buddy at work, also a nurse and single dad of teenage girls, with whom he often talked about raising adolescents, often in indirect ways. Still it was broaching new frontiers when he found himself telling Barry, “Rebecca says she wants implants. Can you believe it?”

“Breast implants?”

“Yes.”

“You mean . . . make them bigger?”

Wendell turned a brighter color; but Barry was embarrassed too. “Well, I’m pretty sure she can’t,” he said, after a moment. “I’m sure it’s against the law.” Then the men threw down their paper cups and went back to work.
But was it, really? “Against the law”? Wendell thought he should find out.

The Internet was Wendell’s friend, the place where he got his news, did research, shared photos, kept in touch with family and friends. The next morning, which he had off, he sent an email to his state representative, which came back immediately with an auto-reply saying telephone was the best method to contact her office. He dialed the number. The representative, Louisa Harding, answered the phone herself, and laughed when Wendell expressed surprise. “Two hundred and fifty part-time legislators in Columbia, Mr. Wendell. None of us with a staff. Unless we’re fortunate enough to chair a committee. What can I do for you, sir?”

Wendell explained his problem, stating that he didn’t expect it would be interesting or applicable to most citizens. He hoped he wasn’t wasting the representative’s time. But he wanted to know the law. Was it illegal for girls under 18 to have cosmetic breast surgery?

“Well, we can look it up,” Representative Harding said. “Offhand I don’t know. It hasn’t come to my attention, just as you guessed. But if I pull up pending legislation on my computer, I see a bill filed earlier this session. Which is one more than has ever been filed. So you’re not the only person interested in this issue.”

“Really?” Wendell said. “Who else is interested? What’s the bill?”

“The bill appears to ban breast implants for under-18s, exactly what you asked. If you give me your email address, I’ll send you the PDF. And the sponsor—this will be on the PDF—is my colleague Anita Suarez. Anita’s been quite active recently on women’s issues and this must be one of them.”

“So to ask the obvious question, if there’s a bill calling for it to be banned, it isn’t actually banned already—right?”

“I think so, Mr. Wendell,” Representative Harding said. “Under-18s are minors. It’s like other kinds of surgeries. The parents have to consent.”

But Barry at work pointed out a problem when Wendell mentioned it to him. “I was thinking about it a little more. I guess I don’t like the idea of anything being completely ruled out. What if it was abortion—illegal to anyone under 18?”

Wendell hadn’t thought of it like that. It troubled him, but, he kept reminding himself: They weren’t the same thing. Sometimes the need existed for a teenage girl to abort a fetus; there was never a need for any girl that age to have breast implants. Right?

Besides, the bill was in motion, independent of his doing. It hadn’t yet gone to committee, but surely it would pass—he wouldn’t even have to do anything. Representative Harding told him they were midway through the session. In one year, he calculated, the law would be on the books.

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“That isn’t at all how it works, Joe!” The woman named Anna Pinto laughed, just as Representative Harding laughed at Wendell’s surprise on reaching her by phone. “You think a bill like that is just going to pass all by itself?”

“No one has called me Joe since I was a teenager. Even my wife called me Wendell.”

“I can’t call you Wendell, Joe. I’m sorry. But you can call me Pinto, if you like.”

Wendell would call her Anna, like everyone else. Having never heard of her, he had been surprised to receive her call, but it was Louisa Harding who made the match. Now they were having coffee at Wendell’s hospital cafeteria, near where Pinto worked as executive director of Harding House, a community center in East Franklin where there was more Portuguese on the shopfronts than English, on account of its being the largest Brazilian settlement in Columbia.


“Yes, her family, some great-grandfather with community spirit. Not that he’d recognize the old neighborhood now. Even if he hadn’t died in 1939. But this is how the Americans are great!” She laughed. “Louisa feels a responsibility to Harding House even though no Harding lives in Franklin and no Harding still has money. When she got your call, she thought of me and said we should talk. I have real issues with breast surgery in my community.”

What she said surprised Wendell. Of course he knew about Brazilian beaches, Brazilian waxes and bikinis and all that, and, sure, the Brazilian women who worked in the hospital as nurses or medical assistants or receptionists tended to like flashy clothes and showing off a bit of skin in their drab surroundings. But now, sipping espresso, Pinto was showing him something in several pages in a Brazilian community newspaper distributed throughout Greater Hamilton. “There’s this one, and this one, and this one,” she said, pointing to display ads on three consecutive pages for what were called “clinicas,” each one offering an array of cosmetic procedures for the body, lips, or face. The ads, like the newspaper, were in Portuguese. But going by the names of the doctors, none of them appeared to be Brazilian.

“These places will do teenage girls coming in with their moms, no questions asked,” Pinto said.

“What about without them?” Wendell was fearful—what if Rebecca saw this? She’d gone to some hoity-toity surgeon’s office downtown, but this would certainly be cheaper, more secretive.

“That would be an ethical breach,” Pinto replied. “Criminal, too. Let’s just say it happens.”

Wendell began more research, starting the night after his shift after talking to Pinto for one hour in the cafeteria about what she called “the beauty culture” she saw every day in her neighborhood; her term for the kind of thing that led struggling working people to lavish money on clothes, tans, hair or nail salons, and even surgeries. He printed articles and news reports and placed them in a three-ring binder—although not the first binder he picked up, which was pink, but a spearmint-green one instead. One of the articles was about a French executive at an implants manufacturer sent to jail for four years,
for using improper and possibly dangerous silicone gel in implants used by more than 300,000 women across the globe, then fraudulently covering up the sham product.¹ He watched videos on YouTube, including one of a doctor saying implant surgery could deaden breast sensation, affect later breastfeeding for the worse, and make some cancer detection more difficult.

“But sixteen year-olds don’t think of those things,” Wendell said to himself, just as the YouTube doctor said, “Teenage brains aren’t receptive to long-term thinking. It’s virtually impossible to get a kid that age to think about what her health could be like a couple decades down the road.”

That evening, Wendell’s daughter Rebecca asked, “Dad, have you looked at that folder yet?” She had shown restraint in not mentioning the subject since laying down the brochures a week ago.

“Rebecca, I have. And I have a folder for you.” He held up the green binder of articles and reports. “This is what you get when you Google ‘breast implants problems.’”

She thumbed through the folder all too briefly. “What if you Google ‘breast implants success’? I bet you get a lot more.”

“Rebecca, has anyone you know had this done? Any of your friends—did you talk to them about it?”

She looked at him as though he were stupid, which was often how Wendell felt. “No, Daddy, I haven’t ‘talked’ to any of them. But some girls in school have definitely had it done. And their parents were fine with it.” Then she left the room.

About the Googling, Rebecca was right; turning to his computer and typing in the words, Wendell saw the counter read 9 million, three times as many results. But they all seemed to be puff pieces from weirdo clinics, quacks, porn stars, bodybuilding and related sites. For a second, Wendell felt morally superior. Then he just felt crushingly sad.

Juli, he said to no one but himself. How could you die and leave me to raise a daughter on my own?

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At the community meeting to which she invited Wendell, Pinto introduced a young woman named Mariana who said she was a freshman at Hamilton State and had had breast implants surgery while still in high school.

“But I wish I hadn’t,” Mariana said. “I really do. And most of all my mama wishes she hadn’t agreed.”

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So focused was Wendell on the young speaker Mariana, and Pinto standing next to her, that Wendell hadn’t noticed a woman about his age, ample-bosomed like her daughter, standing next to them.

“Eu tive esse cirurgia também quando eu era mais nova e pensei que seria um presente para Mariana quando ela fez 16 anos – uma mulher de verdade. O que eu estava pensando?” the mother said. As she spoke, Pinto translated, sometimes in whole sentences and sometimes phrases, while occasionally Mariana chipped in with something of her own. She was describing her experience.

“I had this surgery too when I was young and I thought it would be a gift for Mariana when she was sixteen—a real woman. What was I thinking? It did not go well for from the start. The pain, the sores and tenderness, what we have heard about leaks and other problems. Every day she is physically uncomfortable. She says she wants them out and when we have some money that is what we are going to do.”

During the break, Wendell approached Mariana and asked if she would be willing to talk to his daughter.

“She’s sixteen just like you were. She’s thinking this would be good for her. Can I give you her phone number? Would you call her?”

“Let me give you my number,” Mariana replied. “Have her call me.”

“Mariana’s right,” Pinto, who seemed to be everywhere, hearing everything, said. “She’s not going to appreciate hearing from a stranger just like that.” Mariana scribbled down her cell number on a napkin which Wendell folded and pocketed in his windbreaker. He turned to go, but Pinto stopped him.

“That was just part one, Joe!” she said. “Now is part two. The real meeting begins! Can you stick around?”

Slowly people refilled their coffee cups or water bottles and took seats around several tables. The room looked different. What had been a stage or platform, for Mariana and her mother and Pinto, was no more; instead were all these tables, each set for four, with sheets of paper and a pencil on the chairs. Two whiteboards had appeared. Some people had left; some new faces suggested some fresh newcomers’ energy was imminent. Anna Pinto was again speaking, moving around the room between tables, in the manner of a practiced host, her voice carrying everywhere.

“We’re going to need a new bill,” she said, and began listing the strikes raised against Representative Suarez’s abolition bill in past weeks. The representative had been on television and public radio promoting her bill, denouncing what she called “predatory medicine” that afflicted far more girls and young women than males. Perhaps she had been too ambitious, Pinto hinted. The Catholic diocese, asked for support for the bill, had declined to comment. So had numerous other community leaders not just in Franklin but in Hamilton, the capital, too. The director of the Columbia Pediatrics
Association told Pinto informally that they were going to stay away from this one, since “we don’t see it as really a problem.” More significantly, the Columbia Medical Society (CMS) was opposed.

Currently, we see no reason any under-18 child would need cosmetic breast implants. But that is not to say that the need could never arise, as has happened with various procedures and treatments in the history of medicine for then-unforeseen conditions; and so for that reason, any legislation which would outright ban any therapy for any category of the population is something on which we look askance. We believe this bill to be unnecessary and setting a dangerous precedent.

With that statement, quietly slipped onto the CMS website with no further ado, Pinto explained, three of the co-sponsors in the Columbia General Assembly had dropped away, quietly too.

Summing up where things stood, Pinto said in her view Representative Suarez’s bill was going nowhere. Still, she wasn’t going to drop it, which was just as well, since it brought attention to the subject. A hearing before the Columbia General Assembly’s Health, Education, and Labor Committee was scheduled for four weeks from the day. What Pinto had heard, informally, was that there was a way to shoehorn discussion of another bill into the same hearing. The two could be considered, as it were, side-by-side: a whole session on the breast-implants phenomenon and particularly on cosmetic surgery for girls. “Front-loading,” Pinto called it, which produced some laughs in the room, though not everyone understood the double-entendre: the women on either side of Wendell, for instance, who seemed to be local moms and were recent immigrants. Speaking decent English as they did, some jokes still missed the mark.

“OK, time for the table work,” Pinto said. “We’re gonna write ourselves a new bill.”

“Write a bill? Anna!” someone screeched from one of the tables. Pinto quickly clarified they wouldn’t actually draft a bill, but they could write down salient or “bullet” points arguing which way the legislation should go, what caveats it should account for. Soon at all tables the scribbling began. Next to Wendell, one woman wrote “breast reduction surgery for under 16s,” and showed it to her neighbor, who showed it to her neighbor; all three women having come in together as part of a church group that had members at all the tables. Thus did a discussion begin.

“That’s not plástica,” the second woman, a medical assistant, said. “That’s back pain and neck pain. That’s a legitimate treatment.”

“Isn’t it cosmetic though?” said the first woman. “It’s the girl’s embarrassment in front of her peers, wanting to fit in, not stand out”—the third woman giggled—“I mean, they’re teenagers. How painful can it be at that age?”

After an hour, two facilitators, one of them Pinto, stood at the whiteboards writing down the hodgepodge of suggestions and talking points for new legislation that might be part of a new, more nuanced bill. The bill should be only about breast implants—not something as general as “cosmetic surgery.” There should not be exemptions for under-18s seeking the surgery without parental
permission as there was, for instance, provision for women of that age to seek reproductive health care on their own.

“Who’s going to write this bill for us, Anna?” one of the attendees asked. “Who’s going to sponsor it in the Columbia General Assembly?”

“I’m working on that,” Pinto replied. “Our job is coalition-building. We have to put together the people who are going to join us. Think broadly. Whatever they think about anything else, they think like we do about girls getting the implants.”

“You mean like pediatricians?” someone asked. Wendell, actually.

“Pediatricians would be a great place to start,” Pinto replied. “Wendell—Joe!—I put you in charge of pediatricians.”

“Wait a minute,” Wendell started to say, but she talked right over him. Someone in the back of the room had asked, “Well, what about plastic surgeons?”

“Can you repeat that, Alvaro?”

“Plastic surgeons. The ethical ones, I mean. The ones embarrassed by their colleagues who do this stuff for under-age kids.”

“It’s a good idea, Alvaro,” she said. Alvaro de Souza Vieria was born in the U.S. to a Brazilian immigrant family and coached girls’ soccer in the community. “I’m just worried it hits too close to home. As they see it, it may impinge upon their practice. In other words, we shouldn’t expect the plastic surgeons to join us.”

“What about people like you, Anna?” an elderly white guy who looked completely Irish asked. “Brazilian Americans with strong community ties who don’t like what they see their girls worrying about.”

“My guess is that everyone like that is already in this room. Look around,” Pinto said. “This is the concerned comunidade brasileira of East Franklin.

“East Franklin, yes! But what about Hamilton? We’re going statewide.” Undeterred, the man started naming cities in the west of the state. “What about Madison, Monroe, or Jefferson?”

“Isso aí!” Pinto cried. “Look, I promised I’d get you all out by nine. We’ll call it a night. Joe, you want to talk to me? Let’s walk out together.”

Wendell, with his hand in the air, seemed nervous. He wasn’t expecting to be given a big job, or any job. When he walked into the room to hear Mariana and her mother, all he expected was that maybe he’d find somebody for Rebecca to talk to. On his own, he’d done some research—a lot of it, actually. How did he suddenly get drafted to work for some kind of public-interest campaign? It didn’t feel wrong, not at all, but it sure felt fast.
While he was thinking these thoughts, Pinto declared to the group, “Let’s go out there and drum up some business,” and pronounced the meeting as closed, two hours after it began.

They walked along the busy street to a bus stop and halted, at which point Wendell realized, actually, Pinto was going to wait for a bus. “Can I give you a ride?” he asked. “I’m parked on the corner.”

“Anna, I’m not good at this,” Wendell said as he drove.

“You’re as good as anyone in that room! You showed up. You just haven’t started.”

“How do I start? You said the Columbia pediatricians weren’t going to touch this one.”

“The association won’t touch a blanket abolition bill. They may well touch a more nuanced bill. We have someone working on them in Hamilton. Don’t worry about the associations. Just find us some actual pediatricians.”

“And then?”

“Talk to them, Joe!” Pinto seemed always to speak in exclamation points, and not just in meetings. “Start with your daughter’s doctor, why not? Ask all of them how they feel about implants. Ask for their experience, what they’ve heard. Ask if they know someone else you can talk to! By the way, read this.” She handed him an article, some kind of academic paper, which he stuck on the dashboard, peering at the title as he looked.2

“Diet supplements?”

“Brazilian women in the United States. Usually poor, immigrant, not always English-speaking, taking this dangerous stuff from China or wherever to lose weight. After the FDA recalled it! Which isn’t to say they’ve done anything about it since. You asked why I’m interested in this stuff. In my official capacity, running a community center in a Brazilian neighborhood, this is why. These are my people, who, for some folks, exist only to make money from. Large amounts of money from people who don’t know, they’re not informed, they’re easily victimized.”

Wendell didn’t say anything. “We’re one part of the coalition, Joe,” Pinto added. “You are another part, the concerned dads. We need more. You can drop me off here. Thanks for the ride!”

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As it happened, Wendell’s daughter, Rebecca, had an appointment with her pediatrician the following Monday after school. Wendell drove her to the doctor’s office, then sat down in the waiting

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room. Since she turned 14, he didn’t go in anymore unless either doctor or daughter asked; and Rebecca didn’t ask.

When they both came out, Wendell asked her, “Did you talk about it?”

“Talk about what, Daddy?”

“The surgery you want done.” The elderly physician she’d seen since the day she was born, Dr. Rosenfeld, raised a lofty eyebrow.

“Surgery?” he said.

“Dad!” Rebecca wailed. “It is not something I am going to talk about with a pediatrician.”

“Who else are you going to talk to?” Wendell replied. To the doctor, he said, “She wants breast implants.”

“Dad!” Rebecca wailed again. “I’ll wait for you in the car.”

She stormed off. It was just Wendell and Dr. Rosenfeld. He said, “You’re kidding, right?”

“I’m not.” Wendell had a grim look. “She wants to look like her mother. She says all kinds of things.”

“Maybe we should make another appointment to discuss it. This is serious.” He walked Wendell over to the receptionist, and asked him, “Hector, do we have time next week?”

“Doctor, how do you feel about it?” Wendell asked.

“It’s awful. No kid should do anything like this. She needs counseling.”

They talked for a couple more minutes, then Wendell went out to the car where Rebecca was sitting, half-fuming, in the passenger seat. Wendell knew she was mad. But he also knew that, somewhere inside, she was relieved he had broached the subject with someone she trusted and who knew her; so she was only half-furious and not totally so. Driving away from the doctor’s, Wendell suddenly slapped the steering wheel and said to himself, Damn! I forgot to ask.

He knew Anna Pinto would be mad when she found out. She’d yell at him! Affectionately as it seemed to be meant, he wasn’t used to it: someone who wasn’t family and wasn’t his boss, shouting a lot. He’d better get his act together, Wendell thought. Now that he was an activist.

The next time he saw the doctor, one week later, Wendell made the ask. It was unclear what Rebecca felt after a closed-door session with Dr. Rosenfeld presumably devoted to her interest in breast-implant surgery. But she did agree to a counseling appointment the doctor would set up for her, and to call the young woman, Mariana, whose phone number her dad had pressed on her; and Dr.
Rosenfeld did say his partner in the practice, Dr. Jacqueline Ribicoff, would be coming to the next community-organizing meeting at Harding House. He also gave Wendell phone numbers—far better than email—for two colleagues whom he said could be counted on for some level of public support; and when Wendell called them, they said sure, keep us posted. Happy to testify before the committee, if that’ll help. Charged with rustling up some pediatricians, Wendell proudly texted Pinto, he’d now bagged three.

Who would testify happened to be the first agenda item of the next community meeting, which had fewer attendees than the first, but Pinto proclaimed, “just the hard core, and that’s what we need.” Everyone in the room could be counted on for something.

Dr. Jacqueline Ribicoff had brought someone with her even older than Rebecca’s Dr. Rosenfeld—a Dr. Julius Merritt, former pediatrics chief at Hamilton Children’s Hospital who had retired some years ago. Dr. Merritt didn’t say much, but offered up some insight about CPA, the Columbia pediatricians’ association:

“Don’t expect them to formally sign up for this. Just keep getting pediatricians involved instead. You’ll reach a tipping point. The more individual doctors sign your petition or attend your hearing, it won’t even matter what the association says or if it’s silent. Which it’d rather be almost all the time, to be honest.”

A lawyer addressed the group, introducing herself as Francine Hu. She didn’t explain anything else about herself or why she’d come, but she did seem to know a lot about plastic surgeons. “These guys are not your enemy,” Hu said:

“Not one of them will knowingly perform surgery on a girl who isn’t fully informed and willing and whose parents, if she’s a minor, gives the OK. They will never go for the abolition bill. For them that’s just too scary. But they might go for some more protection, if it makes sense. Tightening up informed consent, for instance. And most of all, legally restricting the procedure to board-certified surgeons only.”

At this last remark some eyebrows were raised, and what seemed like at least one howl. The girls’ soccer coach, Alvaro—who fit partly in Wendell’s side of the coalition (concerned dads) and partly in Pinto’s (local Brazilians)—exclaimed: “Come off it! They’re just trying to corner the market—how cynical can you get?”

Hu replied, “You can look at it that way. Another way to look at it is, in this country, any licensed physician is legally able to perform any procedure—including plastic surgery. A lot of people don’t know that, including plenty of customers. Which means you could get, and you do get, some guy totally botching the job that a board-certified surgeon wouldn’t, and then you need the second guy anyway to clean up the mess. It happens! I would strongly encourage you to consider this from the angle of patient safety.”
Pinto jumped in. “And I would strongly encourage you—all of us—to keep our eye on the prize. We’re trying to fix something here. We’ll never ban implants—no putting the jelly back in that box—but we can make the surgery safer, and less frequent.”

“Anna,” Alvaro continued, “Do we even know if we have the plastic surgeons’ support? That they’d actually testify in support of a bill like this?”

Pinto’s eyes surely twinkled. Already bright in the face, she brightened more, and made a show of turning to the lawyer, Hu. “Francine?” she said.

Hu said, “I think you can be pretty sure if there’s a bill mandating board-certification, the association will go for it. I’m pretty sure the leadership itself would testify in favor.”

“Wow,” someone said.

“Cool,” said another.

Dr. Ribicoff and her colleague Dr. Merritt had to leave. “Anna’s approach sounds right,” the old pediatrics chief said. “And it might not be me, and it might not be Jackie”—he meant Ribicoff—“but pediatricians too will testify.”

Now all that was needed was a sponsor. Soon one turned up: Louisa Harding, state representative for Franklin County, which included Franklin, where Wendell lived, and East Franklin, home of Harding House, the community center run by Pinto, and several other towns.

“Won’t that upset Anita Suarez?” Wendell asked Pinto at another of their hospital-cafeteria coffees, which were happening every week but were now put down as “planning” sessions on their calendars. “It puts our bill in competition with hers.”

“Our bill, Joel!” Pinto shouted. “That’s great! You’ve come completely over.”

“I have? To what?”

“Advocacy. You’re a full-blown agitating advocate. Which means you got to step on some toes at least some of the time. Anita may not like it. Not for us to worry about! That’s between her and Louisa. In the meantime, we’ve got to work on our list.”

They had some names on a spreadsheet—Wendell’s spreadsheet—spread out on the table, of who was going to testify for, as they now called it, the Harding bill, requiring that informed consent be tightened prior to any breast-implants procedure for an under-18 girl, and that the physician performing the procedure be board-certified.

Pinto was always so sure of herself. And perhaps she was right. But Wendell didn’t see Suarez as any kind of pushover, because why would she be if she hadn’t withdrawn her bill or not lined up her own list of people to testify for it? Which was still, if he were honest with himself, the
bill he probably most wanted to succeed, if it could succeed, in committee and then the whole General Assembly, then finally be signed by the governor’s pen and withstanding all and any court challenges. Wendell turned his attention to Pinto’s spreadsheet.

On the list were Alvaro de Souza Vieira, the soccer coach, and Pinto. Dr. Rosenfeld’s partner, Dr. Ribicoff, was a third. Testifying for the plastic surgeons, Pinto was pleased to inform Wendell, would be Dr. Nadine Raab, medical director of the Columbia Society for Plastic Surgeons (CSPS).

“No way!” said Wendell. “How’d you get her?”

Pinto explained. Francine Hu, the lawyer addressing last week’s group meeting, was not talking out of her tush, as Pinto undecorously put it. A partner in a downtown law firm representing many doctors, hospitals and medical groups, Hu knew whereof she spoke. One of her colleagues had represented CSPS on several occasions and apparently had sent Hu to the community meeting to be her intermediary. “There’s some other stuff, too,” Pinto said. “It’s a bit of a dance, something is revealed, someone steps back, something or someone comes forward. We won’t worry about that either!”

Pinto had called Wendell an advocate. But was he? He still felt as though he knew close to nothing. Even as she described the politics and machinations behind this particular bit of campaigning, Pinto’s lessons weren’t always intelligible to him. It seemed there was, in advocacy, many parts moving quite independently of each other, with those “parts” meeting only occasionally and not always together, and then sometimes it was only to bring the others up-to-date. Only a couple of people, it seemed, were in contact with all the parts at all times. Pinto being one, of course. Perhaps also Francine Hu. Not Wendell, however.

“Will Hu testify?” Wendell asked.

“Nope,” Pinto said. “Joe, will you?”

“Me? You’re kidding!”

“Joe, I’m asking. We have Alvaro. We need, to put it bluntly, another dad. More than that, we need an all-American white guy with a teenage daughter, someone not so unlike some of the men on this committee. Sorry to be crude. Will you do it?”

“But Rebecca—she’d be humiliated. I can’t have her dad talking about this stuff.”

“Then don’t talk about her, Joe. Say you’re the father of a teenage girl, and you see for yourself the pressures these girls are under. Talk about your research online, all the stuff you’ve found out. Say there’s a thousand dads like you. Which is the truth.”

“You mean I don’t have to find a thousand dads first so I can make the claim?”
“There are facts, Joe, and there are impressions. We have people to supply the facts, numbers, costs, etcetera. Your job is to tell a story. However you tell it, is up to you. Just don’t surprise Rebecca. Tell her what you’re doing. Invite her to the hearing. Who knows? She may even decide to help you.”

Wendell brought it up with her that night. He said he wanted to testify before the committee hearing, but he wanted to know how she felt about it. She’d known what he was doing, the many meetings and new people in her dad’s life, the papers scattered about the dining room table that filled his bulging accordion case file once he dumped the binders that seemed too many, and too heavy, to keep everything together.

“Mariana will be there,” he said. “You talked to her; now you can finally meet her.”

“Why do you want to do this, Dad? I’ll be seventeen next month. You can say no for another year, and then I’ll be eighteen. Then you can’t say no again.”

Wendell drew a breath. “But it isn’t just you, Rebecca. Not anymore. It’s a lot of girls and young women who don’t have your advantages. If that weren’t the case, we wouldn’t have this coalition. Dads. People in the Brazilian immigrant community, Mariana. Doctors. So it isn’t just me either.”

Rebecca didn’t appear to have much to say. Except that she wanted to come to the hearing, scheduled for 10 am Tuesday next week, and hear her dad testify. Would he mind if she missed school that morning?

Wendell replied that he’d be taking the day off work. So she should take the afternoon, too, if she felt like it. “Maybe we can go to a movie or something like that afterward.” It seemed like a good way to end the day, and to say goodnight.

Wendell had promised Pinto an answer, and an answer she would get, but he was still confused. Would he still be, in her eyes, this “advocate” if he testified at least partly in favor of the Suarez bill, as something in him longed to do? As a technical question if nothing else, did it matter whose “list” he was on—could he just be his own man, his sole voice in the crowd? He felt he’d know his answer better himself if he just got some sleep. So he texted Pinto with one word; the word was just “Yes.”

* * *
HOUSE BILL 110-25

First Regular Session
One Hundred and Tenth General Assembly
STATE OF COLUMBIA

AN ACT concerning banning breast implants in minors for cosmetic purposes

Sponsor: State Representative SUAREZ (D-Bayside Hamilton)

Be it enacted by the Legislature of the State of Columbia:

(a) No physician practicing in the state of Franklin shall offer to perform or perform breast implants for cosmetic purposes on an individual under 18 years of age, regardless of parental consent.

(b) Penalty. Any physician who violates the provision of this bill is guilty of “unprofessional conduct” and his/her license for the practice of medicine and surgery shall be subject to suspension or revocation in accordance with procedures provided under the relevant acts of this state. Any physician who performs or induces a cosmetic breast implant procedure on a minor shall for the first offense will be guilty of a misdemeanor of the third degree and for each subsequent offense be guilty of a misdemeanor of the second degree.

(c) For the purposes of this bill, breast implants for cosmetic purposes is defined as breast enlargement surgery for non-medical and non-reconstructive reasons, and does not include procedures for treatment of Poland Syndrome, tuberous breast deformity, hypomastia, severe breast asymmetry, or lack of breast development due to premature ovarian insufficiency, or for sex-change operations.

[Loosely based on Cal. Health & Safety Code § 119302 (West)]
HOUSE BILL 110-46
First Regular Session
One Hundred and Tenth General Assembly
STATE OF COLUMBIA

AN ACT concerning protection of minors from dangerous practices in cosmetic implants surgery

Sponsor: State Representative Louisa HARDING (D-East Franklin)

Be it enacted by the Legislature of the State of Columbia:
General Rules. No breast implant surgery for cosmetic purposes shall be performed on any person under eighteen years of age except by a licensed physician who is board-certified in plastic surgery by the American Society of Plastic Surgeons. Furthermore, no breast implant surgery for cosmetic purposes shall be performed on a person under eighteen years of age except with the voluntary and informed consent of the parent or legal guardian of the minor upon whom the breast implant procedure is to be performed, with “voluntary and informed consent” for this specific procedure subject to the definition outlined in clauses (1) through 5) below.

Consent to breast implant surgery for cosmetic purposes for minor children is voluntary and informed, for purposes of this act, if and only if:
(1) At least six weeks prior to the breast implant procedure, the physician who is to perform the procedure has orally informed the minor and her parent or legal guardian of:
(i) The nature of the proposed procedure or treatment and of those risks and alternatives to the procedure or treatment that a reasonable patient would consider material to the decision of whether or not to undergo breast implant surgery for cosmetic purposes;
(ii) The possibilities and varieties of complications associated with breast implant surgery, including risks associated with future breastfeeding; and
(iii) The likelihood of medically necessary reoperations and/or surgical removal of implants, potentially every 8-10 years, over the course of the minor’s lifetime.

AND

(2) At least six weeks prior to the breast implant procedure, the physician who is to perform the procedure (or a staff member) has provided the minor and her parent or legal guardian with printed materials, free of charge, which describe the complications associated with breast implant surgery.

AND

(3) At least four weeks prior to the breast implant procedure, the physician who is to perform the procedure has referred the minor to a licensed psychologist or social worker, not affiliated with the physician’s practice, for face-to-face consultation, and the minor has attended such consultation, as verified in writing by the licensed psychologist or social worker. This consultation may occur in any
location in the state; during this consultation, the licensed psychologist or social worker must orally inform the minor of the nature of the proposed breast implant procedure, the risks of the procedure, and the available alternatives.

AND

(4) The minor and her parent or legal guardian certify in writing, prior to the breast implant procedure, that the information required to be provided under paragraphs (1), (2), and (3), has been provided; and that both the minor and her parent or guardian both consent to the procedure and understand and accept the associated risks.

AND

(5) The physician who is to perform the procedure has certified, in writing, that the minor’s breasts are fully developed. Without such assurance no breast-implants surgery for cosmetic purposes shall be allowable under law.

Penalty. Any physician who violates the provisions of this section is guilty of “unprofessional conduct” and his license for the practice of medicine and surgery shall be subject to suspension or revocation in accordance with procedures provided under the relevant acts of this state. Any physician who performs or induces a cosmetic breast implant procedure on a minor shall for the first offense be guilty of a misdemeanor of the third degree and for each subsequent offense be guilty of a misdemeanor of the second degree.