

IOWA STATE UNIVERSITY

Carrie Chapman Catt Center for Women and Politics

# Cancer Activism: Gender, Media, and Public Policy

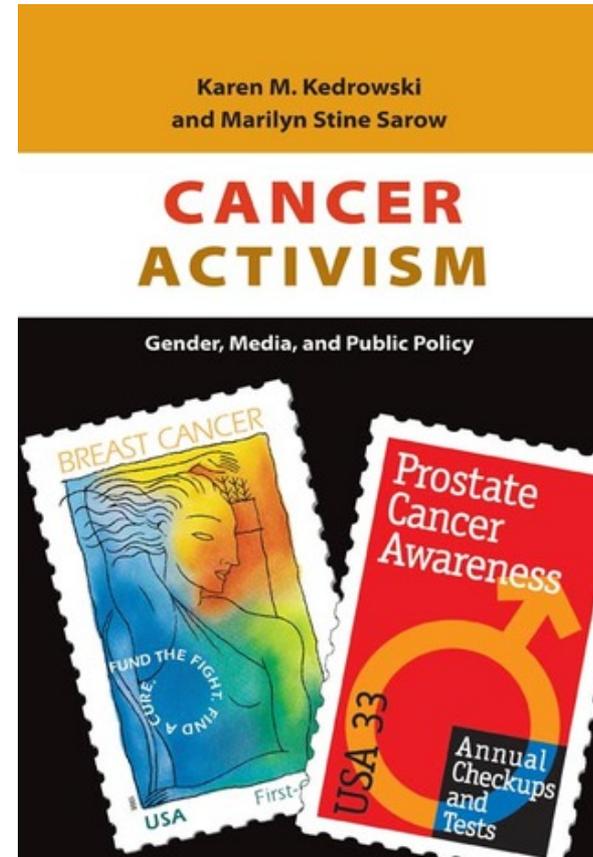
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# What was going on?

- 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

# Findings: Public Policy Attention, 1980-1998

## 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



# 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.
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- 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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