

**Negotiating Structural Vulnerability
in Cancer Control**

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Michael F. Brown

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Negotiating Structural Vulnerability in Cancer Control

Edited by Julie Armin, Nancy J. Burke, and Laura Eichelberger

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Acknowledgments vii

CHAPTER ONE. Introduction: Framing Cancer and Structural
Vulnerability 1

Nancy J. Burke, Julie Armin, and Laura Eichelberger

PART I. NEGOTIATING VULNERABILITY

CHAPTER TWO. Cancer and Precarity: Rights and Vulnerabilities of West
African Immigrants in France 21

Carolyn Sargent and Peter Benson

CHAPTER THREE. Bringing the People into Policy: Managing Cancer among
Structurally Vulnerable Women 47

Julie Armin

CHAPTER FOUR. Anxious Provocations: Engagements with Cancer Screening
by the Medically Underserved 69

Susan J. Shaw

CHAPTER FIVE. The Familiarity of Coping: Kinship and Social Location in the
Safety-Net Experience of Cancer 91

Simon J. Craddock Lee

PART II. MAPPING INSTITUTIONS, INTERVENTIONS, AND INEQUALITIES

CHAPTER SIX. Connecting Rural Patients with Urban Hospitals across
the Cancer Care Continuum: A View from Vietnam on a Global
Problem 117

Maria Stalford

CHAPTER SEVEN. Stuck in the Middle: Patient Navigation and Cancer Clinical
Trials Recruitment in the Safety Net 141

Nancy J. Burke

CHAPTER EIGHT. Colonial Legacies: Population Panics, Reproductive Control, and Cancer-Related Fertility Care in Puerto Rico	167
Karen Dyer	
CHAPTER NINE. The Westernization Effect: Biocommunicable Cartographies, Epidemiologic (In)Visibilities, and the Cancer Transition Theory	193
Laura Eichelberger	
CHAPTER TEN. Afterword: Revealing Erasures, Configuring Silences: Structural Vulnerability in Cancer Prevention, Treatment, and Research	219
James Quesada	
References	243
Contributors	299
Index	301

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Introduction

Framing Cancer and Structural Vulnerability

NANCY J. BURKE, JULIE ARMIN, AND LAURA EICHELBERGER

In 1993, Martha Balshem published *Cancer in the Community*, an ethnography of a cancer outreach and education program in an inner-city Philadelphia neighborhood she called Tannerstown. Working as a health educator, she was tasked with delivering messages about individual cancer risk due to what are now called “lifestyle factors” (e.g., smoking and unhealthy diets) in the cancer control and public health literatures. She noted the contentious, and often resistant, response these outreach efforts generated among Tannerstown’s largely working-class white community members of Polish descent. Rather than accepting the message that their cancers were attributable to smoking and unhealthy diets, community members noted that their inner-city neighborhood, an official cancer “hot spot,” was surrounded by three chemical factories. They suggested that life in a heavily polluted environment was responsible for high cancer rates, not personal lifestyle choices. With this early ethnography, Balshem joined an emerging group of anthropologists studying the growing field of oncology who were challenging status-quo understandings of cancer prevention and causation by suggesting causal factors external to the individual (Del Vecchio Good et al. 1990; Gordon 1990; Lind et al. 1989; Mathews et al. 1994).

Balshem critically evaluated the processes she engaged in as a health educator in detailed field notes. Yet she waited to write about her cogent class analysis of the dynamics involved in the outreach efforts until she was safely ensconced in a tenure-track academic position. She thus spends a portion of the book drawing a distinction between “applied” and “theoretical” anthropology. We evoke Balshem’s research in the introduction to this collection for several reasons. First, the dynamics and tensions she described continue to operate in the world of cancer control, and specifically cancer disparities research and

outreach today. Second, the positionality she eloquently described—that tight-rope she walked between critical engagement and compensated participation—is one that resonates with many contributors to this volume. Third, the social, economic, class, and environmental contexts of Tannerstown constitute forms of structural vulnerability consonant with those described herein, albeit in different populations and in different settings. And last, the contributors to this volume collapse the divide she posited between applied and theoretical anthropology; instead, they demonstrate the profound theoretical contributions engaged anthropologists make both inside and outside the academy.



This volume stems from an applied anthropology seminar at the School for Advanced Research, which brought together anthropologists engaged in the study of cancer to discuss the ways vulnerability is understood in the social sciences and in the world of cancer control. We took as our point of departure the concept of structural vulnerability: “a positionality that imposes physical-emotional suffering on specific population groups and individuals in patterned ways” and that results from “class-based economic exploitation and cultural, gender/sexual, and racialized discrimination” (Quesada et al. 2011). Originally used to identify and name the structures that perpetuate poor health outcomes among undocumented Latino immigrants, the concept was broadened by seminar participants to address social conditions underlying cancer disparities, access to cancer-control technologies, and stigmatizing discourses. Participants also questioned the utility of this concept for thinking through the social and biological processes that form the foundation of the anthropology of cancer.

At the heart of this volume is a desire to answer two questions: What can case studies about the lived experiences of and discourses related to cancer contribute to a burgeoning interest in the concept of structural vulnerability? And can a consideration of structural vulnerability enhance applied anthropological work in cancer prevention and control? Contributors explore what it means to be structurally vulnerable; how structural vulnerabilities intersect with cancer risk, diagnosis, care seeking, caregiving, clinical-trial participation, and survivorship; and how differing local, national, and global political contexts and histories inform particular configurations of vulnerabilities. These case studies illustrate how quotidian experiences of structural vulnerability influence and are altered by a cancer diagnosis at various points in the continuum of care.

Importantly, contributors do not wholeheartedly adopt the concept of structural vulnerability, but rather utilize it as a heuristic for exploring the ways it highlights, or at times obfuscates, complex aspects of the cancer/person and social/institutional assemblage under analysis.

In the following, we review current themes in the anthropology of cancer, with a focus on how the ethnographic research included in this volume elucidates invisibilities and erasures around cancer, including causalities (e.g., occupational and environmental exposures); the hidden work of cancer prevention, treatment, and research (e.g., risk identities, gendered labor, travel, and bureaucratic management); and the shortcomings of policies that purport to increase access to treatment, among others.