Women's Health Activism in Canada: The Cases of Breast Cancer and Breastfeeding

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Two women's movements that developed nearly simultaneously in the US and Canada are the breast cancer and the breastfeeding activist movements. Today, both Canadian movements encompass women from many walks of life, have spread across the country and are well established. Thus they comprise an important point of entry to civic engagement to women.

This paper will analyze the development of the breast cancer and breastfeeding movements in Canada, and explore what "activism" means for these the women in these movements. This paper is divided into five sections: the first provides background, and summarizes the relevant academic literature. The second presents a brief history of the Canadian movements. The third lists the research questions and discusses the methodological approaches used in this study. The fourth reexamines the research questions in light of the evidence collected to date, and the final section concludes.

Interest Groups, Social Movements and Breast Cancer and Breastfeeding

Interest Groups and Social Movements: Political Scientists have long paid attention to interest groups and their impact on the political system. In the context of American politics, pluralist thinkers such as Robert Dahl (1961) saw the involvement of interest groups, with their attentive, informed membership, as a salve for the gaping wound in contemporary democracy – the relatively low percentage of citizens who engage in any political activity other than voting. Pluralism's benefits, however were soon tempered by concern about its problems: comprehension that the activists were individuals of efficacy and personal resources, and the voices of the poor, children and women were often left out (For example Schattschneider (1960); Lindblom 1977).

Social movements are one type of interest group, ones found outside the usual interest group/government nexus. Social movements differ from interest groups because they have an extensive network of grassroots activists, they promote a sense of group identity, and they blur the traditional distinctions between "the public" – issues of legitimate interest to the government – and the private – issues outside of government control (For an excellent discussion see Smith 2008).

"New" social movement theory posits that social movements develop in capitalist, industrialized countries where class-based politics have waned. Thus "new" identities replace one's class identity. Moreover, in their classic work, Keck and Sikkink (1998) argue that social movements are able to educate governments, opinion leaders and the public about human rights abuses. They cite the international boycott of Nestlé Corporation as an example.

More recently, scholars have taken notice of the development of social movements centered on a disease, where the "disease" provides the "identity," and problem that demands government response. The first was the AIDS movement, where activists used the skills developed in the gay and lesbian rights movement and applied them to AIDS (Epstein 1996). Groups developed to call attention to other issues, such as pollution, occupational hazards, asthma and multiple chemical sensitivity (Botsch 1993; Bullard 1990; Foreman 1994; Orsini 2008). Phil Brown and colleagues (2004) coined the term "embodied health movements" for these groups. These movements introduce the biological body into the social movement milieu.

Breast cancer fits the mold of an embodied health movement with its focus on the experience of women with disease. While breastfeeding is not an illness–quite the contrary–breastfeeding and lactation are embodied, physical experiences. Moreover, the experience of motherhood and breastfeeding give the woman a new identity, and new experiences, which may provide a reason for action (See Bartlett 2005, 2). Consequently, for these reasons, breastfeeding fits well into the notion of an embodied health movement.

Much has been written about the breast cancer movement recently, yet most accounts focus on the US (An incomplete list: Baird 2009; Boehmer 2000; Casamayou 2001; Eisenstein 2001; Kasper and Ferguson 2000; Kedrowski and Sarow 2007; King 2006; Klawiter 2008; Leopold 1999; Lerner 2001; Ley 2009). Even James Olson's sweeping, international social history (2002) focuses on the US in the last century. The best book about the Canadian breast cancer movement is *Patient No More* by Sharon Batt (1994), which is now dated. A more recent work (Wilkinson 2007) relies upon secondary sources to document Canadian women's experiences.

The literature on the breastfeeding movement is more global (Palmer 2009; Van Esterick 1989); yet there is still ample attention paid to the US (Blum 1991; Hausman 2003; Kedrowski and Lipscomb 2008; Ward 2000). While excellent analyses of breastfeeding policies in Canada exist (Nathoo and Ostry 2009; Turnbull 2001), they do not examine the social movement per se.

Similarities between the Breastfeeding and the Breast Cancer Movements: Canada and the United States (US) are quite similar. They share a common history as former British colonies and this legacy remains important. Most citizens in each country speak English as their first language. The countries share the Western culture, which depicts the breast as a sexual object. Most Canadians live close to the US border, and are exposed to US mass media. Moreover, the science influencing current medical practice and the breastmilk's superiority apply worldwide.

In addition, breast cancer and breastfeeding rates are practically identical in the US and in Canada. A Canadian woman's lifetime risk of developing breast cancer is one in nine (CCS 2010).[2] In the US, her risk is one in eight (ACS 2010). In the US, about 74 percent of all infants are breastfed, but only 14 percent are exclusively breastfed for six months, the current World Health Organization recommendation (CDC 2010). In Canada, about 85 percent of babies are breastfed, but only 17 percent are exclusively breastfed for six months (Millar and McLean 2005).

Thus given these similarities, one can use the existing literature on the US movements to make some initial observations about the Canadian movements.

The first is that the breast is a sexual symbol. Baring the breast is considered erotic, and may be criminalized. Since the breast is often equated with femininity, women who have undergone mastectomies may wonder if they are still attractive to sexual partners, or will hide their amputations in order to appear "normal." Similarly, women may worry that their breasts will sag and become unattractive if they breastfeed, or they might identify their breasts as objects of sexual pleasure and find their biological function distasteful (See for example Palmer 2009; Wilkinson 2007).

Thus, both breastfeeding and breast cancer are largely invisible. Despite the ubiquity of the pink ribbon as a breast cancer symbol (Kedrowski and Sarow 2007; King 2006; Moore 2008), the ribbon does not identify one as a survivor, just that one is "aware." Women have reconstructive surgery or wear prostheses to hide their amputations. They use wigs, turbans and makeup to mask the effects of chemotherapy. They are not the "army of one-breasted women" that feminist Audre Lorde called for in *Cancer Journals,* written after her own diagnosis with breast cancer (Lorde 1997).

The second similarity is that activists in both movements confronted traditional medical authority. Rose Kushner, an early breast cancer activist, recounts how she visited 19 surgeons before she found one who agreed to not perform the "one step" procedure, whereby the biopsy and mastectomy would be performed in one surgery. She also encountered medical resistance to her efforts to end use of the Halsted or "radical" mastectomy in the US (Kushner 1982; Olson 2002). The founders of La Leche League also had to confront the opposition of medical doctors who asserted that formula was superior to breastmilk, and who didn't want nonprofessionals providing advice to other women (Ward 2000, 29-66). Activists in both movements echo the concerns voiced by the women's health movement more generally, including unnecessary interventions, removing of medical decision making from women, and trivializing women's concerns (See Ehrenriech and English 2005).

In response, women in both movements educated themselves in order to become "lay" experts of scientific knowledge surrounding breastfeeding and breast cancer. The National Breast Cancer Coalition (NBCC) created "Project LEAD" to educate breast cancer survivors on how to interpret statistical analyses, and the current trends in breast cancer research so they can participate meaningfully on peer review panels (Kedrowski and Sarow 2007, 210-216). Within the breastfeeding movement, not only do La Leche League leaders undergo training and continuing education to provide women with advice and assistance with breastfeeding difficulties, a new medical profession of lactation consultants, with its own international accrediting agency, developed (International Lactation Consultant Association 2010). In addition, leaders of both movements also found male experts who were sympathetic to their concerns and were willing to work with them.

Finally, many activists believe that some breast cancers may be caused by exposure to environmental carcinogens (Ley 2009); pollutants have been found in breastmilk (Boswell-Penc

2006; Harrison 2001) and breastfeeding lowers a woman's lifetime risk of premenopausal breast cancer (Kedrowski and Lipscomb 2008, 14).

Differences in the Breastfeeding and Breast Cancer Movements: Of course, there are some important differences too. The first is age. The typical woman deciding whether to breastfeed her baby is much younger than the typical woman diagnosed with breast cancer. The former are probably between ages 15-45. By contrast, the typical breast cancer patient is in her 60s. Interestingly, many activists I have interviewed in both movements and in both countries are middle-aged or older. Young women, who are presumably still lactating, may be too busy caring for infants and toddlers to become active.

Second, the age of the movements also differs. La Leche League, arguably the world's first breastfeeding advocacy group, was founded in 1957 (Ward 2000). The first US breast cancer organizations were founded the late 1970s (Kedrowski and Sarow 2007). The movements started almost simultaneously in Canada. The first La Leche League group in Canada began in 1961 in Jonquiere, Quebec; and the first breast cancer group started sometime in the late 1980s (Audy 2004; Pat Kelly interview).

Third, the breastfeeding is global in scope. Several international organizations and non-governmental organizations (NGOs) work to promote breastfeeding worldwide. This activism is a result of the worldwide Nestlé boycott of the 1970s, which drew attention to deceptive marketing practices by formula companies and to millions of preventable infant deaths. The result was action on the part of the world community to curb formula sales and to promote breastfeeding (Kedrowski and Lipscomb 2009). By comparison, breast cancer movements exist primarily in western, industrialized countries, where breast cancer is a significant public health concern.

Fourth, there is no ribbon, bracelet or other popular symbol to show awareness or support of breastfeeding, in spite of the movement's age. Even the signs or logos used to identify mothers' rooms or "baby friendly" hospitals are stylized, with illustrations that depict cuddling, but not necessarily breastfeeding. Rebecca Kukla (2006) decries how images typically used in US breastfeeding campaigns are not representative of women in the US or North America. When they show women at all, these images depict white women dressed in nightgowns, secluded in a bedroom, nursing cherubic white babies.

Finally, in breast cancer, the breast is an organ that sickens and kills. In breastfeeding, the breast is an organ that sustains and nurtures life and health.

Historical Background on the Canadian movements:

Both Canadian movements evolved against the backdrop of the Canadian second wave (post-suffrage) feminist and women's health movements. The second wave feminist movement evolved in Canada in the mid-1960s, about the same time as in the US. One of its defining events was the establishment of the Royal Commission on the Status of Women in 1967. After holding hearings across Canada, the Royal Commission issued a series of policy recommendations. Monitoring their implementation became the primary focus of the National Action Committee

(NAC), a nationwide confederation of grassroots women's organizations (Bird 1970; Freeman 2001; Rebick 2005; Vickers 1993).

The *Report* called for a number of changes to law surrounding employment and educational opportunities and the legal status of women. The *Report* also called for "Responsible Parenthood," which included access to birth control, clarification of laws surrounding sterilization and legalizing abortion (Bird 1970, 279, 287). The *Report* mentioned neither breastfeeding nor breast cancer. The NAC did not focus on breast cancer in its later years because it considered breast cancer to be a health issue, not a women's rights issue (Beer 2000).

Marianne Boscoe and colleagues (2004) recount that the Canadian women's health movement evolved primarily in the 1970s and 1980s. While its initial focus was reproductive health, the women's health movement expanded to include dozens of other conditions. Boscoe et al. also recount how the movement developed around a "woman-centered" model that called for health promotion and education, peer support and "understanding that women are experts in their own needs and issues." The women's health movement also understood the connections between economic condition, social policies, educational attainment and health status. Interestingly, Boscoe and colleagues note the breast cancer movement, yet do not mention the breastfeeding movement.

Brief History of the Canadian Breastfeeding Movement: In their social history of breastfeeding in Canada, Tasnim Nathoo and Aleck Ostry (2009) recount how in the colonial period, English and French Canadian women expected to breastfeed their babies. If babies were abandoned to orphanages, they were wet-nursed. However, as Montreal --then the largest Canadian city -- grew and became industrialized, disturbing trends developed. The French Canadian population had higher rates of infant mortality than did Irish Catholic population or the British Protestant population. This difference was attributed to early weaning; using contaminated milk, especially in the summer months; and maternal participation in the paid workforce (Nathoo and Ostry 2009, 6-8).

In 1879, the Montreal Dietary Dispensary (MDD) was founded as a soup kitchen, dedicated to alleviating some hunger and poverty in Montreal. Since it was founded, the mission of the MDD has evolved to focus on nutrition for poor pregnant women and their newborns. Using statistical models to account for the mothers' income, food needs and external stresses, the MDD determines a pregnant mother's nutritional needs, and then provides nutrition counseling, food supplies and vitamins, and parenting workshops for its clients. MDD also avidly promotes breastfeeding and provides new mothers with breastfeeding support. As a result of its efforts, MDD has seen the percentage of low birth weight babies born to its clients fall (Duquette interview 2010).

Following the devastation of World War I, the Canadian government actively encouraged breastfeeding and defined breastfeeding to a woman's patriotic duty (Nathoo and Ostry 2009, 34-59). Breastfeeding rates declined, however, in the following decades and reached their nadir sometime in the late 1960s (Nathoo and Ostry 2009, 120-121).

In 1957, seven breastfeeding mothers in Chicago founded the La Leche League; they wanted to support other breastfeeding mothers. The La Leche League International (LLLI) web site states that the first Canadian group was founded in Jonquiere Quebec in 1960 (LLLI 2010). According to Kathleen Coulliard, Secretary of Quebec's La Ligue La Leche, the Jonquiere group was founded when two women from Jonquiere contacted the Chicago office of La Leche League for advice. The Chicago staff then put them together to form a group of their own (Couillard interview). Fiona Audy, a La Leche League Canada activist, notes that a group may have formed in Toronto about the same time (2004). La Ligue La Leche and La Leche League of Canada today both exist as independent organizations and as affiliates of LLLI in Chicago (Couillard interview; Robinson interview). Not only does La Ligue provide training in French, it translates official LLLI documents into French (Couillard interview).

By the 1930s, doctors working in the developing world noticed a clear relationship between use of artificial formula and infant morbidity and mortality. International outrage led to the international Nestlé Boycott, initiated by the Infant Feeding Action Coalition (INFACT). INFACT was founded at the University of Minnesota in 1977 (Nathoo and Ostry 2009, 117), and it spread to Canada soon after. As Elisabeth Sterken, Executive Director of INFACT Canada recounts,

> INFACT was founded in 1979 as the Canadian part of the international coalition protesting formula feeding in developing nations. It is a real social justice movement, protesting the elevation of profit over breastmilk… The organizations developed simultaneously in the US and Canada and even took the same names. We became INFACT Canada to differentiate ourselves from the US" (Sterken interview).

In response, the World Health Assembly (WHA) passed the *International Code of Marketing of Breastmilk Substitutes* in 1981, by a margin of 118-1, with three abstentions (Kedrowski and Lipscomb 2009). The *Code* calls for many restrictions on the marketing of infant formula and baby foods, including no direct contact with mothers, no provision of infant formula samples to mothers, and training of health care workers. INFACT Canada's agenda includes promoting the *Code* and urging the national government to enforce its provisions.

A decade later, the international community passed the *Innocenti Declaration*, which restated the international community's commitment to the *Code*, and introduced the Baby Friendly Hospital Initiative (BFHI). Hospitals may earn "baby friendly" designation when they follow the Ten Steps, which include training health care workers, following birthing practices that encourage breastfeeding, and giving infants no artificial foods, pacifiers or bottles unless medically indicated (See BFHI USA 2010).

The *Innocenti Declaration* also calls for participating nations to create a national breastfeeding committee to oversee breastfeeding policy in the nation. Canada's committee is the Breastfeeding Committee of Canada. Its primary charge is to increase the number of "baby friendly " hospitals in Canada.

Today breastfeeding movement in Canada includes groups like the Quintessence Foundation. Founded in 1998, the Quintessence Foundation coordinates Canada's participation in the World

Breastfeeding Challenge, where women from around the world gather to breastfeed their babies and otherwise celebrate breastfeeding. Quintessence Foundation also manages Canada's only human milk bank (Quintessence Foundation 2010).

A Brief History of Canadian Breast Cancer Activism: Probably the earliest breast cancer organization founded in Canada is the Canadian Breast Cancer Foundation (CBCF), which was founded in 1986 by a group of volunteers who sought to raise funds for breast cancer research (CBCF 2010). The CBCF hosts an annual Race for the Cure, which is sponsored by CIBC, with races in multiple sites around Canada. CBCF states that it has raised over $24 million in 2008. These funds were used to support medical research and to fund other grassroots initiatives in Canada.

Breast Cancer Support Services in Burlington, Ontario, founded by cancer activist Pat Kelly, may be the first support group established in Canada. When Kelly was diagnosed with cancer at age 35, she was a mother with young children. As she recounts, she struggled to find any information or support for women with breast cancer. As author Sharon Batt recounts:

> She [Kelly] called the Canadian Cancer Society to find out what support and information they could offer her… A Reach to Recovery volunteer soon called back. Pat's pleasure turned to disappointment, then anger, when she learned that the volunteer was in her 70s and her only advice was not to lift anything with the arm on the affected side. As the woman spoke, Pat was standing at the phone, holding her 18 month-old baby in the arm on her "affected" side… (1994, 231-232).

Using her professional and personal networks, Kelly found another professional woman, a public health nurse, who also was a breast cancer survivor. They worked together to found Burlington Breast Cancer Support Services (as it was called then). The first meeting was held in April 1988, and its services include a support group for women diagnosed with breast cancer (Kelly interview)

Another one of the earliest groups is Breast Cancer Action Montreal (BCAM), which was founded in 1991 by Sharon Batt and three colleagues. Initially, BCAM sought to bring breast cancer into public consciousness, engage in political advocacy and build a network of activists (Batt 1994, 315-317). Batt also recounts that one of the BCAM's goals in the early years was to provide a critique of breast cancer treatments, especially to ask questions about their aggressiveness, effectiveness and efficacy (Batt interview 2010). BCAM has since gone through several incarnations. Its current focus is on possible environmental causes of breast cancer. One of its current efforts is "FemmeToxic," which seeks to involve younger women and girls (ages 12 to 25) in the breast cancer movement through a critical focus on possible carcinogens in cosmetics and personal care products (BCAM 2010).

In 1992, the Canadian House of Commons turned its attention to the issue of breast cancer, signaling the commitment of the Mulroney government to address the issue. The Standing Committee on Health and Welfare, Social Affairs, Seniors and the Status of Women held hearings on breast cancer and developed a report with 49 recommendations for action. They

include increasing funding for medical research, reexamining medical school curricula on breast cancer, educating the public and promoting survivor support groups (Greene 1992).

These parliamentary hearings led Health Canada to convene the "National Forum on Breast Cancer," in Montreal in 1993. The collection of medical professionals, researchers, government professionals and women with breast cancer met for several days to develop recommendations for further government action. The co-chairs of the consumer group were Pat Kelly and Sharon Batt (Health Canada 1994).

One outcome of the hearings and the National Forum was the Canadian Breast Cancer Research Initiative, later renamed the Canadian Breast Cancer Research Alliance (CBCRA). Funded through a combination of public and private funds, the purpose of the CBCRA was to fund medical research on breast cancer in Canada (Birdsell 1997). The CBCRA announced in early 2010 that it was disbanding; however, while operating, (1993-2010) it donated over $192 million to breast cancer research. It was also the author of the National Breast Cancer Research Framework, which serves as a list of national research priorities (Ermel interview 2010).

In the early 1990s, the number of breast cancer groups formed across Canada grew. By 1993, the Canadian Breast Cancer Network (CBCN) formed. Its purpose is to serve as a clearinghouse for all breast cancer organizations, and to provide information to women newly diagnosed. The CBCN includes support groups, advocacy organizations, dragon boat teams, and groups serving young women, visible minorities, lesbians, immigrant women, First Nations and other underserved women (Amendolea interview). The CBCN is just one piece of evidence that women's experiences with breast cancer today are much different than it was for Pat Kelly, who found little information and few services.

The newest breast cancer group may be Team Shan, which incorporated in 2009. Named for Shannon Larsen, who died of breast cancer at age 24, Team Shan targets its breast cancer awareness messages to young women and girls ages 15-29 (Team Shan 2010).

Research Questions and Methodology

Research Questions: Given the paucity of information about the Canadian breast cancer and breastfeeding movements, I sought to understand their histories and current dimensions. Initially intrigued by their apparent connections to their US sisters, I wanted to use this as a starting point, but with the ultimate goal of telling the stories of the Canadian movements in their own terms. This paper focuses on four broad research questions:

- First, did Canadian breast cancer and breastfeeding activism movements evolve as a result of the successful exportation of the US movements, or did they develop in response to political and social changes unique to each country?

- Second, how, and how well, do the activist groups in Canada reach out to the many groups that comprise the diverse Canadian population? Do these activist groups successfully reach and integrate Anglophone, Francophone, immigrant and Indigenous women, and women of different socioeconomic classes?

- Third, how do the agendas of Canadian breast cancer and breastfeeding advocates vary from those in the US?

- Fourth, how effective are the Canadian activist groups in influencing policy change through legislation at the national and provincial levels?

In the case of the first research question, I anticipate that there was a convergence of events led to the development of these movements. One factor might be emulating events in the US, but I doubt that this would be the only reason. The US movements' experiences inspired the second question. In the US both movements are primarily white and middle class. In the case of the breastfeeding movement in particular, activists have not focused on the social pressures and practical problems that low-income and women of color in particular face (Blum 1991; Kedrowski and Sarow 2007).

In the third question, I anticipate that the agendas will differ because the political environments differ. For example, the US does not guarantee universal health insurance. Advocating for insurance reform is a key agenda item for the NBCC (Kedrowski and Sarow 2007). However, in Canada, this is a moot point. Similarly, breastfeeding is protected in some countries' national labor laws and human rights statutes, but there are few such protections in the US.

Finally, in terms of the fourth question, I again anticipate significant differences in the Canadian context. While both the US and Canada are federal systems, the power of the national government is greater in the US. In addition, the relationship between the national government and the states/provinces differ in the two federal systems. Finally, the US has a separation of powers with a strong, independent legislature, while Canada uses the Westminster model.

Methodology: This paper is a product of qualitative research methods. I used a "snowball" technique to identify breast cancer and breastfeeding activist organizations, and then asked the activists I interviewed for suggestions of others.

I interviewed representatives of various breast cancer and breastfeeding organizations, women's groups and government officials from across Canada. Interviews were conducted in person whenever possible, by telephone when in person interviews were not feasible, and in a couple of instances, via Email exchange, which the interviewee preferred.

All interviewees were asked to sign an informed consent form, which was adapted to telephone and email exchanges as appropriate, and was available in both English and French.[3] One interview was in French, the remainder in English, although I would translate particular ideas into French as necessary. In person interviews were taped; telephone interviews were not. However, I wrote up my notes and sent them to the interviewees for their clarification and correction. In a few cases, I also participated in public events.

Women's organizations and government officials were added to the research to get the perspective of informed outsiders on the movements' effectiveness. This was done as a way to check the veracity of the activists' claims, and to see how each movement fit into the larger

political context. I was able to secure several interviews with other activist organizations, such as the Canadian Women's Health Network, but government officials were reluctant to participate. Likewise, no representatives of aboriginal women's organizations responded to my interview requests; however, an employee of a First Nations group did put me in touch with some medical researchers doing relevant work. I did find non-Aboriginal women who work in those communities and were willing to talk with me about their experiences. However, they did not speak as members of any aboriginal community.

I also supplemented the interview data with information from organizational and government web sites, and the public record. Often I would look through the web sites for gaps and focus the interviews on these areas. While I started with a series of questions common to each interview, my list of questions grew over the course of my research, especially as interviewees raised interesting issues that I sought to discuss with other activists.

Evidence and Analysis

Inspiration, Imitation and Adaptation: My first research question asked whether the breastfeeding and breast cancer groups developed as a result of similar activism in the US. Based upon the information provided by US organizations, both the LLLI and the NBCC, one could conclude that the US movements consciously exported themselves. Yet, in terms of the Canadian movements, the timing is off. For instance, the NBCC hosted two international advocacy conferences in the late 1990s, but they came about a decade after the first breast cancer groups were founded in Canada. Thus, exportation does not explain the origins of the movements in Canada.

Yet I found numerous examples where Canadian activists did look to the US for inspiration. In the case of breast cancer, there are many parallels. BCAM took its name, with permission, from Breast Cancer Action in San Francisco, and its environmental agenda today is similar. In addition, Sharon Batt, its founder attended a meeting of Vermont activists in Burlington as she began to think about creating a group. In addition, an early coalition of activists undertook a letter writing campaign, an idea they credited to the "Do the Write Thing" campaign conducted by the NBCC in the early 1990s (Batt interview). BCAM also hosts lectures and special events, and have invited in such US activists as Fran Visco and Susan Love (Dlusy-Apel interview).

The Canadian Breast Cancer Foundation (CBCF) is analogous to Komen for the Cure in the US. They both hold major races in multiple cities in their respective countries to raise money for breast cancer research and local public education efforts. They use the pink ribbon as their primary symbol, and claim to be the largest organizations in their respective countries (See CBCF 2010).

The Cure Foundation also raises funds for breast cancer research and projects. Its major event is Denim Day, held annually on the Tuesday after Mother's Day. Participating places of business allow employees to wear denim to work in exchange for making a small donation to the Cure Foundation. According to Joanne Braun, this event is patterned after Lee Denim Day in the US.

When Lee decided not to sponsor the event in Canada, Cure Foundation received permission to host the event and to use the Denim Day name (Braun interview).

Another example is the Breast Cancer Society of Canada, which is inspired by American Breast Cancer Society. Both were small, family-run operations for most of their histories, although their missions differ. The American Breast Cancer Foundation raises funds to provide mammograms and other screening services to women who otherwise cannot afford them. The Breast Cancer Society of Canada raises $1-2 million per year that it donates to medical research (Davidson interview).

In terms of breastfeeding, INFACT Canada was patterned after the US INFACT. La Leche League of Canada and La Ligue La Leche are both affiliates of LLLI in Chicago. UNICEF-Canada and UNICEF-Quebec are both fundraising affiliates for UNICEF, part of the UN based in New York (Sterken interview; Robinson interview; Couillard interview and Beaudry interview).

This is not to say there are no distinctly Canadian elements to the movements. There are indeed. There are three dimensions of the Canadian breast cancer movement that are not analogous to the US movement. The first is the proliferation of Breast Cancer Action groups. According to the CBCN, there are five groups that use some version of this name in Canada: Breast Cancer Action Kingston, Breast Cancer Action Montreal (BCAM), Breast Cancer Action Nova Scotia (BCANS), Breast Cancer Action Ottawa (BCA Ottawa) and Breast Cancer Action Saskatchewan (BCAS) (CBCN 2010a). However, these groups are independent organizations; they are not affiliates or "franchises" of any sort. Aside from BCAM, it is unclear whether these organizations sought permission to use the name from BCA in San Francisco, or whether they believed they needed to. Moreover, the missions and philosophies of the groups differ. For instance, BCAM focuses on environmental causes of cancer. BCA Ottawa provides support groups and yoga and exercise classes for breast cancer survivors (Graszat interview). BCANS, which modeled itself after BCA Ottawa, provides online support through a "chat room" for women with breast cancer all over the world; helps women in the Atlantic region with "patient navigators," who help women as they undergo treatments; and manages the Atlantic Breast Cancer Net (Thompson interview). BCAS seeks to "give a voice" to people with breast cancer. Among its services are public events, providing speakers to local groups, sending kits for the newly-diagnosed, and recruiting individuals for participation in research studies (BCAS 2010).

The second uniquely Canadian dimension is Dragon Boating. The sport originated in Asia; dragon boats are long boats containing 20 paddlers, who sit in two columns. A drummer sits at the prow and sets rowers' pace. Dragon boating became connected to breast cancer through a research project by Dr. Donald McKenzie of the University of British Columbia. He organized a team of breast cancer survivors to determine whether such repetitive exercise promoted the development of lymphedema, as was widely believed in the mid-1990s.[4] He found that, in fact, such exercise often prevented its development (Abreast in a Boat nd). Today, the CBCN web site lists 61 organized dragon boat teams across Canada. Their names are often puns, and identify the rowers as breast cancer survivors. Examples include "Kupsized," "Island Breaststrokers" and "Bustin Out." Others allude to the pink ribbon symbol, among them "Pink Dragons" and "Pink Sensations" (CBCN 2010b).

Third, the Canadian breast cancer movement includes groups who target young women and girls. Rethink Breast Cancer provides support for women with breast cancer who are under age 40, and also provide support for other young people affected by the disease (Rethink 2010). Team Shan is dedicated to educating young people that breast cancer also affects young women (Team Shan 2010). BCAM's "FemmeToxic" Campaign is aimed at girls as young as age 12, and the Pink Tulip Foundation targets girls between the ages of nine and 18. Both FemmeToxic and Pink Tulip Foundation base their public education efforts on the premise that breast cancers may be related to a lifetime of unhealthy habits, whether its alcohol and diet, or the use of poorly regulated cosmetics (White interview; BCAM 2010). Aside from Rethink Breast Cancer, which is analogous to the Young Survival Coalition in the US, there are no breast cancer groups in the US focused on girls as young.[5]

The breastfeeding movement in Canada also has its unique elements, namely the effort to convince the Canadian government to enforce the *International Code of Marketing of Breast-Milk Substitutes.* Unlike the US, which cast the sole vote against the *Code,* Canada voted in favor. In the US, there is little awareness of the *Code,* and no discussion of implementing its provisions.

In Canada, federal public statements since 1981 indicate that the government supports "voluntary, industry enforcement" of the *Code,* in lieu of national regulation (Sterken interview). According to Nathoo and Ostry, *Code* enforcement has devolved to the provincial level (Nathoo and Ostry 2009), even though, as one activist put it, the federal government has jurisdiction over infant formula through the Food and Drugs Act (Sterken interview). As a result, then *Code* enforcement happens primarily through implementation of the BFHI, which is not a priority in all provinces.

Similarly, the legal environment in Canada is much different for breastfeeding women. The Charter of Rights and Freedoms bans discrimination on the basis of sex. Unlike the US, the Supreme Court of Canada has ruled that discrimination against breastfeeding women is sex discrimination, since only women lactate (INFACT Canada 2010). While Canadian women face some social pressure not to breastfeed in public, and are thus placed in the awkward position of "having to assert their own rights," (Sterken interview 2010) they are better off than their sisters to the South.

Reaching out to Diverse Canadian Women. One criticism of the US movements is that they are overwhelmingly white and middle-class. Women of color, working class and immigrant women are not well represented. Given the diversity of Canadian women, I was interested in how well these social movements reached multiple audiences.

Francophone and Anglophone: The Canadian national myth is that there are "two founding peoples" of Canada – the descendents of the British in the English-speaking colonies of British North America, and the descendents of the French who settled "Nouvelle France" prior to the French and Indian War of the 1750s. Thus, one of the oldest dimensions of Canadian diversity is the French/English nexus.

Both the breastfeeding and breast cancer movements developed parallel organizations in Quebec as a means to serve Francophone women. For instance, La Ligue La Leche and La Leche League of Canada coexist but are independent. The Quebec Breast Cancer Foundation (QBCF) functions as the Quebec analog to Komen for the Cure. QBCF coordinates the CIBC Race for the Cure in Quebec, in cooperation with the CBCF but distinct from it. Profits from the Quebec races are used to support medical research into breast cancer conducted by researchers in Quebec (Hamel-Longtin interview). UNICEF-Quebec exists in parallel with UNICEF-Canada, and INFACT-Canada works with a bilingual lactation consultant in Quebec to coordinate the activities of INFACT-Quebec (Sterken interview; Dobrich interview). Other organizations, such as the BCAM, MDD, the Cure Foundation and the World Breast Cancer Conference Foundation, hire bilingual employees, produce written materials in French and English, and/or provide simultaneous translation at events (Braun interview; Eastman-Lewin Interview; personal observation). Shoppers Drug Mart, known as Pharmaprix in Quebec, sponsors its Weekend to End Women's Cancers in Montreal, where it is known as *Le Weekend pour Vaincre les Cancers Féminins.*

However, I also wanted to learn whether Francophone women had different experiences with breastfeeding or breast cancer because of their culture or linguistic differences. Most breast cancer advocates uniformly said no. Any challenges or difficulties they face would be inherent in developing a life threatening disease.

Breastfeeding advocates identified a few possible differences. They are based on the perception that Quebec is an egalitarian, progressive society; but lags in its appreciation of breastfeeding. On the one hand, the large number of hospitals and birthing centers in Quebec that have "baby friendly " designation (18 of the 26 in Canada, Breastfeeding Committee of Canada 2010). Thus, for the two days that mothers and babies are in the hospital, their breastfeeding efforts are supported (Beaudry 2010). Similarly, another advocate noted that the Francophone culture is less distressed by the sight of a bared breast than the Anglophone culture. She facetiously noted the kerfuffle in the US over Janet Jackson's famous "wardrobe failure" as something that did not raise as many eyebrows in Quebec (Couillard interview). At the same time, several activists noted to me that in Quebec, there is an emphasis on egalitarian parenting and "fathers' rights;" some might interpret breastfeeding as running counter to this cultural value.

Immigrant, Lesbian, Visible Minority, Low-Income and Aboriginal Women. Other groups of Canadian women may have different experiences with breast cancer or breastfeeding because of class, ethnic or racial identities or their sexual orientation. The CBCN lists some groups organized around women with one or more of these intersecting identities. For examples, there is a First Nations Breast Cancer organization listed in Vancouver; support groups for Asian women in British Columbia, outreach to Metis women by an existing breast cancer organization in Ontario, and a Lesbian support group in Manitoba (CBCN 2010a).[6] There is no similar directory of breastfeeding groups in Canada; however, various Internet searches failed to turn up breastfeeding support groups that target such women per se.

Other organizations included these women within the broad scope of the groups' agenda. For example, one breast cancer charity said, "we fund medical research, which helps all women." Lisa Gibbs of Shoppers Drug Mart/Pharmaprix stated, "our thousands of employees and our

customers *are* the diversity of Canada" (Gibbs interview). Leslie White of the Pink Tulip Foundation took a different approach. "We are very sensitive to this issue, and we want to be sure our messages reaches girls who don't have access to the Internet at home. So we work through the YWCA, and we have done pink tulip gardens in low-income neighborhoods around Toronto as a way to reach out" (White interview 2010). Carole Dobrich, a lactation consultant at Jewish General Hospital in Montreal said, "We work with a number of lesbian couples, and I always say 'you have a pair and a spare.'" She works to induce lactation in the member of the couple who did not give birth (Dobrich interview).

Yet, women who are minorities, immigrant, low income and/or lesbian may have different experiences with childbirth, parenting or disease than do white, middle class, heterosexual, native-born women. For example, aboriginal women have a lower incidence of breast cancer but their prognosis is poorer than the Canadian average. They are often diagnosed at a later stage, and only 22 percent of on-reserve First Nations women between the ages of 50-69 reported having a mammogram in the previous two years (Sheppard et al. nd; Sheppard et al. 2010; Health Canada 2005). Aboriginal women also have breastfeeding rates that are about 20 percent below the Canadian average (Martens and Young 1997); in Nunavit, there are just four cases of breast cancer diagnosed in a typical year (CBCN 2008).

Yet, at least some activists and officials are aware of these differences, and work to address them. For instance, Health Canada published a booklet for medical professionals entitled "A Multicultural Perspective of Breastfeeding in Canada" in 1997. This publication was designed to help medical professionals understand how different cultural, immigrant groups might think of the breast and breastfeeding so they can be culturally sensitive as they work with these women. Among the groups discussed are Muslims, East Asian, African, Caribbean and Latin American and South Asian cultures (Agnew 1997).

Similarly, Marie-Paul Duquette of the MDD mentioned the problems facing women who are seeking refugee status. While their applications are pending, these women are not eligible for social assistance. Aside from providing food to pregnant and breastfeeding clients, the MDD also tries to help these women access food banks and private charities (Duquette interview).

Similarly, citing the diversity of the population in the Atlantic provinces, which includes Francophones, Acadians, Aboriginal women, urban and rural residents, lesbians and Blacks descended from former slaves who escaped from the US, Barbara Thompson notes, "You have to be aware of their differences... [Many] Blacks for instance don't want to go into white areas and they don't like to touch their breasts. Aboriginal women use oral traditions, so Powerpoint just doesn't work for them… (Thompson interview).

Linda Romphf, a lactation consultant and La Leche League leader from Manitoba, has trained numerous peer counselors to work in First Nations and Métis communities in northern Manitoba. As she notes, these women face numerous issues, some of which work against breastfeeding. For instance, the communities suffer from have low rates of educational attainment and high rates of unemployment. There are social barriers: the mothers are told breastfeeding hurts; there is a lack of privacy in the home; they worry about the quality of the local water or about the adequacy of their diets. Some young mothers take part in the "party lifestyle," which often involves "binge

drinking." And she concludes, "barriers will trump information every time." Consequently, breastfeeding rates have gone up only slightly in these communities (Romphf interview).

In 2003, the CBCF Ontario Chapter, funded an extensive study of the special needs of lesbians with breast and gynecological cancers. While some of the concerns expressed are mitigated by the legalization of same sex marriage in Canada, others such as the inherent heterosexism of the medical community and support groups, are probably still germane. One study participant recounted how she was repeatedly asked to take a pregnancy test. Another was asked about her husband's concerns about her body. Still more indicated that telling members of support groups or medical professionals about their sexual orientation was like "coming out" again. Others likened the trauma of telling families about their cancers to the difficulty of "coming out." Finally, heterosexual ignorance of lesbian sexual practices led medical professionals to discount the impact of cancer surgery on the participants' intimate relationships (Lesbians and Breast Cancer Project 2004).

Activism and Agendas Canadian Style. My third research question sought to determine whether and how the agendas of Canadian breastfeeding and breast cancer activists were different from the movements in the US. As my research unfolded, I not only determined that the agendas were different but that the Canadian style of activism is distinct.

*"*I'm not an Activist." The informed consent form used for this research identifies interviewees as "activists," government officials or journalists. On three separate occasions, interviewees nearly refused to talk to me because they asserted, "I am not an activist." Only after some gentle persuasion on my part, did these three individuals agree to continue interviews.

Apparently, I stumbled upon an important cultural difference between the US and Canada: the particularly negative connotations of the word "activist."[7] In each case, the individuals represented organizations that did, to some degree, promote public awareness, work with government officials, intervene with medical professionals, and otherwise advocate for women. In one case, the interviewee described testifying before legislative committees, hosting visits by luminaries, designing government programs, and evaluating government policies. When I asked this person to explain to me how this was not "activism," the interviewee responded, "I don't carry a picket sign and march down the street."

Similarly, fourth interviewee (not one who came close to refusing to participate) stated, "We don't go in and say, 'this is what you need to do.' It's a Canadian thing. We try to work together. If a woman [with breast cancer] is getting poor treatment, we try to talk with the hospital or medical community to make it better. If we came in and told people what to do, we would get a lot of pushback." Another agreed, "You can't demonize or ostracize. You won't get very far."

Others agreed that Canadians take a low-key approach. Recognizing the shift in the agenda of the breast cancer movement in particular, one activist noted a reluctance to use confrontational approaches like AIDS activists did in the US. Rather, there was a greater attempt to work with medical professionals and government institutions, not work against them.

Conventional Approaches: Other breast cancer and breastfeeding organizations use rather conventional lobbying techniques. Pat Kelly noted that years of work had gone into getting the Harper government to commit federal funding for the Canadian strategy for cancer control (Kelly interview). BCAM includes some sort of political action in each of its public events, such as writing a letter to a Parliamentarian or a member of the provincial assembly (Dlusy-Apel interview). Local breastfeeding activists and groups formed coalitions to lobby provincial governments to recommend breastfeeding policies in Nova Scotia and Ontario ("Breastfeeding-A Public Health Priority" 2006; "Recommendations for a Provincial Breastfeeding Strategy for Ontario" 2009). Similarly, when Passport Canada published a poster entitled, "Passport Applications for Children Under the Age of 16" that featured a baby bottle among other symbols of youth, breastfeeding advocates around Canada circulated an image of the poster and a sample letter via Email, encouraging recipients to write to the passport agency (Personal communication). INFACT-Canada regularly writes to the Prime Minister and ministers of other federal agencies to encourage enforcement of the *Code* (Sterken Interview).

In addition, some public demonstrations also occur. The most obvious are the runs and races to raise money for breast cancer research, which do raise public awareness of the disease. For instance, BCAM's strategy has included marches to raise awareness of breast cancer (Dlusy-Apel interview). Quintessence Foundation coordinates Canadian participation in the World Breastfeeding Challenge, whereby women and babies breastfeed in public locations across Canada (Jones interview). In addition, the Pink Tulip Foundation plants gardens across Ontario. These gardens include signage identifying the Pink Tulip Foundation and directing individuals to the organization's web site. As Leslie White noted, "we get two hits." First, the media draw attention to the garden in the fall when it is planted. Then several months later when the tulips bloom, people are reminded of the cause (White interview).

Canada in the World: Canadians appear to think consciously about the position of Canada within the world and consciously remind policy makers of world opinion as a lobbying strategy. For example, contemporary women's organizations debate along the dimensions of "human rights," whether they privilege individual rights, as does REAL Women of Canada (a conservative group), or women's rights in the Convention to End All Forms of Discrimination Against Women, which is the focus of FAFIA (Wells interview; McInturff interview).

Indeed the question of human rights comes up frequently in breastfeeding policy discourse especially. The Quebec breastfeeding policy, for instance, justifies the adoption of the policy as helping to meet Canada's obligations as a signatory of the Convention on the Rights of the Child, and as a supporter of the *International Code* ("Breastfeeding in Quebec" 2001).

Similarly, those who set the agenda for the CBCRA and later developed the National Framework for breast cancer research, sought to define the avenues of research where Canada could provide world leadership. The CBCRA focused its grants into these areas as a means to mentor and develop researchers and to make a uniquely "Canadian" contribution (Ermel interview).

Women Matter: There is anecdotal evidence that having women in key positions to make policy change is important, just as it is in the US. The literature indicating that having women elected to legislative positions in the US makes a difference in terms of the type of legislation introduced

and passed is vast (for a summary, see Swers 2001), and there is some evidence of the same in Europe (Bratton and Ray 2002). The presence of women is important because women bring issues to the government agenda that men don't think of. They are also "insiders" who may be more successful in convincing their colleagues than advocates working as "outsiders." These two anecdotes come from Quebec, which has a history of electing a larger percentage of women to public office than other provinces (Trembly with Mullen 2009)

The first is the story of Outremont in Montreal. This semi-autonomous neighborhood is governed by a local council and a mayor. When she was a council member, Mayor Marie Cinq-Mars convinced her (mostly male) colleagues to support a bill indicating that signs promoting public breastfeeding should be placed in the city government buildings within their jurisdiction. Reportedly after some joking on the part of some of the men, this legislation was passed, and "baby friendly " signs now appear in city buildings in the area (Dobrich interview; Résolution CA07 16 0110).

The second is the story of the development of the Quebec breastfeeding policy, which was reportedly, the brainchild of Dr. Suzanne Dionne. Dionne convinced the health minister to make breastfeeding a priority, helped draft the policy, and then worked to secure "baby friendly " status in the hospitals and community health centers near where she worked. As one person familiar with this history related, "you can look at a map and see which establishments earned baby friendly first. They are all around where Suzanne lives, and where she clearly knew people and could persuade them this was worthwhile."

Agendas:

Breast Cancer: Typically, breast cancer activists focus their attention on the national, rather than provincial, government. For example, BCAM and its allies in the environmental health movement are concerned with that they see as lax enforcement and regulation of chemical products sold to Canadians. Their concerns include cosmetics and personal care products, but also household cleaners and other products commonly used by consumers.

Another area of similarity between the breast cancer movements in the US and Canada is an interest in medical research. US activists regularly lobby for increased funding for medical research into breast cancer, and increasingly want input into the peer review process (Kedrowski and Sarow 2007). In Canada, the same agenda is expressed through the CBCRA and its heir, the National Framework. Public and private moneys are dedicated to medical research and lay persons are involved in the peer review process.

Yet provinces are still important. The question of "access" in is important. In Canada this term refers to either wait times, or the shortage of doctors, both of which vary by province. For example, the CBCN released a study in which they compared wait times for diagnosis, surgery, adjuvant therapy, and drug availability. Not only did the report's authors identify several issues of concern, they also made recommendations for provincial action (CBCN 2008).

Provincial identity is important in other ways as well. Lisa Gibbs of Shoppers Drug Mart seeks to the company's women's health initiative, of which the Weekend is a part, to all provinces and

territories (Gibbs interview). The Canadian Cancer Society and the CBCF have provincial chapters that serve these smaller jurisdictions. The Cure Foundation ensures that its grants are given to all provinces in proportion to the sums donated (Braun interview).

Breastfeeding: A common way that Canadian federal policy is made is exemplified in the case of breast cancer. After some behind-the-scenes lobbying, often over a period of years, the government signals its interest in "doing something." This might occur in public announcements, the Throne Speech, introducing a bill into parliament, holding hearings or appointing a Royal Commission. Then after various meetings, some government body develops a policy "to do" list. Then agencies start running down the "to do" lists and interest groups then monitor the progress made against the promises made.

This degree of national government interest has not occurred in the case of breastfeeding. This appears to be at least in part due to the fact that health care is primarily the responsibility of provinces. Consequently, neither breastfeeding advocates nor policy makers have "reframed" breastfeeding in other terms,[8] thus the Canadian federal government has not had a basis for action.

Consequently, most breastfeeding advocacy is carried out at the provincial level. However, unlike the US, where breastfeeding advocates concentrate on changing state laws, Canadian advocates take a public health approach. Most provinces, if they have any breastfeeding policy at all, have followed the model established by Quebec. In 2001, Quebec's Ministre de Sante and Services Sociaux (MSSS) adopted a sweeping breastfeeding initiative. This forty page document requires the provincial government of Quebec to require its hospitals and community health centers to qualify for "baby friendly " designation, refuse gifts of infant formula and otherwise comply with the *International Code of Marketing of Breast Milk Substitutes;*" designate a point person within the ministry who is responsible for breastfeeding policy, create breastfeeding support groups and otherwise "promote, protect and support" breastfeeding within the province ("Breastfeeding in Quebec" 2001; Beaudry interview).

Policies adopted by Newfoundland and Labrador, Manitoba, Nova Scotia and Saskatchewan, and the policy recommended to the government of Ontario, are similar. All have at their core, getting provincial hospitals and other health care institutions to earn baby friendly status, and upholding the principles of the *International Code* within their institutions (Goodridge 2008; Breastfeeding Committee of Saskatchewan" 2007; "Breastfeeding in Manitoba" 2006; Department of Health, Nova Scotia 2005; "Recommendations for a Provincial Breastfeeding Strategy 2009). Some of the more recent policies include calls for breastfeeding promotion activities through posters and PSAs, and breastfeeding support through social marketing strategies.

One agenda common to the US and Canadian movements is accommodating the needs of working mothers who are nursing. The federal government of Canada recognized that labor force policies run counter to the breastfeeding recommendations of the public health professionals. While Canadian women can take up to 52 weeks of maternity leave, this leave is not paid at the full salary, and this benefit is not available to part time workers. Thus many new mothers return to work after a few months. When they turn work, many women indicate that they have difficulty finding time and an appropriate place to pump and store their milk. Lunch hours and breaks are

not long enough to complete this task, and lactating women should skip meals (Human Resources and Skills Development Canada 2008). In response, three provincial breastfeeding policies call for the public health agencies to work with unions and employers to provide breaks and appropriate places in the work site for women to nurse or express milk (Quebec, Manitoba and Saskatchewan).

The Movements' Effectiveness: My fourth research question asks whether activists have been successful in making changes in national and provincial policy. However, as this research evolved, I realized the better question is what are the overall successes of the movements, and what challenges do they face?

Successes and Challenges in the Breast Cancer Movement: One clear success of the movement is the public's awareness that breast cancer is a common and serious disease. Moreover, there are support groups; runs, races and fundraisers; and dragon boat teams that call everyone's attention to this disease. Moreover, treatments are readily available and there is support for women as they go through treatment and recovery.

Indeed significant government investment in breast cancer research and support continue. As recommended by the National Forum, the federal government funds organizations in each province to provide information and resources to women with cancer. Examples are the Atlantic Breast Cancer Network and Abreast and the Rest, serving British Columbia and the Yukon.

Moreover, the races, runs, pink ribbons and fundraisers also serve an important role, especially for friends, spouses and family members of people with breast cancer. Being able to raise money for research, or make a donation to a charity, permits these people to "do something" after months of watching their loved ones suffer. The therapeutic importance these activities should not be understated. On a small scale, it's the widower who designed an ink pen festooned with the pink ribbon that he sold on the Internet and in his shop. On a large scale, it's the Breast Cancer Society of Canada, Team Shan and the Pink Tulip Foundation, which were founded by family members or friends of someone who died of the disease. These organizations are their legacies.

One measure of how breast cancer has moved into the public consciousness is the pink ribbon quarter and the commemorative coin produced by the Royal Canadian mint in 2006 and 2007. Using market research techniques to determine what kinds of commemorative coins to produce, the Mint chose the pink ribbon for breast cancer "because the public response was overwhelming" (Private correspondence with Mint spokesperson).

Breast cancer activists identified challenges to the movement. First, there is a proliferation of breast cancer charities, many of which have similar names, missions and logos, one has difficulty differentiated among them. For instance, people routinely confuse the CIBC Run for the Cure with the Shoppers Drug Mart/Pharmaprix Weekend to End Women's Cancers, previously known as the Weekend to End Breast Cancer. The Breast Cancer Society of Canada is often confused with the Canadian Breast Cancer Foundation. Thus is there competition among them for donors and volunteers, and as they seek to identify their particular "niche" within the movement.

This competition threatens to become contentious. One issue that came up is the traditional looped pink ribbon, with the loop at the top and the ends pointing down. The Canadian Breast Cancer Foundation has this symbol "marked" (akin to a copyright), and anyone who wishes to use the ribbon should seek the CBCF's permission to do so. Thus, other breast cancer organizations have developed different logos – ribbons turned sideways, ribbons in a flower shapes, ribbons with color added, the pink tulip with a ribbon – as a means to avoid a legal conflict with the CBCF. However, resentment remains.

Second, several activists agreed with one who said, "I don't really think there is a breast cancer movement anymore in Canada. I think breast cancer has had its moment in the sun." This was one reason that one group sought to redefine itself to address breast and gynecological cancers. Others like Pat Kelly, have turned their attention to cancer generally, stating, "a rising tide lifts all boats." A third said, "I don't identify with the movement anymore. It has become so corporatized, I don't know what it stands for any more."

Successes and Challenges in the Breastfeeding Movement: One way to document the success of the breastfeeding movement in Canada is to look at the increasing number of women who begin to breastfeed, and the growing number of hospitals and clinics with baby friendly status across Canada (currently 28). A second way is to see the steadily increasing percentage of women who initiate breastfeeding, especially in Quebec, which has seen the greatest increase in the 2000s.

Moreover, breastfeeding advocates have succeeded in creating a legal environment that is generally supportive of breastfeeding: Courts interpret the Charter of Rights and Freedoms to include public breastfeeding; women can take up to a year of maternity leave, some provinces are working to create work environments conducive to women breastfeeding, and symbolic acts, such as participation in the World Breastfeeding Challenge, are promoted by provinces and local governments.

Challenges remain however. Breastfeeding advocates argue that Canada is still a "bottle feeding culture" that discourages and undermines breastfeeding. Social barriers remain, especially for low-income women and Aboriginal women. Few women exclusively breastfeed for six months and many others wean early. Moreover, some advocates worry about what they see as lip service on the part of medical professional associations, whose public statements appear to support breastfeeding, but whose practices fall short.

Another challenge that I identify is that there are fewer people in the breastfeeding movement, and they are more likely to be "surrogates." The movement is populated with pediatricians, nurses, doctors, dieticians, lactation consultants and academics, not women who are currently breastfeeding. Even if these surrogates breastfed their own babies years or decades earlier, their stories can be discounted as dated or irrelevant. Compare this to the breast cancer movement, where survivors are festooned with pink hats, ribbons, t-shirts and balloons. One is always a "survivor," and surviving for decades is celebrated. By contrast, extended breastfeeding is considered deviant.

Third, unlike the breast cancer movement, the breastfeeding movement has not benefited from a concerned government initiative to encourage and support breastfeeding through public policy at the federal level. Provincial efforts are ongoing, with both notable successes and policy silences.

CONCLUSIONS AND AVENUES FOR FURTHER RESEARCH

The initial premises behind this work remain: that there are important similarities between the breast cancer and breastfeeding movements in the US and in Canada, and that there is much to be learned by comparing the movements in both countries.

Based upon the evidence collected for this project, I conclude that the Canadian breast cancer and breastfeeding movements are not US exports. Rather, the two movements were started by Canadians who were inspired by what they saw happening in the US. However, the movements are, and always were, distinctly Canadian. Their strategies and agendas developed in response to the realities of Canadian politics, political institutions and federalism, and thus vary from the US movements. While the Canadian movements remain mostly white and middle-class, although there are efforts underway to reach diverse audiences. Yet at the same time, the principal achievements of, and the challenges facing the Canadian breast cancer and breastfeeding movements are remarkably similar to those in the US.

This area remains a fertile area for future research. For one, additional investigation, especially into how such movements spread and how the "embodied" experience contributes to one's activism, can continue to develop scholarly understanding of these health social movements. Second, social movements do not operate in a vacuum, and thus understanding more about the context in which they operate is important. Missing from this study is any investigation of the mass media, for instance.

Finally, a fascinating question is how the breast cancer and breastfeeding movements developed, and continue to operate, outside the feminist movements in Canada and the US. Even the briefest glance at the agendas listed on the web sites for Anglophone, Francophone and Aboriginal women's groups shows that neither breastfeeding nor breast cancer are listed. Understanding why these three social movements -- comprised of and for women -- continue to exist in parallel is ripe for investigation.

Works Cited

"Abreast in a Boat: Our Race Against Breast Cancer." N.d. Pamphlet describing a dragon boat team based in British Columbia.

Agnew, Theresa in collaboration with Joanne Gilmore. 1997. *Multicultural Perspectives of Breastfeeding in Canada*. Ottawa: Minister of Public Works and Government Services.

American Cancer Society. 2010. "How Many Women Get Breast Cancer?" Available: http://www.cancer.org/docroot/CRI/content/CRI_2_2_1X_How_many_people_get_breast_cancer_5.asp?sitearea=. Accessed May 6, 2010.

Audy, Fiona. 2004. "The Year of the Group: History of LLL in Canada." *Leaven*. 40 (4, August-September): 82-83.

BFHI USA. 2010. "The Ten Steps to Successful Breastfeeding." Available: http://www.babyfriendlyusa.org/eng/10steps.html. Accessed May 7, 2010.

Baird, Karen L. 2009. "One in Eight: The Politics of Breast Cancer." in *Beyond Reproduction: Women's Health Activism and Public Policy,* Karen L. Baird with Dana-Ain Davis and Kimberly Christensen, eds. Madison, NJ: Fairleigh Dickinson University Press. pp. 77-92.

----- with Dana-Ain Davis and Kimberly Christensen, eds. 2009. *Beyond Reproduction: Women's Health Activism and Public Policy*. Madison, NJ: Fairleigh Dickinson University Press.

Bartlett, Alison. 2005. *Breastwork: Rethinking Breastfeeding.* Sydney, AU: University of New South Whales Press.

Bashevkin, Sylvia B., ed. 2009. *Opening Doors Wider: Women's Political Engagement in Canada*. Vancouver, BC: University of British Columbia Press.

Batt, Sharon. 1994. *Patient No More: The Politics of Breast Cancer.* Charlottetown, PEI: Gynergy Books

Beer, Max. 2000. *The Breast Cancer Movement: From Mainstream to Radical Activism.* Master's Thesis. University of Waterloo, Waterloo, Ontario.

Bird, Forence. 1970. *Report of the Royal Commission on The Status of Women in Canada*. Ottawa: Information Canada.

Birdsell, Judith M. 1997. *Policy Making in the Canadian Breast Cancer Research Initiative: An Institutional analysis.* Ph.D. Dissertation, University of Calgary. Faculty of Management.

Blum, Linda. 1991. *At the Breast: Ideologies of Breastfeeding and Motherhood in the Contemporary United States.* Boston, MA: Beacon Press.

Boehmer, Ulrike. 2000. *The Personal and the Political: Women's Activism in Response to the Breast Cancer and AIDS Epidemics.* Albany, NY: SUNY Press.

Boscoe, Madeline, Gwynne Basen, Ghislaine Alleyne, Barbara Bourrier-LaCroix and Susan White. 2004. "The Women's Health Movement in Canada: Looking Back and Moving Forward." *Canadian Women's Studies*. 24(1): 7-13.

Boswell-Penc, Maia. 2006. *Tainted Milk: Breastmilk, Feminisms and the Politics of Environmental Degradation*. Albany, NY: SUNY Press.

Botsch, Robert E. 1993. *Organizing the Breathless: Cotton Dust, Southern Politics and the Brown Lung Association.* Lexington, KY: University of Kentucky Press.

Bratton, Kathleen and Leonard P. Ray. 2002. "Descriptive Representation, Policy Outcomes and Municipal Day Care Coverage in Norway." *American Journal of Political Science*. 46(2): 428-437.

Breast Cancer Action Montreal (BCAM). 2010. "About FemmeToxic." Available: http://www.bcam.qc.ca/html/misc_docs/about_femmetoxic.html. Accessed: May 10, 2010.

Breast Cancer Action Saskatchewan (BCAS). 2010. "Home." Available : http://www.bcask.ca/. Accessed May 11, 2010.

"Breastfeeding-A Public Health Priority. A Joint Position Paper." 2006. Policy Recommendation produced for the provincial government of Newfoundland and Labrador by a coalition of ten agencies and organizations.

Breastfeeding Committee of Canada. 2010. "Baby Friendly Hospitals and Birthing Centers in Canada." Available: http://breastfeedingcanada.ca/pdf/BCC%20List%20of%20Designated%20Facilities%20December%202009.pdf. Accessed May 19, 2010.

"Breastfeeding in Manitoba: Provincial Strategy and Framework." 2006.

"Breastfeeding in Quebec: Guidelines." 2001. English Translation of L'Allaitement maternel au Québec: lignes directrices du Ministère de la santé et des services sociaux. Translated by the Office of French language Coordination, Government of Saskatchewan. August 2002.

Brown, Phil, Stephen M. Zavetoski, Sabrina McCormick Brian Mayer, Rachel Morello-Frosch and Rebecca Gasior Altman. 2004. "Embodied Social Movements: New Approaches to Social Movements in Health." *Sociology of Health and Illness.* 26(1): 50-80.

Bullard, Robert D. 1990. *Dumping in Dixie: Race, Class and Environmental Quality.* Boulder, CO: Westview Press.

Canadian Breast Cancer Foundation (CBCF) . 2010. “About Us.” Available: http://www.cbcf.org/en-US/CBCF%20In%20Action.aspx. Accessed May 11, 2010.

Canadian Breast Cancer Network (CBCN). 2010a. “Breast Cancer Organizations.” Available: http://www.cbcn.ca/en/?section=2&category=813&regionid=. Accessed May 11, 2010.

-----. 2010b. “Breast Cancer Survivor Teams.” http://www.cbcn.ca/en/?section=2&category=50&regionid=. Accessed May 11, 2010.

-----. 2008. “Breast Cancer Wait Times in Canada: 2008 Report Card.”

Canadian Cancer Society. 2010. “Breast Cancer Statistics.” Available: http://www.cancer.ca/Canada-wide/About%20cancer/Cancer%20statistics/Stats%20at%20a%20glance/Breast%20cancer.aspx?sc_lang=en. Accessed May 6, 2010.

Casamayou, Maureen Hogan. 2001. *The Politics of Breast Cancer*. Washington, DC: Georgetown University Press.

Centers for Disease Control and Prevention. 2010. “Breastfeeding: Frequently Asked Questions.” Available: http://www.cdc.gov/breastfeeding/faq/index.htm. Accessed May 6, 2010.

Dahl, Robert. 1961. *Who Governs?* New Haven, CT: Yale University Press.

Department of Health, Senior Leadership Team. Nova Scotia. 2006. “Policy Statement: Breastfeeding in Nova Scotia.”

Ehrenrich, Barbara and Deirdre English. 2005. *For Her Own Good: Two Centuries of Experts’ Advice to Women.* Revised edition. New York, NY: Anchor Books.

Eisenstein, Zillah. 2001. *Manmade Breast Cancers*. Ithaca, NY: Cornell University Press.

Epstein, Steven. 1996. *Impure Science: AIDS, Activism and the Politics of Knowledge*. Berkley, CA: University of California Press.

Freeman, Barbara M. 2001. *The Satellite Sex: The Media and Women’s Issues in English Canada, 1966-1971*. Waterloo, ON: Wilfrid Laurier University Press.

Foreman, Christopher H. Jr. 1994. *Plagues, Products and Politics: Emergent Public Health Hazards and National Policy Making*. Washington, DC: Brookings Institution.

Galtry, Judith. 2000. “Extending the ‘Bright Line:’ Feminism, Breastfeeding and the Workplace in the United States.” *Gender & Society*. 14(2): 295-317.

Goodridge, Janet Murphy. 2008. “Breastfeeding Strategic Plan II: Newfoundland and Labrador. 2008-2011”

Greene, Barbara, MP. 1992. *Breast Cancer: Unanswered Questions.* Report of the Standing Committee on Health and Welfare, Social Affairs, Seniors and the Status of Women. House of Commons. Ottawa.

Harrison, Kathryn. 2001. "Too Close to Home: Dioxin Contamination of Breast Milk and the Political Agenda." *Policy Sciences* 34(1): 284.

Human Resources and Skills Development Canada. 2008. "Breastfeeding and the Workplace: Supporting Breastfeeding Through the Federal Labor Standards." Available: http://www.rhdcc-hrsdc.gc.ca/eng/labour/employment_standards/fls. Accessed May 7, 2010.

Hausman, Bernice L. 2003. *Mother's Milk: Breastfeeding Controversies in American Culture*. New York, NY: Routledge.

Health Canada. 1994. *Report on the National Forum on Breast Cancer*. Ottawa, CA: Minister of Supply and Services.

-----. 2005."First Nations, Inuit and Aboriginal Health: First Nations Comparable Indicators." Available: www.hc-sc.gc.ca. Accessed February 17, 2010.

International Lactation Consultant Association. 2010. "Home Page." Available: http://www.ilca.org/i4a/pages/index.cfm?pageid=1. Accessed May 5, 2010.

Kasper, Anne S. and Susan J. Ferguson, eds. 2000. *Breast Cancer: Society Shapes and Epidemic*. New York, NY: St. Martin's Press.

Keck, Margaret E. and Kathryn Sikkink. 1998. *Activists without Borders: Advocacy Networks in International Politics*. Ithaca, NY: Cornell University Press.

Kedrowski, Karen M. and Michael E. Lipscomb. 2009. "Breastfeeding Practices, Policies and Politics in a Global Context." In *Women and Politics Around the World:* volume II, edited by Joyce Gelb and Marian Palley. Santa Barbara, CA: ABC-CLIO. pp. 129-142.

----- and -----. 2008. *Breastfeeding Rights in the United States*. Westport, CT: Praeger.

Kedrowski, Karen M. and Marilyn Stine Sarow. 2007. *Cancer Activism: Gender, Media and Public Policy*. Champaign, IL: University of Illinois Press.

King, Samantha. 2006. *Pink Ribbons, Inc.: Breast Cancer and the Culture of Philanthropy.* Minneapolis, MN: University of Minnesota Press.

Klawiter, Maren. 2008. *The Biopolitics of Breast Cancer: Changing Cultures of Disease and Activism*. Minneapolis, MN: University of Minnesota Press.

Kukla, Rebecca. 2006. "Ethics and Ideology in Breastfeeding Advocacy Campaigns." *Hypatia*. 21(1): 157-80.

Kushner, Rose. 1982. *Why Me? What Every Woman Should Know About Breast Cancer to Safe Her Life.* Philadelphia, PA: W.B. Saunders.

La Leche League International (LLLI). 2010. "A Brief History of La Leche League International." Available: http://www.llli.org/LLLIhistory.html?m=1,0,0. Accessed May 7, 2010.

Lerner, Barron. 2001. *Breast Cancer Wars: Hope, Fear and Pursuit of a Cure in 20th Century America.* New York: Oxford University Press.

Lesbians and Cancer Project. 2004. *Coming Out About Lesbians and Cancer*. Research Report of the Lesbians and Cancer Project. Toronto, ON: Ontario Breast Cancer Community Research Initiative.

Leopold, Ellen. 2000. *A Darker Ribbon: A Twentieth Century Story of Breast Cancer, Women, and Their Doctors*. Boston, MA: Beacon Press.

Ley, Barbara L. 2009. *From Pink to Green: Disease Prevention and the Environmental Breast Cancer Movement*. New Brunswick, NJ: Rutgers University Press.

Lindblom, Charles E. 1977. *Politics and Markets*. New York: Basic Books.

Lorde, Audre. 1997. *The Cancer Journals.* Special edition. San Francisco, CA: Aunt Lute Books.

Martens, Patricia J. and T. Kue Young. 1997. "Determinants of Breastfeeding in Four Canadian Ojibwa Communities: A Decision-Making Model." *American Journal of Human Biology*. 9:579-593.

Millar, Wayne J. and Heather Maclean. 2010. "Breastfeeding Practices." *Health Reports*. 16(2). March. Produced by Statistics Canada.

Moore, Sarah E. H. 2008. *Ribbon Culture: Charity, Compassion, and Public Awareness*. New York, NY: Palgrave MacMillan.

Morrow, Marina, Olena Hankivsky and Colleen Varcoe, eds. 2007. *Women's Health In Canada: Critical Perspectives on Theory and Policy*. Toronto, ON: University of Toronto Press.

Nathoo, Tasnim and Alekck Ostry. 2009. *The One Best Way? Breastfeeding History, Politics and Policy in Canada*. Waterloo, ON: Wilfred Laurier University Press.

Olson, James S. 2002. *Bathsheba's Breast: Women, Cancer and History*. Baltimore, MD: Johns Hopkins University Press.

Orsini, Michael. 2008. "Health Social Movements: The Next Wave in Contentious Politics?" in *Group Politics and Social Movements in Canada*. Miriam Smith, ed. Peterborough, ON: Broadview Press. pp. 329-348.

Palmer, Gabrielle. 2009. *The Politics of Breastfeeding: When Breasts are Bad for Business.* Third Edition. London, UK: Pinter & Martin.

Quintessence Foundation. 2010. "About Us." Available: http://www.babyfriendly.ca/about.php. Accessed May 7, 2010.

Rebick, Judy. 2005. *Ten Thousand Roses: The Making of a Feminist Movement.* Toronto, ON: Penguin Canada.

"Recommendations for a Provincial Strategy for Ontario." 2009. (December 21). Developed by a collaboration of stakeholders in Ontario.

Rethink Breast Cancer. 2010. "FAQs" Available: http://www.rethinkbreastcancer.com/about_rethinkwho_is_rethinkfaqs.html#howisrethinkdifferentfromotherbreastcancercharities. Accessed May 11, 2010.

Ruzek, Sheryl Burt. 1978. *The Women's Health Movement: Feminist Alternatives to Medical Control.*" New York, NY: Praeger Publishers.

Schattschneider, Elmer E. 1960. *The Semi-Sovreign People: A Realist's View of Democracy in America*. New York, NY: Holt, Reinhardt and Winston.

Sheppard, Amanda J., Anna M. Chiarelli, Lindsay Stewart, Loraine D. Marrett, Carolina Lidstone-Jones, Rina Chua-Alamag, Amanda Hey, Yolanda Madarnas, Diane Nishri, Maureen Trudeau and Doris Warner. Nd. "Aboriginal Breast Cancer Care Workshop Report: Strategies to Improve First Nations Cancer Care in Ontario."

-----. -----, Loraine D. Marrett, Lucia Mirea, E. Diane Nishri, Maureen E. Trudeau and the Aboriginal Breast Cancer Study Group. 2010. "Detection of Later Stage Breast Cancer in First Nations Women in Ontario, Canada." *Canadian Journal of Public Health*. 101(1): 101-5.

Smith, Miriam, ed. 2008. *Group Politics and Social Movements in Canada*. Peterborough, ON: Broadview Press.

-----. 2008. "Theories of Group and Movement Organizing." in *Group Politics and Social Movements in Canada*, Miriam Smith, editor. Peterborough, ON: Broadview Press.

Swers, Michelle. 2001. "Understanding the Impact of Electing Women: Evidence from Congress and State Legislatures." *PS: Political Science and Politics*. 34(2): 217-220.

Team Shan. 2010. "Team Shan." Available: http://www.teamshan.ca/teamshan.html. Accessed May 10, 2010.

Trembly, Manon with Stephanie Mullen. 2009. "Women in the Quebec National Assembly: Why So Many?" in Sylvia B. Bashevkin, ed, *Opening Doors Wider: Women's Political Engagement in Canada."* Vancouver, BC: University of British Columbia Press.

Turnbull, Lorna A. 2001. *Double Jeopardy: Mother-Work and the Law*. Toronto, ON: Sumach Press.

Van Esterik, Penny. 1989. *Beyond the Breast-Bottle Controversy.* New Brunswick, NJ: Rutgers University Press.

Vickers, Jill, Pauline Rankin and Christine Appelle. 1993. *Politics as if Women Mattered: A Political Analysis of the National Action Committee on the Status of Women."* Toronto, ON: University of Toronto Press.

Ward, Jule DeJager. 2000. *La Leche League: At the Crossroads of Medicine, Feminism and Religion*. Chapel Hill, NC: University of North Carolina Press.

Wilkinson, Sue. 2007. "Breast Cancer: Lived Experience and Feminist Action." in *Women's Health in Canada: Critical Perspectives on Theory and Policy*. Edited by Marina Morrow, Olena Hankivsky and Colleen Varcoe. Toronto, ON: University of Toronto Press. pp. 408-433.

Interviews Conducted

Amendolea, Cathy. Canadian Breast Cancer Network. January 28, 2010.
Batt, Sharon. Founder of Breast Cancer Action Montreal and current PH.D. student. April 23, 2010.
Beaudry, Michline. Retired nutrition professor, former UNICEF employee and Quebec breastfeeding advocate. April 19, 2010.
Beer, Max. Author of Master's thesis on Breast Cancer politics in Canada. January 18, 2010.
Braun, Joanne. Cure Foundation. February 3, 2010.
Couillard, Kathleen. La Ligue La Leche. February 16, 2010.
Davidson, Marsha. Breast Cancer Society of Canada. Telephone interview, March 31, 2010.
Delusy-Appel, Deena. Breast Cancer Action Montreal. January 18, 2010.
Dobrich, Carole. Lactation consultant and breastfeeding advocate in Quebec. March 18, 2010.
Duquette, Marie-Paul. Montreal Dietary Dispensary. March 19, 2010.
Eastman-Lewin, Barbara. World Conference on Breast Cancer. Telephone interview April 13, 2010.
Ermel, Diana. Canadian Breast Cancer Research Alliance and founder of Breast Cancer Action Saskatchewan. Telephone interview March 24, 2010.
Gerrard, Signy. Canadian Women's Health Network. Telephone interview February 26, 2010.
Gibbs, Lisa. Shoppers' Drug Mart/Pharmaprix Weekend to End Women's Cancers. Telephone interview April 16, 2010.
Goldfarb, Lenore. Canadian Breastfeeding Foundation. Email exchange dated April 16, 2010.
Graszat, Karen. Breast Cancer Action, Ottawa. February 24, 2010.
Hamel-Longtin, Anne-Sophie. Quebec Breast Cancer Foundation. February 3, 2010.
Jones, Frances. Quintessence Foundation. March 4, 2010.
Kelly, Pat. Campaign to Control Cancer, Canada and founder of Breast Cancer Support Services of Hamilton. Telephone interview April 13, 2010.
McInturff, Kate. FAFIA. Telephone interview March 17, 2010.
Newman, Jack. Pediatrician and founder of Newman Breastfeeding Clinic and Institute. Telephone Interview April 21, 2010.
Robinson, Lesley. La Leche League of Canada. February 25, 2010.
Romphf, Linda. Lactation consultant and La Leche Leader in Manitoba. Telephone interview April 15, 2010.
Rusch, Deborah. Abreast in the West. March 4, 2010.
Selwood, Barbara. Breastfeeding Committee of Canada and British Columbia advocate. March 5, 2010.
Shears, Ester. Dragon boat team captain. January 25, 2010.
Sterken, Elisabeth. INFACT Canada. Telephone interview March 12, 2010.
Thompson, Barbara. Breast Cancer Action Nova Scotia and Atlantic Breast Cancer Alliance. Telephone interview March 31, 2010.
Wells, Dianne. REAL Women of Canada. February 24, 2010.
White, Laura. Pink Tulip Foundation. May 10, 2010.

[1] This research was conducted while I was a Fulbright scholar based at the McGill Institute for the Study of Canada at McGill University in 2010. I wish to express my gratitude to the staff of the McGill Institute, for their gracious hospitality; the Canada-Fulbright Commission, which provided financial support and some travel funds; the Winthrop University Research Council, for supporting this research, and the dozens of activists I interviewed for sharing their time and insights with me.

[2] Excluding Quebec.

[3] I gave the interview subjects the consent form at the beginning of the interview, and the interview did not commence until it was signed. In the Email exchanges and the telephone interviews, only about half of the interviewees returned the informed consent form to me by Email for fax. Thus at the beginning of the telephone interviews, I reminded the interviewees that they were participating in a research study; they could terminate the interview at any time, refuse to answer any question or answer any question off the record or as an individual, not as a representative of an organization. After I typed up my interview notes, the interviewees also had the opportunity to change or delete comments, or to indicate any comments that were not for attribution.

[4] Lymphedema is painful swelling caused by improper drainage of lymphatic fluid. It is a common side effect from lymph node dissection, which is done to stage breast cancer

[5] Pink Tulip Foundation works with the Girl Guides of Ontario on a program for which girls may earn a badge. There is a similar breast health badge available through the Girl Scouts in the USA.

[6] Repeated attempts to reach these organizations went unrewarded, however, leading me to question the degree to which they were still active.

[7] Had I been aware of this difference before writing the informed consent form, I would have drafted it differently.

[8] For a discussion of how breast cancer can be framed, variously, as a civil rights issue, an issue of equal access, or as evidence of widespread sex discrimination, see Kedrowski and Sarow 2007.