

Market Activism: Political Advocacy and the Marketing of Health Issues

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ABSTRACT: For a country often criticized for its lack of political participation, Americans have been remarkably active, taking over public spaces from New York to Los Angeles to protest excessive corporate profits, petitioning to stop bullying against gays and to promote environmental causes, and signaling that issues from heart health to disaster relief are important to them. Market activism, which seeks change by or through industry, is not new. From the Boston Tea Party to Civil Rights' "Don't Buy Where You Can't Work" campaigns, consumer tactics were designed to make change to government, through government, or in places where government had refused to take action. However, what distinguishes market activism today from market activism of the past are any of these governmental ties. If corporations and nonprofits are providing another non-political venue to address social issues, what are the political implications? Does market activism erode political participation, augment political participation, or provide a new opportunity not connected to political participation? To answer these questions, I examine the most common form of market activism, cause marketing, where a portion of the purchase price of consumer goods goes to support a social or political cause. Through a national survey of 1500 Americans and in-depth case study of breast cancer activism, I show that in contrast to political activism, market activism creates new market-based institutions that, in turn, define and depoliticize social issues. The long-term effect of market activism is to create a powerful social understanding of problems around which political and non-political institutions form and take action.

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For a country often criticized for its lack of political participation, Americans have been remarkably active in the past decade. They have taken over public spaces from New York to Los Angeles to protest excessive corporate profits. They have petitioned to stop bullying against gays and to promote environmental causes. They have signaled that issues from heart health to disaster relief are important to them. However, in all three of these forms of activism (protest, petitioning, signaling) they have targeted industry, not government.

Market activism, which seeks change by or through industry, is not new. Suffragists used it to bring attention to their cause, the Consumers League organized around it, and African Americans successfully deployed it in Don't Buy Where You Can't Work campaigns. But from the Boston Tea Party to World War Two rationing protests, consumer tactics in the past were designed to make change to government, through government, or in places where government had refused to take action. What distinguishes market activism today from market activism of the past are any of these obvious governmental ties.

The turn to industry follows years of rhetoric and action designed to get government out of the business of providing solutions, to let the private sector take over, and to return to the free market. There has been greater attention placed on the benefits of the private sector in American politics where both Republicans and Democrats have argued for cutting back the size of the federal government, shifting its role to "steering rather than rowing" (Osborne and Gaebler 1992) in public policy where there has been an expansion of market-based policy tools, from vouchers that allow parents to choose their child's school to tradable permits that provide incentives for companies to create cleaner emissions; and in culture where language has migrated from "clients" of an agency to "customers" or from "citizens" to "consumers."

But if market activism is becoming more common, we do not know what its broader political and policy effects are. Caught up in these same ideational shifts, academic scholarship has not developed analytical tools to understand the significance of redefining the relationship between markets and politics. Contemporary political scientists draw a line between "political participation" and non-political participation (including market activism) largely ignoring the latter as outside the scope of the discipline (but see Zukin et al. 2006; Bennett 1998, 2004; Bennett and Lagos 2007). Economic sociologists examine the influence corporate actors have on political participation (Fisher 2006; Walker 2014) but do not address policy implications. And historians see the ways in which historical movements have used market activism in the service of political goals but do not contrast consumer activism of the past with contemporary market activism (Glickman 1999; Jacobs 2005; Cohen 2003; Glickman 2009).

In this paper, I ask: If Americans can address social problems through the marketplace, what effect does that have on the way they see issues? On how these issues ought to be addressed and by whom? I focus on one particular type of market activism, cause marketing, where a portion of the purchase price of a good or service is dedicated to a particular issue. For example, Tide runs a "Loads of Hope" campaign where a dollar of every specially-marked bottle of detergent goes to help wash clothes of natural-disaster victims while Diet Coke donates a portion of specially-marked cans of cola to the Heart Truth campaign for women's health. Though cause-marketing is common for social welfare concerns generally, it is used most often for health. Cause-marketing saturates the marketplace with health issues and brings the topic of disease into American homes through consumer purchases. To examine

the effect these messages have on Americans' understanding of disease and expectations for (policy) solutions, I use a national survey and case study of breast cancer. I find that cause marketing shapes the way that Americans understand disease, which is then imported into the policy process, influencing *what* issues are addressed, *how* they are addressed, and *who* gets a seat at the decision-making table.

I. The Effects of Cause Marketing

Market activism is making change by or through industry. It includes: participating in corporate sponsored promotions such as races, walks, or runs; boycotting (buying a product because one believes with the social/political values of the company that produces it); boycotting (not buying a product because one disagrees with the social/political values of the company that produces it); and even protesting companies for behavior activists find disagreeable. Within this larger phenomenon I am particularly interested in cause marketing, where consumer purchases contribute to issues when a portion of the purchase price is dedicated to a cause. Cause marketing is prevalent. My own survey (see below) found 78 percent of respondents report having seen cause-marketing in the past month, and 80 percent of those who reported seeing it (60 percent overall) have actually participated in it. Though cause-marketing is used for a range of issues, it is most common for social welfare issues, predominantly health. Figure 1 shows the number of cause-marketing issues for major policy categories defined by Baumgartner and Jones' policy agendas project (www.policyagendas.org). I created this figure by coding business oriented publications for the presence of stories about cause marketing and the issue that was referenced. Nearly half of the stories that I found were about health concerns.

Insert Figure 1 Here

While, quantitatively, cause marketing focuses disproportionately on social welfare, qualitatively, it tells different kinds of stories than the policy process. In cause marketing, problems are tractable and solutions are concrete: we can see, feel, and accomplish them. Companies that sell consumer-packaged goods, where most cause marketing takes place, are in the business of selling simple solutions: Coke is a refreshing beverage. Tide cleans clothes. They take a similar approach to cause marketing. They define big problems (heart health) in much narrower terms (getting more information), making the solutions (buying a diet coke) easy and convenient.

Cause marketing saturates consumer culture—advertisements, household products in supermarkets and shopping malls, and stories about the campaigns in media sources. But it tells simplistic stories about complex social problems. Building off literature in media and agenda setting studies, there are several ways that these campaigns may have an effect. At the most basic level, cause-marketing campaigns may increase issue knowledge in two ways. First, Americans exposed to cause marketing may know more about the *symbolic aspects* of issues conveyed in cause marketing. Taking place in advertising and on consumer packaged goods, messages are short and symbolic. Thus, individual knowledge may reflect high attention but low information. Second, Americans exposed to cause marketing may learn about the *issue itself*. Though cause marketing is not particularly rich, scholars have shown that even low-information sources can be informative (Baum and Jamison 2006). Television shows like Entertainment Tonight may not be as informative as the *New York Times*, but Americans do learn from it nonetheless. Americans may learn basic facts from increased attention by industry, non-profits, and the media.

Whether or not attention shapes knowledge, it may have an impact on the importance Americans place on issues. Scholars have shown that media attention shapes what issues Americans see as important (Behr and Iyengar 1985; Iyengar and Kinder 1987; Iyengar, Peters, and Kinder 1982; McCombs and Shaw 1972). The sheer quantity of products displayed across different mediums (consumer culture to nightly news) may lead people to rank an issue as more important relative to other issues. Further, cause marketing may shape *how* citizens understand issues (Gamson and Modigliani 1989; Gilliam and Iyengar 2000; Shaw and Sparrow 1999). Portraying issues as positive and consensual, for example, may lead Americans to develop similar understandings.

Cause marketing may affect how Americans think an issue ought to be handled. Media coverage of issues, even when they are not connected to politics, can prime citizens to use their evaluations of those issues in assessing government and government officials (Krosnick and Kinder 1990; Valentino 1999; Iyengar and Kinder 1987). In this case, Americans may feel that government ought to do more to solve an issue. However, because cause marketing takes place in the marketplace, Americans may believe that business (not government) ought to do more. Or it may mute a greater response altogether because cause marketing provides individual-level solutions. Americans can make purchases to help victims of disasters or to provide vaccinations for underserved populations.

II. Data, Methods, and Cases

To examine what Americans learn from cause marketing, I created a national survey of 1500 adults—the 2010 Citizen Consumer Survey (CCS)—to evaluate the actual effect of a cause-marketing campaign on Americans’ awareness, knowledge, and expectations for government and business. To measure the impact of market activism, I evaluated three categories of activism drawn from questions on the CCS. I looked at respondents’ awareness of the cause itself. In open-ended questions, the CCS asked when National Breast Cancer Awareness month is and what cause the pink ribbon stood for. Next, I turned to more substantive concerns and considered respondents knowledge of the disease. In close-ended questions, the survey asked if respondents could identify a woman’s risk of breast cancer and if they could identify sources of breast cancer funding. Finally, I evaluated whether exposure to breast cancer cause marketing altered their expectations for government and business. With close-ended questions, the CCS survey asked individuals to rank breast cancer as a government disease priority (relative to other diseases) and asked if government should do more on behalf of breast cancer research and treatment.

My primary explanatory variables are exposure to and participation in three forms of the breast cancer campaign: cause marketing, corporate-sponsored promotions, and media attention. Though I am primarily interested in cause-marketing, I also want to capture the various ways that messages are sent during these campaigns. The CCS survey asked if, in the past week, respondents had seen products where a portion of the sale benefits breast cancer research. The survey also asked about corporate-sponsored promotions, in particular if respondents had seen walks, races, or runs in support of breast cancer research. And it asked if they had seen stories about breast cancer. Finally, the survey asked not only about seeing but also participating in market activism, in particular had respondents bought products, a portion of the sale of which benefits breast cancer research.

The CCS survey was run over two months, September and October (National Breast Cancer Awareness Month) allowing me to assess the overall impact of a “real-world” campaign. While this approach highlights differences as they are actually experienced by Americans, it does not show under what circumstances there will be greater or lesser effects. Therefore, I also use a second approach looking at those individuals who report exposure to a cause-marketing campaign across months. Though this approach makes it difficult to tell which way the causal arrows run, using both solutions should overcome the limitations that either one holds individually.

To look at the long-term effects of cause-marketing, I study the case of breast cancer. Breast cancer is the largest and most successful cause marketing campaign. Breast cancer activists have pioneered many of the cause-marketing tactics that are commonly used for other issues. I used archival research of Rose Kushner’s (Breast Cancer Advisory Center, NABCO) and Kay Dickersin’s (Arm-in-Arm, Breast Cancer Network, NBCC) collections and twenty-one interviews with breast cancer activists (see Data Appendix for more information).

III. Short-term Effects: Survey Experiment

Consistent with the extent of marketing, Americans notice cause-marketing campaigns. Compared to September, individuals in October report seeing significantly more (18 points) cause marketing, more (17 points) walks and runs, and more (twenty points) media stories. Not only did they see (and register) the increased attention to breast cancer, they also reported buying more pink products. Compared to September, October respondents reported more (14 points) purchases to benefit breast cancer. Though cause marketing looks very different than traditional sources of information, Americans take notice. But consistent with the cursory nature of information provided, the heightened awareness generated by cause marketing translates into more awareness of the cause rather than the disease or solutions to it. Thus, the most notable difference between September and October were Americans’ ability to correctly identify October as National Breast Cancer Awareness Month. In an open-ended question, three times as many people in October could identify National Breast Cancer Awareness Month as September.

Insert Table 1 Here

Awareness of products and of the cause, however, does not translate into more substantive knowledge about the disease. Compared to September, people in October did not more often correctly identify a women’s risk of breast cancer or the sources of funding for breast cancer research. Further, greater awareness of products and the cause did not spur people in October to change their views about breast cancer’s place on the national agenda or the government’s role in ameliorating it. Specifically, October respondents did not rank breast cancer as a more important disease priority. They did not indicate that the federal government should do more on behalf of breast cancer research or treatment. And they did not think business should do more either.

In sum, Americans saw cause marketing products, fundraising walks/runs, and newspaper stories about breast cancer. They bought products that benefitted breast cancer research and treatment. But the effect of this attention—like cause marketing itself—is rather superficial: Americans more often knew that October was Breast Cancer Awareness Month. They did not know more about the disease, they did

not place it higher on the agenda, and they did not expect either business or government to do more about it.

I found similar results with more complicated logistic regression models that compared those individuals who report exposure to breast cancer campaigns (across both months) with those who do not. My explanatory variables are measures of exposure to the breast cancer campaign in September and October: seeing “pink” products (cause-marketing), “pink” walks/runs (corporate-sponsored promotions), or “pink” media stories—where pink indicates breast cancer. Because other characteristics—such as being the primary shopper in a household or having a close family member with breast cancer—might also account for knowing more about breast cancer, I control for political knowledge, responsibility for household purchases, personal connection to breast cancer as well as standard socio-demographic characteristics like age, race, gender, education and income.

Americans’ knowledge of cause-marketing issues, like breast cancer, looks remarkably similar to cause-marketing itself: superficial rather than substantive. Americans are more likely to correctly identify symbolic aspects of cause-marketing campaigns than the issue they represent. Table 2 shows that exposure to cause-marketing products, fundraising walks, and news stories about breast cancer are all positive and significant predictors of knowledge of breast cancer awareness month. However, only exposure to pink products is associated with knowledge that the pink ribbons are the symbol of Breast Cancer Awareness Month. Predicted probabilities generated from this model (not shown) suggest that 40 percent of individuals who have seen pink products will know that October is Breast Cancer Awareness Month compared to only 13 percent of individuals who have not. Perhaps more remarkable are the predicted probabilities generated for knowledge about the pink ribbon: 95 percent of individuals exposed to cause marketing will likely identify the pink ribbon as the symbol of breast cancer. In contrast, people who are not exposed to breast cancer marketing are fifteen points less likely to know (still, a staggering 80 percent).

Insert Table 2 Here

If exposure to cause marketing changes individuals’ symbolic knowledge, it does not increase substantive issue knowledge. I measured issue knowledge with close-ended questions asking about a woman’s risk of breast cancer and the current sources of breast cancer funding. I found that Americans who are exposed to cause marketing, fundraising walks or runs, or media stories are no more likely to know a woman’s risk of breast cancer than those who are not (Table 3). According to predicted probabilities generated (not shown) from the model in Table 3, 62 percent of Americans exposed to cause marketing are likely to correctly assess a woman’s risk of breast cancer. But a nearly equal number (63 percent) of those who report no exposure are likely to also know a woman’s risk.

There are, however, differences when it comes to knowledge about the sources of disease funding. Seeing breast cancer cause-marketing products is positive and statistically significant. According to the predicted probabilities, 49 percent of respondents who report seeing cause marketing are likely to know correct funding sources. By contrast, only 38 percent of individuals who have not seen breast cancer cause marketing are. These results are only for Americans exposed to cause marketing products and do not hold for those who saw walks/runs or who read media stories (for which there was no statistical difference). Notably, Americans exposed to cause marketing are more familiar with the non-profit

Komen than with the National Institutes of Health as a funder of breast cancer research. The question posed by the CCS asked: which of the following organizations does NOT fund breast cancer research? And then gave three possible answers: Forty-five percent of Americans correctly identified the Health Resources Administration as the organization that does not fund breast cancer research, 39 percent did not know or did not answer, 10 percent misidentified the National Institutes of Health while only 6 percent misidentified Komen. In short, individuals more often misidentified the National Institutes of Health—the single largest breast cancer funder in the United States—than the non-profit and cause-marketing expert Susan G. Komen for the Cure.

Insert Table 3 Here

After seeing so many messages in the marketplace, Americans may raise the salience of the issue relative to other issues. So using logistic regression and the same explanatory and control variables, once again I examined how respondents ranked breast cancer relative to heart disease and diabetes (Table 4.)

Insert Table 4 Here

Cause marketing does not influence how individuals prioritize breast cancer relative to other diseases. Exposure to cause-marketing products or fundraising walks or runs did not have an effect on ranking breast cancer relative to other diseases. Instead, just as theories of media predict, exposure to media stories influences how individuals prioritize breast cancer relative to other diseases. Seeing media stories is positive and statistically significant. According to predicted probabilities generated (but not shown) from this model, 22 percent of Americans who report seeing media stories are likely to rank breast cancer as the top disease priority in contrast to 16 percent who see no stories.

Americans who were exposed to breast cancer cause marketing are no more likely to report that government should do more for research or treatment on this disease (Table 5). Exposure to cause-marketing products, fundraising walks or runs, and stories about breast cancer are not statistically significant. According to predicted probabilities generated (but not shown) from this model, 39 percent of individuals who see cause marketing are likely to say that government should do more for research compared to 36 percent who do not see cause marketing. This is not an artifact of the type of action that individuals expect government to take. A similar percentage of individuals exposed to cause marketing (40 percent) think government should do more for treatment compared to those who are not exposed (36 percent). Instead, the key predictor on whether government should do more research or more treatment is faith in government action.

Insert Table 5 Here

If they do not turn to government, individuals exposed to cause marketing are also no more likely to look to industry for answers (Table 6). Exposure to breast cancer cause marketing, fundraising walks or runs, and media stories did not affect whether respondents thought business should more for research or treatment. Predicted probabilities generated (but not shown) from these models suggest that 28 percent of Americans exposed to cause marketing compared to 25 percent who are not, are likely to think business should do more for research. While 29 percent exposed to cause marketing and 28 percent who are not are likely to think business should do more for treatment. Instead, the important

predictor in whether or not individuals report government or business should do more for breast cancer research and treatment is a respondent's faith in each.

Insert Table 6 Here

In sum, cause marketing brings greater awareness to cause marketing itself over generating issue knowledge, changing agenda status, or encouraging government or industry solutions. But the most interesting findings are descriptive: More Americans know a pink ribbon is the symbol of breast cancer than know the name of the vice president. They more often identify the non-profit Komen for the Cure as a funder of breast cancer research than the National Institutes of Health—the single largest funder. Yet, as late as the 1980s, breast cancer was a stigmatized disease not discussed openly, so much so that local reporters avoided using the word “breast” in their stories. How did breast cancer transform from a non-issue that couldn't be mentioned in the media to a household name? Quite simply, breast cancer organizations marketed it. In the next section I look at how Komen (and other breast cancer organizations) framed cause marketing as a consensual issue has long-term effects on how it is placed in the policy process.

IV. Long Term Effects: The Case of Breast Cancer

For most of the nation's history, a breast cancer diagnosis was stigmatizing and not publicly discussed. Cancer—and its treatment—were painful, disfiguring, and often deadly (Lerner 2001; Patterson 1987). Many women waited months or years to see a physician and others chose to ignore the cancer and forgo treatment all together (Lerner 2001, 42). Even though there was some attention to breast cancer, it was still largely a silent killer in 1980 when it took the life of Susan G. Komen, a thirty-six-year-old mother of two from Peoria, Illinois. In 1982, Nancy Brinker started the Komen Foundation in her sister's honor to increase awareness about and funding for the disease. Brinker explains when Komen began,

The subject [breast cancer] made people extremely squeamish, especially men...they can talk about war with no problem. Murder is interesting. Bankruptcy is fascinating. But breast cancer? Next subject!...Yes, I had my work cut out for me. It was clear that I also had to raise the awareness of women and get their support (Brinker 2001, 41).

The taboo surrounding breast cancer made it difficult to reach men and women. As one observer recalled,

I was working for a newspaper when Nancy Brinker held her first event and I covered it. I remember I went back to the paper and had to write the story without using the words breast cancer. I know it seems so long ago, but it actually was not that long ago. Now when I go into the grocery store, I get tears seeing all the pink. Young people today don't remember it all. But back then, you were stigmatized with the diagnosis.¹

In the fifty-five years prior to Komen's founding, there were only 301 stories that used the words *breast cancer* in the *New York Times* and *Reader's Guide to Periodic Literature*. In the early 1980s, “There was

¹ Interview #90820.

no cure, no 1-800 number, internet, no information for people facing a diagnosis.”² Much of what Komen sought to do was to make sure women would have “information to make their own decisions.”³

Because Nancy Brinker understood the problem of breast cancer as silence, she looked for ways to educate Americans about cancer, to take away the fear and stigma, and to encourage women to talk about and seek treatment for breast cancer. In the midst of a fitness craze that brought Jane Fonda into American homes and leg warmers to many women’s wardrobes, she decided to hold a race.

“Everybody—I mean everybody—thought I was crazy. Even my own mother” (Brinker 2001, 74). By the 1980s, fitness had become fashionable but running—as a sport—was relatively new for American women. Yet eight hundred women attended the first Race for the Cure at a shopping mall in Dallas in 1983. As one early participant described, “it was a neat and novel thing. I had a lot of fun. They gave out goody bags that [had] makeup but also information about breast health.”⁴

Komen’s race was not about competition or even athletics. It was designed to make breast cancer more public. “When Nancy first started the race, it was to educate women about breast cancer. Her vision for the Race was an all-women’s event. It was fun, motivating, inspirational event” helping participants “feel good and in the course it could help educate about breast cancer.”⁵

Like many organizations before, Brinker was determined to overcome breast cancer’s stigma through social means. But unlike the American Cancer Society, it wanted to *market* breast cancer. Brinker explained, “We weren’t creating another charity; we were creating a movement. That meant Komen needed a mechanism to carry its message to every town and city in the nation” (Brinker 2001, 75). The Race and its ensuing corporate partnerships became that very public (though non-governmental) mechanism. Relying on industry, however, meant Brinker had to sell the idea that a stigmatized disease could reflect positively for the companies that chose to get involved, which proved to be difficult. According to one Komen affiliate,

It was a hard task and there were doors slammed in her [Brinker’s] face. Her first idea was to approach the intimate apparel industry. You know, put a hang tag on bras. But they said, *why would we want to do that? Why would we want to associate a female product with death and dying?* She was thrown out of the boardroom and still points to the spot in New York where she cried.⁶

Komen’s marketplace vision was very different from charitable action of the past. One person familiar with Komen’s strategy explained: “This is not a philanthropic donation, it is a business relationship. It needs to be approached like a business relationship.”⁷ Nancy Brinker knew how to do that. She had worked with Stanley Marcus in Neiman Marcus’ executive training program. Her husband and lifetime Komen board member, Norman Brinker, was the chairman of Pillsbury’s Restaurant Group and later

² Interview #90820; “Joint Statement on the Breast Cancer Education and Awareness Requires Learning Young (EARLY) Act of 2009, Addendum by Nancy Brinker, ‘Why We Fight.’” www.KomenAdvocacy.org.

³ “Joint Statement on the Breast Cancer Education and Awareness Requires Learning Young (EARLY) Act of 2009, Addendum by Nancy Brinker, ‘Why We Fight.’” www.KomenAdvocacy.org.

⁴ Interview #90821

⁵ Interview #91009a

⁶ Interview #90820

⁷ Interview #91009a

head of Brinker International, a multi-billion dollar restaurant group that owns and runs Chili's (Grimes 2009). Nancy Brinker used her knowledge and connections to create a new form of activism around breast cancer:

Companies like American Airlines and Pier One Imports in Dallas were the first to sign on: Bob Crandall, the CEO of American Airlines, when he was asked, 'why do something like this?' He said, 'I just got tired of Nancy Brinker.' That's not too far off from the truth of it. [An executive at] Pier One would say it was pressure from Nancy and she was married to a powerful businessman.⁸

Though originally Brinker had knocked on many doors before she could convince executives in her locale (Dallas) to support the Race, with the benefit of positive media coverage, Komen, breast cancer, and the races caught on. "Leaders of other organizations would see the event was benefitting breast cancer, which was not a cool thing. They started to see how companies' business goals were being met and in sponsoring events like those at a local restaurant, a consumer would return and would support the establishment because the cause was important to them."⁹ Komen was transforming breast cancer from "not a cool thing" to a cause to celebrate, one that American consumers would get behind.

However, breast cancer needed a symbol to brand it. Komen started promoting the now ubiquitous pink ribbon at the 1991 Race for the Cure. The idea for a ribbon came from successful AIDS activism. Sixty-eight-year-old Charlotte Haley, who had a family history of breast cancer, started making peach ribbons to raise awareness about the few federal resources devoted to cancer prevention. Worried that the peach ribbon would become too commercial, Haley refused to relinquish control. Instead, Evelyn Lauder (of cosmetics giant Estee Lauder) distributed pink ribbons at Estee Lauder counters in New York City and *Self* magazine ran a spread featuring them in the fall of 1992 (King 2006, xxiv).

As the Race for the Cure grew, Komen set out guidelines about how to add cities and build support.¹⁰ In 1993, there were 35 races sponsored by Komen, 46 in 1994 (29 states and DC) and 57 in 1995.¹¹ Companies "understood it was the right thing to do...and good business too...Women were becoming an economic force to be reckoned with, and we were giving them an opportunity to reach women through their hearts and minds along with their pocketbooks" (Brinker 2001, 77). Komen found itself in the enviable position of having more interest in sponsoring the Race than it could allow.

According to one Komen insider: "What happened with the Race for the Cure is that we had national sponsors like Yoplait and Ford. Because of their commitment to the cause, we were looking for ways to expand the program to find other ways for them to get involved."¹² When the board limited the number of Race sponsors, Komen developed cause-marketing programs, which expanded the options for industry. Together, industry partners developed products in which a portion of the sale would benefit breast cancer research. For example, Campbell's soup sells a pink version of its iconic soup can during October (Breast Cancer Awareness Month). For every can sold, Campbell donates money to

⁸ Interview #90820

⁹ Interview #90820

¹⁰ Interview #91009a

¹¹ "Statement of Ann Polk, Co-Chair, Susan G. Komen Breast Cancer Foundation, Inc. Health Care Reform Volume XI." United States House of Representatives, Committee on Ways and Means, Subcommittee on Health. October 26, Nov 15, 1993.

¹² Interview #91009a

Komen. As a measure of its success, Campbell's soup *doubled* its sales to Kroger grocery stores in October (Thompson 2006). According to one Komen representative, "Consumers were likely to switch their loyalty...based on a cause [that] they supported. Nancy [Brinker] was doing that eight years before it became typical in the culture."¹³

Insert Figure 2 Here

Though social movement scholars associate movements with contentious politics, Komen sees its work as a movement of a different kind: mobilizing men and women through cooperative relationships with industry. Cause marketing is more than just a way to generate revenue. It makes change through awareness. Komen's original sponsors, American Airlines and Pier One, did not just get involved because of Brinker and her connections. And Komen did not just want their financial support.

[T]he truth of it is after they started the campaign, an associate with breast cancer walked up and thanked him for saving our lives. And [the executive] realized that this program really worked. They had pride beyond making a profit....It was really interesting as the movement was happening, we would not just accept anybody. They had to be in it for the long term. They had to be committed to the mission. They had to have appropriate insurance for their employees. We wanted to make sure they are in it for the right reason.¹⁴

Komen looks to industry partnerships to provide a platform to reach consumers. Yoplait, for example, donates money based on consumer action, in this case for every specially marked lid that is sent back to the company. But that is not all that companies do. "[B]ehind that, they [Yoplait] have a campaign that includes print and broadcast media, employee engagement. The Yoplait website has a section on breast help. It is a lot deeper than the transaction to generate money."¹⁵

Through industry partnerships that generate awareness, Komen mobilizes men and women to change their behavior: to talk about breast cancer or to take positive actions to prevent breast cancer.

In the past there was a program with Kellogg's. They would dedicate the back of packages to breast health and Komen. That can generate a [useful]conversation.... With Komen, it is the first step in engaging support. Volunteering, running the Race for the Cure. We did a non-scientific survey within Komen and found that participation in the program changed behavior (they would have a mammogram, or talk to friend or family about it).¹⁶

While some outsiders see opportunism, Komen insiders see a way to make change. Through industry partnerships and mechanisms like the Race for the Cure and cause marketing, Komen has re-framed breast cancer and mobilized individuals around a new understanding. When she testified in 1991 before the Senate Labor and Human Resources Aging Subcommittee, Brinker explained:

in Washington last week 14,000 volunteers participated in one of our Race for the Cure events, for which the corporate community raised \$750,000. This kind of race, which creates awareness opportunities to be screened and to learn about prevention activities, will be sponsored by the

¹³ Interview #90820

¹⁴ Interview #90820

¹⁵ Interview #091009a

¹⁶ Interview #091009a

Komen Foundation in 16 cities in America this year. Each of these races will create funding for the communities in which they are held to benefit the screening treatment programs and to offset the cost of mammograms.¹⁷

Komen insiders repeatedly use movement (though not social movement) language to describe what it is that they do. Partnering with industry gives Komen a platform to reach American men and women to alter the way they think and act around breast cancer. The opportunities it creates mobilizes individuals and trickles up to government. “Our thousands of volunteers have become advocates” who have helped get insurance coverage for mammography, pass informed decision laws, assist with national breast and cervical education programs in the CDC, and provide mobile mammography vans in underserved areas.¹⁸ But the activism that the Race and cause-marketing create are only the start. The federal government must step in where Komen cannot: “We are doing our part, and now we have to look at our partners in the public sector *to help us finish this important job.*”¹⁹

Medical philanthropist and American Cancer Society activist Mary Lasker had in mind a different (government-centered) model of activism when she told Nancy Brinker in 1990: “The federal government will always be your largest funder of research.” Brinker replied, “That’s why we hope to do both—to raise money and the consciousness of both government and the private sector” (Brinker 2005, 1040). For Brinker, innovation in the private sector could be coupled with public sector resources. But government would play a secondary role. “No government is big enough, no government can serve each individual person, nothing can work as well as a true public-private partnership.”²⁰

Komen’s influence extends far beyond supermarkets and shopping malls. It has shaped the debate for every other breast cancer organization, including the National Breast Cancer Coalition (NBCC), an inside-the-beltway advocacy organization. Formed in 1991, the NBCC staked out a position they felt was missing in the breast cancer universe. The NBCC noted: “Women’s health groups are not new, but what is new is we have learned to view breast cancer as not only a medical but also a political issue.”²¹ They were tired of the status quo and wanted to make strides forward with research that would find a cure. They “devise[d] a strategic plan of action that will be both Washington-and grassroots-based. It will include public pressure and behind-the-scenes negotiations dealing with budget, authorizations, and appropriations.”²²

¹⁷ Testimony of Nancy Brinker before the Senate Labor and Human Resources Aging Subcommittee. June 20, 1991. KDP. Carton 1.

¹⁸ Testimony of Nancy Brinker Before the Senate Labor and Human Resources Aging Subcommittee. June 20, 1991. KDP. Carton 1.

¹⁹ Emphasis added. Testimony of Nancy Brinker before the Senate Labor and Human Resources Aging Subcommittee. June 20, 1991. KDP. Carton 1.

²⁰ “Statement of Nancy Brinker, Member, President’s Cancer Advisory Board; Founding Chair, Susan G. Komen Foundation on Breast Cancer: Winning the Battles, Losing the War.” Committee and Subcommittee on Health and Long-Term Care. October 1, 1992.

²¹ KDP “The Breast Cancer Advocacy Movement: The Growth of Patient Advocacy.” Draft remarks before the President’s Cancer Panel. 11/18/91. Carton 1. KDP. “Dickersin’s Notes from 5/16/91.” Carton 1. KDP. “Working Board Minutes 6/11 & 6/20.” July 8, 1991. Carton 1; KDP. “Meeting of the Board of Directors, September 13 and 14, 1992.” ND. Carton 1; KDP. “Board of Director’s Meeting of the NBCC 6/13/1992.” ND. Carton 1.

²² Memo to the Working Board of the Breast Cancer Coalition from Joanne Howes of the Federal Public Policy Taskforce. February 25, 1992. KDP. Carton 1.

When 1992, “became the Year of the Woman...that helped us.”²³ In an election year, policymakers in Congress were “looking for a women’s issue to grab on to.”²⁴ On the heels of a much-publicized 1990 Government Accounting Office report that found the NIH had done little to implement recommendations to encourage research on women (Weisman 1998, 215; Casamayou 2001, 7), “our boys humiliated themselves,” during the Anita Hill-Clarence Thomas hearings.²⁵ Though the NBCC was a very different organization than Komen, it still promoted breast cancer as a bi-partisan women’s issue: not controversial, not radical, and not politically divisive.

This consensual framing launched breast cancer onto the political agenda when the NBCC set its sights on an additional \$300 million (or \$433 million total) for breast cancer research at the National Cancer Institute. It found an unlikely ally in the Department of Defense (DOD). After the Cold War ended and the US pulled back from its military commitments, Defense found itself with a “peace dividend.” Senator Tom Harkin (D-IA), Chair of Defense Appropriations, whose two sisters died from breast cancer, offered his support. “He came off the floor one day, and you know how this works, if you don’t spend it you don’t get it back the next year. He said if you want the money, it’s yours.”²⁶

Because of a firewall between defense and domestic spending, Senator Harkin could not simply transfer money from the Department of Defense to the National Cancer Institute. The NBCC and sympathetic policymakers were stuck. “Then, someone from Harkin’s office called us. There was already money for breast cancer in the Department of Defense. They funded mammogram machines we would just increase it from \$2 million to \$300 million.”²⁷ Senator Harkin went to the floor and “gave an incredible speech. When it looked like it had 50 votes (and would pass), Senators went down and changed their votes. They wanted to be for breast cancer.”²⁸ Breast cancer provided political coverage to men in the Senate who had “behaved badly.” Senator Arlen Specter, for example, “demolished” (his words) Anita Hill’s credibility when she accused Supreme Court nominee Clarence Thomas of sexual harassment during the Senate confirmation hearing. In 1992, Senator Specter became a key advocate of breast cancer initiatives as he faced a Democratic opponent who ran television advertising drawing attention to his behavior during the hearings (King 2006; Weisman 1998).

If the Department of Defense breast cancer program provided good coverage to men in the Senate, it was an even bigger boon to the NBCC. The organization did not just win money for breast cancer, it was in on the ground floor creating a new model of research funding. NBCC leaders met with Defense. “They told us, ‘we’re the army, we can turn a battleship on a dime and now we’re going to take on breast cancer.’”²⁹ Rather than turn the funds over to the National Cancer Institute after appropriation, Defense created its own breast cancer research program very different from what already existed at the National Cancer Institute. DOD funds “innovative, risk-taking research with high potential gain” (Rich et al. 1998).

²³ Interview #90813

²⁴ Interview #90814

²⁵ Interview #90814

²⁶ Interview #90817

²⁷ Interview #90806

²⁸ Interview #90813

²⁹ Interview #90817

As a result of its framing—as a positive, consensual issue, breast cancer has been incredibly successful in both the civic and political realms. Industry partnerships, through corporate sponsored races and cause marketing, mean more attention to breast cancer and to the organizations that engage in cause marketing. As a result, US breast cancer organizations raise hundreds of millions of dollars a year.³⁰ Komen alone has 150 corporate partners, an annual income of more than \$200 million. In 2008, cause-marketing revenue totaled more than \$5.8 million (16% of total revenue) and the Race for the Cure reached \$159 million (43% of total revenue). In the past 26 years, Komen has established 122 local affiliates and raised over \$1 billion. Since 1982, it has made 1,000 awards totaling approximately \$400 million. Outside of the government, Komen is the second largest source of funds for cancer research overall and the largest funder of breast cancer research (Kolata 2009). Brinker notes “there hasn’t been an advance in breast cancer research that hasn’t been touched by a Komen grant” (Finkel 2007). In 2010, Komen claims 15,000 volunteers and to have mobilized over 1 million Americans (through its races and other activities).

Though the NBCC tries to distinguish itself from (and indeed is frustrated by) Komen’s framing of breast cancer as nice and pink, at the same time, it has also benefitted from it. For most of the nation’s history, breast cancer was not a natural “fit” for policymaking or for public discussion more generally. Instead breast cancer as a diagnosis was stigmatizing and as a policy issue was threatening. But by partnering with industry and framing the disease as positive and consensual, both Komen and NBCC have benefitted. According to one early NBCC activist:

At the beginning, people were lending us money and then basically forgiving the loans. But when Revlon became a sponsor, it made us legitimate. It is hard to get money when you’re doing political work.

Because it is more controversial?

Yeah, like ACT UP. Pharma’s not interested in being associated with it. Individuals don’t want their name on that. We went to the Capitol and they’re wondering, “are they going to take their shirts off? Are they going show their breasts?” Pam Onder, who was really funny, said “it’s a good thing we don’t have breasts!”³¹

Partnering with industry—in this case Revlon—gave the NBCC credibility in social and policy circles that countered the threat of potentially radical tactics (like ACT UP) rather than professional ones.

As disease became more widely political, and not merely the domain of science, Congress earmarked appropriation bills for breast cancer research (Rubin 1993). Since the 1990s, Congress has held over 100 hearings on breast cancer, created the first semi-postal stamp (where a portion of the price of the stamp is directed to cancer research), established a multi-billion-dollar breast cancer program in the Department of Defense, and boosted spending on breast cancer at the National Cancer Institute by 700 percent. Figure 2 shows appropriations over time for breast cancer relative to lung cancer (the biggest cancer killer) and prostate cancer (a specific gendered cancer). The National Institutes of Health (NIH), and the Department of Defense (DOD) conduct their own research as well as generously fund peer-

³⁰ Data from IRS tax filings

³¹ Interview #90813.

reviewed research. Since 1992, the NCI spent \$7.2 billion (12% of NCI budget) on breast cancer research while the DOD spent \$2.2 billion (47% of the DOD's Congressionally Directed Medical Research Programs budget).

Insert Figure 3 Here

Insert Figure 4 Here

Political leaders have also demonstrated symbolic support: President George Bush and First Lady Barbara Bush lent their names for breast cancer walks and runs while the Obama Administration wrapped the White House in a two-story pink ribbon.

But this success has come at a price. As organizations like Komen chipped away at the stigma that had long surrounded breast cancer, they relied on industry mechanisms to redefine what breast cancer is and what it means to be a woman with breast cancer (Strach 2013). In races, runs, and product marketing, breast cancer was portrayed as positive, hopeful, and consensual. It was removed from contentious politics of the women's movement (like abortion) and from more aggressive disease advocacy tactics (like AIDS). In doing so, organizations like Komen have organized women around a shared identity as breast cancer survivors or potential breast cancer survivors based on a particular understanding of what that is.

Many breast cancer activists resent Komen's success because it has defined the terms of the breast cancer debate. According to one: "I am sorry that breast cancer is pink. Pink is soft and sweet. And breast cancer is not soft or sweet, but it gets reduced to pink."³² It is difficult for breast cancer groups with different perspectives to combat Komen's success: "It's very hard. Komen is the elephant in the room."³³ In 2002, Breast Cancer Action in San Francisco created a "Think Before You Pink" campaign, purchasing a quarter-page ad in the *New York Times* of a vacuum cleaner that asked, "who is really cleaning up here?" More mutedly the NBCC launched a "Not Just Ribbons" campaign to focus attention on policy issues over pink products.

But neither the Breast Cancer Action nor NBCC do without the funds that come from the sale of specially-marked products (even if they do not contain a pink ribbon). The NBCC's October, 2006 newsletter highlights the contradiction. At the same time that it notes Barnes and Noble is selling breast cancer merchandise, a portion of the sale of which benefits the NBCC, there is a column by NBCC president Fran Visco explaining: "I discovered long ago that support comes in two kinds: the easy pink kind and the 'make a real commitment' kind....Tying a ribbon is easy. Making sure breast cancer research gets funded and women have access to care is not" (Visco 2006).

Groups like the Breast Cancer Action and the NBCC don't seek out corporate sponsorships, they are on the receiving end. Companies *want* to get involved with causes that are important to American consumers. Komen really did create a movement, one that companies see as successful and choose to proliferate. NBCC President Fran Visco explained, "We have no outreach. People call us and tell us they want to donate money from the sale of a product...There are certain guidelines they have to follow. We typically say yes. We have nobody on staff that goes out and gets it." The marketing director of one

³² Interview with Fran Visco, 2009.

³³ Interview #90806

large non-profit explained, “this is one of the biggest viral campaigns....K2 saw Wilson rackets....Wilson saw a PSA [Public Service Announcement] for somebody on a plane. It’s a crazy, crazy connection.”³⁴

Though breast cancer organizations work together to greater or lesser extent, the relationship between large national groups is consistently described by folks familiar with it as “competitive,” because even if the *organizations* have distinguished themselves, it is unclear that elites or the mass public make the same distinctions. The dominant way of understanding breast cancer forms an umbrella over all of the organizations involved, regardless of their own beliefs. As one activist explained to me,

The long term goals are the same, but the avenues to get there are different. An organization that thinks everything should be pink and is extraordinarily successful gives women and men with breast cancer a real emotional attachment—not only to the disease but with the organization and this pinkness.³⁵

Komen—and other groups engaged in this commercial social movement—have branded breast cancer as pink. Americans who get involved in walks/runs or cause marketing feel a connection to others through this understanding. There is very little space for individuals or groups who think about breast cancer differently. One activist summed up the sentiment from many of the individuals with whom I spoke affiliated or not with the NBCC, “they [individuals] were always mixing [us] up and coming up to me and saying ‘I ran the race.’ At first, I’d go into a big spiel about how that wasn’t us but then I would just say ‘thank you’ and move on.”³⁶

Defining breast cancer as pink and consensual has created success at the expense of other health concerns. Breast cancer activists claim they did not take money away from other diseases but “expanded the pie” themselves:

[P]eople say that if breast cancer gets funded you’re taking money away from kids with Leukemia. But this wasn’t the case. We were not taking a bigger piece of the pie. We got new money. It was a real model of how to do it. We lobbied for it. We build grassroots organizing e-mailing and faxing. Michael Milken gets prostate cancer and picks up the phone and makes a call to Congress and gets prostate funding in the DOD. But this came from us.³⁷

Noting that surveys of women suggested they believed they were more likely to die of breast cancer than heart disease, however, *The New York Times* (Brody 1997) asked “has the concern about breast cancer gone too far?” Activists for other issues believe that it has. To gain attention—at least in the realm of disease and women’s issues—one must start marketing. Disease advocates have modeled breast cancer’s success. The American Heart Association now partners with Coca Cola and Macy’s in a Go Red for Women Campaign to bring attention to heart disease. Peggy Orenstein (2013) explains,

Before the pink ribbon, awareness as an end in itself was not the default goal for health-related causes. Now you’d be hard-pressed to find a major illness without a logo, a wearable ornament and a roster of consumer-product tie-ins. Heart disease has its red dress, testicular cancer its

³⁴ Interview #91009b

³⁵ Interview #90817

³⁶ Interview #90813

³⁷ Interview #90806

yellow bracelet. During “Movember” — a portmanteau of “mustache” and “November” — men are urged to grow their facial hair to “spark conversation and raise awareness” of prostate cancer (another illness for which early detection has led to large-scale overtreatment) and testicular cancer.

Market activism defines both what issues are important and how we think about them.

Conclusion

Market activism has a number of critics (Szaz 2007; Pellow 2001; Ehrenreich 2001; Reich 2007). But what is most important about this phenomenon is not that it takes away from actual participation in politics (my survey did not find a tradeoff between political activism and market activism), but the hollowing out (Milward and Provan 2000) of the political sphere. Just as *administratively* the state increasingly lacks capacity to implement its own programs (and needs third-party actors) so, too, *politically*, the policymaking process lacks the license to make claims about the distinct role of the process to solve problems. The ascendance of market principles means that we no longer believe there is a realm of government that is distinct from the market. Just about anything government can do, the market can do (or do better), from improving American schools to providing quality healthcare.

But market competition is not a substitute for political conflict. Each process produces a different set of winners and losers. Both the survey and the case study of breast cancer shows the remarkable power that Nancy Brinker and Komen have had on shaping the ways that Americans think about breast cancer (superficial, pink, non-controversial) and how that has trickled into the ways in which the policy process deals with breast cancer. By all accounts, breast cancer made it on the federal agenda because it was a “non-controversial” women’s issue at a time when men in Congress needed one. While nobody wants *more* breast cancer, it is not inherently consensual. Many men and women I talked to were frustrated with the framing of breast cancer and nice and pink. Activists who find that corporations and environmental concerns are responsible for breast cancer are marginalized; activists who want more radical tactics (like taking of shirts to expose mastectomy scars) are quieted; and activists who want to storm the halls of Congress find that members of Congress already wearing a pink ribbon. Activists for other diseases and other non-health issues find it difficult to break into the policy process without their own awareness campaigns.

E.E. Schattschneider (1960) famously explained that politics is about conflict. It is a street rumble that winners want to keep contained and losers want to expand to the by-standers watching the fight in the hopes of gaining support for their side. Rather than brute strength and resources (those these do matter) issue definition and re-definition determine who wins and who loses (Stone 2002; Nelson 1984; Kingdon 1984; Baumgartner and Jones 1993). Market competition, however, creates a different set of winners and losers based on what is sellable in shopping centers rather than in the realm of ideas. Market processes engage industry not as a potential opponent (as in the fight) but as a partner. Industry, in turn, is motivated not by what will appeal to a latent group of citizens but to actual consumers. When we cede authority to market processes we replace issue definition that takes place through political conflict (itself fraught with inequality) with market competition that privileges even more specialized actors who define issues and broadly consensual and promote them widely.

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Table 1: Difference of Means September (Control) and October (Breast Cancer Awareness Month)

	September	October	Difference	p-value
Exposure to and Participation in Breast Cancer Cause Marketing				
See Pink Products	.54	.72	.18	.000
See Pink Walks	.38	.55	.17	.000
See Pink Stories	.51	.71	.20	.000
Buy Pink Products	.23	.37	.14	.000
Breast Cancer Symbols				
Know October is Breast Cancer Awareness Month	.18	.54	.36	.000
Know Pink Ribbons are Symbol of Breast Cancer	.82	.83	.01	.658
Breast Cancer Knowledge				
Know Women’s Risk of Breast Cancer	.64	.62	-.02	.450
Know Breast Cancer Funding Sources	.44	.47	.03	.441
Expectations for Government and Business				
Breast Cancer Top Disease Priority	.21	.23	.02	.337
Government Should Do More Research	.43	.40	-.03	.362
Government Should Do More Treatment	.41	.43	.02	.395
Business Should Do More Research	.23	.28	.05	.058
Business Should Do More Treatment	.30	.27	-.03	.353

Though Americans see a lot of breast cancer cause marketing, it affects their knowledge of the cause-marketing campaign (knowing that October is Breast Cancer Awareness Month) rather than substantive issue knowledge or policy recommendations.

Source: 2010 Citizen-Consumer Survey

Note: Difference of means for independently weighted samples

Table 2: Predictors of Breast Cancer Awareness

	Know October is Breast Cancer Awareness Month	Know Pink Ribbons are the Symbol of Breast Cancer
Exposure to Cause-Marketing Campaigns		
See Pink Products	0.711*** (0.182)	1.549*** (0.220)
See Pink Fundraising Walks	0.669*** (0.169)	-0.092 (0.240)
See Pink Stories	0.777*** (0.179)	-0.086 (0.229)
Controls		
Political Knowledge	0.227+ (0.117)	0.564*** (0.152)
Responsibility for Household Purchases	0.095 (0.082)	0.066 (0.106)
Personal Connection to Breast Cancer	0.025 (0.182)	0.543+ (0.282)
Age 38 to 56	0.266 (0.212)	-0.667* (0.323)
Age 57+	-0.323 (0.209)	-1.513*** (0.304)
Race (White)	0.060 (0.192)	0.897*** (0.250)
Gender (Female)	0.558** (0.318)	1.615*** (0.267)
Education	0.016 (0.051)	0.220** (0.082)
Income	-0.001 (0.030)	0.133** (0.042)
Constant	-2.808*** (0.344)	-1.879*** (0.423)
N	1475	1475

Exposure to cause-marketing campaigns leads to greater knowledge that October is Breast Cancer Awareness Month but only exposure to pink products increases odds of knowing that pink ribbons are the symbol of breast cancer.

Source: CCS data (please see Appendix for more information)

Note: Logistic regression coefficients, robust standard errors in parentheses
+p<.10, * p<0.05, ** p<0.01, *** p<0.001 (two-tailed test)

Table 3: Predictors of Breast Cancer Knowledge

	Know Women's Risk	Know Breast Cancer Funding
Exposure to Cause Marketing Campaigns		
See Pink Products	-0.158 (0.161)	0.326* (0.157)
See Pink Fundraising Walks	0.246 (0.156)	0.070 (0.153)
See Pink Stories	0.008 (0.158)	0.105 (0.153)
Controls		
Political Knowledge	0.098 (0.104)	0.101 (0.103)
Responsibility for Household Purchases	-0.011 (0.079)	0.024 (0.078)
Personal Connection to Breast Cancer	-0.032 (0.167)	0.076 (0.166)
Age 38 to 56	0.295 (0.191)	-0.335+ (0.186)
Age 57+	0.027 (0.186)	-0.636*** (0.186)
Race (White)	0.177 (0.173)	0.244 (0.173)
Gender (Female)	0.104 (0.159)	0.304+ (0.156)
Education	0.038 (0.049)	0.191*** (0.047)
Income	0.039 (0.027)	-0.032 (0.026)
Constant	-0.258 (0.313)	-1.181*** (0.300)
N	1475	1475

Exposure to cause-marketing campaigns does not increase odds of knowing a women's risk of breast cancer. But exposure to pink products (not walks or stories) does increase odds of knowing about breast cancer funding.

Source: CCS data (please see Appendix for more information)

Logistic regression coefficients, robust standard errors in parentheses

+p<.10, * p<0.05, ** p<0.01, *** p<0.001 (two-tailed test)

**Table 4: Predictors of Breast Cancer Top Priority
Breast Cancer Top Disease
Priority**

Exposure to Cause Marketing Campaigns	
See Pink Products	0.091 (0.192)
See Pink Fundraising Walks	-0.107 (0.192)
See Pink Stories	0.401* (0.192)
Controls	
Political Knowledge	-0.344** (0.120)
Responsibility for Household Purchases	0.078 (0.091)
Personal Connection to Breast Cancer	0.322+ (0.192)
Age 38 to 56	-0.049 (0.215)
Age 57+	-0.121 (0.214)
Race (White)	0.162 (0.199)
Gender (Female)	-0.337+ (0.182)
Education	-0.062 (0.059)
Income	0.037 (0.032)
Faith in Government Action	0.417* (0.172)
Constant	-1.502*** (0.399)
N	1475

Exposure to pink stories (but not products or fundraising walks) increases odds of placing breast cancer as a top disease priority (compared to heart disease and diabetes).

Source: CCS data (please see Appendix for more information)

Logistic regression coefficients, robust standard errors in parentheses

+p<.10, * p<0.05, ** p<0.01, *** p<0.001 (two-tailed test)

Table 5: Predictors of Government Action for Research and Treatment

	Government Should Do More Research	Government Should Do More Treatment
Exposure to Cause Marketing Campaigns		
See Pink Products	0.131 (0.166)	0.177 (0.170)
See Pink Fundraising Walks	-0.131 (0.161)	-0.028 (0.161)
See Pink Stories	-0.076 (0.159)	-0.110 (0.159)
Controls		
Political Knowledge	-0.104 (0.109)	-0.226 (0.108)
Responsibility for Household Purchases	-0.003 (0.082)	0.062 (0.087)
Personal Connection to Breast Cancer	-0.067 (0.173)	0.074 (0.169)
Age 38 to 56	0.178 (0.193)	0.124 (0.198)
Age 57+	-0.277 (0.195)	-0.163 (0.195)
Race (White)	0.034 (0.184)	0.051 (0.185)
Gender (Female)	0.088 (0.168)	0.310+ (0.171)
Education	-0.116* (0.051)	-0.024 (0.051)
Income	-0.012 (0.028)	-0.065* (0.028)
Faith in Government Action	0.707*** (0.162)	0.860*** (0.164)
Confidence in Congress	0.401* (0.173)	0.132 (0.175)
Confidence in Agencies	-0.009 (0.172)	-0.039 (0.176)
Constant	-0.332 (0.334)	-0.491 (0.354)
N	1443	1443

Breast cancer cause marketing does not increase odds that respondents say government should do more.

Source: CCS data (please see Appendix for more information)

Logistic regression coefficients, robust standard errors in parentheses

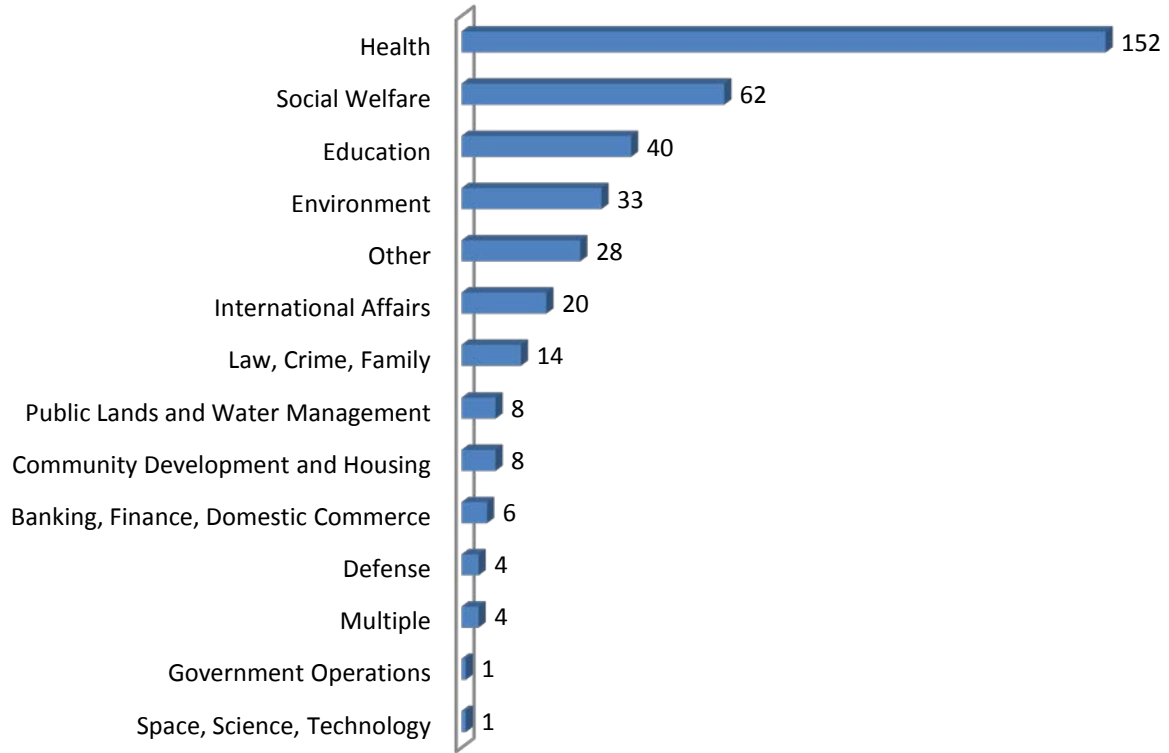
+p<.10, * p<0.05, ** p<0.01, *** p<0.001 (two-tailed test)

Table 6: Predictors of Business Action for Research and Treatment

	Business Should Do More Research	Business Should Do More Treatment
Exposure to Cause Marketing Campaigns		
See Pink Products	0.180 (0.173)	0.032 (0.164)
See Pink Fundraising Walks	0.165 (0.163)	0.111 (0.164)
See Pink Stories	-0.016 (0.170)	-0.054 (0.170)
Controls		
Political Knowledge	0.371** (0.082)	0.365** (0.123)
Responsibility for Household Purchases	0.077 (0.082)	-0.075 (0.090)
Personal Connection to Breast Cancer	0.151 (0.184)	0.017 (0.173)
Age 38 to 56	-0.117 (0.214)	0.046 (0.209)
Age 57+	-0.045 (0.204)	-0.029 (0.202)
Race (White)	0.242 (0.208)	0.058 (0.203)
Gender (Female)	-0.354* (0.171)	-0.530** (0.177)
Education	0.099+ (0.053)	0.000 (0.054)
Income	0.035 (0.031)	0.129*** (0.030)
Faith in the Free Market	0.571*** (0.159)	0.622*** (0.159)
Confidence in Business	0.085 (0.115)	0.268** (0.103)
Constant	-2.868*** (0.447)	-2.614*** (0.423)
N	1404	1404

Breast cancer cause marketing does not increase odds that respondents say business should do more.
 Logistic regression coefficients, robust standard errors in parentheses
 +p<.10, * p<0.05, ** p<0.01, *** p<0.001 (two-tailed test)

Figure 1: Cause Marketing Issues 1986-2010

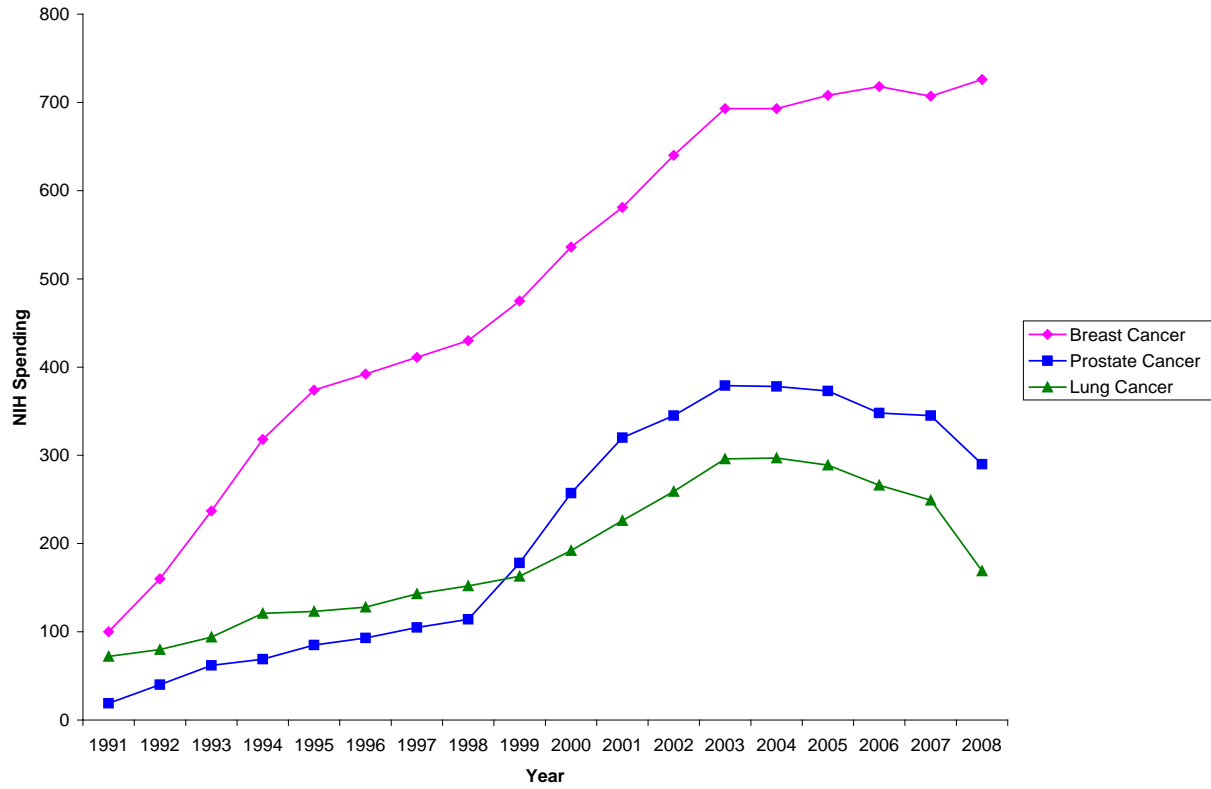


Source: Author's coding of business-related publications for cause-marketing campaigns. N=381.

Figure 2: Campbell's Soup Partnership with Komen (2006)

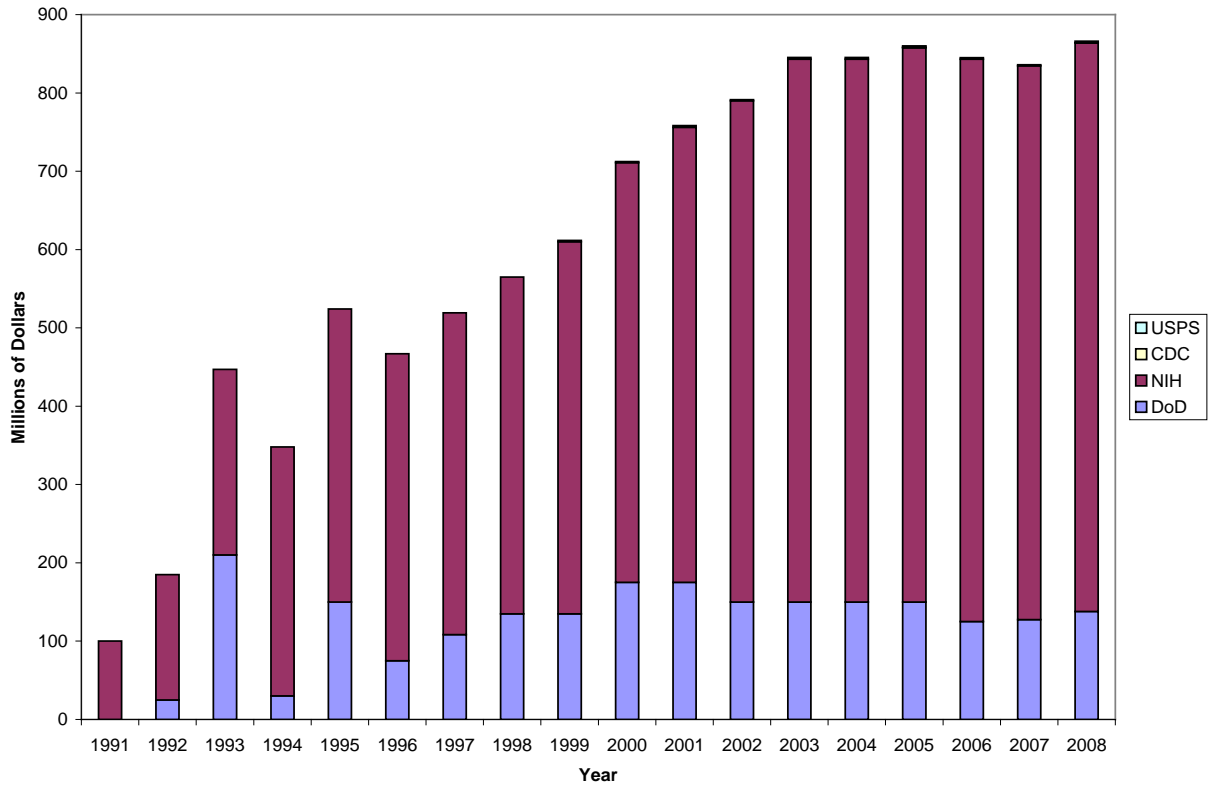


Figure 3: NIH Spending by Disease



Source: Author's analysis of data from the National Institutes of Health 1991-2004 through FOIA request and 2005 on <http://www.nih.gov/news/fundingresearchareas.htm>

Figure 4: Breast Cancer Spending in Federal Agencies



Source: Author's analysis of data from the NIH, DoD, Post Office, CDC

Data Appendix

Citizen Attitudes: The 2009-2010 Citizen-Consumer Survey (CCS)

Research has shown that market activism is a surprisingly common activity. But there are few studies that examine it in depth and its relationship to political activism. Current survey research is merely suggestive. Stolle *et al* surveyed undergraduate attitudes in three countries (Canada, Belgium, and Sweden) about consumer behavior. They found that political consumerism was quite prevalent—72 percent of students chose products because of ethical considerations in the last year (63 percent boycotted). These trends were highest for grocery purchases and lowest for selecting banks (Stolle, Hooghe, and Micheletti 2005, 255-256). And Shah *et al*'s panel survey data with a single political consumerism variable showed that “among the predispositions, only moral obligation was related to political consumerism, reinforcing the view that personal values and a sense of altruism underlie certain forms of political consumerism” (Shah *et al.* 2007, 228). Zukin *et al.* ran the most comprehensive nationally representative survey—the National Civic Engagement Survey. In short, we know that respondents *say* they engage in politically motivated consumer behavior, but we do not know who, where, how often, what products, and what this all means.

Researchers are understandably cautious about generalizations that can be made from these survey instruments because they are non-representative, do not have enough questions, or did not ask the “right” questions. I needed additional data to understand who participates in market activism, how often, why, and with what effect.

In October 2008, I ran four grid questions (35 total items) on the October Wave of the Cooperative Campaign Analysis Project (CCAP). The CCAP is a six-wave national panel of 20,000 adults (Simon Jackman, Stanford and Lynn Vavreck, UCLA PIs) and is fielded by Polimetrix online. To the standard battery of questions, I tested questions that asked about: political activities in which respondent participated in last 30 days (including boycotting/buycotting), whether respondent thinks about social or political concerns before purchasing particular types of goods; knowledge of two particular commodity politics campaigns; and what respondent believes are the effects of commodity politics. The data from these questions helped to identify useful avenues for further study.

The National Science Foundation generously funded me to write a survey the purpose of which was to describe consumers' views, to probe the sources of these opinions, and to explore the consequences of the opinions. Abt SRBI pre-tested the survey in early September conducted the survey in September and October 2010. The Computer Assisted Telephone Interviewing (CATI) survey consisted of a nationally representative sample of 1500 adults (18 and over) with ten call-backs and one refusal conversion attempt on all soft refusals. Because previous research has shown that cause marketing is practiced disproportionately by younger individuals (who are also less likely to have or use landlines), the 1500 person sample was broken down into 1200 landlines and 300 cell phones respondents. Cell phone users (who are harder to attract to answer questions) were given incentives to participate.

Breast Cancer Case Study

Though breast cancer seems like an exceptional case because it is so well-known and well-marketed, history suggests that there is nothing normal or natural about breast cancer's place in American society. To tell a complicated history in a short amount of time, I selected two organizations for more in-depth analysis, Susan G. Komen for the Cure (Komen) and the National Breast Cancer Coalition (NBCC) because these organizations exemplify the political and market channels to achieving change. Though the organizations do both advocacy work and cause marketing, Komen pioneered and emphasizes cause-related marketing and the NBCC pioneered and emphasizes in political advocacy.

I collected data from publicly available sources for both organizations: newspapers stories, books, websites, and IRS tax documents, and congressional hearings. In addition, early papers for several breast cancer organizations (Arm-in Arm, Breast Cancer Advisory Center, Breast Cancer Network, National Association of Breast Cancer Organizations, and the National Breast Cancer Coalition) are housed at the Schlesinger Library, Radcliffe Institute, Harvard University. I copied approximately 1,000 pages from the archives on these organizations (especially the NBCC). In writing the history of breast cancer activism in the US and the case studies, I relied most extensively on Rose Kushner's (Breast Cancer Advisory Center, NABCO) and Kay Dickersin's (Arm-in-Arm, Breast Cancer Network, NBCC) collections. The full citations for these papers are:

Rose Kushner's Papers, Schlesinger Library, Radcliffe College. (Abbreviated as: RKP. Item description, dates, carton #).

Kay Dickersin Papers, 1991-2002; item description, dates. 2005-M119, carton #. Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, Mass. (Abbreviated as: KDP. Item description, dates, carton #).

In addition, I conducted twenty-one interviews with folks associated with breast cancer organizations and/or cause marketing including: three experts in cause marketing, six Komen executives, eight NBCC/F affiliates (e.g. board members, executives), and four background interviews. Three of the interviews were conducted in person and the remainder were over the phone. The bulk of the interviews (19) took place between March and October 2009. Two interviews occurred before then, one in each 2007 and 2008. Interviews ranged from one half to two hours—most were 45 minutes to an hour. Respondents were asked how they would like information to be attributed (for attribution, not for attribution, background).