Cancer Activism: Gender, Media, and Public Policy
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What was going on?

- Pink ribbons festooning retail spaces, especially in October
- Extensive media coverage of breast cancer
- Several memoirs and other nonfiction works
- High profile fundraisers
- Increased attention from policy makers
- Fiery rhetoric: “Epidemic;” and “Slash, burn, and poison”
Why not Prostate Cancer?

• In many respects, prostate cancer is to men what breast cancer is to women.
  • Similar incidence and mortality rates
  • Similar average age of diagnosis (50s for BC and 60s for PC)
  • Similar treatments
  • Long-term side effects from treatment
  • Potential impact on body image, sexual function or attractiveness
• Disease exclusive to men, who wield power in the US.
The Study:

• Historical development of breast cancer and prostate cancer social movements.
• Content analysis of media coverage in broadcast television news and five major newspapers from 1980-1998.
• Documented public policy attention by tracing NCI investment, hearings, and bills introduced.
• Interviews with activists and policy makers.
Findings: Media Coverage

• Breast Cancer dominates: 3645 stories vs. 601
  • Slightly more “hard news” stories (53% for BC, 57% for PC)
• BC coverage increases in 1987-88 and rapid rise in the 1990s. Peaks in 1994.
• Essential no coverage of PC until 1991 when coverage doubles but continues to lag far behind BC coverage
• Sources for BC stories were more varied, and included more activists, celebrities, and human interest angles
Findings: The Public Face of Cancer

• Further analysis of newspaper stories with profiles of people with BC and PC.
• Found that the public face of breast cancer is distorted.
  • Too young
  • More likely to mention children
  • Young children dominate
  • More profiles per story
Findings: Public Opinion

• Public opinion polls from this time show:
  • Women over estimate risk of developing breast cancer.
  • Worry or risk perception increases over study period.
  • Worry/risk perception is positively associated with education level and media consumption.

Breast Cancer Only
• Medicare coverage of mammography
• Long Island Breast Cancer Research Project
• Medicaid expansion
• Lighting the Gateway Arch

BC and PC
• Increased NCI funding (13x for PC; 10x for BC)
• DoD Research Program
• Consumers on peer review panels
• Semi-postal stamps
• Genetic discrimination
Public Policy Attention

- Rapid increase in bills introduced starting in 1991.
  - Always more breast cancer bills.
- Congressional hearings on BC issues follow same pattern.
- Increase in funding as well.
Corporate Social Marketing

- Breast Cancer Awareness Month
- Pink ribbons as a symbol of “awareness” or solidarity
- Races and purchases

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Grassroots Survivors Organizations

• Disease activism began in earnest with the AIDS movement:
  • Federal funding, expedited FDA drug approvals, red ribbon, and overcoming stigma
• Breast Cancer activists were inspired by the success of the AIDS movement.
• Prostate Cancer activists sought to mimic the breast cancer movement
Feminism meets Disease

- BC advocates successfully framed breast cancer as issue of urgency and neglect.
  - Insufficient funding
  - Screening is not prevention
  - Few/no women in clinical trials
  - Blame the victim (i.e. lifestyle choices)
  - Evocative language: “Epidemic”
    “Slash, burn, and poison”
- Fit into a larger feminist narrative about patriarchy and sexism
Prostate Cancer Framing

• Prostate cancer advocates use only positive frames:
  • Screening saves lives
  • Risk factors help people make lifestyle choices
  • Science is salvation
• Given the dominance of men in policy making and medical research circles, prostate cancer advocates cannot use the frame of sexism to explain (perceived) neglect
The role of gender

• Women are more likely to be active in social movements
• Women are more comfortable talking about their bodies and experiences with disease
• Literature shows that women dominate in disease movements, even when the diseases do not impact them directly.
• Difference between *survivors* and *surrogates*
Why BC and PC rather than other diseases?

- High incidence rates +
- Likelihood of survival and return to relatively good health after diagnosis and treatment +
- Educated, politically efficacious population =
- Ability to create a mass movement.

- Contrast this to lung cancer, childhood cancers, rare diseases, malaria
The last decades

• Breast cancer is a global movement
• Medical breakthroughs led to declining incidence/death rates in both PC and BC
• Policy equilibrium = incremental changes in funding; continuing policies
• Pink ribbon is ubiquitous yet not as overwhelming as in the past.
• Prostate cancer movement continues to struggle for attention as compared to breast cancer.
QUESTIONS AND DISCUSSION

THANK YOU!
Citation and Contact Information


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