NO RIBBON FOR YOUR PROSTATE

Prostate cancer has a greater rate of incidence than breast cancer, and both diseases kill in comparable numbers. Yet the male malady trails badly in research funding. Here's why

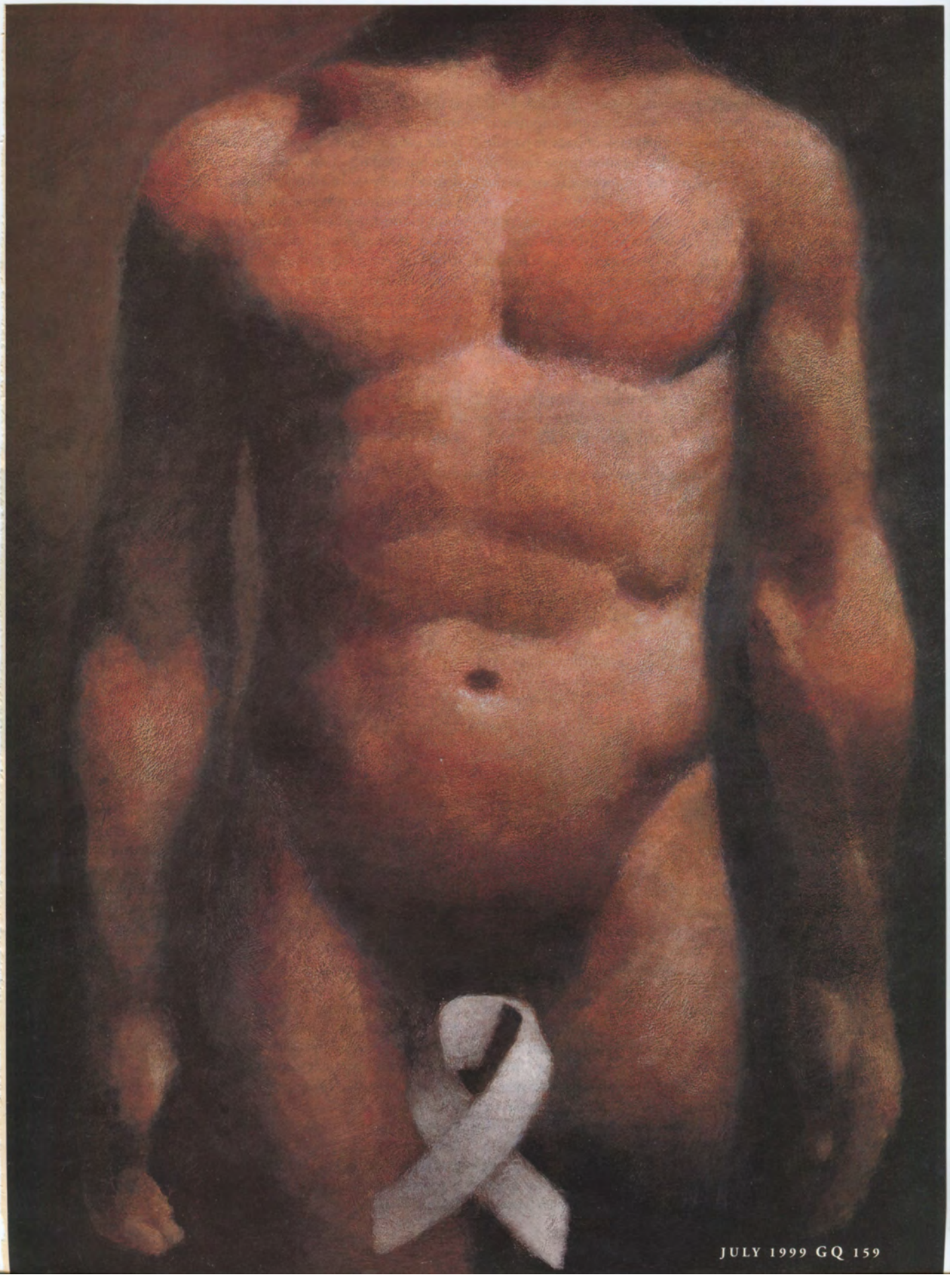
BY JOHN SEDGWICK

BOB DOLE SITS ON THE COUCH IN HIS downtown Washington office, his face bearing a pinched smile. He is always a bit of a joker, of course, but this time the jokes reveal a touch of strain. For our subject this afternoon is not Monicagate or the Republican Party but something far more intimate—his bout with prostate cancer, the male scourge that kills nearly as many men every year as breast cancer kills women yet receives only a collective shrug from the public. There are no bikathons, no ribbons, for prostate cancer.

By going public about his disease, Dole has certainly done his bit to change that, bringing to his nether parts almost as much attention as Bill Clinton brought to his. Though junk-bond king Michael Milken, General Norman Schwarzkopf, Intel's Andrew Grove and New York Yankee manager Joe Torre have since revealed their prostate cancers, Dole was the first prominent American to take up the cause, and as we talk it seems surreal to discuss something so personal with a near president. But like most heroic acts, his initial disclosure was not intended as one. "When I was diagnosed in 1991, I remember going back and forth with my staff about whether or not to tell the media," he says. "The fear was that people would say, 'The guy's got cancer; he's gone.' Cancer, you know, puts a big scare into people." In the end, Dole decided to issue a "little statement." And the reaction? Dole smiles. "I sure got a lot of cards and flowers."

I had been over to Walter Reed Army Medical Center that morning to see his surgeon, Colonel David McLeod, who has become something of a urologist to the stars of Washington. On his wall, he has the photographs of the twenty or so politicians and generals he's treated. But Dole's was the first among them. "I remember my hand shaking a little," McLeod admitted, demonstrating with a tightened fist. McLeod had briefed

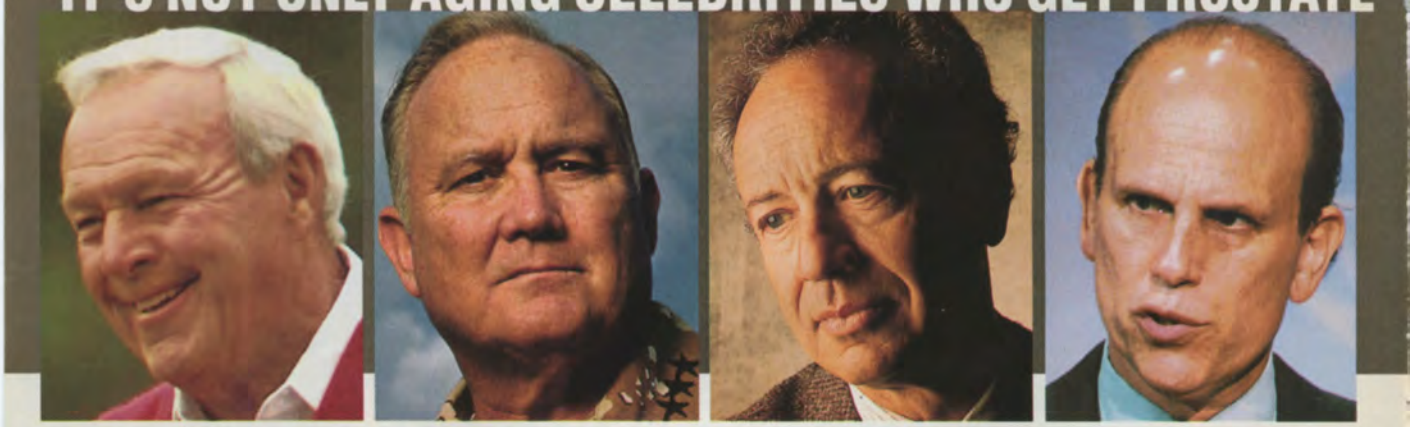
Illustration by Brad Holland



Dole on the possible side effects of the surgery, which Dole laconically calls the "two *i*'s," incontinence and impotence. The senator had come home with a stack of pads to handle the first but is happy to report that he soon threw them all away. Things went less well on the impotence front, as the nation now knows.

Dole let that slip to Larry King in the greenroom before an appearance on his interview show last year, when he casually mentioned he was taking part in the Viagra protocol for the National Institutes of Health. When King asked him about it on the air, word was out on the state of the Dole erection. "I felt a little panicky about it afterward," Dole says now. How did his wife take it? He pauses. "She was nonplussed." Now, of course, Dole has become a poster boy for prostate cancer, discussing "erectile dysfunction" on TV and in print ads for Pfizer. And for his pains he has been treated to some late-night ribbing from Jay Leno: "No wonder his wife is always traveling." ("I can take that," Dole says. "It's light.")

IT'S NOT ONLY AGING CELEBRITIES WHO GET PROSTATE



PROSTATE CANCER HAS STRUCK ARNOLD PALMER, GENERAL NORMAN SCHWARZKOPF, ANDREW GROVE OF INTEL AND MICHAEL MILKEN.

Still, if Elizabeth Dole gains the GOP candidacy and goes on to win the election, Bob Dole might succeed in creating some symmetry with breast cancer. After all, it was First Lady Betty Ford's radical mastectomy in 1974 that made the subject of breast cancer fit for public discussion. If Bob Dole becomes First Gentleman, he might do the same for prostate cancer. "That's right," Dole says, nodding. "I've used that analogy myself."

Despite Dole's efforts, you'd be pardoned for thinking that prostate cancer is a relatively rare illness that hits only a few aging celebrities. But according to the American Cancer Society, 39,200 men died of prostate cancer in the United States in 1998. By contrast, 43,500 women died last year of breast cancer. What's more, 184,500 new cases of prostate cancer were discovered in 1998, compared with 178,700 new cases of breast cancer. Despite the rough parity in these figures, public interest in the male disease has lagged markedly behind interest in the female one, and public funding for prostate-cancer research has followed suit. As recently as fiscal year 1998, federal prostate-cancer research funds amounted to just one-sixth of the money appropriated for breast cancer. For fiscal year 1999, prostate-cancer money has been bumped up a bit to one-third of breast-cancer funding, thanks largely to the efforts of Senator Ted Stevens of Alaska, a prostate-cancer survivor who chairs the Senate Appropriations Committee. Yet even at prostate's $235 million and breast's $665 million, both are dwarfed by the $2.044 billion for AIDS research, although that disease claimed fewer American lives than either cancer in 1997: 19,996.

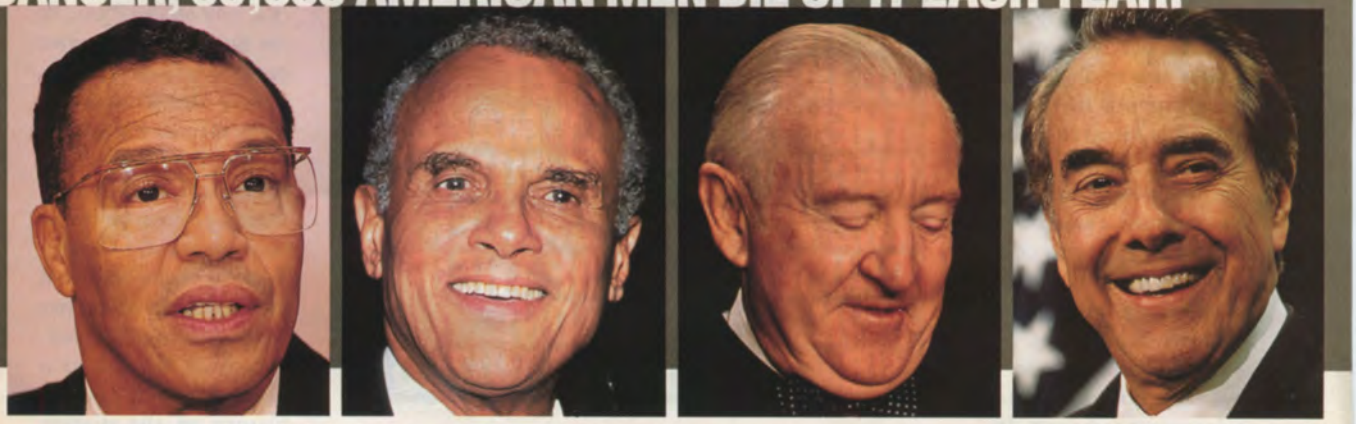
Surprisingly, one major source of federal funding for research on both breast cancer and prostate cancer is the Department of Defense, which started to spend money on health research in the early '90s after Congress imposed a freeze on non-Defense appropriations as part of the 1991 budget agreement. Although men vastly outnumber women in the military, breast-cancer funding came first, in fiscal year 1992. According to Representative John Murtha, the ranking Democrat on the Defense Appropriations Subcommittee, that all started when a breast-cancer survivor, the wife of a retired officer, came into his office to plead for funds to set up mammogram centers at American military outposts. "She impressed me," Murtha recalls. And when she returned with a number of other breast-cancer survivors, they impressed him as well. He proposed spending $35 million. The next thing he knew, General Gordon Sullivan, then the army's chief of staff, called and asked, "What the hell am I going to do with that money?" Murtha told him, "Try to detect breast cancer in women." With that as an opening wedge, other breast-cancer advocates pushed for more money for research, Hillary Clinton was brought in to lobby, and the budget ballooned to $200 million the next year. Prostate-cancer funding didn't arrive until six years later. In total the Pentagon has now appropriated $884.8 million for breast-cancer research and just $135 million for prostate cancer.

As with the Pentagon, so with the federal government. From Congress to the White House to the National Insti-

FROM LEFT: DAVE MARTIN/AP; WILLIAM COUPON/GAMMA-LIAISON; WILLIAM COUPON/GAMMA-LIAISON; BOB RIHA/GAMMA-LIAISON

tutes of Health, men may be in charge, yet they routinely make decisions that put the women's cancer cause ahead of their own. In the case of the United States Senate, it is particularly amazing. Senator Stevens knows ten senators who have had prostate cancer, yet the survivors are hardly leading a groundswell of activity. Meanwhile, women have for years been able to secure their breast-cancer appropriations by arguing that if breast cancer were a male disease it would have been cured by now. Yet prostate cancer is a male disease, and by most estimates its cure trails the cure for breast cancer by about fifteen years. As an African-American, Representative John Lewis is particularly distressed by his male colleagues' lack of political activity on the issue. The rate of prostate cancer in blacks is nearly double that in whites, and he believes his constituents are suffering unduly from the neglect. "I have been to too many funerals," Lewis says sorrowfully. "Women feel that government is on their side. Why can't men feel the same? We have it in our hands to do something about this disease. That's the shame of it. We have the power, and we're not using it."

CANCER: 39,000 AMERICAN MEN DIE OF IT EACH YEAR.



ALSO, LOUIS FARRAKHAN, HARRY BELAFONTE, SUPREME COURT JUSTICE JOHN PAUL STEVENS AND FORMER SENATOR BOB DOLE.

FROM LEFT: N. WARREN WINTER/SYGMA; STEVE AZZARA/SYGMA; MARKEL/LIAISON; T. HORAN/SYGMA

DESPITE THE LONG "WAR" ON CANCER THE FEDERAL government has waged at least since the Nixon administration, cancer has not been defeated on any front, although some progress has been made in the diagnosis and treatment of some tumors. Of all cancers, prostate cancer is especially frustrating, largely because so much about it remains unknown. Roughly the size of a walnut, the prostate is tucked just below the bladder. Its purpose in life is to supply the seminal fluid that both nourishes the sperm and transports it out of the body in that rush of ecstasy so dear to every man's heart. The essential problem with the prostate, says Gabriel Feldman, M.D., of the American Cancer Society, is "location, location, location." In a rare example of bad anatomic design, the urethra, the urine-bearing tube that passes out of the bladder and down the penis, runs right through it. That makes as much sense as routing Interstate 80 through downtown Manhattan: An enlargement of the prostate (which becomes increasingly common as men age, even when no cancer is present) often impedes the urine flow. Plus, the prostate abuts the urethral sphincter, so if the prostate goes, your ability to retain urine may go with it. The prostate isn't easy for a surgeon to get at, either. When McLeod attempted to show me how he tries to squeeze around the bladder, past the seminal vesicles, to reach the prostate near the bottom of the abdominal cavity, he looked like a man digging down through a laundry hamper for a quarter he'd left in his jeans pocket. Yet the excitatory nerves that go from the penis up to the brain—to signal that now is a good time for an erection—are imbedded in the delicate tissue on either side of the prostate. Under the circumstances, it is very difficult to extract the prostate without damaging those nerves irreparably. McLeod demonstrated this for me by wetting some toilet paper and draping it over his fist. In effect, he explained, "nerve sparing" surgery attempts to tease that tissue off without crumpling it. Good luck. McLeod made a hash of the paper as he tried gently to peel it away. Little wonder that in a study of prostate-cancer patients at Harvard University hospitals, 88 percent of the men who'd had their prostates removed were impotent a year later.

Thinking I'd be interested, McLeod arranged to let me watch him extract the prostate of a 68-year-old that morning. I put on the hospital greens that are familiar from *ER*, complete with hat, mask and bootees, and was led into the operating room. There I watched as several surgical urology residents did the preliminary excavation, digging down through the layers of fat and whatnot in preparation for McLeod's arrival to perform the final extraction. I stood on a stool by the patient's head, peering over the top of a curtain that was draped down to his shoulders. A few inches up from his penis was a gash of the type that a particularly neat ax murderer might leave—very deep but bloodless. The prostate, however, was still nowhere in sight. I'd like to report that I watched the whole operation transfixed with awe

for the surgeons' medical skill, but in fact the combination of the ghastly smell from the cauterizing needles, the corpse-like pallor of the skin, the blood-soaked gauze pads and what I sensed to be the most profound violation, a kind of slow-motion, high-tech male rape, all suggested powerfully to me that I should make a graceful exit before I keeled over onto the operating table.

But I got the point. Prostatectomies are fantastically delicate operations that, no matter how skillfully performed, have the potential to leave a man incontinent or impotent or both. Indeed, Dole's erectile-dysfunction campaign might be seen as a nationwide acknowledgment that even the much heralded McLeod didn't succeed in every aspect of the operation. Citing patient confidentiality, McLeod would not comment specifically on the consequences of Dole's surgery, but he did acknowledge that "you can get impotence" from the procedure. Furthermore, it is still not clear whether these potentially crippling surgeries are the best treatment. Might not radiation be equally good? After considerable research, it has now been shown conclusively that for women with breast cancer, a breast-conserving lumpectomy combined with radiation is just as effective as a disfiguring radical mastectomy. No such definitive word is available on prostatectomies versus radiation. Intel's Andrew Grove was one of the rare patients who defy their urologists and opt for radiation. Dole now sometimes wishes he had done the same. "A friend of mine did the radiation, and he was jumping in the pool the next day," he says enviously. No one knows which is the right choice. Similarly, it is still difficult to determine the precise stage of an individual's prostate cancer or the likelihood of its spreading in order to decide what, if any, intervention is necessary. Hank Porterfield, the head of a prostate-cancer support group called US TOO, was initially told that his prostate tumor was diagnosed as a T1, meaning it was entirely enclosed within the prostate. After he opted to remove the prostate, his doctors said, "Oops." It was actually a T2, and possibly a T3, meaning it had spread outside the prostate. "That's the main bugaboo with these things," Porterfield says. "If you understage or undergrade these things, you're not treating them correctly." For the most part, prostate cancer is slow growing, but the rare exceptions can kill you, and no one knows for sure which they are. As most urologists acknowledge, a man is far more likely to die with prostate cancer than of it. A legendary urologist named Willet Whitmore of Memorial Sloan-Kettering Cancer Center put that formulation more ominously: "When cure is possible, is it necessary? When cure is necessary, is it possible?" Whitmore himself died of the disease.

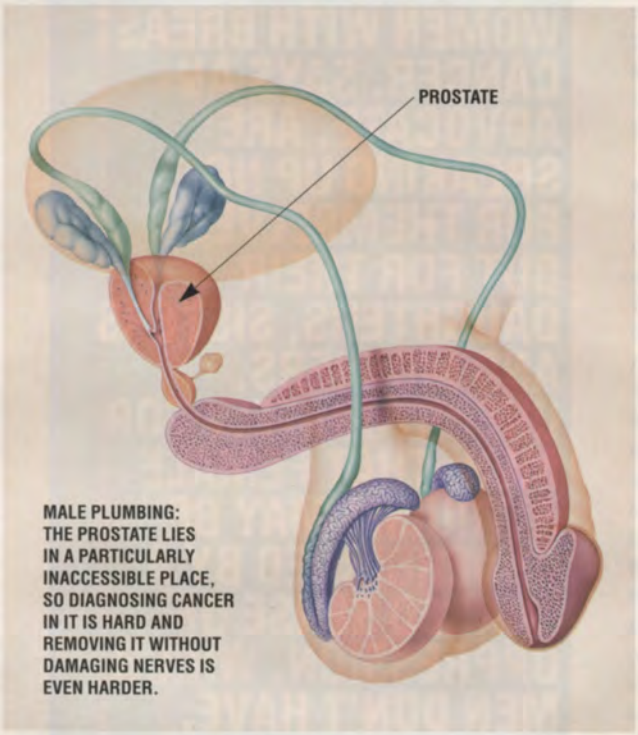
FROM CONGRESS TO THE PENTAGON TO THE WHITE HOUSE TO THE NATIONAL INSTITUTES OF HEALTH, MEN MAY BE IN CHARGE, YET THEY ROUTINELY MAKE DECISIONS THAT PUT THE WOMEN'S CANCER CAUSE AHEAD OF THEIR OWN. THE REASON: WOMEN ARE ORGANIZED.

And then there's the PSA test. Named for the prostate-specific antigen that usually shows up in the blood when prostate tumors are present, the test offers the most reliable indicator of prostate cancer. It is substantially more reliable (and more comfortable) than the digital rectal exam, in which a physician inserts a gloved finger into the patient's rectum to feel for any prostate abnormalities. Yet the test is riddled with uncertainty, yielding many false positives and false negatives. Add that to the diabolical nature of the treatment and the fact that so many prostate tumors are not life threatening and you may have found a cure that is worse than the disease. Otis Brawley, M.D., a prostate-cancer specialist at the National Cancer Institute, has shown that sections of the country that rely on the PSA test the most enjoy no greater protection from prostate-cancer death than do those that use it the least. Of the fifteen medical organizations that have taken a position on the issue, only one, the Urology Section of the National Medical Association, has endorsed universal screening. Even though as a black man with a family history of the disease Brawley is in a high-risk group, he has not taken the test.

WHY DOESN'T THE NATION'S LARGELY MALE POLITICAL establishment rise up in outrage at this sorry situation? The conventional explanation is that, regardless of their own medical interests, politicians are sensitive to the acoustic volume on any political topic, and when it comes to gender-specific cancers, women's voices have drowned men's out. "Every year there are thirty women lined up out in the hall when our appropriations committee is finishing up our conference," says Representative Murtha, referring to the committee that decides on the health-related Defense Department expenditures. "Thirty of them! And there's just one guy. One. And he's only been there for the last year or two." To a politician, such numbers are compelling. Senator Stevens made the same count. "You ought to see the number of beautiful young women who come to lobby the House and Senate for increased money for breast-cancer research," he said with some pique.

What's more, the halls of Washington mirror the streets of America. While women have proved ardent in mobilizing

marches, vigils and other grassroots demonstrations, men simply have not turned out in significant numbers for such public displays about their cancer. Stan Klein, a prostate-cancer survivor and activist in Massachusetts, recalls trying to get men to turn out for a run called the Relay for Life that was being organized by the American Cancer Society to demonstrate concern for a variety of cancers. To get prostate-cancer people to show up, Klein sent out 600 personal letters to men who he knew had a special interest in the disease. Exactly eight showed up, and several of them left after a few minutes. Men have proved so meek on this topic that some people wonder if the lack of assertiveness isn't at least partly attributable to their prostate-cancer therapy, as many men endure chemical castration to starve their tumors of the testosterone they feed on. "It can take some of the fight out of our guys," says one prostate-cancer advocate.



MALE PLUMBING: THE PROSTATE LIES IN A PARTICULARLY INACCESSIBLE PLACE, SO DIAGNOSING CANCER IN IT IS HARD AND REMOVING IT WITHOUT DAMAGING NERVES IS EVEN HARDER.

It is certainly true that prostate cancer does encourage silence. Although Stevens may think he's been open and up-front about it, Murtha has the impression that the subject of Stevens's cancer is off-limits conversationally. "He won't talk about it," Murtha says. "Ask him how he's doing. 'Fine.' That's all you'll get." Jay Hedlund, president of the National Prostate Cancer Coalition, told me he went to discuss prostate-cancer issues with a senator who two of his close friends said had the cancer. Hedlund knew better than to raise the subject of the senator's prostate cancer during the discussion. And this was wise, because during the meeting, the senator declared he was glad he didn't have it. In all my many conversations about prostate cancer, the survivor who was most voluble about it was a 58-year-old man named Arthur Bass, who happily told me all about his surgery, including elaborate details about exactly how his internal penile prosthesis produces an erection. (It involves squeezing a device placed in his scrotum as if it were the bulb on a turkey baster, if you want to know.) I asked him how he came to be so open, and he said that he'd been such a severe stutterer from age 4 to 14 that he could scarcely get a word out. Now he's happy to talk about anything.

But it may also be that the halls of government are not conducive to acknowledging disease. I saw Stevens in the Capitol in his majestic Senate Appropriations Committee suite, with hand-painted frescoes, groined ceilings and, on this winter day, a roaring fire in the fireplace. In one glorious side room, the Appropriations Committee convenes every year to divvy up the $1 trillion federal budget, with Stevens at the head of the table. Short and brusque, he is perhaps too comfortable with his power. During our interview, he scanned his E-mail messages and gave my questions short shrift. When I asked him what might make men more inclined to speak up about prostate disease, he snapped that he wasn't a psychiatrist, that he had fifteen people waiting for him, and I was going to bother him with that? ("I've been friends with Ted Stevens a long time," Bob Dole tells me, "and I always figured his grumpiness was due to the long flights between D.C. and Alaska.") But the underlying theme was Stevens's own importance, as it tends to be with the powerful; in such an atmosphere, it must be difficult to acknowledge any limitations. While he touched on his prostate cancer, terming himself a survivor at the outset of our interview, he didn't dwell on it. He didn't say anything about the agony he must have gone through. He didn't speak of needing diapers or struggling with impotence. I would have been flabbergasted if he had. But, in the Oprah era, those are the sorts of confidences that may be required to command public attention. Sure enough, when I asked him about the broader political scene, about the lack of public displays for prostate cancer, he professed not to understand the relevance of the question. "That's not politics—that's public opinion," he declared.

To understand the politics of any disease, one has to look at its broader social context. Hedlund argues that diseases like AIDS and breast cancer are, in effect, proxies for underlying social causes. Thus, AIDS funding can be seen as advancing gay rights, and breast-cancer money is going toward the women's movement. By that standard, men's supposed power counts against them. Since they aren't victims of anything, they aren't worthy of public support. To counter this, Hedlund has tried to strike an alliance with groups such as the NAACP and the 100 Black Men, since African-Americans suffer that higher-than-average rate of prostate cancer and tend to draw public sympathy. Considering how many black leaders have contracted the disease—among them Louis

JOHN KARAPELOU

Farrakhan, Eldridge Cleaver and Kwame Ture (Stokely Carmichael), the latter two fatally so—Lewis is happy to go along. "I'm not worried about being used," he tells me. "It's OK to be co-opted for something that's so necessary and so good."

Just as Republicans have learned to mimic Clintonism, which aped Reaganism, and so on back through time, the prostate-cancer advocates like Hedlund are taking their cues from the women who have waged such a successful campaign for breast cancer, using in-your-face techniques they, in turn, learned from AIDS activists. It is no accident that the name National Prostate Cancer Coalition (NPCC) echoes that of the National Breast Cancer Coalition (NBCC), which served to put breast cancer on the map in Washington shortly after the group was created in 1991. By the same token, the prostate-cancer support group US TOO is a conscious (and rather plaintive) reply to the breast-cancer support group Y-ME.

Fran Visco, head of the NBCC, points out that women did not take to cancer activism naturally. Women, she says, have traditionally been no more willing than men to speak out about their illnesses: "Study after study after study says that women put the other people in their lives first and themselves last." Indeed, everyone has a story of a woman from the previous generation who endured her breast cancer in silence, just as men suffer in silence with their prostate cancer now. To Visco, breast cancer hits women's sexuality and raises fears of passing on a deadly illness and leaving children behind. (All of which could be said about men with prostate cancer, too.) The NBCC's success has come in marshaling women's altruism for the cause. Thus, says Visco, women with breast cancer are speaking up not for themselves but for their daughters, sisters and mothers. Unfortunately for men, that female altruism may be undergirded by a shared sense of oppression, which men don't have.

WOMEN WITH BREAST CANCER, SAYS AN ADVOCATE, ARE SPEAKING UP NOT FOR THEMSELVES BUT FOR THEIR DAUGHTERS, SISTERS AND MOTHERS. UNFORTUNATELY FOR MEN, THAT FEMALE ALTRUISM MAY BE UNDERGIRDED BY A SHARED SENSE OF OPPRESSION, WHICH MEN DON'T HAVE.

But it is common for men, once they receive a prostate-cancer diagnosis, to get in touch with their sons and warn them about their increased risk for the disease. There is no reason to think men cannot turn such family ties into a national movement. There are also some advantages to being the dominant sex that men could also employ to raise public consciousness about prostate cancer. Visco is deeply envious of the ability of such powerful men as Milken and Dole to call up Larry King and get on his show. Their checkbooks can command attention, too. Milken took a portion of his fortune and created a foundation, CaP CURE, devoted to finding a cure for prostate cancer. While men bemoan their inability to get congressional attention through public appeals, Visco notes that congressmen respond to political donations, so men aren't exactly shut out of the process.

More than gender, the real liability here is age. The other defining characteristic of prostate-cancer sufferers is that they are old. Even after a decade of PSA testing intended to catch tumors as early as possible, the average age of a patient when diagnosed with prostate cancer is 72. With breast cancer, it's 62. This may not seem like much, until you look at the American Cancer Society figures showing that the number of prostate-cancer deaths for American men under 40 is zero. By contrast, the number of breast-cancer deaths for women reaches zero only under the age of 20. In the world of prostate cancer, a "young" man with the disease is in his fifties. In the current youth culture, it may be hard to get national attention for such a cause.

As Yeats said of Byzantium, this is no country for old men. Stevens grouses that the majority of health-care spending is going toward the other end of the age divide, toward infants and children. Older people like him are getting stiffed. "Right now the appropriation is related to the life span the person has left," he says. "I think it ought to be related to the ability of people to contribute to society. If an Andy Grove left us at the time of his tremendous capability, I think that would be a great loss." But such arguments have fallen on deaf ears so far.

Complicating matters, the prostate issue gets into the dicey area of the sexuality of the elderly. Bob Dole came in for some public criticism from pundit Arianna Huffington on this point. She argued that erectile dysfunction is a natural (and, she implied, proper) consequence of aging. "After that came out, I called her up and asked her, 'Well, who *do* you like?' " Dole tells me. (She replied, "Sam Nunn.") It could be that the combination of the public's unease with the prospect of randy old goats and older men's reluctance to make a big deal of their sexual desire has conspired to hold back agitation for better prostate-cancer treatments.

That is not to say men don't feel tremendous frustration upon being rendered impotent by a prostatectomy. I attended a meeting of US TOO's impotence support group at the Beth Israel Deaconess Medical Center in Boston, and I have never felt sorrier for a group of men. There were about thirty of

them gathered in a small conference room. They looked like the World War II veterans you see in Memorial Day parades. Some were gaunt and shaky, others fit and stout, but they all had the tough, hard-bitten quality of the generation that grew up in the Depression and then went off to fight the Nazis. And now they had something broken deep inside them, but they took it like men, meaning there were no complaints—and certainly no tears—just occasional bursts of sardonic humor. When the newest member of the group recounted how his urologist had told him he shouldn't worry about the sexual implications of surgery, because "there's always Viagra," there was a chorus of groans. Despite the testimonials of Bob Dole, no one in the group had had any success with Viagra. Indeed, the only thing that had given them their erections back was injecting a cocktail of prostaglandin and other chemicals directly into the side of the penis with an eight-millimeter needle. ("I am going to do what to what?" one old soldier reported telling his urologist during the first explanatory session.) Invariably, this produces an erection, often one that will last for hours. It does not, however, produce semen. So any orgasm is dry. That must be immensely frustrating, but no one mentioned it. Since there was nothing to do about it, they probably figured there was nothing to say. That's the way guys are.

YANKEE MANAGER JOE TORRE RETURNED AFTER PROSTATE SURGERY.

OSAMU HONDA/AP

While increased federal funding will help these men and hundreds of thousands more across the country in their search for better solutions to the frightening and painful enigma of prostate cancer, money is not the only answer. More researchers need to come into the field, and the medical infrastructure for prostate cancer needs to be developed. But, most of all, the medical establishment needs to commit itself to improving the status quo. Otis Brawley of the NCI points out that between 1974 and 1993, between six and ten major studies intended to resolve fundamental issues in prostate-cancer diagnosis and treatment had to be shut down because they failed to attract enough men to make them statistically significant. One study, for example, was designed to examine the key question of whether external radiation or surgery is more efficacious in treating localized prostate cancers. It required men to accept the idea of being randomly assigned to one treatment or the other. Women had agreed to this for eight separate studies on the analogous topic of lumpectomy and radiation therapy versus mastectomy. But the male study had to be halted twice for lack of participation. Why? "My personal opinion is that the men's physicians didn't accept that these were legitimate questions, and so patients never got educated on how much we don't know," Brawley says.

But the lack of participation may also reflect the larger issue, that men have not yet banded together on this topic to stop the killing. In the face of continuing reports from the field about men's refusal to act up for prostate cancer, Jay Hedlund of the NPCC has had to ban the phrases "men won't" and "men don't" from the office. "It's too dispiriting and too de-energizing," he says. He prefers to say "Not enough men have..." Like all successful advocates, Hedlund looks on the bright side, suggesting that men are on the cusp of a new era when they will start to be, on health topics at least, more like women.

So far evidence is scanty. But, then again, I never would have thought I'd see thirty old men get together to discuss their erections. Health issues may indeed ride on underlying social movements, but the reverse is also true: Social movements can be sustained by health issues. And this is never more likely to be true than now, when, in the post-Communist era, personal health is seemingly everyone's number one priority. Think of all the New Agers with their crystals and aromatherapy, or the anti-authoritarianism fueled by alternative medicine. It's conceivable that prostate cancer, of all things, will lead men into a new stage of being, where they become more conscientious about their health, more committed to their fellow men and more willing to draw attention to delicate issues. To join the brotherhood of Bob Dole, in other words. I can see that. Yes, I can. Now, whether this new man is a better man, that's a whole other question. •

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