Descriptive Representation by Men? Evidence from health bill sponsorship

Jennifer Schenk Sacco
Department of Political Science
Quinnipiac University

April 20, 2019

Abstract:

Much of the literature on descriptive representation focuses on the actions taken by women and people of color. But is there evidence that men act as descriptive representatives of men? Using data on the sponsorship and cosponsorship of sex-specific health bills and resolutions in the 110th, 111th and 115th Congresses, I present a new way of assessing descriptive representation of both an underrepresented and a dominant identity, with findings that suggest that men could be more easily categorized as descriptive representatives, particularly in the Senate. Looking only at what women do does not appear to tell the whole story of descriptive representation.

*Paper prepared for presentation at the Western Political Science Association Annual Meeting, held April 18-20, 2019, San Diego, CA. Preliminary draft; comments welcome.

Introduction

Descriptive representation is representation when there is a correspondence between some aspect of identity of the represented and that of the representative. This is based on a shared demographic feature that people usually take as an indicator that there is shared experience or shared understanding between the represented and the representative. For those who are supportive of the notion of descriptive representation (Dovi 2002; Guinier 2003; Mansbridge 1999; McDonagh 2002; Phillips 1995; Williams 1998), this identity link between represented and representative is meaningful because it may make the representative more aware of and a better advocate for the needs of the represented (Gerrity, Osborn, and Mendez 2007; Minta 2009), it may facilitate communication between the representative and represented (Banducci, Donovan, and Karp 2004), it may establish a greater sense of trust in a democracy (Williams 1998), it may increase the "empowerment" of the represented (Burns, Schlozman, and Verba 2001; Grose, Mangum, and Martin 2007), it may improve democratic deliberation because the represented will be more likely to have a voice on issues important to them (Catalano 2009), it may make representative bodies more mindful of historical oppression (Williams 1998), and it may have a role modeling effect which influences the social aspirations of the represented (McDonagh 2002), as well as increase symbolic representation of constituent groups (Tate 2003).

Other scholars are not persuaded of the benefits or necessity to democracy of descriptive representation (Pitkin 1967; Swain 1995). The arguments against descriptive representation are numerous. Descriptive representation may be second-rate representation, as it does not appear to be focused on promoting the interests of the

represented, but rather just matching them physically (Pitkin 1967). Political mechanisms like voting, fundraising, and media attention can be used to shape representatives' behaviors in ways consistent with the groups they represent, and so a matching identity isn't necessarily seen as essential or relevant. Liberal governments, like that of the United states, place emphasis on individuals, rights, choice, and equality, but descriptive representation places an emphasis on group membership and its relevance in social and political life. This may make mechanisms designed to promote descriptive representation theoretically inconsistent with liberalism. The gentlest criticisms of schemes like majority-minority districts and seat quotas are that these mechanisms are simply ineffective at addressing the interests of underrepresented populations, though they are also frequently criticized for violating individuals' rights to choose their own representatives as well as to serve as representatives. The most scathing criticisms of mechanisms designed to promote descriptive representation claim that such mechanisms, ironically, are racist or sexist, since they use identity as a criterion for choosing between people.

Focus on Underrepresented Identities in Scholarly Treatments

Those who study descriptive representation have a tendency to concentrate on people with identities that have been historically underrepresented, specifically, women and racial/ethnic minorities (see for examples: Atkeson and Carrillo 2007; Banducci, Donovan, and Karp 2004; Berman and Salant 1998; Box-Steffensmeier et al. 2003; Cameron, Epstein, and O'Halloran 1996; Cobb and Jenkins 2001; Cowell-Meyers and Langbein 2009; Gay 2002; Gerber, Morton, and Rietz 1998; Grose, Mangum, and Martin 2007; Lawless 2004; Meier et al. 2005; Minta 2009; Perkins and Fowlkes 1980; Preuhs

2007; Sanbonmatsu 2003; Schwindt-Bayer and Mishler 2005; Swain 1995; Tate 2003; Tremblay and Pelletier 2000). This makes sense for several reasons. Underrepresentation of groups poses significant challenges to ostensibly democratic governments, and so the study of underrepresentation gets to the heart of democratic politics. Additionally, the politics of well-represented groups has already been studied in a disproportionate way; there appears to be less that is unknown about their politics. There is a lot of room for new inquiries about underrepresented groups. If the representation of underrepresented groups presents something which is new or novel, it makes sense to focus attention on it.

These are rational reasons for drawing attention to the descriptive representation of underrepresented groups. Yet there is a void here that warrants some scrutiny. Of course, all individuals have identities and descriptive characteristics. "Identity" is not unique to members of underrepresented groups; why only ask if their identities are relevant to their politics? Men constitute 76% of the 116th U.S. Congress, and 78% of the membership is composed of non-Hispanic whites (Geiger et al. 2019). It is implausible to think that only the identities of 22 or 24% of members of Congress might affect how they act on behalf of their constituents; all, in fact, are humans. There is, however, a tendency to associate "identity" with only those who are not like the majority. Mary Hawkesworth (2003) refers to white men in Congress as "the unmarked norm." The benefits of being the unmarked norm include *not* having one's attributes distorted to fit stereotyped expectations for one's identity group, and *not* having exaggerated attention paid to your identity (Kanter 1977). Being freed from the sense that one's identity is, in fact, an identity, and that, therefore, it doesn't influence how one does things, is one of

the privileges that comes with being a member of a dominant group (McIntosh 2008; Tatum 2008). While scholarly considerations focused on the descriptive representation of underrepresented groups on the one hand are sensible and contribute much to our knowledge about politics, on the other hand they also unintentionally privilege dominant identities by not questioning their relevance or possible impact on politics and policies.

Actors with underrepresented identities bear a heavier burden when subjected to empirical and theoretical treatments designed to identify just exactly what difference "difference" makes, or doesn't make. Sometimes these scholarly treatments help groups make claims upon the state, serving as evidence that democracy can be improved by diversifying political representatives, or that by shaping political institutions (such as voting districts) in a particular way, they can be made to reflect the identities and interests of the population better. Yet these treatments may also be used as a way to reject potential representatives with underrepresented identities, who seem in some essential way to be "inauthentic" to the underrepresented groups from which they emerge. Even if choosing between "better" and "worse" descriptive representatives (Dovi 2002) is good for representation of interests of underrepresented groups, ultimately, this unevenly applied scrutiny constitutes an additional burden that only would-be representatives from underrepresented groups really have to bear. People from overrepresented groups have it easier when they aren't subject to the same questioning. Ignoring the possible descriptive representation of overrepresented groups isn't well-justified on theoretical grounds, either. The relevance of dominant identities may not be particularly captivating to scholars interested in groups which have not been well-represented, but that doesn't mean that dominant identities have no relevance in reality.

In fact, some studies on descriptive representation have unearthed evidence of its relevance to dominant identity groups. Sanbonmatsu (2002) found that women were more likely than men to hold a preference regarding the gender of their representative, and that when women had a preference they generally preferred for that person to be a woman. But she also found that when men had a preference, it was for a male representative. Gay (2002), while hypothesizing that descriptive representation would affect (black) citizens' political orientations, found that descriptive representation "appeared to matter more consistently for white constituents" (731), and that what appeared to be a preference for descriptive representation among black citizens was rather an ideological effect. Box-Steffensmeier et al. (2003) found that constituents of *any* race were more likely to be able to identify, and were more likely to positively evaluate their member of Congress when that member shared the constituent's race. Box-Steffensmeier et al.'s findings regarding gender were mixed, but they did find evidence that voters followed gender cues in their vote choices and rewarded gender congruence (descriptive representation) between their own gender and that of their representative. Sometimes, constituents with dominant identities like to be descriptively represented.

When the issue of descriptive representation is looked at from the representative's end of the equation, the question is always: do representatives act in a way to promote the interests of those groups with which they share an identity? In this paper, I will focus my analysis on the descriptive representation of gender, specifically, the gender of men. Most similar work has focused on the descriptive representation of women. Carroll, Dodson, and Mandel (1991) found that women state legislators were more responsive to

groups previously excluded from the policymaking process, and that women legislators were more feminist in their attitudes toward policies, placed more emphasis on and were also more likely to act on women's issues. Women in the U.S. introduce more women's issues bills in Congress than do men (Niven and Zilber 2001), even when holding party and district constant (Gerrity, Osborn, and Mendez 2007). Catalano (2009) has found that women MPs in Great Britain are more likely to speak in debates on a women's issue like healthcare. Cowell-Meyers and Langbein (2009) found that women in state legislatures in the U.S. make the adoption of some women-friendly policies more likely. In this paper, I seek to develop a novel way of assessing the possibility of descriptive representation of men by male representatives.

In searching for the possible descriptive representation of men by male representatives in U.S. Congress, I do not wish to perpetuate a notion that men cannot be made to stand for constituents outside of their own identity group. Swain's work on African American interests and white Democratic legislators is instructive on this point (Swain 1995). Dovi's (2007) caution that "feminists should not presume that privileged representatives—whether they are white males or white females—promote hierarchies" (314), is also duly noted. By looking for the descriptive representation of a dominant identity, specifically, male, I seek only to expand the view of what the scope of descriptive representation may actually be.

Hypotheses, Data and Methods

Most of the literature on descriptive representation suggests that a representative with a particular identity will do more to "represent" others with that identity, either in a

substantive or symbolic fashion (Dovi 2002; Guinier 2003; Mansbridge 1999; Phillips 1995; Tate 2003; Williams 1998). If men are acting on behalf of men in a "descriptive" fashion, we should be able to detect this by gauging whether or not they do more to promote men's interests than women's. If women are acting as descriptive representatives of women, then they, too, should do more to promote women's interests than men's. Therefore, I hypothesize that:

1. Men in the U.S. Congress will be more likely to promote men's interests than women's through the increased sponsorship/cosponsorship of men's health bills.
2. Women in the U.S. Congress will be more likely to promote women's interests than men's through the increased sponsorship/cosponsorship of women's health bills

To assess the presence of descriptive representation, I use the number of male and female sponsors/cosponsors of sex-specific health bills in both chambers of the 110th, 111th Congresses, and for this paper the Senate during the 115th Congress. (For the multivariate analysis, so far I have only included the Senate bills.) To find bills which were sex-specific and comparable, I searched for bills using the keywords: prostate(s), testes, testicle(s), testicular, penile, penis, scrotum, ovary(ies), ovarian, uterus, uterine, vagina, vaginal, vulva, cervix and cervical, and included all of the bills identified and pertaining to the health of these organs. The American Cancer Society (2019a) estimates that in 2019 roughly thirty three thousand American men and women, each, will die of cancers of their genital systems, which is a rough indication of the comparability of these health issues. "Breast" was not a search term employed because while diseases of the breast predominate in women, they are not exclusive to women, and because breast

cancer is an outlier where any disease is concerned. No other disease gets as much public attention in the U.S.[1] Bills were omitted if they included significant focus on diseases that occur in both sexes. Bills turned up in the search that were primarily about restricting abortion rights or human cloning (such bills often make reference to a uterus) were excluded as not being focused on promoting sex-specific health. Both bills and resolutions are included here. This search resulted in 86 bills with at least five sponsors/cosponsors—27 bills pertaining to men's health, and 59 pertaining to women's health (Appendix A).

Cosponsorship, which was first allowed in the U.S. House in the late 1960s and which has been unlimited since 1978 (Wilson and Young 1997), is used as a measure of support for a bill for several reasons. Unlike roll call voting where there are fixed alternatives which a member may or may not have had any influence over (Schiller 1995), the choice to sponsor or cosponsor a bill is up to the legislator themselves, and is a more complex, strategic, and entrepreneurial decision (Crisp et al. 2004; Talbert and Potoski 2002). Bill sponsorship can send a signal to other legislators and to the public about which issues a particular member wants to be associated with, and where they would like to stake a claim to some expertise (Schiller 1995; Wilson and Young 1997). Sponsorship acts as a means for both position-taking and credit-claiming for members

[1] According to the American Cancer Society (2019a), prostate cancer is less prevalent than breast cancer (174,650 new cases expected this year vs. 271,270) and lung cancer is not quite as prevalent (228,150 new cases expected this year), yet lung cancer is more than 3 times more likely to kill a person than is breast cancer (142,670 vs. 42,260 deaths expected this year). However, breast cancer receives almost twice the government research dollars allotted to the next most highly funded cancer research, $545.1 million in fiscal year 2017, compared to $320.6 million for lung cancer (NCI 2018). The American Cancer Society similarly allotted $94 million to breast cancer research in 2019, which was 74% higher than the $54 million they allocated to colorectal cancer (American Cancer Society 2019b). The number one killer of women (and men), however, by far, is heart disease, something which has not gotten enough attention relative to breast cancer. Cardiovascular disease is the leading killer of both men and women in the U.S., but most tend to believe that it is a "man's disease." (Society for Women's Health Research 2010). In 2016, 7 times the number of women died of cardiovascular disease as died from breast cancer (Society for Women's Health Research 2010) (Heron 2018; American Cancer Society 2019a).

(Mayhew 1974), and can serve as a measure of support for a policy proposal, even though it is not necessarily indicative of whether one particular incarnation of a bill in a particular Congress will pass on that try (Burstein, Bauldry, and Froese 2005). Jeydel and Taylor (2003) find that women in the U.S. House appear to be less effective at getting their primary-sponsored bills turned into legislation, but that is likely due to lack of seniority and membership on influential committees or in the leadership. Wilson and Young (1997) have shown that bills with cosponsors are more likely than bills with no cosponsors to receive some consideration, and also are slightly more likely to emerge from committee.

Schiller (1995) identifies three costs associated with being the primary sponsor of a bill: 1. resource costs, in terms of time and energy spent consulting with constituents, interest groups, and other legislative offices; 2. Opportunity costs—when a legislator focuses on a bill to sponsor, there will be a lack of attention paid to other issues which may be used by an opponent later; and, 3. political costs—any bill sponsored may generate opposition by constituents, interest groups, or other legislators. The benefits identified by Schiller include: improvements made to public policy, material gains for one's home state, and internal and external reputation as an expert. While the costs of *co*sponsorship, specifically, may be quite low, the average legislator cosponsors only 2-3% of bills, meaning they appear to choose judiciously (Zhang et al. 2008).

Factors which research has identified that may increase the sponsorship of legislation, in general, include seniority, chairing a committee, number of committees served on, committee membership, seniority on a committee, the size of a state's economy, the size of a legislator's staff, if the member's party is in control of the

chamber, and leadership role (Schiller 1995). Factors that have been identified to increase cosponsorship of bills include: if the member is liberal, if the member is from the minority party, if the member is electorally vulnerable, if the member sponsors more overall legislation (Wilson and Young 1997). Carney and Bracy (2007) have also shown that membership in a caucus can influence cosponsorship regardless of party.

My own research is concerned with the symbolic nature of sponsorship/cosponsorship. Cospsonsorship reveals representational dynamics that may not be visible in final roll call votes. Epstein, Fowler, and O'Halloran (2007) have found that minority legislators have tended to cosponsor legislation favorable to minority communities at rates higher than non-minority legislators, and that cosponsorship patterns reveal policy networks that form within Congress. This research is a first step in the direction of determining whether or not descriptive representation of men by men (and of women by women) exists in the cosponsorship of sex-specific legislation.

Findings

TABLE 1 here

As can be seen in Table 1, women in the House were twice as likely to co/sponsor women's health bills than they were to co/sponsor men's bills (18 vs 9 female sponsors). Though the average total number of co/sponsors did not differ significantly between men's and women's bills, the percentage of co/sponsors made up of females or males did vary significantly between men's and women's health bills, as expected, with women comprising 20% of co/sponsors of men's bills and 36% of co/sponsors of women's bills, and men comprising 80% of co/sponsors of men's bills and 64% of co/sponsors of

women's bills. The percentage of women in the House sponsoring health bills for *either* men or women exceeds their membership of the House (17%). About 12% of the women members of the House of Representatives co/sponsored men's health bills (depth of women's support), while 24.5% co/sponsored women's health bills, consistent with my hypothesis. The share of male members co/sponsoring men's health bills did not differ significantly from the share who co/sponsored women's health bills (11.2% vs. 10.5%), contrary to what I expected.

TABLE 2 here

Somewhat different patterns emerge in the Senate than in the House. Here, men were more likely to co/sponsor men's health bills than women's (16.3% vs. 9.7%), while the difference in the average number of women to co/sponsor men's vs. women's health bills was smaller (3.6 vs 6.2), though both differences only approached statistical significance. As in the House, the percentage of sponsors made up of women or men did vary significantly between men's and women's health bills, as expected, with women comprising 18.6% of sponsors of men's health bills and 43.5% of sponsors of women's health bills, and men comprising 81.4% of sponsors of men's health bills but only 56.5% of sponsors of women's health bills. Again as in the House, women's rates of co/sponsorship of both men's and women's health bills exceeded their average share of the chamber (18.6%). Yet unlike in the House, the depth of male support was close to double the rate for men's health bills as it was for women's health bills (19.7% vs. 11.9%), consistent with expectations. 21.4% of the women members of the Senate sponsored men's health bills, while 34.9% sponsored women's health bills, consistent with my hypothesis, yet only approaching statistical significance.

The literature has indicated other factors should be assessed when considering rates of co/sponsorship. The literature has shown that membership in the minority party makes members more likely to cosponsor legislation in general, as does electoral vulnerability and membership on committees. To assess the role of these variables in the rates of co/sponsorship of sex-specific health bills, I examine levels of co/sponsorship in the Senate in the 110th, 111th, and 115th Congresses, below. In addition to considering the gender of the Senator, I accounted for membership in the minority party (which was the Republicans in both the 110th and 111th Senates, and the Democrats in the 115th Senate), membership on the Senate HELP (Health, Education, Labor and Pensions) Committee, as well as electoral vulnerability.

TABLE 3 here

Table 3 assesses the role of these variables on the total number of sex-specific health bills (both male and female) co/sponsored by individual members of the Senate. The gender of the senator proved to be significant, with male senators much less likely to sponsor any sex-specific health bills than female senators—on average, they co/sponsored 2 fewer bills than their female colleagues. This is consistent with the notion that health is primarily a "women's" issue, as they tend to be the primary health care consumers and watchdogs for their entire families. Additionally, counter to expectations, being a member of the minority party *decreased* the likelihood that a member co/sponsored sex-specific health bills. Vulnerability and membership on the HELP committee did not have significant effects.

TABLE 4 here

In Table 4, the effects on the co/sponsorship of male health bills is depicted. In this instance, males are not more likely to co/sponsor men's bills than are women. On the one hand, this could be interpreted as men not being descriptive representatives of men, but that's relative to how one interprets what women are doing. Statistically speaking, women are just as likely as men in the Senate to co/sponsor men's health bills, which may be indicative of the level of activity women engage in on behalf of health, in general, regardless of the sex of the intended target of the bill, which is decidedly *not* descriptive representation by women. In this instance, the only variable that was statistically significant was membership on the Senate HELP committee, but not in the direction predicted. Apparently being a member of this committee made members less likely to sponsor men's health bills.

TABLE 5 here

Table 5 depicts the effect of gender, minority party status, HELP committee membership, and electoral vulnerability on the co/sponsorship of women's health bills in the 110th, 111th and 115th Senates. In this instance, being male makes senators significantly less likely to co/sponsor women's health legislation, as does being a member of the minority party. Membership on the HELP committee and electoral vulnerability did not have significant effects on the co/sponsorship of women's health bills.

Again, assessing the possible existence of descriptive representation by men depends on what one considers to be the baseline level of support for sex-specific health bills. Male senators are significantly less likely than female senators to co/sponsor women's health legislation, but just as likely as women to co/sponsor men's legislation,

which can be read as descriptive representation of men's interests by men, while women senators did not similarly decline to co/sponsor men's health bills. It is possible to interpret these findings on women's bills the other way, as evidence of descriptive representation of women by women senators, but that's only if one does not take into account what male and female senators are doing relative to men's bills. Women are more likely to co/sponsor health bills for either sex than men are, which suggests that their gender is significant to the representation they offer, but not that they are acting solely on behalf of women as "descriptive" representatives. They are acting on behalf of health. Men, on the other hand, are just as likely as women to represent the interests of men when it comes to men's health, but are less likely to act on behalf of the interests of women's health than are women, which suggests that the men, in fact, are the ones operating as "descriptive" representatives.

Discussion

At first glance, the data confirm what has long been known about the relevance of women serving in office. Women in Congress are more likely to represent women's issues than are men representatives, at least in terms of their co/sponsorship of bills pertaining to an issue like women's health. When looked at this way, it appears that what we are witnessing is the descriptive representation of *women*. When the health of women is concerned, women constituents may be more likely to get representation (in the form of bills sponsored/cosponsored pertaining to their health) if there are women in office. But that's not the whole story the data tell.

When we take into account women's co/sponsorship of bills pertaining to men's health, compared to their overall level in office in the 110th and 111th Congresses, and 115th Senate (where they comprised between 16% and 23% of members) perhaps the data confirm that health is really a "women's issue," even when the health of women is not the question, but the health of men. Women comprised 19% of co/sponsors of *men's* health bills in the Senate and 20% in the House, which was higher than their average level of membership in either chamber. This makes sense, as it is generally women who are the stewards of health for their entire families, not just themselves, and a focus on health is consistent with traditional roles women play as caregivers. But that's *not* descriptive representation, as there isn't a shared identity between the representative and the represented. The identity of the representative still appears to be relevant to the sort of representation they offer, but sharing that identity with the represented isn't part of the equation.

When we additionally consider the actions of male members of the Senate, the case for descriptive representation by a dominant group, men, is clearer. The evidence suggests that men in the Senate, more so than women, are the ones providing descriptive representation to members of their own sex. Male members of the Senate overall are about 70% more likely to sponsor bills pertaining to men's health than they are to sponsor bills pertaining to women's health. Male members, like the female members, appear to make distinctions between who is the target of the health bill, and overall are more likely to support a bill as a sponsor or cosponsor if it is specific to men and not to women. What the male members are doing in this regard is just as much descriptive representation as what the female members are offering their constituents. Their identity

as male appears to matter, and they appear to be representing the interests of men, specifically, by sponsoring legislation to promote men's health and well-being at a disproportionate rate.

When looked at in a multivariate fashion, being male made Senators significantly less likely to co/sponsor sex-specific health bills in general, and less likely to co/sponsor women's health bills specifically. Gender of the senator made no significant difference when it came to the co/sponsorship of male health bills—men and women sponsored these bills at roughly equivalent rates.

When it came to co/sponsoring women's health bills, being a member of the minority party made members less likely to co/sponsor. If this is a function of minority party membership, it is contrary to what the literature suggests we should find, which is that minority party membership makes people more likely to co/sponsor legislation in general. With future analysis, it should be possible to tease out if this is really a function of being a member of the minority party (Republicans in the 110th and 111th, Democrats in the 115th), or being a member of the more conservative, more male, party, which I suspect is the more likely answer. Republicans of recent memory have not been known to represent the interests of women particularly well, and have fewer female members. Further testing is needed to assess this, however.

Somewhat strangely, membership on the Senate HELP committee did not affect the total number of sex-specific health bills co/sponsored, nor the number of female health bills sponsored, but it did have a significant negative effect on the number of male health bills co/sponsored. I suspect this may be being driven by the women members of the committee, but I have not yet included an interaction term to assess that.

Data collection is still ongoing. The multivariate analysis presented here for the Senate needs to be replicated for the House, and interaction terms need to be included as noted. Additionally, caucus membership will be important to include, particularly for House members. In fact, in the 110th Congress, the Congressional Men's Health Caucus was established by Rep. Baron Hill (D-IN) and Rep. Vito Fossella (R-NY), and it is plausible that members of this caucus were more likely to sponsor the men's health bills in this study, as it is plausible that members of the Congressional Caucus for Women's Issues would be more likely to co/sponsor women's health bills.

If upon further analysis the data continue to indicate the presence of descriptive representation, not just of women but of men, too, then it suggests that other dominant identities should be scrutinized for descriptive representation as well. Conclusions drawn from the apparent descriptive representation of underrepresented groups (like women) would also ideally be compared with dominant group counterparts, to be certain that those interpretations hold up. If men's bills were not included in this study, the findings regarding only women's health bills would lead to the (partial) conclusion that women members of Congress engage in descriptive representation, by representing women more so than men do. In fact, when measured in this way, we can check to see if descriptive representation is something truly particular to underrepresented groups. Men in the Senate in this study also engaged in "descriptive representation," and in a clearer way. This study presents a new way to ascertain who it is, exactly, who are "descriptive representatives."

Congress	Bill #	Title of Bill (With summary of substance if title not sufficient)	keyword on THOMAS	total number of sponsors and cosponsors
110	H.R.2404	WISEWOMAN Expansion Act of 2007 / To reduce health care costs and promote improved health by providing supplemental grants for additional preventive health services for women.	Cervical	12
110	H.R.4055	Medicare Cervical Cancer Screening and Detection Coverage Act of 2007	Cervical	17
110	H.CON.RES.400	Expressing the support of the Congress regarding the need to ensure health care for women and health care for all in national health care reform.	Cervical	35
110	H.R.864	Midwifery Care Access and Reimbursement Equity Act of 2007	Cervical	43
110	H.RES.1131	Recognizing that the Centers for Disease Control and Prevention observes the month of April as National STD Awareness Month and urging the House of Representatives to focus greater attention on activities related to the prevention of STDs and screening and treatment for STDs.	Cervical	65
110	H.R.1132	National Breast and Cervical Cancer Early Detection Program Reauthorization Act of 2007	Cervical	68
110	H.R.2236	Breastfeeding Promotion Act of 2007	Ovarian	33
110	H.R.3689	Ovarian Cancer Biomarker Research Act of 2007	Ovarian	98
110	H.R.5181	Robin Danielson Act / To amend the Public Health Service Act to establish a program of research regarding the risks posed by the presence of dioxin, synthetic fibers, and other additives in feminine hygiene products, and to establish a program for the collection and analysis of data on toxic shock syndrome.	ovarian cervical	7

Congress	Bill #	Title of Bill (With summary of substance if title not sufficient)	keyword on THOMAS	total number of sponsors and cosponsors
110	H.R.2468	Ovarian and Cervical Cancer Awareness Act of 2007	ovarian, cervical	29
110	H.RES.671	Supporting the goals and ideals of National Ovarian Cancer Awareness Month.	ovary ovaries ovarian cervical	54
110	H.R.2729	Prostate Cancer Research and Prevention Act	Prostate	23
110	H.R.3563	PRIME Act of 2007 / To provide for prostate cancer imaging research and education.	Prostate	37
110	H.RES.672	Supporting the goals and ideals of National Prostate Cancer Awareness Month, and for other purposes.	Prostate	49
110	H.RES.353	Expressing the sense of the House of Representatives that there should be an increased commitment supporting the development of innovative advanced imaging technologies for prostate cancer detection and treatment.	Prostate	102
110	H.R.2131	Thomas J. Manton Prostate Cancer Early Detection and Treatment Act of 2007	prostate, cervical	84
110	H.R.1440	Men's Health Act of 2007	prostate, testicular	60
110	H.R.1903	Post-Prostate Cancer Treatment Equity Act of 2007	prostate, urology	11
110	H.Res.1172	Recognizing and honoring the Firefighter Cancer Support Network	testicular, prostate	11
110	H.Con.Res.138	Supporting National Men's Health Week	testicular, prostate	60

Congress	Bill #	Title of Bill (With summary of substance if title not sufficient)	keyword on THOMAS	total number of sponsors and cosponsors
110	H.R.2349	Uterine Fibroid Research and Education Act of 2007	Uterine	13
110	H.R.3372	Emergency Contraception Education Act of 2007	Uterus	85
110	H.R.819	Prevention First Act	uterus, cervical	165
110	H.R.2114	Repairing Young Women's Lives Around the World Act (To provide a United States voluntary contribution to the United Nations Population Fund only for the prevention, treatment, and repair of obstetric fistula.)	Vagina	24
110	H.RES.1227	Condemning sexual violence in the Democratic Republic of the Congo and calling on the international community to take immediate actions to respond to the violence.	Vagina	40
110	H.R.1812	Menopausal Hormone Replacement Therapies and Alternative Treatments and Fairness Act of 2007	Vaginal	8
110	S.2682	United Nations Population Fund Restoration Act of 2008	Cervical	6
110	S.RES.638	A resolution supporting legislation promoting improved health care and access to health care for women.	Cervical	11
110	S.624	National Breast and Cervical Cancer Early Detection Program Reauthorization Act of 2007	Cervical	22

Congress	Bill #	Title of Bill (With summary of substance if title not sufficient)	keyword on THOMAS	total number of sponsors and cosponsors
110	S.507	Midwifery Care Access and Reimbursement Equity Act of 2007	Cervical	25
110	S.2569	Ovarian Cancer Biomarker Research Act of 2008	Ovarian	19
110	S.RES.311	A resolution supporting the goals and ideals of National Ovarian Cancer Awareness Month.	ovary ovaries ovarian cervical	6
110	S.RES.678	A resolution supporting the goals and ideals of National Ovarian Cancer Awareness Month.	ovary ovaries ovarian cervical	10
110	S.1734	PRIME Act	Prostate	8
110	S.RES.288	A resolution designating September 2007 as "National Prostate Cancer Awareness Month".	Prostate	13
110	S.RES.667	A resolution designating September 2008 as "National Prostate Cancer Awareness Month".	Prostate	44
110	S.1413	Uterine Fibroid Research and Education Act of 2007	Uterine	9
110	S.2108	Emergency Contraception Education Act of 2007	Uterus	10
110	S.21	Prevention First Act	uterus, cervical	35

Congress	Bill #	Title of Bill (With summary of substance if title not sufficient)	keyword onTHOMAS	total number of sponsors and cosponsors
110	S.1998	International Child Marriage Prevention and Protection Act of 2007	Vagina	18
111	H.R.4794	Safeguarding Access to Preventative Services Act of 2010 / [for breast and cervical screenings]	Cervical	9
111	H.CON.RES.107	Supporting the goals and ideals of "National STD Awareness Month". [written about women's health-- Senate version (and later House version) not included on this list because it included reference to and impact on men who have sex with men]	Cervical	17
111	H.R.1101	Midwifery Care Access and Reimbursement Equity Act of 2009	Cervical	39
111	H.CON.RES.48	Expressing the sense of Congress that national health care reform should ensure that the health care needs of women and of all individuals in the United States are met.	Cervical	42
111	H.RES.1476	Supporting and recognizing the achievements of the family planning services programs operating under title X of the Public Health Service Act.	Cervical	109
111	H.RES.1011	Recognizing the importance of cervical health and of detecting cervical cancer during its earliest stages and supporting the goals and ideals of Cervical Health Awareness Month.	Cervical	116
111	H.R.1816	Ovarian Cancer Biomarker Research Act of 2009	Ovarian	36

Congress	Bill #	Title of Bill (With summary of substance if title not sufficient)	keyword on THOMAS	total number of sponsors and cosponsors
111	H.RES.1522	Expressing support for designation of the last week of September as National Hereditary Breast and Ovarian Cancer Week and the last Wednesday of September as National Previvor Day. (a previvor is a survivor who carries a predisposition/increased risk.)	Ovarian	94
111	H.R.2941	To reauthorize and enhance Johanna's Law to increase public awareness and knowledge with respect to gynecologic cancers.	ovarian	157
111	H.RES.1488	Supporting the goals and ideals of National Ovarian Cancer Awareness Month.	ovarian, cervical	52
111	H.Res.727	Expressing support for greater awareness of ovarian cancer	ovary, ovaries, ovarian, cervical	79
111	H.RES.1591	Recognizing the Black Barbershop Health Outreach Program's contribution to the national fight against health disparities through education, community involvement, research, and culturally relevant strategies that seek to improve health outcomes in Black communities across the country.	prostate	19
111	H.R.4756	PRIME Act of 2010 / To provide for prostate cancer imaging research and education.	prostate	42
111	H.R.346	Recognizing that the occurrence of prostate cancer in African-American men has reached epidemic proportions and urging Federal agencies to address that health crisis by designating additional funds for research, education, awareness outreach, and early detection.	prostate	43

Congress	Bill #	Title of Bill (With summary of substance if title not sufficient)	keyword on THOMAS	total number of sponsors and cosponsors
111	H.Res.1485	Expressing support for designation of September 2010 as "National Prostate Cancer Awareness Month".	prostate	107
111	H.R.4383	Thomas J. Manton Prostate Cancer Early Detection and Treatment Act of 2009/ To amend the Public Health Service Act and title XIX of the Social Security Act to provide for a screening and treatment program for prostate cancer in the same manner as is provided for breast and cervical cancer.	prostate, cervical	37
111	H.RES.601	Recognizing and honoring the Firefighter Cancer Support Network.	prostate, testicular	6
111	H.R.2115	Men and Families Health Care Act of 2009 / To amend the Public Health Service Act to establish an Office of Men's Health.	prostate, testicular, cervical	8
111	H.R.948	Federal Firefighters Fairness Act of 2009	testicular	141
111	H.Con.Res.142	Supporting National Men's Health Week	testicular, prostate	51
111	H.Con.Res.288	Supporting National Men's Health Week	testicular, prostate	61
111	H.R.5268	Improvements in Global MOMS Act	uterine	76
111	H.R.463	Prevention First Act of 2009	uterus cervical	146

Congress	Bill #	Title of Bill (With summary of substance if title not sufficient)	keyword on THOMAS	total number of sponsors and cosponsors
111	H.R.5441	Obstetric Fistula Prevention, Treatment, Hope, and Dignity Restoration Act of 2010	vagina, vaginal	20
111	H.R.5807	Maximizing Optimal Maternity Services for the 21st Century	vaginal	44
111	H.R.3312	Preventing Unintended Pregnancies, Reducing the Need for Abortion, and Supporting Parents Act	vaginal	45
111	S.CON.RES.6	A concurrent resolution expressing the sense of Congress that national health care reform should ensure that the health care needs of women and of all individuals in the United States are met.	cervical	6
111	S.RES.565	A resolution supporting and recognizing the achievements of the family planning services programs operating under title X of the Public Health Service Act.	cervical	15
111	S.662	Midwifery Care Access and Reimbursement Equity Act of 2009	cervical	28
111	S.3493	A bill to reauthorize and enhance Johanna's Law to increase public awareness and knowledge with respect to gynecologic cancers.	ovarian	8
111	S.RES.555	A resolution supporting the goals and ideals of National Ovarian Cancer Awareness Month.	ovarian, cervical	14
111	S.RES.267	Whereas ovarian cancer is the deadliest of all gynecologic cancers, and the reported mortality rate from ovarian cancer is increasing	ovary, ovaries, ovarian, cervical	9
111	S.RES.277	A resolution designating September 2009 as "National Prostate Cancer Awareness Month".	prostate	27

Congress	Bill #	Title of Bill (With summary of substance if title not sufficient)	keyword on THOMAS	total number of sponsors and cosponsors
111	S.RES.597	A resolution designating September 2010 as "National Prostate Cancer Awareness Month".	prostate	29
111	S.599	Federal Firefighters Fairness Act of 2009	testicular	20
111	S.21	Prevention First Act	uterus cervical	30
115	S.689.IS	Invest in Women's Health Act of 2017; To provide women with increased access to preventive and life-saving cancer screening.	Cervical, ovarian, vaginal, uterine	5
115	S.RES.659	A resolution designating September 2018 as "National Ovarian Cancer Awareness Month"	Cervical, ovarian	7
115	S.RES.270	A resolution designating September 2017 as "National Ovarian Cancer Awareness Month"	Cervical, ovarian	7
115	S.1045	Save Women's Preventive Care Act	Cervical	47
115	S.510	Women's Health Protection Act of 2017; This bill prohibits any government from imposing on abortion services:	Cervical, uterus	43
115	S.RES.645	A resolution designating September 2018 as "National Prostate Cancer Awareness Month"	Prostate	10
115	S.RES.269	A resolution designating September 2017 as "National Prostate Cancer Awareness Month"	Prostate	8

Congress	Bill #	Title of Bill (With summary of substance if title not sufficient)	keyword on THOMAS	total number of sponsors and cosponsors
115	S.RES.336	A resolution recognizing the seriousness of Polycystic Ovary Syndrome and expressing support for the designation of the month of September 2018 as "Polycystic Ovary Syndrome Awareness Month".	ovary, ovarian	8
115	S.3776	MOMMA's Act To improve Federal efforts with respect to the prevention of maternal mortality, and for other purposes.	Ovary	9
115	S.3160	A bill to amend title XVIII of the Social Security Act to improve access to, and utilization of, bone mass measurement benefits under part B of the Medicare program by establishing a minimum payment amount under such part for bone mass measurement.115th Congress (2017-2018)	ovarian, uterine	7

Works Cited

American Cancer Society. 2019a. Cancer Facts & Figures 2019. Atlanta: American Cancer Society. Accessed April 8, 2019. Available at https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2019/cancer-facts-and-figures-2019.pdf

American Cancer Society. 2019b. Current Grants by Cancer Type. Atlanta: American Cancer Society. Accessed April 8, 2019. Available at https://www.cancer.org/research/currently-funded-cancer-research/grants-by-cancer-type.html

Atkeson, Lonna Rae, and Nancy Carrillo. 2007. More is Better: The Influence of Collective Female Descriptive Representation on External Efficacy. *Politics and Gender* 3 (1):79-101.

Banducci, Susan A., Todd Donovan, and Jeffrey A. Karp. 2004. Minority Representation, Empowerment, and Participation. *The Journal of Politics* 66 (2):534-556.

Berman, David R., and Tanis J. Salant. 1998. Minority Representation, Resistance, and Public Policy: The Navajos and the Counties. *Publius* 28 (4):83-104.

Box-Steffensmeier, Janet M., David C. Kimball, Scott R. Meinke, and Katherine Tate. 2003. The Effects of Political Representation on the Electoral Advantages of House Incumbents. *Political Research Quarterly* 56 (3):259-270.

Burns, Nancy, Kay Lehman Schlozman, and Sidney Verba. 2001. *The Private Roots of Public Action: Gender, Equality, and Political Participation*. Cambridge, MA: Harvard University Press.

Burstein, Paul, Shawn Bauldry, and Paul Froese. 2005. Bill Sponsorhip and Congressional Support for Policy Proposals, from Introduction to Enactment or Disappearance. *Political Research Quarterly* 58 (2):295-302.

Cameron, Charles, David Epstein, and Sharyn O'Halloran. 1996. Do Majority-Minority Districts Maximize Substantive Black Representation in Congress? *The American Political Science Review* 90 (4):794-812.

Carney, Kate, and Leslie Bracy. 2007. Do Women Still Work Together?: Evidence from the 100th-108th Congress. Paper read at annual meeting of the Southern Political Science Association, January 3, at Hotel InterContinental, New Orleans, LA.

Carroll, Susan J., Debra L. Dodson, and Ruth B. Mandel. 1991. The Impact of Women in Public Office: An Overview. New Brunswick, NJ: Center for American Women and Politics (CAWP). Rutgers University.

Catalano, Ana. 2009. Women Acting for Women? An Analysis of Gender and Debate Participation in the British House of Commons 2005-2007. *Politics and Gender* 5 (1):45-68.

Cobb, Michael D., and Jeffery A. Jenkins. 2001. Race and the Representation of Blacks' Interests during Reconstruction. *Political Research Quarterly* 54 (1):181-204.

Cowell-Meyers, Kimberly, and Laura Langbein. 2009. Linking Women's Descriptive and Substantive Representation in the United States. *Politics and Gender* 5 (4):491-518.

Crisp, Brian F., Maria C. Escobar-Lemmon, Bradford S. Jones, Mark P. Jones, and Michelle M. Taylor-Robinson. 2004. Vote-Seeking Incentives and Legislative Representation in Six Presidential Democracies. *The Journal of Politics* 66 (3):823-846.

Dovi, Suzanne. 2002. Preferable Descriptive Representatives: Will Just Any Woman, Black, or Latino Do? *American Political Science Review* 96 (4):729-743.

Dovi, Suzanne. 2007. Theorizing Women's Representation in the United States. *Politics and Gender* 3 (3):297-319.

Epstein, David, James Fowler, and Sharyn O'Halloran. 2007. Co-Sponsorship Networks fo Minority-Supported Legislation in the House. Paper read at Midwest Political Science Association Meeting, April 12-15, at Chicago, IL.

Gay, Claudine. 2002. Spirals of Trust? The Effect of Descriptive Representation on the Relationship between Citizens and Their Government. *American Journal of Political Science* 46 (4):717-732.

Geiger, Abigail, Kristen Bialik, and John Gramlich. 2019. "The changing face of Congress in 6 charts." Pew Research Center. Accessed April 8, 2019. Available at https://www.pewresearch.org/fact-tank/2019/02/15/the-changing-face-of-congress/

Gerber, Elisabeth R., Rebecca B. Morton, and Thomas A. Rietz. 1998. Minority Representation in Multimember Districts. *The American Political Science Review* 92 (1):127-144.

Gerrity, Jessica C., Tracy Osborn, and Jeanette Morehouse Mendez. 2007. Women and Representation: A Different View of the District? *Politics and Gender* 3 (2):179-200.

Grose, Christian R., Maruice Mangum, and Christopher Martin. 2007. Race, Political Empowerment, and Constituency Service: Descriptive Representation and the Hiring of African-American Congressional Staff. *Polity* 39 (4):449-479.

Guinier, Lani. 2003. Second Proms and Second Primaries: The Limits of Majority Rule. In *The New Humanities Reader*, edited by R. E. Miller and K. Spellmeyer. New York: Houghton Mifflin Company.

Hawkesworth, Mary. 2003. Congressional Enactments of Race-Gender: Toward a Theory of Raced-Gendered Institutions. *American Political Science Review* 97 (4):529-550.

Heron, Melonie. 2018. "Deaths: Leading Causes for 2016," in *National Vital Statistics Reports*. July 26. 67:6. Accessed April 8, 2019. Available at https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_06.pdf

Jeydel, Alana, and Andrew J. Taylor. 2003. Are Women Legislators Less Effective? Evidence from the U.S. House in the 103rd-105th Congress. *Political Research Quarterly* 56 (1):19-27.

Kanter, Rosabeth Moss. 1977. Some Effects of Proportions on Group Life: Skewed Sex Ratios and Responses to Token Women. *American Journal of Sociology* 82 (5):965-990.

Lawless, Jennifer L. 2004. Politics of Presence? Congresswomen and Symbolic Representation. *Political Research Quarterly* 57 (1):81-99.

Mansbridge, Jane. 1999. Should Blacks Represent Blacks and Women Represent Women? A Contingent "Yes". *Journal of Politics* 61 (3):628-657.

Mayhew, David R. 1974. *Congress: The Electoral Connection*. New Haven, CT: Yale University Press.

McDonagh, Eileen. 2002. Political Citizenship and Democratization: The Gender Paradox. *American Political Science Review* 96 (3):535-552.

McIntosh, Peggy. 2008. White Privilege and Male Privilege: A Personal Account of Coming to See Correspondences through Work in Women's Studies. In *The Individual in the Community*, edited by S. Duffy and E. Bronson. New York: Pearson Custom Publishing.

Meier, Kenneth J., Eric Gonzalez Juenke, Robert D. Wrinkle, and J.L. Polinard. 2005. Structural Choices and Representational Biases: The Post-Election Color of Representation. *American Journal of Political Science* 49 (4):758-768.

Minta, Michael D. 2009. Legislative Oversight and the Substantive Representation of Black and Latino Interests in Congress. *Legislative Studies Quarterly* 34 (2):193-218.

National Cancer Institute. 2018. Funding for Research Areas. National Institutes of Health. Accessed April 8, 2019. Available at https://www.cancer.gov/about-nci/budget/fact-book/data/research-funding.

Niven, David, and Jeremy Zilber. 2001. Do Women and Men in Congress Cultivate Different Images? Evidence from Congressional Web Sites. *Political Communication* 18:395-405.

Perkins, Jerry, and Diane L. Fowlkes. 1980. Opinion Representation versus Social Representation: or, Why Women Can't Run as Women and Win. *The American Political Science Review* 74 (1):92-103.

Phillips, Anne. 1995. *The Politics of Presence*. New York: Oxford University Press.

Pitkin, Hanna Fenichel. 1967. *The Concept of Representation*. Los Angeles: University of California Press.

Preuhs, Robert R. 2007. Descriptive Representation as a Mechanism to Mitigate Policy Backlash: Latino Incorporation and Welfare Policy in the American States. *Political Research Quarterly* 60 (2):277-292.

Sanbonmatsu, Kira. 2002. Gender Stereotypes and Vote Choice. *American Journal of Political Science* 46 (1):20-34.

Sanbonmatsu, Kira. 2003. Gender-Related Political Knowledge and the Descriptive Representation of Women. *Political Behavior* 25 (4):367-388.

Schiller, Wendy J. 1995. Senators as Political Entrepreneurs: Using Bill Sponsorhip to Shape Legislative Agendas. *American Journal of Political Science* 39 (1):186-203.

Schwindt-Bayer, Leslie A., and William Mishler. 2005. An Integrated Model of Women's Representation. *The Journal of Politics* 67 (2):407-428.

Society for Women's Health Research. 2010. *Fact Sheet: Sex Differences in Cardio/Cerebrovascular Diseases* August 2005 [cited 3/18/2010 2010]. Available from http://www.womenshealthresearch.org/site/PageServer?pagename=hs_healthfacts_cardio.

Swain, Carol M. 1995. *Black Faces, Black Interests: The Representation of African Americans in Congress*. Enlarged ed. Cambridge, Mass.: Harvard.

Talbert, Jeffery C., and Matthew Potoski. 2002. Setting the Legislative Agenda: The Dimensional Structure of Bill Cosponsoring and Floor Voting. *The Journal of Politics* 64 (3):864-891.

Tate, Katherine. 2003. *Black Faces in the Mirror: African Americans and Their Representatives in the U.S. Congress*. Princeton: Princeton University Press.

Tatum, Beverly Daniel. 2008. The Development of White Identity: "I'm Not Ethnic, I'm Just Normal". In *The Individual in the Community*, edited by S. Duffy and E. Bronson. New York: Pearson Custom Publishing.

Tremblay, Manon, and Rejean Pelletier. 2000. More Feminists or More Women? Descriptive and Substantive Representations of Women in the 1997 Canadian Federal Elections. *International Political Science Review* 21 (4):381-405.

Williams, Melissa S. 1998. *Voice, Trust, and Memory: Marginalized Groups and the Failings of Liberal Representation*. Princeton: Princeton University Press.

Wilson, Rick K., and Cheryl D. Young. 1997. Cosponsorship in the U.S. Congress. *Legislative Studies Quarterly* 22 (1):25-43.

Zhang, Yan, A.J. Friend, Amanda L. Traud, Mason A. Porter, James H. Fowler, and Peter J. Mucha. 2008. Community Structure in Congressional Cosponsorship Networks. *Physica A* 387 (7):1705-1712.

Table 1: Sponsorship/cosponsorship of men's and women's health bills, 110th and 111th U.S. House of Representatives

	N	Average number of sponsors/ cosponsors	Average number of female sponsors/ cosponsors**	Average number of male sponsors/ cosponsors	Average percent of sponsors who are female***	Average percent of sponsors who are male***	Average depth of female support**	Average depth of male support	Average depth of overall chamber support
Men's health bills	19	50.1	9.1	41	20.1%	79.9%	12.1%	11.2%	11.4%
Women's health bills	33	56.9	18.4	38.4	35.9%	64.1%	24.5%	10.5%	12.9%

**p ≤ .01
***p ≤ .001

Table 2: Sponsorship/cosponsorship of men's and women's health bills, 110th, 111th, and 115th U.S. Senate

	N	Average number of sponsors/ cosponsors	Average number of female sponsors/ cosponsors††	Average number of male sponsors/ cosponsors††	Average percent of sponsors who are female***	Average percent of sponsors who are male***	Average depth of female support††	Average depth of male support††	Average depth of overall chamber support
Men's health bills	8	19.9	3.6	16.3	18.6%	81.4%	21.4%	19.7%	19.9%
Women's health bills	26	15.9	6.2	9.7	43.5%	56.5%	34.9%	11.9%	15.9%

***p ≤ .001
††p ≤ .1

Table 3: Total Number of Sex-Specific Health Bills Sponsored/ Cosponsored

Variable	Coefficient (s.e.)
Intercept	3.976*** (.349)
Male Senator	-2.073*** (.345)
Member of Minority Party	-.602** (.265)
Member of Senate HELP Committee	-.153 (.322)
Electorally Vulnerable	.162 (.340)
***p ≤ .001 **p ≤ .05	R^2=.118

Table 4: Total Number of Male Health Bills Sponsored/ Cosponsored

Variable	Coefficient (s.e.)
Intercept	.829*** (.161)
Male Senator	-.078 (.159)
Member of Minority Party	-.112 (.123)
Member of Senate HELP Committee	-.375** (.149)
Electorally Vulnerable	.183 (.157)
***p ≤ .001 **p ≤ .05	R^2=.027

Table 5: Total Number of Female Health Bills Sponsored/ Cosponsored

Variable	Coefficient (s.e.)
Intercept	3.098*** (.254)
Male Senator	-1.957*** (.251)
Member of Minority Party	-.479** (.193)
Member of Senate HELP Committee	.252 (.235)
Electorally Vulnerable	-.015 (.247)
***p ≤ .001 **p ≤ .05	R^2=.183